THE informed PARENT

ISSUE THREE - 2000 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

MENINGITIS JAB DEATHS 'COVER-UP'

This headline hit the front page of The Observer, 27/8/2000, followed by a report on the fact that the Government had been involved in a 'cover-up' over 11 deaths occurring soon after the Meningitis C jab. It mentions that since the introduction of the vaccine there have been more than 16,000 adverse reactions reported by GPs using the Yellow Card system. The DoH estimates that only between 10-15% of them are reported so the real figure is likely to be far higher. Additionally it stated that the Government had announced that the Men.C programme had reduced cases by 70% since its introduction.

An article in The Independent, 28/8/2000, stated that the DoH had said that two of the 11 who died had existing heart conditions, six died of cot death and one of a convulsion 10 days after being vaccinated. Although two deaths were attributed to "septicaemia menigococcal" - group B meningitis - it was a "completely different disease" from meningitis C. *(Editor: What about the concerns that a vaccine against the C strain could make you more susceptible to the B strain?)*

The following week, 3/9/2000, The Observer reported on how some medical experts acting as advisers for the Government, have outside interests with drug firms. Prof. Janet Darbyshire, a member of the Committee on Safety of Medicines (CSM), had received support for academic research from Wyeth and Chiron, the 2 main producers of the men. C jab. Also, three members of the Joint Committeee on Vaccination and Immunisation (JCVI) had declared interests in vaccine manufacturers. One of them, Dr David Goldblatt of the Institute of Child Health, has served on an expert advisory panel for Wyeth and received research grants from Wyeth and North American Vaccines, which produces a third meningitis C drug to be introduced this year. The article also revealed that The National Meningitis Trust who are also sponsered by Wyeth refused to disclose how much money it received from the drug company.

During September a letter was sent out to all GPs from the chairman of the CSM and the chairman of the JCVI to reassure health professionals about the vaccine. The letter stated that 'before the licensing of Men. C vaccines in the UK their safety, efficacy and quality were assessed by the CSM. The vaccines were tested in approx. 8,000 children and young people in the UK and over 20,000 children and adults from abroad.'

According to the letter 'each of the individual suspected adverse reactions is considered to be very rare according to WHO definitions, with less than 1 report of a specific reaction for every 10,000 doses distributed.' The letter ends by stating that 'the balance of risk and benefit is overwhelmingly favourable. There is no suggestion that this vaccine has led to any deaths. We strongly recommend that those due for vaccination should receive Men. C vaccine.'

In a DoH Press Release, 27/3/2000, the response to the question "Haven't the studies been too short to show the vaccine is safe? The answer was:

Parents of children involved in the trials kept a 7-day written diary and each of them were followed up for 28 days afterwards by a nurse. This is the normal length of formal follow-up in safety studies. There is also on-going follow-up investigations in a cohort of infants who were enrolled in to the study in 1994. As part of this investigation the development of chronic conditions are being examined.

IAN SINCLAIR'S LECTURE DATES

Australian natural health author, Ian Sinclair, will be lecturing in the UK during October and November.

This is Ian's second visit to the UK, due to 2 generous individuals who have funded his travel expenses!! Ian now has a full programme as we have had a great response from individuals willing to organise his talks. I would strongly urge you to support these events and the organisers by booking a place and/or telling friends about these lectures. The organising of future talks is dependent on a good response to these, so your support and attendance is vital!!!

Ian will be focusing on topics such as: vitality- the dynamics of health, basic causes of disease, nutrition, exercise, beneficial nature of acute illnesses, and treatment of disease and drug and vaccine side-effects.

Listed here are the dates and places of the talks, please ring the contacts for further details and bookings.

LECTURE DATES

•24th Oct. - Euston, London
Magda - 020 8861 1022
•25th Oct. - Maidstone, Kent
Wiebke - 01622 213174
•26th Oct. - Hastings, Sussex
Lesley 01424 441397
•28th Oct. - Douglas, Isle of Msn
Denise 01624 816132
•29th Oct. - Harpenden, Herts.
Eleanor 01582 622983
•30th Oct Putenham, Surrey
Nicky 01403 753378
•31st Oct. - Sligo, Eire
John 00 353 71 68159
•1st Nov. - Belfast
Dennis 02890 866970
•2nd Nov. - Brighton, Sussex
Karel - 01273 277309 or Brighton Steiner school - 01273 386300
•3rd Nov. - Tunbridge Wells, Kent
Beccy 01892 536163
•4th Nov. - Worthing, Sussex *(1-day workshop)* Magda - 020 8861 1022
•5th Nov. - London, CNM college
CNM 01342 410505 *(morning lecture)*
•5th Nov. - Stamford, Peterborough
Kirk 01780 470876 *(evening lecture)*
•6th Nov. - Plymouth, Cornwall
Vanessa 01752 841116
•7th Nov. - Kingston, Surrey
Elaine 020 8287 8642
•8th Nov. - Edinburgh
Eva 0131 228 3234
•9th Nov. - Hull
Patrick 01482 562079
•10th Nov. - Stourbridge, W Midlands
Carrie at Elmfield Steiner School
01384 394633

Ian may also lecture in Liverpool, please phone for details.

VACCINE DAMAGE PAYMENTS SCHEME: EMPTY PROMISES?

Taken from: Medical Litigation, July 2000 Issue 7. Publ. monthly Tel: 01494 772275

The government proposes to reform the statutory vaccine damage payments scheme (see Hansard (HC)) 27 June 2000 at column 719, and Hansard ((HL) 28 June 2000 at column 975). The payment is to be increased from 40,000 pounds to 100,000 pounds. The six year limit for making claims is to be increased so that claims can be made at any time up to the age of 21. The disability threshold which must be satisfied, if a claim is to be considered, is to be reduced from 80% to 60%.

These supposed reforms, however, wholly fail to address the main obstacle confronting any claimant: the issue of causation. The Vaccine Damage Payments Act 1979 imposes the same test of causation as the common law and the Consumer Protection Act 1987.

A Parliamentary answer was as follows:
Mr Baker:"To ask the Secretary of State for Health what evidence his Department has evaluated on a causal link between routine vaccination and brain-damage." Yvette Cooper:..... "Evidence does not support a causal association between any of the recommended childhood vaccines and long-term damage other than the risk of vaccine-associated paralytic polio which occurs in one out of approximately every million immunisations." (Hansard (HC) 19 June 2000 column 48)

This means that despite the many health scares, there is no recognised causal relation between routine vaccination and neurological damage other than polio vaccine and paralysis. This is borne by the success rate of claims under the Act. In 1998-99 not one claim was successful (see Medical Litigation, December 1999 at page 10). Last year, three claims were successful. Precisely the same difficulties confront claimants who seek redress in the court by the litigation process. This is borne out by the negligible success rate of vaccine litigation (see Medical Litigation, October 1999 at page 3) despite considerable state funding. The main beneficiaries of such litigation have been lawyers, not disabled children.

In the House of Lords debate Lord Brennan QC stated as follows:

"It is well known that I advised the Legal Aid Board a number of years ago that the medical science in this field did not show a definitive connection between the vaccine and its neurological effect, as alleged. That meant that the 'solution' - if it is to be properly so called - to these problems for parents and child was not to be found in our courts ....

"I have introduced that background to indicate to the House that there is no present science that will definitely establish the connection between the vaccine and the consequences from which these children suffer. That is why the Vaccine Damage Act and its scheme give a payment based on a system of practical justice, whereby, if the neurological effect follows the administration of the vaccine in so quick a span of time that a reasonable person could make a causative connection, there will be an award. That is a novel system of compensation..." (Hansard (HL) 28 June 2000 at column 977)

It is difficult to see how this accords with the facts or the law. In recent years barely a handful of payments have been made each year. The Act contains no provision that a temporal relation between the vaccination and an alleged injury gives rise to a presumption of causality: there is no conflation or equiparation of susequence and consequence. There is no provision for a fiction of causation based on the "causative connection" made by a " reasonable person". There is no statutory endorsement of the fallacy "post hoc ergo propter hoc" To allow it would make a mockery of the science of epidemiology in the legal arena.

So what difference will the proposed reforms make - by raising, then dashing, the hopes of those who care for children with severe disability? All disabled children should be supported according to need regardless of cause.

Those who argue by resort to the language of "sacrifice", "betrayal" and "treachery" would do well to understand the moral absurdity of treating differently "vaccine-damaged" and other disabled children when there is no effective means of distinguishing between them.

STRASBOURG 2004

The 2nd annual meeting of the European group set up to collect and study data on the after-effects of vaccination.

Report on the Strasbourg 2004 conference, July 2000, Yenne, France. By Lesley King, RSHom.

As last year, the conference was well attended. There were members from seven European countries, with apologies from Luxembourg. Our group this year consisted of representatives from the UK, France, Spain, Belgium, Germany, Switzerland and Holland. Interest has also been expressed from Italy, Norway and Greece, but as the conference is mainly in French, language restrictions have proved to be off-putting so far. My attendance was funded by the Society of Homœopaths and I was accompanied by Caroline Coxon, acting as an interpreter, which was funded by The Informed Parent.

The purpose of the reunion was to assess the progress and to re-establish and clarify the main aims and objectives of the project. It was a necessary meeting as, by July 2000, apart from the Swiss version which had been delayed, the European vaccine-reaction report form had been in circulation for just over 6 months. So this meeting created an opportunity for any difficulties or problems to be assessed and ironed out at this early stage. The forms collected in the UK accounted for a little over 50% of the total number. The other countries have experienced difficulty in getting many responses as they have mainly targeted practitioners rather than parents' groups. Response rates have varied from 1-3%, with the UK standing at about 20%. They are grateful for the example that the UK has set and will now change their approach to the distribution of the form. We are fortunate in this country to have such an active organisation as The Informed Parent. The climate is different in other countries as there is more fear about speaking out about vaccination. One member expressed anxiety about what consequences her involvement in the project may have on her professional standing. Another member has been suspended for 3 months from his professional medical body as a result of writing a book about the polio vaccine.

