THE *informed* PARENT

JULY 1995 THE BULLETIN OF 'THE INFORMED PARENT GROUP' *ISSUE 12*

RISK OR BENEFIT?

I am not a medical professional, I am a parent.

As a parent I am asked to give my consent to the injection of live viruses mixed with such delights as formaldehyde, aluminium and mercury directly into my child's bloodstream.

If I agree without question to this, I am applauded as being a responsible parent. If I question the procedure, my concerns are pushed to one side with patronising reassurances. If I decide the benefits do not outweigh the risks, I am decried as an irresponsible parent and may even be struck off my GP's list.

On the one hand I am offered the freedom of choice but am expected and often bullied into making only one choice.

I believe that parents are responsible and that we all want to do what is best for our children. If vaccination is such a benefit then all that is needed is for parents to be told the truth. But it appears that no-one is willing to take the responsibility of informing parents about what research has shown on the safety and effectiveness of vaccines. I refused to vaccinate my child at least until that information was made available to me - 8 years on and my child remains unvaccinated and healthy.

I decided to inform myself, relying mostly on information available in standard medical literature and comparing our (still limited) understanding of how the immune response works with the explanation of how vaccination works. The following is some of what I have learned.

Vaccination has been practised for over a century and we have all been brought up to accept it as a necessary part of childhood. However, when vaccination was first introduced there was little understanding of how the body works and no concept of an immune response. Since then, with all that we have learned, vaccination has never been reviewed.

Our bodies constantly work towards keeping a healthy internal balance. The whole body is involved but vaccination relies on the production of antibodies and simply by focusing on this ability it is possible to understand why vaccination is not appropriate.

The body produces several antibodies called immunoglobulin or Ig for short. Ig A is the first of these and the places it is found include tears, saliva and breast milk. Ig A brands an infection so it can be recognised by the other immunoglobulin and sets up a chain reaction through Igs M, D, E, and G, each one relying on the previous one to stimulate it.

If Ig A levels are reduced as a result of stress, this can lead to a lowering of the body's ability to resist infection.

Ig G is the last line of defence and some research suggests there may be a limited store of it. As the infection passes through the chain reaction, Ig G is produced and is already circulating in the bloodstream by the time the infection reaches it. The body has had time to make copies of Ig G so only a small percentage of the store is used up.

The immunoglobulin remain in the body permanently and are able to eliminate further infection, generally before symptoms occur, and the body is said to be immune. So fighting off an infection involves all the immunoglobulins of which Ig G is only one part.

Vaccination relies on the body's ability to produce Ig G but it bypasses all the others, including Ig A which marks the infection so it can be recognised. The body is thus in no way alerted to the danger and the reserves of Ig G are used up as there is no time to make copies.

Along with the infections, vaccines include toxic chemicals. Formaldehyde and mercury are both known carcinogens and aluminium is implicated in Alzheimer's. Neomycin, an antibiotic recommended for oral use only, is now being added to many vaccines.

Ig G production after vaccination can never be guaranteed as a percentage of those vaccinated do not respond. Unfortunately no-one seems to know which children will not respond and it is considered far too expensive to test the Ig G levels after vaccination. Unlike Ig G produced after contracting a disease naturally, Ig G produced after vaccination does not appear to last more than a few years, resulting in young adults becoming susceptible to childhood diseases at an age when they are likely to be more serious and involve complications.

The immune response of an infant is relatively immature and in response to infectious challenges its ability to produce immunoglobulin increases. Under normal circumstances, it takes 10-12 years for the immune response to fully mature.

During the first 3-6 months an infant should have immunoglobulin 'borrowed' from its mother whilst in the womb. Unfortunately, the immunoglobulin produced after vaccination cannot be passed from the mother to her child. Further protection against infections is provided by the Ig A present in breast milk, once again the immunoglobulin produced after the vaccination cannot be passed through the breast milk. The result is very young infants becoming susceptible to childhood diseases at an age when they are likely to be more serious and involve complications.

This has caused some concern as the number of infants contracting these childhood diseases is predicted to rise due to the increasing numbers of vaccinated mothers.

One possible solution put forward is to vaccinate at an earlier age. When all is said and done, if a child cannot cope with a naturally acquired infection by using its complete immune defences, how can it benefit from a barrage of viruses and toxic chemicals that bypass most of those defences ?

Faith Easy, Mother.

On 1st & 2nd April of this year the Immunisation Awareness Society, in New Zealand, staged a 2 day symposium entitled: The Vaccination Dilemma II'. Reproduced on pages 4/5 is an edited version of the speech given by Kris Gaublomme MD. We hope to include other speeches from this event in future newsletters.

BANANA MAY BEAR FRUIT FOR HEPATITIS

Taken from the Daily Telegraph, 11/4/95

Scientists have developed a potato that has been genetically engineered to make the hepatitis vaccine, and are working on a banana that may soon offer protection from the disease. Vaccines contain a part of a disease organism, such as a key protein, that can 'train' the body to recognise and attack the organism, giving protection from the infection.

