THE *informed* PARENT

ISSUE FOUR - 2001 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

PRE-SCHOOL ACELLULAR PERTUSSIS BOOSTER INTRODUCED

The Dept. of Health announced that from 5th November 2001 a booster vaccination against whooping cough was to be added to the pre-school vaccination schedule. Now children aged 4-5 years old will receive seven vaccines - diphtheria, tetanus, polio, MMR and whooping cough boosters.

According to the journal Best Practice, 24/10/01, the announcement was made without consulting GPs who are concerned that they will be the ones who will have to defend the change to worried parents.

A letter from the DoH to health professionals, 15/10/01, stated:

'The current immunisation programme against pertussis consists of a series of primary immunisations at 2,3 and 4 months of age. Despite high vaccine uptake (95%) pertussis continues to be the cause of significant morbidity *(number of cases)* and mortality in children too young to be fully protected. There is evidence that these babies may be catching pertussis from older siblings or possibly parents. In addition there is growing awareness that pertussis in adults and older children is a significant public health burden. In England and Wales there are an estimated 35,000 GP consultations, 5,500 in-patient days and upwards of 9 deaths annually from pertussis in all age groups. Around 80% of the bed days and 90% of deaths occur in children too young to be immunised.'

The letter also states that up until now a booster dose has not been part of the UK programme as the whole cell pertussis vaccine has been considered unsuitable for use on older children due to increased rates of reactions. However, apparently the acellular pertussis vaccine is well tolerated at older ages, and the Public Health Laboratory Service have demonstrated, by mathematical modelling, that a booster will reduce illness in older age groups and reduce transmission of whooping cough to very young babies.

Therefore the Joint Committee on Vaccination and Immunisation has now decided that a booster dose should be introduced based on this evidence. Babies will continue to receive a 'high quality' whole cell vaccine (DTwP) over the acellular for the primary course (2,3,4 months) and the DTaP for a pre-school booster.

Apparently no new safety concerns were identified and in particular the study looked at whether the administration of MMR at the same time had an impact on reactions: no increase in reactions or fevers in the 10 days after immunisation or in the proportion requiring a doctor's visit in the 4-6 weeks after immunisation were seen.

This letter in full is on the internet at: www.doh.gov.uk/cmo/cmoh.htm

TRIPLE VACCINE: TRIPLET TROUBLE

The Scotsman, 3/11/01, featured 3 articles on the likely introduction of a chickenpox vaccine to the vaccination schedule.
One stated:

'For Tracy Steele, 33, the change in her triplet sons following their MMR jabs was immediate and terrifying. Four days after the vaccination at 17 months, Stuart, Glen and Bobby all ran a high temperature which set them howling in distress and pain. "Through the night Stuart was screaming in an uncontrolled high pitch that sent shivers down my spine," Ms Steele said. "The other two followed and they were the same. The doctor came and he put 'MMR?' in his notes. The boys were hot and dehydrated for days. I had to feed them fluids with a syringe."

Her triplets recovered but as the days went by, Ms Steele noticed something was wrong with all of them. She said: "They used to say words like mummy and daddy. They loved being tickled and would say "tickle". But that all stopped after the MMR. Video footage of them on their second birthday shows we couldn t get a peep out of them. They were like wee zombies."

Since then, the boys have all been diagnosed with similar problems. Stuart is the most severely affected and has cerebral palsy of the visual system, language disorder and possibly Asperger's Syndrome.

Bobby has severe autism and mild cerebral palsy. Glen has language disorder. The boys are now seven and although Ms Steele worries for their future, she feels they have made significant improvements.

"They are making good progress. They go to a special school but I'm hoping that won't be for too much longer. But I am livid at what has happened to them.

"To think of introducing a chickenpox vaccine is appalling when they can't yet allay the fears over the MMR."

Extracts from one of the other articles from The Scotsman is featured on page 8.

THANK YOU!!

Many thanks to everyone involved in the recent Viera Scheibner lectures, they couldn't happen without your help and support!! The lectures went well and there were good size audiences for most. The East London Association of Homœopaths, who arranged a talk in Walthamstow, also kindly donated £200 to The Informed Parent, which was greatly appreciated and will help towards our efforts to stay in existence.

I do hope that you will continue to support us by renewing your subscription, when the time comes, and also by letting others know about us and the service we provide. The Informed Parent is totally dependent on subscription fees and donations to continue its work.

If you need leaflets for your friends or for practices/clinics, please send a SAE and state the quantity you require. Thanks.

SMALLPOX

I have been receiving a great deal of worrying information regarding the possibilities of US mass vaccination programmes against smallpox. At present in the USA there are fears emerging from their government that bioterrorists could unleash smallpox and there has been a number of articles featured on the measures the government may go to, to protect the population at large. I would have to say that I find a lot of the recent comments on anthrax and smallpox very overstated and this will no doubt frighten many members of the public.

An article published in the New Scientist, 3/11/01 entitled '*Ready or not- Have we got what it takes to beat a smallpox attack?*' comments on the situation.

Here are a few extracts from the article:

'The US only has 15.4million doses of the vaccine left and just 1 million of the special forked needles for dispensing it. Yet when a single sporadic case occurred in Yugoslavia in 1972, 18 million doses of the vaccine were given.....But even if enough vaccine was available, health authorities would try to avoid mass vaccination because of its potentially fatal side effects. They include skin complications, swelling of the brain and tumours. "The risk of adverse events is sufficiently high that mass vaccination is not warranted," say Gro Harlem Bruntland, director-general of the WHO.

The best method of stopping an outbreak remains identifying cases and isolating them, according to the WHO. ..... But old stockpiles are almost certainly past their best. "Its accepted that the (old) vaccine has a shelf life of just 18 months," says Lyndsay Wright of Acambis, a British company that makes the vaccine. "The last lot was manufactured in 1983, so the entire stockpile might be ineffective." *(Editor: We are talking 18 years - this is a little over the 18 months shelf life, is it not?)*

The US is checking if its vaccine still works, and if it can be diluted to make extra doses..... US health secretary announced a $509 million programme to buy 300 million more doses of smallpox vaccine.'

PERTUSSIS IMMUNITY SHORT-LIVED AFTER VACCINATION

From: WDDTY, Aug 2001, Vol 12 No 5

A small study from Italy has found that immunity to whooping cough is short-lived after either vaccination or natural disease.

Researchers from the University of Milan evaluated 38 children, aged 5-6 years, who had been immunised three times by age 11 months with a combined diphtheria, tetanus, tricomponent acellular pertussis and hepatitis B (DTaP-HBV) vaccine.

Their immunity responses were compared with those of 21 children who had aquired pertussis during their first year of life and who had received only a diphtheria, tetanus and hepatitis B (DT-HBV) vaccination. The immunity to pertussis was similar in both groups.

The authors recommend that previously vaccinated or infected children receive a booster to maintain long-term immunity (Infect Immun, 2001;69:4516-20)

Editor: The children who developed whooping cough but had not received the vaccine, still received all the other vaccines, they were not unvaccinated Those vaccines alone could have affected their immune systems enough to disrupt acheiving long-term immunity from other diseases? Also if 'immunity' is only being measured simply by antibody level then this does not make the results meaningful, anyway.

And why would a booster be able to maintain long-term immunity if the initial vaccine can't. Why is it assumed that by giving numerous doses of a vaccine that can only produce so-called 'short-lived immunity' it will suddenly acheive long-term immunity?

NURSERY BAN CALLED FOR IN MMR ROW

GPs PLAN NEW MOVES TO ENFORCE VACCINATION

Sunday Herald, by Sarah-Kate Templeton

Pressure on doctors to meet immunisation targets for the MMR vaccine amid parents' fears that the jab is linked to autism is forcing increasing numbers of GPs to consider drastic action including dropping families from their NHS lists and excluding unvaccinated children from nursery schools.

The Sunday Herald has learned that several Scottish practices are actively planning to remove families who refuse vaccination from their NHS lists. It has also emerged that refusing unvaccinated children admission to nursery school has been discussed by GPs as a way of achieving herd-immunity - the point at which an outbreak can be prevented.

GP practices are paid to reach immunisation targets of 70 and 90%. If they fail to meet these targets because parents do not want to have their children vaccinated, the practices can lose thousands of pounds. Dr Eric Holliday, who practices in Wiltshire, has removed one family from his NHS list because the parents refuse to have their children vaccinated. He has agreed to treat the family, although they are not on his list and he is not paid to care for them, because this way he loses a fraction of the cash which would be withheld if the practice failed to meet its immunisation targets.

He said: 'This family is not registered with us and we are not contracted to see them but we have elected to see them for nothing.

'This is possible with one family but if this involved several dozen families in a large urban setting it would be problematic.' London GP Dr Margaret Safranek told the GP magazine Pulse that many GPs are finding ways of refusing to register families who don't want the MMR vaccine.

She said: 'I think there is an enormous number of patients swimming around out there who are not taken on. The fact we could be penalised because people refuse the vaccine leads to a lot of minor 'cheating'. Who can blame us?'

Several Scottish practices are now discussing how they can manage the system in order not to lose out on payments.

And doctors are so concerned about the falling immunisation rates that they have proposed banning children from nursery school if they have not received the MMR.

Dr Mustafa Kapasi, chair of Inverclyde Local Health Care Co-operative and a Greenock GP who supports the proposal, said GPs had discussed it at a national meeting. He said: 'This has happened elsewhere, including the USA, and so why should it not happen here? At the end of the day, we have got to make sure that there is immunity.

'I am sure it would be unpopular, however. People would say we were acting like Big Brother *(Editor: Acting like???)* and that it was against their human rights.'

Dr Syed Ahmed, public health consultant with Greater Glasgow Health Board, rejects such a drastic measure but argues that parents do have a responsibility to vaccinate their children to protect at-risk groups. He said: 'I do not think we can say that unless a child is vaccinated he or she cannot go to school. But there are children who do not have any choice and cannot be vaccinated, such those who are immuno compromised or have leukaemia. Parents have got a choice but they also have a responsibility to protect these children from disease.'

