INTRODUCTION

Vaccines have been used for hundreds of years to provide immunity to individuals for preventing, modifying, and improving public health. Immunizations can cause adverse effects such as asymptomatic, local, and systemic reactions, including allergic reactions, which vary in severity from mild reactions to anaphylaxis, fever, pain, swelling, vasovagal syncope, shoulder injuries, arthralgia, and death. In response to vaccine-related injuries, deaths, and adverse effects, the need to enhance the vaccine safety. Vaccine Injury Compensation Program (VICP) began to be developed. Germany was the first country to establish a VICP in 1962 and Iceland is the most recent in 2021. These programs were instituted as an alternative to the traditional civil law system for resolving vaccine-related injuries and, in some cases, for compensating victims of adverse events to drugs prescribed by the pharmaceutical industry. The VICP system provides for a streamlined, independent review of compensation claims, providing benefits to the pharmaceutical industry for adverse effects of medication or vaccines.

In 1985, an international conference on vaccine injury was held in Vienna to outline criteria for a global initiative to enhance vaccine safety. This panel included representatives from several organizations such as the National Institute of Immunization and the Centers for Disease Control. The Rockefeller Foundation and Wellcome Research Laboratories. When considering vaccine injury compensation programs worldwide, it is important to note that the VICP and the Vaccine Court in the United States, which has been in place since 1985, are the only two formal, government-sponsored vaccine injury compensation programs in the world. Other countries have developed informal compensation schemes (notably in Brazil, India, France, and Slovenia) and some countries have informal compensation schemes (notably in Brazil, India, France, and Slovenia). No vaccine injury compensation programs are located in America due to the absence of any permanent residents who have died or been injured by vaccines approved by the European Parliament and the Court of Justice of the European Union.

RESULTS

Vaccine programs and vaccine initiatives worldwide are in an unpredictable rhythm for the prevention of diseases. However, efforts to move forward with development of these programs, failing to be in bondage by historic presence of a vaccine, possible negative outcomes, various governments have developed programs to provide compensation to victims of vaccine injury. These programs have not been developed to prevent the propagation of anti-vaccination but to take in control to advance the safe and confident government recommendation of usage of vaccines to the public. Our research has identified 15 countries in which the vaccine injury compensation programs (VICP) have unique questions that are worthy of being emphasized. The world has seen several examples of vaccine injury compensation schemes in Brazil, China, Korea, Taiwan, Africa, North America (Canada, US), South America, Australia, Europe, Germany, Germany, Belgium, The United Kingdom, France, Norway, Sweden, France, Italy, and Australia (New Zealand). No vaccine injury compensation programs are located in America due to the absence of any permanent residents who have died or been injured by vaccines approved by the European Parliament and the Court of Justice of the European Union (EPC). An EPC does not work any vaccine injury compensation program. No programs have been identified in South America.

Conclusion & Future Research of Narrative Review

Vaccine injury Compensation Programs are established on the principle of no fault claims, that is that the adverse effects are not related to an individual fault or a vaccine manufacturer but on the occurrences of adverse effects that cannot be avoided. Eligibility criteria for compensation is based on World Health Organization (WHO) for the specific country’s mandatory and routine vaccines. For example, in New Zealand, Oxford, Norway, and Sweden all vaccines are covered, while Japan, Italy, and Taiwan coverage is only provided for government recommendable vaccines per the WHO vaccine safety guidelines. The twelfth vaccine injury program was in New Zealand and began in 2021, according to data related (table 1). The USA scheme is the most robust due to its legal based structures since components of the law, legal representation, and the decision process depend on the law, which can be exploited through civil court systems. The VICP initiative has maintained the vaccine injury by ensuring that an adequate supply of vaccines, ensuring the risk of victims, and fees paid in a manner to compensate those who suffer adverse effects from vaccination. Compensation programs have reduced population confidence in the safety of vaccines through provisions of birth immunity.

Future research is needed to provide a more comprehensive data set to match vaccination and adverse reactions to the WHO’s harm reduction targets. Additional research may provide guidance on the data on childhood vaccines. Data concerning population for each specific injury, number of claims, successful claims compared to rejected cases, and the most often compensated injury related to a specific vaccine across all VICP will need to validate our conclusions.

REFERENCES

Compensation schemes are administrative systems in all the countries except The USA. The United States VICP operates as a legal system and regulations are based on international guidelines. The United Kingdom VICP is administered by The Ministry of Health and the NHS. In China, Switzerland, and Quebec (Canada). VICP is administered at a minimal level. Funding in China is supported by the Canadian government, while in Quebec (Canada) is funded by the provincial government. Funding in Brazil, China, and Norway is based on national population and health committees such as France, Norway, and Sweden, from pharmacological injury insurance. The USA and Taiwan are considered countries whose compensation programs are solely funded by vaccine taxation excise tax on vaccines. 1