The potato would have to be eaten raw: the protein used by the American team as the basis of the vaccine would not survive cooking. To make the vaccine more palatable, the team has now started genetically to engineer bananas.

Hepatitis kills millions of people every year, but in many areas of the developing world, current vaccines are too expensive for large-scale immunisation.

The scientists, led by Dr Charles Arntzen of Texas A&M University in Houston, reported their work yesterday in the Proceedings of the National Academy of Sciences.

Dr Hugh Mason, of Texas, said tests on mice would start in a month or two and, if successful, tests of raw potato on apes would be carried out before human studies.

Editor- It might prove to be more sucessful eliminating such diseases by encouraging the public to increase their consumption of 'natural' fruits in their diets. However, that would, no doubt leave a lot of scientists with nothing to research!

AUSTRALIA ATTACKS ITS IMMUNISATION RATE

BMJ Vol. 310, 25th March 1995

Doctors who use their scientific standing in the community to support the anti-immunisation movement should be charged with medical negligence, according to the president of the Australian Medical Association, Dr Brendan Nelson. Dr Nelson told a national immunisation conference in Sydney that Australia came 26th out of 28 industrialised nations when rates of childhood immunisations were compared. Doctors who backed homoeopathic vaccines or refused to immunise children without medical reasons should have their right to practise questioned by a medical board. "We are gunning for people who behave in this way," Dr Nelson said.

Dr Robert Hall of the National Centre for Epidemiology and Population Health said that Australia was in the grip of three major epidemics that could have been averted by efficient immunisation. "The last time we had this level of disease...was in 1948," he said. A two year epidemic of measles had affected 4700 people in 1994 and 4500 in1993. Two babies had died and 10 had been born disabled because their mothers had rubella during pregnancy. An epidemic of rubella had lasted for three years, affecting between 2700 and 4000 people a year. Whooping cough, also preventable by immunisation, affected 5500 people in 1994.

There had, however, been some progress. Dr Hall said that vaccines against polio had virtually eradicated the disease and that vaccines against infection with Haemophilus Influenzae type b, which used to kill 20 children a year, had reduced serious infections by 70% in two years. But there had to be sustained funding and co-operation between state, federal, and local governments if Australia was to meet its national immunisation target.

A community psychologist, Dr Pat Bazeley, said that parents who failed to have their children immunised were not usually apathetic or opposed to vaccination but were struggling to overcome practical problems.

Dr Bazeley, of the University of Western Sydney, told the conference that doctors' attitudes, conflicting family priorities, fears of adverse reactions, ignorance about risks of disease, transport problems, and long clinic waits all made it difficult to get children immunised on time. "Parents in Australia are generally pro-immunisation," he said.

Studies had shown that poor immunisation levels were more common in children who were younger, were from low income families, had an unemployed or absent father, and lived in rented accommodation. According to Dr Bazeley, urban Aborigines and children whose parents had recently migrated to Australia also showed low immunisation rates.

Christopher Zinn, Australian correspondent, Guardian.

CHICKENPOX VACCINE MIGHT MASK DANGER

The Times, 12/5/95
by Dr Thomas Stuttaford

John Patten, the former Education Secretary, has been devoting more time to his family since he returned to the back benches. Photographs have shown him nursing his daughter, who is suffering from a nasty attack of chickenpox.

In America, such scenes may soon become just a memory as the American Food and Drug Administration has, after years of discussion, finally approved the use of Varivax, a vaccine against the disease. Merck Sharp & Dohme, the manufacturer of Varivax, is considering a licence in Britain. No application has yet been received by the Medicines Commission.

Chickenpox is caused by one of the herpes viruses, herpes varicella-zoster. It is most commonly contracted during childhood and in most cases is mild, leaving no lasting damage except for the occasional scar where a spot has become infected.

Complications are rare but, if the patient is older, immuno-compromised or a very young baby, it can lead to encephalitis, pneumonia, hepatitis or arthritis. After an attack, the virus lies dormant for many years in the spinal cord, but later in life, or if the patient's resistance is lowered, it can cause shingles.

This is an acute skin eruption in which small yellow vesicles spread over an area, dry up and heal by scabbing. The skin usually recovers in two to three weeks.

Trials in America suggest that vaccination against chickenpox has a failure rate of about 20%. However, those who catch chickenpox after they have been vaccinated tend to suffer a mild attack. *(It said earlier in this article that most cases were mild anyway!-Editor)*

Vaccination has been controversial, not only because it is relatively expensive but also because of the fear that if it did no more than delay an attack until the patient was older, and at greater risk of complications, it could be counter-productive.

Nobody yet knows how long protection will last. Its effect on the incidence of shingles won't be apparent for a generation.

The vaccine in use in America is prepared from an attenuated live virus and it is possible that this virus might, like the normal chickenpox virus, lurk in the body and later reveal its presence by an attack of shingles.

