

SINCE the government first started mass triple vaccinations against Measles, Mumps and Rubella in 1990, vaccination watchdog groups worldwide have been inundated by reports from parents claiming their children have been seriously injured following the vaccine. It appears that there has been a substantial jump in the number of autism cases which develop soon after the MMR vaccine and a report recently published in the medical journal, *The Lancet*, implicates the MMR vaccine with the risk of a gastrointestinal disorder similar to Crohn's disease.

HILARY BUTLER, independent researcher for the Immunisation Awareness Society, brings to light the serious lack of research into the side effects of the MMR vaccine and the pressure clinical researchers face when their research challenges MMR vaccine safety.

The content of this article reflects the ongoing frustrations of objectively reviewing scientific research into the effects of vaccinations. The Health Department's answer to our questioning title is:

"There are no scientific studies supporting an association between autism and MMR

vaccine, and there is no biological basis for the association as autism has not been reported as a sequel of measles encephalitis."

Indeed there are very few 'scientific studies' on most severe side effects with regard to vaccines. A quick look at the 1994 so-called gold-standard book on vaccine reactions called 'Adverse Events

Does the MMR VACCINE Cause Autism and Crohn's Disease?

Associated with Childhood Vaccines (US Institute of Medicine), lists 49 serious side-effects studied by the research committee. Under the column headed 'Controlled Observation Studies' and 'Controlled Clinical Trials', due to limited information, the words 'no data' were listed 39 times, the word 'indeterminate' was listed seven times, the word 'against' (ie evidence against an association) was listed three times and the word 'for' was listed only twice. The principal finding of this research concluded:

"In the course of its review, the committee encountered many gaps and limitations in knowledge bearing directly and indirectly on the safety of vaccines. These include inadequate events following natural infection or immunisation, insufficient or inconsistent information from case reports and case series, inadequate size or length of follow-up of many population-based epidemiological studies and limited capacity of existing surveillance systems of vaccine injury to provide persuasive evidence of causation. The Committee found few experimental studies published in relation to the number of epidemiological studies published. Clearly, if research capacity and accomplishment in these areas are not improved, future reviews of vaccine safety will be similarly handicapped."

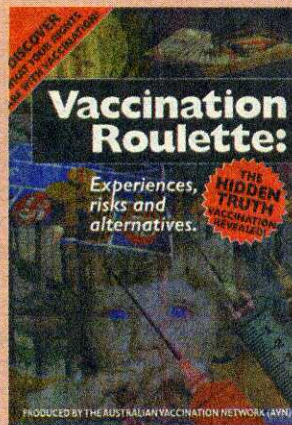
The medical profession, who are quick to discredit parents' reports of vaccine damage because it does not constitute

Vaccination Roulette: Experiences, Risks and Alternatives

Published by the Australian Vaccination Network, ISBN 1329-4873

This book is a result of a year's work by the Australian Vaccination Network, a non-profit organisation. The book exposes the lack of information policy makers have on hand to make decisions that affect our children. It describes the lack of interest they have shown towards distributing unbiased and referenced information and how mainstream press is reluctant to open honest debate. Referenced medical information is simplified so that the true benefits and risks of medical vaccinations can be understood by parents. Parents with vaccine damaged children, some cases fatal, share their heart-breaking experiences. Also included are comments from parents who have chosen not to vaccinate their family and an excellent chapter on how to boost and maintain the immune system using complementary medicines. This book is an easy read of the complex issues behind vaccinations and vaccination programmes. The proceeds of this book will be directed into ensuring our freedom of choice remains.

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scientific proof, are just as quick to exhibit schizophrenic hypocrisy in their own publicity. For example, the following statement by UK Dr Elizabeth Miller was published in *Euroservellance Weekly*, 12 March 1998, page two:

"Claims that there is a link between measles and measles vaccines with inflammatory bowel diseases have been rejected by independent scientists for the World Health Organisation and the Joint Committee on Immunisation and Vaccination in the United Kingdom."

At the end of the article she lists five references from which she must have based this statement. Were they scientific studies? No. Two references with different numbers were actually the same reference; three out of the four are doctors writing to the editors of medical journals stating their opinions only. The New Zealand Health Department information on the association between MMR vaccine and Crohn's is even stranger:

"The New Zealand data shows NO increase in Crohn's disease for first admission (ie new diagnosis) from 1988 - 96 (only period with data - earlier data is not available and may not be reliable) with a rate of just under 7 per 100,000 per annum. There has been an increase in total hospital admissions."

Either data is available or it isn't. If it's not available how do they know that it may not be reliable? Sounds like the evidence is just a little inconvenient. But could it also be that general practitioners and even some paediatricians are not exceptionally good at diagnosing Crohn's-like symptoms. There have been several NZ cases of Crohn's-like symptoms following MMR where paediatricians have refused to even investigate the cases.