The Spanish members are keen to use the data for more detailed research purposes but at this stage the emphasis is on distribution and collection of the forms. To facilitate distribution it has been decided to create a website - watch this space.....The next conference will be in July 2001 at Yenne, France.

Editor: On joining The Informed Parent

you will have all received a copy of the reaction form mentioned here. Please complete it if you feel that your child suffered a vaccine reaction, even if it is only suspected. Also minor reactions are valid as well as the moderate to major ones. You could also make copies and pass them on to friends or practitioners who may be able to help. The more data collected the sooner health departments will have to start acknowledging the reality of the situation.

As Lesley King points out we appear to have more freedom of speech in the UK than our neighbouring countries, so it is important to hold on to that, and continue to push for more debate on the subject!!

Please contact me if you would like further copies of the reaction form, your assistance can make a difference!!

DNA VACCINE LEADS TO SAFE MEASLES JAB

Taken from: Daily Telegraph, 30/6/2000
By Roger Highfield, Science Editor

A vaccine made of genetic material has been shown to protect against measles, marking the best evidence to date that DNA vaccines could help to prevent one milllion deaths each year. Although an effective measles vaccine has existed for children since 1963, infant immunisation is less effective because they have poorly-developed immune systems.

Now a potentially safe approach is to be described in Nature Medicine by researchers at the John Hopkins School of Public Health, Baltimore, and Emory University, Atlanta.

Two types of the vaccine were tried on macaques, providing protection with no side effects. Prof. Diane Griffin said: "This is the first step toward developing a measles vaccine that can be used for immunising infants in developing countries."

"Vaccines made from inactivated measles virus carried the threat of causing a severe strain of atypical measles. But there is no evidence of this with the DNA vaccine."

MULTIPLE VACCINATION EFFECTS ON ATOPY

Published in Allergy - April 1999, Vol 54, 398-399. A W Taylor-Robinson, School of Biology, University of Leeds.

Asthma, tuberculosis, cancer, myalgic encephalomyelitis, and Gulf War syndrome have all been linked recently to a shift in the immune profile favouring a T helper 2 (Th2) cell bias (1). In the UK, this situation has been associated with the multiple vaccinations given to troops before Gulf combat (2). This has led to the suggestion to manipulate the immune response in order to encourage the development of Th1 cells and thereby to counter the effects of these conditions, but this has led to concern that this will not be achieved without some form of immunologic penalty (1).

My concern, however, is the price we may be already paying for the immune deviation toward a Th2 profile.

The soldiers in question were immunised against anthrax, cholera, plague, tetanus, typhoid and pertussis, all of which require potent Th2-inducing vaccines. This large antigen loading further favours a systemic shift toward a Th2 predominance and associated cytokine profile (1) and has raised questions regarding the safety of the procedure. A UK government report confirms that troops received a pertussis vaccine as an adjuvant for the anthrax vaccine, so that the latter was effective from 7 weeks instead of 32 weeks. The use of pertussis vaccine in this way was highly experimental, relying on the preliminary findings of Ministry of Defence-sponsored research, and was performed despite a warning by the National Institute for Biological Standards and Control, a UK regulatory control body (2).

This highlights a possible serious drawback of combined pertussis vaccine use and is of considerable concern since pertussis vaccination is known to be an etiologic factor in the development of childhood asthma (3). The incidence of asthma is on the increase and so is the use of multiple vaccination procedures. When pertussis is combined with diphtheria and tetanus (the DTP vaccination given in the UK to 8-week old babies along with Hib and in some cases, BCG), the same immune deviation develops, a bias towards Th2 responsiveness. The pertussis vaccine may not be the culprit in the case of asthma, but may be a marker for the effects of multiple vaccination, as it is not usually given in isolation.

Apprehension about this apparent shift in immune cell populations is clear. In a Th2-dominant system, interleukins (IL) 4,5 and 13 are upregulated, along with excessive synthesis of IgE via clonal expansion and secretion of IL -4 (4). Combine this with the resultant enhance eosinophil activity, and all the ingredients are present for atopic conditions such as asthma, eczema, hay fever, and food intolerances to develop. By contrast, a bias toward Th1-regulated cytokine synthesis would inhibit type 1 hypersensitivity reactions via IFN gamma, which counter-regulates IL-4 and thereby decreases IgE production. The balance between IFN gamma and IL-4 determines the level of IgE synthesis. This interrelationship is key since these cytokines are secreted by Th1 and Th 2 cells, respectively, supporting the concept that immune balance is crucial if atopy is to be avoided (4).

Multiple vaccinations shift this delicate balance, favouring the development of atopy and, perhaps, autoimmunity through vaccine-induced polyclonal activation leading to autoantibody production. An increase in the incidence of childhood atopic diseases may be expected as a result of concurrent vaccination strategies that induce a Th2-biased immune response. What should be discussed is whether the prize of a reduction of common infectious diseases through a policy of mass vaccination from birth is worth the price of a higher prevalence of atopy.

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WHOOPING COUGH: THE DISEASE AND THE VACCINE

By Dr Jayne L M Donegan, June 2000

Whooping cough is a childhood illness caused by infection with the bacterium Bordetella pertussis. It is spread by droplets in coughs and splutters. There is normally an incubation period of two weeks (when you are infectious without symptoms), a 'catarrhal' phase of two weeks, a paroxymal or 'whooping' phase of two weeks and a recovery phase of two weeks. These may all vary in length and the more dangerous whooping phase may be absent altogether.

In the catarrhal phase there is mild fever, a runny nose and the start of a hacking cough that may keep the child awake at night. The cough then starts coming in spasms as we enter the paroxysmal phase. There is repeated coughing without drawing breath, mucus and saliva stream from the nose and mouth. He/she may vomit their last meal with mucus while coughing. Young children and babies may go quite blue with bloodshot eyes. Then comes the long 'whoop' as the child breathes in. After a series of these they may fall asleep, exhausted.

Looking after someone during this phase is particularly tiring and time consuming. They must be kept calm and quiet as excitement and exertion provoke the coughing attacks. During a spasm of coughing the child should be held in the recovery position to avoid the inhalation of vomit. Some small babies require suction and oxygen after a spasm has ended. It is important to make sure that they get enough to drink - the best time to offer fluids is after an attack as it is less likely to be vomited.

During the last fortnight the symptoms ususally start to resolve. The whoops and the vomiting become less frequent so the child sleeps more at night and starts to regain weight. After recovery, a cough or cold during the following year may start off a series of whoops as will exposure to cigarette smoke.

Although it is difficult to diagnose whooping cough in the first week because it is so like an ordinary cough or cold, the standard advice is that antibiotics given at this time will reduce the severity and duration of the illness, and giving them to siblings who have no symptoms may reduce spread to others.

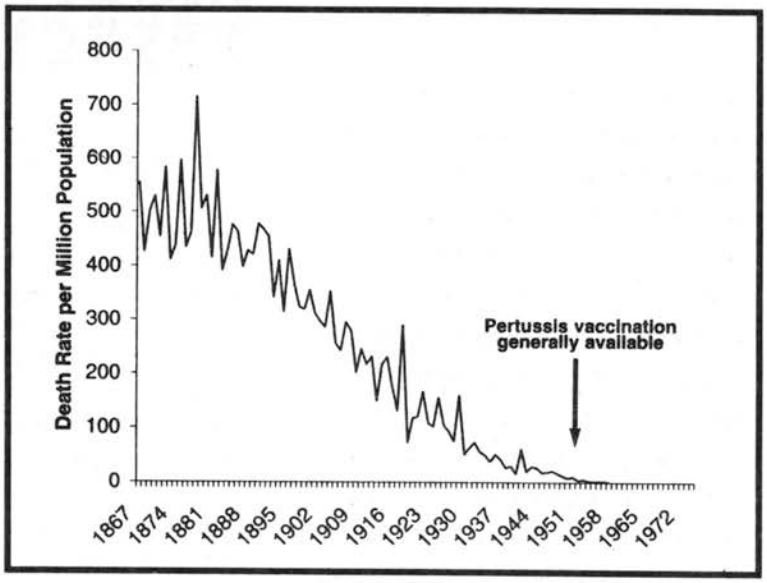

Fig. 1 Pertussis death rates (England & Wales) *(22)*

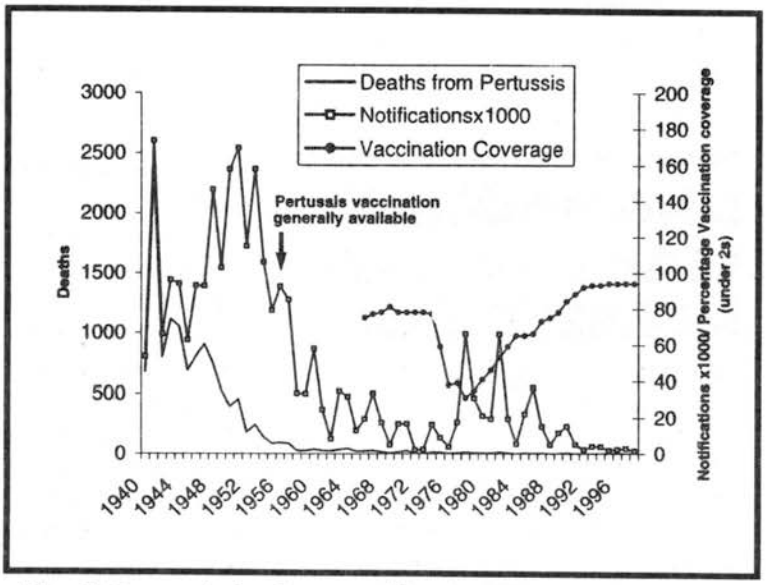

Fig. 2 Pertussis deaths & notifications (Eng. & Wales) *(22)*

Babies less than one year old usually have the most severe forms of the disease and it is in this age group that deaths most often occur. They may have convulsions at the end of the coughing spasm and in rare cases may actually have a brain haemorrhage (bleed) which may cause temporary or permanent brain damage. Areas of the lung may collapse leading to bronchiectasis (dilated bronchioles filled with mucus) if re-expansion does not occur. Another complication of the disease is pneumonia, again, more common in babies and a major cause of death.

