THE informed PARENT
ISSUE ONE 2011 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

WAKEFIELD HAS COMPANY

BY JUDY CONVERSE, MPH RD LD
http://www.vaccinationnews.com/wakefield-has-company

IS THERE A VACCINE-autism link? Is Andy Wakefield a crazy man? The gap I see, as a nutrition professional who has worked with children with autism for twelve years, is in a willingness to open our minds, to consider studies that corroborate Wakefield's work. I am weary of doing the literature search over and over, handing out these links again and again – the ones the media ignore so handily. Your pediatrician likely doesn't know that Wakefield is not alone. I challenge physicians out there to pause, breathe, read the studies, and wonder. Think it through: What if he's right?

I notice that most doctors, parents, journalists and bloggers who are shouting about what a fraud Dr. Wakefield is are more voyeurs on the autism controversy than anything else. Most often, they don't see many patients with autism, don't treat them for anything beyond prescribing Miralax or Abilify, or aren't raising children with autism themselves. Or maybe I should say, they don't see their poop, their growth charts, endoscopy reports, stool cultures, or food intakes. They don't see how physically ill these children are, up close and stinky. How many autism diapers have they changed? You know, the ones with the explosive gold lumpy liquid that soars up the child's neck and seeps down to his knees, six or eight times a day? How many toilets have they unclogged or replaced, after one too many enormous, stone-hard stools filled it? How many impacted colons have they cleared in young children with autism? How many failure to thrive children with autism have they worked with, to restore normal nutrition status and good health? This is what I'm mucking through at work on a regular basis as I provide nutrition care. Either in a child's history, parent interview, or in a kid's pants right in my office. Do I want to see it, mom asks? Why, yes I do, I always answer. And I want to culture it too. So off we go collecting that stool sample, right then and there. Let's do something about it.

Let's do something about the myths relentlessly repeated now about measles and Andrew Wakefield too.

" Wakefield's infamous original Lancet article was a case series. Which means, it did not test a hypothesis that MMR causes autism, nor did it intend to. It did not state this at all, as the media relentlessly hypes."

First, there are fewer, not more, children getting measles in the UK since Andrew Wakefield voiced his concerns for the bundled MMR vaccine.

And, no, your child is not certain to die from measles if unvaccinated against it, unless he happens to be in profoundly weak status for vitamin A, iron, protein, and body mass index. Those nutrition parameters are strong predictors of how children manage most infectious disease, and measles in particular. They are so strong, in fact, that protocols for using vitamin A to prevent and treat measles have long existed for UNICEF and the World Health Organization. A child in strong nutrition status typically passes through measles quickly with no lasting ill effect, and then has permanent immunity. This does not mean children never catch or die of measles. It does mean that measles is a highly survivable routine illness that healthy, well-nourished children overwhelmingly survived in the pre-vaccine era – just as my siblings did, who passed immunity to me.

Thirdly, I would also point out (groan, again) that Wakefield's infamous original Lancet article was a case series. Which means, it did not test a hypothesis that MMR causes autism, nor did it intend to. It did not state this at all, as the media relentlessly hypes. I wonder how many MDs have actually read this original article, or even know the findings published there. The real tragedy is that the message of that original case series has been long lost in the sensationalist media cacophony. Again, think: What if he's right? Would Pharma, CDC, FDA, AAP, ACIP, UK GMC, and NIH stand up and say – "Oops. We're sorry." Would the US go into even greater financial arrears, to pay the hundreds of thousands of injured families the billions they would be due?

These are colossally powerful, profitable entities. If there is trouble with bundled vaccines like MMR, what a tidy solution if Wakefiled is indeed a monster and a fraud. But I don't think he is, after reviewing food intakes, GI sx, growth patterns, medical histories, and developmental histories on hundreds of children with autism.

Enough lamenting. I'm always asked, so here are some citations for the uninitiated. Wakefield has company. Can all these journals and authors be wrong as well? Here's one that I can't link to because it has vanished from PubMed (hmmm it was there two days ago), so here is the full citation:

Sheils O, Smyth P, Martin C, O'Leary JJ. Development of an 'allelic discrimination' type assay to differentiate between the strain origins of measles virus detected in intestinal tissue of children with ileocolonic lymphonodular hyperplasia and

›

Editor's note

Magda Taylor

SPRING HAS COME ROUND once again and it's time for the first newsletter for 2011.

