

Politicizing Whooping Cough

By EZEKIEL J. EMANUEL

It's easy to forget what an enormous difference vaccines can make in our lives. But thanks to them, smallpox has been eradicated, and many terrible childhood diseases now are rare.

One such disease is pertussis, or whooping cough, a bacterial infection of the throat that afflicts mainly children, and for which there is no known cure. Whooping cough obstructs breathing and eating, and occasionally it can lead to convulsions, brain damage and death.

In 1940, three years before the vaccine for whooping cough was introduced, there were 184,000 cases reported in the U.S., some leading to further complications and 2,926 leading to death. In recent years, with 95% of all children vaccinated, the number of cases per year has been reduced to a few thousand, resulting in a reported five to 20 deaths annually.

For all this success and promise, however, vaccines are under increasing attack, especially the pertussis, or the "P" component of the childhood DPT (Diphtheria-Pertussis-Tetanus) shot. Part of the reason for the attack is that the pertussis vaccine has many side effects. Minor reac-



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"DPT: A Shot in the Dark"

By Harris L. Coulter
and Barbara Loe Fisher

tions, such as temporary loss of appetite and mild fevers, occur in as many as half of the infants inoculated.

But there also can be more serious complications. In about one out of 1,750 cases, reactions can include convulsions and shocklike collapse. Worse yet, the DPT shot can cause encephalitis and lead to permanent brain damage in about one out of 300,000 injections. Since almost 10 million vaccinations are given each year in the U.S., where 41 states require them for school entry, approximately 40 children suffer brain damage each year.

The damaging side effects of the pertussis vaccine are the subject of *"DPT: A Shot in the Dark"* (Harcourt Brace Jovanovich, 431 pages, \$19.95) by Harris L. Coulter and Barbara Loe Fisher. This is a moving book, which describes the agony—and the courage—of children who suffer adverse reactions to the pertussis vaccine. There is deep anguish in the tenderly drawn portraits. One child, in braces, struggles just to walk a few steps. Another can barely communicate because his speech is halting and slurred. After reading the profiles of these victims, one desperately wants to help them.

But the authors have something else in mind. They want to identify the parties responsible for this suffering, and mete out punishment. The book's main thesis is that the government, the doctors and the vaccine manufacturers are involved in a colossal conspiracy to hide the truth about the DPT vaccine. According to the authors,

this conspiracy aims first to conceal the magnitude of the adverse reactions, second to deny that the vaccine causes other disabilities such as hyperactivity, dyslexia and Sudden Infant Death Syndrome (SIDS), and finally to thwart efforts at developing safer pertussis vaccines.

Such charges are simply not credible. First of all, there are no huge profits here to motivate such a conspiracy. Pertussis vaccines are cheap, costing less than a dollar per dose. Indeed, low profits, driven even lower by the exploding court settlements for those damaged by the DPT shot, forced one of the three vaccine producers out of the market in June 1984, prompting the current shortage of the vaccine.

Also, in making their charges the authors often rely on unattributed or even false quotations, outdated evidence and illogical extrapolations of data.

For example, among the evidence adduced by the authors to show that DPT immunizations cause many cases of SIDS, (also known as crib death) are two studies that just have not held up. One depended on biased data collection. Another was done by a respected Boston SIDS investigator, whose final results showed no relation between DPT shots and the long pauses in breathing that some think are associated with SIDS.

On the basis of such faulty evidence and their own angry illogic, the authors propose that the U.S. eliminate all requirements that children receive the pertussis vaccine. This probably would reduce the percentage of American children protected by vaccination from 95% to about 30%. In other developed countries where vaccination has been made voluntary, among them Britain and Japan, the result has been an increase in pertussis and pertussis-related deaths. In Japan, for instance, the number of pertussis cases per year rose from 393 with mandatory vaccination to more than 13,000 under the voluntary system. Mortality went from zero to 41.

Projections suggest that if the U.S. introduced a voluntary vaccination program, there would be well over 100,000 cases a year, probably resulting in between 100 and 500 deaths, and two to 10 times the current number of victims of serious complications. It is also likely that the ill effects of a completely voluntary program would fall most heavily on the poor, because they lack access to good medical care. Such access is a critical factor in reducing the spread and complications of pertussis.

What this book provides is a model of what the authors themselves condemn as "political immunology." They define this as "the practice of applying pressure through the press and other media for political ends, sometimes with incomplete and distorted versions of medical facts."

The anger of parents who see their children suffering from the vaccine is understandable. But it is no justification for a policy that would multiply such suffering many times over.

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