Bill Welsh, chairman of Action Against Autism, said: 'The current structure where doctors receive targeted payments for vaccine administration is exacerbating an already fraught area in doctor/patient relationships. In parents' minds it brings into question a doctor's impartiality when advising on immunisation matters. To suggest any form of compulsory vaccination reveals a disregard for the concerns of parents.' (www.doh.gov.uk/mmrvac.htm www.autismuk.com)

The Pulse, 20/10/01 reporting on the same matter stated: The Medical Defence Union said Dr Holliday's action contravened a GMC rule that GPs should not end relationships with patients solely because of the financial impact of their care on the practice.... But GMC member Dr Korlipara, a Bolton based GP, commented that a GP would be treated sympathetically in such circumstances.

MULTIPLE VACCINATION

Letters, The Lancet, Vol 358, 11/8/01

Sir -- Richard Jeffrys (5 May p1451) raises a valid point about the issue of multiple vaccines being administered simultaneously or at short intervals. There is another related issue.

When writing out paediatric prescriptions for products other than vaccines, we take into account such things as weight. However, in the case of vaccines, no account is taken of these factors. The dose of BCG vaccine, for example, for children younger than 3 months is 0.05ml. As soon as children reach age 3 months, the dose is doubled to 0.1ml. Prematurity does not affect the dose.

Over the past 40 years, the immunisation schedules have been repeatedly changed. There was a time when, in realisation that younger babies do not obtain the full benefit from the triple antigen (diphtheria, pertussis and tetanus) the first dose was given at age 4 months. Later, to protect the herd (never mind the individual child), the schedule was revised, lowering the age for starting the course.

Parents should be clearly told that what is good for the population as a whole is not necessarily good for the individual child. Some parents might, if the choice were given, choose the risk of mumps or rubella to that of autoimmune disorders for their offspring. We must also ask the question of how carefully the health service collects the statistics for adverse reactions to vaccines. If such statistics are indeed properly collected, comparison of the data for the different practices and those for England, Scotland, Wales and Northern Ireland should be possible. The Yellow Card, I suspect, is seldom used for vaccine-related adverse events. *J K Anand*

MMR-LINKED FEBRILE COVULSIONS 'MORE COMMON THAN EXPECTED'

Pulse, 27/10/01

MMR vaccine has been linked with a 'higher than expected' number of febrile convulsions, according to unpublished data from an authoritative study, writes Brian Kelly.

One in 600 children was hospitalised for a febrile convulsion in the month after receiving MMR.

Cases peaked in the second week when the number of convulsions was over three times higher than expected. The Government's Green Book on immunisation lists the risk of febrile convulsion following MMR at one in 1,000.

Study leader Professor Jean Golding, professor of paediatrics and perinatal epidemiology at the University of Bristol, said there was 'no cause for alarm' at this stage.

The data comes from the Avon Longitudinal Study of Parents and Children, which involved 16,800 children, of whom 97 per cent received MMR.

In the first month after vaccination, 27 children were hospitalised for febrile convulsion compared with the expected 16, Professor Golding told an Epilepsy Research Foundation meeting last week. Cases peaked in the second week after vaccination, when there were 14 compared with the expected four.

Professor Golding said: 'The numbers are higher than expected but there is no sign of brain damage. Febrile convulsions aren't serious. Our research doesn't support any scare. If we stop giving the immunisation we face serious consequences.'

Professor Simon Kroll, a member of the Government's Joint Committee on Vaccination and Immunisation and professor of paediatrics at Imperial College School of Medicine, said the results were 'noteworthy' and the convulsions were probably due to the live nature of MMR.

GET SHOT OF FLU

In an Australian magazine, New Woman, June 1997 a short piece on the flu ended with the following comment: 'Dr Fairley says flu shots are highly effective and safe, except for those who are pregnant, have underlying illness, or are over the age of 65.' *Well here in the UK the flu jab is particularly recommended for both over-65s and those with underlying illness.*

FUTURE TALKS

At present I am looking into arranging lectures for Spring 2002. Viera Scheibner would be available to travel to the UK in mid-March for further talks and so I would be interested to hear from anyone who would like to help, i.e. organising a local talk or perhaps assisting with driving Viera to some of the lectures.

Also, Ian Sinclair would be interested in returning to the UK for further talks some time next year. Both Viera and Ian fund their own flights from Australia so a reasonable number of talks have to be arranged for them to cover their expenses. Please get in touch as soon as possible if you can help in any way. You can phone me on: 020 8861 1022, and please leave a message if I am unable to answer your call.

Also, if you have any particluar questions on vaccination which you would like covered in more depth Trevor Gunn, BSc, RSHom., has kindly offered to respond to them and they will be included in future editions of this newsletter.

Lastly, THANK YOU for all your support and good wishes over this year, and all the interesting articles sent in. It's greatly appreciated!

(Don't forget to put the publication details and date.) *Magda Taylor*

FAMILY SUES OVER VACCINE DAMAGE CLAIM

Sunday Times, 30/9/01. Mark Macaskill

A GLASGOW health trust is being sued for millions of pounds by the family of a nine-year-old girl left brain damaged after a diphtheria vaccination. If successful, her test case could pave the way for hundreds of similar claims throughout Britain. Dr Abdunaser El Ayeb has issued a High Court claim against Greater Glasgow Primary Care NHS Trust for administering an allegedly defective vaccination of diphtheria, pertussis and tetanus (DPT) to his baby daughter in 1992. A doctor employed by the trust, and two companies believed most likely to have made the vaccine, are also being sued. The case is expected to be heard early next year. Peter Todd, from Hodge, Jones and Allen, a London-based firm representing El Ayeb and other families who believe their children were damaged by the vaccine, said: "We are preparing cases for a number of families and are considering a class action if this is successful - it's an incredibly important issue for all parents with small children."

El Ayab's daughter, Worood, was given the vaccine at Woodside health centre in Maryhill, Glasgow, when she was 10 weeks old. Within hours, she slipped into a deep sleep and suffered a seizure. She now has epilepsy and cannot talk, feed or clothe herself. El Ayab, who has two other healthy daughters, refuses to believe Worood's deterioration was just "bad luck". "Before the vaccination, she was a perfectly healthy girl and almost straight away afterwards, I watched her condition deteriorate in front of my eyes. I am convinced this was due to the vaccination," he said.

However, such a link has not been scientifically proven. Although compensation is available under the 1979 Vaccine Damage Payments Act for defective medication - two years ago, the Barras family from west Glasgow received £30,000 compensation after their daughter was brain damaged after being injected with a defective vaccine - hundreds of families have been unable to prove that the vaccination per se was responsible.

El Ayab's case, if successful, would set a precedent in mainland Britain, leading to a flood of compensation claims in the High Court which would run into hundreds of millions of pounds. The only previous successful case was in 1993 when a mother from Ireland won £2.75m in damages after her son suffered severe brain damage as a result of DPT.

In Scotland, there are more than 60 families believed to have been affected by disability as a result of the vaccine. Gary and Jacqueline Thomasson from Glasgow, who now live in Southampton, are one such couple. Six years ago, their daughter, Nicole, received a DPT vaccination at a surgery in Dunfermline when she was nine weeks old. Within days, she became drowsy and started to flinch. One week later, she suffered a seizure and irreparable brain damage. Nicole now suffers from fits, cannot talk and is only just beginning to walk. Jacqueline, 30, a nurse, said: "We feel we should have been told that there was a chance of a severe reaction, but the medical profession doesn't even seem prepared to accept the possibility the drug could be the cause of Nicole's disability."

DPT, a triple vaccination, is given to babies, normally at two, three and four months of age. It consists of dead bacteria and inactive toxins which stimulate a baby's immune system to fight the diseases. However, despite full medical backing for the vaccine, there are fears that in some cases the immune system may be too weak to fight off the injected bacteria. The element of the vaccine known as pertussis or, more commonly, whooping cough, is particularly complex and has previously been linked with a rise in childhood asthma.

There is also a growing anxiety that combined vaccines such as DPT are implicated in the dramatic increase in late-onset autism among children - recent research published by Cambridge University revealed that autism rates are 15 times higher than previous estimates.

But, some experts believe combined vaccinations may be beneficial. In both Britain and the US, for example, scientists are investigating a possible link between early DPT vaccinations and a decreased risk of suffering from cot death.

Ian Poxton, a professor of microbial infection and immunity at Edinburgh University, said he believed any link between the vaccination and brain damage was coincidental. "There has been much debate about the effects of DPT, but my view is that there are absolutely no risks associated with it. There are already signs that uptake of the vaccine is decreasing which could lead to a rise in diphtheria cases and that is concerning," he said.

Olivia Price, from the Vaccine Victims Support Group, said: "There are large numbers of children and adults in their thirties and forties that have had their lives ruined. We feel that combined vaccinations are not suitable for all children and immune systems should be tested before they are administered."

MMR: CAMPAIGNERS HAIL `VICTORY FOR SINGLE JAB'

By Sarah Westcott and Dylan Dronfield, PA (The Press Association) News, 19/11/01

Anti-vaccine groups were today celebrating after a doctor was given the green light to continue offering children single jabs against measles, mumps and rubella. Campaigners claimed the announcement by disciplinary body the General Medical Council (GMC) could open the door for all GPs to offer single jabs against the three diseases instead of the government-approved MMR vaccine.

Last night the GMC's Preliminary Proceedings Committee said it would not proceed to a full conduct committee against Dr Peter Mansfield but instead "concluded" his case with a letter of advice.

Dr Mansfield had been facing allegations of acting contrary to normal medical practice and against the best interests of patients by giving the jabs. Jackie Fletcher, founder of JABS, a support group for vaccine-damaged children, said the announcement was "brilliant news".

"It has been a long time coming and it should open up the doors for any doctor to offer single vaccinations to parents," she said. "We want parents to have all the information they need, both on the vaccines and the diseases as well, so they can make up their own minds on what their child needs."

