

**What the  
government  
doesn't  
tell you  
about the  
MMR jab**

A special report from  
What Doctors Don't Tell You

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**A**fter a new round of adverse publicity on the combined measles-mumps-rubella (MMR) vaccine, the government's chief medical officer Professor Liam Donaldson held a press conference, on 7 February 2002, to reiterate the government's official position: the MMR vaccine is safe. Indeed, getting rid of the combined MMR injection would be like playing 'Russian roulette' with the health of children, Donaldson said.

Professor Donaldson added that history had demonstrated that if separate vaccines were made available on the NHS, the uptake would drop, a situation that would be "unacceptable". As of this writing, as far as the government is concerned, the case is closed.

### **Does the MMR cause autism?**

**T**he short answer is: we cannot say for sure. At this time, there is no final evidence showing a definitive causal link between the triple vaccine and the development of autism.

But that's largely because, in any truly scientific trial, the question has never been asked. No well-designed scientific study—that is, a randomised, double-blind, placebo-controlled study—has been conducted that takes two groups of children and compares one group that was vaccinated with one that was not vaccinated to determine whether there were more cases of autism and bowel problems in the vaccinated group.

At present, we have a body and a suspect standing by it with a smoking gun. In other words, while the government is correct in claiming that there is no final definitive proof, we have ever-growing circumstantial evidence implicating the MMR vaccine in certain forms of autism that can no longer be ignored.

In 1996, Dr Andrew Wakefield, a gastroenterologist at the Royal Free Hospital in London, was approached by three mothers whose children had recently been diagnosed with autism, all three of whom were also suffering from inflammatory bowel disease. They had come to Dr Wakefield because he is highly respected for his research into viral associations with Crohn's disease and ulcerative colitis.

These mothers claimed their children's intestinal and behavioural problems began with the MMR jab. Their own doctors refused to believe them, and a few of the mothers had even been labelled sufferers of Munchausen syndrome by proxy (the disease in which someone

feigns illness in another in order to do harm). Nevertheless, all three mothers steadfastly maintained that the MMR jab had triggered the problems. They also told Wakefield that autism was approaching epidemic proportions and that many children with autism also appeared to have gastrointestinal problems similar to that seen in their children.

Wakefield agreed to look into their allegations by investigating a number of children with these same developmental and intestinal symptoms.

On 28 February 1998, Dr Wakefield and co-workers published their first study (*Lancet*, 1998; 351: 637-41). They'd investigated 12 children with chronic inflammation of the intestine and regressive developmental disorder. All 12 had intestinal abnormalities, ranging from lymphoid nodular hyperplasia (LNH) to outright ulceration. In addition, 11 of the children had chronic inflammation, nine were autistic and one had a diagnosis of general psychosis.

The parents alleged that all 12 had been developing normally until they'd received their MMR shot, after which the behavioural symptoms began.

The children had gastrointestinal problems unlike anything that Wakefield or his colleagues had ever seen. It appeared to be a new inflammatory bowel disease, bearing a resemblance to Crohn's disease and to ulcerative colitis, but with its own signature symptoms—in particular, chronic swelling of the tiny lymph glands in the final section of the small intestine. Most significantly, the condition seemed to have as its co-passenger severe regressive autism, or pervasive developmental disorder (PDD).

This was also a different type of autism. In classical types of autism, developmental abnormalities are apparent to the trained eye from birth. But in the case of these children, the parents alleged, they had been to all intents and purposes developing normally until they were given the triple jab, after which they suddenly, as most mothers put it, "just seemed to slip away".

Because the illnesses had a temporal link with the administration of the MMR vaccine, Wakefield and his co-workers described these symptoms as 'ileal lymphoid nodular hyperplasia (ILH)' and modestly concluded that these illnesses might be associated with "possible environmental triggers".

After their initial study, the Royal Free team went on to find similar gut abnormalities in a larger group of children (*Am J Gastroenterol*, 2000; 95: 2285-95). Of a total of 60 children who'd developed autism just after vaccination, 93 per cent exhibited these same bowel abnor-

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**The most devastating of Wakefield's evidence showed that 82 per cent of children with autism had measles virus in the intestine**

malities. Around a third of them had similar swellings in the colon, and 88 per cent had chronic colitis. Wakefield and his co-workers dubbed this syndrome 'autistic enterocolitis'. Other researchers found the same abnormalities in groups of autistic children (*Lancet*, 1998; 352: 234-5; *J Paediatr*, 1999; 135: 559-63).