VACCINE BLUNDERS

DOCTORS SUSPENDED AFTER VACCINE OVERDOSE

(Times Educational Supplement, 31/3/95)
Three doctors have been suspended from giving school vaccinations after more than 200 pupils at three secondary schools in Wiltshire were accidentally given overdoses of a diphtheria vaccine.

The Bath and West Community NHS Trust this week began a formal inquiry to establish how the mistake was made and to avoid any repetition. The trust says it also wants to establish why the adverse affects which children complained of were not reported back to the trust under the established clinical procedure.

Many of the 220 pupils aged 14 and 15 at Devizes school, George Ward school, Melksham, and John of Gaunt school, Trowbridge, suffered swollen arms, high temperatures and flu-like symptoms. They had been given vaccines intended for pre-school children who actually require larger doses than adults or teenagers.
The pupils were given the booster jab following the advice from the Department of Health. A resurgence of diphtheria in eastern Europe, where more people are now taking holidays, has raised fears.

A letter has been sent to all parents explaining what happened and the inquiry report is expected to be completed in two or three weeks.

Edith Hoffman, deputy head at Devizes school, said that the staff were gravely concerned by the error. "We are obviously as anxious as the parents to know what went wrong. I think it's unbelievable that anything like this can happen," she added.

Kathleen Jones from Devizes said that she was frantic with worry when her son, then aged 15, became violently ill three days after his injection. She called out the doctor at 11pm fearing that he had contracted meningitis. She added: "I was horrified when I was told what had gone wrong. I couldn't believe they could make such a basic mistake."

The trust said the mistake was only discovered when a doctor at another school noticed the batch of vaccines was too strong.

DOCTORS QUIT OVER VACCINE MIX-UP

A doctor has resigned and a second has retired at a hospital where babies were inoculated against tuberculosis with vaccine five times the normal strength. This was reported in the Daily Telegraph, 3rd May 1995. The article went on to say: The inquiry discovered the mistake occurred as a result of a failure to recognise the difference between percutaneous and intradermal BCG vaccine - and that intradermal had been replaced by percutaneous.

There are two ways of giving a BCG inoculation. One is to rub a strong concentration on the upper arm and puncture the skin - a process known as percutaneous vaccination. The other is to inject a weaker form of the vaccine between layers of the skin - the intradermal method.

The investigation found that the stronger percutaneous vaccine had been used instead of intradermal.

Parents of 857 babies had been traced, said the spokesman. "None of the babies monitored has suffered any serious health problems."

No action is to be taken against the doctors involved.

Editor: One wonders how many studies have been conducted to test the effects of giving 5 times the recommended dose on new born babies. Can they really be certain that this will not have any long-term effects on the child's health?

PUPILS IN JABS ERROR

Fifty pupils aged 14 and 15 at Hylands School, Writtle, were given an overdose of an immunisation vaccine on Monday. The pupils were given letters for their parents, reassuring them that the increased dose of diphtheria vaccine could cause only sore arms.
Mrs Anne Reeve said that her son, Tristram, complained of dizziness and a stiff arm.
Dr Gail Bridgman, consultant paediatrician and immunisation co-ordinator for Mid Essex Community and Mental Health Trust, said: "An error has been made, but there are not likely to be any problems. We do not want anyone to be scared about being immunised."
Taken from: Essex Chronicle, 27/1/95

PUPILS GIVEN WRONG DRUG INJECTION TEST

The Times reported on 29/4/95 an article about a school nurse who was suspended and that an inquiry had been launched after 41 schoolchildren were given the wrong drug in a vaccination test.

Pupils at Heaton Manor School, Newcastle upon Tyne, were due to be given mild doses of tuberculosis to see if they needed booster injections but were given instead a test for tetanus. the children were seen by a doctor soon after the error was discovered but none developed any symptoms or required time off school.

Linda Lyons, deputy chief executive of Newcastle City Health Trust said: "It was a serious error because of the number of children involved. But I would reassure parents that clinically the effect it has on children is minor. However, we accept that if something else had been used the consequences could have been much more serious."

THE BLOOD POISONERS

Copies of the book entitled:
The Blood Poisoners by Lionel Dole, which was first published in 1965, are now available from: Vaccination Information, PO Box 43, Hull HU1 1AA. Price £2, inc. p&p, please make cheques payable to:'Vaccination Information'
Reproduced here is a small exert from the preface.

'When I undertook to write a short booklet to replace the late Miss Lily Loat's 'The Truth About Vaccination and Immunisation', written over twelve years ago, I saw that, as the latter dealt with only smallpox and diphtheria, it was obviously necessary to bring the subject of so-called 'immunisation' up to date. It would be useless to describe all the vaccines that are now being thrust upon the public, and quite impossible to give intelligible information as to how they are made or what they really contain. Are they ever the same for two weeks running?

