

# Are vaccines a waste of time?

By DR RICHARD HALVORSEN - 20th July 2007  
(<http://www.dailymail.co.uk/health/article-468890/Are-vaccines-waste-time.html>)

**Children are given 25 vaccines by the age of 15 months. But many are for diseases that are extremely rare - and which they're naturally immune to. As the doctor who challenged MMR fights for his career, the author of a new book asks if other jabs are worth the risk.**

How could anyone be opposed to vaccinating children?

The benefits of injecting weakened bacteria or viruses to boost immunity to a disease seem so obvious, and for decades vaccinations have been seen as a triumph of modern medicine.

But while supporters claim vaccines - including the new cervical cancer jab for 11-year-old girls - are safe and save millions of lives, critics say their effectiveness is exaggerated and we don't know enough about the side-effects.

Are jabs really worth the risk?



The fact that Dr Andrew Wakefield, the doctor who first suggested a link between MMR and autism, faces a disciplinary hearing this week, with charges relating to his conduct during a MMR research project in the 1990s, only serves highlight how confusing this issue is.

Are the scares over vaccines the work of hysterical parents, anti-vaccine fanatics and a sensationalist media?

Or is the Government wilfully ignoring

very real dangers and promoting vaccines that we don't need?

Seven years ago, I was a regular London GP with no particular opinion about vaccines.

I gave them to my patients and my own children, secure in the knowledge that they were safe.

That all changed in 2000 when a newspaper asked me to write about the MMR vaccine.

I knew there were a few, rare side effects of the triple vaccine, but like most GPs I had no doubt the benefits far outweighed the risks.

What I then found out led me to change my practice as a family doctor and I started to prescribe measles, mumps and rubella vaccines singly.

I am now convinced that rather than being a silver bullet in the heart of disease, vaccine programmes could actually be causing some serious health problems, with hundreds if not thousands of children adversely affected every year.

The more I researched, the more disturbed I became. I felt I'd been grossly misled by the Department of Health.

The Government's defence of the MMR vaccine - that no clear link had been proven between the MMR and autism - turned out to be extremely misleading.

When evidence emerged that there could be a problem, they consistently rejected or ignored it.

One international vaccine expert succinctly described their case as "crap".

It became clear to me that the benefits of vaccines were far from clear-cut. My research unearthed facts which often challenged, and sometimes contradicted, the established view of vaccines as a boon to mankind, the view I'd been taught at medical school and which is presented to the public as indisputable.

In fact, vaccines have nearly always been a battleground.

The current conflicts over MMR are echoes of earlier struggles over the safety of the whooping cough and polio vaccines.

Over a 20-year period, according to an article in the British Medical Journal, the oral polio vaccine caused more people to become paralysed than the illness itself.

In the Seventies, vaccination rates for whooping cough plummeted because of fears of brain damage.

So how much of our massively improved survival rates are actually due to vaccination? Not nearly as much as you've been led to believe.

What is usually forgotten is that death rates from the four big Victorian killers of children - measles, whooping cough, diphtheria and scarlet fever - were already declining from the beginning of the 20th century due to improvements in hygiene and nutrition.

Even so, by the Forties it was still worth starting a vaccination program against diphtheria and whooping cough.

For every 600 children you vaccinated against diphtheria, one life was saved; for whooping cough 800 were vaccinated for each death prevented.

But today, the number you have to vaccinate for one child's life to be saved is enormous - 30,000 in the case of the new pneumococcal vaccine intended to protect against blood poisoning, meningitis and pneumonia, which was introduced last year.

Far from protecting the nation against common killers, our current vaccination programmes are protecting against increasingly rare infections.

Which raises the question: are vaccinations - with all their side effects - now creating more problems than they solve?

A child in the UK is supposed to get 25 vaccines - many of which are for illnesses for which there is now little risk - by the time they are 15 months old.

I repeatedly heard stories of parents being patronised, bullied and forced into a corner when deciding whether to vaccinate their child, so I set out to inform parents, honestly, and without bias, so that they can make their own decisions.

## **MMR**

The controversy over the link between the measles, mumps, rubella vaccine and autism means its other serious failures have been ignored.

Death or damage from mumps and rubella is rare, which means this combined vaccine needs to be extremely safe to outweigh any risks.

What's more, as the first national programme to combine three live vaccines - live vaccines have the potential to interact - trials should have been especially rigorous.

However, safety studies were woefully inadequate. To pick up rarer side effects, at least 10,000 children should have been followed up for at least a year.

However, no children were actively watched for more than six weeks.

So what of the components of the MMR vaccine?

## **Measles**

In the early 1900s, measles killed more people than smallpox, scarlet fever and diphtheria combined - around 10,000 people a year.

But improved nutrition and hygiene meant that by the mid-1950s there were fewer than 100 deaths per year.

In 1968, health officials decided to embark on a programme of mass vaccination to eradicate the disease.

Many doctors objected on the grounds the disease was now so mild it would be better to target particularly vulnerable children.

Some pointed to the danger of replacing natural immunity (from having been exposed to a less virulent strain of the disease as a child) with vaccine immunity which is much shorter-lasting.