Common sense would argue that the sheer number of children showing up with both a new bowel disease and a new type of autism, both appearing so soon after the MMR vaccine was given, is more than can be accounted for by chance.

### **How could the MMR 'hurt' the gut?**

**W**akefield postulated that the attenuated strain of the measles virus promotes an immune response insufficient to control the virus. As a result, a weakened 'infection' of sorts is established in the intestines and produces increased permeability of the gut wall as well as an abnormal increase in the number of cells in the intestinal tissues. Urine tests showed that all of the children had marked vitamin B<sub>12</sub> deficiencies, as seen in other gastrointestinal disorders. Since vitamin B<sub>12</sub> is necessary for the normal development of the central nervous system, Wakefield speculated that the B<sub>12</sub> deficiency could be a contributory factor to the autistic regression seen in these children.

Wakefield teamed up with John O'Leary, professor of pathology at Trinity College in Dublin, who had found a 'low copy' persistent measles virus infection in the small intestine of 24 of 25 children with this type of autism and gastrointestinal disease. This compared with only one of 15 'normal' children used as controls (*J Pathol*, 2000; 190 [Suppl]: 1A-69A).

Previously, Wakefield and a number of other researchers had not been able to detect the virus through conventional molecular microscopes. The term 'low-copy' means that there are very low numbers of virus cells compared with human ones—at best, one virus cell for every 1000 human cells.

But O'Leary used a number of powerful new molecular techniques that enabled him to detect these tiny numbers of measles virus cells persisting in the gut of these children. As Wakefield and O'Leary commented, "Accepted medical wisdom is that exposure to wild or vaccine measles virus prompts a full immune reaction that clears all traces of measles virus."

Besides O'Leary, others have discovered a link

between 'leftover' measles virus and autism. A Japanese scientist found measles virus particles in the blood of one-third of a small sample of autistic children (*Dig Dis Sci*, 2000; 45: 723-9).

Other researchers showed that 'persistent' measles virus infection is present in many people with Crohn's disease (*Gut*, 1995; 36: 564-9; *J Clin Pathol*, 1997; 50: 299-304).

Perhaps the most devastating of Wakefield's and O'Leary's evidence came from biopsy samples taken from the intestines of 91 children who had confirmed diagnoses of ILH and enterocolitis, and 70 control children who had general intestinal disorders. Of the 91 children, 75-82 per cent—showed evidence of measles virus in various cells of the intestine compared with only four of the 70 control children.

O'Leary and Wakefield concluded that their data "confirm an association between the presence of measles virus and gut pathology in children with developmental disorder." Yet again, they hadn't come out and said that MMR caused autism without a shadow of a doubt, but they were certainly walking closer toward that conclusion (*J Clin Pathol Molec Pathol*, 2002; 55: in press).

### **How could a persistent gut virus cause autism?**

**I**n an accompanying editorial to the new Wakefield study, A. Morris and D. Aldulaimi wrote: "There is evidence that developmental disorders are associated with a functional disturbance of the brain-gut axis . . . the symptoms present in the patients with developmental disorders may result from pathological modulation of the functional interface between the immune and sensory motor systems of the gut. Hence, disturbance of the brain-gut axis might lead to alterations in local neuro-transmitters and mediators of inflammation—and so failure to clear virus infections efficiently."

Wakefield's theory, formulated with Paul Shattock of the Autism Research Unit of the University of Sunderland (tel: 0191 510 8922), proposes that this type of late-onset regressive autism results from the action of peptides that originate outside of the body and affect neuro-transmission within the central nervous system.

Wakefield and Shattock believe that these peptides produce effects which are basically opioid in activity or that they may help to break down the opioid peptides which occur naturally within the CNS. In either case, the CNS neuro-regulatory role, normally performed by natural opioid peptides such as the enkephalins and

endorphins, would be intensified to such an extent that normal processes within the CNS would be severely disrupted.