The MMR vaccine is a combined jab against the three diseases given to a child at 12-15 months and a second booster dose at between three and five years old. About 2,000 families in Britain have taken legal action, claiming their children have been damaged by the jab, with many believing it has triggered autism and bowel disorders.

Dr Mansfield told PA News: "I am free to give single vaccines and I never paused in my step. I am not surprised at all and very pleased. I am also somewhat gratified the advice is not arduous or arbitrary. It was a rather sympathetic letter and I am already doing all the things they are asking me." "They don't say if doctors would or would not be harming a child by giving single vaccines," he said. "I will continue giving them."

Dr Mansfield's case was drawn to the attention of the GMC after Worcester - shire Health Authority received complaints he had given the jabs to hundreds of children at private clinics in Worcester and Louth, Lincolnshire. In September, he was due to appear before the GMC but the hearing was cancelled after it announced there was insufficient evidence to proceed against him.

Professor Brian McCloskey, director of public health in Worcestershire, had initially raised complaints against Dr Mansfield and called on the authorities to

"protect patients".

Worcestershire Health Authority then took the complaint to the GMC which could have stopped him from practising or ordered him not to continue with the single injections. In a statement the GMC said: "In this case, the committee decided to conclude Dr Mansfield's case with a letter of advice."

The committee advised the doctor that he should continue to give advice to patients about the full range of options for inoculations available in the light of the latest scientific evidence and the continuing debate. It also advised that he should explore ways of actively informing GPs that he has inoculated their patients, as opposed to relying on the fact that the inoculation record was parent-held and would generally be available to the GP during a consultation."

A spokesman for the Department of Health said: "We believe that MMR is the best and most effective way to protect children against measles, mumps and rubella - three potentially serious diseases.

The GMC statement asks Dr Mansfield to take account of the latest scientific evidence and we would say that strengthens the case for use of the triple vaccine." Our advice to doctors and parents remains unchanged - that children should not be given separate vaccines in place of MMR since there's no evidence of benefit and a clear risk of harm from such a practice.

SNIPPETS FROM THE PRESS

122 PATIENTS GIVEN TETANUS JABS IN BLUNDER AT FLU CLINIC
Pulse, 10/11/01

This brief report outlined how staff at a surgery in Blackpool had made the mistake of administering tetanus jabs instead of the flu to 122, mainly elderly patients. Patients were sent a letter explaining the mistake and warning them they may experience minor skin irritation. The nurses involved are facing the trust's disciplinary procedure.

GPC LOSES OUT IN FLU PAY DEAL
Pulse, 1/8/01

This article reported on how the GPC failed in its bid to win a national GP pay deal for vaccinating at-risk under 65s against flu. The DoH announced that 'GPs in England would receive the same flu vaccine pay deal as last winter, with an item-of-service fee of £6.55 for every patient aged 65 and over, together with a personal administration fee of £1.65.'

Apparently the GPC had hoped for the above fee for every 'at-risk' under 65 year old also. GPC negotiator Dr Peter Holden accused the Government of using 'emotional blackmail' in expecting GPs to immunise under-65s without a fee...The Chief Medical Officer (CMO) has instructed GPs to improve uptake in the younger age group this winter. But the GPC pledged to back any GP who refuses to vaccinate at risk under-65s without a fee.

Joint deputy GPC chair Dr Fradd said it was a case of 'no pay, no play' and that he would not be vaccinating under-65s unless he was paid.. Dr Holden said: 'The CMO can go and whistle. If he is not prepared to pay me to do a job, why should I do it?"
Wales and Northern Ireland GPs will receive a fee for both over-65s and at risk uner-65s. The Scottish GPC are still embroiled in negotiations.

MEASLES *Independent, 12/4/01, p12*

The World Health Organisation's (WHO) head of vaccines Bjorn Melgaard had announced that the WHO has accepted that its target to reduce deaths from measles worldwide by 75% is not feasible and is now aiming at 50%. He admitted that it may never be possible to eradicate measles entirely, and may not even be worth trying. The reason is that, as Luxembourg's National Health Laboratory's Claude Muller reports, the measles virus mutates constantly and may soon be beyond the scope of current vaccines.

MORE PARENTS THAN EVER TURN DOWN MMR JAB
Daily Mail, October 12th 2001

According to the Mail the proportion of 15 month olds being given the MMR is now just 84.2%, this is the lowest since it was introduced 10 years ago nationwide.... Dr Mary Ramsay, of the Public Health Laboratory said the drop in coverage was partly because parents were being offered meningitis C vaccines at the same time and some may have opted to delay MMR rather than give their child both at the same time. Apparently only 13 cases of measles were reported between April and June but Dr Ramsay ends by sayng "However if coverage continues to fall, particularly in school-age children, the risk of outbreaks will increase."

SMALL INCREASE IN RISK OF SEIZURES WITH MMR AND DTP VACCINATIONS *Doctor, 6/9/01*

The MMR vaccine causes febrile seizures in 25 to 34 children per 100,000 immunised, while the DTP vaccine has a rate of six to nine cases per 100,000 immunised, research has shown. The MMR vaccine carries a higher risk of seizures for eight to 14 days after administration, while the DTP vaccine only causes seizures on the day of vaccination. *(Editor: How can they be so certain that any seizures on the 2nd day onwards are not related?)*

The study's authors point out, however, that: 'A transient increase in the risk of febrile seizures should not obscure the benefits of vaccination with the DTP and MMR vaccines.'
(NEJM,2001,345, 656-61.)

NEW ADVICE FOR GPs ON MMR VACCINE *Pulse, 3/11/01*

The product information for MMR vaccines is being updated to include new advice to GPs on managing children who develop idiopathic thrombocytopenic purpura (ITP) within six weeks of receiving the first dose of MMR.

New advice from the Medicines Control Agency says GPs should order blood tests before administering the booster dose of MMR.

The booster dose should only be administered if results show the child is not fully immune against measles, mumps and rubella. The Public Health Laboratory Service is offering free serology tests for children who develop ITP within 6 weeks of their first MMR dose. The MCA issued its advice after the CSM reviewed all available evidence on MMR vaccine and ITP.

THE DANGERS OF SLIPPING MMR TARGETS

This article featured in Pulse, 3/11/01, focused on how a small fall in MMR uptake can hit surgery finances, and suggests steps GPs can take to remedy the situation. Dr John Couch, a GP in Ashford, Middlesex, states that his practice has a 93% MMR uptake which is acheived by recognising MMR is an emotive issue for all parents and planning several steps to advise, inform, reassure and where necessary chase up.

Further in the article he states:

The 'diehard' refuseniks make up 5-10 per cent of our population. Many will not come at all. For those that do, we use a soft-sell approach. The arguments are presented, but unless we are clearly winning we ask them to go home and think. We close by assuring them they can come back any time for the vaccination. Parents who do not attend are sent one more appointment and then telephoned by their health visitor if they still fail to appear. Notes are tagged for opportunistic reminders.

Dr Couch ends with: 'Finally, remember if your poor MMR figures alone drag you off top target, do discuss this with your health authority which may still pay up, especially if you can show this is despite your best efforts.'

NATURAL DISEASE PREVENTION vs. VACCINATIONS

6 OCT. 2001, NAMUR, BELGIUM

This colloquium was organised by the Belgian quarterly health magazine *Infor Vie Saine.* The speakers included Michel Georget, French university professor of biology and author of 'Vaccinations, les véritées indésirables' (Vaccination, the Painful Truth), published in 2000; André Passebecq, well-known French naturopath and author; Dr. Marc Vercoutère, French homeopath; Dr. Marc Deru, French GP and homeopath who has done extensive research on AIDS; Dr. Kris Gaublomme, Belgian GP; and Mme. Sylvie Simon, French journalist and author considered an expert on the vaccination issue.

In Belgium, only the polio vaccination is mandatory but childcare centres, crèches, schools and some employers all require full vaccination. In France, the situation is similar with four legally required vaccinations: Polio, BCG, Tetanus and Diphtheria. The panel of speakers consisted primarily of French citizens, all proponents of natural medicine and activists in the anti-vaccination movement.

Professor Georget was the first to speak, giving the historical development of vaccinations and explaining how the body's natural immune system works. He informed the audience of the three different types of vaccine, how they are made, what they contain and how they act, emphasising that vaccination stimulates only one side of the immune system, resulting in imbalance. Excessive production by the body of IgE antibodies following vaccination is a probable cause of the considerable rise in allergies and asthma in children over recent years. Prof. Georget also explained scientifically how stress factors of different kinds, including vaccination, can lower our natural immunity, making us more susceptible to disease.

Dr. Passebecq started by telling his own story, recounting that at age 29, a heavy smoker, he was diagnosed with stomach cancer. At that time he was Captain in the "gendarmerie", the French state police force, in Lyons. When they wanted to operate and remove his stomach, having seen his father die a painful death from cancer, he decided to resign from the police and search for a different approach. He sought help from Horace Jarvis in Croydon, an osteopath and naturopath (unfortunately no longer alive) who had a school of naturopathy with a clinic. He was treated at the clinic and cured in three months. He then attended the school to study naturopathy and worked with Jarvis, whom he considered a second father, for 4 years.

Dr Passebecq is now nearly 82 and has had no pharmaceutical medicine or vaccinations in more than half a century, treating himself for various ailments including heart attacks and a detached retina, always naturally. He has written a large number of books and gives frequent talks on natural medicine.

