+ Cover story

THE CASE FOR VACCINATION

Why aren’t “good” parents vaccinating their children, asks Joanna Wane, and are they putting the rest of us at risk?

JOANNA WANE IS NORTH & SOUTH’S DEPUTY EDITOR. PHOTOGRAPHY BY JANE USHER.

Right: Charlotte Cleverley-Bisman mucks an iceblock while watching TV. Known throughout the country as “Baby Charlotte”, she contracted meningitis during a nationwide epidemic when she was just six months old and had to have all her limbs amputated. Now aged six and at primary school on Waiheke Island, she missed out on a mass immunisation campaign by just a few weeks.
Charlotte Cleverley-Bisman loves sweets. Wearing a bright-red daisy hair tie and stretchy black shorts, she’s been rolling around on her bed like a rumpled ball. At the end of the day, do you want the possibility of what happened to Charlotte to happen to your child? If it’s a disease that’s preventable, why would you allow that possibility, instead of taking a very small, calculated risk by having the vaccine?" Our practice nurses have raised concerns. Some talked of friends who’d removed their kids from compulsory vaccinations. "Today, the only ones saying no to the needle. To jab or not to jab is the latest hot topic among people with disabilities, has pushed the strike rate to 85 per cent. That’s still below the numbers needed for herd immunity to prevent infections circulating – yet another example of how far we lag behind our neighbours across the ditch. Babies born in New Zealand are five times more at risk of catching whooping cough than in Australia, where a range of initiatives including cash payments for parents and GPs have helped push up compliance to around 94 per cent. In March, a nine-month-old baby was admitted to hospital in the Hokianga with measles after an outbreak in an extended family community where most of the children hadn’t been vaccinated. So far, 31 more cases have been reported in Northland.

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Perry Bisman, Charlotte’s father

immunisation programme was being fast-tracked into action by Ministry of Health. In a controversial nationwide campaign, the vaccine against a particularly virulent strain of meningitis was offered free to everyone under the age of 20 – short-circuiting an epidemic that had infected thousands of people since 1991 and left 120 dead. Within two years, more than a million children and teenagers throughout New Zealand had been given their first dose. One of them was Charlotte. “After all the operations she’d been through, watching her have a needle stuck in her arm again was gut-wrenching,” said Bisman. “But she had her three shots as soon as she was well enough, because she could have been infected again.”

Concerned by what he saw as scaremongering over the vaccine’s alleged side-effects, he went public to support the ministry’s campaign. Although the programme ended in 2008, when the dwindling number of reported cases no longer warranted mass immunisation, it’s still on message. “You hear all sorts of stories, but that’s all they are. Stories. The evidence just isn’t there,” he says. “We’re living in an age of disinformation and the anti-immunisation protest movement has some really active, intelligent people who are very good at spinning an argument. It’s made for pseudo-scientists look real.”

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Charlotte’s new 151651,000 laser-manned prosthetic legs were custom-made for her as a gift. Using state-of-the-art technology unavailable here, they’ll give her the freedom to jump and run for the first time.

PHILOSOPHICAL OBJECTIONS to vaccination are often driven by the desire to inhabit a more “natural” world. But alternative lifestyles – including those who prefer their drugs to be purely recreational – aren’t the only ones saying no to the needle. To jab or not to jab is the latest hot topic at middle-class coffee groups, where going with the science is no longer something readily taken on trust.

Mothers who would once have immunised without question as the right thing to do now see it as a personal choice based on informed consent. The modern child is a precious, limited-edition resource. And deeply committed modern parents don’t want anyone, particularly the Government, telling them what to do. The idea that building up natural resistance is more effective than artificially stimulating our immune systems isn’t a new one. “Homeopathic immunisations” are available from some natural-health centres and vaccination is actively opposed by many chiropractors and osteopaths (whose own claims are often met with a blind faith not extended to conventional medicine). And yet a new campaign is to de-medicalise childhood, midwifery and ante-natal classes often present immunisation as a debate where both sides are given equal weight. One mother spoke to this story said that while her own GP had no doubts about vaccination, her chiropractor was strongly against it. “Why should his opinion have any less validity?”

Some talked of friends who’d removed their kids from compulsory vaccinations. “Today, the only ones saying no to the needle. To jab or not to jab is the latest hot topic among people with disabilities, has pushed the strike rate to 85 per cent. That’s still below the numbers needed for herd immunity to prevent infections circulating – yet another example of how far we lag behind our neighbours across the ditch. Babies born in New Zealand are five times more at risk of catching whooping cough than in Australia, where a range of initiatives including cash payments for parents and GPs have helped push up compliance to around 94 per cent. In March, a nine-month-old baby was admitted to hospital in the Hokianga with measles after an outbreak in an extended family community where most of the children hadn’t been vaccinated. So far, 31 more cases have been reported in Northland. A much more infectious disease than swine flu, the measles virus was brought into the community by a visitor from India.”