We have all been told repeatedly that Prof. Ramon's toxoid (anatoxine) "practically wiped out diphtheria in Britain"; yet the compulsory use of the same stuff at the same time in France showed very different results. In Britain, with mass inoculations, there was an increase in cases and deaths for several months, but in France, with compulsory inoculations, the increases were much greater and lasted for many years."

THE INTERNATIONAL MOVE TOWARDS HONESTY ABOUT VACCINATION

Kris Gaublomme MD (Edited speech from the New Zealand symposium, April 1995)

About ten years ago, I was startled by strange coincidences happening in my practice as a medical doctor. I heard parents asking me whether the recurrent otitis, eczema or asthmatic breathing of their child could have anything to do with the recent vaccination they had had. I was startled, because, for the past five years, my answer invariably had been that it really didn't make much difference whether they got vaccinated or not, they would be immune some day anyway, either by the vaccine or by the natural disease. And when it came to polio and tetanus, I certainly was among the advocates of vaccination.

The scales fell from my eyes after I read "DPT, A shot in the dark" by Coulter and Fisher. I had the strange feeling that, except for the authors and myself, no one else was aware of what was going on. Fortunately, I was mistaken and I soon found out that people and organisations all over the world were going through the same process. But again, I was startled, this time by the lack of communication between those people.

I was excited about a new and important article I had just discovered - only to find out someone else had written about it years before... I thought it was indispensable to gather all my thoughts and knowledge in a book - only to find out that many books, based upon the same information, had been written already. And, in this way, I became aware of the loneliness and the isolation in which people who study this issue live and work. I therefore decided, if there was anything I could do to make myself useful, it was to spend my energy in trying to bring together all those forces, like a pile of fragile twigs become an unbreakable bundle if you bind them together.

I believe that the actual evolution of vaccinations to be expected is quite clear - the firm belief that vaccinations are the ultimate solution to cure health problems is still gaining popularity and even more so as traditional approaches like the use of antibiotics and other drug therapies apparently are beginning to fail more and more. The momentum for this evolution has to be clearly understood on three levels - science, politics and business.

Science is the corner stone of the vaccination doctrine. Scientists are considered to be as infallible to science, as much as priests are to religion. Whatever our "authority" publishes is considered to be the truth, and thus beyond discussion. The fact that many statements or figures contradict each other doesn't change this belief. The idea that our expert's statements might be slightly influenced by his ideology, or perhaps some kind of personal benefit, is disregarded. The dogma is more important than the truth.
The scientific powers today by far transcend our national borders. The scientific community gathers together at international conferences, sets up international investigation programs and trials, and publishes it's findings in internationally acknowledged publications. They all sing the same tune, even though data may differ, and interpretations even more so.

In the second place, politically, just a few experts set the measures for health policies to be carried out world-wide. Vaccination policies, although very different in each country, have a common ground in the goals designed within global organisations such as WHO and UNESCO. Remember the WHO's PLAN 2000, aiming at eradicating a number of diseases by the year 2000, and remember the role the WHO played in the struggle against smallpox.

The medical world is governed from a few offices in Geneva. National health politicians always refer to these international guidelines as the ultimate argumentation for their decisions. It is, therefore, difficult to change national policy without dealing with the central decision-making organisations.

We have to realise that the entire vaccination programme is embedded in incredible global financial structures. This programme is sustained and financed by trusts like the World Bank and the Rockefeller Foundation. Not to talk about the profits the pharmaceutical industries, again multi-national trusts, are interested in. For them, vaccinations really 'means business'. There are billions of dollars at stake, world-wide. Pharmaceutical companies boast about the tremendous amounts of money they invest into developing new technology, new vaccines. They use this argument as if to illustrate their humanitarian commitment. We know it is only an investment, to be regained multifold later on, when the vaccine is accepted and imposed, mandatory or not, upon, if possible, the entire world population. They don't think in terms of health, they are businessmen, greedy for dollars. Why else would they deny most of the spectrum of side effects we know about ? Why else would they deliberately forget to prove long-term safety of their products ? Why else would they pay full time lobbyists to rally politicians and decision makers to their cause ?

The avalanche of existing vaccines, new vaccines, new combinations and booster shots, will never be stopped unless we tackle the problem on the same international level. The goal of putting an end to the ongoing madness clearly transcends our individual, local or even national abilities. I believe that a movement that really wants to protect the next generations from even greater calamities than we witness today faces the necessity to organise itself on those same levels. We have to co-operate in order to expose the financial engines behind the scientific cover of vaccination strategies. We have to co-operate to further study the old and new literature, to exchange what we know and to get our own findings published. And, most of all we, too, will need people who have the time and the capabilities to deal with decision makers, nationally and also internationally.

I have the greatest respect and admiration for everybody who has taken part in the struggle against more human misery, but allow me to say that, sometimes, I am desperate about our lack of professional approach. We all started as grassroots organisations, which is beautiful. It guarantees our connection with those who suffer. But I believe the time has come to move forward, and become more professional. Practically, this means that we need some kind of international structure, both on scientific and political levels. I think we have to bring out both aspects, scientific and political, together in a new structure which covers our entire movement.