In the nineteenth century whooping cough was most definately a killer disease. "Deaths from whooping cough remained at aroung 10 000 a year from 1847 until the 1900s and then declined steeply as the health and care of children improved and had reached less than 400 a year by 1950. Immunisation started in the 1950s, deaths continued to fall and notifications fell sharply." (1)

It is undoubtedly the case that whooping cough became a milder disease in this country over the course of the first half of the twentieth century. The death rate had fallen by over 99% before vaccination against pertussis was introduced in the 1950s (Fig1). The introduction of the vaccine reduced the number of notified cases of whooping cough but peaks continued to occur every three to four years as they always had. Deaths continued their steady decline. This was most clearly seen in the 1970s and 80s when the vaccine coverage fell to less than 40% in 1976 because of health scares. In 1978 an d1982 there were over 65,000 notified cases of whooping cough but no concomitant rise in the number of deaths (Fig 2). Between 30% and 70% of children in outbreaks are vaccinated (2,3,4).

Does the vaccine cause brain damage? A paper published in 1974 described neurological complications of pertussis vaccination (5). This caused widespread panic among parents and some health professionals. In order to investigate the matter, the National Childhood Encephalopathy Study was set up which looked at all 'serious neurological events' occurring in

children aged two to thirty five months between 1976-79 and matched them with 'controls' who had not had such an event (6). It was a bit of a strange study in that it did not look at the number of children in the 'event' or 'control' group who had been vaccinated against pertussis compared with those who had not, but only at the numbers who had been vaccinated against pertussis in the seven days before the neurological event. This means that a child could have had a serious neurological reaction two or three weeks after pertussis vaccination and this would not have been included in the 'pertussis vaccine' figures. As we know, one of the major problems encountered by parents who believe that their children have been damaged by vaccines, is that symptoms coming on more than 72 hours or, in this case, seven days, after vaccination are discounted. Anyway, even with this improbable time frame, it was shown that those with severe neurological damage were 2.5 times more likely to have been vaccinated against pertussis in the seven preceding days than the 'controls'. The numbers were small but significant. A follow up study ten years later showed that those children who had since died or had neurological dysfunction were four times more likely to have been vaccinated against pertussis in the seven days preceding their original illness. As some of the neurological dysfunction was considered to be quite mild, a reanalysis was carried out which included only those children with more severe dysfunction and death. These children were 7.3 times more likely to have been vaccinated in those seven days (7).

Fine and Chen pointed out that those being vaccinated against pertussis should be less likely to succumb to a neurological illness because those with fever, previous reaction to pertussis vaccination, family or personal history of epilepsy or pre-existing neurological impairment were generally advised not to be vaccinated. Taking this into account should make the association with pertussis vaccination stronger, which indeed it does (8).

A similar case-control study in the U.S. found an association between pertussis vaccination and neurological damage (9). The Institute of Medicine in America published the results of its study into the 'Adverse consequences of pertussis and rubella vaccinations' in 1991 (10). It found evidence consistent with a causal relation between DPT (diphtheria, pertussis and tetanus) vaccination and acute encephalopathy, shock and 'an unusual shock-like state'. It found no evidence to accept or reject a causal relation between DPT vaccination and chronic neurological damage, Guillan-Barre syndrome, learning disabilities, attention-deficit disorder and peripheral neuropathy. All these studies and reviews of them say that the risks of the vaccine are small and where the evidence is not sufficient to either accept or reject a causal association the conclusion is that we should regard this as proof that the vaccine is safe and encourage parents to carry on vaccinating their children (11).

In 1994 Dr Michel Odent published a retrospective (looking backwards) study in which he compared the incidence of asthma in 243 children who had been vaccinated against pertussis with 203 who had not. Vaccinated children were over five times more likely to suffer from asthma and twice as likely to have had ear infection than unvaccinated ones (12). In 1997 another retrospective study of 1934 patients born between 1975 and 1984 from one general practice in Oxfordshire showed that children vaccinated against pertussis were 75% more likely to develop asthma, hayfever and eczema later in life (13). A larger prospective (looking forward) study of 9444 children in Avon failed to show such an association but the children have only been followed up for 42 months so far. It will be interesting to see the results of further follow up (14).

Questions have also been asked about the incidence of invasive bacterial infection in children who have recently been vaccinated against pertussis. Certainly in the 'natural experiment' that took place in this country when the acceptance of the vaccine fell so dramatically in the mid 1970s to the mid 80s there was an accompanying fall in the number of deaths of children aged four years and less from invasive meningococcal disease. The numbers began to rise again as vaccine uptake increased (Fig 3).

Is the acellular pertussis vaccine safer than the whole-cell one? The Americans, Swedes and Japanese certainly seem to think so. The Swedes abandoned the whole cell pertussis vaccine in 1979 because of worry about side effects and because of its perceived ineffectiveness as whooping cough swept through its population of whom the majority were fully vaccinated. The Japanese raised the vaccination age to two years in 1975 after a number of reports of severe reactions and deaths. This simple measure reduced the total number of deaths in infants younger than one year. In 1981 Japan introduced the acellular vaccine.

A Swedish trial of one and two component acellular pertussis vaccines in 1986-87 compared vaccine to placebo. It concluded that side effects of the new vaccine were mild. The placebo was the 'vehicle', the liquid which 'carries' the vaccine. It contains thiomersal (a mercury containing compound), formalin and aluminium phosphate. The side effects of the new vaccine compared to this 'placebo' were indeed minimal but, looking at the data, the most worrying factor was the incidence of floppiness, vomiting, inconsolable crying for more than one hour, fever and drowsiness that occurred after the 'vehicle' alone. The addition of the whooping cough component didn't seem to make a lot of difference. It makes one wonder why the 'vehicle' in which we deliver the vaccine has to be so toxic (15).

A report from Canada presented to the Infectious Diseases Society of America in Philadelphia in November 1999 suggested that there had been an 80% drop in admissions for seizures and a 75% decline in collapse within 72 hours of being vaccinated since the acellular vaccine had been introduced in that country (16).

Clinical trials using acellular pertussis vaccines combined with diphtheria and tetanus began in the UK in 1994. Plans to introduce these vaccines were put on hold in 1995 when it was thought that they might react with the Hib (Haemophilus Influenza B) vaccine that was now mixed with DPT vaccine, and be less immunogenic than the whole-cell and cost more. Swedish trials of the five component acellular pertussis vaccine showed that it was as immunogenic as the whole-cell (17) and several countries combine the acellular vaccine with Hib in their vaccination programs. The acellular pertussis vaccine does cost more and the Dept of Health has continued to staunchly back the whole cell vaccine even though it

was forced to purchase and distribute acellular vaccines during the shortages of winter 1999/2000. A spokesperson announced the return to the whole cell in March of this year.

Is the pertussis vaccine useful in preventing pertussis disease? During infection with Bordetella pertussis, the inhaled organism sticks to the little hairs lining the air passages. It is then able to multiply and cause the inflammation, mucus, pus and ulceration that so easily block the narrow airways of young children and babies. During natural infection with pertussis, as well as the misery of the illness, IgG, IgM and IgA antibodies are produced. These IgA secretory antibodies are crucial as they specifically stop the bacterium from sticking to the little hairs and multiplying. Vaccination against pertussis does not produce IgA antibody which is so important in protecting against further infection (18). It does, however produce IgE antibodies which are associated with allergic disease.

As we have seen, the incidence of pertussis death and disease was falling well before the vaccine was introduced in the 1950s. In 1978 the U.S. passed laws requiring proof of vaccination before school entry to increase vaccination uptake. This caused a recognisable increase in the incidence of whooping cough in that country and it has been rising ever since such that they now have five doses of pertussis vaccine in their immunisation program (19). By 1996 a study in California showed that 12% of adults with persistent cough had undiagnosed whooping cough (20). In 1990 the UK introduced an 'accelerated' schedule of vaccination to try to stem the rising tide of pertussis notifications (vaccination at 2months, 3m and 4m instead of the previous 3m,5m,10m). Now, despite vaccination rates of 94% in under twos the incidence of pertussis has been increasing since 1995. Between 1995 and 1997, 10 of the 12 deaths from whooping cough were in babies under 2 months of age. As with a number of recent reports from the UK, USA and Australia, there seems to be a trend towards increasing numbers of deaths in very young children and a 'waning' of vaccine effectiveness in 1-4 year olds (21).

Our vaccination program seems to have produced generations of mothers whose poor quality vaccine antibodies are unable to protect their babies from whooping cough. They are contracting it and dying of it at less than eight weeks old. Placental antibodies from natural infection should protect children for that vulnerable first year, particularly if combined with breast feeding. Our one to four year olds, without the benefit of 'natural' boosting of their immunity from circulating wild disease are catching vaccine modified disease in increasing numbers. Our vaccinated adults are getting chronic coughs from it because they haven't had natural infection in childhood. The high prevelance of vaccination seems to be causing a drift towards a higher incidence of disease caused by the 1, 2 serotype which is more likely to be associated with complications and admission to hospital (21). And all this without worrying about whether pertussis vaccination causes an increased incidence of asthma, allergic conditions, ear infections, invasive bacterial infections or severe, permanent neurological damage.

