

# IMMUNISATION:

## WHAT THE DOCTORS SAY

*For Ian Hassall, Plunket's medical services director, there's no question immunisation is the right thing to do. Community medicine registrar Mike Soljak is also clearly in favour, although with the reservation that we need to improve the monitoring of vaccines for possible long term effects.*

*"Let's do that monitoring, but keep using the vaccines unless there's evidence to suggest we shouldn't . . . In the meantime, let's prevent the misery of disease."*

MEDICAL OFFICER of health John McLeod says: "We," (the Health Department) "have a vested interest in the prevention of disease. Immunisation is one means whereby we prevent it . . . That doesn't mean we go wildly advocating immunisation as the only means of preventing disease, or as desirable in every instance. We only go into mass programmes after carefully weighing up the pros and cons."

He and other health professionals readily admit there are always risks. Says Dr Mike Soljak of Middlemore Hospital, "You can never prove anything is completely safe because there's always the possibility that some effect following immunisation may turn up next year."

When we talk about a safe vaccine, says John McLeod, we mean as safe as possible. "Let's face it, no system is foolproof — if it's human, it's fallible."

And while that can probably be said of any medical practise, unease is growing here and overseas about just how safe vaccines are. The side effects (nausea, depression, fainting) seen during the meningococcal meningitis campaign, didn't do a lot for public confidence, says Hilary Butler, particularly when the South Auckland medical officer of health seemed to be saying one thing about it one week and another the next.

I asked Dr McLeod why Dr Cowan had first put reactions down to hysteria, then said they definitely weren't, then reverted to his original comment.

John McLeod looked uncomfortable.

"That was his opinion and I guess he made it on the best information available to him at the time. I know what he was referring to was in fact this business of kids fainting. Now I would never use the term mass hysteria for a number of reasons. The term has a very specific medical meaning. If anything, it's a slightly outmoded term we don't use any more. Unfortunately it has connotations of people screaming and yelling and generally going crazy, but that's not its medical meaning.

"What he meant is there is a phenomenon, which is well recognised, which you might call group susceptibility. When something happens to one person and others are receiving the same treatment, they react the same way. And if it happens to the person it's real — to call it psychological doesn't demean it.

"It's important people understand

this is normal and common. What is different is we haven't immunised 130,000 people like that before. The other symptoms are not what he was referring to and that's where he got caught, he didn't explain himself carefully enough about the different symptoms."

Hilary Butler's reaction is that it's just one example of the poor information parents are getting about immunisation.

John McLeod says the major side effects expected from the vaccination, fever and local reaction, were publicised. Fainting, nausea and vomiting weren't, "because any doctor or nurse will tell you if you stick needles into 130,000 people, some will faint."

He's clearly unhappy with the publicity which arose from those reactions, saying it's possible for a small group of people with a particular viewpoint, however valid, "to create a noise disproportionate, I think, to the concern of the general public."

Hilary Butler's point is that because parents overall aren't aware of some of the possible effects of immunisation, they won't be concerned and that's what she's there for.

MIKE SOLJAK thinks it's good Hilary's there as a public stimulus and says she's "good value." He considers her well informed and reasonable, unlike other people he calls "just anti-immunisation and not particularly reasonable". But he also feels Hilary "comes from a different perspective" — one that regards infectious diseases like measles and whooping cough as relatively harmless.

"Even in developed countries, however, there's still a significant risk of complications if you catch one of those conditions, although the risk is considerably lower if you come from a well educated, prosperous family." Most of those concerned about vaccines come from that background. "They have a lack of perception of the risk of some diseases in less well off, more crowded households.

He doesn't believe changing the social conditions of poor families is a realistic aspiration."

He also wipes aside Hilary's view that the Health Department would rather vaccinate than spend time and money on in-depth public health education.

Yet Dr Soljak agrees wholeheartedly that parents could be much better informed about immunisation generally, and so does John McLeod.

"What we're seeing is a change in the attitude of doctor knows best. There's an increasing number of well

## QUESTIONING IMMUNISATION

informed, intelligent people who want to participate in decisions relating to their own health."

Health professionals have perhaps been rather slow, says Mike Soljak, in providing accurate information using modern publicity methods.

"We should be using videos or an expert team which might visit general practices and nurses and talk to service groups. Health services in general could have been doing more to provide balanced, up-to-date information in a more personal way, rather than through shot-gun campaigns on TV."

Ian Hassall, Plunket's medical services director, takes a less generous view. He says it isn't just up to doctors to provide information, but is also the responsibility of the media.

**BUT PEOPLE** must learn, insists Hilary Butler, to ask questions and be their own health watchdogs.

"I was an ordinary mother who started asking questions and sometimes I get angry with people who don't, but I have to remember I was like that too.

"Immunisation to most people is no more an issue than a bar of soap. The thing is that in the long term it could become one of the most crucial issues to the quality of life in future generations."

John McLeod maintains the majority of people still believe doctor *does* know best and are not really interested in knowing the ins and outs.

"It's fine to ask questions if you're white, middle class, well educated and relatively well off. To some extent my concerns are with people who are unable to make those decisions because their life circumstances mean they are more concerned with survival than what to them are the finer details. They rely on health authorities and the medical profession to do what's right."

