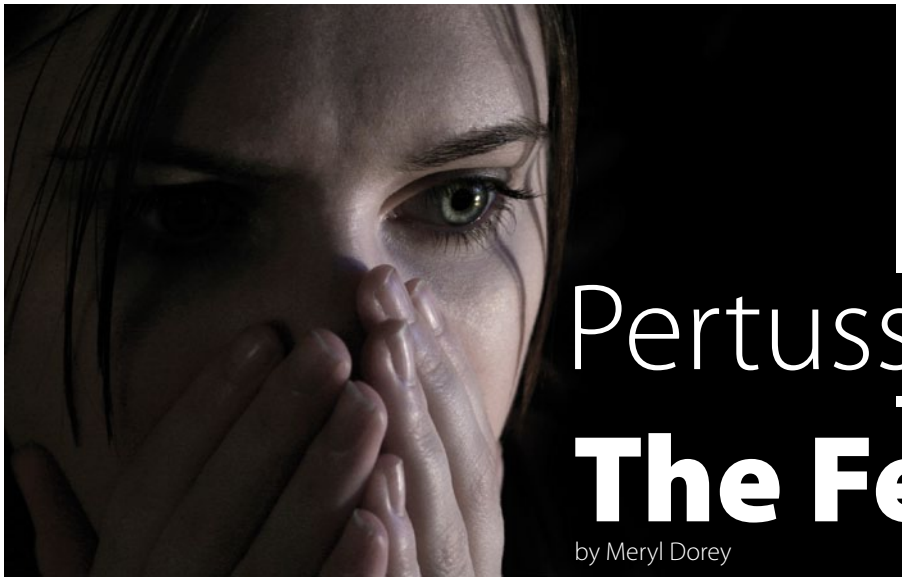


Pertussis: The Fear Factor

by Meryl Dorey

Fear is one of the most effective marketing tools – advertising gurus have known this for many years. If you can make someone afraid, they will buy what you have to sell without thinking too much or asking too many questions.

Seth Godin, author of *Permission Marketing* and *All Marketers are Liars*, states that, "Marketing with fear is a powerful tool. Fear is a universal emotion, it's viral and people will go to great lengths to make it go away. Some items can't be marketed without fear. Seat belts, for example. They're not convenient, good tasting, fun to use or profitable. Fear works great in this case. …What if the marketer not only doesn't create peace of mind, but intentionally destroys it for his own benefit? Sometimes, fear is used as a marketing tactic even if it doesn't benefit the prospect at all."

What many people don't realise is vaccines are actually products. Like cars, refrigerators and breakfast cereal, vaccines are made by companies (multi-national pharmaceuticals) as a money-making venture. Drug companies don't produce drugs and vaccines because they want to make people healthy. They make them for one reason only – to make a profit for their board and their shareholders – end of story. When it comes down to it, there is nothing that makes a drug company inherently any different from a tobacco company. As the research begins to emerge showing that vaccines are causing very serious problems and are not as effective as we've been told, the pharmaceutical industry has begun to use the same sorts of cover-ups and shonky research which the tobacco companies pioneered once the evidence that cigarettes caused cancer became irrefutable. And the media has been more than complicit in helping them get that message across.

In Propaganda (1928) Bernays, the father of modern marketing, argued that the manipulation of public opinion was a necessary part of democracy:

"The conscious and intelligent manipulation of the organised habits and opinions of the masses is an important element in democratic society. Those who manipulate this unseen mechanism of society constitute an invisible government which is the true ruling power of our country. ...We are governed, our minds are moulded, our tastes formed, our ideas suggested, largely by men we have never heard of. ...In almost every act of our daily lives, whether in the sphere of politics or business, in our social conduct or our ethical thinking, we are dominated by the relatively small number of persons...who understand the mental processes and social patterns of the masses. It is they who pull the wires which control the public mind."