What I have in mind certainly is not an authoritarian structure, which has all the ideas, takes all the initiatives, or tells others what to do. What I have in mind is nothing but the co-ordination of the efforts and initiatives that have been growing in different countries up till now. We could call the structure "The International League for the Prevention of Vaccine Damage", or something of the kind. The name does not really matter, the results do.

On the scientific level, I already proposed in IVN (International Vaccination Newsletter) what I called an International Platform. The idea of the Platform is to co-ordinate people who have achieved a certain level of expertise in a certain field, through different workshops, such as : immunology, neurological effects, AIDS, and also : publications, legal aspects, public relations etc. These workshops would enable their members to communicate more frequently than they do now, by phone, letter, fax, modem, or whatever. They could exchange information, delegate certain tasks, and set up a common plan.This, I am sure, could save a lot of efforts and lead to more efficacy. These workshops could provide speakers for future seminars, in all continents. And their results could be published for an interested public, for instance in special reports of symposia like this one. Thus, information could be passed on, fast and complete, from top to bottom, world-wide.

It is not enough for us to have the truth on our side, and at the same time, watch children die or become injured. Nothing will change unless we convince those in power to listen to us and change their politics. Obviously, this is not going to happen by itself. It will take time and energy. It will take people who have that much knowledge and energy, and are willing to spend it on fighting the deeply rooted pre-occupations and mis-understandings of our politicians. For many years I believed that the solution for epidemic and infectious diseases was a medical issue. I was wrong, it is not. It is in fact a political issue. I learned a few things about the Maori people these days, and I believe if they get sick it is because they live in draughty houses. You don't provide proper housing by vaccinating. If they get sick, it is because they eat junk food and poisoned food, and perhaps drink too much beer, but you don't cure that by vaccinating. If they get sick, it is because they lose their dignity and self-respect. So treat them the way they deserve to be treated, and that will make them stronger. There is no vaccine against poverty. The Maori don't need jabs , they need jobs, and above all they need justice. But it doesn't sound like that is exactly what your government has in mind.

There is one more thing I would like to share with you, a bit off the record. When I listened to Gillian Durham yesterday a thought crossed my mind, like a flash. You see, in my country, some fifty years ago, there also was a number of politicians who were interested in a way of identifying a certain part of the population. So they gave them these fancy yellow stars to be worn on their jackets. They gave them for free. They didn't vaccinate these people, they had a slightly different procedure in mind. I am talking of course about the Jews. I know the comparison is exaggerated and I don't want to be manipulative, but what I mean is - don't allow your government to label unvaccinated children as outcasts, as public enemy number one. Don't let them do that to your children, for they deserve better.

If anyone is interested in a copy of the complete speech by Kris Gaublomme, please write to: T.I.P., 19 Woodlands Road, Harrow, Middx., HA1 2RT. Please enclose a SAE and 2 first class stamps to cover costs of copying.

Kris Gaublomme is also the editor of: The International Vaccination Newsletter, which is a quarterly publication. Subscriptions can be made at the address below. The fee for 1995 is 1000 BEF (Approx. £20).
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CLOSED WORLD OF THE DRUG REGULATORS

An article in The Observer, 7th May 1995, highlighted the secrecy surrounding the Committee on the Safety of Medicines (CSM), the body that approves new drugs and regulates the safety of those on the market.

There are 22 members of the Government-appointed CSM, of whom 8 have a direct or indirect relationship with Wellcome, (now Glaxo-Wellcome, after a take-over this year).

In total, 15 members of the committee have direct financial interests in pharmaceutical companies. When indirect interests are taken into account (funding for university departments, for example), only 3 members have no association with companies whose products they vet for public consumption.

Further on in the article it goes on to say: Dr Erik Millstone of Sussex University, a science historian who has monitored the growth of scientific advisory bodies, said: "I have the impression that when people are being selected, they are chosen for being what is known in the corridors of Whitehall as a safe pair of hands - people who will not rock the boat....the kind of people who can be relied on to give the kind of decisions that government and industry are looking for.

It is not satisfactory that it is entirely lawful for members of committees to act as paid consultants to the companies whose compounds they are judging," he added. Dr Millstone believes there are countless specialists in the NHS, medicine and academia who could be relied on to provide objective opinions but are ignored often because they have no industrial links.

The article ends with the fact that Britain is the third largest exporter of drugs and medicines in the world, 13 of the 50 most-used drugs are British. The Government is therefore anxious not to prejudice the prospects of this major industry by overzealous regulation or a breach of commercial confidentiality."

LOW COST HOMEOPATHIC CHILDRENS CLINIC

This is on the first Saturday of the month, at The Hornbeam Centre. You may use it for long-term treatment in which case ring 0181-523 3107 for an appointment or you may just drop in for urgent treatment. Information and advice is available on the vaccination issue, too.

