

MMR, single vaccines and choice

Choice is often an important part of NHS policy and practice. But the NHS cannot provide a vaccination programme that increases the risks to children and unborn babies. Single measles, mumps and rubella vaccines would increase the risks because:

- Six separate injections have to be given over a long period of time.
- Experience shows that fewer children would complete the full course of six jabs leaving more children unprotected against the diseases.
- Even those children who do complete the course are not protected in the gap between injections and the disease will still circulate.
- Babies will be at risk from their older brothers and sisters who remain unprotected between the separate injections. As children catch measles, mumps or rubella between extended intervals, they will infect their younger siblings, too young to be vaccinated themselves. The most dangerous age to catch measles is under one year.
- Children who are unable to have the MMR vaccine, such as those having treatment for cancer, will be more exposed to infection. In the decade before MMR was introduced, half of the measles deaths occurred in children with leukaemia and similar conditions. These were children who might otherwise have survived. In the last ten years, not one child has died of acute measles.
- There would be a fall in vaccine coverage, as evidence shows that many children do not complete the course. In 1990, when the DTP schedule was changed from doses at 3, 5 and 8.5 months to 2, 3 and 4 months, coverage rose immediately. As children get older, it does get harder to take them to the clinic or GP.
- In the 1970s and 1980s there were major concerns (later shown to be unfounded) about the safety of pertussis (whooping cough) vaccine. Because of these concerns, parents were offered the choice of vaccine with or without the pertussis component. Many parents, thinking that they were doing the best for their children, viewed the risks of whooping cough as preferable to the unknown risks of brain damage from the vaccine. Coverage of pertussis vaccine fell from 80 to 30%, and coverage of other vaccines fell as well. Hundreds of thousands of children caught whooping cough in the course of three epidemics, many thousands were admitted to hospital, and around 100 died. We must not repeat that experience with the MMR vaccine.
- Pregnant women will be at greater risk of rubella infection from their own unprotected children and the children of their friends. If we leave young children unprotected against rubella, they will infect their own pregnant mothers or their mothers' pregnant friends. This is exactly what happened before we introduced MMR.
- There is no evidence at all that single vaccines have any advantages over combined vaccines and plenty of evidence of the risks. Neither is there any evidence that single vaccines have any impact on rates of autism or bowel disease or any other condition.