

Frequently asked questions

Is avoiding people who have rubella an effective way to protect yourself?

Avoiding people who have rubella is not an effective way to stop yourself from catching the disease and passing it on to your unborn child (or your friends' unborn children) because:

- People are infectious before they develop the symptoms
- Some people who catch rubella (and can then pass it on) do not develop any symptoms
- Rubella is a rash disease and can appear, even to a GP, like other rash diseases. The only way to confirm a diagnosis is through laboratory tests, by which time it is too late...

Why are boys immunised against rubella?

The simple reason is that boys can pass on rubella to pregnant women. If they are not immunised they risk catching the disease and passing it on to their Mums and their friends' Mums who may be pregnant.

Why is a mass vaccination schedule better than a selective one?

By immunising all children, as we have done in the UK since 1988 with MMR, you stop the disease circulating so it isn't able to come into contact with pregnant women. Such immunisation strategies have eliminated rubella damage to unborn babies in the US and Finland. It has dramatically reduced such damage in the UK.

A selective strategy, e.g. just making sure pregnant women are vaccinated, still allows the disease to circulate and you risk the disease coming into contact with unvaccinated pregnant women. The few women who remained susceptible to rubella could still catch it from their own or their friends' children.

Mass uptake is particularly important for children who are not able to be vaccinated, for example because they are having treatment for cancer or have received an organ transplant, meaning that their immune system is suppressed. In the decade before MMR was introduced, half of the measles deaths in the UK occurred in children with leukaemia and similar conditions.

Does the triple vaccine overload the immune system in any way?

Sense is not aware of any evidence to support the idea that the immune system is overloaded in anyway. In fact there is evidence to show that babies could respond to many vaccines at any one time, and that only a tiny percentage of a child's immune system is used up for each vaccine.

Are single vaccines better than nothing?

No, they would risk a return to significant outbreaks of the three diseases. Sense would be very critical of any decision to introduce single vaccines on the NHS. Sense does not believe the NHS should offer second best, nor should it give a choice to families that it does not believe will be effective.

There is no evidence to support the suggestion that allowing single vaccines would lead to a greater uptake of MMR, and a real possibility that it would have the opposite effect. Single vaccines would be less effective than MMR and there is no evidence that they would be safer.

Is there any evidence linking MMR with bowel disease and autism?

Sense has taken advice on this. As a result we believe there is no evidence linking measles or measles vaccine to Crohns or bowel disease. There is a large body of evidence suggesting there is no causal link between MMR vaccines and autism, and there remain no studies to support the suggestion of a link. There is no peer reviewed, reproducible evidence of persistent measles virus in children with development disorder.