

Alice in Blunderland

by Hilary Butler,
Independent researcher
for the Immunisation
Awareness Society

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