Dr. Vercoutère presented the homeopathic approach to disease prevention, focusing on susceptibility as the primary concern. He reminded the audience that vaccinations contain not only toxic and carcinogenic materials such as formaldehyde, aluminium and thiomersal, a mercury derivative, but are also developed using tissue which could be contaminated with disease, e.g. monkey kidneys, calf serum, cow bile (BCG), human albumin (MMR). The injection of such materials into the human body is nothing short of criminal. In France, the Versailles court of appeals has recently awarded damages to an individual who developed MS after receiving the Hepatitis B vaccination, maintaining that doctors, nurses and pharmacists are legally required to ensure that their patients are properly informed. Dr. Vercoutère mentioned cases of cancer at the site of injection, fibromyalgia, sarcoma and lymphoma, among other serious diseases which have developed following injection of the Hepatitis B vaccine. He insisted that people must use the legal resources available to them and push politicians to withdraw compulsory vaccinations because they contain toxic substances.

Dr. Deru spoke of the suspected link between vaccinations in Africa and the development of AIDS. In actual fact, existence of the AIDS retrovirus has never been proven. It is a surreal situation in which bits of protein, genes and enzymes have been found but the complete picture of the virus has never been identified. There is even a dissident group which claims that the virus doesn't exist and that AIDS is not a sexually transmitted disease but a reflection of deficient immunity due to excessive lifestyles and extreme stress factors among certain cultures, e.g. malnutrition, polluted water, war and tropical diseases in Africa, frequent infections, overuse of drugs, transfusions, antibiotics and vaccinations in the west. There is apparently a community in Africa where AIDS has been totally eliminated through radical changes in the local living conditions and lifestyle.

Mme. Simon, who travels frequently to the United States, reported on the situation there. With 21 jabs given to babies in their first year, including the Hepatitis B during the first week of life, often on day 1, and a total of 39 jabs before children enter school, around $^2/_3$ of the American public is demanding more information and 59% of American women are opposed to compulsory vaccinations. A television programme was recently aired at prime time and a conference organised in Washington DC by the National Vaccine Information Centre (NVIC). Both highlighted the staggering increase in autism since introduction of the MMR and the increase in cases of cot death since the DPT. The speakers at the NVIC conference included three American citizens who, having suffered vaccine damage in their families or among friends are now devoting their lives, energy and money to the anti-vaccination cause. One, a professor of molecular biology at Baylor University, Houston, Texas, used to be in the pro-vaccine camp. With her brother now in a wheelchair and a colleague blinded for life following Hepatitis B vaccination, she has shifted to the other side. Another, a man from Los Angeles whose 15-month-old son developed a brain tumour (medulloblastoma) following vaccination, was given chemotherapy and later died. The monkey virus SV40 was found in the tumour. A third, a Wall Street businessman whose son died also following Hepatitis B vaccination, To avoid vaccination, following the arrival of a new baby, he has moved his family to Seattle, Washington, where conscientious objection is allowed. Considering how highly-motivated and driven these people seemed to be, along with the financial and legal support they have, Mme. Simon felt that change would definitely come and that it would come from the USA.

Questions from the audience revolved mainly around what Belgian parents could do faced with state nurseries and crèches who refuse to take an unvaccinated child. Women in both France and Belgium often go back to work as early as 6 weeks after giving

birth, placing their babies in childcare centres of different kinds. A decision not to vaccinate could therefore mean that the mother would be denied her right to work. The general feeling I got from the questions was one of deep-rooted fear: fear of disease, fear of the authorities, fear of conflict and fear of being denied one's rights. The panel members kept reminding the audience that there is legal recourse, urging them to use it. As for the state nursery problem, they were informed that there are private childminders who will take an unvaccinated child. Dr. Kris Gaublomme detailed the specific avenues and support organisations available in Belgium. Dr. Vercoutère then stressed that the patient has rights: he has a right to be fully informed, a right to see his own records and a right to choose his doctor. He went on to claim forcefully, "People must rebel, we must resist illegal orders; compulsory vaccination is not only at odds with recent research but represents a breach of human rights and is illegal because poisoning is a crime."

Some of the more salient figures given and statements made during the day:

- 45% of French people have allergies,
- The incidence of type I diabetes in youths has tripled since the introduction of the MMR in the 80's,
- 21 different vaccinations contain aluminium hydroxide, in doses which far exceed safe levels,
- Aluminium has been found in the macrophage cells at the site of a vaccination injection up to 3 years after the jab is administered,
- Aluminium in the body can cause systemic diseases such as Alzheimer's, Parkinson's, kidney failure, ME or cancer,
- The incidence of brain tumours has doubled in the last 20 years,
- In the USA there has been a 300-500% increase in the number of children under age 3 with autism, depending on the state.
- When the official vaccination schedule was delayed in Japan, there was a radical drop in the incidence of cot death.
- The widespread use of epidurals during childbirth could be a factor in the increased suicide rate amongst teenagers today,
- The monkey cancer virus SV40 (simian virus 40) which was originally discovered in the polio vaccines developed during the 50s has been found in many human cancers today,
- Austrian research has revealed that 15 days after vaccination, the T-cells in the human immune system are always lower than average,
- The polio vaccination has led to an increase in Coxsackie virus infection which can cause paralysis and diabetes,

Despite these distressing figures, two panel members managed to end the colloquium on a positive note. Dr. Passebecq gave the audience his own personal guidelines for building immunity:

- Trust the forces of life,
- Believe in the power of positive thinking,
- Keep things simple,
- Reduce your consumption of any foods which seem not to agree,
- Walk, breathe deeply and sleep well,
- Avoid pessimists, amalgam fillings and dentists,
- Have a garden, grow vegetables and relax in it,
- Make love, not war,
- Let go of your fear!
- Life is hard, this we know. When the going gets tough, welcome the challenge and look for a solution,
- Criticise but always constructively,
- Love your friends; give them presents but expect nothing in return,
- Don't fight with your enemies, try to understand them; if you can't, let it go.
- Keep your word; be reliable.
- Try to keep things simple, only talking to people who ask you questions and require you to focus.

Mme. Simon reminded the audience that there are substantial anti-vaccination movements in most countries, including a group of 2000 in the UK suing the government and the drug companies for MMR-related damage, one third of which is autism. She urged people around the world to come together around this issue and push for change, stressing that joint pressure and projects from several countries would have a greater effect than isolated initiatives in individual countries.

May I therefore take her comments as an opportunity to remind Informed Parent readers of the European Collective Strasbourg 2004. A pan-European initiative to raise awareness of post-vaccinal problems by establishing a bank of detailed and objective information regarding the secondary effects of vaccination, with the eventual intention being to present a report in 2004 to the European Parliament.

Homeopath Lesley King RSHom (Tel: 01424 441397) is collecting UK cases of vaccine damage so if you are aware of any such cases, please call either Lesley or Magda at The Informed Parent to ask for a form.

By Helen Kimball-Brooke, LCPH MCHE MARH, Oct. 2001. Helen, a qualified homœopath, practices in Ealing. For further information phone: 020 8998 1204

OUR IMMUNE SYSTEM COULD CAUSE CANCER

The above headline featured in The Mirror, 18/8/01, followed by a brief report on cancer and 'new hope' of drugs breakthrough.

It was particularly interesting to read that two British experts believe that the body's defence against infection brings on cancer when it becomes over-active. Dr O'Byrne and Prof. Dalgleish revealed their theory in the British Journal of Cancer, and Dr O'Byrne was quoted as saying: "One of the biggest mysteries of cancer is why the body allows cells to build up cancerous mutations when it has an immune system that ought to stop this from happening. But we think that when the immune system overcooks, perhaps because of long-term exposure to an infection or carcinogenic chemical, it loses its ability to fight disease and instead may actually begin to nurture and protect cancer cells." *(Our emphasis)*

Editor: Have these researchers looked at the possibility that an over-active immune system could be as a result of over stimulation, by vaccines, on the Th2 branch of the system teaching the body to be in a chronically reactive state? As for carcinogenic chemicals one only has to look at some of the components of most vaccines. Long term exposure to an infection - well, injecting various bacteria and virus could play a role, couldn't they??

One Informed Parent subscriber writes:

'For one year I worked in the NHS next door to the nurses room. Each Tuesday was vaccination day for the children of the Uninformed Parents and it caused me great distress to hear the screams of the children as their bodies underwent medical assault. Even more upsetting was the dismissive replies given to the parents who dared to question the safety of the procedure. As an employee and suffering an uneasy alliance between orthodox and complementary medicine I was unable to intervene. This feeling of impotency was a contributory factor to my leaving the employment of the NHS.'

ANOTHER VACCINE ADDED TO MMR JAB

Extracts from The Scotsman, 3/11/01

'HEALTH officials are preparing to add a chickenpox vaccine to the controversial MMR jab to create a quadruple vaccine for toddlers in a move set to create a furore among parents.....There are also certain to be questions over whether a chickenpox vaccine is necessary. In Scotland, cases have dropped from 30,381 cases among children in 1989 to 19,202 cases in 1999. The number of deaths from chickenpox in Scotland last year was two, neither of them children.

But a single chickenpox vaccine has been in use in the US for five years - and Dr David Salisbury, the head of immunisation at the DoH, told The Scotsman he believes chickenpox poses sufficient risk to warrant a childhood vaccine in the UK.....Giving children the chickenpox vaccine at the same time as the MMR jab is obviously something we have got to explore very carefully. There is work going on to combine the MMR with the chickenpox vaccine." He added: "Chickenpox is very common and for most people it is mild. But there are deaths every year, so it is not entirely trivial. And there are long-term consequences such as shingles which for older people is a horrible disease. One of the hopes is that the chickenpox vaccine will reduce shingles."

.....Dr Salisbury said: "We have a real problem in giving parents the assurance that what we are doing is the best thing for their children. I understand why parents feel that it's better not to get the vaccine and take their chance, but that is not in the child's interests either."

Trials that involve combining the chickenpox vaccine with the MMR jab are already under way at Sheffield Children's Hospital. The results have not yet been published.....The chickenpox plans met with fury from families who believe their children have been damaged by vaccines.