In February of this year the *Lancet* published a report by Dr Andrew Wakefield and a team of thirteen medicine researchers from the Royal Free Hospital which linked the MMR vaccine even closer to a Crohns-like disease. The report details cases of children who had been 'normal' before MMR vaccination, but became grossly abnormal afterwards with symptoms suggestive of Crohns, but which actually point to a totally new syndrome described as chronic enterocolitis (abdominal pain, diarrhoea, bloating and in some cases food

intolerance, as well as neurological disorders including developmental regression, autism, disintegrative psychosis, post-viral or vaccinal encephalitis. All the children showed up with immunological disorders.

In the same issue of *Lancet*, but printed in pages before the Wakefield et al report were letters from doctors criticising the release of such data. After reading between the lines, it becomes quite evident that the medical community is concerned that such research might 'unduly' aggravate public concern.

This was followed by a condemning article in the *British Medical Journal* by more 'experts', using the case of public concern over the side effects of the pertussis (whooping cough) vaccine which led many people to stop using the vaccine.

In a later issue of *Lancet* the Wakefield made a very polite and restrained reply to such criticism. Some extracts are:

*"Our publication in the Lancet and the ensuing reaction throws into sharp relief the rift that can exist between clinical medicine and public health. Clinicians' duties are to their patients, and ... to test hypotheses of disease pathogenesis on the basis of the story as it is presented to him by the patient or the patients's parent. Clearly, this is not the remit of public health medicine ... we have now investigated 48 children with developmental disorders in whom parents said "my child has a problem with his/her bowel which I believe is related to their autism". Hitherto, this claim had been rejected by health professionals with little or no attempt to investigate the problem. The parents were right. They have helped us to identify a **new inflammatory bowel condition** that seems to be associated with their child's development disorder. In many cases the parents associated onset of behavioural symptoms in their child with MMR vaccine. Were we to ignore this because it challenged the public-health dogma on MMR vaccine safety? As they expound the virtues of MMR vaccine, public health officials would do well to reflect upon the fact that published **prelicensure studies of MMR vaccine safety have been restricted to three weeks**. For three live viruses given in combination at a different dose, route, strain, and age, compared with the normal pattern of exposure of these viruses, three weeks seems woefully inadequate"*.

He then goes on to slam the use of the pertussis scare story, stating that since ►

◀ 1979, 900 UK children had been awarded pertussis vaccine damage payments qualifying as 80% disabled and that:

"Assumptions of vaccine safety, based upon inadequate safety trials and dogma contribute largely to confusion and public loss of confidence in vaccination. Public-health officials would do well to get their own house in order before attacking the position of either clinical researchers or the Lancet for what we perceive as our respective duties".

There was something else pretty amazing about this study. Because of the controversial nature of the topic, in order to protect their butts, the *Lancet's* editorial committee demanded that Dr Wakefield's work pass the scrutiny of not the usual TWO peer review panels, but FOUR. All four review panels found that the report merited publication and, in the words of Richard Horton editor of the *Lancet*, "there was no scientific grounds to do otherwise".

But this saga did not end here. Subsequent happenings behind the scenes put Dr Wakefield on shaky ground. 'They' (no-one knows their names) attempted to get all funding removed from the Royal Free Hospital in order to get Dr Wakefield fired. But there are people out there with some ethics, and the 'grape-vine' informs us that others immediately stepped in to replace the withdrawn funding. We don't know who the 'others' are either.

On the topic of ethics, it is probably worthy quoting WM Garton, president of the Pharmaceutical Manufacturers of Canada:

⁵*"The pharmaceutical industry has never claimed to be motivated by altruism, but rather by profit for survival".*

In the meantime, stay tuned. There are at least five more studies on the side-effects of the MMR vaccine to come. Those in the know await with bated breath the reaction of those who tried to pull Dr Wakefield's funding. In the words of a researcher outside UK,

"This promises to be bigger than BSE, or even thalidomide. The question is, will it take the UK government even longer to act on this than either BSE or thalidomide?" (personal communciation).

It's a very interesting time in the medical history of vaccines. Except, that is, for about 1,000 UK children and an even higher number of unheard children in many other countries world-wide, including New Zealand. They are the ones who pay the price, not only from the vaccine, but also from medical authorities who appear to be more concerned about statistics and their own survival than vaccine damaged children. The case would likely be different if it was their own child! ❖

References:

1. *Adverse Events Associated with CHILDHOOD VACCINES* (US Institute of Medicine, National Academy Press), ISBN No 0-309-04895-8 pgs 6 - 10, Table 1-1).
2. Immunisation Advisory Centre, Auckland.
3. *Lancet*, Vol 351, Feb 28, 1998, pags 637 - 641.
4. *British Medical Journal*, 1998; 316: 715-716.
5. *Alive*, Canada, Jan 1998, Volume 183, pg 90).