The Scottish Government has stated that they have no plans to offer ex gratia payments to the young people of Scotland who suffered lasting neurological damage as a result of the Scottish Home and Health Department (SHHD) advocating and distributing Pluserix vaccine throughout Scotland between October 1988 and September 1992. They have provided no insight or reasons to explain why they are not offering ex gratia compensatory payments to the victims of Pluserix vaccine when they have provided similar in respect of other pre devolution issues which also resulted in personal injury. They acknowledge their existence while merely offering their sympathies in respect of the injuries sustained. Throughout, the Scottish Government have stated that the “policy on compensation for vaccine damages are issues which are reserved to the UK Parliament”.

One has to wonder why, after twenty years, the Scottish Government are content to allow this situation to continue and question why they have not asserted the right, on behalf of the Scottish people, to have our own powers to decide these issues. The compliant manner with which the Scottish Government contentedly refer Scottish subjects who suffer vaccine injuries on Scottish soil following administration of a vaccine recommended by a Scottish agency, to England, for deliberation of resultant injury claims, is shocking. Why has the Scottish Government not challenged Westminster’s insistence that vaccine damage claims be brought in England and nowhere else? Scotland has the capacity to implement a scheme to address vaccine injury so why has this not been rigorously pursued? How can it be acceptable for those suffering injury as a result of the Pluserix vaccine to be treated differently from other Scottish groups in similar circumstances, purely because the defective product was a vaccine?

The Scottish Government in referring their vaccine injured to the VDPU cannot be ignorant of the pitifully poor reputation the system has for assisting established cases of vaccine injury. Since 2010, records show that only 1 in 61 applicants have received an award. Since the system began in 1979, a hundred and twenty five individuals have been acknowledged as vaccine damaged but not sufficiently damaged so as to qualify for an award.

The Scottish Government have asserted throughout that Scottish vaccine policy had to be in compliance with the JCVI recommendations, when that was not the case. The JCVI Minutes include the fact that “as health is a responsibility that is devolved, it is the responsibility of the Health Ministers of each of the home countries to decide whether advice from JCVI is implemented in national policy.” Maureen Watt MSP in her letter (PE 01584/B,) describes one such occasion.

“However, in following the advice of the JCVI to introduce a vaccination programme, the Scottish Government does not necessarily implement that advice in the same way as other parts of the UK. For example, our childhood
flu programme has offered the vaccine to all children aged 2-11 for the last two years, whereas England is implementing the programme on a longer-term, phased basis."(1)

In 1988 the SHHD had the capacity to modify any recommendations issued by the JCVI in respect of the MMR vaccine. The JCVI had no statutory duty in Scotland and as such could not and did not compel the SHHD to use the problematic Pluserix vaccine and cannot be cited in defence of the SHHD ‘s actions in (a) implementing the vaccine and (b) continue with it even when they themselves were so concerned about the risks of using it, that they communicated with the (then) Department Of Health in April of 1990. (Attachment 1)

The SHHD distributed two brands of MMR vaccine in 1988 (SHHD/CAMO (88)3 1st March 1988), Pluserix and MMR II with some unfortunate children getting the highly reactogenic and more expensive Pluserix while others got the safer less expensive MMR II brand.(2) The SHHD did not visit the same risk on every Scottish child and could have switched to only using MMR II at any given time.

At one and the same time as Pluserix was distributed in Scotland the marketing of it was voluntarily suspended in Canada by the manufacturer Institut Armand Frappier/Smithkline. Once laboratory testing proved conclusively that it was the cause of the mumps meningitis in recipient children, the licence was cancelled. The SHHD failed to safeguard Scottish children in promoting a vaccine which was voluntarily removed from the market in another country because of a safety risk. They visited a risk on Scottish children which was entirely avoidable since there was (at all times) an alternative brand of MMR available ie MMR II vaccine which did not have the same risk.

This gives rise to a number of questions. Pluserix with its problematic background could not have complied with the provisions in the Medicines Act 1968 but still found its way on to the Scottish market. Additionally, how was it that the manufacturer of Pluserix was able to market it in Scotland when they were voluntarily with holding it due to a serious health risk in another country. The material risk existed irrespective of the nationality of the child population but where the Canadians deemed the risk too great to inflict on their children, Scotland happily did so.

A 1986 copy of the Canadian Diseases Weekly Report contains data from a trial of “the Institut Armand Frappier Trivirix vaccine” and yet a year later in 1987 a David Gill publication “Liability Insurance, Crisis in supply” tells us that..........

“For fifteen months, The Institut de Armand Frappier of Montreal, a supplier of measles, mumps and rubella vaccine in Canada has looked unsuccessfully for a new insurer. If it cannot find an insurer in the near future, production of the vaccine may be discontinued”.
I respectfully request that the committee, obtain from the Scottish Government, the identity of the party who insured the Pluserix vaccine between the years 1988 and 1992 when it was being used in Scotland.

(1) Letter from Maureen Watt PE 01584/B
(2) Pluserix supply agreement and Minutes of Working Party meeting re Introduction of MMR 25/2/87
MMR VACCINE - MUMPS, MENINGITIS IN JAPAN

I refer to your minute of 9 March a copy of which my administrative colleagues received attached to Mr Wilson's submission of 16 March.

We put up a similar submission to our Minister but in view of the potentially serious implications of ignoring the Japanese findings even if they were only partially relevant to the UK situation we felt it necessary to say in our submission that we would be inviting the appropriate Advisory Committees to consider the significance of the Japanese findings; by this we meant primarily the JCVI.

I write therefore to ask formally that this matter be placed on the agenda for the next meeting of JCVI which I believe is on 4 May. The particular points on which advice is sought are as follows:

(a) whether the Japanese findings can be totally disregarded;

(b) is the Committee satisfied that the notification of adverse reactions in the United Kingdom is sufficiently comprehensive to enable a valid conclusion to be drawn;

(c) is there any justification for changing to the MMR vaccine which uses the Jeryl Lynn strain of mumps virus;

(d) is the Committee satisfied that on the basis of the available evidence that there is no reason to change the current practice using MMR vaccine containing the Urabe Am/9 strain of the virus.
As is indicated in your minute since the launch of MMR there have been cases of mumps meningo-encephalitis following the Urabe Am9 vaccine. Although these are very rare news gets around and we are very anxious to achieve a high uptake of MMR vaccine and hence would like to have the backing of JCVI so that we can go out positively and encourage mothers to bring their children for immunisation.

Kind regards.

Yours sincerely