

# THE VIEWS OF THE ADVISORY PANELS

7. After examination of 34 of the total of 50 case histories of children suspected of having suffered serious reactions following immunisation with vaccines containing pertussis antigen in the period 1970-1974 where a possible causal relationship existed and of a further 4 cases where there might have been an exacerbation of a pre-existing neurological illness the Panel, chaired by Professor Dudgeon came to the following broad conclusions:

- a. Because it was not possible, from this study, clearly to identify any specific syndrome associated with the vaccine (such as the well-known example of provocation paralysis following administration of prophylactics containing mineral adjuvants), there was no way of proving, in a particular case, that brain dysfunction had been caused by the vaccine. However, from a careful scrutiny of the data, it was felt that 3 clinical patterns could be discerned.

These were:

- i) Chronic epilepsy
- ii) Acute encephalopathy
- iii) Infantile spasms

Mental retardation followed in all but 3 of the 50 cases.

- b. In the children with chronic epilepsy and, to a lesser extent, with acute encephalopathy, the timing of the reactions in relation to immunisation was such that an association seemed possible, but the strength of the evidence varied from case to case and was more convincing in some than in others. In the children with chronic epilepsy, for example, convulsions occurring shortly after each of two or three injections were particularly suggestive of a causal relationship.
- c. In the infantile spasms group, evidence of an association with immunisation appeared weaker than in the other two groups in view of the considerable delay which often ensued between immunisation and onset of the spasms. Furthermore, the age of onset of the spasms in this group was the same as that at which infantile spasms, unrelated to immunisation, are most likely to occur.
- d. Although the number of cases examined was small, there were several instances in which the vaccine had been administered in the presence of a known contraindication. They therefore would be appropriate to draw the attention of the relevant authorities and of all concerned in the actual administration of vaccines to the accepted contraindications to the use of this vaccine. The Panel's views on this was reinforced by their observation of a number of cases in which further injections were given despite the occurrence of a major neurological reaction to a previous dose.

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