The presence of such intense opioid activity would lead to the disruption of a large number of CNS systems during a critical 'window' in a child's development. Perception, cognition, emotions, mood and behaviour would all be affected, as would all the higher executive functions of the brain. These could result in the diverse symptoms that constitute autism (Brain Dys, 1991; 3: 328; Adv Biochem Psychopharmacol, 1993; 28: 627-43).

With the MMR vaccine, postulates Wakefield, the attenuated (weakened) strain of the measles virus promotes an immune response that is insufficient to control the virus. Consequently, an infection becomes established in the intestines, and produces the hyperplasia and increased permeability of the intestinal wall seen in these autistic children.

In the view of Wakefield and Shattock, the aberrant peptides are derived from an incomplete breakdown of certain foods, particularly gluten from wheat and other cereals (oats, rye and barley), and casein from milk and other dairy products. Their theory has a solid basis in research. Indeed, a number of studies have shown that autistic children have increased gut permeability (Acta Paediatr, 1996; 85: 1076-9).

Shattock and his team have completed a pilot study to test their theories using a small group of autistic children. They have discovered that by limiting casein and gluten from the diet, the children improve, primarily in their development of language and ability to concentrate.

The greatest improvements were seen in the children who were most afflicted. In over 50 per cent of cases, the family doctors have been impressed enough by the improvements to prescribe gluten-free products on the NHS.

Wakefield's team has also found that the intestinal wall in children who have autistic enterocolitis produces an autoimmune response. The high levels of certain immature cells, usually seen only in babies, also suggest that normal immune development has been arrested in the second year of life, says Wakefield (J Pediatr, 2000; 138: 366-72). This is exactly the time that these children received the MMR jab.

### **Measles in the brain**

**B**esides Wakefield's research, other scientists have come up with compelling evidence. Dr Jeff Bradstreet of Palm Bay in Florida, whose own son developed autism after

his MMR jab, has set up the International Child Development Resource Center to study regressive autism and bowel problems, and their possible relationship to vaccines.

So far, he has studied nearly 2000 children with autistic enterocolitis. His laboratory investigations, which have included spinal taps, have uncovered evidence of measles virus in the spinal fluid and brain of these children. Bradstreet's findings represent yet more evidence that, in certain children, the virus fails to clear the body and remains present in many areas of the body besides the intestines.

Bradstreet may also have discovered the missing link as to why some children react to the vaccine. Among the children in his practice, some 70 per cent have one or more markers of thrombophilia. Thrombophilia is the opposite of haemophilia and is the medical term for an increased tendency of the blood to clot. Because children have such small blood vessels, such increased coagulation of the blood would naturally interfere with the blood supply to the brain.

Other research has shown that children with autism have abnormal blood flow in certain regions of the brain (Brain, 2000; 123: 1838-44; J Neuropsychiatr Clin Neurosci, 2000, 12: 370-5; Eur J Nucl Med, 1999; 26: 253-9; J Nerv Ment Dis, 1992; 180: 4313-7). Other research has shown that activation of blood coagulation in the lining of the gut may be involved in the development of Crohn's disease (Gut, 1993; 34: 75-9).

Bradstreet went on to study the families of some of his children with autism. Some 70 per cent of family members chosen at random, 15 were positive for markers of thrombophilia.

Dr Bradstreet has also uncovered evidence showing that the measles virus can induce clotting activity in the mucosal tissue, and so may be responsible for causing thickened blood and narrowed blood vessels in certain children (J Gen Virol, 1994; 75: 2863-71).

This may mean that one of the risk factors for an adverse reaction to the MMR jab is an abnormality of the clotting factor in the blood of families of the child receiving the jab. These may be the children who have the greatest genetic propensity to develop autism after receiving the jab (J Bradstreet *et al.*, 'Autism spectrum disorders and the occurrences of familial thrombophilia disorders—an early report', presented at the September 2000 Defeat Autism Now! meeting, held in San Diego, California).

**Is there any other evidence of autism after the MMR jab?**

**T**he Royal Free study is not the only disturbing link that has been made between the MMR vaccine and autism. According to Alexander Harris and Co., the London-based firm of solicitors which has been contacted by some 2500 families whose children have been allegedly damaged by the vaccine, a good half of their cases involve children who were developing normally, but then became autistic right after vaccination.