After the last issue was sent out at the end of the year there were some renewals but I still need to increase the number of subscribers to continue with this publication. So once again I am asking you for your help in promoting what The Informed Parent does and encouraging others to take out a subscription. Your help will be really appreciated!

Anna Watson from Arnica attended an all-day scientific conference in London on March 11 organised by the British Society For Ecological Medicine. Speakers included Dr Andrew Wakefield, Dr Jayne Donegan, Dr Richard Halvorsen, and many others.

Anna will be reporting on some of the data presented in the next issue. You may also like to visit their website as there may be some information published there about the event http://www.ecomed.org.uk/

If anyone would like to organize a local talk in their area on the vaccination issue please get in touch with me and we can discuss any possibilities. I can cover many aspects of the subject giving people various ideas on how to question this 'highly questionable' subject.

For anyone who is familiar with the excellent book 'A Parent's Dilemma' by Greg Beattie you will be pleased to learn that he has another publication now available as an e-book. It is entitled 'Fooling Ourselves – On the Fundamental Value of Vaccines' (read more on page 17), and details can be found on Greg's website: http://vaccinationdilemma.com/ *or you can purchase a copy directly via The Informed Parent website.*

Hope you find this issue thought-provoking and interesting!

Best wishes
Magda Taylor

from p01

concomitant developmental disorder. J Pathol 2002; 198 (suppl): 5A.

Wakefield's company includes other researchers, and other vaccines beyond the MMR. For example, hepatitis B vaccine at birth was found to triple risk for autism in this retrospective study http://bit.ly/rKeth A horrifying vindication for a book I published in 2002 When Your Doctor Is Wrong: Hepatitis B Vaccine & Autism.

This one shows a "hyperimmune" response to MMR in children with autism: http://bit.ly/fXmchZ

Oh alright, I will keep going… Here's a 2010 chart review finding ileal or colonic lymphonodular hyperplasia in 73% of subjects with autism http://bit.ly/cr0HAL and this one saw a strong association between MMR vaccination and CNS autoimmunity in children with autism http://bit.ly/eTH7Vg and this one documents intestinal permeability ("leaky gut") occuring 7x more frequently in subjects with autism compared to controls http://bit.ly/aYirdO ..Here's a page with over twenty citations and analysis collected in one spot for MMR-autism: http://www.jabs.org.uk/pages/thrower.asp

Okay I'll stop. There is more, you can keep going down this rabbit hole if you like. You'll find Wakefield has plenty of company.

> "Do you know the outcome? Read it and weep, for our children. They are not victims of Wakefield. They are victims of ignorance and greed."

Lastly, we never hear much about this study, perhaps the most chilling of all. It is the only one to date that reviews the immunization schedule as it is given to human infants – something the FDA never required anybody to do before allowing our children to be given dozens of vaccines in a short time span, as many as twelve or fifteen in one day, as I have seen on my patients' vaccine records. It was a prospective case controlled study with primates, the closest animal model to humans that we can use. Do you know the outcome? Read it and weep, for our children. They are not victims of Wakefield. They are victims of ignorance and greed. We owe them more research, solutions to the neurodevelopmental disorders and autism they now suffer in unprecedented numbers, and truth.

Judy is a licensed registered dietitian with graduate and undergraduate degrees in nutrition from the University of Vermont and the University of Hawaii. Since 1999 she has operated Nutrition Care For Children LLC, serving children ages 0-21 with autism, allergies, asthma, growth and feeding problems, developmental delays, and mood/learning/behavior concerns. In her practice Judy provides evidence-based nutrition assessment, monitoring, and care to improve outcomes for these children - since nutrition matters for all children. She has worked with government programs and private non-profits; testified before state and federal lawmakers on safer vaccinations; created accredited training tools that teach other health professionals about how nutrition helps kids with autism; and authored two books. Her third book, Special Needs Kids Go Pharm Free is now available. Judy, a Massachusetts native, is an avid skier and incurable soccer nut who lives in Colorado with her husband and son.

http://www.amazon.com/Judy-Converse/e/B001JRV21Y

The age-old struggle against the antivaccinationists

GREGORY A. POLAND, M.D., AND
ROBERT M. JACOBSON, M.D.
N ENGL J MED 2011; 364:97-99
JANUARY 13, 2011
http://www.nejm.org/doi/full/10.1056/NEJMp1010594

THE FOLLOWING ARTICLE has been reproduced here to give you an example of how the 'orthodoxy' perceives those who are opposed to or question vaccination. The accuracy of some of the so-called facts in this article are also highly questionable.

