

Rubella Vaccination: a failure

by Michael Nightingale

The Rubella Vaccination Programme has failed. This is the conclusion of a recent study carried out in Glasgow.⁽¹⁾ Rubella vaccination is probably the only vaccination programme directed exclusively to only one sex and for a disease which is, in itself, probably less serious than the common cold. The stated reason for rubella vaccination is, of course, to provide girls with future immunity to German measles (Rubella) because of its possible teratogenic effect (danger to the foetus) if contracted during early pregnancy. In the new study young patients in a Glasgow practice had their immunity to rubella assessed after a vaccination takeup rate of 86-87% amongst 13-yr-old girls. The difference in susceptibility to future infection between the sexes was statistically insignificant, say the Glasgow researchers: so overall the girls received no better protection than the boys, who, of course, were not included in the vaccination programme. Moreover the survey found that it was virtually impossible to discover which girls had a history of rubella vaccination as they themselves never seemed to know and their records were inadequate.'

The researchers suggested an entirely new approach to rubella vaccination: namely to test the immune status of all girls at 15 years of age and offer vaccination to those who are found to be seronegative. This method would be far more effective than the existing procedure and would, it is said, save Glasgow alone an annual sum of £9,000! If one town in Britain could save £9,000 per year by introducing a *more effective* system the amount that could be saved on a national basis would be enormous. But not only are millions of pounds being thrown away at a time when every pound is precious but thousands of young girls are being unnecessarily injected each year with a vaccine that is known to give rise to arthritis, arthralgia, skin conditions, respiratory trouble and swollen glands.^{2,3,4} Is it unreasonable to wonder why young girls are being subjected to a colossal and unnecessary experiment of nationwide proportions which claims a large amount of national expenditure and places these girls' health at risk? Is it unreasonable to wonder if those who are making *profit* out of this disgraceful exercise are the ones who are maintaining it against all odds?

So far we have not disagreed with the very dubious premise that seroconversion resulting from rubella vaccination is synonymous with protection against re-infection by the rubella virus. This, however, we know is not so,' and the reinfection of children who had been vaccinated for rubella and who were sero-positive has been shown to take place (6,7,8). In the Nazareth Child Care Centre in Boston, U.S.A., for example, serological evidence of re-infection by rubella virus was found in a vaccinated community. This demonstrates at the very least that a single rubella vaccination is

inadequate to protect a young girl from rubella infection during a future pregnancy—even as early as adolescence!

Booster doses of rubella vaccine were discussed as a possible solution to this problem, but this has at least two very serious disadvantages. The first is that a vaccination during pregnancy could be disastrous—hence the selection of 13-yr-olds for primary vaccination. Rubella vaccine is known to have possible teratogenic effects in adults.⁹ Secondly it would be impossible to implement such a programme, for whilst dominated 13-yr-olds might go like sheep to the ‘slaughter’ it is hardly likely that their 18, 21, 24, 27 and 30-yr-old counterparts would do the same. Logically, we would need to go on vaccinating up to the age of menopause: a ridiculously expensive and highly dangerous operation which, fortunately, is a nonstarter.

So far, we have seen that rubella vaccination gives no statistically significant protection against rubella infection above non-vaccination, and evidence of so-called ‘protection’ does not necessarily prevent re-infection. Even repeated rubella vaccination during a woman’s fertile life would not necessarily protect her against infection by a wild virus. A further danger of rubella vaccination seldom given any prominence is the possible transmission of the virus to a pregnant member of the same family and this has been shown to take place (10,11). Another serious problem with rubella vaccination is that it tends to diminish the long-term or permanent immunity provided by the natural infection by replacing it with a questionable immunity of short-term duration:’ - a situation which has been described as potentially ‘disastrous’(13).

To summarise so far:—

1. Rubella vaccination provides doubtful protection of limited duration when compared with the natural infection, and this may be the source of disaster.
2. Protection from rubella by vaccination is not synonymous with prevention of re-infection, and this destroys the entire basis upon which the argument in favour of rubella vaccination is built.
3. Even this ‘second-rate’ protection from rubella vaccination is statistically no greater among vaccinees than among non-vaccinated boys.. What is even more ludicrous is that the ‘protective’ sero-conversion found in boys may be more effective against re-infection than that induced by vaccination in girls.
4. To be of any value the vaccination for rubella would need to be given in the form of boosters at varying intervals. The dangers and impracticability of such a programme make it inadvisable and virtually impossible.

5. Rubella vaccination may be the source of infection to a pregnant female in the same family, thus creating the very problem it is designed to eliminate.

In addition to all this there is good evidence that the teratogenic effects of a virus may be prevented by good nutrition on the part of the mother—particularly by her receiving adequate amounts of vitamin C, vitamin B6 and folic acid. There is no evidence that rubella vaccination has reduced the incidence of viral teratogenicity, and the only way to safeguard the health of our future generations is to provide mothers with adequate nutrition and to guide them in other matters of health maintenance. There seems no point whatever in spending millions of pounds on useless and potentially dangerous vaccines in a vain attempt to protect young girls from rubella during pregnancy whilst these same girls live on junk food, drink large amounts of alcohol, take drugs (medicinal or social), smoke cigarettes and under-mine their health in other ways. If money was diverted from the wasteful procedure of mass vaccination to a programme designed to encourage and help adolescents to improve their nutrition and develop healthy habits, vital teratogenicity would diminish and the money would be well spent. An improved state of health would be the living proof of its usefulness; whereas the existing programme of vaccination does nothing but undermine children's health and divert public money into the pockets of drug manufacturers.

References

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