

# **When is a Diphtheria Case not a Diphtheria Case? When the case has been Vaccinated!**

[Hilary Butler](#)

Dr Nicki Turner has said that 1993 vaccinated diphtheria case was on life support as a result of another condition.

Following is my first hand personal recollection of the events that took place in the gymnastics club in which I was a coach. I did not coach the child, but I worked with her mother (another coach), and my children played with her children when they were in the gymnasium together.

The "case" concerned became ill early in the week, and went to the doctor on Wednesday with a sore throat, difficulty swallowing, and talking – (and I think Thursday). The doctor was not unduly concerned. However, on Friday, she showed a strange coloured throat, and her ability to breathe deteriorated so rapidly in front of him, that he called an ambulance and sent her to Middlemore Hospital. By the time she got there, her condition was critical, and there was difficulty in intubating her. She clinically "died", was resuscitated, and flown to Starship Hospital following preliminary stabilisation.

Her family met her at the hospital. Present was the child's aunt, who nursed diphtheria in the "epidemic days". She confirmed to the family that the clinical presentation was identical to that which she had had to nurse in the past. The swabs taken on that Friday came back positive only for diphtheria. On the Monday night, the child's mother came to the gym club to pick up her son, and told us that the "Head of the Department" came and asked her "Is your daughter immunised?" She replied "Of course. Why do you ask?" The answer was "Because your daughter's tests have come back positive for diphtheria. If she is fully immunised, it can't be diphtheria, so we will run the tests again."

On Friday of that week, the mother informed us that the test results again came back positive for diphtheria, but also showed haemophilus B.

I read the discharge letter from the hospital, which said something like "Test results positive for diphtheria and haemophilus, but clinical presentation compatible with neither."

But the story did not end there. Although I was not this child's coach (she was a level one competitive gymnast) when she came back to the gym, because she could not do much, she was put in my section of the gym to work on the floor. Competitive

gymnasts, are regularly tested for such things as heart-rates etc. I checked this girl's heart rate myself, and it was not only far too high, her "timing" was also out by about 3/10th of a second. That might not sound much, but is the difference between landing on your feet, and splitting your head open. I was concerned so told the mother that it was my belief, as a responsible coach who had oversight of her in my section, that we needed a second blood-test to confirm which disease this was regardless of her and her family's personal belief that it was diphtheria). She asked why. My response was something along these lines:

"Your child's heart rate is too high, her timing is out. If this is diphtheria, then I am concerned at the action of diphtheria toxin on her heart. If you have a blood test which shows that the increase in antibodies is for haemophilus, there is no issue. If however, the blood-test shows say a 40-fold increase in diphtheria antibodies from the original blood samples ("there must be some with all the blood they took from here") then her gymnastics programme must be modified with the assistance of a doctor.

Pretty responsible, don't you think?

She went to her doctor, who told her that as her child was under Starship, she should discuss it with them. She discussed it with them, and they told her that since they were convinced that whatever the problem was was not diphtheria because she was vaccinated, they considered it a "waste of resources". The mother would have persisted, but the child herself threw a massive wobbly, saying that she had had so many needles stuck into her that she could not face another one anyway.

The responsible course of action was never taken, and the child concerned never regained her competitive edge and left gymnastics at the end of the year. A second case from the same gym club, with identical clinical symptoms to the index case, went to Middlemore. This case was in ICU, was not transferred to Middlemore, and the discharge letter said "infected asthma".

My interest in the first case was not only as a coach, but also because my children were direct contacts. I had several conversations with my GP because I was worried what would happen to me, if my children got diphtheria. My concerns were as follows. If as a result of contact with the two "cases" my children landed up in hospital with membranes etc, and the test came back positive, I would be asked the question "Are your children vaccinated?" My answer would be "No, they are not." I doubt very much whether a Head of Department would have said "Oh, well, then the positive swab cannot be correct."and we will do it again!

To put it bluntly, I would have been history. Because of my public stand, I am sure that I would have been front-line Herald "Irresponsible parent refuses to vaccinate

child etc etc." The Health Department would have just loved such as case, just as they are making a media feast out of this 2 year old, unvaccinated boy. My concern was that should my children become sick, I had the sympathetic support of a medical person who would defend me. I should not have worried, since my doctor was fully sympathetic to my position.

I wanted to have the gymnastics club swabbed, and three local schools who contributed much of the club membership assessed. My GP discussed this with a friend of his in Wellington. He discovered that the Wellington Health Department were aware of the case, and the second case which had similar symptoms, but also that they were happy that the Head of Department in Auckland considered the case required no public health follow-up.

My doctor also pointed out to me that there were provisions in the law that allowed the Health Department, in the event of an outbreak, to come into any club, school, name and test/vaccinate according to how they perceived the need.

Knowing that in no way would I want a Health Department "edict" about my child, I had to consider the position carefully. On the one hand, I feel confident in my stand. On the other, if it became a matter of public comment, with judgement passed, purely on the basis of an individual pitted against the perceived collective wisdom, I knew that I would come out the loser, regardless of the facts of the issue. For this reason, I asked my OP not to ring the Health Department and pursue the issue. As far as I was concerned "it could keep".

