

Autism and the MMR Vaccine Debate

Update

The MMR triple vaccines currently in use contain the antibiotic neomycin, and the advice contained in the manufacturer's data sheet remains the same as to that relating to the Pluserix MMR withdrawn in 1992. The advice is explicit, in effect, not to be administered where there is a known hypersensitivity to neomycin.

Reference is made to the webpage of the Oxford Vaccine Group and University of Oxford, Vaccine Knowledge Project, on www.vk.ovg.ox.ac.uk/mmr-vaccine.

The two vaccines currently in use are Priorix and MMRVaxPro, the precaution on neomycin, is contained in the Patient Information leaflets of both vaccines.

In 1992 when our daughter was administered in Pluserix MMR, no test for neomycin sensitivity was carried out prior to the administration of the Pluserix vaccine.

On Monday the 24th May 2010, Nick Triggle, Health Reporter, BBC News, in his article "MMR doctor struck from register", quoted Professor Terence Stephenson, the then president of the Royal College of Paediatrics and Child Health, "We cannot stress too strongly that all children and young people should have the MMR vaccine".

What he failed to mention was, that, a document entitled ABPI DATA SHEET COMPENDIUM, 1991-1992, With the code of Practise for the Pharmaceutical Industry compiled by Gillian Walker for Datapharm Publications Limited, on page 1465 in the Section relating to Smith Kline & French Laboratories, in the advice for Pluserix MMR, advice is very specific that this vaccine should not be given to those known to be hypersensitive to neomycin.

Neomycine is an antibiotic contained in the MMR vaccine, and is known that adverse reaction is a result of that hypersensitivity.

This advice remains as appropriate today as it was in 1999.

Autism, a word describing a wide variety of conditions, relating in its simplistic form to observed neurological dysfunctional conditions of a wide spectrum of phenotypes, caused by mutations in the genetic codes in the DNA map.

Autism is a word derived from the Greek word "autos" meaning "self,ones own" initially coined in the 19th century.

It is still used today as a coverall description of hundreds of phenotypes given many syndrome titles as an identifier to their discoverers.

In his book , "Children who do not look you in the eye", published in 2003 by Professor Antonio Parisi, on page 41 in the chapter entitled Etiopathogenesis of Autism, states that "Our research team often encounters one cause of brain injury which seems to provoke further vulnerability to a second pathogenic cause of brain injury" The debate as to the cause of the myriad of neurological disfunctions on the Autistic Spectrum Disorder, has been a long, contentious discussion, and debated in my website The Autism Centre.

The most contentious issue has been the debate around the highly politicised discussion of the relationship between vaccination and autism, autism being defined to cover any syndrome relating to a neurological disfunction caused by mutated genes. In the case of my daughter, who was 9 weeks premature, subjected to the administration of the DPT in 1991, suffering a reaction to same vaccine resulting in the contraction of a fever resulting in her doctor not giving her the second vaccination, was given the mmr vaccine in 1992, which was withdrawn weeks later from general use on the instructions of the Department of Health.

The DPT administered contained the whole pertussis component which was supposed to have been withdrawn before her date of vaccination, only to be given a suspect Pluserix MMR, before this was withdrawn in 1992.

Since the introduction of the triple vaccine MMR (mumps, measles and rubella) Pluserix in the late 1980's and early 1990's subsequently being withdrawn from service in 1992, amidst controversy generated in many countries around the world, the debate has raged as to whether or not the withdrawn triple vaccine caused autism, the definition as described above.

The political debate led to the tarnishing of reputations of many eminent clinicians, and the debate continues.

The continued denial of the establishment against the claim that the "MMR caused autism" has been based on the fact that the Conservative Government, that allowed the National Health Service to introduce the MMR Pluserix, gave complete freedom of indemnity against law suits being brought for any subsequent actions against the vaccine maker, for any subsequent medical condition caused by the vaccine.

The reason for its hurried withdrawal in 1992 under highly suspicious circumstances, was never satisfactorily explained by the Department of Health. Numerous Parliamentary Questions were brushed aside on the basis of confidential information, as reported in Hansard at the time.

Terms of scaremongering were numerous being used by the authorities to attempt to recover the need for herd immunity in the face of diminishing vaccination levels.

The Pluserix MMR was administered to my daughter in 1992, six weeks before its withdrawal from use at the age of 1.