Since the introduction of the first vaccine, there has been opposition to vaccination. In the 19th century, despite clear evidence of benefit, routine inoculation with cowpox to protect people against smallpox was hindered by a burgeoning antivaccination movement. The result was ongoing smallpox outbreaks and needless deaths. In 1910, Sir William Osler publicly expressed his frustration with the irrationality of the antivaccinationists by offering to take 10 vaccinated and 10 unvaccinated people with him into the next severe smallpox epidemic, to care for the latter when they inevitably succumbed to the disease, and ultimately to arrange for the funerals of those among them who would die (see the Medical Notes section of the Dec. 22, 1910, issue of the Journal). A century later, smallpox has been eradicated through vaccination, but we are still contending with antivaccinationists.

Since the 18th century, fear and mistrust have arisen every time a new vaccine has been introduced. Antivaccine thinking receded in importance between the 1940s and the early 1980s because of three trends: a boom in vaccine science, discovery, and manufacture; public awareness of widespread outbreaks of infectious diseases (measles, mumps, rubella, pertussis, polio, and others) and the desire to protect children from these highly prevalent ills; and a baby boom, accompanied by increasing levels of education and wealth. These events led to public acceptance of vaccines and their use, which resulted in significant decreases in disease outbreaks, illnesses, and deaths. This golden age was relatively short-lived, however. With fewer highly visible outbreaks of infectious disease threatening the public, more vaccines being developed and added to the vaccine schedule, and the media permitting widespread dissemination of poor science and anecdotal claims of harm from vaccines, antivaccine thinking began flourishing once again in the 1970s.[1]

Little has changed since that time, although now the antivaccinationists' media of choice are typically television and the Internet, including its social media outlets, which are used to sway public opinion and distract attention from scientific evidence. A 1982 television program on diphtheria–pertussis–tetanus (DPT) vaccination entitled "DPT: Vaccine Roulette" led to a national debate on the use of the vaccine, focused on a litany of unproven claims against it. Many countries dropped their programs of universal DPT vaccination in the face of public protests after a period in which pertussis had been well controlled through vaccination[2] — the public had become complacent about the risks of the disease and focused on adverse events purportedly associated with vaccination. Countries that dropped routine pertussis vaccination in the 1970s and 1980s then suffered 10 to 100 times the pertussis incidence of countries that maintained high immunization rates; ultimately, the countries that had eliminated their pertussis vaccination programs reinstated them.[2] In the United States, vaccine manufacturers faced an onslaught of lawsuits, which led the majority of them to cease vaccine production. These losses prompted the development of new programs, such as the Vaccine Injury Compensation Program (VICP), in an attempt to keep manufacturers in the U.S. market.

"Antivaccinationists tend toward complete mistrust of government and manufacturers, conspiratorial thinking, denialism, low cognitive complexity in thinking patterns, reasoning flaws, and a habit of substituting emotional anecdotes for data."

The 1998 publication of an article, recently retracted by the Lancet, by Wakefield et al.[3] created a worldwide controversy over the measles–mumps–rubella (MMR) vaccine by claiming that it played a causative role in autism. This claim led to decreased use of MMR vaccine in Britain, Ireland, the United States, and other countries. Ireland, in particular, experienced measles outbreaks in which there were more than 300 cases, 100 hospitalizations, and 3 deaths.[4] ***(Editor: For those of you who have studied the subject for long time you will know that this mention of measles in Ireland is very misleading. TIP covered this many years ago and I was able to obtain many figures from the Irish health department which showed that, for example, in the year 2000 when there had been a higher uptake of MMR there was the highest number of measles cases for 7 years.)***

Today, the spectrum of antivaccinationists ranges from people who are simply ignorant about science (or "innumerate" — unable to understand and incorporate concepts of risk and probability into science-grounded decision making) to a radical fringe element who use deliberate mistruths, intimidation, falsified data, and threats of violence in efforts to prevent the use of vaccines and to silence critics. Antivaccinationists tend toward complete mistrust of government and manufacturers, conspiratorial thinking, denialism, low cognitive complexity in thinking patterns, reasoning flaws, and a habit of substituting emotional anecdotes for data.[5] Their efforts have had disruptive and costly effects, including damage to individual and community well-being from outbreaks of previously controlled diseases, withdrawal of vaccine manufacturers from the market, compromising of national security (in the case of anthrax and smallpox vaccines), and lost productivity.[2]

The H1N1 influenza pandemic of 2009 and 2010 revealed a strong public fear of vaccination, stoked by antivaccinationists. In the United States, 70 million doses of vaccine were wasted, although there was no evidence of harm from vaccination.