So, now is the time I believe this issue should be brought out into the open. The issue is this:

1) A case in 1993, on life support {possibly two), which conformed to the traditional clinical guidelines (regardless of the assertions of an HOD who did not want to believe what was in front of them); which had the firsts tests come back positive only for diphtheria, and the second tests come back positive for diphtheria and haemophilus,

On this basis, it is now considered that the 1993 case was unrelated to the test results because of the presence of a second organism, and the "fact" that the diphtheria on both swabs was the supposedly the non-toxic non-dangerous variant.

**The Recent Case in Auckland or When is a non-case of Diphtheria a case of Diphtheria - When they are NOT vaccinated!**

2) We have a 2 year old, who, by the Herald's admission, had no clinical symptoms of diphtheria, was treated on suspicion (query possible greyish tinge on tonsils? no-one has said) who was put on antibiotics, and was back at day-care within a few day. By the Herald's admission, this child was not seriously ill In fact, we know that this child essentially "did not miss a beat".

We are now told that this is toxic-diphtheria, that the child was seriously ill. This raises two important issues, the first of definition. The medical literature makes it quite clear that a case who shows presence of bacteria, but no clinical symptoms, should not be classified as a case, but as a carrier. This child does not come under the classification of a "case", and could not do so, even if future tests showed a rise in antibodies, for two reasons:

a) if he has been forcibly immunised

b) the following passage, from *Natural History of Infectious diseases* by Sir MacFarlane Burnet, a recognised world specialist in diphtheria, and an unswerving pro-vaccinationist:

"When diphtheria was prevalent in a city in the days before immunisation it was usual to 'find 2 – 5 per cent of apparently healthy children with bacilli in their throats at any one time.

Since on average each individual could be demonstrated to carry the organism for no more than a few weeks it can be calculated that most of them must have been reinfected on numerous occasions throughout childhood. Yet even in those days not more than 5-10 percent of children ever suffered from clinical diphtheria, so that we can feel sure that on most occasions the presence of diphtheria bacilli in the throat did not produce the disease." (emphasis mine)

Sir Burnet goes on to explain that these casual exposures were to toxic-diphtheria, because the study results using Schick test only detects antibodies to the toxin produced, and that diphtheria bacteria which are not infected the diphtheria phage B (which you could loosely describe as an invading virus ) do not produce toxin, therefore the body will not produce antibodies responsive to the Schick test. So we are not talking about casual acquaintance with the "other" diphtheria cases the Health Department mentioned to you. The texts are very specific in their description. The relation of this to my second point is simple. This two year old, by definition:

1) a carrier, not a clinical case.

2) in the same position as the 1993 case, because the swab returned a second colonisation of another bacteria.

However, in this case, the 2 year-old child is said to have "diphtheria" in the presence of a second colonisation, because he is not vaccinated, whereas the 1993 case had the "diphtheria" portion of the original and second test results over-ruled, in spite of being of life support, precisely because she was vaccinated.

There is a third issue – that of diagnosis and definition. One of the things to have come out of the Russian experience is that swabs cannot be relied upon. This came out of an article in "Klin-Med Mosk 1994; 72 (6): 50-2 which say that with diphtheria being common in Russia there had been difficulty in clinically distinguishing between faucial diphtheria, infectious mononucleosis, follicular and lacunar tonsillitis. They found that the crucial diagnostic tool or primary importance was a profound analysis of haemogram with calculations of special parameters and variants of ESR/leukocyte count ratios.

One of the reason this was so important was because the majority of cases in Russian adults are in people who under their compulsory immunisation policy were "fully" immunised under the pre-1980 schedule. They went to great length to try to explain away diphtheria in vaccinated people, and in the process discovered very interesting clinical data which obviously the department here is oblivious to.

This is important, because if they have forcibly immunised of this child, there will be no clinical way in which it can be proven that this child actually had faucial diphtheria, or follicular or lacunar tonsillitis. The vaccination will have skewed the results of any hemogram analysis to the point where any result is meaningless.

My contention that this case is being used as to modify public perception is borne out by all the above facts, the ridiculous emotional outbursts by totally irrational parents, no doubt fuelled by the medical people and their perceived agendas, and the ridiculous definition of this incident as a "public emergency" (Nicki Turner, Breakfast TV yesterday). This case is a useful weapon in order to scare-monger New Zealand parents and make pariahs of people who do not hold to conventional "wisdom". It is called emotional black-mail.

Glen Buchan stated on radio and TV3 that he believes parents have the right to expect their children to be in a safe environment, that they have the right to exclude unvaccinated children. Do these parents also know that under current legislation, children known to be "infected", such as Hepatitis B carriers, HIV positive children, Aids Related Syndrome children, children with TB undergoing drug-therapy, cannot by law be refused entry to day-care centres or school? How then does this sit in

relation to the 99.9%, of healthy unvaccinated children now to be excluded who most of the time are demonstrably proveable to be of no threat to others? This is sheer hypocrisy.

Hilary Butler.

