

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

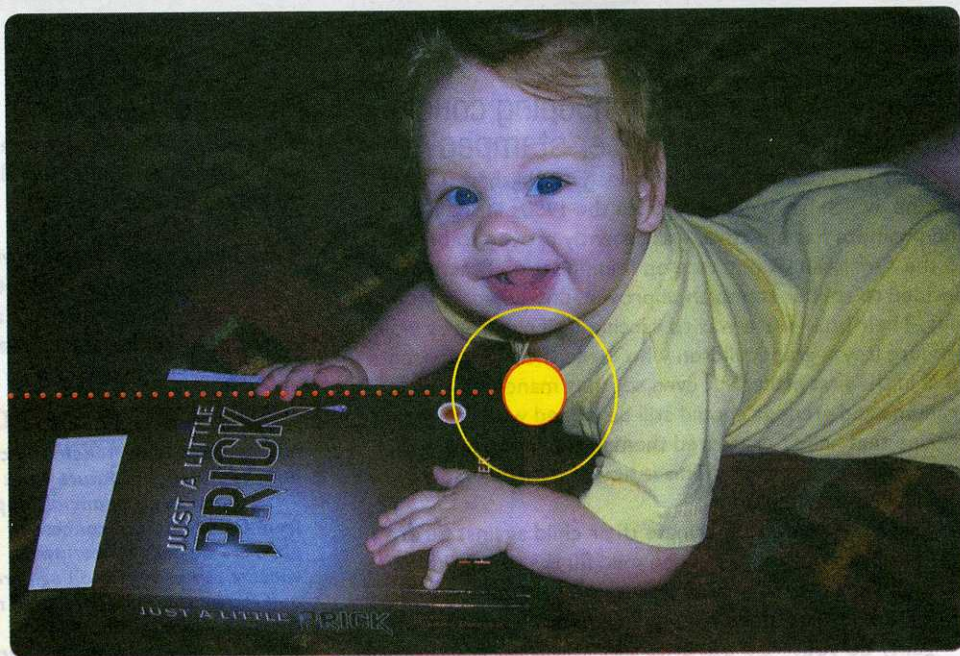
controlling this disease ... the rate of disease during inter-epidemic periods appears to be increasing." In December 2004 it was admitted that "effective vaccination rates may in some cases be as low as 33 per cent" – a figure that came from a study in New Zealand, with the introduction stating: "The 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

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data is juggled, the results are the same. Using New Zealand data from just before the vaccine was introduced, in terms of preventing hospitalisation and disease burden, the vaccine has been a dud. Case numbers in under-ones have increased worldwide. An email from the Centre for Disease Control (CDC) read: "... the number of pertussis cases in the US has been steadily increasing. For 2004 alone, 25,827 total cases have been reported. Of these cases, 2622 cases (10 per cent) were reported in infants less than six months, 611 cases (2 per cent) were reported in infants six to 11 months, and 2562 cases (10 per cent) were reported in children ages one to four years old. Twenty-seven deaths were also reported in 2004, 24 of which occurred in infants less than three months old."

The reason people only did their '100-day' cough once before the vaccine was commonplace, was because cellular immunity to whooping cough relies on constant exposure. Any fleeting protection from the vaccine is not first line cellular immunity, but due to antibodies (humoral immunity) which rapidly disappear. The more years there are between when a person is exposed, the more likely they will go through another 100 days of coughing. A pattern of repeated whooping cough infections started to emerge in New Zealand after the 1980s when three doses were re-instituted, and the percentage of vaccinated children started to rise. By the 90s, it was becoming more common for vaccinated parents to have whooping cough at the same



time as their vaccinated children. Even grandparents were occasionally coming down with it – much to their surprise. One mother, who lives close by, had whooping cough at age 11, in spite of being vaccinated, and at 30 was coughing again, right along with her vaccinated children. Ever since I started studying pertussis in 1981, the deal has been that pertussis in vaccinated children is normally diagnosed as something else. I knew of only one doctor prepared to diagnose whooping cough in a vaccinated child. Everywhere in the world, the use of the whooping cough vaccine is creating new problems in spite of worldwide record uptake levels of the vaccine, with more doses than ever before. Only now are doctors admitting that vaccinated cases are routinely misdiagnosed. They have to, if they are to create traction for a new idea: that re-vaccinating everyone, all the time, is a good idea. How often might they want to needle people? They don't know. Antibodies from every adult vaccine tried so far only lasts a fraction of the time, compared to natural exposure. The vaccines can have nasty side-effects, though the adult trials 'say' pertussis vaccines are okay. According to two adult trial participants this view might be optimistic; both wife and husband reacted, but said about the husband: "... he got sick, terribly sick, lay in bed for eleven days and moaned like a menstruating whale.... Both of us gave a detailed description of what Jon had been through in the last month, and then continued to complain about it even as a lab technician came in to draw our

blood. Both of them assured us that the symptoms Jon had suffered couldn't have been caused by this study."

The sticky problem for many doctors is that they've crowed so loud about how good the whooping cough vaccine is for so long, that, to admit that they didn't know what they were talking about, might lead to questions about how they know the next idea is any better. Can they guarantee that regular adult shots will succeed where the child experiment failed; and that being a life-long needle cushion will solve all the problems and create no new ones? I'm not interested in an adult vaccine, because:

- There is a cheap, non-patented compound called sodium ascorbate which, used in correct doses, safely and effectively, controls whooping cough. The medical profession knows about it, but refuses to either use it or to investigate it scientifically. If they do use it, they usually don't use adequate doses or use it incorrectly.
- The adult whooping cough vaccines will be served with additional cocktails of heavy metals, preservatives, adjuvants and rafts of accompanying toxoids with all their additions. That concoction would be diphtheria/tetanus/pertussis for adults, but in America DTPH (diphtheria and tetanus toxoids, whole cell pertussis vaccine, and Haemophilus influenzae type b conjugate vaccine) is fashionable right now. →