Times:	10am to 1pm
Dates:	June 3rd, July 8th, August 5th, September 2nd October 7th
Venue:	Hornbeam Environmental Centre, (above Gannets restaurant), 458 Hoe St. London E17 9AH.
Donations:	Suggested £5 (for drop in) to £15 (Max. for chronic treatment)

WHEN TO WORRY ABOUT A TEMPERATURE

Reader's Digest, February1995.

The distraught call woke Dr Suzanne Corrigan at 2am. A woman cried, "My child has a fever! What should I do?" Dr Corrigan quickly asked: how old is the child? How high is the fever? What are the other symptoms? "It turned out that the temperature measured 38.3 degrees C (101F) rectally - the equivalent of 37.7 orally, says Dr Corrigan. "And the baby, 15 months old, had fallen back into peaceful sleep."

The mother was worried that the temperature might sky-rocket if she didn't wake the child to give medicine. Dr Corrigan reassured that the fever was mild and simply the body's natural response to fighting off an invader, most likely a virus. The doctor advised her to let the baby sleep, unless other symptoms appeared.

Like many people, this mother mistakenly assumed that having a high temperature means you're seriously ill," says "Dr Corrigan, of the American Academy of Paediatrics. "I tell patients that fever itself isn't an illness. It's how the body gets the immune system to defend against infection."

An unwarranted fear of elevated temperature - a common reaction - is called 'fever phobia' by Dr Barton Schmitt, a professor of paediatrics. Few people, he says realise that fever itself is rarely dangerous and by treating it aggressively with aspirin and paracetamol, they may actually slow recovery.

Here are six surprising facts about fever you should know to protect yourself and your family.

1 The concept of 37 degrees C/ 98.6 F as the body's 'normal' temperature is out of date. Says Dr Philip Mackowiak of the University of Maryland of Medicine: "The normal temperature is actually a range rather than one specific number. And there's a great deal of individual variation."

The body's natural circadian rhythms prompt daily temperature fluctuations of about 0.5 of a degree C, but some people have oscillations as wide as 1.3 degrees or as narrow as 0.05. Children tend to have slightly higher normal temperatures than adults and are more likely to run a fever in response to infection. Elderly people tend to have a lower body temperatures than younger adults.

Ordinary actions can raise temperature: digesting a big meal, being in the sun, prolonged crying in babies, exercise. But body temperature rarely rises higher than about 41.3 C/106.5 F - with two main exceptions: a trauma or tumour that damages the hypothalamus (the part of the brain controlling temperature); and, more commonly, heat stroke, which must be treated immediately to prevent damage to body organs, or death.

2 Taking medication to lower a high temperature may prolong illness. Here's how fever works. When white blood cells recognise an intruder, they release proteins that travel to the hypothalamus, prompting it to raise the body's thermostat. The body reacts by generating heat. "Many immunological functions appear to be more efficient at a higher temperature," confirms paediatrician Timothy Doran of The John Hopkins University School of Medicine. "And some bacteria and viruses don't grow as well at higher temperatures."

Doran researched children with chicken-pox, and found that "it took those who were given paracetamol about half a day longer to recover" than it did those whose fevers were untreated.

To balance the risks and benefits of treating fever, much depends on the patient's comfort. "Research indicates that fever does good, but it also can cause real discomfort - usually once the temperature reaches about 38.6 degrees C (101.5F)," states Dr Mitchell, professor of public health at Boston University School of Medicine. "If a high temperature is making you achy and miserable, many doctors recommend drugs such as aspirin, paracetamol or ibuprofen."

But never use aspirin to treat fever in children under 12 since it increases the risk of Reye's syndrome, a rare condition which can be fatal.

3 A fever doesn't necessarily mean serious illness. "A listless child with a temperature of 38.3 degrees C (101 F) is far more cause for concern than an active child with a temperature of 40 (104 F)," says Cambridge paediatrician Dr Colin Morley. "Rather than relying on the thermometer, try to decide whether the patient looks ill or not."

This is particularly important with babies and the elderly, since their immune systems may not be fully functional and they often won't run a temperature even when very ill. Fortunately, nature gives other indicators of infection. A sick infant may stare and have greyish skin or cold limbs.

4 High temperatures rarely cause brain damage or death. A fever needs to soar over 41.4 C(106.5F), and that's unlikely, before there is risk of brain damage. Yet when Dr Schmitt surveyed parents, he discovered that most thought a temperature of 40 C (104 F) or less can cause serious neurological side-effects, including brain damage. His study revealed that more than half of parents surveyed gave fever-reducing medicine for temperatures of 37 to 37.7 C - which can be normal.

"Some people get frantic", says Dr Schmitt, "if medication doesn't get the temperature down to 37 degrees C. Yet a correct dose will only bring a temperature down by 1 to 1.5 C, so if you start at 39.5 C, you can't expect to bring it down much below 38."

5 If you're ill, you needn't take your temperature frequently. "The time to take a temperature is when your doctor asks you to," says Dr Michael Rothenberg, co-author of Dr Spock's Baby and Child Care for the Nineties. For a doctor, a temperature reading is one of the diagnostic markers used to determine over the phone whether you should go to the surgery.