Fear is used to 'sell' vaccines

Nowhere is the use of fear as a marketing tool more evident than in the push to force parents to vaccinate their children. This is not new. Historically, we have seen the use of fear in vaccination campaigns and it has only gotten worse as the years have gone on and more vaccines have been added to our already overcrowded schedule.

Since I became involved in this issue after the birth of my first child in 1989, I have witnessed numerous attempts by the government and medical community to make people suspend their intelligent, reasoning mind and to react from fear.

First, there was the 'yellow handprint' campaign of the early 1990s, which showed children in a playground running around to the music of Ring a Ring a Roses (a song which signifies the Black Plague). As the children played, one of them left a big yellow handprint on everything he touched. The voiceover explained that this child had not been vaccinated and was putting everyone else at risk. By the end of the commercial, every piece of playground equipment and every other child was covered in yellow handprints.

Fairly recently, there was a similar fear-based advertisement which ran in many women's magazines across Australia. It showed a person lying on a slab in a morgue. On the bottom of their foot was a toe tag advertising the vaccine against meningococcal meningitis. The implication was that if you did not get vaccinated against meningococcal, you would end up being the person on the slab. Was there any information in this ad? No. Was it effective? You bet it was – because it was scary!

Fear of whooping cough

Bernays, quoted above, was a master at getting free publicity for his clients. Why should you pay for ads when you can get the

media to cover something for free? Our government and medical community have learned well from this master.

In 1998, baby Nathaniel Easson became an overnight 'sensation' when the government manipulated his whooping cough infection for two purposes:

1. To make parents fear that their babies and children would develop whooping cough and would die from it.
2. To cause parents to fear and blame those in the community who had not vaccinated with the implication that they were the source of Nathaniel's illness.

Dr Michael Wooldridge, Minister for Health at the time, stated that, "Aged just seven weeks old, Nathaniel was the centrepiece of the first ads that ran on television to encourage Australians to immunise their children. Around 1400 times, for a very long 60 seconds, little Nathaniel choked and coughed on a screen with that insidious 'whooping' sound, which the disease pertussis is infamous for and after which it gets its common name.

"Nathaniel was too young to be immunised yet in 1997 he contracted whooping cough because some unknown, unimmunised child was a carrier of this deadly disease."[1]

Nathaniel's message, according to the government, was get your kids vaccinated or they will fall victim to pertussis. The media reported this from a government press release without any effort to investigate the facts or to actually learn more about this child.

Had they done even a little bit of research, they would have learned that Nathaniel, though too young to be vaccinated himself, had actually been exposed to whooping cough from an older, fully-vaccinated sibling. This information came from an interview with the boy's mother which, though aired on television, came months later after the media campaign had already done its damage.

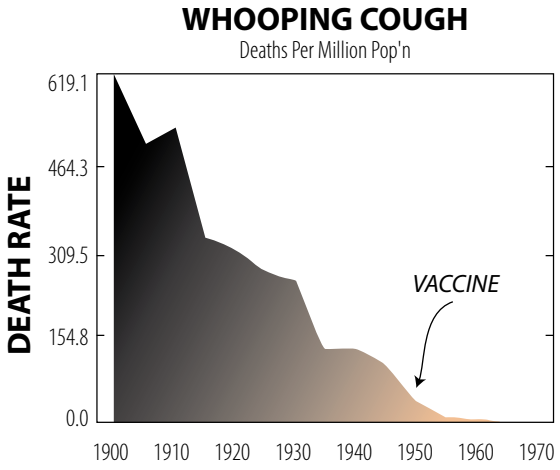
Currently, there is a similar fear-based campaign spreading hysteria nationwide due to the death of little Dana McCaffery. Dana died in early April after a bout of whooping cough. She was 5 weeks old at the time and the first child to die from whooping cough in Australia since the early 1990s.

Again, Dana's condition is being blamed on an unknown unvaccinated person despite the fact that her doctors have admitted that due to her age at the time of diagnosis, she most likely would have been exposed to pertussis whilst still in hospital after her birth.

Who actually gets whooping cough?

