THE *informed* PARENT

LATE SPRING 1999 THE BULLETIN OF 'THE INFORMED PARENT GROUP' *ISSUE 26*

OUR BEAUTIFUL HEALTHY LITTLE GIRL HAD AN MMR INJECTION. WITHIN HOURS, SHE WAS DYING

The headline above was featured in the Daily Mail, 15/3/99, followed by a report about 14-month-old, Emma Jane Gentle, who developed a fever and stopped breathing six hours after the MMR vaccination.

According to the Mail 'Medical experts claimed at an inquest last week that there was 'no evidence' of a link with MMR.' However, the parents were outraged at the open verdict and feel certain that the MMR was to blame.

Further in the article there is a description of the events leading to Emma death.

'Mrs Gentle, from Plymouth, recalled the afternoon in Septembere last year when Emma was given her vaccine at their GP's surgery.

"It was 4.30pm and afterwards she became grizzly,' she said. 'By 6pm she started running a fever so I gave her some Calpol and put her to bed. She was restless so I switched on the baby monitor and came downstairs.

'She then went off to sleep and I was reassured to hear her breathing quite heavily. But suddenly just before 10pm I heard her make a funny gurgling noise and then the monitor went silent. I raced upstairs to find her lying completely still with her eyes wide open and not breathing. I cradled her limp body in my arms and ran downstairs. As I lay her on the sofa to resuscitate her I knew she was dead.

That image will haunt me for the rest of my life.'.....Coroner Nigel Meadows said he was unable to establish cause of death because efforts made at the hospital to resuscitate Emma appeared to have destroyed vital evidence."

The article continues, 'Dr Elizabeth Miller, a neurologist at the Dept of Communicable Diseases, Public Health Laboratory, told the hearing the death was 'coincidental' and not causally related' to the vaccination. She claimed the fever would not have developed until five or six days later if it had been linked to MMR.'

Naturally the article ended by reassurances from a DoH spokesperson that since there was no evidence to link the death with the MMR, it would be unfortunate 'if parents were given unnecessary cause for alarm'.

Editor: I'm shocked that highly educated health professionals are apparently unaware of anaphylaxis (an allergic reaction). An anaphylactic shock is an extreme and generalized allergic reaction in which widespread histamine release causes swelling, constriction of the bronchioles, heart failure, circulatory collapse and sometimes death.

No doubt if little Emma had died shortly after developing measles it would have been a certainty that the measles had caused her death..

Why are parents told that there babies may develop a fever in the first couple of days after vaccination, when Dr Miller was quoted as saying it would take five to six days?

A past advertisement for the measles vaccine by Merck, featured in 'Parents' magazine (USA) states the following:

Some possible side effects

There are possible side effects from measles vaccine.....Occasionally, high fever (103F) occurs. Very rarely, more serious reactions have been reported following adminstration of the vaccine, such as severe allergic reaction, convulsions, seizures, eye problems, complicated skin problems, blood abnormalities, inflammation of blood vessels, temporary or permanent muscle paralysis and loss of feeling, and encephalitis, which may result in permanent brain damage and even death. Your doctor can provide you with information about other possible side effects reported following measles vaccination.

SEPTEMBER TALKS

In the last issue of the newsletter I indicated that Ian Sinclair, author of 'Vaccination-The Hidden Facts', 'Health-The Only Immunity' and 'You can overcome asthma' is keen to come over to the UK for a lecture tour.

Ian has lectured throughout Australia and New Zealand on natural health principles. Subjects covered include: the dynamics of health, nutrition, the beneficial nature of acute illnesses, awareness of drug and vaccine side-effects.

A number of individuals are willing to organise a talk in their area but it would be good to have a few more! These talks will be for the second part of September.

Ian would be happy to approach the subject from whichever angle is suitable and presents in a frank, humorous and easy-to-understand style. He is willing to fly over at his own expense provided a reasonable number of talks can be set up.

So please let me know if you are interested ASAP so arrangements can be made.

Contact Magda on:

0181 861 1022

(You can leave a message if I'm not available or a fax.)

THREE NEW VACCINES TO FIGHT AGAINST MENINGITIS C

The above line headed an article in The Times, 6/5/99 on vaccines against meningitis C. According to the article, the new vaccines are awaiting product licences and then they should be available for use by next year. Although there is an existing meningitis C vaccine its action is comparatively short-lived, and it is not suitable for babies under 18 months, the article adds.

There is also a mention of the development of a vaccine against meningitis B, and that a team from St Mary's Hospital in London is currently evaluating a vaccine developed in Cuba. This vaccine has apparently been effective in Cuba and is given to all Cuban children.

The Pulse, 27/2/99, also comments on the situation regarding meningitis C. A government immunisation adviser has rejected a demand from a GP special interest group to include the existing meningitis C vaccine in the national immunisation programme. Dr Higson (Editor: he keeps cropping up!) had expressed 'deep concern and anger' at the Governments failure to make this vaccine routine. Dr Higson feels that by vaccinating school children and university students it would prevent a fifth of all meningitis cases.

'Dr Norman Begg, consultant epidemiologist at the Public Health Laboratory Service rejected this call, citing problems with low protection offered in young children, the need for revaccination at regular intervals and the risk of falsely reassuring parents.'

In another article, in the same edition of Pulse, the number of meningitis cases are mentioned. 'Meningitis cases are continuing to rise. Officials have confirmed 623 cases in England and Wales to February 8 this year, compared with 342 and 522 in 1998 and 1997 respectively. '

Editor: An important point about meningitis that never seems to be mentioned is that it is a disease of a compromised immune system. Some individuals can harbour these bacteria and viruses without any harm to their well-being provided they have reasonable health. Health can be achieved by maintaining a balanced system and the primary factors are a good, sound diet, a stable lifestyle and a regular amount of exercise and fresh air.As we all know life doesn't come with any guarantees but by taking a few simple measures it is possible to reduce the chances of these disease situations occurring.

Surely we should be looking at reasons why some individuals are affected in such devastating ways from these bacteria. When a death from meningitis is reported there is never any mention about why it should have affected that individual.

There are so many questions that need to be asked, e.g. What was their general health like? Did they use medicines, such as, antibiotics, and how frequently? What kind of diet did they follow? What amount of stress did they encounter in their day-to-day living? Were there any inherited weaknesses from previous generations? Were they vaccinated? And so on. Complications do not occur randomly, there has to be underlying weaknesses.

CONSENT

The Dept. of Health's book 'Immunisation against infectious diseases' includes a page on consent, reproduced here are two of the points stated:

3.5 The attendance of a child at school on the day that the parent/guardian has been advised that the child will be immunised may also be viewed as acceptance that the child may be immunised, in the absence of any reservation expressed to the contrary. However, because of the parent/guardian's legal responsibilities in respect of the child's attendance at school, the possibility that immunisation will be offered should be made clear to the parent/guardian.

3.6 A child under 16 years of age may give consent for immunisation, provided he or she understands fully the benefits and risks involved. However, the child should be encouraged to involve a parent/guardian, if possible, in the decision.

GP's COMMENT

Dr D P B Pound, from Daventry, in part of a letter to the editor of The Pulse, 13/3/99, stated:

.....'On the other hand, how many of us really take any notice of anything that issues from the Chief Medical Officer's office? The office is so inconsistent, and so susceptible to political pressure, that it will issue formal advice to the Government to continue the ban on beef-on-the-bone with its infinitesimal risk to public health, and yet is not prepared to give similar advice to ban tobacco, motor cars, alcohol, peanuts, penicillin and so on.

The CMO's reputation for giving accurate, unbiased scientific advice is therefore in tatters and his opinions on any subject are worthless.'

CHILD BENEFIT FOR 'GOOD PARENTS'

Extract taken from: The Express, 2/1/99

Child benefit should only be paid to those who can prove they are decent parents, says a leading bishop.....The Rt Rev James Jones of Liverpool, said Britain should follow France where people cannot claim child benefit unless, for example, the child has been vaccinated.

"What we have got to say to parents is "Look, you've brought children into the world, it's your responsiblilty to nurture them".....

GPs FEES INCREASE

Review Body pay award details (applicable from 1st April 1999) were featured in the Pulse, 20/2/99.

TARGET PAYMENTS

•Childhood immunisations, maximum payable to GP in a practice with an average of 22 children aged two, per practitioner:
higher.....£2,580
lower.....£860

•Pre-school boosters, maximum payable to GP in a practice with an average of 22 children aged five, per practitioner:
higher.....£765
lower.....£255

•Item-of-service fees
Vaccinations and immunisations:
fee A.....£4.30 fee B.....£6.25

TV AD OUTRAGES PARENTS

A number of parents have contacted The Informed Parent extremely concerned by the TV advertisement on immunisation.

I can only encourage you to write letters of complaint in these matters, they are worthwhile and your letters could make a differance if enough are sent.

One parent wrote:

I am writing to express my outrage at the current Health Education Authority (HEA) advertisement promoting immunisation.

In the ad, a baby is shown lying on a cliff edge next to a raging sea, and lions and tigers are shown prowling around the child. The voice over says, "No loving parent would put their child in unnecessary danger. Childhood diseases can seriously harm your child, that's why it's important to immunise."

After considerable research and careful thought, I have made the informed choice not to have my son immunised, and I object very strongly to adverts like this that are tantamount to propaganda in favour of immunisation.

