

Alice in Blunderland

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In 1995, South Auckland experienced a huge whooping cough (pertussis) outbreak which coincided with one in Northland and Waikato. During the recent Immunisation Awareness Week we were told to expect further whooping cough epidemics unless wide-scale vaccination took place. This article looks at the issue of the pertussis vaccine's effectiveness and statistics of whooping cough in New Zealand.

Is the WHOOPING COUGH Vaccine Actually Working?

cough). This was the measuring rod of success, with infant mortality another key yardstick.

In the sixties medical people thought that the vaccine's effectiveness would be clearly shown in the national whooping cough 'death' graphs. This, however, wasn't to be. To the surprise of the authorities, death rates had actually tumbled well before the vaccine's full introduction. The Health Department then said that New Zealand's historical mortality data was 'inaccurate', even though it shows an identical pattern to all developed countries.

A different measuring rod of the vaccine's perceived effectiveness, whooping cough 'incidence' (the number of people contracting the disease), was then seen to be more appropriate. Indeed the incidence had decreased (anecdotally) according to annual health reports, but records of the actual incidence hadn't been kept since the turn of the century, as whooping cough (and measles) weren't considered 'notifiable diseases'. So the Health Department then chose to promote the pertussis vaccine by saying that countries like Sweden, England and Japan had an increased incidence of whooping cough when they stopped the pertussis vaccinations.

Why did they not use New Zealand hospitalisation data? It is available from 1914 and is an accurate indicator of incidence.

A review of the New Zealand medical literature on the pertussis vaccine shows some interesting anomalies:

NZ Doctor News, 9 June 1994:

"... in New Zealand there has been a 95% drop in mortality and morbidity since the introduction of the vaccine" (!)

Three months later ...

NZ Doctor News, 15 September 1994:

"The current (pertussis vaccine) programme is making little impact on the disease ... for

the past twenty years hospital discharges show that the vaccination programme has failed to arrest the number of serious cases or deaths from the disease." (Refer to graph opposite).

In fact, the incidence of whooping cough in under one years olds, the most at-risk group, has increased four fold during the recent outbreak periods compared to the 1914 - 1960 era. Why has this happened? The following journal quote sheds some light: *Paediatric Infectious Diseases*, June 1989, pgs 352 -353:

"Mothers in the pre-pertussis vaccine era, most of whom had natural pertussis (whooping cough) as children, may have passively transferred specific antibodies to their newborn infants, providing them with protection against pertussis throughout most of the first year of life ... Most young women of childbearing age in recent years however are susceptible to pertussis infection."

To make matters worse, not only are we seeing many cases of vaccinated children contracting whooping cough, natural immunity is no longer lifelong! Outbreak statistics from the New Zealand medical journals confirm that vaccinated cases are still getting whooping cough:

The 1990 Wellington Outbreak:

As you can see from the opposite table, more immunised than non-immunised children got whooping cough, however the only conclusion which health authorities came to after this outbreak was: vaccination (if at 80% coverage) is moderately (56%) efficacious over-all age groups.

The 1993 Otago Outbreak:

The Otago outbreak provides even more weight against the effectiveness of the pertussis vaccine. The area had an 85.7% full vaccination rate (three pertussis injections). Of the 28 documented cases, 82% (23 cases) had been fully immunised and 14% (four cases) received at least two

Officially the above outbreak was never confirmed. Why? Because both districts used the inaccurate culture swab, best known for false negatives - which means if you can't 100% confirm it you can't officially admit it. Nonetheless the outbreak did occur, primarily in vaccinated children! It spread through Waiuku, Pukekohe, Tuakau, and up to Onewhero, with mass misdiagnosis the common feature. Several misdiagnosed cases were subsequently confirmed as whooping cough using the more reliable polymerase chain reaction (PCR) laboratory test. (This should have alerted those in authority that medical people throughout the area, and probably elsewhere, were in need of education on accurate diagnosis of and laboratory testing for whooping cough).

Sixteen years ago, when I first started looking at the pertussis immunisation issue, the official propaganda was centred around the theme:

The reason we don't have whooping cough deaths now is because the vaccine has wiped the disease out.

Old medical debate centred around whooping cough mortality figures (the number of people dying from whooping

of the three shots. Only one case was unvaccinated! Ref: *CDNZ*, November 1993, pg 146-147.