That same group of people worries Mike Soljak, who says they're the ones being ignored in the whole debate over whether to immunise.

"The parents tend to be younger, less well educated and have a poor perception of the risk of disease, are usually those most at risk of getting it and have a number of children, often closely spaced. I think you can see how such a mother of two or three children with a year between them finds it very difficult to keep up with a complicated immunisation programme. Those parents aren't opposed to immunisation. It's simply we're not offering them a good enough service."

John McLeod confesses doctors

may not always ask the appropriate questions of parents. The medical profession, he says, is not always perfect.

I asked if that meant children who have contraindications (conditions which indicate the vaccine may present problems) to a certain vaccine might still end up being vaccinated.

"Of course not! Of course not!" He countered, angry at the suggestion. "If you are the family doctor and you're any good, you know what's wrong with patients and whether a vaccine is contraindicated, you'll have it marked on the card. Now whether you would discuss that with the patient I guess depends very much on the individual patient."

He firmly believes that even if every parent understood all the issues involved in immunisation they would still come to the same conclusion as health authorities and professionals — that it's better to immunise.

Hilary Butler says that's because information about immunisation is being suppressed, and that's something which *really* annoys John McLeod.

"This sort of paranoia I really find extraordinary!" he snaps, shaking his head impatiently. "No-one is suppressing anything, anyone can go to the library if they want to."

I point out that someone like Hilary is in the group of "well educated, intelligent" people who can do this, whereas the group who are "less well educated and less well off", the group he's really concerned about, are less able to.

"Well, they're not interested are they?" he shoots back.

McLeod says it's easy, anyway, to take one article out of a medical journal and misinterpret it.

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interests who are very good at picking selected things out of literature saying this proves X or Y and any doctor knows that a body of knowledge is built up over many many years, on the accumulation of large amounts of evidence. One paper proves nothing.”

**HILARY BUTLER** has been accumulating evidence now for several years. She has articles from many medical journals and from a large quantity of other medical literature. She's read through books and papers, some of which had to be dug out and dusted off from the National Library's archives.

She resents remarks which imply that she or others who are dubious about immunisation use statistics to suit themselves. Doctors, she says, have justified what they're doing because they often don't *know* what's in the literature and those who do, particularly regarding the meningococcal meningitis vaccine, are very upset and very nervous. She's especially angry that some of the basic facts on immunisation aren't publicised, such as the availability of tests for natural immunity.

After some prodding, John McLeod says yes, there are tests for natural immunity for some of the immunable diseases, but they're expensive and the notion of performing them . . . “well, the impracticality of that is the problem, the cost . . . it's well beyond our resources.”

If the test is available for a particular disease and you're prepared to pay for it, you can ask your doctor to have it done. If you're naturally immune then, of course, there's no need for further shots or doses.

Health professionals and authorities appear to have a definite view on immunisation which Ian Hassall sums up.

“It's a very clear cut thing to me — there's the choice between being immunised or not . . . and there are quantifiable risks for both.”

John McLeod says it's not accidental that “the vast majority of doctors get their children immunised. It's because they know about these things and it's not just some blind following of this is the way it should be . . . let's all get in there fellas and do what our leader says.

“It's because we've been trained to evaluate data scientifically and although the average doctor may not read every article, he or she knows that when some sort of immunisation is considered, the data is going to be well researched.”

# VACCINES

## — VITAL STATS

*No vaccine is 100% effective. Some vaccines have side effects in some people.*

*To present all the information Hilary Butler and others have accumulated would be impossible in this article. But to give an idea of the diverse opinions on immunisation, here are some notes on vaccines used in New Zealand.*

### HEPATITIS B

The aim of vaccination is to reduce carriers among children. Most people who are infected with Hepatitis B get rid of the virus without having a recognised illness and are then immune. Others can become carriers if they are infected in the first five years of life. Carriers can be a source of infection to others for many years. Adults in New Zealand very seldom become carriers. Carriers don't get sick when first infected or for many years afterwards. But there is a small risk of more serious liver disease developing when they are adults.

Hilary Butler comments: "A normal, healthy person with an intact immune system shouldn't have any problems recovering from Hepatitis B. Those that become carriers do not all stay life-long carriers. It can and does sort itself out.

"The ideal method of preventing it would be to find out what the immune system defect is that prevents the body clearing the virus. The ideal method of attacking all chronic hepatitis and all liver cancer would be to reduce alcohol, prescription drugs, eat a sensible low fat diet and maintain a monogamous sexual relationship.

"The Hepatitis B vaccine does appear to give at least short term protection to those who develop antibodies. The doubt is whether the people who really need it benefit."

The New Zealand campaign is aimed at babies (the first injection is given soon after birth) because they have an immature immune system and if some mothers belong to the 20% high risk group of carriers, their babies are likely to be carriers.

Reactions to the vaccine have been very severe in some babies, reports Hilary, and have included psoriasis, liver failure, seizures and severe jaundice. "More minor reactions in babies and children have been ulcerated tonsils and violent flu-like illnesses."