It is clearly implied that I am putting my child in danger by refusing immunisation, and hence I cannot be a ' loving parent'.

This advert does not inform, but merely relies on scare tactics (in the imagery) and emotional blackmail to promote a totally one-sided view. I will not go into the arguments that I (and many other parents/organisations) have against this medical procedure, suffice to say that the issue is by no means clear-cut and it should not be taken for granted that immunisation is always a positive and necessary thing.

I feel that the HEA ad represents an attack on a parent's right to make an informed choice about their child's health, and that it should be withdrawn.

Yours.....

You can write to:
Advertising Complaints Officer
Independent Television Commission (ITC)
33 Foley Street, London, W1P 7LB
Tel. 0171 306 7861

Advertising Standards Authority (ASA)
2 Torrington Place
London, WAC1E 7HW
Tel. 0171 580 5555

GPs FACE DOUBLE WHAMMY OVER VACCINE UPTAKE PAY

Taken from: Pulse, 27/3/99

GPs face a financial double whammy if they fail to meet higher immunisation targets under a deal struck by the GPC and the Government on the £60 million uplift to GP pay.

The two sides hammered out an agreement last week in time for an estimated four out of five GPs to feel the benefit of the uplift - around £1,840 each on average - from 1st April.

But part of the scheme, a new £18 million quality assurance initiative, will force GPs to jump through seven hoops to qualify for a set merit payment of £690 per principal.

The seven criteria include meeting higher targets for immunisation uptake. This has provoked anger among GPs who fear they could now miss out on the new quality payment as well as the higher target fee if their uptake rates slip.

GPC member Dr Jonathan Reggler, a GP in Marlow, Bucks, condemned the deal. "This is going to put pressure on GPs to coerce parents into having their children immunised and then be penalised twice if they fail, perhaps because of a vaccination scare," he said.

The GPC last week passed a motion opposing the inclusion of immunisation targets in the quality scheme, but it emerged that negotiators had been forced to agree the deal to get the money into GPs' pockets by next month.

Commenting on the row over higher target payments, GPC chairman Dr John Chisholm said: "This has been the contentious area. The GPC would have preferred that if the practice was making strenuous efforts there could be a get-out-clause for conscientous GPs."

The small print of the £60 million deal revealed that the GPC had won the argument over the seniority payments.

GPs will receive increments at four stages - after 6, 13, 19, and 25 years experience.

The GPC also won its demand that the top seniority rate be set at £7,000 in addition GPs will gain more at the other three stages than the GPC had originally demanded.

GP Dr Stephen Cembrowicz said he could lose out on the merit cash because his inner-city Bristol practice had a 32% turnover of patients which meant the immunisation clause made the quality payments irrelevant.

"I'm disappointed that paper targets have been given yet more prominence. GPs in areas with a high turnover will be discriminated against for obvious mathematical reasons,' he said.

THE INFORMED PARENT

Firstly I would like to apologise for the delay of the spring issue of the newsletter. I have been running TIP virtually single-handed for quite a number of years now, and it is difficult to keep up with all the work involved! There is a definate increase in the enquiries and the administration seems to be growing daily.

I am in the process of making some changes with TIP, whereby I will be able to take a salary. This will then enable me to continue with the demands of the running of the organisation.

My main aim is to continue to encourage the public to 'find out for themselves'. There is so much information out there and it would be almost impossible to research it all. We all interpret information in different ways, so I can only urge you to come to your own conclusions, and don't feel you have to justify them to anyone. I hope you find the newsletter informative and I would welcome any feedback and/or articles for future editions.

I was fortunate to attend the first day of the Allergy-Induced-Autism conference, held in Birmingham in March this year. There were an 'impressive' panel of highly-educated speakers present and there were some interesting points raised. A point that seemed to be consistent with the various speakers was that in autistic individuals, there appears to be an imbalance in the immune system, an immunological dysfunction.

So where is this imbalance coming from? Well, the question time at the end of the day, almost resulted in a vaccination debate, and the panel looked more than uncomfortable with the issue. Professor Bellanti, director of the Immunolgy Center at Jefferson Medical Center, surprised me with a rather strong statement about vaccination.

He stated:"The whooping cough vaccine is the dirtiest vaccine ever", and that his hope for the 21st century would be to discard the 'antiquated needles and syringes' and replace them with nasal spray vaccines.

I intend to write to Prof. Bellanti and ask him if he would elaborate on the quality of the whooping cough vaccine, and will reproduce his response if sucessful.

For anyone interested in the presentations made at this 2-day event, please contact Meryl Nee, AiA on:
0121 444 6450
There is a set of audio tapes available.

HEPATITIS B: WHERE ARE WE?

Taken from: La Ligue Nationale pour la Liberté des vaccinations. March '99 newsletter.

Since the halt to the programme of hepatitis B (HB) vaccination of college students the WHO has reacted forcibly and 'scolded' Kouchner, the Minister of Health. The WHO fears an increase in the number of those unprotected against hepatitis B (Medicine and Hygiene, 21/10/98, p1951).

But the data supports our view that hep. B is not a major public-health problem. It is recognised officially (BEH No 44/98) that there have been only 3000 acute hepatitis cases per annum. Médecine and Hygiene, 20/01/99, p137 notes that "the sales of vaccines have fallen significantly", even for those against hep. A (around 30%).....

From a report of NIVC (USA), Sept. 98, we learn that the HB vaccination has been authorised by the FDA without sufficient proof of long-term safety. The FDA has not required the pharmaceuticals to furnish scientific proof that HB vaccination will not compromise the immunological system of either infants or adults in the course of weeks, months or years.

In a report published in 1994 on vaccination complications The Institute of Medicine of the National Academy of Science concluded that virtually no fundamental scientific research had been undertaken to define, at the cellular and molecular level, the biological mechanisms of post-vaccinal death and complication: "The absence of adequate data for the numerous complications studied represents a major preoccupation for the Committee.....The Committee has been confronted with numerous lacunae , (missing portions) and limitations on the knowledge bearing on the safety of vaccines...."

Dr Waisbren, specialist in cellular biology and infectious disease, has warned that the HB vaccine obtained by gene manipulation contains polypeptide sequences found in human neurological tissue such as myelin and that, by a mechanism known as molecular mimemis, these polypeptides can act as auto-antigens and provoke auto-demyelinisation of the brain as in multiple sclerosis (Infor Vie Saine, Dec '98).

Subsequent to the decision of Kouchner, the WHO reacted vigorously to the effect that there was no scientific justification for suspending the HB vaccination and that its benefits were significant and demonstrated, including prevention of cirrhosis and cancer of the liver. How can a prevention measure become a demonstrated fact without supporting evidence?

We have a manipulation of opinion.

Also interesting is the information from the American Journal of Medicine (1998): the majority of doctors and health personnel refuse the HB vaccination, even when it is free. (And in France? Do what I tell you, not what I do.)

A considerable study is in hand in Gambia (West Africa) to determine the relationship between HB vaccine/liver cancer, but even before its completion interested parties are proclaiming that the vaccine contributes to prevention of this cancer. At the start of the study the experts had observed that almost all the infants reacted positively in the HB virus test (Lancet, 12/3/89) but were symptomless. In 1998 the same experts indicated that the same unvaccinated infants suffered from HB, How did the change come about?

And why chose Gambia, a country whose medical structure is nothing like that of a developed country? Those responsible are worried and, for reassurance, recommend that the data and results should be correctly recorded. But what about 20 or 30 years hence, this being the period necessary for development of a cancer? And what will be the value of transposing the findings from Africa, and the conclusions, to populations in Asia and the West? (Vaccination and Awareness, USA)

This affair continues to trouble the medical world. It has tended to discredit the vaccination. In an article in La Croix, 20/1/99, the author expresses that "the policy of mass vaccination is less and less well accepted". Is it to put off the inevitable pay day that the powers-that-be are bracing themselves? Let us hope that decisions on complete and objective information will not be left to those who will be judge and jury.

PIG VACCINATIONS HALTED AFTER 60 DIE FROM VIRUS

Extract taken from: Yorkshire Post, 27/3/99

Malaysia has stopped vaccinating pigs against Japanese encephalitis for fear that it could be spreading the virus thought to have killed nearly 60 people, a top health official said yesterday.

"We have suspended vaccination. This is on the speculation that the vaccination may spread the disease among pigs and between pigs and the vaccinator," said the director-general of Malaysia's Veterinary Services.....

WHATEVER HAPPENED TO INFORMED MEDICAL CHOICE?

Extracts taken from: The Phyllis Schlafly Report, Vol.32, No7, Feb 1999.

Phyllis Schlafly's article starts by questioning why American infants are being forced to have the Hepatitis B?... 'Across the country, newborn babies are being injected with Hepatitis B vaccine only hours after birth and children are told they must present proof of having received 3 hep. B shots before they can be admitted to daycare, kindergarten, fifth grade or high school.

I first became interested in the hep. B vaccine when, in connection with the birth of 2 new grandchildren, I learned that hospitals are routinely injecting newborns with the vaccine during their first 24 hours of life. A series of inquiries produced no convincing medical reason or scientific evidence for this procedure.....According to a Centers for Disease Control (CDC) report, there were only 10,637 cases of hep B in the US in 1996, including only 279 cases in children under the age of 14. Hepatitis B is not fatal for most who contract it, and it is not epidemic except among high-risk groups.'.....

