

**Measles used to be considered a normal and generally manageable disease of childhood. So why are parents being scared into immunising their children against it? NICOLA LEGAT discovers that health officials aren't telling parents everything they need to know.**

"SHOULD NEW ZEALANDERS, especially parents, feel fear of the epidemic... currently sweeping the country, that feeling should, by all rights, pale to insignificance beside the shame they should also be suffering from. No excuse — and least of all sheer apathy — can justify the fact that the disease was allowed to become an epidemic, even less that it should needlessly claim the lives of several children... the loss of those lives should now be on the conscience of the whole country."

Thus thundered a leader writer in the *Northern Advocate* earlier this year, not about the bubonic plague, black death or poliomyelitis, but measles.

The Health Department could not have hoped for a more stentorian ally (despite its inaccuracy: three young children — not several — died of measles-related causes) in its battle to arrest what it termed an epidemic of measles which began in Wellington in early July and was, officials claimed, continuing into September with 4500 cases officially notified.

However, this figure substantially underestimates the situation as measles is not a notifiable disease. The official figures collated by the Centre for Disease Control in Porirua are based on voluntary reports by general practitioners and so do not include cases not notified, for whatever reason by doctors, or children who are cared for at home without referral to a doctor.

A school survey at the height of the outbreaks in August by Dr Lester Calder, deputy medical officer of health for the Auckland Area Health Board's central district, showed that the actual number of cases was between five and 10 times the reported figure. Using this as a guide, health officials estimate that between five and 10,000 Auckland children have had measles this last winter.

THIS IS WHAT the Department of Health brochure *Your Child And MMR* says about measles: "Measles is very easily passed from one child to another. It can make your child very sick. Measles shows up as a spotty red rash, high fever, runny nose, cough and sore, watery eyes. This can last for about a week. Measles can have serious complications such as chest or ear infections, or brain damage. Some children die of these complications."

Further on, the brochure advises parents and caregivers that they should also talk to their doctor, Plunket or public health nurse about the disease and the injection before their child is immunised, but for most parents those ominous initial words will continue to reverberate: "Some children die of these complications."

Death by measles was a prominent and constant element in the media coverage of the epidemic during July, August and September, although in general the press handled this aspect responsibly.

The major lapse came, predictably, from the *Star*. Under the headline "Jab Rush Over Killer Measles", reporter Lynley Bilby wrote, "Auckland parents are rushing to get children vaccinated against measles as the epidemic creeps nearer. Emergency vaccine is due to arrive in the city within the next 24 hours as doctors prepare to combat the spread of the virus that has already claimed the life of a Wellington child."

Health Department officials say they did not intend to scare people either about measles or into immunising their children, and that they deplore the use of such emotive language by the media.

However, there's no doubt that the *Star* tack definitely

# measles

## on elm street

helped the cause — as did the reports of gymnast Nikki Jenkins ill in her bed in Indianapolis with measles.

But it was not helpful to parents who wanted a clear picture of the threat measles might pose to the health of their children, particularly very young babies who can be vulnerable to the measles-related complications of middle-ear infection, severe chest infection and pneumonia (which is what caused the first

In 1854, measles killed 400 North Island Maori. In 1893, 511 of all races died from measles.

In the Third World, measles is still a killer of malnourished children whose poor state of health and lack of access to antibiotics make it difficult to fight off chest infections and pneumonia which is often a sequel to the onset of measles, and where poor access to hospital care means that measles-associated encephalitis (in-

saw thousands of children put into calipers are now the stuff of history. Shouldn't vaccine "save us" from measles in the same way?

During July and August the daily papers were happy to run press releases from area health boards giving updates on the number of cases and reminding parents that vaccination was essential for protection against infection. The press releases were invariably matter-of-fact, but they still insisted on painting the picture of a steadily growing number of cases, an inexorable advance which could only be repelled by immediate vaccination.

The Health Department's goal, towards which it single-mindedly set itself, is eradication of the disease. It was distinctly hostile towards anyone who might deflect the public from that course.

ONE PERSON IT did not want to be engaged in a public debate with is Hilary Butler, an independent researcher into non-immunisation.

Butler, 37, lives in Tuakau with her husband and two young sons. She has no professional medical background but began independent research into vaccination 10 years ago. Butler essentially believes that the side effects of vaccine, though slight, are not worth the risk. She also believes that well cared for, loved and nourished children are perfectly able to cope with measles; that its depiction as a killing and maiming disease is a huge distortion of the evidence.

