

Statement of Facts: Judicial Conference 2006

1. Paulina Patrick's employer encouraged its employees to be vaccinated against hepatitis B. She received the first dose and reported no problems. There were no immediate problems after the second dose of the vaccine.
2. About two weeks after the second dose of the vaccine, Ms. Patrick visited her treating physician because she was feeling run down and had general aches and pains and a fever. The pain was more severe in her lower body. The doctor diagnosed a virus and recommended rest and fluids.
3. About six weeks after the second dose of the vaccine, Ms. Patrick saw a neurologist, Dr. Nelson. After obtaining an MRI, Dr. Nelson diagnosed **Ms. Patrick with transverse myelitis**. Dr. Nelson took a more extensive history and learned that Ms. Patrick received her second hepatitis B vaccination approximately 10 days before the onset of the aches and pains in her lower extremities. **Under the section of a form marked "Analysis," Dr. Nelson wrote "TM following hepatitis B vaccine"**
4. Ms. Patrick filed for workers' compensation benefits. As part of that claim, Ms. Patrick saw Dr. Dean, a neurologist. Dr. Dean wrote a report stating that although he agreed with the diagnosis of transverse myelitis, he believed that the **hepatitis B vaccination did not cause the transverse myelitis**. Four points supported Dr. Dean's conclusion. First, Dr. Dean cited articles of medical literature, including a study by the Institute of Medicine, stating that the "evidence is inadequate to accept or reject a causal relation between hepatitis B vaccine and . . . transverse myelitis." Second, Dr. Dean also indicated that Ms. Patrick's **earlier virus was a pre-existing condition** and that it was more likely than not that this virus caused her transverse myelitis. Third, Dr. Dean said that in more than half the cases of transverse myelitis (60 per cent), doctors do not know the cause of the syndrome. Thus, any doubt about the virus's role in causing the transverse myelitis does not necessarily mean that the cause "must" have been the vaccination. Finally, Dr. Dean noted that the fact that Ms. Nelson did not suffer any adverse consequences from the first hepatitis B vaccine strongly indicated that she was not disposed to have an adverse reaction.
5. In response, Ms. Patrick obtained a supplemental report from her neurologist. Dr. Nelson provided copies of four **abstracts from Pub Med** in which the authors explained that vaccines, including the hepatitis B vaccine, can provoke an auto-immune response. Dr. Nelson also indicated that the **VAERS database** showed 12 instances in which transverse myelitis followed the hepatitis B vaccination. Finally, Dr. Nelson noted that although a virus could have caused transverse myelitis, it did not for Ms. Patrick because it was more probable for the sequence of two vaccines to cause the transverse myelitis. Specifically, the first vaccination "primed" Ms. Patrick's immune system and the second vaccination "triggered" an autoimmune attack leading to the transverse myelitis. Therefore, Ms. Patrick's neurologist concluded that "in my opinion, to a reasonable degree of certainty, the hepatitis B vaccination caused the transverse myelitis."
6. Ms. Patrick filed a petition seeking compensation from the Program and submitted all medical records discussed above, including the report from Dr. Dean.