

Re: The Measles/Mumps/Rubella (MMR) vaccine (second dose)

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To: president@ama

For the attention of:

Dr Steve Hambleton President, Australian Medical Association

Dr Hambleton

Please see attached two letters I have recently forwarded to the NHMRC Australian Health Ethics Committee challenging the Australian Government's requirement for revaccination of children with a second dose of live Measles/Mumps/Rubella (MMR) vaccine. (Letters dated 12 April 2014 and 19 March 2014.)

My letter to Professor Warwick Anderson, CEO of the NHMRC, suggesting the ethical spotlight needs to be shone on the way vaccination policy and practice is being implemented in Australia, is also attached for your information. (Letter dated 15 April 2014.)

In regards to MMR vaccination, to summarise, according to the <u>GSK PRIORIX Product Information</u> <u>Leaflet</u>, most seronegative individuals are likely to seroconvert after the *first dose* of effective live Measles/Mumps/Rubella (MMR) vaccine.

I question whether valid consent is being obtained before revaccination with the **second dose** of live MMR vaccine. For example, <u>The Australian Immunisation Handbook (10th edition)</u> provides criteria for consent to vaccination to be legally valid, i.e.:

- 1. It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of being vaccinated.
- 2. It must be given voluntarily in the absence of undue pressure, coercion or manipulation.
- 3. It must cover the specific procedure that is to be performed.
- 4. It can only be given after the **potential risks and benefits of the relevant vaccine**, risks of not having it **and any alternative options** have been explained to the individual.

(My emphasis.)

Ironically, while an antibody titre test after live MMR vaccination would provide an opportunity to verify *immunisation*, parents in Australia are not being informed of this option at this time.

I question why parents aren't provided with this evidence-based option, instead of being coerced into having *two doses* of live MMR vaccine for their children, as 'recommended' on the <u>National Immunisation Program Schedule</u>. It is possible that some careful parents might prefer to pay for antibody titre testing, rather than have their child revaccinated with a likely unnecessary *second dose* of live MMR vaccine.

In the state of New Jersey in the US, there is an "<u>Antibody Titer Law</u>" which gives parents a choice of an antibody titre test BEFORE they consent to a **second dose** of measles/mumps/rubella vaccine (see pamphlet attached.) Why aren't all parents being informed about this option?

Parents of small children might be surprised to discover that vaccination 'best practice' for companion animals is now more advanced than that for children, with <u>international vaccination guidelines</u> for dogs re live vaccines recommending antibody titre testing rather than an arbitrary 'booster', i.e. "...the principles of 'evidence-based veterinary medicine' would dictate that testing for antibody status (for either pups or adult dogs) is a better practice than simply administering a vaccine booster on the basis that this should be 'safe and cost less'".

Dr Hambleton, an article in The Daily Telegraph (2 January 2014) notes that you applaud the New South Wales re vaccination. I suggest the AMA's support for News Corp Australia's extraordinarily crude 'no jab, no play' campaign is extremely problematic in that this authoritarian stance is forcing likely already immune children to have an arbitrary **second dose** of live MMR vaccine, without their parents being properly informed of their options.

I question the ethics of coercing parents to have vaccinations of questionable benefit for their children. I request your consideration of the matters I have raised, including my letters to the NHMRC, and your urgent response on this matter.

Sincerely Elizabeth Hart

* Please note this correspondence will be circulated to other parties.