

# What you should know about immunisation



*'I wish I'd had the chance to get him vaccinated'*

THE killer disease, meningococcal meningitis, has claimed 20 lives over the past two and a-half years. A further 211 people have contracted it in that time. Spread by respiratory droplets, its rapid onset (sometimes within hours) is the most insidious feature of this type of meningitis.

"We do not understand why we've had this epidemic at this time and in this place," says Auckland medical officer of health, Dr John McLeod. The disease has struck mainly in certain areas of Auckland, but the Health Department is carefully watching other parts of the North Island.

*Which is the lesser evil? That is the question the community has to decide in the vaccination debate: mass immunisation with a minimal risk of adverse reaction of varying degrees or the risk of contracting crippling and killer diseases during epidemics.*

*The controversy which flared in late July when thousands of children were being vaccinated by the Health Department against Type A meningococcal meningitis centred on the number who experienced disconcerting neurological reactions later. It brought the whole question of vaccination under public scrutiny.*

*Should parents agree to vaccinate their children and can they trust vaccines and the word of vaccine manufacturers and our health authorities?*

*Katherine Findlay, Claire Parker and Jane Westaway have been looking at some of the pros and cons.*

In May the department began a massive vaccination campaign in Auckland. Side-effects experienced by many children after vaccination caused concern to many parents and delayed the department's booster campaign by several weeks.

Dianne Thompson of Drury (South Auckland) is still a concerned parent. Her daughter Giarna (13) vomited and complained of numbness and a headache which she said felt 'like racing cars' driving through her head. Alarmed, Dianne phoned the South Auckland Health Department and was told Giarna's and the reaction of 40 other children at her school was hysteria. Angered by this dismissive response Dianne got in touch with her local newspaper. After a published story her telephone rang hot with calls from worried parents all over Auckland. In a quick u-turn, the Health Department checked out 600 of the 60,000 children who had received the vaccine. It reassured on the safety of the US-manufactured vaccine and announced that none of the side-effects was permanent or serious. It did advise that children under two who had experienced any adverse reaction should not receive a booster shot.

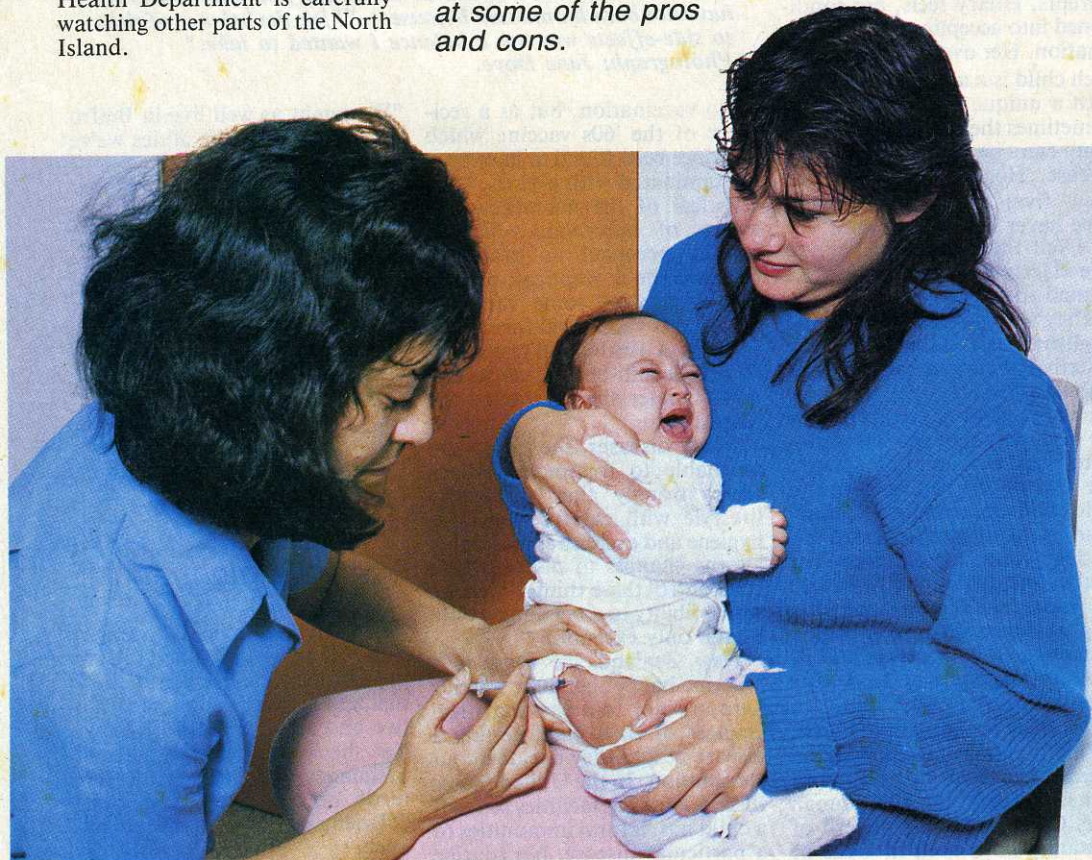
Dianne Thompson is still uneasy.