So millions of US children are being forced to have 3 hep B shots (at about $40 each) for the problem of 279 children developing hep B. "Infants are considered the easiest to immunise," says Dr Walter Orenstein, Director of CDC's immunisation program. (New York Times, 30/7/97.)

To win parental support for hepatitis B vaccinations the vaccine police de-emphasize sex and drugs as risk factors, instead citing alleged dangers from ear piercing and contact sports.....

'More than 24,000 reports of hospitalisations and injuries, including about 400 deaths, following hep B vaccinations have been reported since 1990 to the US government's Vaccine Adverse Event Reporting System. There have been no controlled studies to evaluate these reports, there is no adequate proof of the vaccine's long term safety, and little is known about the effect of vaccines on a newborn baby's immune system'.....

Phyllis Schlafly then continues with an eye-opening look at the governments movement on federal control of the entire health care industry.

'The 1993 Comprehensive Childhood Immunisation Act, signed by President Clinton, gave the Dept. of Health and Human Services (HHS) $400 million to assist states to computerise state vaccine databases, or registries, to tag and track children's vaccinations.

The CDC uses carrot and stick to force the states to obey federal "recommendations." The CDC has the power to withhold money grants if state health officials don't show proof of designated vaccination rates, and the CDC has doled out hundreds of millions of taxpayer dollars to reward state health departments for promoting mass vaccinations. States receive either $50, $75 or $100 per child who is fully vaccinated with all federally recommended vaccines, including hepatitis B.'

'In 1995, HHS Secretary Donna Shalala gave the states the power to get access to newborn babies' Social Security numbers in order to put them on vaccine tracking databases. Now, the CDC is trying to link the state vaccine databases, or registries, into a de facto centralised database containing every child's medical records. Once in place, the national vaccine database can serve 2 important goals:

First, the database will enable the govenment to enforce mandatory vaccination of all children, thereby conditioning Americans to accept compulsory control of their individual health care....

The federally monitored vaccine database, which will have all children tagged from birth with an ID number, will serve as a gatekeeper to deny the child admission to daycare, kindergarten, school or college, or even access to medical care, without showing proof of all required vaccinations.

Second, once the vaccine database is in place, it will be easy to add all medical records. This will accomplish one of the major goals of the Clinton Administration's nationalised health care plan, and will be the key to government's ability to dictate the giving and rationing of health care.'

Phyllis Sclafly then comments that 'before any of this happens it is vital to pass state privacy protections to forbid state officials from sharing personel health data with other states or the federal government.'

The report continues by looking at how vaccines are made compulsory..... ....'When it comes to vaccines, instead of "choice" some states tolerate limited and hard-to-get "exemptions". Most states permit a medical exemption, but that must be signed by a doctor. All but two states permit a religious exemption, but that can be arbitrarily interpreted by the bureaucrats. There's a big difference between exercising free choice or having to plead with some government functionary to tolerate your exemption.

Where do these intrusive and expensive vaccine mandates originate, and how can they be enforced nationally since vaccinations are a state, not a federal matter? The vaccine police have figured out how to override state authority. They have developed an intricate system of control outside the spotlight of public scrutiny and without accountability.

US vaccine policy is set by a quasi-government group of mandatory-vaccination promoters called the Advisory Committee on Immunisation Practices (ACIP), whose members are appointed by the CDC. ACIP members can have financial ties to the drug corporations, which is a gross conflict of interest since the vaccine manufacturers' profits depend on laws that force vaccines on all children instead of just those at risk.....The unaccoutable bureaucrats make regulations that follow CDC instructions and have the impact of law. The drug corporations are involved every step of the way in securing CDC endorsement of a vaccine and in lobbying legislators and bureaucrats to make its use compulsory.' .....'With a $5.3 billion marketing budget, the drug corporations can easily afford to lobby thousands of state legislators and federal and state bureaucrats to pass laws that force us to buy their products, particularly vaccines. It is the mandatory feature of vaccines that makes them so profitable for the industry. (How the Hep B mandate was lobbied through the Ohio legislature, bypassing the proper committee, with no notice, study or debate, is described in "Hepatitis `b vaccine for Ohio's kindergartens unnecessary," `Cincinnati Enquirer, 15/1/99)

The article continues by looking at 'vaccines a miracle of modern medicine?', 'new vaccines are coming fast', and 'are vaccines worse than the disease?'. The author ends by looking at 'who should decide a child's care?'

'When it comes to balancing risks versus benefits, it's not always obvious how to weigh the risks. Parents, not government politicians or bureaucrats, should be balancing the risks and benefits of vaccines for their own children based on complete information.

State legislators and state and federal bureaucrats are seldom physicians and scientists. They get their information from other accountable bureaucracies such as the CDC and from the lobbyists for the drug corporations. Scientists and physicians aren't infallible. When I was growing up, tonsillectomies were routinely performed on children. I now am glad my family couldn't afford that unnecessary surgery.

Freedom in America should include allowing parents to make their own informed choice about injecting their babies with potentially dangerous vaccines. Parents should do their own research.

For full copy of this report contact:
The Phyllis Schlafly Report, P O Box 618, Alton, Illinois 62002, USA
Tel (618) 462 5415.
http://www.eagleforum.org
eagle@eagleforum.org

U.S. REPORTS IN LIVER CANCER

BMJ, Vol 318, 20/3/99, p755.

This article reports on the increase of liver cancer in the US, and also that a shift of incidence from the elderly to younger age groups is emerging. The main cause behind the increase in associated cancers is infection with hepatitis B and C viruses. It comments that 'many older Americans with hepatitis C are believed to have contracted it from blood transfusions received before the blood supply was as carefully screened'. There is no explanation as to why there is a shift to a younger age group, it would be interesting to see what percentage of these cases were vaccinated against hepatitis B. Perhaps the vaccine is infecting these individuals with the hep. B virus.?

RUBELLA FEARS GROW WITH FALL IN VACCINATION

The Times, 19/3/99, reported on the 'growing danger' of an epidemic of babies being born with rubella because of a fall in the uptake of the rubella vaccination over the last four years. The article also mentions that the number of children vaccinated by the time they are 16 months old has fallen from 83% to 77%, and that health officials are concerned that the fall in uptake could allow rubella to circulate among young children.

Women and health professionals must be aware of the potentially devastating effects of rubella infection," say the authors of a recent paper on congenital rubella surveillance.

The Informed Parent has written to Pat Tookey, one of the authors of this paper with a number of questions regarding this issue and Ms Tookey has agreed to respond in the near future.

The text of the letter sent, is reproduced below, followed by a selection of articles on rubella and congenital rubella syndrome.

Ms Pat Tookey
National Congenital Rubella
Surveillance Programme
Dept.of Epidemiology and Biostatistics
Institute of Child Health
30 Guilford Street
London WC1
6th April 1999

Dear Ms Tookey
I am writing regarding the recent reports about rubella fears, featured in some of the daily newspapers.

There are a number of questions being raised by parents and I would appreciate a response from your department.

1. According to the DoH 'Immunisation against infectious disease' it states that rubella was made notifiable in 1988. Therefore would it be correct in presuming that there are no reliable figures prior to 1988 regarding rubella cases?

2. Please could you supply annual figures for the number of rubella cases over the last ten years, stating what percentage were confirmed cases.

3. Which year was the single rubella vaccine first introduced in the UK, and how was its success monitored given that the disease was not notifiable until 1988?

4. There appears to be differing figures regarding the risk of Congenital Rubella Syndrome (CRS), perhaps you could clarify the percentage of risk in:
a) the first trimester
b) the second trimester.

5. Since there are also many other viruses which have the potential to affect the unborn baby, do you have figures of the risk of congenital defects from these viruses?

6. Are there figures on the number of congenital defects occurring in relation to these other viruses?

7. What is the difference between CRS and Congenital Rubella Infection? (The bottom graph on p194 of 'Immunisation against infectious disease shows both on one graph, do you have the separate figures?)

8. Do you have yearly figures of the number of terminations as a result of exposure to:
a) rubella
b) other viruses

9. I understand that cytomegalovirus is a more common virus than rubella, and also has the potential to cause congenital defects? Could you comment as to why the public are unaware of cytomegalovirus if there is a greater risk of being exposed to it than rubella.

10. Is data kept regarding the immunisation status of the mothers of babies with CRS?

11. How thorough and accurate are the tests to establish which virus may have caused congenital defects?

12. I understand that rubella tends to appear every 6-9 years. Do you have figures showing the epidemic years in recent times and when the next cycle is due?

I shall be publishing these questions in the next issue of The Informed Parent and hope that you can supply me with a response as soon as possible, so that it can be published in the following edition.
I look forward to hearing from you, and thank you in advance for dealing with these parental concerns.
Yours faithfully
Magda Taylor

The Immunisation Awareness Society in New Zealand recently featured an article on rubella by Hilary Butler, a parent and independent researcher of vaccination in their Spring '99 newsletter. Reproduced here is an extract of the article.

Rubella virus is a moderately large single-stranded RNA virus classified in the family Togavirus, although its laboratory behaviour is more like that of the paramyxoviruses. Rubella virus is highly sensitive to heat, to extremes of pH and to a variety of chemical agents. The virus affects humans exclusively, in whom it causes 2 disease presentations : a benign exanthem (rash) in children 5-9 years old (pre-vaccine era), and a potentially devastating congenital infection if a pregnant woman has clinical symptoms in the first three months of pregnancy.