›

Meanwhile, even though more than a dozen studies have demonstrated an absence of harm from MMR vaccination, Wakefield and his supporters continue to steer the public away from the vaccine. As a result, a generation of parents and their children have grown up afraid of vaccines, and the resulting outbreaks of measles and mumps have damaged and destroyed young lives. The reemergence of other previously controlled diseases has led to hospitalizations, missed days of school and work, medical complications, societal disruptions, and deaths. The worst pertussis outbreaks in the past 50 years are now occurring in California, where 10 deaths have already been reported among infants and young children.

In the face of such a legacy, what can we do to hasten the funeral of antivaccination campaigns? First, we must continue to fund and publish high-quality studies to investigate concerns about vaccine safety. Second, we must maintain, if not improve, monitoring programs, such as the Vaccine Adverse Events Reporting System (VAERS) and the Clinical Immunization Safety Assessment Network, to ensure coverage of real but rare adverse events that may be related to vaccination, and we should expand the VAERS to make compensation available to anyone, regardless of age, who is legitimately injured by a vaccine. Third, we must teach health care professionals, parents, and patients how to counter antivaccinationists' false and injurious claims. The scientific method must inform evidence-based decision making and a numerate society if good public policy decisions are to be made and the public health held safe. Syncretism between the scientific method and unorthodox medicine can be dangerous.

Fourth, we must enhance public education and public persuasion. Patients and parents are seeking to balance risks and benefits. This process must start with increasing scientific literacy at all levels of education. In addition, public–private partnerships of scientists and physicians could be developed to make accurate vaccine information accessible to the public in multiple languages, on a range of reading levels, and through various media. We must counter misinformation where it is transmitted and consider using legal remedies when appropriate.

"Ultimately, society must recognize that science is not a democracy in which the side with the most votes or the loudest voices gets to decide what is right."

The diseases that we now seek to prevent with vaccination pose far less risk to antivaccinationists than smallpox did through the early 1900s. Unfortunately, this means that they can continue to disseminate false science without much personal risk, while putting children, the elderly, and the frail in harm's way. We can propose no Oslerian challenge to demonstrate our point but have instead a story of science and contrasting worldviews: on the one hand, a long history of stunning triumphs, such as the eradication of smallpox and control of many epidemic diseases that had previously maimed and killed millions of people; on the other hand, the reality that none of the antivaccinationists' claims of widespread injury from vaccines have withstood the tests of time and science. We believe that antivaccinationists have done significant harm to the public health. Ultimately, society must recognize that science is not a democracy in which the side with the most votes or the loudest voices gets to decide what is right.

SOURCE INFORMATION
From the Mayo Clinic Vaccine Research Group (G.A.P., R.M.J.), the Department of Medicine (G.A.P.), and the Department of Pediatric and Adolescent Medicine (G.A.P., R.M.J.), Mayo Clinic, Rochester, MN.

Polio vaccines may have lost efficacy in Pakistan

http://www.sify.com/Sify News
22/12/2010

ISLAMABAD, DEC 22 (IANS) Authorities in Pakistan have come out with a shocking figure about polio cases. More than 78 percent of such confirmed cases in the country involved children who had been administered polio drops, raising questions about the efficacy of vaccine.

According to a report compiled by the National Institute of Health, out of 136 polio cases reported this year, 107 children had been administered polio drops on several occasions under a prescribed schedule, Dawn News reported Wednesday.

The data available on the website of the World Health Organisation also indicated that Pakistan had registered the highest number of polio cases in a decade this year.

Officials at the National Polio Control Programme said the number of polio cases had increased during the last three years after going down for the previous seven years.

They suspected that the vaccine might have lost its efficacy after not having been stored at the required temperature, especially in far-flung areas where electricity supply is disrupted for long periods.

Athar Niaz Rana, head of allergy and immunology department at the Shifa International Hospital here, said: 'Vaccine failure and failure to vaccinate are two important factors which have affected the national polio campaign.'

He insisted that the 'security situation in Khyber-Pakhtunkhwa province is also one of the factors which has led to the failure of vaccine in that region'.