Hilary Butler draws much of her American information from two key contacts: with the late Dr Robert Mendelsohn, a paediatrician, former

associate professor of preventive medicine and community health at the University of Illinois medical school, author of several books and prominent leader of the anti-vaccination lobby in the States; and Dr Antony Morris, a virologist who formerly worked for the American Food and Drug Administration and who now works independently on vaccination issues.

In July, as publicity about the epidemic increased, *Holmes* invited Hilary Butler to appear on the show to discuss the measles



Hilary Butler... believes anti-measles vaccination isn't worth the risk of possible side effects.

death, of a nine-month-old baby, in Wellington).

HISTORICALLY and currently the measles virus — medically named morbilli — has been a killer. In the United States in 1923, 10,314 people died from measles-related causes.

In this country, early contact between Maori and Pakeha exposed the tribes to influenza and measles for the first time and thousands died.

Nicola Legat is a *Metro* senior writer.

flammation of the brain) is generally associated with permanent brain damage or death.

Thus it's a disease any health official might want to add to a wish list of eradicables. In the past, the advent of vaccines — combined, importantly, with vast improvements in personal hygiene, living standards and sanitation, have made great advances against diseases which once killed and maimed thousands. They have had great success in many areas: the dreaded polio epidemics of the 50s which worldwide

## typical measles

Dr Dell Hood, Deputy Medical Officer of Health for the North Harbour Public Health Office, says that the current measles epidemic could continue for a year or longer. About 60 per cent of the reported cases of measles in teenagers in her district had been previously immunised. This is what parents should look for and expect:

- Measles is a contagious viral disease that can be contracted by touching an object used by an infected person. At the outset the victim feels tired, has a slight fever and pains in the head and back. Eyes redden and may be sensitive to light.
- The fever rises until about the third or fourth day when it reaches 40 degrees. Sometimes small white spots can be seen inside the mouth and a rash of small pink spots appears below the hairline and behind the ears. The rash spreads to cover the body in 36 hours, fading away in the next three to four days.
- Measles is contagious for seven to eight days, beginning three to four days before the rash appears. Consequently, if one child in a family contracts the disease, the other children will have been exposed to it before the parents know the first child is sick.

**Treatment:** bed rest, fluids to combat possible dehydration from fever, calamine lotion or cornstarch baths to relieve itching, a darkened room to help sore eyes.

epidemic with a Health Department official.

Butler says the day after she was contacted by a TVNZ producer, the arrangements for her to travel to TVNZ's Auckland studio from her home in Tuarua were abruptly cancelled. She found the explanation given vague and unsatisfactory.

Paul Stephenson, the Auckland Area Health Board media manager, is quite upfront about the background to the show's format change: "We said we didn't want to get into another debate on immunisation and anti-immunisation theories at that point. Having people making the sorts of allegations that the anti-immunisation people often make could have scared a lot of people away from having their children immunised when it was vital that they did. It wasn't helpful to what was a serious campaign to prevent lots of young people getting a painful and nasty disease — spending many days feeling sick and, at the end of the day, possibly dying.

Why did TVNZ can the debate with Butler? "They presumably made a journalistic decision with a sense of social conscience," says Stephenson.

How heavily the Auckland Area Health Board leaned on the *Holmes* show is unknown, but the fact that TVNZ wasn't prepared to have Butler appear because board officials would rather not let the public know the existence of a dissenting view sounds awfully like the censoring of information.

THE DEFENCE IS that the end justified the means, but was this, in fact, a genuine crisis? During this "epidemic" thousands of New Zealand children who contracted measles were successfully cared for at home. In Auckland, fewer than 10 children were admitted to Princess Mary Hospital; there were no deaths.

Nevertheless, daily newspaper articles and news bulletins about this "epidemic" depicted vulnerable New Zealand children at risk of something dangerous. Older women who had nursed an earlier generation of children through measles (vaccine for measles was not introduced into New Zealand until 1969) meanwhile wondered what all the fuss was about.

Those children of the 50s and 60s, now parents of young children themselves,

found the epidemic confusing. They were measles survivors. What had changed about measles in the 30-odd years since they had lain in a darkened room with sore eyes and a red rash? Why did we suddenly have, as *Listener* columnist Gael Woods put it, "Measles On Elm Street"?