Despite this, no research was conducted on the effectiveness of the pertussis vaccine in the Otago area because of the 'small' number of cases. Various other recent writings also suggest that if every baby had three shots, a fourth at 15 months, a fifth at five years, and if adolescents and adults had regular boosters, then maybe whooping cough could be eradicated (*New Zealand Medical Journal*, 26 July 1996, pg 283 and *New Zealand Family Physician*, Dec 1997, pg 48). When a little doesn't work, more has to be better?

The *New Zealand Medical Journal*, 26 July 1996 says:

"Our particular brand of whole cell vaccine, in a carefully conducted study, had an efficacy of 91% There is no doubt that infants are not fully protected until they have received three doses of the vaccine and then require boosters to maintain immunity"

It is very questionable how the vaccine developers have managed to conclusively claim 91% efficacy and for how long the vaccine works. Because the PCR test for whooping cough (a more reliable swab test) had the doors shut on it in 1996, a lot of guess work on the disease incidence is occurring. With an accurate diagnostic test, researchers could compile accurate figures but this would require doctors to co-operate and not assume that vaccinated people don't get whooping cough. As whooping cough is not a notifiable disease we also don't know how many adults (vaccinated or otherwise) have previously

Age Group	No of Cases		Estimated Vaccine Efficacy (95%CI) with different assumed vaccination coverage levels		
	immun.	non immun.	60% coverage	70% coverage	80% coverage
5mth - 2y	2	7	81%	88%	93%
2y - 5y	11	4	-83%	-18%	31%
> 5yrs	17	6	-89%	-21%	29%
Total	30	17	-18%	24%	56%

Ref: *CDNZ*, November 1993, pg 45. (NB: negative percentages suggest that there is a higher percentage of whooping cough in the vaccinated group than the unvaccinated group)

had whooping cough and acquired natural immunity.

Thankfully the PCR test has just been included in the latest Auckland laboratory handbook - but how many doctors know about it? Unfortunately the PCR test is expensive which leaves us wondering whether doctors would be inclined to use it, particularly considering the health services are now concerned with the budgeting of allocated funds.

CDNZ, Nov 1993:

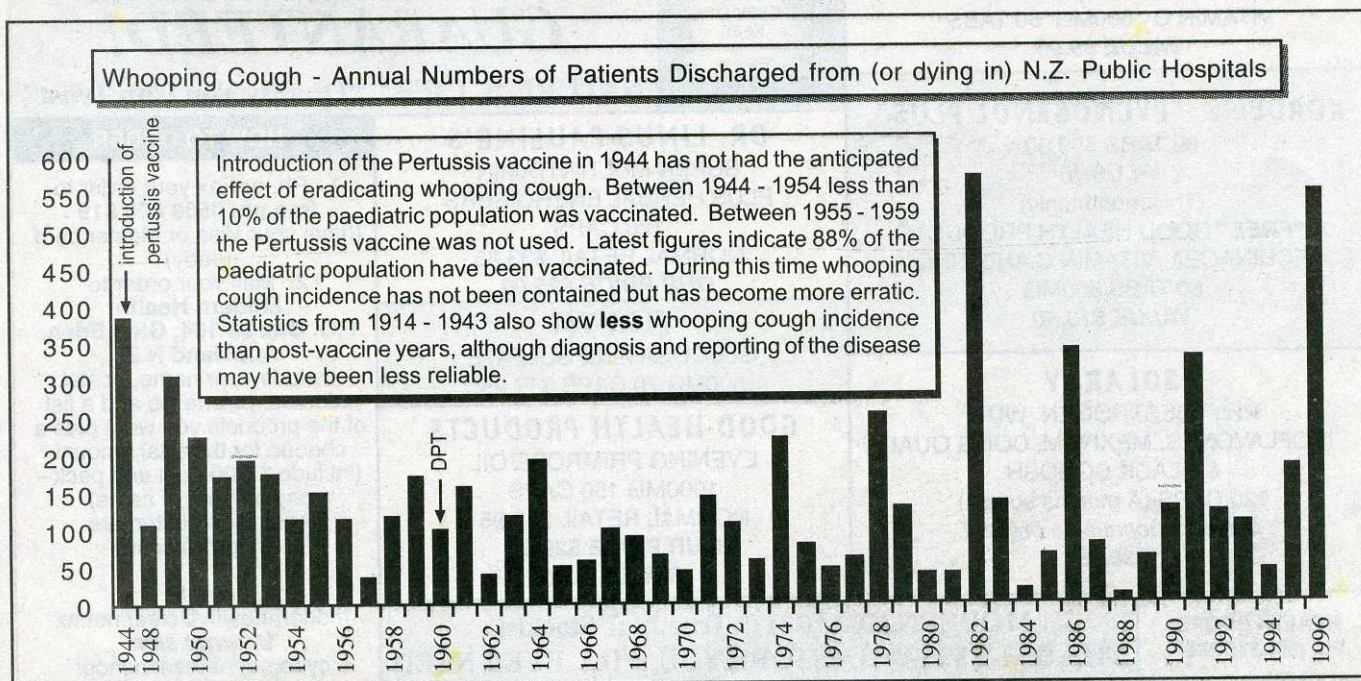
"Effective diagnosis is important"