Autism is by far the most common side-effect reported to Alexander Harris and Co., occurring twice as often as any other serious side-effect. This is also the case with the hundreds of families who have registered with JABS, the parent group run by Jackie Fletcher, whose own child Robert was allegedly damaged by the triple jab.

Of 1279 JABS children allegedly damaged by the MMR, more than 40 per cent had developed regressive autism after vaccination. Of all the possible side-effects, only speech problems rated higher, at nearly 50 per cent.

Many of Alexander Harris and Co.'s clients have videotapes of their child's development from birth, month after month, demonstrating normal, healthy development up until the point of vaccination with MMR, usually at 12–15 months. By that time, the child is usually walking, may have a small vocabulary, and is pointing and interacting with the rest of the family. Then suddenly, in every one of these instances, the children lost their speech and social interaction, and made a sudden regression into behaviour patterns considered to be within the autistic spectrum.

These include severe difficulties in communicating and in social interaction with others, withdrawal, and repetitive and obsessive movements and patterns of behaviour, and sometimes awkward motions.

One mother wrote: "Thomas has gone from being a happy, fun-loving, social child to a quiet, introverted and aggressive one. I have a little person who is locked up within himself. And that person within holds the only key to comprehending what makes his world revolve. Our world is one of confusion to Thomas, and outside the home environment, every place, person and activity sparks off anxiety."

Some of Alexander Harris and Co.'s cases involve children up to the age of four, whose normal development and speech is unmistakable up until the point of vaccination. Sarah, whose father is Italian, was bilingual at three-and-a-half, and had a large vocabulary in both languages. Two weeks after her MMR jab, she was covered from head to waist with the measles

rash, and suffered a high temperature and drowsiness for a few days.

As soon as the episode was over, she became mute, with autistic traits as well as bowel disorders and constant diarrhoea. She also developed a blood disorder which has been identified as a side-effect of the MMR vaccine.

The fact that children of this age turn autistic after vaccination tends to counter the argument that the onset of autism is coincidental, since autism is usually diagnosed at a much earlier age.

Another of JABS's members is the mother of triplets, all of whom were developing normally, a fact that was documented by medical specialists who took extra care with the children because of their multiple-birth status. At 15 months, within three or four days of their MMR jab, all three children suffered a high temperature, drowsiness and loss of appetite. Soon after, they all lost their speech and ability to make eye contact, and developed behaviour considered typical of autism. One of the children also partially lost his hearing—another known side-effect of the triple jab.

## **The skyrocketing incidence of autism**

**B**esides the anecdotal evidence amassed by the solicitors and JABS, there is also the increasing appearance of what doctors are calling 'atypical autism'. This is where the child is developing normally, then suddenly develops autistic behaviour—unlike the usual autism, which is present from birth.

Autism is now being reported at an alarming rate. A decade ago, 350 cases of autism were reported every year. This means there would have been 5600 cases among British children aged one to 16 at any given time. Today, around 10,000 cases have been reported in one British county alone. The National Autistic Society says that nationwide, there are now 518,000 people with autism. This works out to nearly one in every 100 people in the UK developing a disease which, before 1940—the time of onset of mass vaccination—was virtually unheard of.

In the US, where the government is even more aggressive toward vaccinating (children receive the MMR at age 15 months, 5 and 18, just before entering university), the 21st report of the US Department of Education to the US Congress revealed some horrifying statistics. Across the nation in just a single year (1997–98 to 1998–99), the incidence of autism leaped up by 26 per cent among children aged 6–21 years attending school. This compares with a 2 per cent increase

in all other disabilities, including learning disabilities and severe emotional disturbances. In 17 states in America, the incidence of autism increased by more than 30 per cent in just this one-year period alone. Indeed, in Ohio, where only 22 cases of autism were reported in 1992, 1523 cases were reported by 1999—an increase over eight years of 6822 per cent! And these figures do not include those children under six or not attending school. Overall in America, according to the US Department of Education, there has been a 44 per cent increase in cases of autism from 1992–93 to 2001–02.

The greatest increases in autism are in the younger age groups, whereas other disabilities are decreasing among these same younger groups (Dr F. Edward Yazbak, 'Autism 2000: a tragedy', reprinted in WAVES, 2001; 13: 18–9).

