

Child immunisation

June 25, 1985. County News.

- a necessity

Cases of crippling and potentially lethal diseases such as polio, tetanus and diphtheria are only recorded very rarely nowadays in New Zealand.

This is because of a successful programme of injections which, employed from the age of six weeks, immunises children for life against these illnesses.

The child immunisation schedule runs as follows:

At six weeks — triple vaccine (tetanus, diphtheria, whooping cough).

At three months — triple vaccine, plus polio.

At five months — triple vaccine plus polio.

At 15 months — English measles.

At 18 months — double vaccine (diphtheria and tetanus).

At five years (prior to school) — polio drops.

This schedule is not hard and fast, and can

be re-organised if necessary.

Records are kept of individual children's immunisation schedules and it is endeavoured to contact parents and remind them when the various injections are due.

This is not always possible and the onus is also on parents to check with their family doctor, Public Health Nurse or Plunket Nurse.

It is a surprising fact

that many parents neglect parts or even all, of the immunisation programme.

Diseases such as tetanus may be relatively unheard of now. But they can very quickly rear their heads if the necessary precautions are not taken.

Letters to the Editor

9/7/85 'The other side' to immunisation

Sir,

I read with interest your front page article on "Child Immunisation — a necessity".

For many readers this will be thought of as a timely reminder of parental responsibility ... the recent announcement that the Immunisation Benefit paid to doctors is to be raised to

\$7 per visit is no doubt an added incentive for such a request for parents to examine carefully immunisation programmes. No-one could doubt the enthusiasm of the local medical services in making such a call ... but has it occurred to readers that there might be another side to the immunisation story?

For anyone who is prepared to make the effort to find it, there is an increasing amount of scientific and well-researched evidence available, and I would gladly share what I have collected with any genuine enquirer. Unfortunately it cannot be done within the limitations of a Letter to the Editor.

It is regrettable that, generally speaking, most doctors dealing with the public, are either unaware of the "other side" of the immunisation story, or find it expedient to toe the partyline rather than do battle with the huge vested interests which do not want too many enlightened people around.

Medical and Health authorities are quick to tell us of the risks associated with not having children immunised. We hear very little, if anything, about the risks taken by subjecting children TO their advice.

Could I make this plea — before adopting any immunisation programme, become well-informed parents by knowing the facts.

If anyone suggests that what I am saying is a load of hogwash (or whatever), then I venture the opinion that you have stood on someone's pet corns and the time has come to dig deep for what is being kept from you.

It is there if you look in the right places and ask the right people.

Mrs Hilary Butler
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