Newsdesk

Judge rules in favour of MMR vaccine

In the UK in June, Mr Justice Sumner chose between the conflicting wishes of two sets of parents and decided that it was in the best interests of the children concerned to receive childhood immunisations, including the measles-mumps-rubella (MMR) triple vaccine. To help him in his decision he had evidence from three people—two paediatricians and a family doctor. "In essence, he dismissed the submissions from the family doctor as being unreliable and partial, and was persuaded by the evidence of the other experts that the children should receive the immunisations", reports David Elliman, consultant in community child health at Great Ormond Street Hospital (London, UK).

The decision went against the wishes of the childrens' principal carers—their mothers—and agreed with the views of their fathers, who had brought the case. "Given that the court had to choose, I think the judge's decision was probably appropriate, but going against the wishes of the main carer is always uncomfortable", comments Elliman. Natasha Crowcroft of the Health Protection Agency (HPA, London, UK) says, "the ruling could have a positive effect on uptake since the judge has supported MMR as the best way to protect children. However, we won't know what effect this will have on uptake for some months". The latest HPA data for the first quarter of 2003 show that uptake of the MMR triple vaccine in England dropped a further 2·1% to 78·9%.

Media coverage is known to directly decrease uptake of the vaccine but this case has caused only a minor ripple of media interest, far less intense than the furore that has often followed the controversial announcements of Andrew Wakefield (formerly of the Royal Free Hospital, London, UK) regarding a possible link between the MMR vaccine and autism. Nevertheless, as Justin Lewis (School of Journalism, Media and Cultural Studies, Cardiff University, Cardiff, UK) observes, although there is overwhelming scientific evidence that MMR is not a cause of autism, the traditional popular press approach of giving a "balanced view" gives parents the impression of a much more equal split within the scientific community. "The evidence demonstrating there is no link with autism is still growing but our research shows that each new set of reports tends to reinforce the initial impression of doubt", he says.

Is this the first step towards compulsory immunisation? Elliman stresses that this decision has no relevance to the general principle of compulsion and believes that this is not the way forward in the UK. A British Medical Association report, "Childhood immunisation: a guide for health-care professionals", published in late June agrees.

Marie McCormick (Harvard School of Public Health, Boston, MA, USA) points out that while she is not aware of similar court cases in the USA, immunisations are required for school entry and, increasingly, for entry into day care. "Parents here perceive more pressure to adhere to the schedule for immunisations; anecdotally, while most parents accept this, paediatricians report they are spending more time reassuring parents and tailoring schedules to alleviate concerns", she says.

Kathryn Senior

Flu prevention is delivered to the nose

MedImmune's Flumist vaccine, the first intranasal influenza virus vaccine, recently received US Food and Drug Administration (FDA) approval for use in healthy people aged 5 to 49 years. "This is a category of people generally outside what is recommended for influenza vaccination", said Scott Harper (National Center for Infectious Diseases, US Centers for Disease Control and Prevention, Atlanta, GA).

In July 2001, the proposed age range for the intranasal, live influenza virus vaccine was 1 to 64 years, according to FDA documents. However, preliminary data in children under 5 years showed the vaccine exacerbated asthma. The Advisory Committee on Immunization Practices will release supplemental recommendations addressing the new intranasal vaccine, says Harper.

MedImmune Inc 2003

Flumist gets the go-ahead

Kristin Nichol (department of medicine, Veterans Affairs Medical Center, Minneapolis, MN, USA), who conducted Flumist clinical trials in healthy adults, told *TLID* she fully expects that "eventually there will be sufficient information to support recommendations for people under 5 and for people between the ages of 50 and 64 years".

For healthy children and adults, the flu shot prevents 60% to 90% of laboratory-confirmed influenza. The efficacy of Flumist in preventing influenza among healthy children was 87%. The information for healthy adults was based largely on a clinical trial led by Nichol and colleagues that looked at effectiveness outcomes not efficacy. The vaccine was effective in reducing respiratory illness syndromes, febrile illness occurrences, and the number of health-care provider visits. In both children and adults, the most common adverse event was a runny nose, which was reported by about half of all Flumist recipients.

The vaccine contains three strains of cold-adapted, temperature-sensitive influenza viruses that are genetically and phenotypically stable, Nichol says.

The administration of the vaccine is very simple. In the clinical trial that involved healthy adults "about 70% of study participants self-administered the vaccine", Nichol told *TLID*.

Mary Quirk