The Bard’s Birthday, Immunization, and Public Health

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Today (April 23, 2014) as we are writing this editorial, it is the 450th anniversary of the birthday of William Shakespeare, the greatest English writer the world has ever known. The Independent newspaper paid tribute in the following way: “Your plays are still the pinnacle, your poetry among the finest and many phrases you coined are still in wide usage.” And “Most of us will have quoted the playwright thousands of times without knowing it.” Ever been “in a pickle” or had “too much of a good thing”? Perhaps friends have “eaten (you) out of house and home” or had you “in stitches” over a joke.¹ These are just a handful of well-used sayings that come courtesy of Shakespeare.

Shall I compare thee to a summer’s day?
Thou art more lovely and more temperate:
Rough winds do shake the darling buds of May,
And summer’s lease hath all too short a date.


Most of us remember that Shakespeare wrote a lot about love. Many of us would have learned this sonnet in English Literature classes at high school. But in reading his plays it is also remarkable how often he discusses health and death. In a society where life expectancy was short and major epidemics frequent, life was always a precious commodity.

We can add that many manuscripts submitted to this journal also include phrases that originated in the Shakespearean era. Shakespeare’s plays are such a rich source of language that a message can be found for every aspect of life. He frequently refers to health, often by wishing a superior or ruler long health. For example from Henry VII: “Beseech your lordship, Vouchsafe to speak my thanks and my obedience, As from a blushing handmaid, to his Highness; Whose health and royalty I pray for.”

In Shakespeare’s time (17th century), life expectancy in England was around 40 years, although this figure is biased by the large number of infant deaths. If a person survived infancy he or she would probably have a life expectancy of 55 to 60 years. This is a situation similar to the Asian region in the 1950s or in countries such as Cambodia in the 1980s. It took England 350 years to make the same public health progress that Cambodia made in one-tenth of the time. The difference

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was the knowledge of public health interventions that work. In Shakespearean days, England suffered from period epidemics thought to be due to miasma (bad air). During the plague epidemics, Shakespeare's theatre (the Globe) was closed because of “bad air”. Plague is, of course, spread by fleas and cough droplets and not by “bad air,” but stopping people from assembling might have slowed down the spread of the disease.

There are many public health, medical treatment, environmental, and development initiatives that have contributed to this amazing advancement. One of the most important advances has been the development of immunization, and May 2014 marks the 40th anniversary of one of the world’s success stories—the Expanded Program of Immunization (EPI). To understand the success of the EPI, we have to go back 50 years when smallpox was still circulating widely in Africa and Asia and deaths from childhood infectious diseases were routine.2 In the Asia-Pacific region, regular epidemics of measles and pertussis combined with the ever-present risk of diarrheal disease killed young children by the millions. What a change has come to our region. From an under-5 mortality rate 40 years ago of around 120 in the East Asia-Pacific region, the rate has since dropped to 20/1000 live births.3 What a remarkable achievement for public health, and immunization has played a major role in this.

The EPI program was established by the World Health Assembly in 1974 and was later joined by the GAVI Alliance (formerly known as the Global Alliance for Vaccines and Immunization), funded by governments and private donors. The first hurdle to be passed was the extension of the “cold chain” for vaccine transportation and storage to some of the most remote parts of the world, followed by the provision of safe and effective vaccines at affordable prices. The WHO Bulletin describes the achievements:

Immunization in countries is no longer limited to the six classic vaccines for children: diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis. Infants are vaccinated routinely against rubella, hepatitis B, *Haemophilus influenzae* type b (a leading cause of bacterial meningitis and pneumonia), rotavirus (a major cause of diarrhoea) and *Streptococcus pneumoniae* bacteria (a major cause of pneumonia). In some countries human papillomavirus vaccine is included for girls between nine and 12 years of age and routine immunization against regionally important diseases such as epidemic meningococcal meningitis, yellow fever and dengue also offered.2(p315)

The EPI program has saved millions of lives and prevented millions from having to go through life permanently disabled by polio. EPI has been and continues to be one of the most successful public health programs ever initiated by the international community. The program now faces further challenges to achieve the goals set by the 2012 World Health Assembly in the 2020 Global Vaccine Action Plan. We are distressed to hear from time to time reports of vaccinators being targeted by extremist groups, and the program will also require complete isolation from political motives to ensure its continued success.4,5 Continued funding of the world vaccination program is essential for advancing public health. We wish the EPI program “Happy 40th Birthday” and many years of further success.

In this issue, we include a variety of public health issues from the region. There are several articles that continue the emphasis of APACPH and the journal on the importance of primary health care. The strengthening of primary care is important in the delivery of the regional vaccination program and in achieving the Millennium Development Goals for reducing under-5 mortality rates.

Returning to Shakespeare, the greatest writer of the English language! The *Asia-Pacific Journal of Public Health*, in common with about 95% of journals in the medical and public health fields, is published in English. But this is not the first language of 95% of the contributors to our journal. Language is always a problem, and the journal has to insist that contributions that are submitted have to reach an acceptable standard of English.
Perhaps we should conclude with a motto for public health directly from Shakespeare “Health shall live free, and sickness freely die” (ALLS WELL THAT ENDS WELL).

In the midst of writing this editorial, we received some very sad news. On May 22, 2014, Professor Walter K. Patrick, Secretary-General of APACPH, passed away in San Antonio, Texas, following a brief illness and heart surgery. He was one of the pioneers of APACPH, and since the first meeting in Hawaii in 1984 has continued to work for improving public health in our region. He has been a teacher, a leader, a guide, and a friend to all in the APACPH family. His passing will be mourned by many peers who had the opportunity to know him and work with him, and we extend our deepest condolences to his family for their loss. The Asia-Pacific Journal of Public Health will be publishing a special issue as a tribute to the life and work of Professor Walter K. Patrick.

References