We are currently being told that low compliance with vaccination recommendations is the cause of the resurgence of pertussis which Australia is experiencing. In other words, it is the unvaccinated in the community who are responsible for this outbreak.

Let's look at the history of pertussis to get a better idea of exactly where the truth lies.



The above graph is plotted using data from the Australian Yearbook, the Australian Bureau of Statistics and the Department of Health. It shows the annual death rate from whooping cough.

The arrow you see points to when the whooping cough vaccine was first added to the childhood vaccination schedule. As you can see, prior to the time when the vaccine was introduced and then scheduled, deaths from pertussis were already in a steep decline. The introduction of the vaccine had no obvious effect on these death figures.

This evidence is repeated in every country where vaccinations have been used for the past 100 years. In fact, in the US, vaccination was mandated for school entry in 1978 and since 1979, there has been a steady increase in the incidence of pertussis. This picture is duplicated in Australia and every other developed country where we see the majority of pertussis cases are occurring in fully vaccinated individuals.

A long history of side-effects

Since its early days in the 1920s, the pertussis vaccine has been associated with a broad range of adverse events. Currently, we in Australia use both the newer acellular pertussis vaccine (DPaT) as well as the older, more crudely-produced whole-cell shot (DPT).

Whole cell vaccines are just that. The entire B. *pertussis* bacteria, cultured in a combination of animal tissue, blood, and other unknown elements. We don't know the exact composition because pharmaceutical companies are able to leave this information off of their package inserts due to it being 'proprietary'.

In addition to the biological components, the DPT vaccine contains aluminium hydroxide, formaldehyde (a carcinogen) and thiomersal (the mercury-based preservative credited with contributing to the current huge upsurge in autism and other behavioural disorders). The end result of this process is a vaccine jam-packed with bacterial and viral contaminants from the culture medium, heavy metals (both aluminium and mercury – known neurotoxins or brain cell poisons) pertussis endotoxin and *B. pertussis* bacteria. (see sidebar)

We are one of the last developed nations in the world to still use the DPT vaccine. Left-over stocks from other countries were sold at bargain basement prices or given free in exchange for trade benefits to developing nations. Incredibly DPT, which until

Toxin-Mediated Diseases

Pertussis, in common with many bacterial diseases including Diphtheria and Tetanus, is a toxin-mediated disease. This means that it isn't actually the bacteria itself that causes the 'whooping' symptoms. The cause of whooping cough disease is the toxin that is released when pertussis bacteria are attacked by our immune system.

When we are infected with these bacteria, our body's immune defences will recognise that an 'enemy' has invaded. It will then attack and as the bacteria are killed off, they release an endotoxin. When enough endotoxin has been produced, it will cause the body to respond by first developing cold symptoms (runny nose, watery eyes, fever, etc.) and finally, a cough will develop. In older children and adults, this cough is easily recognisable due to its loud 'whooping' sound. In infancy however, the whoop may be more difficult to identify.

In most cases, by the time the cough has appeared, the bacteria have already been eliminated. This is why the standard protocol of antibiotic treatment (most often Erythromycin) can be counter-productive. These drugs aren't actually given to treat the person who is infected; rather, they are prescribed in the hope that they will kill off any vestiges of bacteria which may be present so that the person is no longer infectious to others. But since there generally is no bacteria present at this point and since antibiotics may actually lower the immune response and destroy the balance of bacteria in the gut, where most of the immune system is located, using antibiotics may increase the amount of time a person is ill with whooping cough and make recovery more difficult.

People who contract whooping cough are most infectious during the 10-14 days prior to developing symptoms – called the prodromal period. It is hard to understand therefore, why unvaccinated children would be excluded from school for 14 days *after* whooping cough has been diagnosed in one of their classmates. After all, by the time the disease is diagnosed, they have already been exposed so what is the point of excluding them – especially if the person who came down with the disease in the first place is most likely vaccinated against it.

the advent of vaccines for cervical cancer was considered to be the most dangerous of all shots, is still being administered to Australian children if they react adversely to the DPaT. When informed of this, Barbara Loe Fisher, head of the National Vaccine Information Centre in the US, stated that this was evidence of gross negligence on the part of the Australian government who was failing in their duty of care to our children.