'It is a WHO-tested vaccine and we have no doubt about its efficacy, although we have a few issues at the district-level related to management,' a health ministry official said.

He said the vaccine was not being used in Pakistan alone but also in several other countries.

'A surge in polio cases in a few areas is because of security reasons and the ministry has developed a comprehensive plan for 2011 to meet the challenge.'

LIES, DAMNED LIES, AND MEDICAL SCIENCE

ALLIANCE FOR HUMAN RESEARCH PROTECTION

www.ahrp.org/cms/content/view/741/9/
Wednesday, 19 January 2011

A FASCINATING ARTICLE in The Atlantic, "Lies, Damned Lies, and Medical Science" by David Freedman, profiles Dr. John Ioannidis, who says that as much as 90% of the published medical information that doctors rely on is flawed.

IS THERE SOMETHING WRONG WITH THE SCIENTIFIC METHOD IN MEDICAL RESEARCH?

In 2005, Dr Ioannidis, a prominent, highly regarded epidemiologist published two articles that debunked much of what passes the peer review process of medical journals--including placebo-controlled trials that are touted as "the gold standard."

"Why Most Published Research Findings Are False" published in PLoS Medicine and "Contradicted and Initially Stronger Effects in Highly Cited Clinical Research" published in the Journal of the American Medical Association.

Dr. Ioannidis has spent his career challenging his peers by exposing the truth about the prevalence of bad science which is contaminating the scientific literature and the practice of medicine . His statistical analyses found that in many current scientific fields, "claimed research findings may often be simply accurate measures of the prevailing bias." Furthermore, he said, "there is increasing concern that in modern research, false findings may be the majority or even the vast majority of published research claims."

"Much of what medical researchers conclude in their studies is misleading, exaggerated, or flat-out wrong. So why are doctors—to a striking extent—still drawing upon misinformation in their everyday practice?"

"Randomized controlled trials, which compare how one group responds to a treatment against how an identical group fares without the treatment, had long been considered nearly unshakable evidence, but they, too, ended up being wrong some of the time. "I realized even our gold-standard research had a lot of problems."

"Baffled, he started looking for the specific ways in which studies were going wrong. And before long he discovered that the range of errors being committed was astonishing: from what questions researchers posed, to how they set up the studies, to which patients they recruited for the studies, to which measurements they took, to how they analyzed the data, to how they presented their results, to how particular studies came to be published in medical journals."

"There is an intellectual conflict of interest that pressures researchers to find whatever it is that is most likely to get them funded."

THIS ARRAY SUGGESTED A BIGGER, UNDERLYING DYSFUNCTION:

"The studies were biased. Sometimes they were overtly biased. Sometimes it was difficult to see the bias, but it was there. Researchers headed into their studies wanting certain results—and, lo and behold, they were getting them. We think of the scientific process as being objective, rigorous, and even ruthless in separating out what is true from what we merely wish to be true, but in fact it's easy to manipulate results, even unintentionally or unconsciously. "At every step in the process, there is room to distort results, a way to make a stronger claim or to select what is going to be concluded," says Ioannidis. "There is an intellectual conflict of interest that pressures researchers to find whatever it is that is most likely to get them funded."

Dr. Ioannidis explains why, even if only a minority of researchers were manipulating studies that result in bias, their distorted findings were having an outsize effect on published research. "Even when the evidence shows that a particular research idea is wrong, if you have thousands of scientists who have invested their careers in it, they'll continue to publish papers on it. It's like an epidemic, in the sense that they're infected with these wrong ideas, and they're spreading it to other researchers through journals."

Public perception about the authenticity of peer review is a myth perpetuated by cynical scientists and science journalists:

"Though scientists and science journalists are constantly talking up the value of the peer-review process, researchers admit among themselves that biased, erroneous, and even blatantly fraudulent studies easily slip through it.... the peer-review process often pressures researchers to shy away from striking out in genuinely new directions, and instead to build on the findings of their colleagues (that is, their potential reviewers) in ways that only seem like breakthroughs as with the exciting-sounding gene linkages (autism genes identified!) and nutritional findings (olive oil lowers blood pressure!) that are really just dubious and conflicting variations on a theme."

Rarely do journal editors, or academic institutions or government research overseers step in to directly enforce research quality, and when they do, the science community goes ballistic over the outside interference. The ultimate protection against research error and bias is supposed to come from the way scientists constantly retest each other's results except they don't.