Bill Welsh, chairman of Action Against Autism, said: "Quite frankly it beggars belief that anyone would consider adding another live vaccine to the controversial MMR jab at this time. One of the largest-ever class action lawsuits is on-going in the UK courts. Rather than add more vaccines, they should be providing single vaccines as a choice." Jackie Fletcher, spokeswoman for Jabs, an action group for parents who believe their children were damaged by vaccines, described the proposals as a "backward step". She added: "The government have adopted this policy because they want to put more and more vaccines together because it is cheaper and easier for them to do so.

"They don't want to relent on MMR and allow parents choice because that would sow further seeds of doubt about its safety and cast doubt over the safety of future jab combinations."

TUBERCULOSIS

BMJ Vol 323, 3/11/01, page 1078

For the first time in 80 years a new vaccine against tuberculosis is to be tested in humans. Scientists in Oxford say that the new vaccine - if efficacious - will be used in conjunction with the existing BCG vaccine. Finding volunteers for the trials may prove tricky, as only people who have never been vaccinated with BCG will be suitable. But Oxford's not a bad place to start looking: routine BCG vaccination stopped there in 1981.

Editor: So why haven't there been huge epidemics of TB in Oxford? Earlier in the year there were reports of an outbreak of TB in Leicestershire, and so I wrote to the consultant in communicable disease for Leicester, Dr Philip Monk regarding the matter. Reproduced here are the questions I put to Dr Monk in a letter dated 3 July 2001, sadly there has been no response. I can only assume that Dr Monk has taken the vow of silence!

1. Number of TB cases so far this year for Leicestershire. (National figures if you have details.) ?
2. How many of these cases were vaccinated?
3. Medical references for studies showing the BCG vaccine to be around 50% effective.
4. Medical references for studies showing the BCG vaccine to reduce the risk of death by 70%.
5. When the DoH resume the school vaccination programme next year will schoolchildren be receiving the existing vaccine with its questionable efficacy or will it be with a more effective vaccine which you say is being researched at present.
6. Why is only one dose of the BCG vaccine recommended, particularly when its effectiveness is questionable, compared with other vaccines which require booster shots?
7. What length of time does the BCG vaccine offer regarding immunity to TB?
8. Since most people would not be developing TB in the UK at the present time, and given the fact that TB had declined dramatically before the introduction of the BCG, could you provide me with medical references which illustrate the impact the BCG vaccine has had since its introduction in 1955.

DEATHS FROM CHICKENPOX IN ENGLAND AND WALES 1995-7: ANALYSIS OF ROUTINE MORTALITY DATA

BMJ Vol 323, 10/11/01, p 1091-3. An extract from the abstract.

Objective: To evaluate the epidemiology and impact of mortality from chickenpox in England and Wales.

Results: On average 25 people a year die from chickenpox. Overall case fatality was 9.22 per 100 000 consultations for chickenpox. Adults accounted for 81% of deaths and 19% of consultations. More of those who died were born outside UK than expected.

Conclusions: Chickenpox is not a mild disease. Deaths in adults are increasing both in number and proportion.

This paper was funded by PasteurMerieux MSD. The author, Norman Noah, received a grant and funding for a research scientist from Pasteur Merieux (manufacturers of a chickenpox vaccine) and has been reimbursed in part for attending a conference.

AVOID GLASGOW GP's WOE AT IMMUNISATION LITIGATION

Pulse, 10/11/01

This article offered GPs a series of steps to reduce the likelihood of claims of negligence over immunisations. This was prompted by a recent case whereby a GP is being sued because his practice did not make a record of the brand and batch number of DTP vaccine given to a child, who subsequently developed brain damage which the father believes to be vaccine-induced.

Amongst the tips listed was:

Ensure immunisations are stored at the correct temperature. Most need to be protected from extremes of heat and cold, and should be stored in a refrigerator fitted with a maximum/minimum thermometer. The maximum and minimum recorded temperatures should be entered into a book or a computer program at around the same time every day. If the temperature rises above or falls below the safe zone for any reason, even briefly, the contents of the refrigerator should be discarded.....

Editor: I would urge parents to make sure they have all the details regarding any vaccine they may decide to allow their children to receive. And perhaps they should also inspect the surgery's refrigerator and ask how long the vaccine has been at room temperature before administration. The more information you can obtain the better, just in case of a reaction,, and make sure you get it in writing!

TRIAL ADDS CHICKENPOX TO MMR

GP Magazine, 16/11/01, Julie Griffiths

GlaxoSmithKline revealed last week that it has applied to the UK's regulatory body for a licence for a chickenpox vaccine. The firm also disclosed that it was carrying out clinical trials in infants of a combination vaccine for chickenpox and MMR.

Dr Norman Begg, GlaxoSmith-Kline's director of medical affairs, said: 'Chickenpox is a serious disease which can be prevented by vaccination, and we are developing a combined MMR and varicella vaccine.'

The announcement came as speculation grew over government plans to introduce a varicella vaccine to the childhood immunisation programme.

The Medicines Control Agency received GlaxoSmithKline's licence application for its single chickenpox vaccine earlier this year. If successful, it could be available on prescription within six months.

The move coincides with two public statements by Dr David Salisbury, head of immunisation at the DoH, that the government was looking into the introduction of the vaccine and that a joint MMR and varicella vaccine was being explored.

Last month Dr Salisbury told 'The Scotsman' that chickenpox posed sufficient risk to warrant a childhood vaccine in the UK.

'Giving children the chickenpox vaccine at the same time as the MMR jab is something we have to explore,' he said. Dr Salisbury reiterated his comments on BBC Radio 4's 'You and Yours' programme. Surrey GP Dr Helen Roberts, who has been campaigning for mass vaccinations since she lost her two-year old son to the disease last year, was a fellow guest.

'Now that I have had this assurance from the DoH, I will be disappointed if Dr Salisbury backtracks,' she told GP.

Chickenpox vaccination is only available in the UK on a named-patient basis, but mass childhood vaccination has been in place in the US and Canada since1999.

Any vaccine licensed for use in the UK is reviewed by the Joint Committee on Vaccination and Immunisation, which advises the DoH on vaccine policy.

Joint committee member Professor Simon Kroll told GP: 'Varicella vaccine has great potential in childhood immunisation, but no date has been set for its introduction.'

A DoH spokeswoman denied that there were plans to introduce chickenpox vaccine to the childhood immunisation programme. 'There are no plans to introduce a single or quadruple vaccine,' she said.

According to research published in the BMJ last week, adult deaths from chickenpox are increasing. It revealed 25 deaths per year in England and Wales, more than from measles, mumps, whooping cough and Hib meningitis combined. (BMJ323:1,091-3) julie.griffiths@haynet.com

SOME INTERESTING FIGURES

Ingri Cassel, President of Vaccination Liberation, sent the following details:

'I just want to reiterate that I have the stats from the CDC and Panhandle Health District regarding the infamous pertussis outbreak here in 1997. Out of 253 cases in 5 counties, 81.5 percent had 4 out of 4 of their DTP shots.

According to Alan Banks, a board member of the Panhandle Health District, in Bonner County alone, of the reported cases, 85 percent had 4 out of 4 of their DTP shots and 15 percent had 3 out of 4 of their DTP shots. In other words, there were NO reported cases among children who had 2 out of 4, 1 out of 4 or zero DTP shots. The conclusion of the CDC Report is that vaccination was not a factor in this particular outbreak. When the health district consistently brings up the deaths that occurred in this outbreak, they can only cite an infant who died. No one appears to be privvy to whether the infant was breastfed, a boy or girl, or other health factors involved. All we DO know is that the infant was not treated at the hospital for pertussis and it was the coroner who determined that pertussis was detected in a lab after they performed an autopsy.

Ingri Cassel, President of Vaccination Liberation - Idaho Chapter
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vaclib@coldreams.com

IS THERE A NATURAL ALTERNATIVE TO THE MMR JAB?

The above question featured in You, magazine of the Mail on Sunday, 9/9/01, on the 'Ask Dr Ali' page. In his opening paragraph Dr Ali states that vaccinations have eradicated diseases all over the world, although he comments that the chances of death from measles etc is remote. However, the bulk of his response makes interesting reading and states:

'My own children are not vaccinated and neither are my child patients. The key is a healthy immune system - the body's defence against invaders. Bacteria and viruses are in the air all the time but if they detect a strong immune system, they pass by. You can, I believe, take the risk of not vaccinating a baby if - but only if- you get his or her immune system working at its very best from the start. This means that, from the moment of birth, the baby is looked after with the best nutrition, which contains plenty of vitamins and minerals. That, of course, means fresh organic food only, so that they don't take in any pesticides or herbicides. They should not eat any processed, precooked or junk food. Additionally, they should have fresh vegetable and fruit juices. If they are ill or tired they should have plenty of rest and be fed marrowbone soup, also carrot and apple juice, both of which are very nutritious and energising. As well as the best possible diet, the baby should be massaged. This boosts the immune system and is a form of healing. Babies should also spend plenty of time in the fresh air.

I believe that vaccinations may well trigger autoimmune diseases and allergic conditions such as Crohn's disease, asthma, eczema, hay fever and other problems. But it is really difficult to determine cause and effect. Homœopathic vaccinations can be very powerful but I would not advise relying on them on their own without taking all the measures I have outlined above. So let me emphasise again that if a parent can't guarantee having the time, energy and resources to give their children the continuous, intensive immune system care I've described, I believe they should have them vaccinated as babies.
For details of Dr Ali's integrated health programme visit: www.dr_ali.co.uk

SHAKEN BABY SYNDROME DIAGNOSIS ON SHAKY GROUND

Journal of Australasian College of Nutritional and Environmental Med. Vol.20 No.2;Aug. 2001. Dr V Scheibner

ABSTRACT

An epidemic of accusations against parents and baby sitters of shaken baby syndrome is sweeping the developed world. The United States and the United Kingdom are in the forefront of such questionable practice. Brain (mainly subdural, less often subarachnoid) and retinal haemorrhages, retinal detachments, and rib and other bone 'fractures' are considered pathognomic. However, the reality of these injuries is very different and well documented: the vast majority occur after the administration of childhood vaccines and a minority of cases are due to documented birth injuries and pre-eclamptic and eclamptic states of the mothers.