"I'm not sure that what happened to Giarna is acceptable. What about future years?"

"There's no way we're in the business of doing something harmful," says Dr McLeod. His 10-year-old son had the vaccine — and no side-effects.

"But I'd rather my son had a fever and felt unwell for 24 hours if it was to save some other child's life."

Sharon Dunn (to protect their privacy this family's real name is not used) would agree. She gets very angry when she hears people complaining about side-effects from the meningitis vaccine. We talk in her spotless Auckland home. She shows a family photograph of four healthy-looking, smiling children. "That's



*TEARS as the needle goes in to give immunity against meningococcal meningitis. Three-month-old Riki gets his shots from Plunket nurse Charlotte Waetford while mother, Debbie, looks on. Photograph: Michael Willison.*

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Timmy — the one in the middle,” she says. “He’d just turned seven ... he was such a mischief.”

One evening last March Timmy came in from a hard day’s play. He complained to his mother that his legs were stiff and he felt a bit sick. She told him he’d probably overdone things. He fell asleep in the lounge and she carried him to bed. Timmy never woke up. Next morning he was in a deep coma and he died within 24 hours, of meningococcal meningitis.

The family’s deep grief is centred on the suddenness of Timmy’s death. And the knowledge that in a couple of months he would have had the vaccine.

“I wish to God I’d had the chance to get Tim vaccinated,” says Sharon. “I’d have saved all the heartache we’ve been through. I wish that chance had been given to me.”

## *‘I began to find things that made me very uneasy’*

SIX years ago Hilary Butler will tell you, she was a totally conventional mother who believed that “doctor knows best”.

All that changed with the birth of her first child, Ian. It was a problem birth. “We had to fight for him — we’re lucky he came out alive.”

When the doctor who had attended Ian’s birth advised immunisation, Hilary was suspicious.

“I asked him what he knew about side-effects. What did his literature say? He handed me the Health Department sheet which he said was all he had on the subject.”

Worried, Hilary and her husband sought other opinions — four altogether. All conflicted.

“I thought, if doctors and specialists don’t know the literature, I’d better do something. I started to read and began to find things that made me very uneasy.”

What began as personal research has become a campaign. From her Tuakau home, Hilary Butler runs an informal network called Independent Research on Non-Immunisation (IRONI). Her

filing cabinets bulge with articles. Mail comes in from many parts of the world. Her phone rings constantly. In the six years she’s spent over \$7000 of her own money and \$2000 in donations combing world literature on this complex subject. A lot of time is spent checking out her findings with overseas experts she’s come to know and local doctors sympathetic to her work. She has written two papers and is working on a book.

