

# One million schoolchildren in England to be vaccinated as measles threat grows

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One million schoolchildren in England who missed the mumps, measles and rubella (MMR) injection are to be targeted for vaccination.

The measure has been forced by an epidemic outbreak of measles in Swansea, Wales, that has seen almost 950 cases to date, with 83 needing hospital care since the outbreak began in November.

Measles is a highly contagious disease. One in 15 cases can lead to severe complications, such as pneumonia and inflammation of the brain, and can be fatal.

In 2012, there were nearly 2,000 cases of measles in England—the highest figure for nearly two decades. This year, recorded cases are already higher than at the same point last year. Figures from the newly established Public Health England show there were 587 confirmed cases of measles in the first three months of 2013.

Tests are currently being carried out on a 25-year-old Swansea man who died while suffering from measles after post-mortem examination results were inconclusive.

There are fears that a generation of children have low levels of protection after a MMR vaccination scare a decade ago. Children aged between 10 and 16 are the most likely to have missed jabs when widely publicised research—since discredited—linked MMR with autism, causing vaccination rates to drop sharply.

The claims were raised in a 1998 paper published in the British medical journal *The Lancet*. Later investigation by a *Sunday Times* journalist discovered the lead author of the article, Andrew Wakefield, had multiple undeclared “conflicts of interest” and had broken other ethical codes. Before its refutation, the media had helped disseminate an anti-science scare story with potentially catastrophic consequences.

The *Lancet* paper was later retracted. Wakefield was

found guilty by the General Medical Council (GMC) of serious professional misconduct in May 2010 and was struck off the Medical Register, preventing him from practising as a doctor in the UK. The GMC’s panel also considered two of Wakefield’s colleagues. John Walker-Smith was also found guilty and struck off the Register. Simon Murch “was in error”, but acted in good faith, and was cleared. Walker-Smith was later cleared and reinstated after winning an appeal.

The Wakefield claims have subsequently been tested in more than a dozen statistical studies carried out across large populations in different countries. None have found any evidence to suggest a link between the MMR jab and autism. These studies include a 2002 paper examining the records of 537,303 children born in Denmark that showed no link between MMR and autism.

The Wakefield research was declared fraudulent in 2011 by the *British Medical Journal*.

In February 2012, the Cochrane Collaboration, which compiles “gold-standard” reviews of medical evidence, conducted a large-scale study into the safety of MMR. It brought together evidence from 54 difference scientific studies using a variety of methodologies and involving 14.7 million children globally.

The study found “no association” between MMR and autism or a range of other conditions (asthma, leukaemia, hay fever, type 1 diabetes, gait disturbance, Crohn’s disease, demyelinating diseases, or bacterial or viral infections).

The most urgent need for vaccination is in the third-of-a-million completely unprotected children aged between 10 and 14. They should be given their first MMR jab before the next school year and a booster jab later. A similar number of children who had only their first MMR vaccine will be targeted with a booster.

Unvaccinated children are now entering a vulnerable period in their lives as they move to secondary school where they will mix with a much greater population, significantly increasing the risk of infection.

Dr. Mary Ramsay, head of immunisation at Public Health England, said, “We have potential for school outbreaks in many areas of the country. The areas most likely to be affected would be London and the south and east of the country, where we know that the historical coverage was not as high.”

Prof. David Salisbury, the director of immunisation at the Department of Health, also said he was worried about London because of the high density of the population and its rapid motion. The south and east of England had some of the lowest levels of MMR uptake, with some parts of London dropping to 50 percent of children vaccinated.

Salisbury warned that children who received single jabs, instead of the combined MMR, may also need additional protection as there had been “major problems” with the quality and storage of some of the vaccines handed out.

The south of the country and the capital are far from the only affected areas. Most of the recent cases that needed hospital treatment—some developing complications such as pneumonia, meningitis and gastroenteritis—were found in the north-east and north-west of England, even though the north of the country generally maintained high levels of vaccination at the height of the MMR scare.

Both Scotland and Northern Ireland maintained relatively high MMR uptake, but NHS boards in Scotland are to write to parents of all unvaccinated or partially vaccinated children aged 10 to 17 inviting them for vaccinations over the next few weeks. Similar plans are already underway in Wales.

The measles vaccination, tested in clinical trials in the 1960s, is one of the most effective vaccines that exist. One jab is enough to protect for life. It is thought to be the most cost-effective public health intervention in the world.

Before its introduction into the UK, there were hundreds of thousands of cases of measles each year. By the mid-1990s, measles had been more or less eradicated in the UK, with known cases only coming from overseas.

In Britain, the hysterical promotion of an anti-science

approach to basic vaccination has now imperilled the health of countless numbers at a time when the National Health Service is being systematically destroyed.

Globally, continued and growing poverty and deprivation mean no such strides in eradication were ever made.

In 2011, the World Health Organisation estimated that there were 158,000 deaths caused by measles. Mortality in developed countries is 1 in 1,000. In sub-Saharan Africa, however, mortality is 10 percent. In cases with complications, the rate may rise to 20–30 percent.

In the globalised era, encouraged by the spread of poverty and the undermining of public health systems, diseases such as measles associated with the appalling social conditions in the so-called developing world are now making a comeback in Europe. In April 2009, there was a large outbreak of measles in Bulgaria, with more than 24,000 cases including 24 deaths. From Bulgaria, the strain was carried to Germany, Turkey, Greece, Macedonia, and other European countries.

More than 17,000 cases of measles were reported from France between January 2008 and April 2011, including two deaths in 2010 and six deaths in 2011. More than 7,500 of these cases fell in the first three months of 2011. Spain and Belgium have been among the other European countries reporting further smaller outbreaks.

The European outbreaks have also been implicated in further small outbreaks in the US, where 40 separate importations from the European region were reported between January and May 2011. Some experts stated that the stubborn persistence of the disease in Europe could now actually be a stumbling block to global eradication.



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