A conference paper presented by a doctor from the University of California's Department of Medicine showed the "strong association between immunisation with MMR and the development of autism". In March 1999, the State of California released a report demonstrating that the incidence of autism had increased by 273 per cent among young children. The report showed a sudden and alarming increase just at the point that MMR was introduced, according to Allergy-Induced Autism (AIA), a parent-run group in the UK (tel: 01733 331 771).

### **The link with a double-hit of mumps and measles**

Many researchers have blamed the measles virus for the onset of these illnesses. However, Dr Bradstreet and the Autism Research Unit at the University of Sunderland have made some other interesting discoveries in the literature as to why the MMR may be the cause of bowel disturbances. Epidemiological evidence has been unearthed from the more than 7000 participants of the national 1970 British Cohort Study, in which the health records of thousands of children were recorded and studied from birth.

In this study, researchers noted the children's ages at the time of the onset of a number of infectious diseases and whether the children as adults developed inflammatory bowel disease. They found that when the children had mumps before the age of two, they were 25 times more likely to develop ulcerative colitis as adults. Similarly, if they caught both measles and mumps within less than a year of each other, they were seven times more likely to develop ulcerative colitis and four times more likely to

develop Crohn's disease (Gastroenterology, 1999; 116: 796–803). A similar epidemiological study in Iceland found that children catching mumps and measles back-to-back were 11 times more likely to develop inflammatory bowel disease later in life.

Thus, the problem is not simply catching measles. It is catching mumps before the age of two or having measles and mumps within less than a year of each other. This may mean that it is the mumps component in children under two that is causing problems and/or giving these two live viruses at the same time.

### **The government's position**

As soon as Dr Wakefield published his findings, both the government and medical community embarked on several million-pound campaigns to deny any association between MMR and autism. They argued that the findings were sheer coincidence, and maintained that the children received the vaccine when autism would have been recognised and diagnosed anyway.

In an attempt to staunch the haemorrhage of parents opting out of the jab as a result of Dr Wakefield's work, the British government and Public Health Laboratory Service (as well as other governments around the world) rushed out a number of studies supposedly demonstrating that the link between autism and the MMR vaccine doesn't exist. All, so far, are epidemiological observational studies of populations, one of the weakest types of investigations because you cannot isolate all the variables.

The latest was a Finnish study, published in the December 2000 issue of the Journal of Pediatric Infectious Diseases, conducted by Heikki Peltola and colleagues at the Department of Public Health, University of Helsinki. This study appeared to be a deliberate attempt at damage limitation. The study claims to find no such connection between the MMR and autism among 1.8 million children receiving some three million jabs. It also claims that, among this population, there were only 173 potentially serious adverse reactions attributable to the MMR vaccine and only 437 events, mostly minor, in total.

However, it's important to take a look at the fine print. First, the study relied on 'passive surveillance'—that is, information reported by health providers to the Finnish Department of Public Health. Passive reporting systems are known to be highly unreliable. The UK's Public Health Laboratory Service (PHLS) has admitted

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as much. The US's Vaccine Adverse Event Reporting System (VAERS), which also relies on passive reporting, is estimated to receive only 5–10 per cent of the total number of adverse reactions experienced. No one was actually investigating autism as a side-effect, and many doctors may not have connected autism with a seemingly unrelated factor like a vaccine or, indeed, bothered to record it.

The authors of the Finnish study say that any side-effects were reported soon after children had the jab and the children were followed for as long as possible (the time frame was not defined). It is well documented that side-effects like convulsions in children given the MMR do not surface until eight to 14 days after the jab. Autism does not appear immediately either or isn't immediately recognised. It's doubtful whether any cases of children whose speech, behaviour or development began to deteriorate would have been followed-up.

Also, the study was carried out and completed during 1982–1996, before anyone suspected a link between the vaccine and autism or gut problems. *In other words, there were no reports of autism because the question was never asked.*

The authors were also quick to defend the vaccine, even against the single death of a healthy 13-month-old boy who died in his sleep, eight days after receiving his jab. He died by aspirating his vomit, the result of acute gastritis. This was attributed to a familial tendency (his sister had "flaccid attacks", whatever that means), and ignored the 5 per cent of MMR adverse events where nausea and vomiting are present.

Mystifyingly, the authors also decided to exclude cases of idiopathic thrombocytopenic purpura, the blood disorder recognised by the manufacturers of the MMR to be one of its primary serious side-effects.