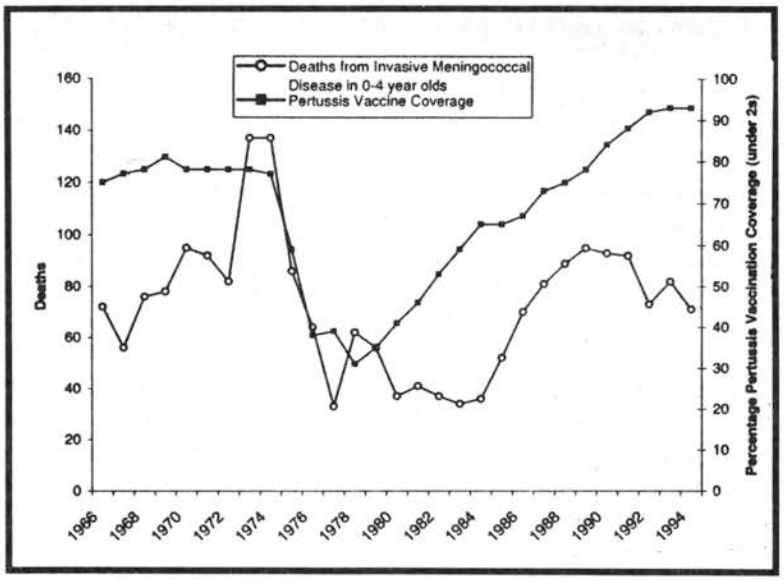

Fig. 3 Deaths from invasive meningococcal disease in children aged 0-4 years (England & Wales) *(22)*

The decision to vaccinate one's child against whooping cough is certainly one that requires careful consideration.

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WHOOPING COUGH - NATUROPATHIC CARE

Taken from: 'Hygenic care of children' by H M Shelton

The following is an extract about dealing with whooping cough from this eye-opening book written in 1931. Herbert Shelton, lived to be a great grandfather in his own right, and had nearly sixty years of study of the care of babies and children. Author of numerous books on healthy living, diet, fasting etc, his reputation in the field of Natural Hygiene is world wide. I will be reproducing extracts from his writings in future newsletters, as I feel that his naturopathic principles and methods have much to offer us.

WHOOPING COUGH

The condition can be made tolerable by giving the children proper care. 'Dr Tilden declares" "if it starts in children who already have deranged digestion, and they are then fed, not allowing them to miss a meal, complications are liable to occur,such as tremendous engorgement of the brain during the paroxysms. The blood-vessels will stand out like whip-cords on the forehead, and when the child is over the paroxysm it is completely exhausted. Unless such a case is fasted, the cough grows more severe, the stomach derangement increases, causing more and heavier coughing, until there is danger of bringing on a brain complication."

How different this is from the wail of the medical man that: "Some children vomit at the end of a paroxysm, and so often during the day that they almost starve."

The "disease" is of the nerve centers, the cough being a "reflex cough" and the nervous system of the child must be looked after. He should be put to bed at once and the feet kept warm. He should be given all the fresh air possible and as much water as thirst calls for, but no food of any kind until complete relaxation is secured. Children that are outdoors all day suffer less than those in the house. Whenever possible the bed should be outdoors. *(Editor: Obviously the UK climate has its limitations!)* Otherwise, put the child by the open window. The rest and warmth will quiet the nervous system. It is questionable whether the whooping stage will ever develop if this "treatment" is instituted at the beginning of the trouble. Complete relaxation should occur in 3 or 4 days.

The commonly unrecognised evils of mental over-working of children are usually very evident in troubles of this nature. This should be particularly avoided. Complete relaxation and rest of the nervous system is very important in this condition.

After full relaxation is secured, fruit juices may be given morning, noon and night for 2 to 3 days after which fresh fruit may be used. If the cough tends to increase after feeding, stop the feeding at once. "It is usually observed," says Page, "that the cough grows worse toward evening, and is worst at night. By morning there has been something of a rest of the stomach, and the cough is easier - perhaps disappears entirely. A full meal is often the exciting cause of a fresh and violent paroxysm. Other things equal, the child who is oftenest and most excessively fed will suffer most, and have the longest 'run'." After the paroxysms have ceased, gradually return to a normal diet.

Convalescence, medical men tell us, is tedious. This is their experience. We recommend an abundance of fresh fruits and green vegetables, sun-shine, fresh air, exercise and rest and sleep. These are the elements of which health is compounded.

Editor: I also, spoke with Keki Sidhwa, naturopath, osteopath and editor of the British Natural Hygiene Society. I asked him if he could suggest any additional advice. He suggested hydrotherapy (water treatment with compresses) which he said could help towards making the patient more comfortable from any discomfort of the illness, thus enabling the body to heal itself. Keki stressed that these methods as well as the fasting should not be seen as a 'therapy' to heal sickness, but as ways of supporting and resting the body to allow the body to begin its own healing process.

In the next issue I shall include an article on hydrotherapy, however here are details of 2 books recomended by hydrotherapist, Jacqueline Wolfe on the subject.

Complete Book of Water Therapy by Dian Dincin Buchman
Lectures in Natural Hydrotherapy by Wade Boyle and André Saine

YOUR COMMENTS

It did not take me very long, watching my two and a half year old son's coughing spasms to realise that he (not vaccinated) had been infected with whooping cough by our childminder's 4 year old daughter, who had been vaccinated.

When I went to the doctor, he listened to my description and asked me, "Do you suspect he has whooping cough?", to which I responded a simple "yes". His first advice was to give my son antibiotics to prevent him infecting the rest of the population! This I refused as I was not intending to take him anywhere in his condition and there was no actual proof that he actually had whooping cough. It took my doctor some convincing before he agreed to have a whooping cough test done (I don't know if the fee is costly to the surgery?) At the hospital they told me that the test is not a 100% and a lot of results come back negative. My doctor and the hospital were not able to tell me how high or low the percentage is.

The test took 8 days and came back positive. Unfortunately I had to discover that my son had infected 2 children, one vaccinated and the other having two doses of the vaccine as he had had a severe reaction to the jab.

My son went through the disease much easier after consulting a professional homœopath. It is not an easy task to watch ones child grasping for air, but I still knew that I had made the right choice of not vaccinating, particularly with the worry of possible side-effects and the knowledge that vaccinated children can still contract the disease anyway. Our surgery would not admit to the possibility of vaccine failure, which made me wonder just how honest and how much knowledge do doctors have about vaccines? I have lost any faith concerning vaccines and would urge every parent to read as much as they can about vaccination before they decide whether the vaccines should be given to their children.

P.S. At the moment my husband is dealing with whooping cough, he was vaccinated 40 years ago! *C.S.T.*

ITALIANS FIND ACELLULAR PERTUSSIS VACCINE JUST AS REACTIVE

Claudia Benatti, President of Vaccinetwork, the Italian vaccine awareness group sent the following information to the Canadian newsletter, VRAN (April-June 2000 issue).

Italian Institute of Health (ISS) **"Progetto Pertosse1992-94 - Rapporto Istisan" (Pertussis Project 1992-94 - Istisan Report).**

In this study ISS tested (often without informed consent) the new acellular vaccine on more than 15,000 children. The conclusion was (p18):

"The frequency of heavy adverse reactions was exactly identical for the two vaccines, acellular and cellular."

For Italian speaking people there is an excellent website at:

http://www.vaccinetwork.org

DECIDING ABOUT VACCINATIONS - A HOMEOPATH'S STORY

By homœopath, Cassandra Marks Lorius

The Informed Parent asked me to write about my own decision-making process regarding immunisation. My son is now over one year old and I have no doubts that I've done the right thing by not having any vaccinations at all. Researcher, Dr Viera Scheibner always says it's a misnomer calling the whole process immunisation - because that word confers a status that it doesn't deserve. Rightly, she says that vaccines don't confer proper immunity on a child, instead they overload the immune system with toxic matter and disease products (since vaccines usually contain a treated form of the virus that causes the illness), as well as the constituents of the carrier medium.

The advice I usually give parents is to research the subject thoroughly and think the issues through carefully so that they are quite happy with their final decision. You need to consider the procedure of vaccination generally, and also consider the possible benefits and hazards of each vaccine in isolation.

In some ways it has been easy for me. The decision not to vaccinate had already been made by the time I was pregnant. I have seen many cases of children, who after being vaccinated, developed long term illness, rather than the 'assumed' immunity against the childhood illnesses. Having read so many articles and books on the subject, and listened to the indomitable researcher Dr Scheibner, I am totally convinced that vaccinations have the potential to seriously harm our health. Viera Scheibner's book, 'Vaccination-The Medical Assault on the Immune System', details the many potential health pitfalls of vaccinating your child. From cot death, to the appearance of many new autoimmune diseases, cancers, leukaemia to name just a few.

'DPT -A shot in the dark' was co-written by medical historian Harris Coulter and Barbara Loe Fisher, a founder member of an American pressure group Dissatisfied Parents Together. They show that as well as gross brain damage as in cerebral palsy, DPT can also cause 'minimal brain damage', a syndrome associated with a range of learning difficulties and hyperactivity. When you think about it, this is common sense, because damaging effects will always range from mild to severe - and while we only hear about children who are severely damaged or autistic, there must be thousands on thousands more children who suffer more mildly. The massive numbers of children needing educational support for problems like dyslexia, and other learning difficulties, and being excluded for hyperactive and disruptive behaviours is a real cause for concern.*'DPT-A shot in the dark'* makes a real case for the links between such problems and vaccinating with DPT.

Fever after vaccinations is a sign of neurological assault and damage. Giving Calpol to your child to bring down the fever will not necessarily protect them from neurological damage. The authors say that where a child suffers fever in most cases there will be some degree of neurological damage. In order to avert possible further damage, you should always avoid any repeat doses of the vaccine, if your child has a bad reaction to any injection.

I have seen many cases of children with a whole variety of symptoms that seemed to date from their inoculations, ranging from repeated infections, eczema, and behavioural changes like night terrors. These have to be treated with the appropriate constitutional homeopathic remedy, one that has been chosen individually according to the child's particular symptoms, metabolism and personality traits and genetic history, as well as the history of assault by the specific vaccine. A number of remedies have a track record at clearing up problems from vaccines, such as Silica and Thuja, and we also use nosodes prepared from the vaccines, to try and undo harmful side effects.

For instance, a child I have been treating recently had a cough throughout the entire winter, lasting 4 months when she came in. It went on for so long that the general practitioner suggested it might be asthma, and threatened to prescribe drugs (usually broncho-dilators or steroid inhalers).

