

Catholic On Call handbook
Chapter 9 – Vaccines

9.1 Basic Church teaching

Catechism of the Catholic Church (CCC)

See Chapter 4 – Abortion , Section 4.1 and Chapter 5 – Genetic testing and research, Section 5.1

9.2 Issues in clinical practice

Is it ethical to administer vaccines manufactured from the cell lines of aborted fetuses?

What are fetal cell line vaccines? What exactly are the ethical objections to their use?

Some common vaccines, including the rubella component of all MMR vaccines worldwide except Japan, are produced from cell lines produced from the tissue of aborted babies. Two cell lines commonly used are MRC5 (Medical Research Council 5) and WI-38 (Wistar Institute 38). MRC5 originates from the lung tissue taken from a 14-week male fetus aborted for "psychiatric reasons" from a 27 year-old woman in the UK in the 1970s. WI -38 originates from a female fetus aborted for "psychiatric reasons" in the 1960s. These abortions were not done for the purpose of producing vaccines.

In general, those with objections to abortion will consider any use of material from aborted fetuses to be cooperation with evil (refer to Chapter 1, page 2) and ethically dubious.

- The unborn child was unable to give consent for its body parts to be used, so it is therefore disrespectful to the dead.
- Some would argue that the fetal tissues would just go to waste if they were not used, but this excuse was not accepted at the Nuremberg trials of scientists who used body parts from concentration camp victims. This abuse of the child's body only compounds the injustice of the original abortion, even if the vaccine producers were in no way connected to the abortion.
- Use of these vaccines implies acceptance of the legality of abortion, and does nothing to discourage the use of fetal parts or cell lines in other branches of medicine, or to encourage research into other materials.

9.2 Which vaccines are made from fetal cells? Are there any alternatives?

1. Rubella

- Combination vaccines MMR - **Priorix^R* (GlaxoSmith Kline, Belgium), MMR^R II (Merck, United States), Trimovax^R (Sanofi Pasteur, France)
- Monovalent vaccines – Meruvax^R (Merck, United States), Rudivax^R (Sanofi Pasteur, France), Ervevax^R (GlaxoSmithKline, Belgium)

Alternative: rubella vaccine (Kitasato Institute, Japan – from monkey kidney)

2. Hepatitis A

- **Havrix^R* (GlaxoSmithKline, Belgium), VAQTA^R (Merck, United States)

Alternative: Aimmugen^R (Chemoserotherapeutic Institute, Japan – from monkey kidney)

3. Chickenpox

- Varivax^R (Merck, United States), *Varilrix^R (GlaxoSmithKline, Belgium), *Priorix^R-Tetra (MMR-varicella, GlaxoSmithKline, Belgium)

4. Poliomyelitis

- *Sabin^R (GSK, Belgium), Poliovax^R (Aventis-Pasteur, France)
- *Alternative: oral polio vaccine (SmithKlineBeecham, Belgium - from monkey kidney),
*inactivated polio vaccine Imovax^R Polio (Sanofi Pasteur, France – from monkey kidney)

5. Rabies

- Imovax^R (Aventis-Pasteur, France)

Alternative: RVA (SmithKlineBeecham, Belgium - from rhesus monkey), Rab Avert (Chiron Berbing GmbH & Co. – from chick embryo)

*available in KK Hospital, Singapore

At present, there are no alternative vaccines derived from animal cell lines for vaccinations against MMR, varicella and hepatitis A available in Singapore.

Excerpts from “Moral reflections on vaccines prepared from cells derived from aborted human fetuses” (<http://www.cogforlife.org/vaticanresponse.htm>):

“As regards those who need to use such vaccines for reasons of health, it must be emphasized that, apart from every form of *formal cooperation*, in general, doctors or parents who resort to the use of these vaccines for their children, in spite of knowing their origin (voluntary abortion), carry out a form of *very remote mediate material cooperation*, and thus very mild, in the performance of the original act of abortion, and a *mediate material cooperation*, with regard to the marketing of cells coming from abortions, and *immediate*, with regard to the marketing of vaccines produced with such cells. The cooperation is therefore more intense on the part of the authorities and national health systems that accept the use of the vaccines.

“However, in this situation, the aspect of *passive cooperation* is that which stands out most. It is up to the faithful and citizens of upright conscience (fathers of families, doctors, etc.) to oppose, even by making an objection of conscience, the ever more widespread attacks against life and the "culture of death" which underlies them. From this point of view, the use of vaccines whose production is connected with procured abortion constitutes at least a mediate remote passive material cooperation to the abortion, and an immediate passive material cooperation with regard to their marketing. Furthermore, on a cultural level, the use of such vaccines contributes in the creation of a generalised social consensus to the operation of the pharmaceutical industries which produce them in an immoral way.