Rubella outbreaks ususally occur during the spring months in temperate zones such as New Zealand. Before vaccination campaigns, rubella tended to appear in epidemics of 3-4 year cycles at 6-9 year intervals and 80-90% of adults were immune (MOH,1996). Since vaccination campaigns started, however, the typical age range of 5-9 years is no longer applicable and rubella can affect any age group. Within 4 years of widespread vaccine use in the US, medical literature was reporting that:

"There appears to have been a slight upward shift in the age-specific incidence of rubella." (Pediatrics, Vol 55 No 1, Jan 1975.)

The current assessment of risk of congenital malformations after rubella infection in pregnancy is confusing. On the one hand, Krugman (p412) says: "30-50% during the first four weeks of gestation. 25% in the fifth to eighth week; 8% in the ninth to twelfth week. A slight risk of deafness during the thirteenth to sixteenth week. Overall risk of malformations in the first trimester is approximately 20%."

And on the other hand, Carlos Abramowsky (1997) states:

"The probability of having a congenital defect ranges from 90% for infection in the first trimester to 25% for infection in the second trimester."

Rather a discrepancy - and don't ask me who's right.

If you are told that your baby's congenital defects are caused by rubella, don't accept this diagnosis without extensive blood work to prove it. Some doctors think TORCH defects (the acronym for Toxoplasmosis, Other viruses, Rubells, Cytomegalovirus and Herpes Simplex) can only be caused by rubella, but as the acronym states, a raft of other viruses can also cause many of the same defects.

Research on the pathogenesis of defects has centred on inhibition of cell

division and an increased number of chromosome breaks. While medical people can tell you what happens, they have no idea how it happens, or what the role of maternal nutrition is in this process.

The medical literature states that the introduction of the rubella vaccination has resulted in the virtual elimination of congenital rubella. This "opinion" ignores the fact that since the last major outbreak in 1965, routine abortion was, and is, offered to all women who acquire rubella when they are pregnant. Most women accept.

To say that all congenital rubella cases have been eliminated by vaccination ignores the fact that abortions routinely offered to women exposed to rubella also eliminate all those babies who would not have had congenital abnormalities. Therefore the question needs to be asked: What has eliminated congenital rubella - routine abortion or the use of the rubella vaccine?

The following extracts are, also, from an article by Hilary Butler featured in the Immunisation Awareness Society newsletter, Vol 8, No 1, New Zealand.

TORCH is a medical acronym for the most common causes of congenital deformities contracted during pregnancy, usually in the first twenty weeks. Most women scratch their heads and think, "Well, rubella, and something to do with cats...."Doctors by and large read 'rubella' because they have a vaccine.
T Toxoplasma / O Other viruses (Mumps/Chickenpox/Measles/Coxsackie) / R Rubella / C Cytomegalovirus (The most common) / H Herpes Simplex

Often TORCH defects centre around hearing, sight, heart problems, mental retardation, psychomotor retardation and others.

I had rubella at 8 weeks pregnant with our first son. A midwife that I knew had told me about how Adele Davis maintained that Folic Acid prevented neural defects, and how viral infections in pregnancy caused TORCH if extra Vitamin A was NOT provided in their diet. The babies were fine if parents were supplemented. My midwife suggested Vitamin A,B and C. On the principal that more might be better I took everything and probably much of it went down the toilet. Anyway Ian is fine. Statistically, he shouldn't have been.

I thought no more of this until studies in the third world showed that Vitamin A given to children with measles eliminated the cataracts and eye defects associated with sick, malnourished children. Not only that, it cut secondary infections and deaths.

Then just recently the Dunedin Medical School pronounced that medical studies now confirm that folic acid does prevent neural defects if taken daily prior to and early in pregnancy. My husband and I chuckled to ourselves because they were at least two decades late.

Recently some news items prompted a rethink. Chickenpox is causing congenital problems in Australia and so universal immunisation is being discussed there. Here the reasons are more 'work-related'. Cytomegalovirus, which causes MORE congenital defects than rubella is a new vaccine candidate, as is Herpes simplex. The powers that be are getting quite excited about TORCH vaccines.

So I wonder if we will ever hear about vitamin A and others again? Why is vitamin A important? Because viruses pull all available vitamin A from any place. The virus starts with the retina in the eye since that is the most accessible place. That's why children with any viral disease, but especially measles, don't like the light (photophobia). It is the vitamin A in the retina that protects the eye from light damage. The liver stores are taken last. So maybe it is time, not just to look at folic acid and neural defects, but the role that vitamins A,C and E play in early pregnancy and disease.
Hilary Butler.

Rubella risks for pregnant women
(Danish Med. Bull. March 1987)
Between 1975-1984 !,346 women were serologically identified with rubella during pregnancy.
623 chose abortion, 672 chose to continue the pregnancy.
Of the 672, 113 no follow up, leaving 559.
Of 559, 35 spontaneous abortions and 4 still births.
Of 520 left only 111 had specific rubella IgM (21.34% infection rate), 513 babies had NO malformations.
Study conclusions: Not all foetuses were infected (21.34%)
Not all infected foetuses had malformations (6.3%)

Editor: It seems that more research and education should be undertaken regarding the diets of pregnant women and/or possible supplementation of folic acid and vitamins! Foods rich in folic acid include: Fortified yeast extract, blackeye beans, kidney beans, endive, broccoli, chickpeas, spinach, okra, cabbage, almonds, beetroot, oatmeal, brown rice, corn on cob to name a few.
Vitamin A: Carrots, kale, spinach, lambs liver, cod liver oil, butter, dried apricots, broccoli, cheese (esp cheddar and parmesan), mango, eggs, are a few examples.

RUBELLA

Commonly known as 'German measles', rubella is a non-threatening disease in children that does not require treatment. The initial symptoms are fever and a slight cold, accompanied by a sore throat. A rash appears on the face and scalp and spreads to the arms and body. The spots do not run together as they do with measles, and they usually fade away after 2 or 3 days. Rest and plenty of fluids is usually all that is required.

The threat posed by rubella is the possibility that it may cause damage to the fetus if a woman contracts the disease during the first three months of pregnancy. This fear is used to justify the immunisation of all children as part of the MMR vaccination..

There is no need to protect children from this harmless disease, so the adverse reactions to the vaccine are unacceptable in terms of benefit to the child. They can include arthritis, arthralgia (painful joints), and polyneuritis. While these symptoms are usually temporary, they may last for several months and may not occur until as long as 2 months after the vaccination.

The greater danger of the rubella vaccine is the possibility that it may deny expectant mothers the protection of natural immunity from the disease. By preventing rubella in childhood, immunisation may actually increase the threat that women will contract rubella during their childbearing years. Study after study has demonstrated that many women immunised as children lack evidence of immunity in blood tests given during their adolescent years. Is vaccine-induced immunity as effective and long-lasting as immunity from the natural disease? A large proportion of children show no evidence of immunity in blood tests given only 4 or 5 years after rubella vaccination.
Prior to the time doctors began giving rubella vaccinations an estimated 85% of adults were naturally immune to the disease.
(Taken from: How to raise a healthy child... By Dr R Mendelsohn.)

DEALING WITH ALLERGIES; ECZEMA

One baby girl was brought in to see me covered in eczema. She couldn't sleep at night from the scratching, and her skin was covered in large red inflamed patches with scaly skin. It had started as a line of irritation under her neck, appearing next on the classic sites on the creases behind her knees and on the inside of her elbows. From there it had spread over much of her body.

Her parents were beside themselves, staying up all night trying to calm her by stroking her back gently - it was the only thing that seemed to soothe her. Her twin sister was starting to develop the same condition, which wasn't surprising since both parents had allergies themselves.

The remedy that cleared her skin up, over a matter of months, was Phosphorous, which was chosen not because it's an eczema remedy, but because the infant seemed to be a sensitive Phosphorous type, who was very reactive to all sorts of things in her environment. Not only was she oversensitive to bathing products and wool, but she would pick up on the mood of anyone who picked her up - and would break into tears if the person was anxious or uptight.

By Cassandra Marks, homœopath and health journalist

Treatment for eczema in homeopathy is always a constitutional matter, and children respond very well to treatment. The sooner they come when eczema appears, the quicker they respond to treatment - particularly if they haven't had any steroid creams prescribed.

Some pharmacies recommend over the counter homeopathic remedies for eczema - Sulphur is a common one. Although sulphur has been used very successfully in many cases of eczema, it only works when given to a Sulphur type of child. A sulphur 'type' is one whose metabolism and personality fit the picture of this remedy, as well as the appearance of the skin. There are a large range of remedies which your child might need - so it's important to always seek the help of an experienced homeopath when treating eczema, and other allergies.

In children (or adults) who are not Sulphur types, taking the remedy can often flare the skin up badly without producing any improvement. In fact, because eczema flares up so easily, it's treatment always needs to be done by an experienced homeopath. Another child came to see me recently with a livid red rash over her cheeks. Her remedy turned out to be Calcarea Carbonica, because of her cheerful, placid disposition, and her tendency to gain weight and to get cold hands and feet. Her skin flared up for a short time on this remedy - only a few days - before improving. At least 20% of cases of eczema will tend to become aggravated when they first start homeopathic treatment, so you need to be patient at first. Others will get quickly better, if the remedy is just right, while with others, the treatment will be long and slow. It's very variable!