The cough started within weeks of the last course of vaccinations, for DPT and Hib. Her first immunisation was given at only a few days old - the BCG inoculation for TB. The mother declined the MMR vaccine, but the repeated doses of the other combined vaccines undermined her immune system and left her unable to deal with the nasty colds around last winter.

Each homeopathic remedy I prescribed for her cough worked well but only for a short time. Because the remedies didn't completely clear up her cough, I decided to give homeopathic preparations of her last vaccinations, which finally cleared the problem. Taking homeopathic preparations clears out many of the side effects associated with the vaccine - but without affecting the antibodies produced by the vaccine. It is impossible to alter the fact that immune cells have been keyed in to recognise the specific virus they are given for, but it is possible to undo some of the other subtle damage caused by injecting foreign matter straight into the blood stream.

So many children are developing eczema and asthma that doctors talk about it as a virtual epidemic. For many, the trouble starts several weeks after their vaccinations. One of my patients consulted an immunologist who advised her not to vaccinate her son because her husband had severe eczema. These days I hear doctors and paediatricians routinely advise giving children injections regardless of the family history. But I am deeply suspicious of the causal relationship between the two.

The relationship between allergies and DPT is explored in the book by Coulter and Fisher, who conclude that wherever your child has a history of allergic responses (to milk, foods,etc) their reaction to DPT is potentially much worse than for non-allergic children - including the well-documented danger of epileptic convulsions and brain damage. Another name for the pertussis toxin used to vaccinate against whooping cough is histamine sensitising factor. Histamine production is excessive in those of us with allergies, and anything that aggravates this factor

will increase the incidence of allergy.

Because of this I advise any parents who come to see me to seriously consider avoiding all immunisations if there is a history of asthma, hay fever or eczema in their family. The existence of any one of these atopic allergies means that your child runs a higher risk of developing allergies.

Where you have a problem in the family, this means you have a tendency to develop allergies, but it doesn't necessarily happen. It takes something to trigger off the start of symptoms. All too often that trigger is an inoculation, which exposes the immature immune system of a child to a serious challenge. The immune system can be sensitised by the presence of foreign proteins in the blood stream, and can respond with physical hypersensitivity - as an allergy. Because allergies are a sign of an over-sensitised immune system they can be difficult to treat. Fortunately in children asthma and eczema can be cured completely, but it's important to start treatment straight away and not compromise your child's immune system even more through the use of drugs like steroids, used in creams for eczema and inhalers for asthma.

I firmly believe that my own allergies- the hay fever I have suffered since the age of 16 was due to childhood vaccines. No-one else in my family suffers from allergies so I don't think it was my genetic inheritance. I grew up in New Zealand and Australia, living mostly in the countryside and eating wholesome food which was not devitalised by intensive food production techniques. I had the BCG in adolescence, and I suspect that was the last straw for my immune system. I also had smallpox vaccine, one that has been known for a long time by homeopaths to cause particular problems.

One of my adult patients contracted whooping cough from the injection and the same thing happened after the smallpox jab (as a child). When I gave her the homeopathic remedy Thuja, her long-term pollution allergies dramatically improved - confirming to me that the jabs had caused the problem. Her symptoms had been further aggravated by vaccines for overseas travel - which can also cause health problems in adults. occasionally an ME-type response which shows a damaged immune system, or allergies, which shows a hypersensitivity response.

Because there is hay fever and asthma on both sides of the family, my son is at risk of developing allergies. As well as avoiding all jabs, I've avoided giving him any formula milk, dairy products, eggs or wheat so far - since all these foods are known to produce allergic reactions in sensitive children. He has been fed a pure diet of organic fruit, vegetables and rice, as the cumulative effect of pesticides in foodstuffs and baby foods could act as another trigger for potential health problems to manifest. According to 'The Shoppers Guide to Organic Foods' by Lynda Brown, it's particularly important not to overload a baby's immune system with metals and chemical residues from pesticides and drugs that have found their way into the food chain. Because of the amount of food they consumed compared to their body weight, they risk consuming five times more residues than an adult.

Another reason I am not worried about not vaccinating my child, is that I feel confident about my own ability to treat my son with homeopathy, and know where to find help if I need it. One of my patients commented that using homeopathy while her children were growing up had made her a much less anxious parent. Once you become familiar with homeopathy as a system you have developed the tools to watch and observe your child, rather than panicking and running off to the doctor for every illness. As a result, she said her four children have taken much less medicine than they would have if using conventional medicine. They have been raised using homeopathic treatment for their ailments, and she said she feels confident now about knowing when something is serious or not.

I plan to describe homeopathic treatments for common childhood illnesses in subsequent issues of this column.

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Childhood health and illness - promoting well-being and natural immunity

Friday, 20th October
11.30am - 1.30pm
with TREVOR GUNN, *BSc. LCH RSHom, graduate in biochemistry and author of 'Mass immunisation - A Point in Question'*
£5 per session, pre-booking essential.
Brighton talk.
Enquire at Alive reception,
Tel: 01273 739606
or Karel Ironside on 01273 277309

Take steps towards empowerment and knowledge of your childs health, dealing with immunisations, infections, fevers, coughs, colds, allergies, eczema, asthma and meningitis.

- Is my child more or less likely to be unwell with or without vaccines?
- What determines whether or not my child gets ill?
- What can I do to effectively prevent illness?
- Do symptoms serve any purpose?
- What is the likelihood of lasting damage from vaccines compared to natural illnesses?
- What are the alternatives to vaccines, antibiotics, steroids....?

ACUTE RENAL FAILURE WITH NEUROLOGICAL INVOLVEMENT IN ADULTS ASSOCIATED WITH MEASLES VIRUS ISOLATION

Lancet 1999; 354: 992-5

Interpretation:

Unusual manifestations of acute renal failure with neurological involvement associated with measles virus in adults presenting without rash was confirmed. Our findings may affect the development of measles-elimination programmes.

One parent wrote.....

'My son attends a small village school (28 pupils), and I was the only person who declined the meningitis C jab, much to everyone else's disbelief.

There were several mentioning my name however, when one little boy was leaving the village green in an air ambulance (with no detectable pulse at one point) having suffered an anaphylactic shock.

When will people start REALLY questioning the whole vaccination farce?
J.E.

POSSIBLE EFFECTS OF VACCINATION?

I am a teacher consultant for special needs so I come into contact with a lot of children in mainstream schools and am alarmed at the general health of children in our country.

Personally, I am a lifelong vegetarian, now into my fiftieth year. I have by choice never had any inoculations, my family being inclined to naturopathic healing. My wife and I have also raised our daughter, 14, without any inoculations. We are aware of the pressures that agents of the 'health service' put parents under to receive vaccinations.

Over the years I have perceived society as a whole getting 'sicker.' People seem to accept that they will have health deficiencies, such as: hay fever, asthma, eczema or a multitude of allergies to 'peanuts,' 'wheat,' 'cat hair' or something equally odd. Why don't people question why they have these relatively 'low level' deficiencies?

I realise there are no easy answers in this complicated area of personal health because there are many environmental and dietary issues involved. However, I am sure that inoculations are a major cause for health deficiencies. They are the price we pay for having vaccinations. The difficulty for me is proving the issue. I can only point to my family and say that we do not suffer any of these things. I think what I am saying is very simple: we need to get back to having a clean environment, with a healthy lifestyle and avoid playing around with our immune systems with drugs and vaccinations.

I recall my own childhood in the fifties and remember one boy in my primary school who was unable to do games because he was asthmatic. The poor boy stuck out like a sore thumb. No-one I knew had hay fever, or allergies to cats or peanuts or anything like that.

I can also remember one boy who suffered badly from psoriasis. My point is that these children were exceptions. Nowadays, it appears that a third of the children on the playing field are running around with asthmatic inhalers in their hands. Why do people meekly accept this and not question why their children are unable to breath properly?

The scary thought for me is that inoculations are now having a more dramatic side effect upon the individuals system. I would not be at all surprised if inoculations effect the individuals DNA so that future genes are effected. Thus a parent may think they are safeguarding their child from smallpox (for example) but be putting their future grandchild at possible risk of being ADHD. *(Attention deficit hyperactive disorder)*

I think along these lines because as a teacher I see hundreds of children now needing Ritolin to control their ADHD behaviour. I gather 150,000 children now require this drug in Britain. Another scary fact is, you do not grow out of it! People are now tending to link ADHD to low-level autism because left to their own devices the ADHD child is, in effect, in a world of his own.

I am studying Autism and Aspergers syndrome. I have been shocked at the rising levels of autism. Everybody accepts there are far more autistic children but no-one can explain away the cause.

I am pretty certain that society is now paying a terrible price for blindly following the principles of Louis Pasteur (which he decried on his deathbed). For many generations we have tinkered around with children's' immune systems and we are reaping what we have sown.

No Government is in a position to openly debate these issues. It suits them to keep the causes of rising allergies/ADHD/autism and so on, as hazy as possible. Individuals like me are highly likely to be scorned. I feel like the child in the story of 'The Emperors New Clothes' but will openly say what I perceive to be true.

I do wonder if there are societies in the world which do not inoculate their children. Perhaps the Armanites in the USA? A far east culture not yet polluted by well meaning medics? Or closer to home individuals within the Vegan society? Then we would have a control group to measure the effects of inoculations upon our children.

The problem is that the drug companies are far reaching and very, very convincing. My fear is that the next generation of children will be born ADHD but immune to Ritolin. Or even worse, that more children will be born with leukaemia or varying levels of cancer.

Richard Kemble. 15.8.00
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GPs CALL FOR INTRODUCTION OF PERTUSSIS BOOSTERS

Medical Monitor 21 June 2000

GPs have called for pertussis boosters to be introduced in thewake of a study that found many patients presenting with a prolonged cough, accompanied by whooping or vomiting, actually had a pertussis infection.

Of 145 patients who gave serum samples, 40 showed evidence of whooping cough and a further 18 patients, mainly younger children, gave a positive diagnosis of pertussis from pernasal swab culture. Of the 58 patients with infection, 55 per cent had been vaccinated.

