

Department of Health, Social Services & Public Safety  
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteacht Phoiblí

From The Chief Medical Officer:  
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To: All General Practitioners  
Directors of Public Health – onward cascade  
Consultants in Communicable Disease Control in HSS Boards

11 April 2000

Dear Colleague

### 1. MENINGOCOCCAL INFECTION IN PILGRIMS RETURNING FROM THE HAJ

This message is to alert you to recent cases of meningococcal disease associated with the annual pilgrimage to Mecca (the Haj in Saudi Arabia). There have been thirteen confirmed cases in the UK so far with four deaths. Eight of the cases have been in pilgrims who have returned from the Haj and five cases have been in close contacts. Similar experiences are being reported from France.

Ten of the confirmed cases are of meningococcal group W135, a rare form of disease in the UK (with between 30 and 50 cases each year). Three cases have not yet been typed. Immunisation against meningococcal A and C disease is an entry requirement for Saudi Arabia for pilgrims on the Haj. However the meningococcal A and C vaccine does not protect against group W135 infection.

As with all types of meningococcal infection, early diagnosis and treatment are essential. The symptoms of group W135 meningococcal disease are the same as for other groups of the disease. It is important that the possibility of meningococcal infection is considered in individuals who have recently returned from Saudi Arabia, or among their contacts, if they become unwell. Early treatment with benzylpenicillin (if possible, given intravenously) may be life-saving. The recommended dose is 1,200mg for adults and children aged 10 years or more, 600 mg for children aged 1 to 9 years and 300mg for those aged less than 1 year. Benzylpenicillin should be withheld if there is a known history of anaphylaxis following previous penicillin administration. Although benzylpenicillin may reduce the chance of isolating the causative organism, this is outweighed by the benefit to the patient.

There is a vaccine that protects against group W135 infection but this is not routinely available in the UK because of the rarity of the strain. Steps have been taken to secure sufficient doses to give to close contacts of the disease. Advice on chemoprophylaxis or vaccination can be obtained from your local CCDC.

Widespread prophylaxis is not considered appropriate. The expert view is that such a measure is unlikely to be effective, especially as the risk should be declining rapidly. Please ensure any cases are notified promptly to your CCDC.



## 2. MMR VACCINE AND AUTISM

You may be aware of renewed press interest in the theory that MMR vaccine is linked to autism. The following background information may be helpful; there is no new published evidence that indicates a causal link between MMR vaccine and autism.

A US Congressional hearing on 6 April heard evidence about possible links between vaccination and autism. The chair of the Congressional Committee, Sen Dan Burton (Rep, Indiana) is reported to believe his grandchild's autism was caused by MMR. The Committee called witnesses including Dr Andrew Wakefield of the Royal Free Hospital, London and Professor John O'Leary, Dublin and Professor Brent Taylor also, but separately, from the Royal Free Hospital.

O'Leary and Wakefield reported to the Committee that they have examined bowel tissue obtained by Dr Wakefield from 25 children with evidence of a condition described by Dr Wakefield as "autistic enterocolitis". Professor O'Leary reported evidence of measles virus in 24 of the cases and evidence of measles virus in 1 of 15 normal children controls - though it is not clear whether these controls are appropriate. Nor is it clear whether the presence of measles virus would indicate a causal link with autism. This work has not yet been published.

Dr Wakefield's previous evidence has been reviewed extensively by independent groups who have all concluded that there is no evidence of a link between MMR and autism. Last week an independent group set up by the MRC, which heard evidence from Dr Wakefield, reported that there was "no new evidence of a link between autism and MMR". The Chairman of the Group described Dr Wakefield's earlier work as "insubstantial".

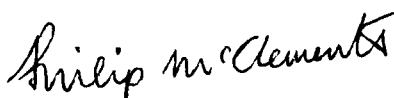
This work is unpublished, unverified and uninterpretable as presently reported. The key fact for parents is that studies, which have looked at association between MMR and autism, have found no link. Last year a major study of almost 500 autistic children published in the Lancet concluded: "Our results do not support the hypothesis that MMR vaccination is causally related to autism, either in its initiation or to the onset of regression..".

For further information on either of these issues please contact:

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Yours sincerely



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