From The Chief Medical Officer:
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To:All General Practitioners (for onward distribution to practice staff)
Directors of Public Health, Health & Social Services Boards (for onward distribution Consultants in Public Health Medicine, Health Action Zone Managers)
Consultants in Communicable Disease Control
Medical Directors of HSS Trusts (for onward distribution to all Trust Doctors)
Directors of Nursing, Health & Social Services Boards
Directors of Nursing, Health & Social Services Trusts (for onward distribution to relevant nurses including Health Visitors, School Nurses and Treatment Room Nurses)
Directors of Pharmaceutical Services, Health & Social Services Boards/Trusts & CSA
Community Pharmacists
Regional Epidemiologist, CDSC
Royal College of Nursing
Royal College of Midwives
Health Promotion Agency (NI)
Professor Brenda Poulton, University of Ulster

Dear Colleague

MMR IMMUNISATION ISSUES

1. The issue of MMR immunisation has received a considerable amount of attention in the national and local media over the last week. This has no doubt resulted in considerable anxiety among parents who may well be presenting to local health professionals with queries in relation to MMR vaccine. The purpose of this letter is to update you on the most recent studies in relation to MMR and to assure you that the Department and independent medical experts remain convinced that MMR vaccine is both safe and the most effective way to protect children against measles, mumps and rubella.

2. During the week beginning 4th February 2002 two papers were published on the BMJ website, which are of relevance to the current debate on MMR immunisation. The first paper, which is to be published in the Journal of Molecular Pathology by V Uhlmann et al[1], describes the presence of measles virus in the intestinal tissue of some children with both autism and bowel disease. The study does not consider the immunisation history of cases or controls. The techniques used to detect measles virus in the bowel have yet to be reviewed by independent experts and replicated elsewhere. There have been similar problems before with research published by these authors, including Dr Andrew Wakefield, where independent groups could not replicate his findings and

[1] V Uhlmann, CM Martin, O Sheils, L Pilkington, I Silva, A Killalea, SB Murch, AJ Wakefield, JJ O'Leary. Potential viral pathogenic mechanism for new variant inflammatory bowel diseases – http//www.jcp.bmjjournals.com/cgi/data/55/1/dc1/1.

Dr Wakefield himself could not produce them when he used more sensitive tests. An accompanying editorial on this study concludes, "it would be entirely wrong to jump to the conclusion that the measles component of MMR causes colitis or the developmental disorder in these particular or any other children." Indeed one of the studies authors, Professor John O'Leary, emphasised that the results did not prove that any of the children acquired their condition as a result of being vaccinated.

3. **A second paper published on the British Medical Journal's website on Friday 8th February 2002 firmly rejects any association between MMR and autism[2] and/or bowel problems**. This study, which was carried out in five health districts in North East London, was a population study with case note review linked to independently recorded vaccine data. Almost 300 children with autism were included in this study and the main outcome measures included recorded bowel problems lasting at least 3 months, age of reported regression of child's development where it was a feature, and relation of these to MMR vaccination. Analysis of the results could find no evidence for any association between MMR, autism or bowel problems.

4. The recent coverage of this issue in the media would seem to give the impression that the main driver of MMR immunisation in Northern Ireland is the Government and the Department of Health. However the truth is that nationally and internationally there is overwhelming support from independent expert professionals and groups for MMR immunisation. The evidence and reports about the safety and effectiveness of MMR vaccine are regularly reviewed by the Joint Committee on Vaccination and Immunisation (JCVI), and the Committee on Safety of Medicine (CSM). This includes research from all around the world including research from the UK, USA, Sweden and Finland. On all the evidence available the USA, JCVI and CSM have agreed that there is no link between MMR and autism. MMR immunisation is also supported by the World Health Organisation, all major UK health organisations including professional bodies, the Committee on Safety of Medicine, the Scottish Parliament's Health and Community Care Committee, the Irish Parliament's Joint Committee on Health and Children, the American Academy of Paediatrics, and the Institute of Medicine in the United States. More recently the Medical Research Council in the UK has carried out a review of autism research, epidemiology and causes. This review has concluded that there is no link between MMR and autism. A summary of their findings is included at Annex A.