A 1998 report on the Finnish data from three million children also found no association between the MMR jab and autism. At first glance, the evidence is fairly compelling (Lancet, 1998; 351: 1327–8). The Finnish National Board of Health and National Public Health Institute had launched a vaccination campaign in 1982 to give the MMR vaccine to all children at 12–15 months and then at age six. By 1996, three million doses of vaccine had been given. All adverse effects were supposed to be reported, again through a passive reporting system.

During that time, the study says, 31 children developed gastrointestinal symptoms, with 21 admitted to hospital. There are important differences between this study and Wakefield's. For one, the Wakefield study began its investi-

gation with children diagnosed with an autistic spectrum disorder and then went on to make the link with the bowel problems. The Finnish study, on the other hand, only noted children with gastrointestinal problems, among whom none had been diagnosed as autistic.

The PHLS, the organisation responsible for vaccine policy in the UK, published its own epidemiological data, which also dismissed the autism link (Lancet, 1999; 353: 2026–9). The PHLS took a group of 498 children, diagnosed as autistic in eight North Thames health districts, and compared their clinical data with their immunisation records to see if there was any sort of temporal relationship between the onset of autism and receipt of the MMR. They also looked at the overall incidence of autism to determine whether there was an increase after the introduction of MMR in Britain.

According to this study, there was no link found in the 498 children studied. Overall, autism hadn't increased within a timeframe that could pin it to the jab.

The design of the study is, by the authors' own admission, poor. This kind of broad-sweep epidemiology only works when looking for gross patterns in the general population. Also, unlike most scientific studies, the actual numerical data aren't presented in the published paper, making it impossible for outsiders to critically and fully evaluate the study.

There is no doubt that autism has increased dramatically in the UK. In a chart derived from the study, the incidence of autism had increased steadily in the area from a level of around three born in 1979 to 50 born in 1992. According to the AIA, autism has risen 25 per cent every year.

The authors of the study maintain that this increase in autism began in children born before the MMR was launched in 1988 and so is unrelated. However, Paul Shattock, of Autism Research Unit, says that such an interpretation ignores the PHLS's own 'catch-up' policy of vaccinating children born in 1985 and 1986 with the MMR at age two or three, even if they'd had the single measles jab at 13 months.

If you take these children into account, there would be a significant rise in autism cases in children born in 1986, if MMR had anything to do with it. Indeed, there is such a large spike in the study's chart.

The study also examined the timing of the first parental concern about their child's autistic behaviour. The data clearly show a large peak of parental concern six months after the MMR vaccine. Nevertheless, this cluster was subsequently explained away as a reflection of the

difficulty parents experience in pinpointing when their child's symptoms first developed.

Dr Wakefield said the quality of the records in the study is "appalling". Symptoms are not even recorded. Significantly, the DoH refused to give the original data to the US Congress for independent examination.

### **The MCA working party**

In 1998, the Medicines Control Agency (MCA) appointed a working party to study the MMR vaccine made up of 37 supposedly independent experts. In fact, a number of those on some of the committees were paid consultants to vaccine manufacturers. In its 1999 report, the working party concluded: "It was possible to prove or refute the suggested associations between the MMR vaccine and autism/PDD or inflammatory bowel disease because of the nature of the information, the self selection of cases, and the lack of comparators. Nevertheless, the Working Party found that the information available did not support the suggested causal associations or cause for concern about the safety of MMR or MR vaccines."

In other words, although they couldn't categorically eliminate the possibility that this vaccine might cause autism, they didn't feel there was any cause for concern based on the available data. The findings of the panel were cited by the then chief medical officer Kenneth Calman as a reason to definitively rule out any link.

Soon after the release of its report, the government suffered a defector from among its ranks. Dr Kenneth Aitkin, an authority on autism commissioned by the government to allay fears about the link between the condition and the vaccine, blew the whistle on the government's damage-limitation exercise. Dr Aitkin admitted that the DoH did not accurately put forward the conclusion reached by the MRC.

"We did not conclude that autism was not linked to MMR," he said recently. "The view was that there was a problem which needed to be looked at very carefully and there was not enough evidence to rule out a link."

