An Analysis of Whooping Cough Incidence

Is the whooping cough vaccine effective? The Health Department has recently admitted that the increase in whooping cough incidence in 2008 in NSW was not a result of decreasing immunisation but most likely a result of the natural three – four year peak in the cycle (1). In fact the population has never been more heavily immunised against whooping cough. The immunisation rate for infants 0-2 years of age is at 90% and above and programs to immunise adolescents have been in place in schools for several years (2). It is also interesting that the Health Department is claiming that whooping cough is now a problem in the 10-14 year age group (3). Prior to immunisation whooping cough was mainly a problem for 0-2 year olds and most serious in infants under 6 months of age (4). It was not considered a serious disease in adolescents and adults because natural infection gives long term immunity which reduces the severity of the disease if it re-occurs later in life (5).

If the vaccine works why are we still experiencing serious outbreaks of whooping cough? The Australian College of Paediatrics states that the efficacy of the vaccine declines after 2-3 years and this is why regular booster shots are required throughout childhood and adolescence (6). Infants begin a schedule of 3 doses of whooping cough vaccine from 2 months of age. However an infant is not protected from the disease until they have received all 3 doses of the vaccine at 6 months of age or later (6). This disease is most serious in infants under 6 months of age yet they cannot be protected by the vaccine at this age because it requires 3 doses to be effective. (9b). It is also known that many fully vaccinated children are still getting whooping cough (7). In addition, there are three species of bacteria that cause whooping cough disease and the vaccine only protects against one species (8). This means herd immunity from the vaccine will not be established as 2 other bacteria species cause the disease.

What percentage of infants gets whooping cough even though they are vaccinated? In order for parents to determine the advantages of the whooping cough vaccine they need to be informed of the percentage of infants who still get whooping cough even though they are vaccinated. This information is not being used in policy development or to convince the public of the need for the vaccine (9). The Health Department claims that vaccinated children who get whooping cough will get a less severe form of the disease. Parents should be provided with evidence for this statement. It could be provided if the Health Department collected and published the vaccination status of whooping cough cases that are admitted to hospitals. These are the most severe cases of the disease and you would expect that the majority of these cases would be unvaccinated. Why is the Health Department not using this information to convince parents of the need for the vaccine?

Ingredients of the vaccine.

Parents are also entitled to know that the vaccine contains antibiotics, preservatives and aluminium compounds which cause allergies and autoimmune diseases in some individuals (10). These chemicals are contained in the vaccine carrier and injected into the tissues of infants at a time when children's body systems are still developing. The rate of allergies and autoimmune diseases in children has never been higher and we should be considering all possible causes of these diseases. Therefore it is important that the public is provided with evidence that the whooping cough vaccine is effective before parents are encouraged to vaccinate their children.

An increase in the incidence of whooping cough in the Australian population at a time when vaccination rates have never been higher in infants or adolescents is not an indication that the vaccine is effective.

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