

# **NO FAULT COMPENSATION FOR VACCINE INJURIES: INTERNATIONAL EXPERIENCE**

Professor Tony Adams

Chair, Global Commission for the  
Certification of Poliomyelitis Eradication  
World Health Organization

# Worldwide Compensation

- ◆ 1961 Germany
- ◆ 1964 France
- ◆ 1970 Japan
- ◆ 1970 Switzerland
- ◆ 1972 Denmark
- ◆ 1974 New Zealand
- ◆ 1978 Sweden
- ◆ 1979 UK
- ◆ 1985 Quebec
- ◆ 1988 USA
- ◆ 1988 Taiwan
- ◆ 1992 Italy
- ◆ 1994 Republic of Korea
- ◆ 1995 Norway
- ◆ ????? Australia



**National Vaccine Injury  
Compensation Program  
Republic of Korea**

# Vaccine Injury Compensation Program

- ❑ **First awards are compensated from Advisory Committee on Immunization Practices (1992)**
- ❑ **Vaccine Injury Compensation Program established by Law of Preventable Infectious Disease (1994)**
- ❑ **Advisory Committee on Vaccine Injury Compensation [ACVIC] (2001)**
- ◆ **Vaccine Injury Investigation Team (2003) [Aid to ACVIC]**

# **Advisory Committee on Vaccine Injury Compensation**

- ☐ Compensate those individuals who have been injured by vaccines on a "no-fault" basis**
- ☐ Establish working standard & method of vaccine injury compensation**
- ☐ Performance under Minister of Health & Welfare direction.**

# Causality assessment criteria I

**1) Definitely related,  
definite**

**Clinical event with a plausible time relationship to vaccine administration, and which cannot be explained by concurrent disease or other drugs or chemicals**

**2) Probably related,  
probable**

**Clinical event with a reasonable time relationship to vaccine administration, and is unlikely to be attributed to concurrent disease or other drugs or other chemicals**

# Causality assessment criteria I I

**3) Possibly related,  
possible**

**Clinical event with a reasonable time relationship to vaccine administration, but which could also be explained by concurrent disease or other drugs or other chemicals**

**4) Probably not  
related, unlike**

**Clinical event whose time relationship to vaccine administration makes a causal connection improbable, but which could plausibly be explained by underlying disease or other drugs or other chemicals**

**5) Definitely  
not related**

**Clinical event with an incompatible time relationship to vaccine administration and which could be explained by underlying disease or other drugs or other chemicals**

# ACVIC Statistics Report

Fiscal Year	Number of Awards	Vaccine	Injury
FY 1995	4	JEV 2, JEV/Hib 1 JEV/ Epidemic emorrhagic fever 1	Disease 1 Death 3
FY 1996	1	JEV 1	Death 1
FY 1998	4	DTaP/Polio 4	Disability 3 Death 1
FY 1999	1	DTaP/Polio 1	Death 1
FY 2000	4	DTaP 1 DTaP/Polio 3	Disease 3 Disability 1
FY 2001	19	JEV 1 , DTaP 1 MR 17	Disability 1 Disease 18
FY 2002	13	MR 13	Disease 13
FY 2003	3	MR 2, JEV 1	Disease 3
FY 2004	5	Influenza 2, JEV 1, DTaP 1, Hep B 1	Disease 4 Death 1
<b>TOTAL</b>	<b>54</b>	-	-

# AEFI & Claim for Compensation

	AEFI	ACVIC		
		Claim	Compensable	Dismissed
1994	10	-	-	-
1995	4	11	4	7
1996	3	4	1	3
1998	13	5	4	1
1999	6	2	1	1
2000	29	9	4	5
2001	141★	23	19	4
2002	22	15	13	2
2003	25	7	3	4
2004	45	7	5	2
<b>TOTAL</b>	<b>274</b>	<b>81</b>	<b>54</b>	<b>29</b>

★127 of 141 case reports : AE after MR catch-up campaign  
Detection from Active Surveillance

# Recommendations for Australia

- \* National rather than state by state
- \* Quebec model using MAA "Lifetime Care and Support" scheme proposed for NSW