Vaccinations DTP and Tetanus Cause Asthma

A new study by UCLA School of Public Health, Department of Epidemiology supports the findings that children who receive diphteria-tetanus-pertussis(DTP) or tetanus vaccines are more likely to have a history of asthma or other allergy-related respiratory symptoms. The study, which appeared in the Journal of Manipulative and Physiological Therapeutics (JMPT), supports the findings of three previous studies.

Authors of the study, Eric Hurwitz, D.C., Ph.D. and Hal Morgenstern, Ph.D., reviewed data from the Third National Health and Nutrition Examination Survey from 1988 to 1994. With supporting evidence from previous studies, Doctors Hurwitz and Morgenstern addressed the following findings: the prevalence of allergic disorders has doubled over the last 20 years; in the United States, there are currently 30 to 50 million asthma and allergy suffers, with an estimated cost of $6.21 billion in 1990; and the Institute of Medicine which reviewed the Adverse Consequences of Pertussis and Rubella Vaccines and the Vaccine Safety concluded that there is a causal relation between the DTP vaccine and anaphylaxis and tetanus toxoid and anaphylaxis.

The JMPT study demonstrated that those children who had been given DTP and tetanus vaccinations had significantly greater odds of acquiring asthma and allergy-related symptoms than those who had remained unvaccinated.

The specific odds ratios for vaccinated children vs. unvaccinated are as follows: Asthma 2.00:1; Severe allergic reaction 1.50:1; Sinusitis or sinus problems 1.81:1; Any life-time allergy history or 12-month symptoms 1.69:1. This means that the odds of a child who had the DTP and tetanus vaccination is twice as likely to experience asthma, 50% more likely to experience severe allergic reaction, and over 80% more likely to experience sinusitis.

The authors also found evidence showing that vaccinations may be associated with different types of allergies at different ages. For example, severe allergic reactions and sinusitis or sinus problems among younger children, and asthma, wheezing and whistling, and nose and eye symptoms among adolescents. Because the proportion of U.S. children who have received at least 1 dose of DTP vaccine approaches 100%, the number of allergies and allergy-related conditions attributable to DTP or tetanus vaccination in the U.S. may be very high. For example, assuming that the estimated vaccination effect is unbiased, 50% of diagnosed asthma cases (2.93 million) in U.S. children and adolescents would be prevented if the DTP or tetanus vaccination was not administered. Similarly, 45% of sinusitis cases (4.94 million) and 54% of allergy-related episodes of nose and eye symptoms (10.54 million) in a 12-month period would be prevented after discontinuation of the vaccine.

According to the authors, the well-documented public health benefits of the DTP and tetanus vaccines must be considered in light of these potential long-term risks, which should be addressed in future studies.