I have treated many many children (and adults) with eczema over the years, and notice that many cases develop after immunisations, or the introduction of formula milk, or foods. While there is usually a family history of atopic allergies; asthma, hay fever or eczema, it takes something to trigger off this latent tendency.

Eczema can start early on, when cradle-cap on the baby's head spreads down onto the body - this is known as seborrheic eczema. The area behind the ear is often affected, with cracking and oozing of thick honey-like discharge.

It can start as red patches around the nappy area, which look very inflamed with slight blistering and reddish skin.

Or it can start around any of the creases in the body - typically around the earlobes, under the neck, behind the knees and elbows. Eczema can occur in creases anywhere, or as a rash around the mouth - especially if it reddens after contact with food allergens like tomatoes or eggs. Or it can start as small patches of rough, dry, whitened skin on the body, anywhere on the trunk, thighs or arms. Eczema is always itchy, although the degree of discomfort does vary from child to child.

Sometimes when children scratch, their skin becomes raw, inflamed and moist - doctors sometimes say the skin has become infected and give antibiotics for this. However, antibiotics do nothing to help with the eczema and there is no real danger of infection, and as I have said in my earlier article on antibiotics, they should not be given to children unless absolutely necessary (for a dangerous condition) because of their tendency to disrupt healthy immune system function.

Homeopathic Calendula cream has antiseptic as well as healing properties, and can be given whenever the skin looks raw, or your doctor says the skin is infected. It helps with the healthy formation of new tissue, and comes in a water base which is easily absorbed by the skin.

Many early cases of eczema can be managed well by using undedicated cream - this is far preferable to doctors tendency to dish out steroid cream. As we'll be discussing in this column later, steroids are dangerous because they can stunt children's growth. They are not safe even when used on the skin, because they are absorbed through the skin into the blood stream. Furthermore, as many parents have noticed, the eczema just comes back as soon as you stop using the cream, so before you know it you're using it more frequently, and in ever stronger formulations.

The best creams to use are unmedicated creams known as emollients, the fancy word for moisturisers. They keep the skin moist and flexible, preventing cracking and scaling. You can use them as soap substitutes in sensitive areas like the nappy area to cleanse the skin. You can use them as bath oils which you add to your child's bath, and of course you can apply emollient creams to the skin. Your local pharmacy, or the National Eczema Society (0171 388 4097) can advise you on which emollients to use.

Cassandra Marks will be on maternity leave for several months. her colleague Liz Salter will be taking over this column, and her homeopathic practice in Kentish Town.

Liz Salter RSHom is available at North End Practice, 8a Burghley Rd, London, NW5. Tel 0171 485 9362

POSSIBLE LINKS BETWEEN VACCINATION AND AUTISM - A SUMMARY

A NEW TYPE OF AUTISM FOLLOWING VACCINATION?

- A significant number of children have "become autistic" in the late 1980s and early 1990s. These children were developing normally when they suddenly markedly degenerated with loss of previous language and skills and the permanent acquisition of acute multiple food allergies.
- Parents report that this degeneration followed on from immunisation. This is regarded as coincidence by the Department of Health (DoH).
- The Department admitted in correspondence on 19th March 1998 that "...early studies on autism, carried out before MMR vaccination was introduced, showed that many children with autism were reported to have developed normally and then regressed ... the mechanism by which this occurs is not yet known ... Whilst research in this area is still in the early stages, there is no evidence at present to suggest that the mechanism may be through an inability to cope with vaccines." (source, Helen Campbell, Senior Scientific Officer, Immunisation and Communicable Disease Branch, Health Promotion Division, DoH).
- But the DoH has no coherent proven alternative explanation for degeneration after vaccination into autism.
- Damage to some children has been very severe. The more acute cases of autism include problems such as complete absence of speech, poor language comprehension, double incontinence, hyperactivity with multiple food allergies and intolerances, and extremely poor sleep, with dramatic consequences for their families in terms of quality of life.

MEASLES, MMR AND MEASLES-RUBELLA VACCINES

- The single-constituent measles and rubella vaccines were introduced in the UK in 1968 and in 1970 respectively. Mumps measles rubella (MMR) was introduced in October 1988, and an immunisation campaign with combined measles-rubella (MR) was implemented in November 1994.
- In many cases immunisation of children now believed to have been damaged was with the MMR vaccine. However, in a much smaller number of cases, it has involved pre-MMR measles-only vaccine. The problem with vaccination, if there is one, may therefore not be confined to MMR alone.
- The DoH states that there was no increase in autism when MMR was introduced. However, as autism is being linked, by parents and by some researchers, to MMR's predecessors as well, this defence may be irrelevant.
- Parents' suspicions over vaccines are not confined to the measles etc. virus content but also to the other constituents of the vaccines, their quality control and even their storage. Each element needs to be firmly eliminated by research.
- Despite the DoH's assertion that autism will typically be noticed around the time of vaccination but is unconnected with it, no cases can be found when children degenerated immediately before vaccination. If any can be found, then parents' groups would like to hear of them.

ADVERSE EVENTS & DAMAGE

- There has been a past tendency for surveillance of children, following vaccination, to be only in terms of days, or at most two or three weeks. And even some adverse reactions within this short time scale have been dismissed by health officials as unconnected with vaccination.
- But there is no scientific proof that all adverse events must necessarily be immediately after vaccination. There are now powerful arguments that adverse events such as degeneration into autism may take two or three months to take full effect. The sequence of interconnected effects could conceivably take as long as perhaps two or three months to cause damage.

UNDER-REPORTING OF ADVERSE EVENTS - THE "YELLOW CARD" SYSTEM

- The DoH primarily relies on the Medicines Control Agency "Yellow Card" surveillance system to pick up cases of adverse reactions to vaccines. These are reports from general practitioners and pharmacists.
- However, far too few cards are actually filed. Doctors may not recognise symptoms seen several months after vaccination as being connected, or may be reluctant to do so. They also may feel that they are unable to prove the link, particularly in the face of the DoH assurances that there is no link - a chicken-and-egg situation.
- The Public Health Laboratory Service published a paper in March 1995 in The Lancet, Vol. 345, admitting an estimated five-fold level of under-reporting.
- In a bulletin published in December 1996, the West Midlands Centre of Adverse Drug Reactions Reporting found in a survey of 1420 adverse reactions, some 477 would have fulfilled the Committee of Safety of Medicines' criteria for reporting, but only thirty Yellow Cards were actually filed, accounting for only 6.3% of the identified reportable reactions.
- The Medicines Control Agency has contradicted itself on this issue, stating in correspondence on 21st August 1998 that many serious reactions do get reported, but also stating in Adverse Drug Reaction Information Service Guidance On Interpretation Of Yellow Card Data, Drug Analysis Prints, 1997 edition, that only 10-15% of even serious reactions are reported.
- Official statistics given in response to enquiries from Members of Parliament or the media, are not factored up to reflect true levels, and are therefore very seriously misleading.
- A circular argument results, whereby adverse reaction figures are kept low, these are quoted as justification for repudiating suggestions that a child's damage was connected to vaccination, then the child's case is not added to the statistics, and then these remain low. The poor Yellow Card system explains how the Medicines Control Agency failed to pick up what may eventually prove to be a major health scandal.

THE CHILDREN AT RISK

- The vast majority of children have been safely immunised without adverse consequences. However, it is over-extending logic to take this as proof that there is no problem for a small minority.
- It remains very possible that

children, with a particular genetic predisposition, or as a consequence of previous illnesses, or previous treatments such as antibiotics, or some other factor such as low levels of particular vitamins, may react strongly to particular vaccines or with some variation in the quality of particular batches of vaccines, or experience an auto immune reaction.

- It is biologically possible that this could result in a vaccination-triggered sequence ending in autism or other damage. The DoH attitude seems to be "if it's safe for most, it follows that it must be safe for all".
- To be damaged, a child may need to experience or possess several, or even all, these factors. The relationship will be complex. Yet DoH statements have treated this simplistically, as though autism had to immediately follow vaccination, and be directly and only very obviously linked to it, to have been caused by it.

CONTRAINDICATIONS AND PATIENT RECORDS

- Very few contraindications to vaccination are officially recognised. The literature giving advice on contraindications is spread confusingly between the immunisation "Green Book" issued to doctors, the advice sheets issued to health professionals, and the basic leaflets available to parents. In the background are numerous technical articles.
- The parents' leaflets are designed to soothe away doubts and to reassure. Very little meaningful information reaches the parents. No information actually stresses the potential risks.
- There is also scope for confusion in multi-doctor practices, where Doctor A may have been treating a child, then Doctor B recommends that the child is vaccinated, but without first checking the child's health records.
- The records themselves are frequently an unreadable mess of pieces of paper crammed into a small card folder, much of it unreadable, and perhaps not fully complete if locum doctors have been involved.

VACCINE BATCH QUALITY PROBLEMS?

- There are undoubtedly problems with particular batches of vaccines. In just one batch, ten cases of damaged children, geographically scattered, have been registered with one parents' action group, all with the same vaccine batch number. As there are 5,000 doses of vaccine in each batch, then this would indicate a very high risk, or one in 500, from that batch.
- Also, many parents have probably not yet realised the possibility of vaccination having caused their child's regression into autism or other damage, and are not members of any group. The ten cases identified above are therefore unlikely to represent more than a proportion of the total number of children damaged by this particular batch.

