FAQ

Using Vaccines Produced with Aborted Fetal Cell Lines

How can aborted fetal tissue be involved in the production of vaccines?
The production of vaccines involves collecting samples of the actual virus, then growing and altering them in the laboratory to make a weakened strain of the disease, which is then put into a serum and administered into the body. The development of a weakened viral strain requires a cell culture in which to grow it. The cell culture consists of a “cell line,” a single type of cell that multiplies itself and that can be maintained in a laboratory setting for long periods of time. Some of the original cells that started these cell lines have come from animals, but in other cases the original cells have come from aborted human fetuses. ([http://www.rtl.org/prolife_issues/LifeNotes/VaccinesAbortion_FetalTissue.html](http://www.rtl.org/prolife_issues/LifeNotes/VaccinesAbortion_FetalTissue.html))

Sometimes the phraseology is used that a vaccine has been “made with aborted babies.” Such a description may give the impression that tissue from aborted fetuses is directly used as a component of the vaccine. This is inaccurate. The vaccine is grown on a cell line derived from an aborted fetus. Nevertheless, the use of tissue from aborted fetuses in any stage of the production of a vaccine is a matter of moral concern.

What vaccines have been produced with aborted fetal cell lines?
*Poliovax* for polio, *Imovax* for rabies, and *Acambis 1000* were produced using an aborted fetal cell line; however, alternative vaccines for these diseases are available which were not produced in this way. Similarly, *Meruvax* for rubella, *Varivax* for Chickenpox, and *Havrix* and *Vaqta* for hepatitis-A were produced with an aborted fetal cell line but, in these cases, no alternative vaccine is currently approved for use in the United States. *Meruvax* is part of *MMR* for measles, mumps, and rubella; of *Biavax* for mumps and rubella; and of *MR- VAX* for measles and rubella. *Twinrix* for hepatitis A-B contains *Havrix*.

What is the teaching of the Catholic Church on vaccines produced with aborted fetal cell lines?
In June 2005 the Vatican Pontifical Academy for Life issued a document *Moral Reflections on Vaccines Produced from Cells Derived from Aborted Human Foetuses*. The Academy’s report on this issue was approved by the Vatican Congregation for the Doctrine of the Faith. *Moral Reflections on Vaccines* offers the following guidance:

- It is morally wrong to produce, market, and distribute vaccines derived from aborted fetal cell lines because this could encourage the performance of other voluntary abortions for the purpose of producing such vaccines.
• We have a duty to request and use alternative vaccines which were produced in a morally acceptable way, if such alternative vaccines exist.

• In the case of vaccines produced with aborted fetal cell lines for which no alternatives currently exist, it is morally permissible to use them “on a temporary basis” and “insomuch as is necessary” to ensure the health of individuals and the population as a whole.

• It is right to abstain from using vaccines produced with aborted fetal cell lines on condition that this can be done without causing children, and indirectly the population as a whole, to undergo significant risks to their health.

• We have a responsibility to “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 legal control of the pharmaceutical industry producers.”

Why does the Catholic Church allow the use of a vaccine produced with an aborted fetal cell line when no alternative vaccine exists?

In our imperfect world, good and legitimate pursuits can be intertwined with evil. This occurs more frequently than one might think. As pointed out by philosophy professor Don DeMarco: “Part of the meaning of the ‘global village’ in which we live is that the contamination from various acts of wrongdoing has seeped into almost every corner of our existence. Given what is shown on television these days, can anyone justify owning one? Many food items one purchases at the grocery store have a genesis that involves a worker exploitation or even slave labor. Is one even allowed to watch an NBA game, given the stories that exist concerning the making and selling of sneakers? We pay taxes to governments that subsidize abortion and other crimes. Too scrupulous a moral attitude can lead to paralysis and, as a consequence, leave a great deal of good undone.”([http://www.cogforlife.org/articles.htm](http://www.cogforlife.org/articles.htm))

