

## Reply to Whooping Cough Article in the Week-end Australian Magazine

(April 28-29<sup>th</sup> 2012)

Title 'Australia is in the Grip of a Whooping Cough Epidemic. Even  
Children who have been vaccinated are getting sick: how worried should we be?

By Mary-Rose MacColl

An article on whooping cough immunization should be based on evidence and known historical facts yet the article in the weekend Australian perpetuates myths and promotes immunization on anecdotal evidence. This results in an emotional response to disease prevention. The stories of sick children that are discussed in this article represent anecdotal evidence of the dangers of whooping cough and for every story presented, the VAERS damage records show a vaccine-damaged child that can tell their 'story' to match these emotional arguments. That is why it is important for government immunization policy to be based upon evidence of the risks of disease to the majority of children and not emotive stories about the disease.

There are several fallacies in the information that is provided that I would like to address:

- Whilst a whooping cough vaccine was available in 1940 it was not used in mass immunization campaigns until 1953 because of the dangerous side-effects of the vaccine 1, 2, 3. Whooping cough was controlled in the Australian population by 1950 due to the improvements in living standards that had occurred 1.
- Whooping cough vaccine was introduced in mass vaccination campaigns in 1953 to see if the disease could be eradicated as the incidence of this disease had already been reduced 1.
- Historically the disease was caused by 3 strains of bacteria but the vaccine has only ever contained one strain of bacteria –*Bordetella pertussis*. So herd immunity due to the vaccine is limited 4.
- It has been known for many years that vaccinated children still get whooping cough yet the government has not provided the statistics on the number of vaccinated children that still get this disease 5.
- The vaccine has been linked to neurological damage in children for many years and this side-effect is listed on the package insert for the vaccine 2, 3.

- Deaths to whooping cough are rare over the age of 6 months and catching the disease over 1 year of age provides longer term immunity (about 20 years) than the vaccine (about 4 years) and better community protection for infants <sup>6</sup>.
- Even if the vaccine provides protection to some infants a child is not protected until they have had all 3 doses of vaccine at 6 months of age <sup>7</sup>. 90% of deaths are under 6 months of age <sup>8</sup>.
- The countries with the highest incidence of whooping cough also have the highest vaccination rates. Incidence figures can be manipulated by greater surveillance of the disease and are not an indication of the severity of the disease in the population.

Professor McIntyre states:

'No one would deny that better sanitation and diet is all good. But if you look at the records going back with these diseases, it's obvious to blind Freddie that vaccines made a difference'.

This is an unsupported statement. The historical records are listed in my thesis 'An analysis of the Federal Government's Pertussis (whooping Cough) Immunisation Policy' and the historical evidence for the influence of vaccines on reducing whooping cough in any country is unclear <sup>9</sup>. The evidence for this is the fact that the majority of vaccines have been introduced after 1950 (including whooping cough vaccine) and infectious diseases in Australia were controlled before 1950. Professor McIntyre does not provide evidence for his claim but instead uses spin, such as 'blind Freddie can see this evidence', to support his argument. A graph of the decline in infectious diseases in Australia before 1950 is provided in the Commonwealth Year Book of Australia <sup>6</sup>.

The cause of whooping cough is strongly related to environmental conditions and this factor must be included in the analysis for using a vaccine. There are now 7 vaccines that are recommended to children under 2 months of age and it is known that introducing vaccines at this young age interferes with the maternal antibodies that are passed on during birth.

Promotion of a vaccine for whooping cough needs to be based on the demonstrated risk of the disease to the majority of individuals. If the government is using anecdotal evidence instead of the actual risk of the disease to the majority of individuals to promote this vaccine, then it is not promoting an evidence-based policy.

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