

Adverse reactions following varicella vaccination are under-reported and may include cases of paralysis and other neurological problems

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Abstract

Generally, adverse reactions to vaccines are either under-reported or not reported at all. Physicians often are under the impression that vaccines are virtually 100% safe and parents are not informed about potential serious adverse effects of vaccination. When adverse reactions occur in close proximity to vaccination, very few parents consider the event as potentially being vaccine related. With the permission of the adults and caretakers of the children, several interviews involving case reports of serious adverse effects temporally associated with varicella vaccination are given below along with other peer-reviewed references discussing vaccine safety, reactions, and other complications.

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1. Introduction

As an example of public health department's "positive propaganda," consider that it is reported that herpes zoster occurs at a rate of 2.6 cases per 100,000 varicella vaccinations. This rate is based on the VAERS (Vaccine Adverse Events Reporting System) passive reporting system that only captures perhaps 5% to 10% of the true number of herpes zoster cases. In a population based study using active surveillance, herpes zoster occurred at an incidence of 22 cases per 100,000 varicella vaccinations. It is likely that active surveillance did not achieve 100% enumeration of all cases of herpes zoster among vaccinees, so that the actual figure could be double, or 44 cases per 100,000. Interestingly, public health literature reports 2.6 cases per 100,000 varicella doses (vaccinations) and utilizes this figure to argue that this rate is many times lower than the rate of 68 per 100,000 person-years among children in a population that have onset of natural varicella. Furthermore, the incidence rate of herpes zoster among children aged less than 5 years old in the pre-varicella vaccination era is reported as 20 per 100,000 person-years. Thus, disclosure of the low rate of herpes zoster among vaccinated individuals based on a passive reporting system (VAERS) is misleading. A more meaningful comparison would require that this passive herpes zoster rate be ascertainment corrected (for under-reporting of cases) and then compared to the rate in a similarly aged cohort of children in the pre-varicella vaccine era. Below are serious adverse effects that have been reported in peer-reviewed literature. Also included are several interviews from vaccinated adults or their children who demonstrated what appeared to be serious adverse reactions following varicella vaccination.

2. Interviews

2.1 Adult female interview

I am 35 years old and after spending some time with a friend's children, I learned they had contracted chickenpox.

Since I never had chickenpox previously, I was advised by my physician at the time to immediately get the Varivax vaccine. On May 18, 1998 I went to the community health center and was vaccinated. Approximately two hours following vaccination, I had a welt-like inflammation and a line of redness that went about 3 inches up my left arm from the vaccination site. At this time, no other effects of the vaccine were noticed. However, 8 days later, on March 26, I had the following completely disabling symptoms: fever (100.0°F), nausea, vomiting, sore throat, bruising, joint aches particularly in hands, knees and feet; fatigue, malaise, dizziness, and skipped heart beats. Upon seeing a doctor the following test results were provided: supra ventricular extra systoles, changes V3-V4 are probably due to left ventricle hypertrophy, Creatinine.6; CK 676.

Symptoms during the period of June through August, 1998: Daily severe nausea and vomiting requiring anti-nausea drugs, dehydration requiring hospitalization, loss of 12 lbs. (I weighed 110 prior to the illness), cough, extreme fatigue, sensitivity to light and sound, disturbed sleep, no appetite, motion sickness when viewing movement such as on TV or when someone was talking to me while moving, I was unable to make it from my bedroom to the bathroom without assistance. In August, I only had peripheral vision in my left eye, my right eye was fine. It lasted for about two to three days then resolved.

Symptoms during the period of September through October, 1998: I had an EMG in September 1998 and both a physiatrist (not psychiatrist) and neurologist told me they suspected I had a 'mild' case of Guillian-barre syndrome due to the neurological symptoms—particularly my ulna nerve and the respective nerves going into my last two fingers. Appetite resumed on occasion, palpitations decreased, chest pain stopped, daily nausea decreased, fever and accompanying joint aches became episodic but more painful, significant muscle twitches in last two fingers of both hands, localized weakness in legs and arms (on some days it was difficult to keep my leg on the brake when at a stop light), occasional shortness of breath, episodic pain in shoulder joints, hands, teeth, jaw, and feet.

Symptoms during the period November 1998 through March 1999: Same symptoms as previous period, but gradual improvement; able to work but would go immediately to bed upon completion of my work hours.

Symptoms during the period March 1999 through December 2001: Episodic recurrence of symptoms that would last 2-3 weeks then resolve for weeks at a time. I submitted a VAERS report on January 30, 2000 regarding the reaction to the vaccine.

Symptoms during the period December 2001 through January 2004: Episodic recurrence of symptoms that will last 2-5 days and resolve for several weeks at a time. Last recurrence was 5 weeks ago and lasted two weeks.

