The letters ‘MMR’ are short for ‘Measles, Mumps, Rubella’. Since the 1980s in the United Kingdom it has been possible to provide immunity to these diseases for a majority of newborn children via vaccination, and national policy to try and achieve this result. This is national policy in other countries too, but the specific vaccine, which combines all of the antibodies into a single product involving a single injection (plus a ‘booster’ after a few years) is less controversial outside the UK. This health risk issue (with autism and related conditions as the possible harm – see below) shares with the mobile phone issue the element of personal choice, but in a complicated way. First, the choice is made not in respect of the individual but in respect of her child: many parents will be more cautious on a child’s behalf than on their own. Second, the personal choice is compromised: if I choose not to vaccinate I am resisting official pressure. Vaccination, with MMR, is the default option. Third, vaccination is offered as a positive health benefit in the first instance, so parents also have to think of the consequences if their unvaccinated child should contract measles, mumps or rubella. Some parents may have come to believe that single vaccines offer a way out of the dilemma. This chapter discusses what is at stake in the MMR debate, then explores websites and Usenet discussion on this subject.

The story of MMR

Measles, mumps and rubella are three infections traditionally contracted in childhood, from which, if the child recovers, he or she should have developed antibodies in the course of fighting the disease. The antibodies give protection against subsequent infection. Measles is, according to the WHO, ‘the most infectious disease known to man’
(WHO 1999) and is not treatable by antibiotics. Vaccines were developed in the 1960s and vaccination programmes were instituted in industrialized western countries. By the 1970s it was possible to combine the antibodies for all three diseases into a single product and this has been the preferred form of immunization since that time. Many developing countries do not routinely vaccinate and suffer the consequences in terms of infant mortality and blindness as a complication of measles (WHO 2003b).

Where countries have a policy of vaccination, this is not generally compulsory or universal. There are contra-indications for vaccination in certain cases, and parents may choose not to vaccinate. Yet there are pressures to conform. In Britain, with its publicly funded National Health Service, the official policy is thus provided and administered in the main by a state institution. The voice of the government and the voice of the National Health Service and its employees are the same thing, although individual doctors may, ‘off the record’ in conversation with their own patients, dissent from the official view. The immunization policy specifically requires that immunization for measles, mumps and rubella be achieved through the use of the MMR vaccine and not, for example, through the use of separate vaccines for each disease, administered separately on different occasions. This form of immunization is possible but the onus is on parents to find a doctor who will agree to provide vaccination in this way, if their own family doctors will not, and also to pay for this treatment rather than accept the free provision of MMR.

In the USA the pressure to conform is felt in a different way. State by state, there is a requirement that children be certified vaccinated against the three diseases in order to be enrolled in a kindergarten or elementary school. MMR may be the preferred method for achieving that end within the medical establishment in the USA, but with something more like a consumer relationship between patient and physician in the United States context, there is less difficulty than in the UK in choosing an alternative schedule of vaccination, involving multiple vaccines. The obligation to demonstrate immunity from measles, mumps and rubella is a leaky one, with possibilities for opt-out under certain conditions which vary from state to state, such as religious objections.

The controversy about MMR in Britain developed as follows. Prior to 1998 there were anecdotal accounts from concerned parents of autistic children that the onset of the autistic symptoms coincided with the administration of the first of the MMR vaccination shots. (MMR also involves a second, booster shot in the year that children start school.)