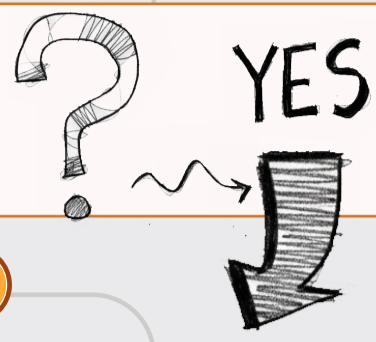


SHALL I TAKE THE VACCINE?



1. Could I be exposed to this pathogen at all?

- Ask first: Is there a realistic chance that I will come into contact with the viruses or bacteria the vaccine targets (for example through travel, work, family, or local outbreaks)?
- If yes, the next step is to compare the risks of the disease with the risks and benefits of the vaccine.



2. Disease risk – how serious is it?



Getting infected



Developing symptoms or disease



Needing hospital care



Needing intensive care (ICU)



Getting severe complications or long-term damage



Dying from the disease

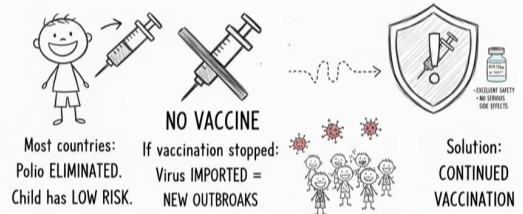
3. Vaccine risks and benefits – general points

A. Risk

- **Adverse Events(AE):** Any health problem that happens after vaccination, whether or not it was actually caused by the vaccine.
- **Side effect:** An adverse event that has been shown to be caused by the vaccine. Serious side effects resulting in permanent damage are extremely rare for vaccines manufactured in modern, licensed facilities.
- **Reactogenicity:** Short term local and general reactions such as pain, redness or swelling at the injection site, fever, muscle aches, headache, or feeling unwell. These usually appear within hours and go away within a couple of days.
- **Important: Vaccine leaflets and labels list all reported adverse events, without judging whether the vaccine truly caused them.** This is a “worst-case” safety overview. The leaflets also indicate how often such events were seen.

B. Benefits

- **Vaccine efficacy/effectiveness** tells you how much the vaccine lowers your risk of disease, serious complications, and death.
- When a vaccine has brought a disease under very good control or close to elimination, the Short-term individual benefit can seem small.
- **Example:** Polio has been eliminated in most countries, so a child in Singapore, Cape Town, Beijing, Berlin, or Washington has a very low current risk of polio. But if vaccination stopped completely, imported virus could cause new outbreaks. Because inactivated polio vaccine has an excellent safety profile and no known serious side effects, countries continue to use it, often as part of combination vaccines such as DTP or Tdap.



4. Vaccine license



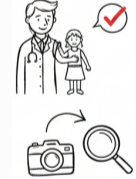
- Regulatory authorities carefully inspect vaccine factories and review all clinical studies before granting a license.



- The official product information (label) summarizes what is known about vaccine characteristics, including risks and benefits.



- A vaccine is licensed only if the overall balance is clearly positive: the disease risk greatly outweighs the small risk (if any) of serious Adverse Events.

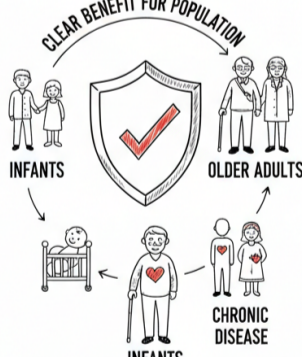


- Once licensed, physicians may use the vaccine for people for whom it is indicated. Surveillance for severe AE still goes on indefinitely.

5. Vaccine recommendations



- National, independent expert groups (NITAGs) review licensing data, additional scientific studies, local disease patterns, and the capacity and vaccination opportunities of the local health system.



- They then decide whether vaccinating certain groups (for example infants, older adults, people with chronic disease) brings clear benefit for the population.

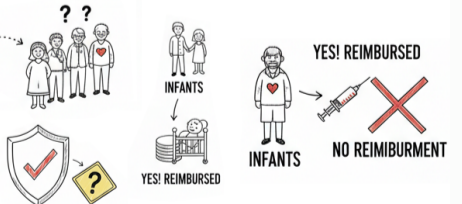
6. Reimbursement



- In some countries, vaccines recommended by the NITAG are automatically paid for by the government or health insurance funds.



- Elsewhere, an extra decision is needed before a recommended vaccine is reimbursed.



7. Compensation for vaccine injury



If a person suffers a severe adverse event that leads to long-term disability after receiving a NITAG recommended vaccine, most countries have schemes that provide financial compensation or other support.

reference:

Schmitt HJ, et al. Chapters 13–21. In: *VacciTUTOR: Essentials in Vaccinology eCourse*. VacciTUTOR; 2026. Accessed February 12, 2026. <https://vaccitutor.com/>