

Blunderland Revisited

Whooping Cough Vaccine

In 1996, when *Healthy Options* published an article reviewing the history of whooping cough disease and the vaccine which wasn't working, the medical profession wouldn't discuss the issue. Parents were repeatedly told that if they didn't have them vaccinated, their babies could get sick and die. To scare everyone witless, a television advertisement featured a tiny baby coughing its lungs out. No-one knew that the baby was premature, too young to be vaccinated, and that the majority of whooping cough occurred in appropriately vaccinated babies and children, a trend which continues to this day. The message was, and is, that where vaccination is delayed, there is a four-fold increase in illness, implying that had babies been vaccinated on time, they wouldn't have had whooping cough, or at least it would have been milder. Some of those parents contacted us and said that they delayed the shots either because of a reaction to the first shot, an inter-current acute illness, a chronic health issue, or a reluctance because of prematurity issues.

In June 2006, my husband and I published an up-to-date view of whooping cough, detailing critical anomalies in the Health Department versions of both disease and vaccine history, so it was with interest that I read a recent article which had me chuckling, until I realised the implications of it. The authors of the article begin by saying that the pertussis vaccine had been available in New Zealand since 1945. What they didn't say, is that many parents avoided it, often after helplessly watching a reaction of the sort which unsettles parents for weeks. Childhood vaccines were suspended between 1955 and 1960 because they could cause the provocation of polio. After widespread coverage with the polio vaccine was complete, a three dose DPT (diphtheria, pertussis, tetanus) vaccine schedule was started in 1960, but uptake wasn't enthusiastic. In the 70s the schedule was two shots, then back to three again in the 80s. We were told, at that time, that just like having the disease, these shots would give lifelong immunity to whooping cough, without the risks of the disease! In the past decade the uptake levels for the basic schedule of four shots has nearly touched the 90 per cent uptake mark – so from the doctors' silence, are you presuming that whooping cough has been beaten? It hasn't, and the authors admit it. They report a disease burden in New Zealand five to 10 times greater than

either the United Kingdom or the United States. (This statement is true ... if you don't take into account the fact that the reported rate of whooping cough in the US is miniscule, compared to the real rate: "The rate of cough illnesses (pertussis) caused by B pertussis infection in adolescents and adults is between 370 and 1500 per 100,000 population. These data suggest that there are between 800,000 and 3.3 million cases per year in the United States." Elsewhere, the same author says: "Rates of reported pertussis are 40 to 160-fold less than actual illness rates, and asymptomatic infections are four to 22 times more common than symptomatic infections.")

Last year, Britons were shocked to hear that 85.9 per cent of whooping cough cases were in fully vaccinated children, that the disease was endemic amongst school children, with 'millions' of cases being 'missed'. A comparison of our data with the US data shows that our rates may well be as prolific and inexactly known as anywhere else. During the last two whooping cough epidemic peaks in 2004 (3489 cases) and 2005 (2852 cases), there was relative media silence in comparison to the constant yapping in previous years.

By March 2003, behind closed doors, experts were saying, "New Zealand's pertussis vaccination programme appears relatively ineffective at

controlling this disease ... the rate of disease during inter-epidemic periods appears to be increasing." In December 2004 it was admitted that "effective vaccination rates may in some cases be as low as 33 per cent" – a figure that came from a study in New Zealand, with the introduction stating: "The vaccine against pertussis is known to be unreliable." Not exactly a selling sound bite when trying to persuade parents to use it to the full. The study's historical graphs using data from 1873 can't help but illustrate even more graphically, similar data in our book. In the early 1900s, marasmus and diarrhoea in babies were common causes of death. All infectious diseases showed a huge drop by 1924 in comparison to 1873, so it's no surprise that both hospitalisation and deaths from pertussis showed a low plateau starting from 1910, until the period around World War II when there was a spike upwards, and then a rumbling rate.

This new-found state of better health came about gradually through improved housing, sanitation, drainage, clean water and better food which reduced deaths and hospitalisation from most infectious diseases. But since the 60s, whooping cough infection rates have steadily increased again. The question is, was the 60s lull (thought to signal a vaccine success story) really a lull, or had some brains gone to sleep? No matter how the whooping cough