Evidence that vaccines cause brain and retinal haemorrhages and increased fragility of bones, has been published in refereed medical journals. That this has been to a great extent due to the depletion of vitamin C reserves resulting in acute scurvy, has also been published. I refer to such articles and demonstrate that there is a viable differential diagnosis available explaining the observed injuries in what is called the Shaken Baby Syndrome (SBS) as non-traumatic injuries, and that the diagnosis of SBS is an artifactual incorrect evaluation of the cause of such injuries; it has resulted in unspeakable injustices and suffering for the affected individuals and their families, and deprived the surviving babies of their parental care by replacing it with foster care. It does not reflect well on the justice and medical systems in the developed world which are, sadly, characterised by blindness to the most obvious and victimisation of the innocent. Those who inject babies with great numbers of vaccines within short periods of time in the first months of life, often ignoring the observed serious reactions to the previous lots of vaccines, are not only the accusers of innocent carers, but are not prosecuted or brought to justice; quite to the contrary, they continue injecting babies with toxic cocktails of vaccines and creating further innumerable cases of grievous bodily harm and death.

CONCLUSIONS

The above brief review of the perceived benchmark publications dealing with issues directly related to the diagnosis of Shaken Baby Syndrome, demonstrates that the diagnosis of SBS is on very shaky ground indeed. The pathology, considered currently to be foolproof evidence of inflicted trauma, may be caused by inductions and other birth injuries, temporary increased fragility of the bones due to acute scurvy caused by the toxic effect of vaccines and the observed brain and retinal haemorrhages may also be a result of vascular injuries due to the toxic effect of the administered vaccines. Indeed, the only documented facts in the vast majority of cases of SBS are the administered routine vaccines while the evidence of any shaking, other than slight shaking as a part of resuscitation efforts by the carers who found the affected infants in distress, is missing.

There are more plausible mechanisms than shaking which explain the increased bleeding tendency without the standard tests revealing the usual blood clotting disorder due to low platelet count. Hans Selye postulated the presence of liquid unclotting blood due to decreased viscosity of blood as one of the characteristics of the second stage of his non-specific stress syndrome which is caused by the stress dynamics of retention of water rather than changed platelet count.

Indeed, shaking is the most unlikely cause of such injuries.

The practice of accusing innocent carers of injuring vaccine-damaged children should cease forthwith.

All past cases of SBS should be revised and the victims released from prison and compensated for their mental suffering, financial losses and emotional trauma.

The practice of administering toxic substances such as vaccines should be looked into and there must be an independent inquiry, which should include the critics of vaccines, and should investigate vaccines, questionable prophylactic value and proven dangers.

And last but not least: the unjustifiable accusations of innocent parties and victimisation of the vaccine victims should serve as a serious warning about the shortcomings of the western medical and legal systems and their susceptibility to serious errors.

SUPPORT FOR MENINGOCOCCAL C VACCINE USE

Pulse, 10/11/01

This article mainly reported on a study of the meningitis C vaccine regarding possible adverse reactions. Nearly 2,800 infants aged 2 months, who were 'generally healthy', were recruited and the men.C vaccine was given alongside other primary immunisations at 2,3, and 4 months. Adverse events occurring within 30 days of immunisations were recorded and graded mild, moderate and severe. All infants with adverse events were followed up until resolution of symptoms. 1,804 adverse events were recorded, but only 49 of these were related to the vaccine. *(Editor: So there were only 1,755 coincidences.)* Serious adverse events possibly attributed to the vaccine occurred in 0.15% of cases and included: agitation, screaming syndrome and hypotonic episodes. All subjects recovered completely.

The study points to the fact that men. C vaccine is well tolerated by the majority of infants and side-effects are mild and transient. This is supported by data available from the Medicines Control Agency's yellow card system, which has received a card for only one in 10,000 administered doses, with adverse events similar in nature to those found by this study.

Editor: So does that mean there were other yellow cards sent in showing other side effects that were not observed in this study, and if so what were they?? And should we be reassured by the mention of the yellow card system when it has been criticised over the years for gross underreporting?? Also on the same study:

CONJUGATE MENINGOCOCCAL VACCINE CAUSES FEW ADVERSE EVENTS IN INFANTS

LONDON (Reuters Health) 22/10/01

When administered to infants, the conjugate group C meningococcal vaccine causes few adverse events, most of which are considered mild, according to results of a prospective study conducted in the UK. Dr Adam Finn, now with the University of Bristol, and colleagues followed 2796 infants who received up to three immunisations with the new vaccine, Chiron Men C, along with their routine immunisations. The Men C vaccinations were scheduled to be given at ages 2, 3, and 4 months. As reported in the Archives of Disease in Childhood for November, 49 infants (1.8%) experienced 58 adverse events judged to be possibly, probably, or definitely related to the meningococcal C vaccine. No serious adverse events were considered to be probably or definitely related to the vaccine.

Four serious adverse events were

PEDIATRICIAN ORG'S SPIN ON IOM REPORT ON THIMEROSAL IN VAX BLASTED

The following letter to Louis Z. Cooper, MD, President - Elect of the American Academy of Pediatrics (AAP) comes from Lyn Redwood of SAFE MINDS. Redwood is credited for championing the movement to remove mercury from vaccines.
October 12, 2001 (News Morgue Search www.feat.org/search/news.asp) The letter reads:

'The American Academy of Pediatrics stance on the Institute of Medicine review of thimerosal (equivalent to thiomersal in UK) containing vaccines and neuro-developmental outcomes (AAP press release of October 1, 2001) left me wondering if we had read the same report. Pediatricians pay sizeable dues to be members of the American Academy of Pediatrics and rely on your organization to keep them up to date on research and policy that impact their practice. In my opinion, the 55,000 members of AAP deserve a refund.

I find the views expressed in the AAP press release to be directly misleading to pediatricians, other physicians, and to the American public. The highlights of the IOM report were
(a) there is insufficient evidence to support or refute the safety of thimerosal in vaccines;
(b) the association between thimerosal and neuro- developmental disorders is biologically plausible;
(c) thimerosal should be removed from medical products;
(d) further research is necessary.

Instead of relaying these balanced set of facts, your press release focused on these misleading statements:

It quotes only one line from the IOM report: "No evidence currently exists that proves a link between thimerosal containing vaccines and autism, attention deficit hyperactivity disorder and speech and language delay"; and then takes that quote out of the context in which it appeared by concluding that:
"Parents should be reassured about the safety of vaccines, according to AAP President Elect Louis Z. Cooper, MD. "Children should be immunized according to the recommended age-appropriate schedule."

In actuality, the IOM report states in the Executive Summary (page 3):
"The committee concludes that although the hypothesis that exposure to thimerosal containing vaccines could be associated with neurodevelopmental disorders is not established, and rests on indirect or incomplete information, primarily from analogies with methyl mercury and levels of maximum mercury exposure from vaccines given in children, the hypothesis is biologically plausible." As you well know, acknowledging biological plausibility is the first step necessary in establishing a causal relationship.

The report goes on to state (page 4):
"The evidence is inadequate to accept or reject a causal relationship between exposure to thimerosal from vaccines and the neurodevelopmental disorders of autism, ADHD, and speech and language delay." It is not surprising that the large case controlled studies that are necessary, according to IOM standards, to either prove or disprove causality have not yet been done. This issue surfaced two years ago at FDA and none of the logical funding agencies have allocated the time or resources to complete the required investigations. The IOM strongly recommended that such studies be undertaken. Toxicokinetic and treatment studies were also recommended - details not touched on in your media release.

The comment made by AAP that "children should be immunized according to the age-appropriate schedule" was not even an issue addressed by the report. The question was if children should be receiving mercury in their vaccines and the answer was a resounding no. "The committee recommends the use of thimerosal-free DTaP, Hib and Hepatitis B vaccines in the United States, despite the fact that there might be remaining supplies of thimerosal-containing vaccine available." (page 7)

The American public, partially due to advances on the Internet, is now able to access documents like the IOM report and read the findings themselves. They will no longer tolerate 'cherry picking' of reports to portray a false sense of security. The AAP may fear that if parents are given the truth about the safety of thimerosal, some may opt to forgo vaccination. What AAP does not seem to understand is that the real risk to long term immunization levels lies in misleading the public by not correctly portraying the facts - it is the systematic distortion of the truth by official, 'prestigious' organizations which erodes the publics trust in our vaccine program and puts our children's health in jeopardy.

The AAP portrayal of the IOM findings is inconsistent with the widespread media coverage of the report. Your statement may thus create an even greater rift between parents and their physicians, since parents are reading the news articles and pediatricians are relying on AAP to keep them informed. Additionally, you risk undermining your credibility among many of your own members, since physicians also read the newspapers and they can read the IOM report themselves on the IOM website. A study conducted over a year ago and mentioned in the IOM report (Freed, 2000) found that 24% of family physicians and 13% of pediatricians agreed that "I am more concerned about vaccine safety as a result of thimerosal issues." You can now count on those numbers rising even higher as organizations such as yours conduct spin campaigns to hide the facts.

Thimerosal in vaccines is a serious issue which must be addressed with good science and accurate reporting of the facts. With estimates that 17% of children today under the age of 18 suffer with one or more learning, developmental or behavioral disabilities, the last thing a parent should feel is reassured - especially those parents whose children received multiple thimerosal containing vaccines and now suffer with a broad range of learning disabilities. Shame on you AAP.'
Lyn Redwood.

Also a recent US press release stated:

An announcement was made today by the law firm of Waters & Kraus, the firm that filed the first known lawsuit alleging that a mercury preservative in children's vaccines caused neurological damage to an infant ultimately diagnosed with autism. Waters & Kraus is leading a consortium of ten firms in as many states that are actively prosecuting cases of this nature. Andy Waters, the lead attorney in the cases, announced that his firm is now in possession of a previously unreleased confidential report authored by CDC scientists which studied autism as a potential neurological injury caused by mercury in children's vaccines.

