

MMR IMMUNIZATION - AN APPEAL

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Immunization has long been established as an efficient and effective means of preventing mortality and morbidity of potentially serious infections. Indeed it has been instrumental for the complete elimination of a once-deadly scourge, viz, small-pox. It is envisaged that poliomyelitis will be the next serious infection to be literally eradicated from the face of the earth. And after that, measles will be next on the list, no doubt to be followed by others. Even now, most of the young doctors are unlikely to have to care for a case of measles throughout their career.

The steady conquest of infectious diseases by immunization has sometimes been hampered by often-unfounded scare mongering, often fuelled by the media. The older doctors will remember the vociferous campaign by the media in the UK in the seventies against (whole cell) whooping cough vaccination, because it allegedly caused "brain damage". Vaccine uptake plummeted, with a consequent increase in the number of reported cases of whooping cough, with the inevitable morbidity and mortality. The saga went on for over ten years. It can be confidently stated that not even a single case of "brain damage" has been unequivocally proved to have been due to vaccination by whole cell pertussis vaccine. It has been amply shown that the brain damage can be temporally related to pertussis vaccination, but this is not proof that there is a causal relationship between the brain damage and pertussis vaccination. The myth has, hopefully, finally been laid to rest. In Malta, vaccination against whooping cough has caught up with other countries, and recent figures show consistent uptake of vaccine at over 90 per cent.

Unfortunately, the same cannot be said of vaccination against mumps, measles and German measles (rubella) - MMR vaccine. Recent figures have shown uptake of only 51% at two years, which is well below what is required to ensure herd immunity. This is not acceptable. MMR vaccination was initially dented some years ago when the mumps component was withdrawn in the UK because of alleged implication of the particular strain used in the causation of meningeal irritation. Even though this particular scare has apparently subsided, the MMR vaccine uptake has remained low. It may be due to incomplete reporting. But the real reason may well be the more recent scares linking measles in utero to Crohn's disease(1,2), measles vaccination to inflammatory bowel disease (3), and MMR to infantile autism in another report (4). In both instances, the association was a tenuous one which

did not stand up to the rigours of scientific proof. An expert group met recently at the Royal Free Hospital and, after critically examining the controversial evidence claiming that MMR vaccination was linked with inflammatory bowel disease and autism, has backed the continuation of the combined vaccine, and dismissed calls to administer these vaccines separately(5).

At a recent meeting of the Advisory Committee on Immunization Policy (ACIP) these issues were discussed. There was no reason to change present policy of administering MMR vaccination at 15 months of age with a booster dose at 10 - 11 years of age. It is thought that the low uptake of MMR vaccine in Malta may well be due to under-reporting and doctors administering the MMR vaccine are solicited to send the appropriate report card.

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