7. After examination of 34 of the total of 88 cases listed in the report, Professor J. Dudgeon was led to suspecting a relationship of having suffered various reactions following immunization with Diphtheria, Tetanus and Pertussis (DTP) vaccine in the period 1968-70 in the Western region. A number of cases, some of which were not reported, showed an exacerbation of a pre-existing neurological illness in the weeks following the immunization.

Professor Dudgeon came to the following broad conclusion:

a. Because it was not possible, from this study, clearly to identify any specific syndromes associated with the vaccine such as the well-known example of paralytic rabies, confirmed by the vaccination of prophylactics containing human sera, it was not possible to prove that the vaccine had been the cause by the vaccine. However, from a careful scrutiny of the data, it was felt that 3 clinical patterns could be discerned.

These were:

1) Chronic epilepsy
2) Acute encephalopathy
3) Infantile spasms

Mental retardation followed in all but 3 of the 5 cases.

b. In the children with chronic epilepsy and, to a lesser extent, acute encephalopathy, the timing of the reactions to immunization 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 two or three injections were particularly suggestive of a causal relationship.

c. In the infantile spasms group, evidence of an association with immunization appeared weaker than in the other two groups, and the considerable delay between immunization and onset of the condition. Furthermore, the ratio of cases of infantile spasms in this group was the same as that of all infants under 2 years of age in the region to whom immunization, are most likely to occur.

d. Although the number of cases examined was small, there were several instances in which the usual non-occlusive reaction to the presence of a known contraindication, such as epilepsy, would be appropriate to draw the attention of the clinician and of all concerned in the spread of this group of contraindications to the use of the immunization. They attached to this was reinforced by the occurrence of cases in which further injections were given, despite the advice of a major neurological reaction to a previous shot.

9. The F.R. has repeatedly pointed out that the 1970-1971 problem was not in the hypnotic state. DTP immunization is only one of the factors, and must not be used as an excuse for regular clinical assessment. It is important for all parents to be aware of the potential risks involved.

10. They have advised that all those who have received DTP immunization should be seen and assessed by a doctor in the next 5 and 15 years.

CONCLUSION

11. We wish to record that no evidence of any damage has been reported.

12. The report to the Department of Health and Social Security has been submitted.