Doctors agree that rectal temperatures are the most accurate for young children; oral temperatures are preferred for older children and adults.

A rule of thumb from Dr Boyd Shook of the Central Oklahoma Medical Group: "Unless your doctor tells you, never wake up someone to take a temperature or give a fever medicine. Sleep is very valuable to someone who is ill."

6 If you have a high temperature you don't need to stay in bed. Sleep if you want to, but don't feel compelled. "Getting into bed and covering yourself with a duvet can make the problem worse," says Dr Morley. "While it's good to rest and not get overtired, being in bed isn't necessarily the best thing to do."

WHEN FEVER STRIKES, HERE'S WHAT DOCTORS ADVISE

✱ Call your GP when: a baby 3 months or younger has a temperature of 37.9 C/100.2 F or more; an infant between 3 and 6 months has a fever of 38.3 C/101 F or greater; a child older than 6 months has a fever of 39.4 C/103 F.

✱ Also call a doctor for fevers accompanied by: severe headache or stiff neck; mental confusion; sore throat; bad aches and pains; coughing that brings up sputum or blood; inconsolable irritability or excessive sleepiness; rash or vomiting; difficulty breathing and bloody diarrhoea or blood in stools.

✱ Drink plenty of fluids to avoid dehydration. Drink frequently enough to pass clear urine every 2 hours. (Heart and kidney patients should check with their doctor before forcing down fluids.)
Eat moderately. It's wise to avoid heavy meals but you should eat if your hungry. If you have diarrhoea or have been vomiting, avoid dairy products and stick to bland foods like rice, pureed apple and dry toast.

✱ Try a gentle sponge bath. Children with a temperature of 40C/104F or higher may be more comfortable if their fever is lowered with a sponge bath. But if the child has been given paracetamol, wait 30 minutes to an hour. This will avoid chilling the youngster whose temperature is already coming down because of the medicine. Use lukewarm water, since cold liquid can cause shivers and elevate temperature.

✱ Finally, don't panic. Fever is a normal response to infection, and no major problems generally come from a high temperature itself. As Dr Corrigan puts it: "In many ways, fever is a friend, not a foe."

Reader's Digest, February 1995

DoH REJECTS CROHN'S LINK

Taken from: Hospital Doctor, 4th May 1995.

The Department of Health has moved to limit damage caused by study results linking measles vaccination and inflammatory bowel disease.

Chief Medical Officer Dr Kenneth Calman played down the Royal Free Hospital School of Medicine research even before results were released.

Reporting in The Lancet, the inflammatory Bowel Disease Study Group said a retrospective study of 15,000 individuals revealed children vaccinated against measles were three times more likely to develop Crohn's disease than those who were not. The data could have a major impact on the infant immunisation programme. Under the scheme, vaccination takes place at 15 months.

At a press conference, the day before the study results were published, Dr Calman said there was little to support the link and questioned the study design. "Measles vaccine has been used routinely for 30 years, and this link has never been seen before," he said.

But bowel disease researcher Dr Andrew Wakefield, of the Royal Free Hospital School of Medicine, said each step of the controversial study had been subjected to peer review and was supported by research from other teams.

This included a recent Japanese study backing the tie-up between measles virus and bowel disease and Swedish research which showed exposure to measles virus early in life increased risk of IBD.

However, Dr Wakefield stressed that no changes should be made to immunisation schedules until the exact nature of the link had been fully investigated.

THE END OF THE LINE FOR POLIO

Taken from The Guardian, 9th March 1995

By the end of the year, the Western Pacific will be free of polio, says the World Health Organisation. There have been no cases of the crippling water-borne disease in either North or South America for more than two years. Western and Central Europe look as though they may soon be declared polio-free, and cases in the Middle East, north ,southern and east Africa are also falling fast. But, says Dr Ralph Henderson, assistant director-general of WHO and one of the select group that, seven years ago, decided to try and eliminate polio world-wide by the year 2000, there is a long way to go.

Since 1988, countries have used "national immunisation days" to swamp whole regions with vaccine, in the hope that those children that aren't caught up in the programme will be infected with the immunisation vaccinia virus instead of the wild one.

In the course of two days last year, China immunised 70 million children under the age of 5. But 18 nations, mostly in Africa, have failed to reach at least 50 per cent of their children. In 1988, there were 35,000 cases of polio world-wide. So far, only 4,147 cases have been reported for 1994. But the virus remains a threat as long as it exists, and the infection can return at any time to polio-free zones. It won't be deemed extinct until no cases have been reported for three years, and there will be backup research. Scientists will examine extensive samples of human waste to examine for the wild virus. The hope is that polio will follow smallpox into oblivion.

But Dr Henderson wants more money. "A total of up to 10 billion additional doses may be needed. We estimate that at least $100m is needed for each of the next five years to achieve polio eradication."