Study author and Birmingham GP Douglas Fleming told Monitor: 'In the long term, this might point to the need to review the vaccination program, with a view to introduce a booster vaccine.'

Dr George Kassianos, RCGP spokesman for immunisation, agreed. 'Pertussis circulates in the community and if GPs see a case of a persisting cough, then the differential diagnosis should include a pertussis infection.

'The findings of this paper highlight the need to give a pertussis booster to children in their preschool years. The DTP vaccine gives good immunity against pertussis of about 80 per cent that lasts for at least three years and then it wanes over time to about 50 per cent.'

The researchers say that the annual incidence observed in this study was high, equivalent to 330 cases per 100,000, whereas the statutory notification of pertussis in England and Wales was less than 4% per 100, 000 in the same period.

They say that greater awareness among GPs is required to establish the true morbidity associated with whooping cough. This would enable informed decisions to be made about introducing whooping cough immunisation boosters in the UK.

SCHOOLS BRING BACK VACCINE AS NUMBER OF TB CASES SOARS

An article with the above headline was featured in the London Evening Standard, 19/7/00. It reported that the BCG was to be reintroduced into London schools because of a rise in TB over the last four ears across London. The programme had been suspended last September because of manufacturing problems. The article stated that 'those most at risk are young men under 40 who are either homeless, on drugs or living in overcrowded housing', and then ends by quoting Dr Jacobson, director of public health in east London, as saying: "There needs to be more focus on the causes of poverty, and a nationwide policy on TB."

You might wonder why the health authorities immediately focus on vaccinating schoolchildren with the BCG, when they know full well who is most at risk and why. In Issue I, 2000 of The Informed Parent we included an article on the BCG vaccine and tuberculosis, written by Dr Jayne Donegan. If you would like a copy of this please send an SAE to T.I.P.

In the hefty orthodox book entitled 'Vaccines' by Plotkin & Mortimer there are some interesting comments on the BCG vaccine and its possible achievements. *(Page 454)*

Under the heading the 'Efficacy of Bacille Calmette-Guérin' it states:

'The true effectiveness of BCG vaccine has been debated for decades. Large clinical trials conducted from the 1930s through the 1970s yielded wide-ranging and conflicting results, demonstrating efficacy from 0 to 80%. The most recent trial in Chingleput, India, designed with hopes of settling the question of BCG's efficacy once and for all, had discouraging results and methodological difficulties that only served to continue the argument. Experts have offered a number of explanations for the variation in results among trials, but no one theory has been proved. In recent years, researchers have studied BCG efficacy using case-control and cohort study designs, but conclusions still diverge. Even with years of study and debate, the question "Does BCG work?" cannot be answered definitively.'

Editor:As usual when a study indicates that a vaccine's efficacy is questionable, it is described as a 'discouraging' result, not just simply the result. Presumably they will continue in the hope of getting a positive result and then announce that the final outcome is that it works!
Glancing back at the previous paragraphs, regarding immune responses to BCG vaccine, it was interesting to note the general wording and it would not leave one feeling very confident about this vaccine at all. Here are a few examples, with our emphasis. It starts by saying.....

'The exact immune response elicited by BCG vaccination and its mechanism of action within the host are not well understood.....
Studies of the immunological events that occur within the human host after BCG vaccination are almost totally lacking.....Both animal data and human clinical studies have provided information about the immune response to BCG, yet for no vaccine so widely used is so little known about its mechanisms of action.....A major difficulty when studying tuberculosis and BCG immunisation is the lack of an accurate immunoassay (various techniques for determining the levels of antigen and antibody in a tissue) that correlates with resistance to infection.... The immunology is complicated, and development of an assay has been hampered by the lack of understanding of the protective response and the inability to identify specific antigens that stimulate immunity.....Given our incomplete understanding of tuberculosis immunology, we are left with imperfect indicators of immunity. Neither the presence nor the size of postvaccination tuberculin skin test reactions reliably predicts the degree of protection afforded by BCG.....Although a positive skin test result does indicate a response of the immune system to mycobacterial infection or BCG vaccination, how this reaction is related to protective immunity remains unsettled. Most experts conclude that immunity and the presence of tuberculin sensitivity are related but not identical.'

BOOSTER JABS FOR DIPHTHERIA NOT EFFECTIVE

'What Doctors Don't Tell You' journal, May 2000, highlighted 'booster jabs for diphtheria not effective.' The article said:

'The diphtheria booster may be ineffective at least one-fifth of the time, according to a new study.

To test the effectiveness of the single adult booster, Belgian researchers recruited 176 adult volunteers, all of whom had been immunised during childhood.

From blood tests, 39% of these subjects were susceptible to diphtheria and 43% were considered immune. The rest had limited immunity.

After receiving boosters, 76% were immune. Of those who were not protected before the jabs, around half remained susceptible. Age was a major determinant of immunity, with older people less likely to have adequate antibodies before or after the booster.

These data suggest that nearly a quarter of adults receiving diphtheria boosters may still be inadequately protected.

Ongoing diphtheria epidemics in Eastern Europe and a world-wide increase in diphtheria cases have raised serious questions about the long-term effectiveness of the diphtheria vaccine. (BMJ, 2000;320:217.)

Editor: Studies on diphtheria in the 1950s showed that antibody level did not necessarily indicate protective immunity. This is outlined in Ian Sinclair's book 'Vaccination - The Hidden Facts' (p58). He states:

It is important to realise that in most cases, the efficacy of a vaccine is normally assessed by determining the levels of circulating antibodies after vaccination. In other words, if a group of individuals are given a vaccine, and in response to that vaccine they develop a high enough level of antibodies, then they are considered to be 'protected' and the vaccine is deemed to be 'effective' .....In fact the fallacy of this theory was exposed over 40 years ago in a study published by the British Medical Council, May 1950, Report No. 272. The purpose of this study carried out by nine medical doctors, was to determine antibody levels in people who developed diphtheria and those who did not, but were in close contact with diphtheria patients, such as physicians, nurses, families and friends.

If the 'antibody theory' was correct, then it would be expected that diphtheria patients would demonstrate low levels of circulating antibodies (antitoxin) whereas contacts of those patients who remained well would demonstrate high levels. In fact, the reverse was found. Many of the diphtheria patients demonstrated high antibody counts, whereas many of the contacts who remained perfectly well demonstrated low antibody counts. This study clearly showed that there was no relationship between antibody levels and the incidence of diphtheria. In fact, the study had to be abandoned as the Medical Research Council reported:

"Some of the results obtained were so unusual and unexpected, so contradictory, and indeed paradoxical that the inquiry as originally envisaged and put into effect, had to be brought to a close".

MENINGITIS STRAIN SURVEILLANCE CALL

Taken from: GP, 17/9/99

A senior doctor has attacked the DoH and pharmaceutical industry over their failure to allocate extra resources to the monitoring of meningitis C.

Dr Dlawer Ala'Aldeen, reader and consultant in clinical microbiology and head of the meningoccocal research group at University Hospital QMC, Nottingham, said more data was needed on the strains of meningitis carried in the population before the vaccination programme started next month.

Speaking at the first international immunisation conference in Manchester, Dr Ala'Aldeen argued that extra surveillance was needed because there had not been a phase-three trial of the vaccine. *(Our emphasis)*

Research carried out by Dr Ala'Aldeen on 2,500 first-year university students in 1997/98 found that meningitis was capable of 'switching' its capsule composition to become either meningitis B or A, or an ungrouped variant. He said: 'Surveillance has to be done now so that in three years' time when there are no more meningitis C cases, we will be able to determine whether old group C meningitis has switched to another group or if we really have eradicated it."

Dr Ala'Aldeen added that grant application for a surveillance study had been turned down by the DoH during the past few weeks on the grounds that the work would be research not surveillance.

Responsibility for the surveillance of communicable diseases lies with the Public Health Laboratory Service, which already collects data on meningitis strains.

Principal medical officer for immunisation at the DoH, Dr David Salisbury said the case for extra surveillance was not a simple 'yes or no'.

Dr Salisbury told GP: 'This needs to be properly evaluated as to whether it would provide more information. It may not be good research to embark on.'

Wyeth Pharmaceuticals vice-president of scientific affairs and research strategy Peter Paradiso said: 'We will be carrying out post-market studies on the safety and efficacy of the vaccine.

'I do not know that a study prior to vaccination needs to take place.'

Editor: Surely the common-sense approach would be to study the safety and effectiveness thoroughly before a vaccine is introduced? Sadly this appears never to have been the case with any vaccination.

Many parents contacting The Informed Parent, are puzzled as to why a meningitis C vaccine has been rushed through into the UK programme, when the disease is still relatively rare? My personal opinion is that because there has been growing public concern on the validity of vaccination, resulting in a slight fall in uptake over recent years, introducing a vaccine against meningitis is an effective way of 'drawing back the crowds'. The word 'meningitis' instantly instills fear, especially as the condition can lead to rapid deterioration and death in some cases. Naturally the public have a great fear of this and so the introduction of a vaccine against meninigitis would have instant appeal. No-one is denying that the condition can be extremely serious, but we must remind ourselves that the bacteria, meningococcal C, is not wandering around randomly targeting a few individuals on occassions. It is a harmless bacteria in healthy people, therefore to reduce the risks of developing these kind of conditions the focus should be about promoting the best possible health for ourselves and our families.

MENINGITIS VACCINE IS SAFE

This headline featured in a local paper, the Wimbledon Guardian 22/6/00, followed by a brief report on the meningitis C vaccine.

The article mentions the refusal by the DoH to review the Chiron vaccine (one of the producers of a men. C vaccine) and goes on to mention that apart from the 5,000 reports of adverse reactions received by the Medicines Control Agency, there are another 10,000 suspected ones.

Also the article states that Swindon MP, David Drew, tabled a motion in the House of Commons last week asking the government to look into the fears surrounding this jab.

However, Dr David Elliman was quoted as saying:"The number of reports of reactions to the vaccine is normal for a programme like this."