2.2 Adult male interview

“Shortly following varicella vaccination in 1995, I suffered a severe reaction to the varicella live-virus vaccine. I was hospitalized for months with encephalomyeloneuritis (paralysis) and have been left permanently disabled as a result. My case was given brief mention in the paper published in the *Journal of the American Medical Association* titled, *Postlicensure safety surveillance for varicella vaccine.*”

2.2 Adult female interview

I worked for the school of medicine at a university, the infectious disease unit, as a research coordinator. As many employees as possible were recruited as healthy controls for a vaccine study funded by Merck. I was vaccinated with the varicella vaccine as a healthy control as part of a varicella research project conducted at the university to boost the immune systems of those already immune. My pre-injection labs were perfect, but this changed following my being vaccinated in this project. I received a first dose in March 2001 and a second in May 2001. I developed diarrhea shortly after the second shot, by November it was clear the problem was not just an irritable bowel. I was very ill. I had a colonoscopy and was diagnosed by pathology as having collagenous colitis, a form of colitis much rarer than the ulcerative type. My lymphocyte percentage over two years dropped from a baseline of 25 to 14. My neutrophils and eosinophils have been elevated along with my total WBC count. I read in the *Lancet* 1998 of a link with the MMR vaccine to inflammatory bowel disease. I have been told my type of colitis is an autoimmune disorder. If MMR as a live attenuated vaccine is linked to inflammatory bowel disease, should not varicella, also a live attenuated virus, be investigated as also having a link to inflammatory bowel disease. I am currently disabled from work due to this condition. I have already reported this to VAERS.

I am having a classic autoimmune inflammatory reaction but the CDC denies there is any correlation between inflammatory bowel disease and live attenuated vaccines. I am a registered nurse (RN) certified research coordinator and I find the coincidences of my condition as the CDC describes it to be of concern to the public health. For one, before they go recommending it for adults to boost immunity to shingles, they better study the implications of it on pre-menopausal women as I was 47-years-old when I received it.

2.3 Adverse reaction in child

My daughter received the varicella vaccination on March 20, 1996 at the age of 17 months. Since my older son experienced late-onset autism following MMR vaccination and had very bad reactions to all vaccines, I was initially fearful and opposed to my daughter receiving the varicella vaccine but the physician told me, "Do you think I would give the vaccination to my own children if I thought it wasn't safe?" He informed me that it was state law, but never mentioned I had the right to refuse. I felt humiliated into giving the varicella vaccine to my daughter. Shortly afterwards, she began having issues with eczema, joint pain, and allergies. These got much worse when she was 6 years old. Blood work revealed an autoimmune thyroid disease with elevated TSH and positive for ANA. If she bumps up against something or is scratched, she breaks out in a rash. The doctor said that a virus probably triggered her autoimmune responses in her body. Some children have a genetic predisposition and vaccination could provide a trigger.

3. Peer-review manuscripts concerning safety, adverse reactions, and other complications

3.1 Vaccine Safety and Adverse Reactions

Braun MM, Mootrey GT, Seward JF, Rider LG, Krause PR. Postlicensure safety surveillance for varicella vaccine. *JAMA* 2000; 284:1271–9.

Ravkina LI, Matsevich GR. Morphological changes in the central nervous system in post-vaccinal encephalomyelitis developing after chickenpox vaccination in children. *Zh Nevropatol Psikhiatr Im S S Korsakova*. 1970; 70(10):1465–71.

Poser CM. Neurological Complications of Vaccinations. Mealey's Litigation Report, Thimerosal & Vaccines, 2003 Apr.; Volume 1, Issue #10.

Sunaga Y, Hikima A, Ostuka T, Morikawa A. Acute cerebellar ataxia with abnormal MRI lesions after varicella vaccination. *Pediatr Neurol*. 1995 Nov; 13(4):340–2. [2 year old boy with staggering gait and difficulty speaking.]

3.2 Other Complications

Singer S, Johnson CE, Mohr R, Holowecky C. Urticaria following varicella vaccine associated with gelatin allergy. *Vaccine* 1999 Jan 28; 17(4):327–9.

Gerecitano J, Friedman-Kien A, Chazen GD. Allergic reaction to varicella vaccine. *Ann Intern Med*. 1997 May 15; 126(10):833–4.

Sakaguchi M, Yamanaka T, Ikeda K, Sano Y, Fujita H, Miura T, Inouye S. IgE-mediated systemic reactions to gelatin included in the varicella vaccine. *J Allergy Clin Immunol*. 1997 Feb; 99(2):263–4.

Naruse H, Miwata H, Ozaki T, Asano Y, Namazue J, Yamanishi K. Varicella infection complicated with meningitis after immunization. *Acta Paediatr Jpn*; 1993 Aug; 35(4):345–7.

Lee SY, Komp DM, Andiman W. Thrombocytopenic Purpura following varicella-zoster vaccination. *Am J Pediatr Hematol Oncol*, 1986 Spring; 8(1):78–80.

Matsubara K, Nigami H, Harigaya H, Baba K. Herpes zoster in a normal child after varicella vaccination. *Acta Paediatr Jpn*; 1995 Oct; 37(5):648–50.

Hammerschlag MR, Gershon AA, Steinberg SP, Clarke L, Gelb LD. Herpes zoster in an adult recipient of live attenuated varicella vaccine. *J Infect Dis*, 1989 Sept; 160(3):535–7.

Wrensch M., Weinberg A, Wiencke J, Miike R., Barger G, Kelsey K. Prevalence of Antibodies to Four Herpesviruses among Adults with Glioma [Brain Tumor] and Controls. *Am J of Epidemiol*, 2001; 154(2):161–5.

Naseri A, Good WV, Cunningham ET Jr. Herpes zoster virus sclerokeratitis and anterior uveitis in a child following varicella vaccination. *Am J Ophthalmol*. 2003 Mar; 135(3):415–7.

Esmaeli-Gutstein B, Winkelman JZ. Uveitis associated with varicella virus vaccine. *Am J Ophthalmol*. 1999 Jun; 127(6):733–4.