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considered possibly related. These included a hypotonic hyporesponsive episode 4 hours after the first dose of the study vaccine and other routine immunisations, a moderate non-specific screaming episode that lasted longer than 6 hours starting a few hours after the first doses, a red maculopapular rash that developed 4 days after vaccination, and a case of irritability and ear-pulling after administration of a second doses.

The British research team notes that the screaming syndrome, hypotonic episode, and agitation "are well recognised to be associated with diphtheria, tetanus, whole cell pertussis immunisation, which was given along with the Men C vaccine in this study."

Only four events were judged to be definitely related to the vaccine, and all involved injection site reactions.
"Within constraints of the study design it certainly seemed to be safe," Dr.Finn told Reuters Health. He added that "it's a vaccine that is being given to all children in the UK, and has been since the end of 1999, so there has been a great deal more experience, just from general use, suggesting the same thing."
Arch Dis Child 2001;85:391-397. ■

VACCINATION AGAINST MUMPS, MEASLES, & RUBELLA: IS THERE A CASE FOR DEEPENING THE DEBATE?

BMJ 2001;323:838-840 (13 October)

Complex issues relating to ethics, values, and the nature of evidence lie behind the decision whether to give the MMR (mumps, measles, and rubella) vaccine. Tom Heller, a general practitioner, is uncomfortable with the evidence that the vaccine is safe. Together with Dick Heller, an epidemiologist, and Stephen Pattison, an ethicist, he explores some of the processes involved in doctors' decisions about whether to vaccinate.

HOW SAFE IS MMR VACCINE?

Tom Heller, general practitioner. School of Health and Social Welfare at the Open University, Milton Keynes, MK7 6AA. t.d.heller@open.ac.uk

My duties as a general practitioner include immunising babies and small children against a range of common diseases. Recently, I have been increasingly uncomfortable when giving the combined mumps, measles, and rubella (MMR) vaccine. I find myself wondering if I would submit my own children for this immunisation if they were currently at that age. I find it difficult to be certain that the vaccine is as safe as the authorities say that it is. Somehow, the more strident the experts become, the less believable I seem to find them.

The Department of Health website (http://193.32.28.83/mmrvac.htm) gives many references and internet links to the published studies that support its views, but it gives only one reference that raises the issue of a link between MMR vaccine and potential adverse reactions.

The partial use of evidence that is apparent within official pronouncements is echoed by other experts. For example, Elliman and Bedford focus on possible problems with the research methods of people concerned about possible adverse effects of the MMR vaccine.[1] They do not mention potential problems with the research that concludes that the vaccines are safe. In addition, what are we to make of these and other researchers[2] who declare funding from drug manufacturers involved in manufacturing vaccines?

Listening to people and parents

The NHS Plan emphasises the need to give people in receipt of treatment and services a greater part in the decisions that affect them and the NHS in general.[3] However, for some reason, the choices seem restricted when it comes to discussing MMR vaccine. But parents remain anxious. Those with autistic children have become sensitised to the possibility that the condition may have been caused by an intervention such as vaccination.[4]

Other parents are convinced of the link between the MMR vaccine and their child's subsequent development of autism and have formed support groups and lobbying organisations. In the United Kingdom the main organisation is JABS (Justice, Awareness, and Basic Support, www.jabs.org.uk). When does a series of individual observations from families with affected children count as evidence if each one is dismissed as an isolated incident?

PROFESSIONAL ISSUES

In the United Kingdom, general practitioners receive a fee for each child immunised and other payments are triggered for meeting targets. Missing these targets would have serious consequences for the financial stability of the practice, and there is considerable pressure on members of the team to ensure that children are immunised with every recommended vaccine. I am not alone in my concern, and possible confusion, about administering the MMR vaccine. A recent survey of health workers in north Wales sought to elicit the knowledge, attitudes, and practices relating to MMR vaccine, particularly the second dose.[5] Only 45% of the professionals (54% of the general practitioners) agreed completely with the policy of giving the second dose of the MMR vaccine. These professional concerns do not seem to have greatly affected the numbers of children receiving the vaccine, and national MMR coverage has only fallen from 91% in 1994-5 to 88% in 1998-9, although in some districts the uptake is below 75%.[6]

It is not easy to question authority these days.[7] Andrew Wakefield, the author of some of the studies that have questioned the development and subsequent use of MMR vaccine, has been subjected to personal as well as professional abuse (www.autism-spectrum.com/vaccine.htm). Perhaps keeping my head down and not even talking about these issues would be the easiest option.

Footnotes Competing interests: None declared.

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VALIDITY OF THE EVIDENCE

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The basic question is, "what is the real evidence about the dangers of MMRvaccine?" The evidence for a link between MMR vaccine and the development of autism is based on a hypothesis derived from an observation that the parents of eight out of 12 children investigated for gastrointestinal symptoms and autism associated the onset of autism with the MMR vaccine.[1]

There has been no evidence to support the hypothesis. Several studies have been reported as negating the hypothesis, although there are doubts about each of these. Some of the studies are ecological in design; they examine trends in the development of autism with the trends in use of MMR vaccine. Recently reported studies [2, 3] show that the rise in reported autism over the past decade or so bears no relation to any changes in rates of MMR vaccination, and this is consistent with other data showing no epidemiological evidence for a causal association.[4, 5] Most people who have reviewed the evidence have rejected the notion that MMR might

be associated with autism.[6-8] A recent review from the US Institute of Medicine concludes that "the evidence favours rejection of a causal relationship."[9]

LISTENING TO PEOPLE AND PARENTS

Unfortunately, patients are often not precise at identifying the cause of their illness, and personal anecdote can do no more than suggest a hypothesis that needs formal scientific testing: "Hypotheses can become 'facts' long before the critical data are in."[10] The concern in the community comes from the difficulty in understanding and expressing evidence. All we have at the moment is a hypothesis based on anecdote, without supporting evidence. Any evidence that does exist, however weak it might be perceived to be, fails to support the hypothesis.

COMPARING RISK OF AUTISM WITH RISK OF VACCINE PREVENTABLE DISEASES

It is difficult to measure, express, and understand risk. The prevalence of autistic spectrum disorders is 91/100 000 children.[11] If as many as 15% of these children had autism as a result of the MMR vaccine, 7326 children would have to be vaccinated to 'produce' one child with autism. How many cases of mumps, measles, or rubella would the lack of vaccination of thisnumber of children produce? What would their complication rates be?

Unfortunately, we have not established good intelligence systems to explore the public health effects of changes in immunisation.[12] We do know that for measles alone, death rates are 1-2 per 1000 infected people in the United States and that 1 in 1000 will get encephalitis (and some of these will have permanent brain damage).[13] If most children who were not vaccinated developed measles, the complication rates suggest that discontinuing vaccination would do considerable harm and that this harm would far outweigh any possible benefit from possibly reducing the incidence of autism.

These common communicable diseases cannot be eliminated if the levels of immunisation in the community fall below a critical value. It is a legitimate concern of those with responsibility for public health to seek to maintain high vaccination rates.

In summary, I feel that there is no evidence that MMR vaccine causes autism and considerable evidence to say that it does not. I believe that the dangers of reducing vaccination on the basis of an unsubstantiated hypothesis are considerable.

Footnotes Competing interests: None declared.

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DEALING WITH UNCERTAINTY

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Some moral theorists would say that Tom Heller is just having an emotional reaction, but I would say that this kind of discomfort is part of moral judgment.1 He applies one of the best known tests for assaying the rightness or wrongness of acts called the golden rule,2 expressing this as, "would I submit my own children for this immunisation if they were currently at that age?" He also discusses the voice of authority that says it is safe to administer MMR vaccine and how his doubts are amplified in inverse proportion to the experts' certainty. The question is, then, how might his colleagues and members of the public be helped to live with reality and limits of knowledge without necessarily abandoning useful public health practices that may be in their long term interests?

Although the scientists may be deemed to be working on one paradigm of rationality and correlative enlightenment, ordinary people, including doctors, have a more complex view of reality. This kind of composite knowledge is often seen, from a rational point of view, as superstition and irrationality which needs to be dispelled and destroyed. You cannot discount another's knowledge even if you may doubt its scientific value. Making a decision to have a child immunised is a moral dilemma for parents and this must be respected. Not acknowledging others' moral dilemmas does not make them go away. There is a crisis of expert authority and trust in scientific judgment surrounding MMR vaccine and a crisis of mutual respect. A decision needs to be made about what kind of evidence counts and how this is weighed and related to lay views of reality. In doing so, scientists must take care not to treat fear and reservation as ignorance and then try to destroy it with a blunt "rational" instrument. I wonder if people know that general practitioners are given financial incentives to deliver a certain proportion of vaccinations. This again raises the issue of whether doctors are acting in the best interests of the individuals or whether they are dancing to a financial tune. We need to ask whose interests do and should clinicians serve---do they focus on individuals, or is their job to deliver centrally determined, scientifically informed, health policy? Risk and power are unequally distributed in this situation. The government determines the risk management strategy to deal with the diseases mumps, measles, and rubella. However, it is individual clinicians and parents who have to implement this strategy and may have to live with its consequences.

The MMR vaccine issue focuses many of our concerns about ethical and responsive public health in the clinical context in a helpful way. We are

trying to work out what individually respectful and sensitive, publicly accountable, evidence based clinical practice might look like.

Footnotes
Competing interests: None declared.
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GP's RESPONSE - TOM HELLER

I feel as though I have been through a process which is rather similar to the explorations that many parents go through at the time of taking important vaccine related decisions on behalf of their children. My search for understanding will have to continue. Of course, I respect that the full weight of the most powerful authority figures in modern medicine have concluded that MMR vaccine is safe,[1] but lingering doubts remain for me and for many others.

