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For the attention of: 12 April 2014
Professor Ian Olver
Chair, NMHRC Australian Health Ethics Committee (AHEC)

Professor Olver

RE: Measles/Mumps/Rubella (MMR) vaccination – refer to my previous letter dated 19 March 2014

Professor Olver, in my previous letter to you, I argued that most children are likely to be immune after the first dose of effective live Measles/Mumps/Rubella (MMR) vaccine, and I challenged the Australian government’s requirement for children to have a second dose of live Measles/Mumps/Rubella (MMR) vaccine, which is linked to obtaining Immunisation Related Payments for Parents.

In my letter I questioned the ethics of coercing parents to have vaccinations of questionable benefit for their children.

In this regard I draw your attention to a ‘MEASLES ALERT’ letter (see attached), forwarded to 13,117 parents in Queensland by Chief Health Officer Dr Jeannette Young in September 2013, which tells these parents that “Two doses of measles containing vaccine are needed to provide a high level of protection.” This advice was also included in a Queensland Government media statement1 and reported in an article published in The Courier-Mail on 14 October 2013: “Vaccination no-shows prompt top-level measles outbreak warning”.2

Professor Olver, I suggest it is misleading to tell parents that “two doses of measles containing vaccine are needed to provide a high level of protection”. As I argued in my previous letter, it is likely one dose of effective GSK PRIORIX live MMR vaccine is likely to provide protection for previously seronegative subjects.

A response to live MMR vaccination can be verified by antibody titre testing. I suggest there may be some cautious parents who would prefer to have an antibody titre test for their child rather than an arbitrary live MMR revaccination, and who might be willing to pay for an antibody titre test themselves. Yet, in contravention of The Australian Immunisation Handbook’s criteria for consent to vaccination to be legally valid, i.e. that any alternative options be explained to the individual,3 it appears healthcare providers are not informing parents about the option of antibody titre testing.

In another jurisdiction, the state of New Jersey in the United States, the health department provides information on antibody titre testing. The Antibody Titer Law (Holly’s Law)4 allows parents to seek testing to determine a child’s immunity to measles, mumps and rubella before receiving the second dose of MMR vaccine. The law was enacted in response to the death of five year old Holly Marie Stavola who died of encephalopathy which she developed seven days after receiving her second dose of MMR vaccine.5 Holly’s family campaigned for this law, wishing they had known about the option of the antibody titre test before Holly’s arbitrary revaccination with the second dose of live MMR vaccine.6

All parents should be informed about the option of antibody titre testing to verify a response to live MMR vaccination. All parents should be informed of the reportedly high seroconversion rates after live MMR vaccination at the appropriate age. All parents should be properly informed about the risks and benefits of individual vaccine products. This is not happening. Instead, the media is being used as a blunt instrument to bully parents into unquestioning compliance with all vaccination ‘requirements’ mandated by the government’s vaccination bureaucracy and the vaccine industry, see for example:

- Scientists call for end of handouts to parents who don’t vaccinate children, The Telegraph, 6 April 20147
- Doctors want revaccination reforms for childcare centres, The Australian, 11 April 20148
- Peter Dutton considers plan to withhold family tax benefits if children aren’t immunised, ABC News, 11 April 20149

Professor Olver, we are on a slippery slope when governments dictate questionable medical interventions for citizens (including ‘pre-citizens’, i.e. children). The arbitrary second dose of the MMR vaccine, often inappropriately described as a ‘booster’10, is a questionable medical intervention. Vaccination/imunisation is a complex matter that requires thoughtful discussion, not the polarised discourse currently evident in Australia.11 I request that you and your AHEC colleagues urgently consider this matter.

Sincerely
Elizabeth Hart

*Please note this letter will be circulated to other parties.
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Scientists call for end of handouts to parents who don’t vaccinate children. The Telegraph, 6 April 2014:


children/story-fni0cx12-1226874673999

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Doctors want vaccination reforms for childcare centres. The Australian, 11 April 2014:


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Peter Dutton considers plan to withhold family tax benefits if children aren’t immunised. ABC News, 11 April 2014:


For example the NPS Medicinewise website states: “Separate vaccines for measles, mumps and rubella are not available

in Australia. So the combined measles, mumps and rubella (MMR) vaccine is given in a single injection with a second


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In his article “On the suppression of vaccination dissent”, Professor Brian Martin says: “Suppression of dissent, through

its chilling effect, can skew public debates, by discouraging participation. In Australia, critics of vaccination have become

aware that if they become visible, they are potentially subject to denigration and complaints. Because of the level of

personal abuse by pro-vaccinationists, many of those who might take a middle-of-the-road perspective, perhaps

being slightly critical of some aspects of vaccine policy, are discouraged from expressing their views. The result

is a highly polarized public discourse that is not conducive to the sort of careful deliberation desirable for

addressing complex issues.” (My emphasis.) Source: Science & Engineering Ethics. March 2014, doi 10.1007/s11948-

014-95303 http://www.bmartin.cc/pubs/14see.html