To deal with situations in which good and evil are intertwined, Catholic moral theology has developed the principles governing cooperation with evil. These principles provide guidance as to when and to what degree someone may legitimately cooperate with or benefit from an evil action. It is on the basis of the principles governing cooperation with evil that the use of a vaccine produced with an aborted fetal cell line is allowed, when no alternative vaccine exists, in order to ensure the health of individuals and the population as a whole. (See Pontifical Academy for Life, Moral Reflections on Vaccines Produced from Cells Derived from Aborted Human Foetuses)
Has the Catholic Church said anything on the use of the rubella vaccine specifically? The document *Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Foetuses* from the Pontifical Academy for Life begins with a discussion of rubella:

Rubella (German measles) is a viral illness caused by a Togavirus of the genus *Rubivirus* and is characterized by a maculopapular rash. It consists of an infection which is common in infancy and has no clinical manifestations in one case out of two, is self-limiting and usually benign. Nonetheless, the German measles virus is one of the most pathological infective agents for the embryo and foetus. When a woman catches the infection during pregnancy, especially during the first trimester, the risk of foetal infection is very high (approximately 95%). The virus replicates itself in the placenta and infects the foetus, causing the constellation of abnormalities denoted by the name of *Congenital Rubella Syndrome*. For example, the severe epidemic of German measles which affected a huge part of the United States in 1964 thus caused 20,000 cases of congenital rubella, resulting in 11,250 abortions (spontaneous and surgical), 2,100 neonatal deaths, 11,600 cases of deafness, 3,580 cases of blindness, 1,800 cases of mental retardation. It was this epidemic that pushed for the development and introduction on the market of an effective vaccine against rubella, thus permitting an effective prophylaxis against this infection.

The severity of congenital rubella and the handicaps which it causes justify systematic vaccination against such a sickness. It is very difficult, perhaps even impossible, to avoid the infection of a pregnant woman, even if the rubella infection of a person in contact with the woman is diagnosed from the first day of the eruption of the rash. Therefore, one tries to prevent transmission by suppressing the reservoir of infection among children who have not been vaccinated, by means of early immunization of all children (universal vaccination). Universal vaccination has resulted in a considerable fall in the incidence of congenital rubella, with a general incidence reduced to less than 5 cases per 100,000 live births. Nevertheless, this progress remains fragile. In the United States, for example, after an overwhelming reduction in the number of cases of congenital rubella to only a few cases annually, i.e., less than 0.1 per 100,000 live births, a new epidemic wave came on in 1991, with an incidence that rose to 0.8/100,000. Such waves of resurgence of German measles were also seen in 1997 and in the year 2000. These periodic episodes of resurgence make it evident that there is a persistent circulation of the virus among young adults, which is the consequence of insufficient vaccination coverage. The latter situation allows a significant proportion of vulnerable subjects to persist, who are a source of periodic epidemics which put women in the fertile age group who have not been immunized.
at risk. Therefore, the reduction to the point of eliminating congenital rubella is considered a priority in public healthcare.

Applying the principles governing cooperation with evil, the Pontifical Academy judges that there is a sufficiently serious reason to justify the use of the vaccine against rubella (German measles):

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 favoring 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 measles.

A textual note adds:

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.

The State of Iowa is experiencing an epidemic of mumps. Why isn’t it enough to be vaccinated only against mumps, especially since the vaccine Mumpsvax is produced in a morally acceptable way?

