

After a slightly more sedate consideration than last time, on 22 April 1993, the reply said:

"We are not inclined to publish your letter because to date there are no data from the United States and Finland that substantiate an increase in Haemophilus disease caused by non-type b strains after vaccination of the population...Incidentally, we were fascinated by your analogy with adenovirus infections after vaccination. Is there documentation of the change in adenovirus types after vaccination? We would very much appreciate receiving the reference for this."

Funny they weren't "fascinated" the first time...

Dr Morris educated them, and his final paragraph in his reply (21 October 1993) reads:

"Information in the above quoted passages and in the attached references provides a pathway to the fascinating adenovirus vaccine story. That this story is apparently unknown to the editors of PIDJ is the basis for another fascinating story."

In the meantime I had written to the then Minister of Health on 23 March, and 1 May 1993, detailing my concerns and asking key questions, one of which was:

"Will the incidence of other serious infections (black wolves) rise as a result of the demise of HIB (white wolves)?"

In his reply on 3 June 1993, Mr Bill Birch advised me that his advisers had advised him that:

"The short answer is that this is unlikely. The papers that you included with your latest letter show that the relative importance of other forms of meningitis increase, but the INCIDENCE remains the same. The only incidence that changes is that of HIB meningitis. And this incidence falls by 90% of its pre-vaccination rate in both of your articles that show figures. So, other causes of meningitis have not filled the gap left by HIB. The white wolves have not been replaced by black wolves to use your analogy. There are just fewer cases of meningitis (wolves) overall, and the reduction in cases is entirely due to a reduction in meningitis due to HIB (white wolves)."

IF A VACCINE is being so useful and NOT affecting any other disease statistics EXCEPT reducing one, surely there should show a REDUCTION in the total number of disease admissions to hospital — NOT the increase noticed over the last few months? Evidently at that time the advisors to Bill Birch thought we were cruising just nicely.

Another article I came across in the Arch Ped Adol Med Journal Jan 1994, pg 49 discussed the pre-vaccine Haemophilus decline in all groups but being most dramatic in the unvaccinated under 18 month old group, this way:

"This is consistent with findings from other reports, and it suggests that immunisation is not responsible for all of the falling incidence of Hib disease."

Refs: JAMA 1993;269:221-226/JAMA 1993;269:227-231/JAMA 1993;269:246-248.

But let us not nit-pick. ALL articles said how wonderful the Hib vaccine was. It has been hailed as one of the safest, state-of-the-art vaccines which is the bench-mark of medical ingenuity.

Let us be generous. Let us say that regardless of the incompleteness of the epidemiological data for America, that the recent claims of making the world a Hib-free planet using a vaccine might even have some basis.

BUT AT WHAT COST?

Hilary Butler

From: "Hilary Butler" <butler@watchdog.net.nz>
To: <mlipsitc@hsph.harvard.edu>
Sent: Wednesday, 12 April 2006 9:11 AM
Subject: An enquiry from New Zealand.

Dear Dr Lipsitch,

I've read all your papers on bacterial serotype replacement (or lack of) that I can find.

I find an anomaly which to me is very interesting. In every country that has used the Hib vaccine, including USA, Finland, Belgium, UK, and also New Zealand, though no-one here has publicised the fact, the use of the Hib vaccine was followed in all cases, with either medical articles, or newspaper articles (or both) which stated very plainly, that medical authorities were puzzled at the sudden increase in Pneumococcus infections. The first in your country was The Pediatric Infectious Diseases Newsletter, June 1992.

I drew to the attention of the then editor, John D Nelson, the importance of what had been said in relation to the fact that the same had occurred when USA tried to use adenovirus vaccines not just within military, but within civilian society as well. (It turned out he didn't know about that, so he was supplied with the information) At the same time was an item in the Pediatric Infectious Disease Journal, Volume 11, no 8 August 1992 page 661, which not only stated that there was a sharp decline in the cases which began in 1987, well before the use of the vaccine, so perhaps the possibility is that pneumococcus was already taking over.

The next item of interest was the Lancet, Volume 341, April 3, 1993 page 851 which most definitely talks about bacterial replacement as a result of Hib vaccine.

the Lancet, Volume 345, March 11 1995 page 661 contains quite an impressive graph showing clearly that as Hib went down, pneumococcus increased. I'm not sure what else this can mean, except species replacement as a result of the use of the Hib vaccine.

