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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Pertussis vaccine and serious acute neurological illness in children

SIR.—In your leading article (16 May, p 1563) you assert that "Pertussis vaccine does carry a risk of neurological damage but that risk is substantially smaller than had been claimed by some of its critics." You offer this opinion as a "final answer to the first issue in the public mind."

Your opinion is based on a misunderstanding of the findings of the National Childhood Encephalopathy Study,¹ which estimated a risk of one per 310 000 immunisations or approximately one per 100 000 children given the recommended course of three injections for each (p 149 of report). This study is one of three on the possible neurotoxicity of the vaccine in the reports from the Committee on the Safety of Medicines and the Joint Committee on Vaccination and Immunisation on whooping cough, published on 12 May.¹ You make no reference to the other two studies, both of which describe cases of severe and permanent brain damage amounting to gross mental and physical deficit for which no cause other than reactions of varying severity to pertussis vaccine could be identified. The epidemiological report by a panel appointed

by the Committee on Safety of Medicines, of which we were members, concluded (p 48) that "The frequency of brain damage apparently attributable to DPT in 1970-4 may have been about 1 in 53 000 previously healthy children." This estimate is about twice as high as that in National Childhood Encephalopathy Study.

The difference is probably due in part to the more rigorous application of contraindications to pertussis immunisation in the late 1970s than in 1970-4. There are, however, important defects in the National Childhood Encephalopathy Study, which make it likely that this survey underestimates the frequency of significant reactions to diphtheria, pertussis, and tetanus vaccine. Cases handled by clinics, general practitioners, and casualty departments without early admission to hospital were excluded, as were those with initial illnesses lasting less than 30 minutes. Prospective investigation of vaccinated children or of reactions reported independently by doctors to the Committee on Safety of Medicines were excluded. The National Childhood Encephalopathy Study was restricted to children from 2

months to 36 months of age admitted to hospital with serious neurological disorders. This group was compared with "controls" matched for age and sex who were eligible for immunisation. The results showed a highly significant correlation (p 125) between "convulsions only" and "convulsions or encephalopathy" and injection of the triple vaccine within the preceding 72 hours. No similar correlation was found in children given only diphtheria and tetanus vaccine. Follow-up of these children led the investigators to conclude that damaging neurological illness was usually attributable to "causes other than immunisation," but they assumed that if an alternative explanation was available vaccine was not responsible for this damage. The possibility, clearly indicated in the other studies, that vaccination could be contributory or could be followed by less conspicuous sequelae, not always leading to early admission to hospital but associated with retarded development later, was not covered by the National Childhood Encephalopathy Study. Twelve months' follow-up is too short for the recognition of comparatively minor, but nevertheless edu-