In 1966 three medical doctors who were employed by the American Public Health Service's Communicable Disease Centre wrote about measles in an official report: "For centuries the measles virus has maintained a remarkably stable ecological relationship with man. The clinical disease is a characteristic syndrome of notable constancy and only moderate severity. Complications are infrequent and, with adequate medical care, fatality is rare... During the past 50 years the doctrine has become widely accepted in health circles that since control measures have failed, man should learn to adapt himself to the measles virus... by providing adequate medical care to all patients the damaging effects of the disease could be mitigated."

A review of the American statistics shows that this view was appropriate. During the 1950s the death rate from measles had dropped to around 200 per 100,000 people (compared with 5000 per 100,000 in the 1920s).

Then, in the mid-60s things changed: a vaccine for measles was developed. Now, pronounced the three authors of the article, it was technically possible to eliminate measles; indeed, they predicted that could be achieved within the next year.

With that possibility came a change in measles' public image, since to justify spending public money on an eradication campaign the disease had to be presented as a significant threat. Thus these days measles is not regarded as a benign childhood disease by the majority of the medical profession. Instead, its dangers

## the new zealand immunisation schedule

Birth	Hepatitis B
6 weeks	Diphtheria, tetanus, whooping cough, hepatitis B
3 months	Diphtheria, tetanus, whooping cough, polio, hepatitis B
5 months	Diphtheria, tetanus, whooping cough, polio
12 -15 months	Hepatitis B, measles, mumps, rubella
18 months	Diphtheria, tetanus, polio
5 years	Polio
11 years	Rubella (girls only)
15 years	Tetanus

Source: Department of Health

are always illustrated by the risk of serious complications.

Paul Stehr-Green, a medical epidemiologist at the Communicable Disease Centre in Porirua, says that about 10 per cent of individuals who contract measles will have complications; middle-ear infections and pneumonia are the most common, the latter can be a grave condition in very young children.

The big bogey of measles complications is encephalitis, which can be life threaten-

the previous epidemic, says Dr Diana Lennon, senior lecturer in the paediatric department at the University of Auckland medical school, is that this time round the hospital was a lot fussier about who it would admit and (indicator of our times) this time could not afford to have children in hospital beds who did not absolutely *have* to be there.

In 1984 and 1985 there were only rudimentary systems for surveillance of the epidemic on the community. The

unproductive luxury to sit down with parents and explain them, yet they are important to a full understanding of the disease.

This is precisely the anti-immunisation lobby's complaint about the handling of the so-called epidemic: that parents were not given the full picture.

IT IS CLEAR that health officials are very concerned that parents should not be put off immunising their children.

They have loudly proclaimed that we have had this epidemic because in general New Zealand immunisation levels against measles are low — around 80 per cent — and in some communities only 30 per cent of children are immunised. These figures can only be approximate in the absence of hard data: neither parents nor doctors are required to keep accurate records and there is no national register system.

In April 1985 the Department of Health conducted a national serum survey to establish the immunisation status of 3000 schoolchildren throughout the country. The sera were tested for morbilli antibody: 21 per cent of five-year-olds lacked antibody, suggesting an overall immunisation rate of 80 per cent at best. A further survey is recommended for 1992 which should provide more current data.

It is estimated that around 20 per cent of children go unimmunised either because of parental apathy or ignorance. The children of parents who have made a conscious decision not to have them immunised (basically because they think immunisation is dangerous and unnecessary) accounts for one to two per cent of the total.

Health officials argue that we need minimum immunisation levels of 95 per cent to protect against major outbreaks among the susceptible five per cent who either cannot be immunised because of existing medical conditions, have been immunised but who failed to develop antibodies, or haven't yet been immunised because they are too young. The MMR vaccination (a triple vaccine which since



University of Auckland's Dr Diana Lennon... urges parents considering not immunising their children to think how serious measles can be.

ALISTAIR GUTHRIE

ing. Official figures for the rate of risk of encephalitis from measles are 1:1000. However, during the 1984-85 epidemic only one of the 201 children admitted to Princess Mary hospital had encephalitis — from which it subsequently made a full recovery. The two deaths during 1984-1985 were caused by pneumonia.

Remember that by mid-September of this current "epidemic" fewer than 10 children had been admitted to Princess Mary. The reason for the contrast with

hospital paediatricians had no clear picture of the actual level of measles and felt obliged to admit the majority of cases. This time they were more resolute about sending children home if it was considered that they could be looked after competently there.

Parents rarely get to see such figures and an explanation for such apparently dramatic changes. In their rush to limit the incidence of infectious disease, Health Department officials would consider it an

