

# TOP 10 MYTHS ABOUT **MMR**

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“I am unsure about having my child immunised with MMR because ....

1. .... getting protection by catching the diseases is better than having the vaccine.”
2. .... the vaccine contains three viruses; given at the same time this is too much for young children.”
3. .... other countries around the world recommend that MMR be given as three separate vaccines.”
4. .... measles, mumps and rubella are rare in Ireland so there is no need to immunise.”
5. .... MMR causes autism and bowel disease.”
6. .... there was a scientific paper that showed a real link between MMR and these diseases.”
7. .... giving the three vaccines separately reduces the risk of side effects.”
8. .... the vaccine was not properly tested before it was licensed.”
9. .... my child has already received one dose so there is no need for a second one.”
10. .... my son doesn't need protecting against rubella; my daughter doesn't need protecting against mumps.”

**ALL OF THE ABOVE ARE WRONG**

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# TOP 10 TRUTHS ABOUT MMR

1. MMR immunisation is the safest way that parents can protect their children against these serious diseases, as infants, young children and their families are particularly vulnerable.
2. Over 500 million doses of MMR have been used in over 90 countries around the world since the early 1970s. The World Health Organisation recognises MMR as a highly effective vaccine with an outstanding safety record (*WHO, 2001*).
3. No country in the world recommends MMR vaccine to be given as three separate injections.
4. Children who are not immunised with MMR increase the chance that others will get the diseases. Prior to MMR, for example, pregnant women could catch rubella from their own children.
5. The evidence is that MMR vaccine does not cause autism or inflammatory bowel disease (IBD). There are now numerous studies that do not support a link between autism and IBD and the MMR vaccine. (*Gillberg and Heijbel, 1998; Taylor et al., 1999; Davis et al., 2001; DeWilde et al., 2001; Taylor et al., 2002*).
6. The Wakefield et al. Lancet 1998 study actually said “We did not prove an association between MMR vaccine and the syndrome described” and none of the studies undertaken since has found a link. Berelowitz, one of the contributors to the Wakefield study has subsequently said, “*I am certainly not aware of any convincing evidence for the hypothesis of a link between MMR and autism...*” (*Berelowitz, 2001*).
7. Single vaccines in place of MMR put children and their families at increased and unnecessary risk. The combined vaccine is safer as it reduces the risk of the children being infected with the diseases whilst waiting for full immunisation cover.
8. The normal procedure for licensing was used for MMR and the vaccine was thoroughly tested before being introduced into the Irish routine immunisation programme in 1988.
9. Two doses of MMR vaccine are needed to give children the best protection when they go to school. Ninety per cent of those who did not respond to the first dose are protected by the second. Those with low antibodies after the first dose will be boosted.
10. There are very few children who have a true contraindication to receiving the MMR vaccine (see Immunisation Guidelines for Ireland, Royal College of Physicians of Ireland).

**ALL OF THE ABOVE ARE CORRECT**