### POLIO

Hilary Butler told the May Home Birth Conference: "Much polio was (and still is in Africa and South America) caused by procedures carried out by doctors and by biochemical imbalances result-

ing from poor diet, superimposed on genetic susceptibility.

"By 1961 the Journal of the American Medical Association admitted the early polio (Salk) vaccine had been largely useless. There's not much information about the vaccine in New Zealand, but medical literature states it also caused polio here from 1956 onwards.

"The newer oral (Sabin) polio vaccine can occasionally cause serious side effects, one of which is a sort of meningitis. But the vaccine does give protection against paralytic polio in most people.

"The vaccine also allows us to sit back and continue to abuse our bodies nutritionally and feel happy about taking out tonsils and giving injections because that is one less disease that will take advantage of susceptibility.

"People I know who choose not to vaccinate their children do watch their families' diet and health much more carefully and take better care of themselves.

"It is possible to avoid polio without being vaccinated . . . with good diet and so on."

### TETANUS

Hilary Butler doesn't consider the case for the tetanus vaccine proven. In a paper she writes: "The tetanus immunisation was justified for military and civilian use on the basis of war time experience. Statistics released since then indicate there is always a group of non-responders to the vaccine, who, if they get tetanus, may go on to develop problems. There is evidence which suggests the treatment itself can be the main cause of death, not the tetanus.

"The vaccine itself has a long history of varied side effects, few of which are reported" but which can include severe and painful spasms.

Hilary says little study has been done on the tetanus vaccine but one done in Canada was carried out on the advisability of booster shots in adults. "It determined that the need was unproven and the risks and costs of such a programme weren't justifiable.

"The tetanus vaccine does protect against tetanus but what I dispute is the assumption that the vaccine is the only guarantee of protection. In some developed countries tetanus in babies has decreased because of the sterile and proper treatment of the umbilical cord and improved nutrition. In the United States in all age groups the incidence of tetanus dropped more than

50% before the vaccine was introduced.

"But in the 1970s the potency and frequency of shots was reduced because it was found both factors caused a reduction in the immune response, not an improvement, and were a factor in severe and/or fatal reactions."

## MEASLES

An allergy to egg protein may contraindicate use of the vaccine, according to an American MD, Dr Vincent Fulginiti.

A report by a staff physician at a children's hospital in Australia (*New Ethicals*, April 1987) states that up to 15% of measles vaccinees develop a fever starting 6-8 days after vaccination, sometimes lasting several days.

"Parents should be warned of this complication and advised how to manage it. Encephalitis (brain inflammation) occurs rarely and its incidence is thought to be one in every million doses and not necessarily linked to the vaccine."

Other immediate reactions reported in Australia around the time the article was written included vomiting, fever, rash and cyanosis (when extremities like lips, fingernails turn blue).

Other side effects of the vaccine may be convulsions, hyperactivity, arthritis, multiple sclerosis and some paralysis.

Contraindications (conditions which indicate the vaccine may present problems) include immune disorder, leukaemia or other malignancy, significant viral infection and some medications.

## RUBELLA

Adverse effects from the vaccine include sore throat, swollen glands, reactions at the site of the injections, a rubella-like rash and fever, the same Australian article noted, adding the incidence of joint pain and swelling varies with the vaccine strain and is increased after puberty.

The contraindications are the same as for measles.

## PERTUSSIS

### Whooping Cough

The *New Ethicals* article mentioned above states clinical recovery is usually complete but severe complications such as bronchopneumonia, convulsions and persisting neurological problems do occur.

Dr Brian Feery writes in the *Australian Paediatrics Journal* 20, 1984, "against a background of doubt about

efficacy and safety, there began a controversy which persists and has bedevilled physicians and parents alike."

It goes on to say that without doubt, potent vaccine in adequate dosage, administered in New Zealand as the triple vaccine DPT (Diphtheria, Pertussis, Tetanus), can reduce the incidence of pertussis by up to 90%.

Yet reports of infant death after vaccination and of vaccine-induced brain damage prompted Denmark and Sweden to lower potency of the vaccine. The Japanese stopped using it, there was a fall in acceptance rate in Britain and a reduction in the dosage schedule in Australia and New Zealand.

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There's conflicting evidence from several studies on the effects of the DPT vaccine. A British report said: "It is well established that pertussis vaccine may cause local reactions in over half the recipients and mild systemical reactions in up to 50% of children. Serious reactions such as shock and convulsions are exceedingly uncommon. There is no conclusive evidence that vaccination with modern vaccines causes persistent neurological problems, but it may advance the time of presentation of such conditions."

Other reactions which could preclude giving a subsequent dose of pertussis include significant local reaction to a previous dose, fever of 40.5°C, persistent crying or screaming three hours after injection of a previous dose, convulsion or collapse under the same conditions, excessive sleepiness and other neurological disorders.

The *New Ethicals* article estimated the risk of serious neurological disorders in children, as a result of the vaccine at one in 110,000 doses in previously normal children, with permanent damage occurring in one in 310,000 doses. It was noted that these figures could have been reduced by 50% if the accepted contraindications to the use of the pertussis vaccine had been observed. □