The list of known side effects to DPT is quite long and includes such conditions as meningitis, encephalitis, permanent brain damage, seizures and epilepsy, asthma, eczema, food allergies, and Sudden Infant Death Syndrome (SIDS).

In the early part of this century, the Australian government, giving in to public pressure for 'safer' vaccines and due to the fact that other developed nations had stopped using the DPT years earlier, introduced the newer acellular shot.

Acellular basically means that rather than including the entire bacteria in the shot, it only contains part of the protein envelope which normally wraps the cell. It still contains a high proportion of endotoxin and many of the other toxic ingredients you will find in its older cousin.

At the time of its introduction into Australia, it was claimed that though the DPT was perfectly safe, the DPaT was safer.

However, when you read the list of side effects which the manufacturer itself reports to Infanrix, you find that it is exactly the same as the list from the whole cell shot.[2]

- seizure
- ITP
- encephalopathy
- crying, persistent unusual
- cyanosis
- brachial neuritis
- anaphylactic reaction
- thrombocytopenia
- fever >104 F
- lymphadenopathy
- intussusception
- Guillain-Barre syndrome
- hypersensitivity reaction, Arthus-type
- hypotonic-hyporesponsive episode
- demyelinating Central Nervous System disease
- mononeuropathy, cranial
- mononeuropathy, peripheral

In addition, since both the whole cell and acellular vaccines contain such a large quantity of pertussis endotoxin, and since it is the endotoxin rather than the bacteria which cause the symptoms of whooping cough, there is a school of thought which says that children who develop whooping cough after vaccination have actually fallen ill due to the toxin. In other words, they have developed the symptoms of infection from the vaccine itself – even if they were never actually exposed to the bacteria.

On October 26, 2008, a statement was made by Dr Mitchell Smith warning about an outbreak of whooping cough in the State. He said that, "We think that also we're seeing a reflection of low immunisation rates in parts of NSW, particularly in the North Coast and parts of Western Sydney." This warning was reported by ABC News[3] with absolutely no attempt to confirm the truth of the matter.

Table 1 is from the Communicable Diseases Bulletin, published by the Commonwealth Department of Health. It covers the vaccination rate in Australia. Please look at the figures for NSW during the period Dr Smith was referring to.

As you can see, the vaccination rate for NSW was 94.9% with a total vaccination rate for all of Australia of over 95% - the magic number which, we are told, should see this disease wiped out for good.

Again, if we look at historical data, we will see that our rates of vaccination against whooping cough are incredibly high now as compared with the figures being shown by the Australian Bureau of Statistics in 1991 (see Table 2).

Table 1. **Percentage of children immunised at 2 years of age, preliminary results by disease and state or territory for the birth cohort 1 January to 31 March 2006; assessment date 30 June 2008***

Vaccine	State or territory								Australia
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
Total number of children	1,204	22,941	932	14,687	4,608	1,601	16,598	7,182	69,753
Diphtheria, tetanus, pertussis (%)	96.7	94.9	96.1	94.9	95.4	95.1	95.9	93.8	95.1
Poliomyelitis (%)	96.6	94.8	96.1	94.8	95.3	95.1	95.8	93.7	95.1
Haemophilus influenzae type b (%)	96.6	95.4	95.4	93.9	94.4	95.4	94.6	93.6	94.6
Measles, mumps, rubella (%)	95.5	93.7	96.4	94.0	94.7	94.5	95.0	92.9	94.2
Hepatitis B (%)	97.2	95.7	97.3	95.6	96.2	96.2	96.4	94.8	95.9
Fully immunised (%)	94.8	92.5	94.7	92.6	93.3	93.4	93.6	91.2	92.8
Change in fully immunised since last quarter (%)	+0.8	-0.2	+0.8	+0.1	+0.6	-0.7	+0.0	-0.5	-0.0

* The 12 months age data for this cohort was published in Commun Dis Intell 2007;31:333.