Charlotte had missed out on the meningococcal B (MenNB) vaccine by a few weeks. As she lay in hospital fighting off infection after another, a $200 million

$1865.00 (4995).00, they were custom-made for her as a gift from the company’s owner, Matt Daniel, an American amputee who met the family last year at a camp for the few times they’re the normal ones and when all her limbs were amputated in an eight-and-a-half-hour operation at Auckland’s Starship hospital, with the media virtually uninvited into a decision, while several said they weren’t going to get vaccinated. Some talked of friends who’d removed their kids from compulsory vaccinations. "Today, the only ones saying no to the needle. To jab or not to jab is the latest hot topic among people with disabilities, has pushed the strike rate to 85 per cent. That’s still below the numbers needed for herd immunity to prevent infections circulating – yet another example of how far we lag behind our neighbours across the ditch. Babies born in New Zealand are five times more at risk of catching whooping cough than in Australia, where a range of initiatives including cash payments for parents and GPs have helped push up compliance to around 94 per cent. In March, a nine-month-old baby was admitted to hospital in the Hokianga with measles after an outbreak in an extended family community where most of the children hadn’t been vaccinated. So far, 31 more cases have been reported in Northland.

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Another case in Brisbane has also been linked to the outbreak in the Hokianga.

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Anxious mothers say they’re treated as difficult and neurotic. Says one first-time mother: “Every time you put your finger in your mouth, you’re presenting antigens to your immune system in a very similar way to a vaccination.”

“Proving cause rather than coincidence is tricky. A link between flu vaccines and extremely rare cases of Guillain-Barré syndrome can’t be confirmed because the numbers are so small. The flu vaccine is an epidemically safe way to raise the risk of developing the syndrome.”

New Zealand has the highest reporting rate of adverse reactions in the world, according to CARM director Michael Tatley — who he attributes to high levels of vigilance here. More than 80% of the people who have had flu vaccinations, although he stresses a reported reaction isn’t proof of a causal link.

Tatley is convinced an effective system and that health authorities are quick to act on warning signs. In 1999, an early rotavirus vaccine was taken off the market in the United States because babies who’d been injected with more than 3000 antigens at once had developed Guillain-Barré syndrome.

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Lailbeth Alley, a nurse and immunisation facilitator with the Immunisation Advisory Centre (IMAC), says: “Every time you put your finger in your mouth, you’re presenting antigens to your immune system in a very similar way to a vaccination.”

Their opinion is given the same legitimacy as specialists who know the business inside out. “It does a lot of damage and someone has to respond to the science. It’s just so irrational that our Government would pour massive amounts of money to poison our kids — with no gain. That’s their argument and it’s hard to understand.”

She doesn’t like to say it, but the world has also become a more selfish place. “People feel responsible for themselves and their families, that’s where it stops. Some parents honestly believe if they feed their children organic food, keep them in a lovely clean environment, look after them and love them, they’ll be protected. But these diseases are still out there, just under the radar, and if our community protection drops off, the risks grow up hugely for everyone. We don’t live in a bubble; the rest of the world is only a plane ride away.”

Iron lungs jammed into a Boston hospital in 1950 during a worldwide polio epidemic.

Their conclusion is that the flu vaccine is the equivalent of tobacco manufacturers — trading in lives for profit. And Nikki Turner is damned as their partner in crime. “How do you sleep at night?” they ask her. “You’re killing babies.”

Turner, who still works as a GP for the Auckland City Mission, set up the Immunisation Advisory Centre (IMAC) at the University of Auckland 12 years ago. Handling all the personal hate mail was tougher then.

“I’ve even more committed now because most of the issues we’ve been through before and a lot of it is simply dishonest,” she says. “I still do my Catholic teaching of conscience when I look in the mirror and ask if I’ve got the data right. But how could you not advocate for immunisation when you see the evidence and know the damage from these diseases?”

Turner pulls out a graph showing the number of Hib cases nosediving after a vaccine was introduced in 1992. What used to be the most common cause of bacterial meningitis in children under five — killing one in 20 sufferers and leaving a third of all survivors with permanent brain or nerve damage — is virtually eradicated here now.

“I look at that graph and I cry every time I see it. That’s what absolutely encapsulates it for me. From having 40 to 60 kids a year with Hib disease, now you only get one or two. When you get a nasty email, that’s what gets you out of bed the next day.”