5. Single Vaccines

5.1 There would appear to be demand among the general public now to give MMR as three separate vaccines, spaced by at least 1 year. This suggestion came following the publication of Dr Wakefield's paper in 1998, and was a suggestion made by himself at a press conference following the publication of his paper. The suggestion is not supported by his twelve co-authors and there is absolutely no scientific evidence to support his view. No country in the world recommends that MMR vaccine is divided into three separate injections. The Department is

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[2] B Taylor, E Miller, R Lingam, N Andrews, A Simmons, J Stowe. Measles, mumps and rubella vaccination and bowel problems or developmental regression in children with autism: population study – http//www.bmj.com/cgi/content/full/324/7333/dc3.

firmly convinced that the best way to ensure children are protected against measles, mumps and rubella is by two doses of combined MMR vaccine.

5.2 Separating vaccines puts children at risk while they wait unnecessarily between each vaccine. In addition, using separate vaccines would decrease the uptake of vaccination and thus increase the risk that these diseases will return. Giving vaccines separately means that children are subject to unnecessary repeat injections and more risk of adverse reactions – even if mild – at the injection site. Experience of separating out the pertussis component of DTP vaccine in the 1970s showed that uptake of pertussis immunisation decreased to around 30%. As a result there were large increases in the rates of pertussis infection, including many deaths.

5.3 Currently none of the single component vaccines for measles or mumps, licensed in the UK, are manufactured for or marketed in the UK. The Medicines Control Agency (MCA) has restricted the importation of unlicensed single component vaccines on the ground that under law, unlicensed medicines should not be imported when a safe and effective licensed alternative, ie MMR vaccine, is available and meets the patients clinical needs. As these unlicensed vaccines have not been subjected to the rigorous trials and controls that MMR vaccine has, there are concerns that they maybe ineffective or less safe than MMR.

6. Action for Health Professionals

6.1. Health professionals remain persistently challenged by this seemingly relentless onslaught by the media in relation to MMR immunisation. This is worrying and demoralising for both health professionals and parents. However, it is essential at this time that you continue to recommend MMR immunisation for your patients, and to remember that parents rely heavily on the advice of their general practitioner and health visitor in particular in relation to immunisation issues – you can make a difference. Following adverse publicity, in January 2001, more detailed information was supplied to you, as health professionals, in relation to MMR immunisation, and as a result of the hard work by yourselves immunisation uptake rates here remained the highest in the UK.

6.2 Enclosed for use in your practice is an information sheet for health professionals (Annex B). In addition, an information sheet for patients is attached, which may be photocopied and used within the practice (Annex C). The Department is currently looking at other ways of providing up-to-date information to professionals and members of the public, and more information will shortly be available on our website – www.dhsspsni.gov.uk.

Additional information is also available on the following websites:

www.immunisation.org.uk
www.nhsdirect.nhs.uk
www.phls.co.uk/facts/vaccination/vaccindex.htm

For further information on this issue please contact:

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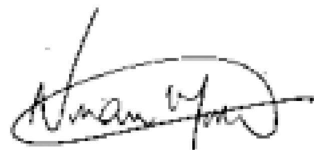
Yours sincerely



DR H CAMPBELL
CHIEF MEDICAL OFFICER

DR N MORROW
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MISS J HILL
CHIEF NURSING OFFICER

cc: Chair of General Practitioners Committee (NI), British Medical Association
Chief Executives, HSS Boards and HSS Trusts
Primary Care Medical Advisers, HSSB
Prescribing Advisers, HSSB
Pharmaceutical Contractors Committee
Community Practitioners & Health Visitors Association
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Mr A Charles
Mr G Dorrian
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