Table 2. **Immunised Children Aged 0 to 6 Years**

% Fully Immunised	**1989-90** 1986 Schedule	**1995** 1991 Schedule	**1995** 1994 Schedule	**2001** Schedule started (1996, 1998, & 2000)
Diphtheria/Tetanus	86	69	69	77.4
Pertussis(a)	71	68	61	71.6
Polio	72	83	83	82.9
Measles	86	(b)92	(b)92	84.9
Mumps	81	(b)90	(b)90	84.9
Rubella(c)	n.a	(b)76	(b)76	84.9
Hib(d)	n.a	n.a	51	70.8
Hepatitis B(e)	n.a	n.a	n.a	72.1
All above	**53**	**53**	**35**	**54**

(a) Combined dephtheria-tetanus vaccine (CDT) booster at 4-5 years (or prior to school entry) was replaced by diphtheria, tetanus and pertussis vaccine (DTP), August 1994.
(b) Children aged 0-12 months have been excluded from estimates for Measles-Mumps-Rubella (MMR).
(c) Vaccination against Rubella at one year of age was introduced from 1991.
(d) Requirement for vaccination against Hib was introduced into the recommended schedule in April 1993.
(e) Vaccination against Hepatitis B was introduced into the recommended schedule in May 2000.

Source: ABS 1989-90 National Health Survey; ABS 1995 Children's Immunisation and Health Screening Survey; ABS 2001 National Health Survey.

Instead of seeing the end of whooping cough because of our high vaccination rates however, we are seeing more and more cases being reported every year as demonstrated in the following table (Table 3).

Table 3. **National Notifiable Diseases Surveillance System**

Number of notifications of Pertussis, received from State and Territory health authorities in the period of 1991 to 2008 and year-to-date notifications for 2009

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust
1991	0	36	0	131	38	2	66	45	318
1992	9	217	1	222	70	29	157	92	797
1993	48	1533	7	687	1326	56	496	259	4412
1994	19	1408	186	1922	761	34	449	660	5439
1995	33	1370	132	1347	456	110	402	339	4189
1996	40	1157	14	775	923	31	1376	227	4543
1997	106	4252	24	1900	1639	112	1515	1204	10752
1998	100	2306	24	1392	549	55	964	282	5672
1999	83	1414	2	963	228	635	941	96	4362
2000	208	3688	9	536	593	143	717	93	5987
2001	86	4438	150	1630	2010	104	864	227	9509
2002	55	2012	37	1853	473	37	868	231	5566
2003	357	2772	5	716	232	133	626	255	5096
2004	124	3568	27	1035	994	37	871	2094	8750
2005	315	5803	92	1776	1510	33	1155	516	11200
2006	258	4917	96	2172	2180	41	1066	264	10994
2007	96	2099	28	1535	377	25	1050	133	5343
2008	144	7877	477	2259	1416	199	1693	457	14522
2009	114	5732	72	1296	593	137	589	145	8678

As you can see, we went from only 318 cases in Australia in 1991 (with only 71% pertussis vaccination coverage) to a high of 14,522 cases in 2009 when our vaccination rate was in excess of 95%. For 2009, we look to be on track to beat last year's record.

What has the whooping cough vaccine done to reduce the incidence of pertussis? From all of the available evidence, it has done no good at all and may actually have increased our rate or infection rather than reducing it.

What about deaths from this disease? Well, to quote the CDI Bulletin from 25 December 1997, "In the 20 years from 1976 to 1995, there were 21 deaths from pertussis in Australia. In contrast, from October 1996 to November 1997, there have been 9 deaths; six in NSW and one each in QLD, VIC and WA. All were children aged between two weeks and four months of age (too young to have completed the primary course of vaccination against pertussis) and none had received more than one dose of pertussis vaccine."

Pertussis is most dangerous for infants. Once a child is over 12 months of age, though whooping cough can be a nasty disease, it is usually not deadly nor is there much risk of long-term adverse effects from infection if it is treated properly.