There are a number of other diagnostic issues to be concerned about. Do doctors misdiagnose whooping cough cases as asthma, viral bronchitis or pseudo-pertussis because they assume the vaccinated person still has immunity to whooping cough? These 'misdiagnosed' children may still be on asthma prophylactics and other

pharmaceutical drugs unnecessarily. Doctors who have had little or no experience with whooping cough may not even recognise whooping cough symptoms.

New Zealand statistics indicate that the pertussis vaccine is not effective. Why is this not being publicised? Is our government simply accepting the 'research' from vaccine developers who dubiously claim 91% efficacy? Or do they not want to say anything because this would not only undermine everything they have said over the years but may also start the public questioning their honesty about other vaccines?

Until these issues are addressed openly the door is left wide open for health authorities to start up yet another scaremongering campaign. Parents are being unjustifiably told that their child will contract whooping cough if they do not get them vaccinated with the pertussis vaccine. This coincides with threats of an outbreak (which



Source: *Official Year Books* and the *New Zealand Family Physician* 1997, 24(6), pg 46.

occurs naturally every three to six years). If we do have an outbreak, what will be the convenient 'scapegoats':

1. parents whose children are unvaccinated?
2. incorrect storage at the doctor's clinic (to explain the failures)?
3. inadequate doses (should be five or six, not three)?
4. people who write articles like this?

"The control of pertussis in New Zealand is not a simple issue yet simplistic solutions are again being offered". *New Zealand Medical Journal*, 22 March 1996.

What other simplistic solutions might be offered in the future? As stated in *Paediatric Infectious Diseases*, June 1989, protection is passed from mother to newborn and this would have continued for about 15 years. Now an article in *Infectious Diseases in Children*, August 1996, pg 28 suggests:

"Vaccinating mums to protect baby may be a practice whose time has come ... A study of whole cell pertussis vaccine in **1945** showed the vaccine was safe and there was transplacental passage of the antibody in 57 immunized pregnant women."

Sounds good doesn't it? This same medical journal in July 1996 (page 15) in an article on pertussis vaccine safety and

efficacy said:

"Not only did the studies fail to shed light on one of the more perplexing unknowns of pertussis vaccine research, that is, what are correlates of immunity - but they also cast doubt on a fundamental concept, what exactly defines pertussis in clinical efficacy trials. Researchers are still unsure how to determine if a child is protected, that is, no serological correlates of immunity have been identified. Correlates of immunity are critical for vaccine development".

To put this into English, as far back as 1989 researchers discovered that children who had lots of the antibodies from the pertussis vaccine went on to get whooping cough. After a bit more study they decided that this antibody had nothing to do with immunity to whooping cough ... and they are still trying to figure out which antibody does provide definite immunity!

Meanwhile they quote a 1945 study using a transplacental antibody(?) but an antibody to what? *The Lancet*, Nov 9, 1996, gets around the problems this way:

"Even though neither the protective antigens of B pertussis nor the host immune factors were known, the cellular vaccines reduced the incidence of and mortality from pertussis."

This is said by every developed country in the world. Why then does this not show up on the whooping cough death graph or the hospital discharge graphs for New Zealand?

Having seen one of the hospital discharge graph, what is your opinion? If the vaccine is 91% effective, we should have seen a large decline in cases. We haven't. We now have more whooping cough in under-ones than ever before! ❗

Three graphs were reviewed for this article:

1. *Director General of Health's Report; Annual Hospital Discharge Rates - under one year olds per 1,000 births. 1950 - 1996.*
2. Whooping Cough Deaths per million graph, 1872 - 1996. *Appendices to Parliamentary Journals.*
3. The original Hospitalisation Graph provided was 1914 - 1916. Data was from the *Official Years Books* crosschecked with 'Health Trends', *New Zealand Family Physician*, Dec 1997.

Next issue will feature an article on whooping cough prevention and detection and natural ways to treat and relieve symptoms.