MALARIA VACCINE

An article in The Guardian Weekend, 22/7/2000, looked at malaria and possible treatments and vaccines. Prof. Hill, of the Institute of Molecular Medicine, Oxford is quoted as saying:

"It's a scandal that millions die from it every year. Money is at the root of the problem. The people who suffer most from malaria have little or no money." Hill is at present attempting to develop a vaccine. At present the total budget worldwide for research on a malaria vaccine is about $20million, but Hill comments that a proper budget of $500million a year could produce a really effective vaccine within a few years.

However the article also quotes Prof. Eleanor Riley, an immunologist at the London School of Hygiene and Tropical Medicine, who doesn't come across as confident about a malaria vaccine. She states: "We still don't really know which immune responses are important. I wouldn't expect to see an effective vaccine for 10 or 15 years, if then. So far there hasn't been a single useful vaccine against any human parasitic disease."

The article also points out that the eradication of malaria is largely due to better prosperity.

'Drainage to reclaim agricultural land and the move to live in solid houses with glassed windows had the incidental effect of both reducing the mosquito population and keeping them away from people. The last cases of malaria in Britain were recorded in the 50s on the Isle of Sheppey. Until the 30s, malaria was endemic in large areas of the US, where hundreds of thousands of people were infected every year. Since then, however, rising living standards have almost completely banished it. ...Malaria is, more than anything, a disease of poverty.'

Comment from a health professional.....

Thank you for the literature that you sent me a few weeks ago. It has been very useful in my 'return to practice' assignment, although I hope my controversial comments do not compromise my grades! *M.W.*

VACCINATION PROGRAMMES AT SCHOOLS

Some of you have asked about how to deal with teenagers regarding their (the parent's) decision not to allow them to receive the meningitis C vaccine in the present school vaccination programme. Also some have commented on the way some teachers have been preaching to the classes about the absolute necessity of this jab and scareing the pupils.

It is certainly a difficult age to be seen to be 'doing something different'. Most teenagers want to be part of the 'in-scene' and there can be immense pressure to be the same as every one else. Some teenage magazines have also featured fear-promoting articles on meningitis and the need to be vaccinated.

It is important to encourage them to read up on the subject too, and discuss their concerns. It is also useful to point out to them that the vast majority do not research vaccination at all and just accept the 'established' view, assuming it to be a 'clear cut' issue.

Some parents have indicated that they have used a homœopathic alternative so that their 'frightened' child had felt more at ease that they had been given something. If anyone would like to write in about how they have dealt with this situation, please do!!

Teenagers are at an age where they can be very impressionable and if they are told that 'they could die if they don't receive the jab' this often creates paranoia. Schools should not be places for mass medication and the majority of teachers are not in anyway experienced in these situations. Most teachers simply toe the official line, unfortunately some do seem to take things to an extreme using scare-tactics amongst their students. I was interested to read of similar situations in Australia in the new book by legal secretary Maureen Hickman *(page 111)* Maureen states:

• 'Parents/guardians should be aware of increasing pressure on school principals to undertake these responsibilities even though they are not medically trained to do so. In some instances school principals have been over zealous in their endeavours and during the Measles Control Campaign, Dr Kathy Mead, head of the National Centre for Disease Control, took the unprecedented step of writing to school principals warning them against coercion. After receiving reports from parents that they were being pressurised during the campaign, Dr Mead pointed out to principals that their role 'was confined to providing information.'

Vaccination is a medical procedure. Therefore prior to giving 'informed' consent for vaccines to be administered at education venues, such as, schools, high schools, day care centres etc. under the supervision of municipal councils, (or other) parents should ensure they have been informed of and/or been given by the initiators of the programme:

1. Sufficient printed information seven days in advance of the date of the vaccination explaining the risks and benefits of vaccination to enable 'informed' consent. This printed information should include a copy of the relevant packet insert of the vaccine to be administered.

2. Details of the health evaluation check-up given prior to the administration of any vaccine to ascertain if any contraindications are present.

3. Details of school facilities on school premises for the monitoring of school students after the administration of any vaccine.

4. Details of school facilities on school premises for the storage of any vaccines.

5. Details of school facilities on school premises for the management of any vaccine adverse event including the management of anaphylaxis. (Anaphylaxis is a severe reaction of rapid onset, characterised by circulatory collapse.)

6. Details of medical qualifications of the administrators of the vaccines and in particular details of expertise on medical steps necessary to save life following an anaphylactic reaction.

7. Details of all pharmaceutical products available on school premises for the treatment of a vaccine adverse event.

8. Details of whether Australian Drug Advisory Committee blue forms are available on school premises for the reporting of a vaccine adverse event.

9. Details of the system in place for the follow-up health and well-being check of the individual receiving the vaccination.' •

Schools are rarely sufficiently equipped to be adequate venues for medical treatment.

Perhaps if all parents demanded answers to the above the Education department may think twice before collaborating with the DoH on mass vaccination programmes in schools. It would be interesting to know if schools are benefiting financially in anyway because of their involvement.

If you do decide that you do not wish for your child to receive this jab I would urge you to keep your child away on the day of vaccination. There has been a few cases where despite the parent having signed 'No' to the vaccine, the child has mistakenly been jabbed!

NEW BOOK

VACCINATION - THE RIGHT CHOICE?

By Maureen Hickman

ISBN: 0-646-38724-3 (246pp)

The author, a para-legal for over 25 years, draws on her experience and expertise in research for legal claims by vaccine-damaged individuals to present an informative look at this issue.

Much of the data presented is related to Australian laws and cases, but she also covers issues in the USA,UK and Europe.

Maureen looks at issues such as 'informed' consent, parental rights, government campaigns, school vaccination programmes, media reporting, vested interests in political, medical, pharmaceutical and media fields, vaccine litigation, future vaccine policies and much more.

There is comprehensive information on the make-up and effects of vaccines, so this book is yet another good contribution towards helping the public to make informed choices on this issue.

Copies are available from The Informed Parent and cost £12.99 each (inc. p&p) in UK. *(Overseas £15.00.)*

Cheques payable to: The Informed Parent. Please don't forget to include your postal address too!!

ARTICLE FROM THE ARCHIVES - 1925

From: 'Dare Doctors Think?" Verbatim Great Meeting, Queen's Hall, London. 6/2/1925
Speech by Dr Walter R Hadwen
Dr Hadwen was an outspoken critic of vaccination and anti-vivsectionist, here is an extract from his speech

....I have been told that medical men are amazed at the boldness with which I enunciated my views at the trial. It was evident that the Judge himself was greatly astonished at my not following the fads of the hour. He looked upon me as very old-fashioned and asked me if I were not prepared to progress with the times. *(Laughter.)* I told him I was, but that I looked upon Pasteurism and all its superstitions as a retrograde movement--it was like the go-aheadism of the lobster, a progression backwards. *(Laughter and loud applause.)* It is the old-fashioned medical man who believes in Jenner and vaccination and the outcome of all the legendary nonsense represented by vaccines and serums and inoculations of every description. *(Hear, hear.)* I once believed in Jenner: I once believed in Pasteur. I believed in vaccination. I believed in vivisection. But I changed my views as the result of hard thinking. *(Hear, hear.)* I belong to the new fashion and not to the old, antiquated fashion of my medical opponents. *(Laughter.)*

Why is it that medical men for the most part follow the fashion of the day? Is it that they dare not think?

Are they like Sidney Smith's old lady who said she never read the other side of a subject in case she might be prejudiced? I know one of the most eminent medical men of the present day, perhaps, the, most eminent medical man in his particular line, who, after he became converted to anti-vaccination, was unable to fill a lecture hall. Students were not encouraged to go and hear him. A man is eminent as long as he is orthodox. When he begins to think for himself he becomes a crank. *(Hear, hear, and laughter.)* The only way to remedy this state of things is to have more cranks, so that the man who is boycotted and persecuted shall not have to plough a lonely furrow. *(Applause.)*

It might be supposed that the very unscientific nature of modern medical treatment would have been sufficient to open the eyes of the understanding to its folly.

First look at the method. To-day, the whole scheme is inoculation for everything. I say that *that* in itself is unscientific. Nature has given us a covering of skin for the protection of the body, whose organs are vested with the power of excretion only. The skin as a whole is the largest excretory organ of the body, in which are situated millions of excretory glands for the purpose of carrying off the waste material of the system; the thought of its being a receptive organ is opposed entirely to the character of its structure. The modern system does violence to Nature's law and teaching; it ignores the only aperture which Nature has provided for the entrance of solids or liquids into the system; it ignores the numerous and complicated workshops ranged in association with the alimentary canal, placed there to prepare everything that enters by the mouth for assimilation and absorption, and deliberately punctures this protecting organ and forces drugs - many of them of the most filthy description - directly into the lifeblood, the results of which cannot possibly be gauged. Frequently, it ends in sudden death. Even the injection of plain water by this unscientific method has proved fatal: In its very inception the system of inoculation by the skin is unscientific and false. *(Cheers.)* If medical men would only think for five minutes as to this method of inoculation, the whole system would he condemned and ended. *(Hear, hear.)*

Then as to what is injected: Perhaps one of the most amusing episodes in the whole trial was when the Judge asked Sir William Willcox: "Tell me, what is antitoxin ?" The look of surprise on his Lordship's face was a study as Sir William Willcox unfolded the weird romance. "It is made, "he said,"by inoculating a horse." His Lordship put down his pen and turned full round to look into the face of the doughty knight, and repeated in astonishment and almost awe, "Into a horse!" *(Laughter.)* "Yes, my lord," proceeded Sir William jauntily, "by inoculating a horse with the poison of diphtheria; and by so doing the horse develops protection, and after the horse has been protected by several doses of the poison, the horse's blood is taken." Again his Lordship stopped writing and turned round and seemed to mutter "horse's blood!" *(Laughter.)* But Sir William unconcernedly proceeded, "and the serum--a straw-coloured, clear liquid, separates, and it is that serum, which is the antitoxin, and it is that which is injected into the patient suffering from diphtheria." The judge looked from counsel to counsel in almost bewilderment! *(Laughter)* He must have fancied himself back in Shakespeare's day, looking in wonderment at the witches' cauldron. *(Renewed laughter.)* As I described it to his Lordship afterwards, it is "poisoned horse blood"--poisoned by the injection of so-called diphtheria germs.