In the late 1980s, Turner was working in neo-natal paediatrics in Britain during a whooping cough outbreak after false reports linked the vaccine to brain damage, causing
As a mother, Turner understands the grief behind the visceral anger – even hate – that she sees in some parents’ faces when she gives public presentations on immunisation. Her oldest child has a significant congenital handicap. “You want to know the reason and I’ve never found one. I’m still blaming Welsh irritable sheep because we were in the UK when I was pregnant.”

Helen Petousis-Harris, IMAC’s director of research, understands too the vulnerability all women feel as mums – and the desire to do the best for their kids that unites them. She paid for her two older sons to have Gardasil shots to help prevent the spread of HPV. But when her third son was born in the thick of the MMR controversy, she sent him in with her husband to have the injection “and waited for him to become autistic. I know perfectly well it was ridiculous but no one’s immune to that stuff!”

In 2007, a meta-analysis of existing research was published allaying fears that immunisation causes sudden infant death syndrome (in fact it was associated with halving the risk). A myth of our own – since exported internationally – suggests Gardasil may cause infertility in young girls. That story made the cover of a local health magazine, based on a study where huge doses of one of the ingredients, polysorbate 80, was injected into the abdominal cavity of newborn rats. “So you should stop eating ice cream because there’s lots [of polysorbate] in that one even more in fat-free,” says Turner. “That’s a real example of creating a fallacy overnight. The thing is, you can be really well educated and still not have a clue about how to find and read the accurate science.”

“Immunisation has more funds for her ongoing support and to critically evaluate, for example, a scientific paper? Is it a randomised control trial, a cohort study, just one case or just someone’s hypothesis? A lot of people have no idea which is likely to be more reliable than any other.”

It amazes me that people call it the ‘immunisation debate’. There’s not a real debate. We’re accused of withholding information, but the Immunisation Handbook has more information than anyone would need to know. But how well-equipped might someone be to critically evaluate, for example, a scientific paper? Is it a randomised control trial, a cohort study, just one case or just someone’s hypothesis? A lot of people have no idea which is likely to be more reliable than any other.”

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Lisbeth Alley

Immunisation rates to plummet. Her best friend's baby daughter had just come home from the neo-natal ward. A week later, she was rushed to hospital with whooping cough – infected by two older brothers who hadn't been vaccinated. “I was on call that night and actually had to save Bethan’s life when she was being transferred to Manchester and I was [breath- ing] who had slipped out. Anna was travelling behind us and when we stopped the ambulance to put the tube back in, I knew she thought her baby had died.”
The number of girls signing up for the HPV vaccine Gardasil has taken a hit since the unexplained death of Upper Hutt teenager Jasmine Renata. With the coroner’s inquest yet to be held, how serious are concerns over the vaccine’s safety?