## Vaccine Boy's Mum angry at ban

A MOTHER whose son a severe epileptic after a vaccination says moves to ban unimmunised students from schools during epidemics is discriminatory and a breach of the children's human rights. Health Minister Jenny Shipley has announced every child born from this year will need an immunisation certificate when they register at preschool or school and may have to stay home during a disease outbreak.

But Cathleen Whiting, of Palmerston North, whose son Matiu (7) had an adverse reaction to his diphtheria and tetanus booster at 18 months, says parents who choose not to immunise will fight the move.

Mrs Whiting and her husband, Paul, have declared that their youngest child, 19-month-old Ngaroma, will not be immunised. Their second child, daughter Teia (6), is vaccinated but had a temporary adverse reaction at six weeks to her diphtheria, whooping cough and tetanus shot. Mrs Whiting said the irony of the Government's new regulations was that her son, who was immunised against measles but has had the disease twice and still has no antibodies, would be allowed to stay in school during an outbreak.

However, Teia, who had not been vaccinated but is probably immune because she has had measles, would be forced to stay home.

Although he is intelligent and articulate, Matiu's epilepsy remains poorly controlled and he has daily seizures. He cannot ride his bike on the road, nor swim unaccompanied, and is being taught at home. He will never be able to drive or operate heavy or electrical, machinery.

Matiu receives accident compensation. The state has paid \$50,000 towards his care, which is estimated to cost about \$10,000 a year from now on – but Mrs Whiting said

the family has not been compensated for the huge change to their lives because of his illness.

Mrs Whiting said she had not been told of the chance of adverse reactions from vaccinations when her children were immunised and wants parents to be aware of the informed consent or choose not to vaccinate.

Mrs Whiting, a guest speaker at this weekend's international symposium, The Vaccination Dilemma, told delegates at the Aotea Centre in Auckland that Matiu wanted *to* become a scientist. "He told me he wanted to find out how the body works so he can find out why vaccinations make kids sick and he will find a cure..."

DONNA CHISHOLM

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From Hillary Butler.

SUBJECT: The balance to the Saturday article about two people who survived diphtheria.

In Palmerston North there lives a boy called Matiu Whiting (grandson of the Maori artist Cliff Whiting). Up until 18 months, Matiu was very bright, talking in sentences climbing everywhere and driving his parents nuts, just as bright boys do the world over.

His mother took him for a DT booster, which changed his life. He got encephalitis from the vaccine. Extensive hospital work proved that there was no other possible cause, and in the work-up for ACC, Professor David Holdaway, New Zealand's strongest proponent for vaccination, wrote the report for ACC which stated that there was no doubt that this was a case of vaccine damage.

The government likes to claim that just because a child has ACC, does not mean the vaccine did it. This is a cop-out, because in order to get ACC, you have to PROVE that it could have been nothing else.

The medical care extended to Matiu since his encephalopathy has cost the country more than the complete MMR vaccination campaign did last year.

Initially Matiu appeared to get better. It took him several years to get his speech back to what it was, but his behaviour deteriorated, and it soon became obvious that he was having mild seizures. As there was no family history of seizures, this was never to be expected. However, by 1994 his seizures were so uncontrollable that drug treatment

was started. By the end of a year, it became obvious that the ordinary drugs were of no use, so Matiu became part of the initial pilot project for some new drugs which had never before been tested. If, as a parent, you are desperate, you will sign up.

As before, progress was made for a couple of months, and then they were back to square one, with one ghastly addition. The new drugs turned out to have serious side effects, and Matiu has a blood condition as a result of the drugs, which is presently being treated by a form of chemotherapy.

Meanwhile, his seizures remain out of control, and his parents are facing the barrel labelled "There is no future for my child."

When you read this, remember this. Those two people in the paper today had a very good future. At a ripe old age, they are here to upbraid those they consider irresponsible for chasing not to immunise their children. Matiu will never get that chance. His potential as a future citizen stopped on the day his mother chose to have him vaccinated, and she would give her life to turn the clock back, and not vaccinate him.

Remember this also. There are several other children who have reacted to Dt vaccine, but because their children did not have the extensive testing done that Matiu's mother INSISTED on, they never got the proof needed to prove their case. Some of those children have died, and some of them, like Matiu are still alive. None of them got the compensation they needed.

I have personally been involved in 7 cases of seriously injured children since 1992, where we have WON these cases. These children for however long they live, are going to cost the New Zealand public a fortune.

The Health Department and New Zealand Government put out these wonderful cost/benefit analyses for New Zealand. They are absolute rubbish, and here's why.

Take the 1991 measles epidemic. They calculated that this epidemic costs the country 8 million dollars to treat the 9,000 plus cases. I'm not sure about that figure, but the FACT that over 60% of those children were appropriately vaccinated was never taken into consideration in that calculation. The exact number of those children should have been estimated and put in a debit column of negative expenses because the vaccine didn't work.

In the diphtheria argument, there will be no taking into account the cost of medical treatment to Matiu for however long he lives. As far as the medical people are



concerned, they don't know, or care that he is a casualty of the system. His mother calls Matiu's reaction "a politically incorrect illness"

Hilary Butler.