“It will be a catalyst to provide balance for the present prevailing view on immunisation.”

Hilary Butler has no formal medical qualifications and knows she is a thorn in the side of the local health establishment. But she says a growing number of parents and doctors are starting to see immunisation as a real issue.

That real issue is that parents are not given enough information on which to make a decision. Parents, Hilary feels, are conditioned into accepting blanket vaccination. Her own opinion is that each child is a unique individual, with a unique genetic structure. Sometimes the “cure” of vaccination can be worse than the disease. Her own children, Ian (now five) and David (three), have never been immunised.

“I felt the balance of risks to side-effects was not a balance I wanted to take.”

They’ve both had rubella and English measles naturally. Hilary describes their general health as “fabulous”.

Hilary’s views are reinforced by the discovery that she has a problem with her immune system. She always had bad reactions to childhood vaccinations. Hilary believes she may have passed this tendency on to her children. The further she delves into literature the more she’s convinced that long-term damage done to the immune system by vaccines will be a cause of concern to future generations.

Contrary to the accepted view, she maintains that immunisation overall has had an extremely limited impact on the human race. Changes for the benefit of humanity have been in areas of sanitation, access to good food, hygiene and acute medical treatment of many diseases. Hilary concedes qualified support for the



**HILARY BUTLER** with David (three) and Ian (five). The boys have not been immunised because ... “I felt the balance of risks to side-effects was not a balance I wanted to take.”  
Photograph: Jane Dove.

polio vaccination, but as a recipient of the ‘60s vaccine which has since been found to have been contaminated with a virus, she’s sceptical of the manufacturer’s stamp of approval, which is usually accepted as proof of quality. She is sceptical, too, of the efficacy of some vaccines. Hilary was vaccinated for rubella in 1974. A 1980 blood test showed rubella anti-bodies, yet several months later she contracted the disease.

Most diseases she says, are amenable to treatment. Hilary feels strongly that a healthy lifestyle with careful nutrition, hygiene and exercise considerably lessens chances of disease. “We can control these things. Genetic susceptibility to something would be the only exception.”

New Zealand she says, is a “vaccine-happy” country. Parents here are not told the statistical chances of their child getting a disease before they decide about vaccination. In the United States there are testing facilities to see if a child has natural immunities to a particular disease. No routine testing is done in this country to see if children have immunological defects which would make vaccination dangerous.

“We might as well live in Biafra for all the testing facilities we’ve got!”

Hilary Butler’s personal experience of vaccination has, she says wryly, had one useful side-effect. It has made her immune to the criticisms of those who see her as some kind of nut. She will carry on, regardless of critics, with a missionary fervour.

“It looks as if it’s a life-long work.”

## *Triple vaccine resulted in ‘terrible nightmare’*

AT five, Sophie is younger than when she had the triple vaccine. She has the intellectual and motor development of a two and a-half month-old baby. Yet she was a perfectly normal pregnancy and delivery. A perfectly normal baby, says Suzy O’Brien, jiggling Sophie on her knee.

At three and a-half months, Sophie had the whooping cough, diphtheria and tetanus vaccine. “All you can say is that from that

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day she was a different child... Irritable, as though she was always colicky... Didn't feed properly. Yet nothing upset her enough to make her scream.

"It was our first child and the symptoms weren't alarming or huge. Just insidious. We dismissed them. We didn't know there was this terrible neurological thing happening."

Sophie had her first convulsion 10 days after the vaccination. Three weeks afterwards she was having several a day. Then one day she had a fit in front of the Plunket nurse.

"Suddenly we were plunged into this terrible nightmare of Sophie being brain-damaged," says Suzy O'Brien. "She was in Wellington Hospital for weeks because they couldn't stop the fits. We took her to Great Ormond Street Hospital (for children, in London). They looked for all sorts of causes. Genetic and so on. But there was one house surgeon there who believed it was the vaccination, and wouldn't have his son vaccinated.