**Internet stories on the “victims” of Gardasil read like memores to casualties in a global war. On YouTube, grieving mothers hold framed photos of their daughters alongside posts that use words such as ‘obsequies’ and ‘eulogies’ and ‘killed vaccine’, while specialist ‘Gardasil lawyers’ offer free consultations to sue for compensation. It’s emotive, disturbing, often eerie. But the media frenzy in the United States over the vaccine, which immunizes against HPV infection – the major cause of cervical cancer – came closer to home last September when 18-year-old Jasmine Renata died suddenly six months after receiving her final injection. Her death is being investigated but no date has yet been set for an inquest. The Wellington coroner’s office told North & South a heavy schedule meant there was no guarantee the case would come up before the end of the year. To anti-immunisation campaigners on the scent of a cover-up, that’s added fuel to speculation there’s something to hide. You’d think a medical breakthrough that might one day eradicate cervical cancer would have us dancing in the streets – and that people would be queueing up with their children when the Government decided to pay for it. But even some pro-vaccination parents don’t hesitate to give their kids all the usual childhood jabs but are hesitant to recommend the vaccine; others such as swelling, fever and skin rashes are recognised side-effects. Reports are monitored and matched against what is expected, and any patterns that trigger alarm. So far, CARM-director Michael Tattel says nothing has emerged to raise any safety issues of concern. That doesn’t convince one parent whose posts to a heated Facebook debate on Gardasil blame the vaccine for raising her teenage daughter’s IQ. “I think what has happened is that one of the reasons they are finding these [deaths],” she queried whether using condoms could prove a causal link. However, some of the symptoms... Associated with sudden death in young people.” More than 100,000 girls aged 12 to 18 have joined the Government’s $177 million HPV immunisation programme, which began a nationwide roll out in September 2008. By the end of January, 242 “suspected adverse events” had been reported to the Centre for Adverse Reactions Monitoring (CARM) at the University of Otago following Gardasil injections, ranging from fainting and nausea to hair loss and the facial paralysis Bell’s palsy. However, that doesn’t mean there was no cause for concern. The vaccine targets four HPV types, all of which can cause abnormal smears. Two are responsible for over 70 per cent of cervical cancers – a disease that kills more than 600 women in New Zealand each year. The other two cause 90 per cent of genital warts (not dangerous but ugly, embarrassing and difficult to treat). Each year, smear tests return around 25,000 abnormal results, requiring further investigation by colposcopy, and possible tissue sampling or biopsy. That’s as emotionally traumatic and scary as finding a lump in your breast, says Lo, who has seen thousands of suspected cases. The vaccine aims to prevent cervical cancer by inducing a similar immune memory in the body as HPV does – the vaccine’s role is to prevent the disease striking. The “promiscuity vaccine” in the United States, Australia, which introduced Gardasil a year before New Zealand, has already seen a dramatic reduction in the prevalence of genital warts. Here, the number of cervical smears with CIN1 and CIN2 lesions is starting to fall. As with the Hepatitis B vaccine, which induces a similar immune memory in the cells, protection is expected to last for life. Because it’s most effective before exposure to HPV, girls are being immunised free from the age of 12, although Lo has also had women in their 20s and 30s coming out of long-term relationships willing to pay for their shots. Nationally, 95 per cent of eligible schools have signed up to run the programme, with some incorporating it into their health and PE curriculum. However, a teacher at one girl’s school was disturbed by the “alarmist” tone of the Gardasil presentation at a mass assembly which showed DVD footage of a young woman with cervical cancer. Amelia Marks says students weren’t given time for questions and there was no mention of the importance of cervical smears. When she queried whether using condoms could prevent HPV transmission, the presenter referred to the vaccine’s failure in preventing pregnancy as evidence of its ineffectiveness. “As well as not answering the question, saying the vaccine was the only way of disposing of the condoms is not cool,” says Marks. It was such a great learning opportunity to understand the vaccine and its wider conversation about their sexual safety. Most of them didn’t even know where their cervix is.” (According to Dr Min Lo, studies show that condoms, if used “meticulously”, are only 70 per cent effective at protecting against HPV infection, which is transmitted by skin contact, not necessarily penetrative sex.) Last year, a unsigned letter alerting parents to the dangers of Gardasil circulated widely around schools, and a magazine article linking the vaccine’s use to infertility found its way on to staff notice boards. One activist, Timaru mother, Julie Smith, has set up a dedicated anti-Gardasil website, Off the Radar. Unconnected HPV cancer causes cancer, she suggests the girls are being marketed with one day be known as the Gardasil Generation, “cohorted sterilised by their own Government”. Scepticism over Gardasil’s safety, she notes, “is not just a vaccine under fire but a vaccine under scrutiny. We need to know the science behind the vaccine’s name, she broke down the word Gardasil on Google and found references to everything from a lake in Italy where Hitler did secret tests of prototype flying saucers to a character in a science fiction movie, created using human and alien DNA. “It’s pretty ‘out there’, I know,” she writes, “but it sure does get you thinking.” Exactly what it gets you thinking will depend on who – and what – you’re prepared to believe.
Precious Vessels

“Your baby is the most precious thing in the whole world... The last thing you want to do is shoot him up with toxins.”

Huia Minogue (above), 34, part-time marketing consultant and mother of Roman, four.

Vaccines have been developed for our protection, not because the Government wants to poison us.”

Shelley Duggan, 39, lawyer and mother

Immunisation and the distrust of the medical profession that implies. For her, it was a fairly straightforward decision. “If you want advice about the law, you go to a lawyer. If you want advice about vaccinations, you ask a doctor who has a medical background and is in the best position to judge,” she says. A few weeks ago, her 15-year-old niece Jess, who lives with Duggan and her husband, Damian, decided to have the HPV vaccine Gardasil when it was offered at her school. She was having her first shot, she almost fainted, then was sick and feverish for the next two days. Duggan says even the nurse who gave Jess her injection thought she’d had a bad reaction to the vaccine – until the rest of the family came down with the same bug and started vomiting too.

That experience showed her how easy it was to jump to the wrong conclusions without any real evidence. “I just don’t believe our Government would want to deliberately hurt young babies,” she says. “All the other issues you read about as a parent – stillbirth, miscarriage, infertility – it knowledge that these things have happened to. But I’ve never known anyone who’s had any problems with vaccinations other than a grizzly child.”