The medical man does not think--he dare not--or he would see at a glance the superstition wrapped up in all this unscientific absurdity. *(Cheers.)*

THE COMMERCIAL PUSH BEHIND

It is the great commercial manufacturing firms who are providing the brains for the medical man of to day. *(Applause and laughter.)* We are deluged with circulars of ready-made medicines for every ailment under the sun. There never was a day when a medical man had less need for the use of his brains than he has at the present time. The commercial firms do all the thinking for him. *(Hear, hear.)* With a pocket syringe and a case of concentrated tabloids he can go forth a veritable medical Don Quixote to do battle with every imaginary foe. *(Laughter.)*

I said "imaginary," for what are the foes to day? In the old days medical men fought against conditions of disease, to day the fight is against germs--"a germ is a disease and a disease is a germ." What was all the fight at my trial about? As to whether my little patient had diphtheria. She never had a solitary sign of diphtheria from first to last, but they 'found the germ - and that was sufficient to

charge a man with manslaughter although this germ can be found in healthy throats, in every kind of sore throat and in lifeless objects.

The modern germ theory of disease, upon which the charge against me was based, was formulated by M. Pasteur, a French chemist. It was an evolution of the folklore of the Gloucestershire dairymaids, which was popularized by Edward Jenner. This in turn was the outcome of the weird practice of inoculation common among Turkish peasants a couple of centuries ago--a practice which had itself been derived from a Hindu smallpox superstition which goes back to the misty era of past ages when invisible devils and hobgoblins and wrathful gods and goddesses or witches and the "evil eye" were supposed to be the originators of every human disease. The germ theory is the most old-fashioned tradition of the heathen world. *(Applause and laughter.)*

This craze for finding the germ origin of every disease is well illustrated in the case of swine fever. Its origin has been attributed to no less than 15 germs in succession, every one of them proved scientifically to be the real, genuine thing, and now science has reached the conclusion that none of these alleged germs is genuine, but that the real one must be a filter-passer, which the most powerful microscope in the world cannot discover, and therefore, one which nobody has ever seen or is ever likely to see. *(Laughter.)* Science declines to consider the common-sense fact that with wholesome pigstyes and a sanitary environment swine fever cannot get a look in. *(Applause).....*

MEASLES VIRUS IMPAIRS IMMUNITY

From VRAN, Apr-Jun 2000, newsletter of the Canadian vaccine awareness group

The following excerpt from Teresa Binstock's article "Mechanisms of vaccination sequelae: A sampling from scientific literature," gives us important clues about the ways that MMR vaccine can sabotage the immature immune system of pre-toddlers. Teresa Binstock is a researcher in Developmental and Behavioural Neuroanatomy. Full text of her article with references can be viewed at:
http://www.jorsm.com/~binstock/vacclet.htm

For nearly two decades, Diane E Griffin and colleagues at John Hopkins have been documenting the mechanisms by which measles and measles vaccinations impair immunity, thereby increasing risk of reactivation of current infections and increasing the likelihood that a newly acquired infection will be more serious.

By subjecting an infant to an MMR around the time of his or her 1st birthday, a physician not only causes the pre-toddler to have impaired immunity for several weeks or months thereafter, but this impairment in immunity occurs during what for some children is an extended period of normally occurring 'transient hypogammaglobulinemia of infancy", ie a time between (a) the decline of maternal antibodies in the infant's blood, and (b) the gradual strengthening of the infant's own immune defenses.

In other words, a naturally occurring period of increased susceptibility to infection in some pre-toddlers is the very time at which the MMR and its immune-impairment are mandated. To administer the MMR during a time of naturally lower immunity (in some children) means that those children would be at increased risk of having an increased pathogen load in peripheral tissues as the MMR-induced pulse of interferon gamma increased permeability in the intestinal and blood-brain barriers.

WHICH? TWO HEALTH EXPERTS RESPOND

In the last issue of this newsletter we highlighted the fact that a recent vaccination article featured in *Which?* had input from 2 health experts, David Elliman and Helen Bedford, who receive funding from vaccine manufacturers.

They recently contacted The Informed Parent and asked if the following could be included:

'Neither of our salaries are funded by monies from vaccine companies. David is an NHS employee and Helen an employee of a university. Her salary is paid from a mixture of sources - at present some is NHS and some is from the university. In the past, the majority of her funding has been from a charity to conduct specific research. From time to time both of us have contributed to meetings which have been organised by vaccine companies, but since much of our work in immunisation is focussed on parents' and health professionals' attitudes and inf0ormation needs this is an important part of our work. Attending such meetings allows us to meet with people from all over the world, to discuss current issues, learn from the experiences of others and to communicate with vaccine companies. Often the subject of such communication is about parents' concerns and the need for more information about vaccine manufacture and testing. Without sponsorship it would be difficult, if not impossible to attend such meetings without funding it from our own pockets. We have also, far more frequently, contributed to meetings organised by other health professionals and parent groups and, recently, to a meeting organised by WDDTY, which, as far as we are aware, is not funded by vaccine manufacturers. We are happy to pay our suscriptions to the 'Informed Parent' and similar publications from our own pockets but we wonder if they would refuse our subscriptions if they were thought to come from funding by vaccine companies.

However, the far more serious aspect of this accusation is that it implies that we lack integrity. We are both involved in child health because we believe wholeheartedly that the good health of children is fundamental to the health of all and is a bisc right of all children. Based onn a critical analysis of the scientific literature as well as many years of clinical experience, we consider that immunisation is an important intervention in promoting child health. We therefore feel duty bound to express this view. We would also like to clarify the remark made about our statement (page 10) that it is partly the success of immunisation that has led to many parents have concerns over immunisation. It is well recognised that when a disease becomes rare and people have no experience of it, they tend to forget how serious it can be. At this point immunisation appears to have no purpose for there is little or no disease to prevent.

Helen Bedford & David Elliman

YOUR FAMILY'S NUTRITIONAL SUPPORT - ALL IN ONE BOTTLE

By Mike Spencer

Do our bodies need extra nutritional support? Ask most GPs and they will tell you that if you eat a good balanced diet, then you will get all the nutrition that you need. Ask some nutritional experts and they will tell you that is not the case, but perhaps you might do better if you ate a bushel each of the things that you normally had in your diet, but who could manage that? Food scientists know that trace and essential minerals are needed to maintain our biosystems and are critical for life, but we are told that our soil is over farmed and modern methods of farming have stripped the average western diet of beneficial and essential nutrients. We must admit that we get beautiful food crops and there is no shortage of them, but this is only achieved by using chemical pesticides and artificial fertilisers, these have no goodness in them but the exact reverse, they are harmful to our bodies. Do we listen to our GPs, cross our fingers and hope for the best? Do we listen to the nutritional experts and food scientists by taking some action to improve our own and our families diets by nutritional supplementation in the form of multivitamins and minerals? And then where do we go and which supplements do we try?

There is a family-run company called Neways International, based in the U.S., producing a range of nutritional health supplements. Their products are formulated with natural ingredients and state of the art discoveries in biochemistry making them bioavailable to the body.

Amongst the Neways range of dietary supplements designed to support health maintenance and promoting a greater feeling of strength, vitality and well-being is a major product called Maximol Solutions. This is a colloidal liquid that contains 67 minerals (potentially harmful minerals such as arsenic, cadium, lead, aluminium, mercury etc have been removed) plus 17 vitamins, 20 amino acids, 30 enzymes in 3 major enzyme groups, this is infused with organic electroytes which makes all this highly absorbable all in one bottle.

Being in a liquid form Maximol Solutions is very easy and pleasant for the whole family to take, even as young as I year using a reduced dosage.

Mike Spencer is a regular user of Maximol, so if you would like to learn more about Maximol Solutions, please ring Mike on: 0115 965 2098 *and ask for a free tape and information. Or you can write to him at:*

35 Sunningdale Drive,
Woodborough, Notts. NG14 6EQ

THE HOMEOPATHIC CHILDREN'S CLINIC

Three homeopaths, well experienced in treating children are starting up a new homeopathic children's clinic near Ealing Broadway. The clinic will run every Wednesday morning starting on Sept. 20th from 9.30 to 1.00pm.

First appointments will take one hour, and subsequent ones half an hour. Parents will be asked to fill in a simple form before the first appointment and bring it along. Fees will be £30 for the first session, and £18 thereafter.

For further information, or to make a booking, please phone:

020 84000 7699

MILLENNIUM CHILDREN'S CLINIC

Welcome to our Children's Clinic. It has been opened to provide free homoeopathic treatment for children up to the age of 16 years, from families on benefits or on low incomes. Our homoeopaths give their services free of charge on one Saturday a month. All you pay for is the homoeopathic remedy.

If you can afford to pay for your child's treatment, you may book an appointment with one of our homoeopaths at the North Lakes Clinic, or you may attend our Student Training Clinic where reduced price treatment is available. We have copies of Dispelling Vaccination Myths for sale at 50p per copy.

Because our services are free, we are dependent upon the good will of others for our funds. We have a Collecting Box in the Waiting Room. If you know of any group who would like a charity to support, please put us in touch with them.

If you are happy with your child's improved health and well-being, please tell the world!

The North Lakes Clinic of Homoeopathy and Complementary Therapies
41a Main Street, Cockermouth, Cumbria, CA13 9JS
Tel 01900 821122
Proprietor: Deirdre Moon
BSc (Hons) MNWCH RSHom

NOTICE

I would like to start a parents group in South-East London in order to meet and discuss vaccination issues.

If you are interested please contact:

Christina Schwarzlose-Tate on
020 8852 6562

The views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. 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: 020 8861 1022

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