POTENTIAL NUMBER OF DAMAGED CHILDREN

- Degeneration into autism in the two or three months following vaccination is only one of a range of problems suspected by parents. The specialist solicitors Hodge Jones and Allen have been approached by some 5,000 families to date, and are now understood to have over 1,800 cases of suspected damage on their books, of which over 1,000 are autism.
- Other problems within these children include Crohn's Disease, epilepsy, other forms of brain damage, hearing and/or vision problems, behavioural and learning problems, and a number of deaths (source: Dawbarns Factsheet, June 1997) (these were the solicitors that preceded Hodge Jones and Allen).
- There are also other solicitors firms acting for other children, plus unidentified children yet to be referred to any solicitors because parents do not appreciate what could have taken place biologically. It is therefore difficult to estimate the potential maximum total number of children that could be damaged by vaccination, including degeneration into autism, during the late 1980s and early 1990s. The numbers are likely to be several thousand, and potentially even more.

LACK OF DoH DATA ON AUTISM LEVELS

- The DoH does not have any comprehensive database on autism and has been criticised for this by the House of Commons Health Committee (Second Report of the Health Committee, January 1997, para. 105). Some DoH health professionals quote a non-increase in autism, but there is no data to confirm this. In contrast, other DoH officials have recognised the rise in autism but offered no explanation.
- There is considerable anecdotal evidence to suggest a sharp growth in autism from the mid- or late- 1980s onwards. The picture is confused, because part of the increase is due to better recognition of the condition, but this probably only explains away some of the growth in numbers. No one know exactly how much.
- However, the Department of Education has confirmed that the numbers of children "statemented" (requiring special education provision) rose from 153,228 in 1991 to 232,995 in 1997, a startling 52% increase. In mainstream primary and secondary schools, numbers rose from 62,000 in January 1991 to 134,000 in January 1997, an even steeper increase of 116%, in just six years.
- It is fully acknowledged that the underlying reasons for these education statement numbers and these steep increases, which (repeat) are not just autism, are undoubtedly extremely complex. However, it gives some idea of the sharp recent increase in the need for statementing and the significant increase within these much larger numbers of children that could be potentially involved in concerns over autism.

OFFICIAL REACTION TO EMERGING RESEARCH

- The DoH strongly criticised the suggestion that autism and vaccination could be connected, following a review at the Medical Research Council. However, careful reading of the assurance of the Chief Medical Officer (CMO) exposes more room for doubt than appeared at the time.
- The wording in the CMO's statement of 27th March 1998 was "... *based on the previous material that I have seen, and on the opinions of experts present at the MRC meeting, I have concluded that there is no link ... (and) I was not convinced that any of the studies support suggestions that measles of MMR vaccines are implicated in Crohn's Disease or in autism* ... (my emphasis). The CMO has, however, limited his review to a very narrow field, as little substantive material seems to have been made

available to the Medical Research Council seminar, whilst very few experts indeed appear to have actually given evidence. How much evidence has been seen by the Department's officials is not known, but there appears to be a disregard towards unpublished evidence and a hostility to all theoretical arguments that suggest a link.

- The CMO also stated on 26th March 1998 that "*Since autism has never been linked with measles vaccine, and the only difference between it and MMR vaccine is the addition of rubella and mumps viruses, there is little biological plausibility for these two additional viruses to cause autism ... Similarly, it is difficult to accept that the rubella and mumps components of MMR have caused a bowel disturbance allowing leaked proteins to damage the brain within hours of immunisation ...*" (source, DoH factsheet, my emphasis).
- The second quote betrays two serious misapprehensions. Firstly, autism actually HAS been linked with measles-only vaccine, even if only through unpublished work or circumstantially. The point about mumps and rubella is therefore arguably irrelevant. Secondly, it is not being suggested by parents that only hours are involved, but rather weeks or months, for damage to occur. This is another fundamental misunderstanding by the CMO's advisers.
- Also, the CMO's conclusions were "*based on the evidence presented at the MRC seminar yesterday*" (DoH press release 98/109 of 24th March 1998). However, it is believed that no actual evidence was presented to the seminar. The Department, in effect, looked inside an empty box and found no contents. It is thought that very few leading-edge researchers were even originally invited, and that none, other than Dr Wakefield, actually attended. As Dr Wakefield was not presenting evidence, only a working hypothesis, the MRC seminar's findings were a foregone conclusion, and the media seriously misled.
- The DoH's criticisms of the Royal Free work were endorsed by the peer-review in The Lancet, Vol. 351, February 1998, pp 611-12, of Drs Chen and De Stefano. However, these doctors work for the US Vaccine Safety and National Immunisation Program, Centre of Disease Control and Prevention, so can hardly be said to be neutral in their stance.
- Their peer-review was hostile, but only very generalised. They did not actually offer any evidence to contradict Dr Wakefield, nor did they acknowledge the work of other researchers, mainly in the US, whose published and unpublished work suggests a possible linkage between vaccination and degeneration into autism.
- The DoH, in criticising Dr Wakefield, has pointed to the use of MMR overseas, and claimed that there are no problems in for example the United States. The facts however tell a very different story. There are several dozens of parents' action groups in the USA, Canada, Australia, New Zealand and elsewhere, expressing interest in current research. Some of these have suspected a linkage, however difficult to prove, between autism and other problems and MMR or other vaccines, and are urgently assembling available research.
- Although the DoH has two major research programme streams, the NHS Research and Development Strategy and the Policy Research Programme, neither has included any research on the causes of autism.

THE DEPARTMENT'S EVIDENCE AGAINST A LINK?

- The DoH has repeatedly quoted a study by Gilberg et al in Gothenburg, Sweden, in 1994, as proof that there was no increase there in autism following MMR introduction. However, the study, "Is Autism More Common Now Than Ten Years Ago", British Journal of Psychiatry, 1991, 158, 403-9, does not even mention vaccination
- The paper does not state coverage of MMR, there is no information on vaccination uptake, and it is essentially a study of one group of children born between 1975 and 1988. MMR was only introduced seven-ninths of the way through the study. The paper actually acknowledges in increase in autism.
- The study also misses out incidence of Asperger's Syndrome cases, and excludes children under age four. Cases were identified by tracking down from health professionals, not through methodical survey. It is almost unbelievable that this study has been seized upon and misinterpreted as "good data on the incidence of autism" by Dr Elizabeth Miller at the Public Health Laboratory Service.
- The Department has also referred in correspondence to a comprehensive review of published studies on suspected vaccine adverse events, conducted by the American Institute of Medicine. More than 7,000 abstracts and 2,000 books and articles were reviewed. But interestingly, the review concluded that the evidence was inadequate to accept or reject a causal relationship between measles-containing vaccine and demyelinating diseases of the central nervous system. The Department announced that "inadequate evidence cannot be interpreted as supporting the possibility of a link". But this is a curiously lopsided and prejudiced viewpoint, as the conclusion of the Institute review had been that the evidence was inconclusive either way.

THE PRESENT SITUATION

- The parents of children believe they know their own children best, and that the Medicines Control Agency has been complacent, missing their children's cases.
- They also believe that the MCA and the Joint Committee on Vaccination and Immunisation have not been subject to adequate independent scrutiny.
- Parents also believe that the DoH and others, such as the World Health Organisation, even if because of sincerely-held beliefs, are placing all their focus upon the overall vaccination programme and the risks of not vaccinating, at the expense of those that have been damaged.
- In June 1998, it was made public that the Medicines Control Agency was considering the evidence provided by one group of children's solicitors (Hodge Jones and Allen), and that the MCA has set up a working group of independent experts to evaluate the histories of these children "in the context of all the relevant available evidence" (source, Tessa Jowell MP, Minister of State for Public Health, letter to the Rt Hon Dafydd Wigley MP, 12th June 1998). There is no indication of any outcome of its work to date.

David Thrower, Oct. 1998.

VACCINE AND NOT HEARD

Taken from: PRIVATE EYE, 19/2/99

Though hearings at the Phillips public inquiry into BSE have broken up for a few weeks, its officials are drawing up what may turn out to be their most controversial document. It is a draft factual account of government policy on vaccines prepared for injection into masses of people, almost all of which contain some material derived from beef.

The first hint that anyone in officialdom was worried about the impact of BSE on these vaccines came at a meeting of senior officials at the Department of Health on 17 March 1988.

The feeling of the meeting was summed up by ministry of agriculture under secretary, Alistair Cruikshank, as follows: "there is probably no risk in drinking milk or eating flesh from animals affected by BSE, but that the position was much less clear in relation to brains, spleens and other organs. This raised questions about the safety of human vaccines prepared using bovine material."

The CMO Sir Donald Acheson said he suspected there was no risk, but this could take "30 to 40 years to prove". In the meantime, he warned, "ministers would be very exposed, if, as seems inevitable, the press began to devote attention to the subject".

The press showed no interest. But others were worried. A memo from Dr Hilary Pickles at the Department of Health on 21 June 1988 revealed: "I understand the pharmaceutical industry are also concerned: they had been using bovine not sheep products in various processes because scrapie is endemic in British sheep ... the highest risk would be from parenterals (for injection) prepared from brain [eg rabies vaccine]."

The BSE scare led to the appointment of an expert committee of inquiry under Oxford zoology professor Sir Richard Southwood. On 30 August 1988 Sir Richard wrote to Acheson: "The only outstanding practical matter that we need to address at the present time is the use of serum in pharmacological work. I heard ... that Wellcome are now only using serum from New Zealand."

