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Tetanus vaccine contains dangers

Question: Ever since my daughter was born almost three years ago, I have been compiling an extensive file on the pros and cons of vaccinations. So far, she remains unimmunized, but one serious worry remains in my mind. Should she be immunized against tetanus? Most anti-vaccination people seem to feel that the tetanus shot is the lesser of two evils — I am told that tetanus germs are everywhere.

I realize you have changed your advice from pro-tetanus for everyone to only for farm dwellers, and we do not live on a farm. If I choose not to vaccinate my child, what if she winds up in a hospital emergency room badly cut or with a puncture wound? — M.H., Toronto, Ontario, Canada

Answer: You have every right to closely question me on the tetanus vaccine, since that was the last vaccine I abandoned. It wasn't hard for me to give up vaccines for whooping cough, measles, and rubella because of their disabling and sometimes deadly side effects. The mumps vaccine, a high-risk, low-benefit product, struck me and plenty of other doctors as silly from the moment it was introduced. Arguments for the diphtheria vaccine were vitiated by epidemics during the past 15 years which showed the same death rate and the same severity of illness in those who were vaccinated vs. those who were not vaccinated. As for smallpox, even the

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government finally gave up that vaccine in 1970, and I gave up on the polio vaccine when Jonas Salk showed that the best way to catch polio in the United States was to take the Sabin vaccine. But the tetanus vaccine exercised a hold on me for a much longer time.

As you point out, I gave up belief in this vaccine in stages. For a while, I still held onto the notion that farm families and people who work around stables should continue to take tetanus shots. But despite my early indoctrination with fear of "rusty nails," in recent years, I have developed a greater fear of the hypodermic needle. My reasons are:

1) Scientific evidence shows that too-frequent tetanus boosters actually may interfere with the immune reaction.

2) There has been a gradual retreat of even the most conservative authorities from giving tetanus boosters every one year to every two years to every five years to every 10 years (as now recommended by the American Academy of Pediatrics), and according to some, every 20 years. All these numbers are based on guesses.

3) There has been a growing recognition that no controlled scientific study (in which half the patients were given the vaccine and the other half were given injections of sterile water) has ever been carried out to prove the safety and effectiveness of the tetanus vaccine.

4) The tetanus vaccine over the years has been progressively weakened in order to reduce the considerable reaction (fever and swelling) it used to cause. Accompanying this reduction in reactivity has been a concomitant reduction in antigenicity (the ability to confer protection). Therefore, there is a good chance that today's tetanus vaccine is about as effective as tap water.

5) Until the last few years, government statistics admitted that 40 percent of the child population of the U.S. was not immunized. For all those decades, where were the tetanus cases from all those rusty nails?

6) There now exists a growing theoretical concern which links immunizations to the huge increase in recent decades of autoimmune diseases, e.g. rheumatoid arthritis, multiple sclerosis, lupus erythematosus, lymphoma, and leukemia.

Dr. Robert Mendelsohn is a nationally syndicated columnist. His column appears Tuesdays.