Then the Lancet Volume 349, March 8, 1997, page 699 in an item called "increase in pneumococcal bacteraemia in Sweden" indicates the same.

Eur J Pediatr 1997 156 288 - 291 states "the introduction of large scale systematic vaccination against H. Influenzae type b has drastically changed the incidence of BM in areas where it has been performed."

A recent article in PLoS Pathogens, September 2005, volume 1, Issue one called "The Role of Innate Immune Responses in the outcome of interspecies competition for colonization of mucosal surfaces" is an interesting and relevant contribution.

I notice Martin Malden in the Lancet is now also expressing concerns at the Men C vaccination campaign in the UK could create similar issues.

In New Zealand, I've watched as the use of a Menomune A vaccine in 1987, supposedly displaced MB A, to lead to an increase in Hib. However, at the same time, we saw an increase in Meningitis B here (which turned out to be a type unique to New Zealand, home grown, from the very area that had the Meningitis A vaccine campaign..). During the time

12/04/2006

the Meningitis B was rising, the Health Department put the Hib vaccine in the schedule, and as everywhere else, doctors said they saw no more cases. But within 18 months the papers were full of an unexplained increase in Pneumococcal illnesses... However, homegrown Meningitis B became the prevalent bacterial commensal, and by 2000 was the leading cause of MB cases and deaths (about 75%). 2000 was the tip of the mountain, and by the time the MeNZB campaign started in 2004, levels were half way back down to other side of the mountain graph. Meantime, the increase in pneumococcal disease has increased again, to the point where New Zealand apparently has five times the rate of other developed countries, and no-one can work out why, though Dr Cameron Grant from Auckland is trying to figure it out.

We know in the veterinary world, that if you use antibiotics in chickens to eliminate some bacterial pathogens, other more serious ones walk right in to fill the space. I believe that is also part of the story, but the vaccines are the bigger part of the story.

It can't escape anyone when lining up the medical literature, that the use of Hib vaccine created the Pneumococcal increase, though you don't subscribe to that fact.

It also seems that the original work of Robert Good on meningitis, which he said in his book was never completed, has never been taken seriously.

That work showed that when you vaccinated animals (rabbits) against one specific type of meningitis, that they lost the ability to fight off all other types, which his laboratory had found they had, prior to vaccination.

The current dogma is that all these vaccines are safe and beneficial. I look around me at all these supposedly healthy MeNZB vaccinated children, and listen to the grapevine and hear that people who've never tried quackery in their lives, are lining up in droves to naturopaths and other alternative practitioners, because their children are not what they were before. Doctors and the health Department of course, say the vaccine is wonderful, and could not possibly be the cause.

A flashback here is interesting. In 1987 we did a Menomune A vaccination campaign here which went seriously wrong, and was whitewashed. There were serious reactions which were initially explained as hysteria. I've kept all the information, all the details, and the subsequent medical articles.

It's ironic to me, that many of the people seriously affected by the Menomune A vaccine, had identical symptoms to those I now read on the CDC website as being related to Menactra (though as usual, dismissed as the same as background levels, therefore by implication, irrelevant). In the children's cases here, in 1987, they were dismissed as hysteria, and when that didn't wash, paranoid parents were to blame, being hyped up by the errant media. I've kept all that information too.

That is all background information from someone who has for a quarter of a century sat here, and watched one disaster follow another and the relevant concerns dismissed as anecdotal and coincidental.

I don't think these issues either either coincidental, anecdotal or irrelevant.

So I have three questions for you, given that you are one of the few who has looked at serotype replacement issues.

1) If you line up all the graphs from all the countries... all the information that I've mentioned... and more... why, within 18 months of the reduction of Hib cases, did pneumococcus take its place as the primary pathogen in MOST countries after the use of Hib?

If the elimination of Hib wasn't the factor that created the hole into which Pneumococcus dropped.... **what was** the factor that led to an identical time frame in every country that used the vaccine?

Each country started it in a different year, but yet, the trend is the same.

2) This country is about to put Prevnar and possible Menactra into its vaccine schedule. Can you tell me, which MB will be the one to fill the gap that Prevnar, Menactra, Hib and MenZB potentially all create?

3) Have you gone back and studied ~~Robert Good's~~ original work with rabbits to work out why, on the administration of the first specific serotype vaccine, those rabbits then became more susceptible to other meningitis types?

Sincerely,

Hilary Butler.

27/04/06 - corrected
name = Lewis Thomas