What is demonstrated above however, is that in this short space of time, 9 infants under the age of 12 months died from whooping cough. Is it common for children that young to get this disease?

The normal distribution for pertussis is between the ages of 4 and 10 years. It used to be very rare for infants to contract whooping cough and when they did, it was much more common for them to die or to have serious complications as a result.

So, anything that makes infants more susceptible to infection with this illness would be considered less than helpful.

It appears from research in several different countries that the higher the rate of whooping cough vaccination in infants, the more cases of whooping cough you see in that age group.

Table 4 shows a comparison of the age distribution of pertussis before and after widespread use of the pertussis vaccine. As you can see, the light gray bars show that prior to the introduction of widespread vaccination against pertussis, the vast majority of cases occurred in the older age groups when it would have been a much less serious disease. Once vaccine usage became widespread, we see the vast majority of cases occurring in the most susceptible age groups.

Experience in Sweden and Great Britain

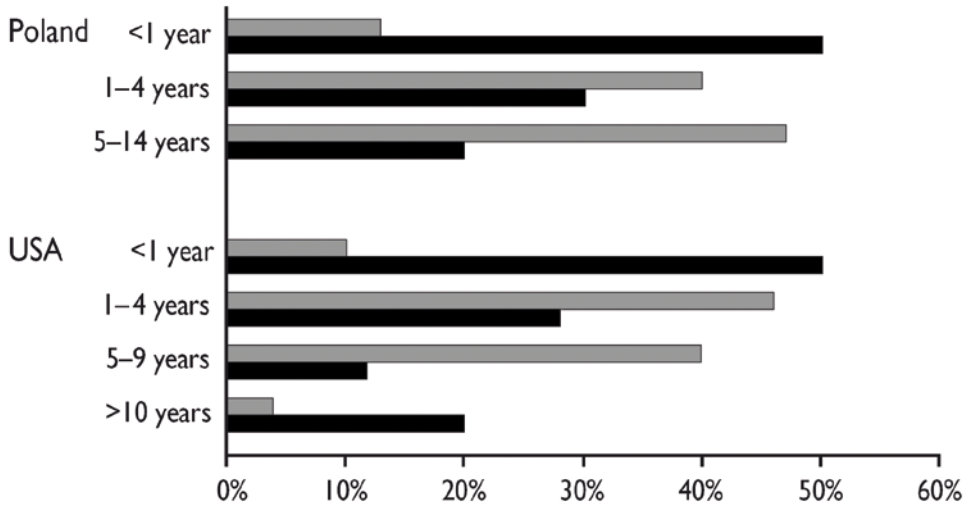
In 1979, Sweden ceased the use of pertussis vaccine because they found that it was completely ineffective at preventing whooping cough infections and it had an unacceptable rate of side-effects.

Dr Harold Buttram, an American physician who has researched and published information about vaccination for over 40 years writes, "The seldom publicised history of the pertussis vaccine in Sweden, gives an entirely different point of view from that of the US public health service. Sweden banned the pertussis vaccine in 1979, and yet Sweden now has the second lowest infant mortality rate in the world, whereas the United States ranks a very poor 20th or lower, A report[4] in 1984 stated that the pertussis mortality was generally very low in industrialised countries and there was no difference in severity and incidence of pertussis between countries with high, low and zero immunizations rates."

The UK on the other hand, continued to vaccinate and over this same period – the mid-to late 1970s – experienced a decline in vaccination rates against pertussis due to publicity about the risks of the vaccine. Much of this information came from Prof Gordon Stewart, a member of the Committee on the Safety of Medicines.

In 1976, Prof Stewart published an article in The Lancet[5] that looked at an outbreak of pertussis in Glasgow Scotland. He found that nearly one-third of those diagnosed with the disease were fully vaccinated and that susceptibility to contracting pertussis had a much stronger correlation to lower socio-economic conditions than to vaccination status. He stated that, "There is no epidemiological justification for continuing mass immunisation…"

Table 4. **Percentage distribution of pertussis cases before (grey bars) and after (black bars) widespread use of pertussis vaccine, Poland (1971 versus 1991), United States (1918–21 versus 1980–89)**



Sources: Gordon & Hood (1951), Adonajlo (1975,1993), Farizo et al. (1991).