Although Iowa is dealing with an epidemic of mumps, there must be concern with the totality of an individual’s immunization program, for the sake of both individual and public health, in order to prevent outbreaks of diseases in the future which are preventable through vaccination. Even if Iowa were not dealing with an epidemic of mumps, the need to be protected against rubella would still exist. The Iowa Department of Public Health recommends using the MMR (measles, mumps, rubella) vaccine unless an individual can document already existing immunity against rubella by previous vaccination or physician diagnosed disease. (Archdiocesan correspondence with the Iowa Department of Public Health, April 14, 2006)

As pointed out by the Pontifical Academy for Life, the “progress [against congenital rubella] remains fragile.” For example, “in the United States...after an overwhelming reduction in the number of cases of congenital rubella to only a few cases annually...a new epidemic wave came on in 1991...”. Moreover, “such waves of resurgence of German measles [rubella] were also seen in 1997 and in the year 2000.” The Pontifical Academy’s statement goes on to say that “these periodic episodes of resurgence make it evident that there is a persistent circulation of the virus among young adults, which is the consequence of insufficient vaccination coverage” (italics added). The statement further adds that “the reduction to the point of eliminating congenital rubella is considered a priority in public health care.”
As of 2005, rubella is no longer considered “endemic” in the United States (Centers for Disease Control, “Achievement in Public Health: Elimination of Rubella and Congenital Rubella Syndrome in the United States, 1969-2004” MMWR Weekly 54/11 (March 25, 2005): 279-282). Because of this, some have argued that there is no real need today for Americans to be vaccinated against rubella, and that such vaccination can be forgone without risk to individual and public health. From a medical and public health point of view, this is mistaken.

Rubella outbreaks once were common in the United States. Today, because of widespread use of the vaccine, U.S. cases are rare. In early 2005, the Centers for Disease Control and Prevention declared rubella eliminated in the United States, but cautioned parents to make sure their children are vaccinated. (“Rubella,” MayoClinic.com; italics added).

Because vaccination has suppressed certain diseases, some are now becoming neglectful of receiving vaccinations against these diseases, a practice which provides fertile ground for the recurrence of the diseases in the future. As already mentioned, the Pontifical Academy for Life notes the periodic recurrence of outbreaks of rubella and congenital rubella, attributable to a lack of vaccination.

Moreover, “rubella continues to be endemic in many parts of the world” (CDC, “Achievements in Public Health”), a fact which must be kept in mind in view of the increasing degree of international travel and immigration. Indeed, “since 1998, most non-U.S.-born cases of rubella reported in the United States have occurred among persons born in countries where rubella vaccination has not been or was only recently implemented.” (CDC, “Achievements in Public Health”). In sum, although rubella is presently under control in the United States, Americans should not take this for granted.

**Can someone voice conscientious objection to the use of the vaccine for rubella based on the teaching of the Catholic Church?**

No. A memorandum from the Committee on Doctrine of the United States Conference of Catholic Bishops quotes (with approval) a statement from the National Catholic Bioethics Center: “The Pontifical Academy for Life rejects the claim that Catholics have a moral duty to refuse the rubella vaccine on the grounds of conscience and Catholic teaching. It encourages Catholic parents to vaccinate their children against rubella and other serious diseases despite the unfortunate origin of the cell lines used in the manufacture of the vaccines.”

**How is use of the rubella vaccine consistent with a “pro-life” stance?**

As pointed out above, congenital rubella syndrome can cause very serious abnormalities in the fetus, and even result in spontaneous abortion (miscarriage), induced abortion, or neonatal death. Nothing can be done to restore the life of the aborted fetus from which the cell line was
derived that is used in the production of the rubella vaccine. However, through immunization against rubella, we can prevent abortions and neonatal deaths in the future.

In fact, the Pontifical Academy of Life has a strong warning for those who refuse vaccination against rubella:

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 measles [rubella], 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.* [Moral Reflections on Vaccines Produced from Cells Derived from Aborted Human Foetuses; italics added.]

**In allowing the use of the rubella vaccine, isn’t the Catholic Church “giving in” to an immoral action?**

The teaching of the Catholic Church has two prongs. While allowing use of the rubella vaccine for the present time, the Church affirms a serious obligation to work for change in how the vaccine for this disease is produced. A memorandum from the Committee on Doctrine of the United States Conference of Catholic Bishops points this out: “The Pontifical Academy calls for appropriate expressions of protest against the origins of these vaccines as well as for vigorous efforts to promote the creation of alternatives. ‘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’.”

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