Wellcome's initiative in getting its vaccine beef products from herds in New Zealand, which had not been fed on animal products as in Britain, was not yet insisted on by the government. Three times in 1988, Sir Richard Southwood wrote to the relevant statutory body, the Committee on Safety of Medicines (CSM), which is made up of top medical experts, many of whom are linked to the drug companies, asking for more urgent action on vaccines.

On 16 December 1988 a meeting of the Southwood committee considered that the response from the safety of medicines committee "was somewhat complacent, particularly in relation to the problem of existing medicinal products". On 26 January 1989, the CSM wrote to Southwood that guidelines for the industry had been agreed. In future, bovine serum should only be taken from "appropriately certified herds".

The committee's letter went on: "Many vaccines are stored for up to five years before being released and this will therefore have to be considered." The Southwood committee report was published the following month, February 1989. "The greatest risk in theory," it warned, "would be from parenteral injection of materiel derived from bovine brain or lymphoid tissue. Medicinal products for injection which are prepared from bovine tissues ... might also be capable of transmitting infectious agents."

Prompted by the report, the CSM sent 4,000 letters to drug companies asking for information about bovine products. Not all the information from these letters was passed on to the authorities. Sir Donald Acheson, chief medical officer, told the recent Phillips inquiry: "We were told that a number of things that we wanted to discuss were confidential in the commercial sense ... and that they could not discuss them with us ... They put up with me, but every now and again they would say, 'Sorry, we cannot share that with you'."

Nor was the information always accurate. A memo from the committee in September 1988 revealed: "The computer list shows 33 product licences extant (still existing) for preparations of bovine origin." The memo categorically asserted: "There are no licensed products derived from bovine brain." At the recent inquiry, Sir Donald Acheson was asked:

Q: Would you have been concerned if there were licensed products from bovine brain?

A: Surely.

Q: I want you to look at an extract from the MCA questionnaire summary ... One of the items is under a company number - we have 01234, because it is not right that the company should be identified here. Company name, a large company. The product name is drug X. Animal specification is bovine and the animal ingredients include calf brain. Do you see that?

A: I do.

Q: If you had known about that at the time, would that have caused you concern?

A: It certainly would, unquestionably, which I did not.

After some delay the CSM guidelines ensured that the drug companies got their bovine materials from "healthy herds" in Australia and New Zealand. But what happened to all those vaccines with bovine material from unhealthy British herds, which were stored up sometimes five years in advance? On 31 October 1990, the committee's BSE working group minutes recorded: "VACCINE STOCKS. Dr David Taylor declared a non-specific non personal interest in (company name deleted) and took part in the discussion. Dr Richard Kimberlin declared a specific personal interest and did not participate in the discussion but remained at the meeting. "The working group considered that the secretariat should explore with the company the possibility that the unabsorbed vaccines which had limited usage should be replaced with batches using bovine materials which complied with the guidelines, especially where the stock-out date extended beyond 1991. There may be some commercial loss to the licence holder but it is unlikely to be very large." A list of the relevant vaccines was attached.

What happened then? What happened to the stored vaccines which, if injected into people, might carry the danger of infection? No one seems to know. The former Tory ministers who gave evidence to the Phillips inquiry

didn't know. Asked about vaccines, they responded as follows: "William Waldegrave: "I do not remember that as an issue." John Macgregor: "I cannot remember, frankly ..." Tony Newton: "I do not think I am in a position to help you." Edwina Currie: "I have not refreshed my memory ... Had the experts said: 'We feel the vaccines being built up are not entirely free of risk, we are therefore going to recommend that they be destroyed and that replacement stocks are acquired, and that this may delay the onset of the (immunisation) campaign for two weeks', we would have said: 'fine'." Kenneth Clarke, who was secretary of state for health from 1988 to 1990: "What one clearly got from all this was that they were advising us that we should continue with vaccine components and so on and the risk was so remote that [it] would not justify stopping it. I still believe that advice to have been correct."

The Eye asked the BSE inquiry, which has heard 300 witnesses, what information has come to light which reveals what happened to the stocks of vaccines with bovine serum from British cows manufactured before the BSE scare broke. A spokeswoman replied: "We have no information which can answer any of those questions."

The Eye put the same questions to the Department of Health. "We outsourced the supplies of bovine material for vaccines away from Britain very early," said a spokeswoman. In reply to the question "when were the old stocks replaced?", the department sent a 16 page calendar of events, which reveals:

* As late as July 1992: "The Group's previous concern about vaccine stocks in relation to a specific company [unnamed] were resolved by the company concerned producing a new batch with New Zealand foetal calf serum of assured quality."

* Not until November 1996: "All currently licensed vaccines complied with the guidelines and did not contain any UK-sourced bovine material." Neither item, nor any other in the 126 pages, answered the question.

Editor: The publication British Dairying, April 1999 also reported on the BSE inquiry. The following is an extract.

Currently, the Inquiry is producing draft factual accounts on issues relating to BSE. If one is produced on medicines it will make fascinating reading. According to Private Eye - one of just a few publications known to have run this story- the Inquiry will be producing one on government policy for vaccines, which it says "may turn out to be the Inquiry's most controversial document". At the time of writing, the BSE Inquiry team will not confirm whether such a factual account is planned, however. The advice is to keep watching its Internet site*: all news is posted there.

If one is produced, then it will be far, far too important to be ignored - especially if the number of cases of nvCJD continues to increase.

The Inquiry has, to its credit, looked mighty closely at this issue. It now owes it to the beef industry and farmers to present the facts on the issue. Then the industry can digest and interpret them.

After all, there is a chance that the Inquiry could ultimately cast doubt over the original theory that humans caught mad cow disease by eating beef. It may be a remote chance, admittedly, but there again, where have we heard that word before!

The BSE Inquiry can be monitored on the Internet: www.bse.org.uk. Draft factual accounts are published on the website, and are available in hard copy from the Inquiry team, telephone: 0171 261 8377. email: inquiry@bse.org.uk

Also.....In response to an article in the Express about growth-hormones in beef (4/5/99), I sent a short comment to the Letters page, unfortunately it wasn't published. It read:

'John Ingham's viewpoint "Beefs about US Cowboy Tactics' raises a very important issue.

I would just like to add a little more 'food for thought'. With all the concerns over GM foods, growth hormones and BSE shouldn't the public also be enlightened about the use of animal and bird products, including bovine material, in the production of vaccines.

Unlike food, which is ingested, vaccines are injected directly into the blood stream, an unnatural route of entry for any foreign substance.

This may turn out to be a much greater assault on the immune system than the consumption of GM foods and hormone-riddled cattle.'

The Sunday Telegraph, 9/5/99, also ran a story entitled "Vaccine link to human cases of mad cow disease' which echoed the same concerns. The article states that the evidence that eating beef was only circumstantial and that the 'inquiry has brought to light that as early as 1988 the injection of vaccines was viewed by scientists as potentially posing a much greater risk than eating beef. For political reasons, however this was pushed off the agenda, and a wide range of medicinal products made from cattle which could have carried infection were not withdrawn'.

The article continues.....'At the time, the only tests showing that spongiform encephalopathies could be transmitted were those where infected material was injected directly into the brains of mice and other animals. Although these were later used to support the theory of transmission by eating meat, they provide far stronger support for the possibility that disease could have been passed on via injections using infected material.

If this theory proves right, the political implications would be staggering. Not only would it indicate that the greatest-ever food scare was groundless and that the £5 billion of public money spent since 1996 on destroying millions of healthy cattle had been wholly wasted. The focus would then be redirected at why, in the late 1980's the DoH took no action to withdraw medicines known to be potentially dangerous from use, which is why behind the scenes, the inquiry team is believed to be under some pressure to drop this line of inquiry'.....'the former Health Secretary, Kenneth Clark, who said that if he had been properly briefed on this potential risk, he would have ordered the vaccines to be withdrawn'.

Sir Donald Acheson, the Government's Chief Health Minister at the time, explained 'that his real worry was that there had been a scare over whooping cough vaccine, leading to thousands of people not to use it. So concerned was he to avoid any further vaccine scares that he was happy to see the matter shelved, pending further information.'

Editor: Let's hope the final report, to be published next year, is a truthful report!

10 POINTS ON WINTER VACCINATION CAMPAIGNS

Taken from: GP , 6/11/98.

Dr Nigel Higson looks at ways in which GPs can maximise their income from winter vaccination campaigns.
Reproduced here are some of the points he presented.

1. It is around this time of the year that students are starting out at colleges of further education and universities. In many cases, they are leaving the protective environment of their home and school *where they have gained immunity to many infections* (our italics). A new environment means new challenges to the immune system. A planned campaign targeting new students can raise awareness of the need for meningitis A and C vaccine. Many universities and colleges now require their students to have meningitis vaccination prior to entry. In circumstances such as these, health authorities have agreed item-of-service (IoS) fees for the administration of the vaccine.

4. It is during the bleak winter months that many people begin to plan their summer holidays or, in some cases, go off on long round-the-world treks. This time of year also often happens to be six months after their previous summer holiday when they had their first dose of hep A vaccine. Most health authorities do not pay an IoS fee for the first dose of hep A vaccine, but do pay for the 'booster' or completing dose. Inviting those who had a hep A vaccine 6-12 months earlier allows the patient to gain 10 years' immunity and the GP to obtain an IoS fee.

