

## Appendix 5.1 GUILLAIN-BARRE SYNDROME

Guillain-garre Syndrome (GBS) is a neurological disorder of unknown etiology, which sometimes has been observed to follow certain types of vaccinations, notably, swine flu, Semple rabies, and more rarely, DPT and polio vaccinations (Asbury, 1978, amontaigne, 1978).

GBS is characterized by paralysis that begins in the legs and later involves the trunk of the body, arms, and neck. GBS patients may experience a wide range of disability. The average GBS patient spends about 1 1/2 months in the acute care hospital, experiencing paralysis for about 2 weeks. After about 3 weeks, the patient is taken to rehabilitation, and once sufficiently recovered, returns home. Unlike patients with spinal cord injuries, most of those who contract GBS and not to be permanently disabled. About 5 to 10 percent of those afflicted, however, do experience some kind of residual disability, the extent of which may vary greatly. Mortality rates from GBS run about 5 percent. No pattern as to the timing of death in the course of the illness has been described (Asbury, 1978).

The average treatment cost for GBS is equivalent to the cost of about 75 days of hospitalization. GBS patients tend not to require institutionalization in a long-term care facility and not to continue to need special care at home (Asbury, 1978).

According to the Center for Disease Control (CDC), the estimated incidence of GBS occurring in the general population prior to the 1976 swine flu immunization program was 6 to 19 cases per million persons per annum (Schoenberger, 1978). This estimate was drawn from five or six studies conducted at various places including the Mayo Clinic.

Recently, an analysis of the incidence of Guillain-Barre Syndrome during the 1976 swine flu program was published (Schoenberger, 1979). Increases in the incidence of GBS among swine flu vaccinees were observed over about a 10-week period of risk (i. e., the duration of the swine flu program). In about 90 percent of the excess cases (i. e., those in excess of the expected incidence), GBS occurred in the first 6 weeks following vaccination. Among the small group of swine flu vaccinees under 18 years of age, there was no documented rise in the incidence of GBS. Among swine flu vaccinees between the ages of 18 and 24, an increased incidence of four cases of GBS per million doses of administered vaccine was observed. Among swine flu vaccinees over 25 years old, 9 to 10 additional cases of GBS per million doses of administered vaccine were observed. While the reported incidence of excess GBS among swine flu vaccinees over the age of 25 did not rise substantially with age, GBS mortality rates did. (See table 5.1 A.)

**Table 5. 1A—Mortality Rates Among Swine Flu Vaccinees With GBS (1976-77)**

Age group	Mortality rate
0-17 years . . . . .	0.8%
18-24 years . . . . .	3.5%
24-44 years . . . . .	2.4*10
45-64 years . . . . .	5.8*10
65+ years . . . . .	12.7%

SOURCE: Schoenberger, Center for Disease Control, 1978