At the age of 4 she was officially diagnosed as autistic after 2 years of clinical investigation.

For the purposes of a Vaccine Damage Tribunal hearing ,extensive research was carried out on the relationship of vaccines and neurological damage and I became aware of a document entitled ABPI DATA SHEET COMPENDIUM, 1991-1992, With the code of Practice for the Pharmaceutical Industry.

This document was by Gillian Walker for Datapharm Publications Limited.

On page 1465 in the Section relating to Smith Kline & French Laboratories, in the advice for Pluserix MMR,advice is very specific that this vaccine should not be given to those known to be hypersensitive to neomycin.

In other words, the vaccine was administered by clinics and other medical establishments without any previous investigations as to whether any recipient of the vaccine was in fact able to receive the vaccine on the basis of neomycin allergy. The administration of the vaccine without the neomycin allergy test being carried out could be deemed unlawful.

The relationship between the MMR Vaccine and Neomycin Allergy was discussed in an article published in February 1993 by Pamela L Kwitten et al in Am J Dis Child 1993;147(2) :128-129.doi10.1001/archpedi.1993.01260260018005 entitled MMR Vaccine and Neomycin Allergy.

“Abstract

Sir.- The resurgence of childhood measles in the United States has prompted secondary immunisation with the measles, mumps and rubella (MMR) vaccine. Immediate allergic reactions to the MMR vaccine, including dyspnea and hypertension have been documented in egg-allergic individuals. Recently, five patients without a history of egg allergy experienced similar reactions, requiring emergency treatment with antihistamines and epinephrene hydrochloride. The MMR vaccine contains hydrolised gelatin, sorbitol and neomycin sulphate (25 microgramme) Neomycin is an antibiotic that is known to cause both local and systemic allergic reactions. Our experience with the following patient suggests that hypersensitivity to these additives found in the MMR

vaccine, especially neomycin, may be a factor in documented reactions in individuals without egg allergy.”

In 1996, the Department of Health, jointly with the Welsh Office, the Scottish Office Department of Health, and DHSS (Northern Ireland) published the directory Immunisation against Infectious Disease, (the Green Book), edited jointly Drs David M Salisbury and Norman T. Begg.

The section relevant to the Measles, Mumps and Rubella, is section 22, and 22.2 specifically refers to the MMR vaccine, that being MMRII from Merck, incorporating Enders' Edmonston strain measles, RA 27/3 rubella, Jeryl Lynn mumps.

In subsection 22.6 contraindications, no reference is made to neomycin; refer to pages 135-140.

However in a Merck & Co, Inc. Document dated 2009, in the paragraph titled Description, the presence of neomycin at 25mcg (equal to that contained in the Pluserix MMR, and on page 4 under contraindications, reference is made to reactions to neomycin,

Likewise in the section titled Warnings, the AAP (American Association of Pediatrics) warn against the use of measles vaccine, where known reactions to neomycin are experienced.

On the 15th of July 2015, I attended a hearing before Upper Tribunal Judge Mitchell, at which I presented to Judge Mitchell a copy of a 1991/92 ABPI Data Sheet Compendium as evidence of allergic reaction to the presence of neomycin in the Pluserix MMR vaccine.

My argument before Judge Mitchell, set out in his rejection of my appeal hearing, was that in view of the statement in the ABPI DataSheet Compendium for 1991/1992 that there should be no administration of the vaccine containing neomycin, to recipients with a known reaction to neomycin, when the fact was clear that my daughter had never been tested for allergy response, and should have been tested, before the administration of the Pluserix MMR vaccine.

I informed the Judge Mitchell, that Carina had not been tested that there was no test for hyper-sensitivity, to which the Judge thought that this struck him as odd as he commented that if it cannot be tested, how can anyone comply with the ABPI guidance?

In paragraph 14, the judge offered the following:-

“I know, from having spoken to Mr. Burn at the hearing, how disappointed he will be with my decision. But the fact that my decision is a negative one is no reflection on him. He should know I admire his obvious dedication to his daughter and the passion with which he seeks to secure her best interests. I wish him well but I cannot grant his application.”

For the record the date of signature on original copy was 9th July 2015, the decision was conveyed to me on the 15th of July.

Robin Burn

27th November 2017

Updated 6th February 2018