6. Tetanus strikes at any time. Many people are attacking their gardens in the 'dead' winter season - uprooting brambles and digging in the compost. This is an ideal breeding ground for tetanus infection. Raising the awareness of patients coming into the surgery of these problems will increase the number requesting the vaccine and hence boost practice income.

7. The rules concerning polio vaccination are a little complicated but not too difficult for most practitioners. Patients entering their 40th year may not wish to be reminded of the inevitable approach of middle age, but they may appreciate a timely reminder to have their polio vaccine. Timely for the practice as, if they wait any longer, no fees are claimable for routine vaccination after the age of 40.

8. All the fun and games regarding MMR is now beginning to settle down and there is less and less in the newspapers about the fictitious links with other morbidity. Now is the time to build on the patient's confidence in advice from 'the doctor' by writing personally to the parents of any child who has not yet had the routine MMR vaccinations. Failure to act now could affect target figures in the next three quarters, as a result of the scares earlier in the year.

Editor: I wrote personally to Dr Higson in December, 1998 regarding strong comments he had made in Pulse about parents who refuse the MMR. and did not receive a response at all. In March, this year. I faxed a copy of the original letter to his surgery in case he had not received the first copy. Again there was no response at all.
Reproduced below, is a copy of the letter sent to Dr Nigel Higson.

Dr Nigel Higson
Goodward Court Surgery
52 Cromwell Road
Hove
East Sussex
BN3 3DX
Tel: 01273 206911

17th December 1998

Dear Dr Higson

I am writing to you regarding the recent article in the Pulse, 'GP's strong line on MMR refusniks'.

Would it be possible for you to supply a copy of the comprehensive package you present to 'reluctant' parents, as I'd be most interested in its contents.

Also, please would you send me full details regarding the legally binding document that is mentioned at the end of the article. I was surprised to read of this since vaccinations themselves are not a legal requirement.

A concern that is often raised by parents researching this issue is:
'We're often told by health professionals that, for example, the measles vaccine 'takes' on 90% of its recipients. This gives the impression that 90% are 'protected'. However, we understand that 'takes' simply means that a certain level of antibodies have developed in the recipient (sero-converted). It has been acknowledged by the WHO that 'there is not a precise relationship between sero-response and protection.

Therefore isn't it misleading to the public to give the impression 90% are protected, when in actual fact it is unknown what percentage of the recipients are actually protected, as high antibody levels do not always equal protection.'

I would appreciate your comments to the above and would also be interested in your thoughts on how long the immunity lasts after receiving the vaccine.

I look forward to your reply, particularly as so many doctors are reluctant to discuss this matter at all.

Yours faithfully

Magda Taylor

THE BUDGET

Gordon Brown's Budget report in The Guardian,10/3/99, stated: ....'Today I can announce a new Sure-Start Maternity Grant for the new born. Help amounting to £200 will be conditional, linked to keeping appointments for child health advice and child health check-ups. With our measures today 700,000 children are being lifted out of poverty.'.....

NINE DIE IN FLU TRAGEDY AS EPIDEMIC HITS NURSING HOME

Taken from: The Express, 1/1/99

Nine pensioners died within days of each other after a suspected flu epidemic swept the nursing home where they lived.

An investigation has been launched after it emerged all the victims suffered severe chest infections despite having had flu vaccinations. *(Editor: Another plausible reason could be 'because of the flu jab".)*

Doctors made an emergency visit to the 40-bed Cheswardine Hall nursing home, near Market Drayton, Shrops., yesterday after public health officials learned of the deaths which all happened in the past few days.

Health experts believe the dead, aged in their 90's, were victims of a flu outbreak sweeping the region. Chief executive of the Shropshire Health Authority Trust Colin Haydon confirmed he had ordered an inquiry.

He said:"Nine residents have died over the past few days. It looks like a flu outbreak hit a group of very elderly and frail people, despite having the flu vaccine.

There is no evidence of any care problem. The doctors have given what advice they can and no further medical support is required." The health authority stressed that the inquiry was being held to establish the exact cause of the deaths and ensure the well-being of the remaining residents.

Dr Patricia O'Neill, a consultant on disease control for the trust, said flu vaccinations were not effective in the very elderly.

She added:"We are still investigating because it could be some other virus causing it.....

.....The deaths follow reports that more than 45,000 people were confined to their beds over the Christmas break after a flu epidemic swept across Britain.....

Editor: I have spoken to many people with very bad experiences of the flu jab either with themselves or with older relatives. Some have indicated long periods of poor health, including chest infections, respiratory problems, pneumonias, and asthmatic-type conditions, which stretched over many months. One recent caller stated that her mother, after three consecutive years of poor health after her yearly flu jab, finally took her daughter's advice and said 'no thank you' to the vaccine. Instead she took some vitamin C regularly, maintained a reasonable diet, and her daughter said my mother has taken on a new lease of life. She also enjoyed the christmas period rather than spending it in bed in a poorly state, and her daughter said, laughingly, 'I can never find her in these days'.

Reproduced here is a question by a GP featured in The Pulse, 27/2/99 which may be of interest to readers.

'We ordered flu vaccine this year and have been pushing it with our nurses vaccinationg old folks at home and so on. I fear we have lost track of what we have used and where, and are going to underclaim. Is there any way we can recover and then make sure that this never happens again?'

Editor: There doesn't appear to be any concern about who received the vaccine, maybe some of those old people received more than one dose, if no-one is monitoring the situation efficiently. If a few of them happened to become extremely ill or even die shortly after the vaccine and there is no record of vaccination, that is also, surely, a cause for concern!

VACCINATION

The following article was discovered amongst a number of very old newspapers belonging to my parents, and makes interesting reading.

It has been taken from The Shaftesbury Gazette, 18th September, 1869

Acting on the well-known maxim, salus populi suprema lex, that the health and the welfare of the people is the highest aim of law - Parliament many years ago made vaccination compulsory. Never, we believe, was a more salutary law passed. Vaccination was not the crochet of an hour; it had received the sanction of men of science and the seal of success from experiments on a large scale before it was enforced' and it was then felt to be so important a preventive of the spread of smallpox that its adoption could not be safely left to the mere whim of ignorant and prejudiced people in opposition to known facts. This compulsory law has, on the whole, worked well for society, and the decrease of smallpox, which before the preventive was enforced committed frightful ravages, stands a convincing proof of the soundness of this compulsory legislation. But circumstances have recently arisen which place the matter in a new light. Cases have occurred in which diseases have been clearly traceble to vaccination; other cases have occurred in which vaccination is supposed to have led to disorders; and an opposition to vaccination has sprung up which is daily increasing in force. Lord Castlereigh spole of "an ignorant impatience of taxation". That there is an ignorant impatience of vaccination may be partly true, but it is also partly untrue. The opposition does not come from ignorant and uneducated parents, but well-informed persons in all ranks of life are now to be found among the opponents of vaccination, who assert that whether it does or does not prevent the smallpox, it certainly does in many cases cause other diseases. Add to this that mothers have been imprisoned and are still imprisoned for refusing to obey the law, and that the anti-vaccination party is undoubtedly increasing, and we think these facts in themselves are sufficient to demand legislative inquiry. A compulsory law ought to be a perfect law, so far as human nature can secure perfection, perfect in its principle, its details, and its operation. But it is, we think, too clearly proved that this law, however good it may be in itself, is frequently badly administered and made subject to conditions which the Act never contemplated. Vaccination under proper conditions is undoubtedly a boon to society; but what if those conditions are not fulfilled? This is the real question at issue. It is not a question of vaccination or not, but of wholesome vaccination and pernicious inoculation, which vaccination has become in too many instances. The whole subject must come before Parliament next session, for by that time the opposition to the present law will have aquired serious proportions; but in the mean time the medical profession might well devote their unprejudiced attention to the matter, so that defects of administration may be discovered preparatory to the necessary amendment of a salutary but partially perverted Act of Parliament.

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Dr Jayne L M Donegan, MBBS, DROCG, DCH, MRCGP,
General medical practitioner
Annie Friedmann, homœopath, LCH, MCH, RS Hom

This course will run over five Sundays from 2.00 -5.30pm
The dates are as follows: 10th, 17th, 24th, 31st Oct, and 7th Nov1999
At: 38 St Gabriels Road, London, NW2 4SA
To book a place call Annie Friedmann on 0181 452 2946
Places are limited to 10, plus one concessionary place
Cost of course: £130 (£120 if paid before August 31st)
(Price includes tea and biscuits)

You will learn how to use safe and effective homœopathic remedies to deal with such childhood ailments as earache, fevers, febrile convulsions, stomach bugs, coughs, colds, sore throats and many more. You will also learn how to resuscitate a child as well as how to recognise and deal with childhood accidents, such as concussion, burns, and broken bones.

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Annie Friedmann is a practising homœopath of 11 years standing and has a busy practice in North and Central London, and is a tutor at the London College of Homœopathy.
Dr Jayne Donegan qualified in 1983.
She is a General Medical Practitioner and mother, with a wide experience of family medicine in hospital, general practice and at home.

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For further details please contact:

South London Natural Health Centre, 7a Clapham Common Southside, London, SW4 7AA. Tel: 0171 720 8817

The views expressed in this newsletter are not necessarily those of the members or founder members. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.

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, P O Box 870, Harrow, Middlesex HA3 7UW. Tel./Fax: 0181 861 1022