"We tried every sort of drug. Every diet and exercise programme under the sun. Went to a homeopath. Till we were faced with the fact of a profoundly brain-damaged child who will remain so for the rest of her life. "I watched her lose her head control," says her mother. "She just slid downhill. She's only just started smiling again."

Sophie's parents took her case to ACC and appealed against its decision. After nearly two years of proceedings they were finally awarded enough to cover what the vaccination's damage had cost them — in dollars. The corporation decided that "on the balance of probabilities" the vaccination was incriminated in Sophie's condition.

"I'd like to see a safer vaccine developed," says Suzy O'Brien, who laughs at the idea of having Sophie's four-year-old sister Lucy vaccinated. "Till it is, some children have to play Russian roulette. Whooping cough is a highly reactive vaccine." She quotes a risk rate of one in 45,000.

"And there should be much better information for parents. They have no idea of the risks. All the medical people do is ring up and say the vaccination's due,

bring her in. The family history should be gone into. The child should be checked out medically on the day. If that can save one child from this, it's worth it."

Yet Suzy's also aware of the danger of pushing too hard against vaccination — that another child might die from one of the diseases vaccination prevents.

Recently Sophie had an operation to sever the right and left hemispheres of her brain to prevent continual fitting. "You can't realistically hope for anything," says her mother, looking down at the little girl immobile among toys on the floor. "Other than that she's happy and enjoys small things. Like eating and music. And she loves all of us.

"She is a joy. We say she's the nicest person we know — there's not a rotten thought in her head."

## *"Possible side effects must be discussed"*

As a parent the decision about immunisation is yours and the responsibility is often a hefty one. There is no legal requirement in New Zealand to be vaccinated (as there is in some states of America).

That is the first point made by Dr Rod Ellis-Pegler infectious disease physician at Auckland Hospital and consultant on infectious disease to the Health Department.

The second point is that parents, having made the decision to have their children immunised, DO have the right to be able to trust vaccines used by health authorities in New Zealand.

Dr Ellis-Pegler agrees that the Health Department did not handle the problem of adverse reaction to the meningococcal meningitis vaccine well.

"The possible side-effects must always be discussed. People who have to deliver a programme get worried that if you talk too much about that side of it you will scare a lot of people off unnecessarily and there will be those who because of anxiety about side-effects will not elect to have their children immunised. There will be some people who miss out and get



**SUZY O'BRIEN** with five-year-old Sophie. Says Suzy: "You can't realistically hope for anything ... other than she's happy and enjoys small things." Photograph: Ray Pigney.

the disease — may even die — and they did it on the basis of information which was not appropriate."

Dr Ellis-Pegler believes New Zealanders, like the British and Australians, have an attitude to vaccines different from that of parents in the United States and other countries where there is wide acceptance of vaccination and disease prevention.

He believes negative information about vaccination tends to dominate and thinks it involves the British and New Zealand view of personal rights and infringements of liberty. All people have the right to make decisions about themselves. But in many American states you simply aren't allowed to enter school without a vaccination certificate.

Dr Ellis-Pegler believes the risk-benefit ratio must be kept in proportion.

"There's an attitude in New Zealand that the health department and the medical profession

are likely to accept some pretty casual risk-benefit ratios. That's not true. I'm a parent. I've got children who have been vaccinated."

The day after Dr Ellis-Pegler's daughter was vaccinated she became ill and was off school for a week. But as a doctor her father knew enough to realise the symptoms were not vaccine-related. They were just part of the many winter illnesses that sweep the country each year.

"But if it was your child who was one of the small number adversely affected by the vaccine I can understand you wouldn't care too much about the thousands of children who had been protected from the disease. If you've never seen an adult or child die in nine hours from meningococcal meningitis you would get very angry if your children's legs felt numb for two days after the vaccine was administered, when you hadn't been warned about it. ▶