Certainly, the goal of eradicating the disease has not been met; there have been outbreaks in schools where 99 per cent of the children had been vaccinated.

And then there are the side effects. The measles vaccine is made from a live but weakened measles virus, so it has the potential to cause the same effects as the disease.

One study found that measles vaccination can cause "serious neurological disorders" such as inflammation of the brain - encephalitis - which can cause permanent brain damage.

In the UK, between 1968 and 2005, there have been 114 reports linking serious encephalitis in children with the vaccine.

**MY ADVICE:** May be worth vaccinating against measles with a single vaccine despite the side-effects - on balance, the risks of the disease remain greater than those associated with the vaccine, especially in vulnerable children with chronic illnesses.

### **Mumps**

Mumps is a mild disease that rarely kills. For most of the 20th century the death rate has been about ten or 20 a year; most people just get a slight swelling of the glands around the face and neck and are then immune for life.

Vaccine immunity, however, wears off; within four years 20 per cent of those vaccinated have lost immunity.

The result has been to raise the age at which children catch mumps from early childhood - when side-effects are usually mild - into adolescence when they are more likely to be severe, notably permanent hearing loss, a painful swelling of the testicles and possibly infertility.

**MY ADVICE:** Not only unnecessary but the vaccine is making this disease worse.

### **Rubella**

Equally dubious. It was introduced to save babies from being born with deformities as a result of their mother catching the disease when pregnant, but even before the introduction of the MMR just 30 babies a year were damaged by rubella.

A Finnish study showed that after two MMR jabs, a third of girls lost all protection by the age of 15.

**MY ADVICE:** Not recommended for children. More effective to screen teenage girls for acquired immunity and vaccinate the few who don't have it.

### **Polio**

In serious cases, polio can cause paralysis and death, but until the Forties it was an insignificant disease; nearly everyone got it in childhood, had a mild fever and then developed full immunity.

What turned it into a frightening epidemic was improved hygiene - which led to fewer children catching it and therefore becoming naturally immune - and the arrival of mass vaccination.

The first polio vaccine, launched in 1959, was made from a killed polio virus and in a few years cut cases of paralysis from a high of 7,000 a year to a few hundred.

But in 1962 UK officials switched to a cheaper live vaccine. Like the virus that causes the infection naturally it could be excreted and passed on to others; this was seen as a bonus to keep the national immunity up.

But by the Seventies it was causing more cases of paralysis than the natural one.

Despite repeated calls from doctors to switch back to the killed virus, the UK used the live one, claiming it was more effective, until 2004, long after most European countries had abandoned it.

The killed version is now given as part of the new 5-in-1 vaccine called Pediacel.

**MY ADVICE:** Still worth having a polio jab now the safer vaccine is available.

### **Whooping Cough**

Once a major killer, whooping cough had become increasingly mild by 1961 when a national vaccination program was launched.

In the early Seventies a highly-publicised account of 36 cases of brain damage possibly caused by the vaccine caused a huge drop in the number of children being vaccinated.

But rather than the deaths soaring, the opposite happened.

Between 1968 and 1977, when around three-quarters of British children were immunised, 101 children died from whooping cough.

Between 1978 and 1987, when immunisation rates had plummeted to as low as just one-third, only 62 children died from it.

This suggests whooping cough was becoming milder naturally, so even without vaccination people were at less risk.

Despite these official figures, the Government still warned in 2001 that parents failing to vaccinate children against it were putting them "at very high risk".

But the same level of concern did not extend to the possible harm from side effects.

Not only did the Government deny the dangers of brain damage, despite paying out millions in compensation, they also took longer than virtually all other Western countries to stop using it.

A new safer type is now part of the 5-1 vaccine, but despite the fact that about 94 per cent of people receive it, whooping cough is still widespread, but now rarely a killer.

**MY ADVICE:** One of the least useful childhood vaccines; I'd not now give it to my children.

## **HPV**

This is aimed at the "human papilloma virus" which causes genital warts that can result in cervical cancer.

Sadly, it seems that all the mistakes of the past are being repeated. Cervical cancer is serious but not common; it kills a thousand women a year and accounts for 1.4 per cent of female UK cancer deaths.

Preventing them is important, but at the moment there are far too many unknowns to make it worth having this jab.

In trials, it has only prevented the pre-cancerous changes to cells rather than cancer itself.

The vaccine only protects against the two types of HPV that cause 70 per cent of this cancer.

You get no protection against those caused by other strains. The plan is to give this vaccine to girls aged 11, before they've had time to become infected with HPV, which is sexually transmitted.

But the trials showing it worked were done on women aged 16 to 23 who were followed up for two years.

We don't know what the long-term effects will be of giving it to people much younger.

Then there is safety. Some of the women in the trial developed auto-immune problems like arthritis.

It could have happened by chance, but more trials need to be done.

**MY ADVICE:** Wait and see.

*EXTRACTED BY JEROME BURNE from The Truth About Vaccines by Richard Halvorsen, published by Gibson Square on July 26 at £9.99. © Richard Halvorsen 2007. To order a copy (p&p free), call 0870 161 0870.*

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