
TO WHOM IT MAY CONCERN

Immunisations and ME/CFS

ME/CFS (Myalgic encephalomyelitis or encephalopathy/chronic fatigue syndrome) is now officially recognised by the Department of Health as being a genuine and disabling illness. It is classified as a neurological disorder by the World Health Organisation (section G93:3 in ICD10).

Although uncertainty and controversy still surrounds many aspects of the illness, there is considerable support for a disease model that involves predisposing, precipitating and perpetuating factors.

Predisposing factors may include a genetic predisposition – making some people more liable to develop ME/CFS when an appropriate trigger factor appears.

Precipitating factors include a wide range of infectious illnesses, viral in particular (eg enteroviruses, herpes virus family, parvovirus). Non-infectious stressors, including immunisations, are involved in a small minority of cases – a finding that was acknowledged as being ‘biologically plausible’ in section 3.3.2 of the Chief Medical Officer’s report into ME/CFS¹.

Perpetuating factors may include endocrine, immunological, neurological and muscle abnormalities. Aspects of immune dysfunction that have been reported include an aberrant immunological response to infection causing chronic activation biased towards a Th-2 dominant response. In some cases, the presence of psychiatric co-morbidity plays a role.

From a theoretical point of view, it is possible to argue – as in the case of immunisation-induced arthritis² – that, if an infection can trigger an immune-mediated pathological disease process, then a very similar process might also be triggered by an immunisation³.

From the point of view of research-based evidence, the link between immunisation and ME/CFS has not been properly examined by good quality epidemiological studies in the way that such a link has been examined in hepatitis B vaccination and multiple sclerosis⁴.

A working group from the Canadian Laboratory Centre for Disease Control examined the suspected association between ME/CFS and hepatitis B vaccination and concluded there was no such link⁵ – but this study had a number of weaknesses. A more recent study found that the use of influenza vaccination did not exacerbate symptoms, but did find that ME/CFS patients reported on adverse effects four times more than the healthy vaccinees⁶.

The evidence for immunisation being a precipitating factor in some cases of ME/CFS therefore remains anecdotal. It is based on a number of reported case histories in the medical literature^{7,8,9} and far more reports from people who clearly predate the onset of their ME/CFS, or a significant exacerbation of pre-existing symptoms, to an immunisation.

As hon medical adviser to The ME Association, I have collected information on several hundred people over a 15-year period who report such a link. Some vaccinations – eg meningitis, polio¹⁰ – are very rarely reported as being involved whereas others appear to be more likely to do so. One vaccine in par-

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ticular that continues to be reported in significant numbers is hepatitis B, and it is worth noting that a number of serious rheumatological, immunological and neurological adverse reactions have been reported in the literature along with possible explanations as to why these reactions may be more likely with this particular vaccine¹¹.

In conclusion, there is a considerable amount of anecdotal evidence to support a link between immunisation, hepatitis B in particular, and ME/CFS. However, there is a lack of good quality, epidemiological evidence from prospective or retrospective studies to either refute or support such a link.

Good quality research studies are clearly needed to examine this issue because the theory of immunisation-induced ME/CFS is a perfectly reasonable proposition in view of the ability of immunisations to produce a Th-2 dominant response.

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