across different risk groups will be needed in various settings.\textsuperscript{6-12} It would be wise for the STH community to invest in learning from such situations now. By establishing appropriately ambitious STH targets in specific settings, we will mobilise resources, reveal what is possible, clarify strategies, and strengthen our resolve. To paraphrase Lao Tzu, by being far reaching, we return to the original point of the WHA vision for STH control.

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I have received grants from Johnson & Johnson and GlaxoSmithKline, outside of the submitted work.

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Making mandatory vaccination truly compulsory: well intentioned but ill conceived

The USA, Australia, and about half of European countries have mandatory vaccination requirements.\textsuperscript{1,2} The experience of the USA and Australia has been well studied. In the USA, vaccine mandates are implemented through requirements for proof of vaccination or exemption at school entry. In Australia, many provinces have school entry requirements and nationally mandated vaccination has traditionally been implemented by denial of childcare benefits to those who refuse vaccines—unless they provide proof of exemptions. Both countries have historically offered non-medical exemptions to their compulsory laws to accommodate the minority of parents who object to vaccination. Studies\textsuperscript{3-5} have shown increased ease of granting non-medical exemptions to be associated with higher rates of refusal and pertussis. Therefore administrative requirements for exemptions might reduce rates of vaccine refusal.

Amid substantial media attention surrounding a measles outbreak that originated in Disneyland (Anaheim, CA, USA), well intentioned legislators in several states, have proposed legislation to get rid of non-medical exemptions, which would make mandatory vaccination truly compulsory. California removed all non-medical exemptions on June 18, 2015. In Vermont in 2012, after a contentious debate about elimination of the philosophical exemption, individuals opposed to compulsory vaccination formed a well organised coalition. Rather than eliminate the philosophical exemption, restrictions were added to both religious and philosophical non-medical exemptions. In 2015, the debate resurfaced after legislation to eliminate the philosophical exemption was introduced. With strong support from the medical and public health community, Vermont abolished the philosophical exemption on May 28, 2015. Similarly, Australia eliminated a non-medical exemption to a vaccine requirement for childcare benefits. Australians now must either vaccinate their children or forgo substantial childcare and family tax benefits.\textsuperscript{6} This change introduces financial penalties for refusal, in a context in which many families cannot afford childcare without these benefits.\textsuperscript{7} These legislators are well intentioned. They see more parents worried about the safety of vaccines and that
Help from above: outer space and the fight against Ebola

The current outbreak of Ebola virus disease has caused 11 220 deaths, with 15 085 lab-confirmed cases in Guinea, Sierra Leone, and Liberia as of July 1, 2015.1 These numbers include 509 deaths and 874 infections in health-care professionals (HCPs).1

Stakeholders have recognised the benefits that outer space can provide in improving health of populations. Attendees at the third UN conference on the exploration of outer space (UNISPACE III) in July, 1999, adopted a declaration that included recommendations to use space technology to help control infectious diseases.2

Space can play a valuable part in tackling Ebola virus disease through many mechanisms. For instance, the space sector helped develop modern telemedicine, which is used daily by astronauts aboard the International Space Station (ISS). Telemedicine, which is used daily by astronauts aboard the International Space Station (ISS) helps astronauts look after their own health, but was designed with Earth-bound telemedicine in mind. Telemedicine can complement and support primary medical care, especially in rural areas where healthcare services are scarce. This can be of great interest to many parts of the world, where access to health-care services is problematic.3

The space sector can provide in improving health of populations. Space can provide in improving health of populations. Space can also be addressed with a simple ban on non-medical exemptions. Parents no longer fear diseases such as measles, which have been largely controlled through vaccination. Instead, parental fear has shifted from the diseases to the vaccines. Despite a remarkable safety record, vaccines are not perfect and many parental safety concerns have remained unaddressed. Effective methods to address vaccine hesitancy at the level of the provider, community, and nation are scarce. Trust in the pharmaceutical companies that make vaccines and the governments that purchase and promote them are at an all-time low. A more draconian approach could result in more harm than good, and might even backfire by driving hesitant parents to accept antivaccination arguments.

This lesson was learned in the UK more than 150 years ago when the government made smallpox vaccination compulsory, initially without non-medical exemptions. Antivaccination groups were joined by libertarians, and 20 000 demonstrators took to the streets of Leicester. Parents who refused vaccines became martyrs. Ultimately, 20 000 demonstrators took to the streets of Leicester. Parents who refused vaccines became martyrs. Ultimately, compulsory risks substantial public backlash and could be counterproductive to the ultimate objective of reaching and sustaining high rates of immunisation coverage and disease control.

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We thank Christine Finley for her description of recent events in Vermont. DAS reports grants from NIH, RWJF, Crucell, and Pfizer. All other authors declare no competing interests. CRM serves on advisory boards for GSK, Merk, and Pfizer and is a committee member for BIO CSL, ATAGI, and SAGE (VZV group WHO). SBO declares no competing interests.

1 Salmon DA, Teret SP, MacIntyre CR, Salisbury D, Burgess MA, Halsey NA. Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Lancet 2006; 362: 436–42.