“Therefore, doctors and fathers of families have a duty to take recourse to alternative vaccines¹³ (if they exist), putting pressure on the political authorities and health systems so that other vaccines without moral problems become available. They should take recourse, if necessary, to the use of conscientious objection¹⁴ with regard to the use of vaccines produced by means of cell lines of aborted human foetal origin. Equally, they should oppose by all means (in writing, through the various associations, mass media, etc.) the vaccines which do not yet have morally acceptable alternatives, creating pressure so that alternative vaccines are prepared, which are not connected with the abortion of a human foetus, and requesting rigorous legal control of the pharmaceutical industry producers.

“As regards the diseases against which there are no alternative vaccines which are available and ethically acceptable, it is right to abstain from using these vaccines if it can be done without causing children, and indirectly the population as a whole, to undergo significant risks to their health. However, if the latter are exposed to considerable dangers to their health, vaccines with moral problems pertaining to them may also be used on a temporary basis. The moral reason is that the duty to avoid *passive material cooperation* is not obligatory if there is grave inconvenience. Moreover, we find, in such a case, *a. proportional reason*, in order to accept the use of these vaccines in the presence of the danger of favouring the spread of the pathological agent, due to the lack of vaccination of children. This is particularly true in the case of vaccination against German measles¹⁵.

“In any case, there remains a moral duty to continue to fight and to employ every lawful means in order to make life difficult for the pharmaceutical industries which act unscrupulously and unethically. However, the burden of this important battle cannot and must not fall on innocent children and on the health situation of the population - especially with regard to pregnant women.

“To summarise, it must be confirmed that:

- there is a grave responsibility to use alternative vaccines and to make a conscientious objection with regard to those which have moral problems
- as regards the vaccines without an alternative, the need to contest so that others may be prepared must be reaffirmed, as should be the lawfulness of using the former in the meantime inasmuch as is necessary in order to avoid a serious risk not only for one's own children but also, and perhaps more specifically, for the health conditions of the population as a whole - especially for pregnant women
- the lawfulness of the use of these vaccines should not be misinterpreted as a declaration of the lawfulness of their production, marketing and use, but is to be understood as being a passive material cooperation and, in its mildest and remotest sense, also active, morally justified as an *extrema ratio* due to the necessity to provide for the good of one's children and of the people who come in contact with the children (pregnant women)
- such cooperation occurs in a context of moral coercion of the conscience of parents, who are forced to choose to act against their conscience or otherwise, to put the health of their children and of the population as a whole at risk. This is an unjust alternative choice, which must be eliminated as soon as possible.”

¹⁵ The alternative vaccines in question are those that are prepared by means of cell lines which are not of human origin, for example, the Vero cell line (from monkeys) (D. Vinnedge), the kidney cells of rabbits or monkeys, or the cells of chicken embryos. However, it should be noted that grave forms of allergy have occurred with some of the vaccines prepared in this way. The use of recombinant DNA technology could lead to the development of new vaccines in the near future which will no longer require the use of cultures of human diploid cells for the attenuation of the virus and its growth, for such vaccines will not be prepared from a basis of attenuated virus, but from the genome of the virus and from the antigens thus developed (G. C. Woodrow, W.M. McDonnell and F.K. Askari). Some experimental studies have already been done using vaccines developed from DNA that has been derived from the genome of the German measles virus. Moreover, some Asiatic researchers are trying to use the Varicella virus as a vector for the insertion of genes which codify the viral antigens of Rubella. These studies are still at a preliminary phase and the refinement of vaccine preparations which can be used in clinical practice will require a lengthy period of time and will be at high costs. D. Vinnedge, *The Smallpox Vaccine*, The National Catholic Bioethics Quarterly, Spring 2000, vol.2, no. 1, p. 12. G.C. Woodrow, *An Overview of Biotechnology As Applied to Vaccine Development*, in «*New Generation Vaccines*»), G.C. Woodrow, M.M.

Levine eds., Marcel Dekker Inc., New York and Basel, 1990, see pp.32-37. W.M. McDonnell, F.K. Askari, *Immunization*, JAMA, 10th December 1997, vol.278, no.22, pp.2000-2007, see pp. 2005-2006.

¹⁴ Such a duty may lead, as a consequence, to taking recourse to "objection of conscience" when the action recognized as illicit is an act permitted or even encouraged by the laws of the country and poses a threat to human life. The Encyclical Letter *Evangelium Vitae* underlined this "obligation to oppose" the laws which permit abortion or euthanasia "by conscientious objection" (no.73)

¹⁵ This is particularly true in the case of vaccination against German measles, because of the danger of Congenital Rubella Syndrome. This could occur, causing grave congenital malformations in the foetus, when a pregnant woman enters into contact, even if it is brief, with children who have not been immunized and are carriers of the virus. In this case, the parents who did not accept the vaccination of their own children become responsible for the malformations in question, and for the subsequent abortion of foetuses, when they have been discovered to be malformed.

9.3 References

1. Moral reflections on vaccines prepared from cells derived from aborted human fetuses (<http://www.cogforlife.org/vaticanresponse.htm>)
2. Pontifical Academy for Life – on vaccines