Even worse, as far as the government is concerned, Dr Aitkin is now sleeping with the enemy. He agreed to act as an expert witness on behalf of the parents of autistic children seeking compensation from three manufacturers of the MMR vaccine for allegedly damaging their children.

Dr Aitkin's apparent defection is all the more interesting considering that he was part of a panel that was handpicked by the government.

General members of the public concerned about vaccine safety were not allowed to nominate their own members. Despite assembling a large panel of independent experts, the government and the PHLS put their own spin on the findings of an independent committee to back up their desired conclusion.

When the Wakefield data were first released, the government spent £4 million on a campaign to reassure parents. Today, it is spending millions more in sending pamphlets out to doctors' surgeries in an attempt to sway the increasing numbers of parents refusing the jab. This money might be better spent in conducting proper studies to find out, once and for all, whether the MMR vaccine does cause autism.

### **Was the MMR adequately studied in the first place?**

The MMR vaccine was licenced after a safety trial that lasted only three weeks. Parents were asked to fill in questionnaires for 21 days. Those children who went on to develop autism after this time, which most did, were not included in the data. Walter Spitzer, professor of epidemiology at McGill University in Canada, said children should have been monitored for at least three years.

New evidence suggests that the MMR vaccine should never have been given a licence because there was never sufficient evidence of its safety or efficacy. This report, published in *Adverse Drug Reactions and Toxicological Reviews* (2001; 20: 57-60), is by Dr Peter Fletcher, who was a senior medical officer for the DoH in the early 1980s, before the drug was licenced.

In the report, Dr Fletcher reviews a paper by Dr Andrew Wakefield, of London's Royal Free Hospital, and Dr Scott Montgomery, of the Karolinska Hospital in Stockholm, both of whom are critical of the evidence supporting the introduction of the jab. Says Fletcher, "Being extremely generous, evidence on the safety was very thin; being realistic, there were too few patients followed up for sufficient time. Three weeks is not enough; neither is four weeks."



The consent form below prepared by a lawyer, is our suggested alternative consent form for any vaccine. Ask your doctor, the nurse administering the jabs or even your local health authority in charge of implementing the programme to sign this form. In effect, it is asking the Department of Health to put its money where its mouth is.

This consent form may also be used as a means of preventing the health authorities from pestering you if you have decided against vaccination (some parents who have said "no" have been telephoned or sent new consent forms to "reconsider" by health workers).

Our guess is that most doctors and nurses will run a mile from this consent form.

Feel free to photocopy the Vaccine Consent form and circulate it among other interested parties.

## VACCINE CONSENT FORM

CHILD'S NAME: .....

I give my consent for my child to be vaccinated with the vaccine(s) subject to the following conditions:

1. That the information which has been supplied is fully accurate both as to the safety and the efficacy of the vaccine.
2. That the doctor or nurse performing the vaccine, the Health Authority, the manufacturer of the vaccine and the Department of Health will accept full joint and several responsibility for any injury caused to my child as a result of the vaccine being administered.
3. That, in the event of any such injury being caused, my child will receive full compensation, assessed in accordance with the normal principles of English Tort Law.

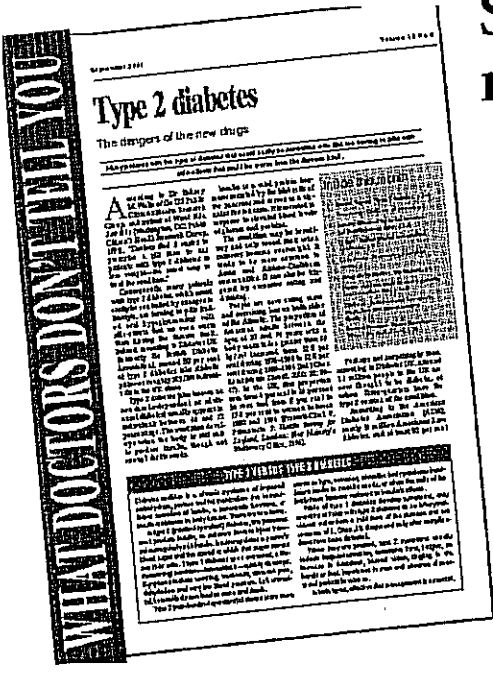
If these conditions are not acceptable, the vaccination should not take place.

DATE: .....

SIGNED: .....

Prepared by:

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