A year later, the same Prof Stewart published another study in the Lancet[6] where he looked at both the effectiveness and the safety of pertussis vaccination. His research showed that, "Notifications of incidence…follow the same pattern of steady decline in the United Kingdom and are unaffected either by small-scale vaccination beginning about 1948 or by nationwide vaccination beginning in 1957. …there is no evidence that vaccination played a major role in the decline in incidence and mortality in the trend of events. …In the families studied, 70% of the 'introducers' were themselves full vaccinated as were 48% of their contacts. …But the present situation in the UK is that protection by vaccination is at best, partial, probably temporary and seldom if ever complete enough to protect the only group which is seriously at risk – namely infants in crowded homes."

So why vaccinate?

After reading this information, you would probably be asking yourself the question – if the whooping cough vaccine is so ineffective and dangerous, why are we still using it?

This is a question I ask myself every day. While the research from medical journals and our own experience in Australia demonstrates so clearly that the vaccine has done nothing to reduce the incidence of pertussis and may even have led to its resurgence in the age groups most at risk of complications, our government and the medical community continue to push vaccination as though it were the holy grail.

Whooping cough is not a vaccine-preventable disease. That much is clear. And while it can be an unpleasant rite of passage for many children, it is rarely deadly or dangerous when contracted during its normal age distribution.
Though infection with whooping cough does not guarantee life-long immunity against future infection, contracting and recovering from pertussis does seem to protect for far longer than the vaccines which, when introduced, were touted as conveying protection for life.

When it comes down to it, it is hard to imagine that anyone who was actually given this information would still choose to vaccinate against whooping cough. And perhaps that is the reason why so many people still do use this vaccine – because this information is simply not made available to them so they were unable to make an informed choice.

Let us all work towards ensuring that we will see free and informed vaccination choices during our lifetime – for the sake of our children and for the health of our world.

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The 100-Day Cough?

Whooping cough was the disease I most feared as a mother of young children. It was also the vaccine that was implicated in my son's first serious reaction to vaccines so I felt very much caught between a rock and a hard place when it came to this illness.

Like many other Australians, I was frightened by the commercial showing Nathaniel Easson coughing and prayed that my children wouldn't get this disease.

Some prayers are answered – some aren't. This one was not.

In 1998, I went to Canberra for 2 weeks to lobby against legislation which would link government payments with vaccination compliance. While I was away, my fully-vaccinated mother-in-law looked after my children so my husband could work. We didn't know it at the time, but she was just coming down with whooping cough.

By the time I got home after 2 very busy weeks, the kids were all sick with what we thought were colds and my mother in law was coughing up a storm. It didn't take us long to work out that it was whooping cough and before you knew it, I had it too as did my husband.

This 'dreadful and scary' disease turned out to be a storm in a teacup. We went straight off to our homoeopath who prescribed remedies which saw us getting over the illness in about 2 weeks. In fact, even at its worst, it was no more than a bad night-time cough.

My youngest daughter who was 2 ½ at the time was the sickest. I can remember falling asleep one night while holding her upright in bed because she had thrown up several times at the end of a bout of coughing and I wanted to make sure she didn't choke. But that was only one night and that was as bad as the symptoms got.

The homoeopathic remedy that worked for the rest of us didn't work for her but my homoeopath persisted and on the third try, we got it right and within 24 hours of taking that first dose, her cough was virtually gone.

While there are no medical treatments for whooping cough (the antibiotics are to prevent the disease from spreading – not for treating the illness), there are many natural therapies which have been shown to be effective over hundreds and sometimes thousands of years.

If you are concerned about pertussis, please visit your practitioner to discuss the options available for both prevention and treatment.