

Frequently asked questions

Why are parents not given the choice of single vaccines like other countries?

No country in the world recommends MMR and then offers parents a choice of having single vaccines instead. The World Health Organisation knows of 100 countries that recommend MMR. The only industrial country to offer single vaccines is Japan where MMR was withdrawn in 1993 because the strain of mumps virus (Urabe) used was the cause of some cases of mumps virus meningitis. This strain is not used in our MMR vaccines. In Japan they have been offering single measles and rubella vaccines given simultaneously, but cases of measles are common and there have been 79 deaths between 1992 and 1997. Here there were no deaths from acute measles in children for a decade.

France is often quoted. In fact the French government recommends two doses of MMR as we do in this country.

There is no source of single licensed measles or mumps vaccine in the UK. Those that are being offered privately are unlicensed – which means that there is no British testing on their safety and efficacy.

Is single mumps vaccine safe?

There has been concern about three types of single mumps vaccine that were being provided by private clinics. The first was manufactured from the Urabe strain of mumps virus, which has aseptic mumps virus meningitis as a side-effect and whose use as MMR was stopped in Britain and Japan. The second vaccine – of Swiss manufacture – is made from the Rubini strain of mumps virus, and that has a low efficacy. This means that it was not nearly as effective as the mumps vaccine in MMR at actually preventing mumps. The third vaccine, Pavivac, is manufactured in the Czech Republic. There are concerns, however, about the manufacturing process, the testing and storage conditions, and there being insufficient information available to be able to offer any firm assurances on its safety, quality or efficacy. In addition, those private clinics that offered this vaccine did not follow appropriate procedures when preparing and administering this vaccine, which could mean children who have received this vaccine are not properly protected. None of these vaccines is now available in the UK.

In what order should single vaccines be given?

Some clinics are offering rubella vaccine first, delaying measles vaccination, to capitalize on a loophole that allows doctors to import the single measles and mumps vaccines. The recommendations of intervals between vaccines by those doctors offering single doses are arbitrary and leave children at risk of catching either measles or mumps. There is no recommended order or gap between vaccines as no authorities recommend the use of single vaccines.

Isn't MMR used just because it's cheaper than single vaccines?

MMR is recommended because it is the safest and most effective way to protect children against these three diseases. It has nothing to do with cost. If cost was a factor in the vaccine programme, then the Meningitis C vaccine – which is far more expensive than MMR – would never have been introduced.

What about the research which found measles in the guts of autistic children?

A paper published in February 2002 by Dr Wakefield and Professor O'Leary said that they had found genetic fragments of measles virus in the guts of 91 children with enterocolitis but their paper gives no information on whether these children or the children in their control group have been vaccinated or not, or whether the virus is the same as that in MMR. Dr Wakefield has since said some of these cases had received single measles vaccine, not MMR. This research does not show that measles virus in MMR is the cause of the children's condition.

What about giving three live vaccines at once – it overloads the immune system?

A baby's immune system has an enormous capacity to fight the thousands of bacteria, viruses and other pathogens that it is bombarded with every day. A study from America shows quite clearly that even babies who are poorly can still produce protective immune responses to vaccines. This study also shows that a baby could, in theory, respond to around 10,000 vaccines at any one time. If, for example, 11 vaccines were given to a baby at one time, this might only use about a thousandth of the immune system. In providing protection vaccines prevent 'weakening' of the immune system.

Why not give parents choice and let them have single vaccines?

Choices of vaccine have been offered before. When there was a similar unfounded safety scare over whooping cough vaccine, parents could choose to separate the whooping cough vaccine away from the rest. Coverage of whooping cough vaccination fell from 80 to 30% and this affected all the other vaccines, as parents lost confidence in the entire vaccination programme. There were three major epidemics of whooping cough with hundreds of thousands of cases, resulting in many seriously ill children, around 100 of whom died. We do not want to repeat that sort of experience by casting unfounded doubt over the safety of MMR. And furthermore, when every independent expert group supports the use of MMR, and none support the use of single vaccines, there is no justification for a course of action that has a good chance of protecting fewer children, not more.

People say that the government has been wrong before – look at BSE

We know that public confidence in the government has been damaged by BSE but there is a huge difference between BSE and MMR. When BSE first emerged there was no evidence that it could be transmitted to humans. Because it was a new illness, the evidence did not exist. With MMR there is plenty of evidence to indicate that it does not cause autism or bowel disease, and no credible scientific evidence to show that it does. And this is accepted not only in this country but in the 100 countries that currently use MMR, including the whole of the European Union, the USA, Canada and Australia – and also the World Health Organisation. Unlike the situation with BSE and beef – where the answers were simply not known, the studies available to us cannot find a link between MMR and autism. Also, the excellent record of MMR vaccine and its good safety profile are well established. Furthermore, information and evidence on MMR have been openly and widely discussed in public over decades.

This is all to do with protecting our children using the safest most effective method available – and that is MMR.