A PARENT'S COMMENTS

After receiving an immunisation appointment in the post, a parent wrote in to say: From reading this document one may think we do not have a choice in this decision. The slogan on the back, Teddy says "Be wise - Immunise" is a little patronising!
We also find it rather insulting that an appointment has been made for our child without our permission or prior knowledge.

KNOW YOUR ALTERNATIVES

There are so many natural remedies and alternative therapies from which to choose. The question is: which of them will help your particular health problem? Which remedies and treatments have worked for others who have the same problem and which have been proven in research to help?

For the first time, the public has access to vital information on alternative medicines and therapies through the Alternative Health Information Bureau. The Bureau is a computerised resource centre for alternative health care with access to all the current research and information relating to alternative medicine and has just launched a unique international bi- monthly health journal called ALTERNATIVES in health.

Unlike other health magazines, ALTERNATIVES in health does not print unsubstantiated theories or opinions. Instead it reviews the international health and medical research studies from all over the world providing the solid, scientific facts about the proven benefits of natural remedies and alternative and complementary medicines.

Members of The Informed Parent can subscribe to ALTERNATIVES in health for a reduced annual fee of just £18.95 (UK) or £24.95 (overseas), representing a 25% reduction on the normal rate. And ALTERNATVES in health will donate 10% of your annual subscription fee to The Informed Parent. Simply mark 'Informed Parent' clearly on the enclosed application form.

For more information, please see the enclosed leaflet or contact : ALTERNATIVES in health, 12 Upper Station Road, Radlett, Herts.,WD7 8BX, UK. Tel: 01923 469495 Fax: 01923 857670.

In Issue 3 of our newsletter we requested parents to volunteer to be part of a study looking into the views of parents who choose not to have their children vaccinated.

If anyone is interested in obtaining a copy of the full analysis, it is entitled: Who calls the shots? By Jane Forrest, and is available from: L.P.S.S., South Bank University, 103 Borough Road, London, SE1 0WA.

The cost is £6.50 and cheques should be made payable to 'South Bank University'.

The Vaccination Controversy

with Salli Rose

In this session we will look at the different vaccinations, the statistical evidence of their success and failures. We will examine your questions and fears, and look at the many choices that are available to you.

Sat.15th July & Sun.10th Sept.
1.00 - 5.00pm
Primrose Hill Community Centre
Hopkinson's Place
Fitzroy Road, NW1
Bookings: 0181 444 7217

Cost: £20 per person £30 per couples

Salli Rose is an experienced homeopath and healer. She specialises in the treatment of mothers and children throughout the pregnancy period and formative years. Salli lectures widely in hospitals, colleges and other institutions, and runs courses both here and overseas. Salli is commited to making as much information available, so that people can make informed choices that they can live with.

NEW HOPE FOR AIDS VACCINE AS HIV CHILD HEALS HIMSELF

Taken from The Daily Telegraph,31/3/95.

A boy aged 5, who has apparently cured himself after being born with the Aids virus, may provide clues to a vaccine to beat the infection, the National Aids Trust said yesterday.

The Trust was responding to an American study of a child born to an HIV-positive mother who showed unmistakable evidence of being infected within two months.

But by his first birthday the virus had disappeared and the boy is now growing up normally with no sign of the virus in his blood.

A study in the New England Journal of Medicine described how researchers isolated the virus on two occasions, 19 days and 51 days after birth, and he appeared destined to be an Aids baby.

However an Aids blood test on his first birthday failed to detect HIV antibodies and a more sophisticated test found no evidence of the virus.

He is the second well-documented case of a child who has apparently cured himself of the disease, although doctors do not understand how this happened.

A boy born 4 years ago in Oxford whose mother had contracted the HIV virus from her haemophiliac husband showed high levels of immune cells known as Cytotoxic T Lymphocytes (CTLs) - an indication that he was infected with HIV.

These cells destroy others infected by HIV and are thought to be why many people with HIV stay well for years before getting Aids.

But just after his first birthday, doctors discovered that he no longer had any sign of the virus in his body.

Mr Julian Meldrum, of the National Aids Trust, said there might be a mechanism within the immune systems of some people which gets rid of the virus.

He said that all babies born to HIV-infected mothers carried HIV antibodies in their blood at birth. These disappeared in most babies but about one in eight went on to develop Aids.

AIMS AND OBJECTIVES OF THE GROUP

1. To promote awareness and understanding about vaccination in order to preserve the freedom of an informed choice.

2. To offer support to parents regardless of the decisions they make.

3. To inform parents of the alternatives to vaccinations.

4. To accumulate historical and current information about vaccination and to make it available to members and interested parties.

5. To arrange and facilitate local talks, discussions and seminars on vaccination and preventative medicine for childhood illnesses.

6. To establish a nationwide support network and register (subject to members permission).

7. To publish a newsletter for members.

8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

The Informed Parent, 19 Woodlands Road, Harrow, Middlesex HAI 2RT.