My final thoughts are summed up in the following quotation: "Informed refusal must remain an acceptable choice in a free democracy, and the culture of informed consent, with both religious and philosophical exemptions, must be maintained. The difficult balancing act will be in determining the rightof the state to control an infectious disease and the right of the individual to chose."[2]

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A RAPID RESPONSE

Responses to any BMJ articles can be viewed on the BMJ website: www.bmj.com (under rapid responses) and make intereseting reading. One response to the above article came from Dr Cynthia M Lewis, Retired, Former Snr Lect/Res. Charing Cross/Roy London

One point made was:

'The phenomenon of "immune interference" is rarely discussed. Simultaneous immunisation with more than one antigen can both qualitatively and quantitatively change the response. (This fact leads me to suspect that a bureaucrat devised the "triple jab" and not someone well versed in immunological mechanisms.)'

However Dr Lewis went on to say:

'But I do support the concept of herd immunisation; and as an immunologist, I can suggest an alternative. Immunisation of pre-pregnant women would have exactly the same effect. We know that maternal antibodies protect infants for some time, (T-cell receptors probably also do by virtue of idiotypic networks). I would therefore suggest that the immunisation of all women between the ages of about 15 and 40 would protect both their own offspring and also the herd. As an additional measure, a second "jab" might be given at an age when the infant's neurological development is considered to be more "robust".....

Editor: I thought it was accepted amongst the orthodoxy that mothers with so-called vaccine-induced immunity will have no or very low levels of maternal antibodies to pass on to their offspring?

MEASLES A MINOR CHILDHOOD ILLNESS?

GP Lesley Morrison had a personal opinion published in the BMJ (13/10/2001; 323: 875) commenting on a close family experience regarding measles and SSPE. Reproduced here is an extract followed by some other comments on SSPE.

'Adam was 1 year old when he contracted measles. He had been due to have his MMR two months later. He was very ill with measles, but he seemed to recover. He went on to be a normal, happy little boy. He was the second child in a family of four children. Suddenly, when he was 12, his schoolwork deteriorated, he became uncoordinated, and it was clear that something was wrong. He was referred to the paediatrician. Did he have a brain tumour? The scans were done, then the EEG. He didn't have a brain tumour, he had subacute sclerosing panencephalitis (SSPE). One in a million children in the United Kingdom develop SSPE. It's a revolting sequela of measles. The measles virus invades the neurological system and its effects are manifest several years later. The child's motor and intellectual functions degenerate, and he or she needs to be fed, becomes confined to a wheelchair, and finally enters a permanent vegetative state from which he or she never recovers.

This is what happened to Adam, my nephew. He's now 20, he's cared for at home by my sister and her family, and his condition, after the initial rapid decline, is stable. He can probably smell, he probably recognises the voices of his immediate family, and that's just about it.....

BMJ Rapid Response:
Measles, MMR, SSPE

First of all may I offer my sympathies for the tragedy Dr Morrison's family suffered. But may I also say that there is an error somewhere. Adam is 20. Nineteen years ago MMR vaccine did not exist in the UK. Perhaps it was measles vaccine that Adam was due to receive a month after measles struck?

Secondly, I agree that the risk of SSPE after measles should be discussed. But Dr Morrison forgets to mention that SSPE can also be a complication of measles vaccine. The GP should also discuss the risks of SSPE after MMR vaccination. It is a curious fact that the 1999-2000 data sheet for MMRII mentions the risk of SSPE after measles vaccination but omits the relative risk after MMR II. Why? Lastly, the BNF for 1985 states (page 385) that mumps and its complications are rarely serious. For this reason it goes on to suggest that there is little indication for the routine use of mumps vaccine. About time monovalent measles vaccine was reintroduced. *16/10/01, Dr J K Anand*
Email: joginderanand@talk21.co.uk

Editor: Regarding SSPE - Whilst Dr Andrew Wakefield was lecturing in Canada in 1997, on SSPE , he stated that measles can establish persistent infection without causing a problem, but with re-exposure of persistently infected children to measles vaccine can result in SSPE. He cited cases where children had either been vaccinated or had subclinical cases of measles, where the virus stayed latent, and then re-exposure by means of vaccination provoked the SSPE. (VRAN Winter 1997 edition)

*Also....*SSPE AND SALK VACCINE
The Lancet, 6/10/1973

An article published back in the 1970s stated:

From 1956 to '66 the incidence of SSPE in the northern half of the north island of N Zealand was approximately one hundred times greater than might be expected. No case was seen before 1956, and none has been since 1969. The incidence of the disease was greatest in the late 50s, then it waned and was associated with an increasing age at onset of symptoms. Mass vaccination of primary- school children with Salk vaccine (polio vaccine) was begun in 1956. The vaccine used is likely to have contained live SV40 virus. Killed measles virus is another possible contaminant. It is believe that the administration of Salk vaccine in N Zealand was related to the appearance of SSPE in the community. The idea that an unusual reaction to measles infection is the sole cause of SSPE is not consistent with the observations in N Zealand.

THE STORY OF JOSEPH -A MOTHER'S WORDS

On the 15th June 1997 I gave birth to my first son. He was much loved and very wanted and I named him Joseph Paul. I had a normal pregnancy and Joe was born into the world a healthy boy. I remember holding him in my arms on the day he was born and feeling so much love for him. He was always a bright little boy, who loved life and everyone who met him were touched by his sunny personality.

In November 1999, when Joe was 17 months old I took him for the MMR vaccination. I was in two minds about whether to go ahead with it, as I had seen reports in the paper about possible side-effects and had my doubts. On the day of the vaccination I recall saying to the nurse at the surgery that I wasn't sure I was doing the right thing, but she reassured me and the vaccination went ahead.

About 3 days after the vaccination I had a call in work from Joe's childminder to say that he was not well and I immediately took him to see a doctor. He had a high temperature and was not his usual happy self. The doctor prescribed antibiotics. At the end of December 1999 Joe suffered a febrile convulsion and was in hospital for 3 days. He made a recovery and was allowed home.

On the 25th January 2000, I was at home with Joe and we had a normal sort of a day. An hour before Joe went to bed he was playing in the bath, I then put him in his pyjamas and he ran straight to his dad for a cuddle, and then went off to bed.
About an hour later I decided to go to bed myself, but when checking on Joe I knew something was seriously wrong.

After what seemed an age an ambulance arrived. My husband had spent those minutes breathing into Joe. We followed the ambulance to the hospital but I couldn't believe what was happening. We were taken to a small room and seemd to be in there quite a long time. Eventually a group of doctors walked into the room and someone simply said to me "He's gone". I remember asking if they were sure and they nodded. I couldn't believe it. My whole world stopped. My life had revolved around my baby and he was gone. We found our way home and I remember walking into the lounge which strewn with toys. The silence which now seemed to rest on the house was awful.

I felt as though my reason for living had gone. Losing a child is a physical pain that hurts inside which I had never felt before and I hope I never feel it again. The cause of death wasn't established straight away. We were paid visit by plain clothes police and I felt that I had to justify to them that I had been a good mother. One of the officers questioned me in the lounge and my husband was taken upstairs to Joe's room and questioned there. They left and the officer that had questioned my husband walked down the stairs and out of the house carrying my son's bedding without a word of sympathy or anything. We weren't criminals we had only put our baby to bed.

A month or so later we had meetings with the pediatrician and Joe's doctor. I had a lot of questions but always at the back of my mind was the MMR. I was told the vaccination had not contributed to Joe's death.

After about 3 months I had a call from the doctor to say he had received a copy of the post mortem. It had been established Joe died from encephalitis. The post mortem could not establish the specific virus which had caused this. I don't expect that this will ever be established because the doctor explained that once someone has died it is quite difficult to test for specific viruses.

A leaflet I recently read about the MMR vaccination stated that encephalitis has been reported very rarely after immunisation (about one in every million vaccinations). The cause of death on Joe's certificate was stated as 'cause unknown' and yet it could have been possibly related to the MMR he received. Why wasn't this investigated and how many other similar cases are occurring?

At the beginning of December, last year, I gave birth to identical twin boys, Matthew and James. I knew I would have to face the subject of vaccination again! I sent for a copy of a book entitled "The Vaccination Bible" which I found very useful and also confirmed my fears. Febrile convulsions and encephalitis are both side-effects of vaccination, and feeling that this was too much of a coincidence with Joe's illness and subsequent death I decided not to allow my twins to be vaccinated. I understood that this was a huge responsibility so consequently I began to study and research nutrition and immune-boosting methods. There are certain nutrients, such as, vitamins A, C and E, selenium, zinc, iron, calcium, magnesium and potassium which are particularly immune boosting. Processed and refined foods and preservatives and colourings are all immune-suppressive, and even as little as 100g of sugar can suppress a child's immune system by up to 50%.

Even though I have Matthew and James there will always be something missing from my life. Joe's passing is something I will never get over but I somehow learn to live with it. I want parents to be able to make an informed choice, there are two sides to the debate about vaccination and parents should be presented with both. *J.M. Sept. 2001*

GLOBAL VACCINE INITIATIVE CREATES INEQUITY, ANALYSIS CONCLUDES

From bmj.com news roundup
bmj.com/content/vol322/issue7289/#NEWS_ROUNDUP

An analysis of the operation of the Global Alliance for Vaccines and Immunisation, the private-public venture launched last year with a $750m (£500m) donation from the Bill and Melinda Gates Foundation, has concluded that it overemphasises high tech vaccines, lacks sustainability and transparency, and relies too heavily on private sector funding.

The alliance, whose founding partners include the World Health Organisation, Unicef, the World Bank, and some national governments, aims "to fulfill the right of every child to be protected against vaccine-preventable diseases of public health concern."
(www.vaccinealliance.org)

The analysis, by Dr Anita Hardon, head of the medical anthropology unit at the University of Amsterdam, examined how the funds were being distributed to 13 developing countries in the first round of disbursement. Only 10% of these funds, said the author, were being used to strengthen essential immunisation services.

Christmas wishes and good health & happiness for the forthcoming year!

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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.

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