But even for medicine's most influential studies, the evidence sometimes remains surprisingly narrow. Of the 45 super-cited studies that Ioannidis focused on--studies that helped lead to the widespread popularity of treatments such as the use of hormone-replacement therapy for menopausal women, vitamin E to reduce the risk of heart disease, coronary stents to ward off heart attacks, and daily low-dose aspirin to control blood pressure and prevent heart attacks and

›

strokes 11 had never been retested.

Perhaps worse, Ioannidis found that even when a research error is outed, it typically persists for years or even decades. He looked at three prominent health studies from the 1980s and 1990s that were each later soundly refuted, and discovered that researchers continued to cite the original results as correct more often than as flawed in one case for at least 12 years after the results were discredited.

IMAGINE, CHANGING THE MINDSET THAT GOVERNS THE CURRENT PRACTICE OF MEDICINE:

"Just having a good talk with the patient and getting a close history is much more likely to tell me what's wrong" rather than relying on a battery of tests...Doctors are trained to ply the patient with whatever drugs might help whack any errant test numbers back into line. What they're not trained to do is to go back and look at the research papers that helped make these drugs the standard of care."

" Just having a good talk with the patient and getting a close history is much more likely to tell me what's wrong" rather than relying on a battery of tests."

"When you look the papers up, you often find the drugs didn't even work better than a placebo. And no one tested how they worked in combination with the other drugs. Just taking the patient off everything can improve their health right away."

We all need to accept the fact that scientists are not superior human beings they are no less susceptible to human fallibility such as self-delusion and greed than the rest of us. Scientists are susceptible to fleeting fads, they cling to comforting, widely held, but unproven beliefs. They are given to bias--generated by financial conflicts of interest, and also bias motivated by ambition and the imperative of academia, "publish or perish."

The reason that many false scientific theories continue to be considered true even after they are proven wrong is powerful stakeholders--in particular, pharmaceutical companies, healthcare providers and government public health service agencies--all of who are invested in their application.

Vera Hassner Sharav

Safety and immunogenicity of co-administering a combined meningococcal serogroup C and Haemophilus influenzae type b conjugate vaccine with 7-valent pneumococcal conjugate vaccine and measles, mumps and rubella vaccine at 12 months of age

MILLER E, ANDREWS N, WAIGHT P, FINDLOW H, ASHTON L, ENGLAND A, STANFORD E, MATHESON M, SOUTHERN J, SHEASBY E, GOLD-BLATT D, BORROW R

CLIN VACCINE IMMUNOL 2010 DEC 29.

www.unboundmedicine.com

THE COADMINISTRATION of the combined meningococcal serogroup C conjugate (MCC)/Haemophilus influenzae type b (Hib) vaccine with pneumococcal conjugate vaccine (PCV7) and measles, mumps and rubella (MMR) vaccine at 12 months of age was investigated to assess the safety and immunogenicity of this regimen compared with separate administration of the conjugate vaccines. Children were randomized to receive MCC/Hib alone followed one month later by PCV7 with MMR or to receive all three vaccines concomitantly. Immunogenicity endpoints were MCC serum bactericidal antibody (SBA) titers ≥8, Hib-polyribosylribitol phosphate (PRP) IgG antibodies concentrations ≥0.15 g/mL, PCV serotype-specific IgG concentrations ≥0.35 g/mL, measles and mumps IgG >120 AU/mL and rubella IgG ≥ 11 AU/mL. For safety, proportions of children with erythema, swelling or tenderness at site of injection, or fever or other systemic symptoms for 7 days after immunization were compared between regimens. No adverse consequences for either safety or immunogenicity were demonstrated when MCC/Hib was given concomitantly with PCV and MMR at 12 months of age or separately at 12 and 13 months of age. Any small differences in immunogenicity were largely in the direction of a higher response when all three vaccines were given concomitantly. For systemic symptoms, there was no evidence of an additive effect, rather any differences between schedules showed benefit from the concomitant administration of all three vaccines, such as lower overall proportions with post-vaccination fevers. The UK infant immunization schedule now recommends these three vaccines may be offered at one visit between 12 to 13 months of age.

"NEITHER BELIEVE NOR REJECT ANY THING BECAUSE ANY OTHER PERSON, OR DESCRIPTION OF PERSONS HAVE REJECTED OR BELIEVED IT. YOUR OWN REASON IS THE ONLY ORACLE GIVEN YOU BY HEAVEN…." THOMAS JEFFERSON

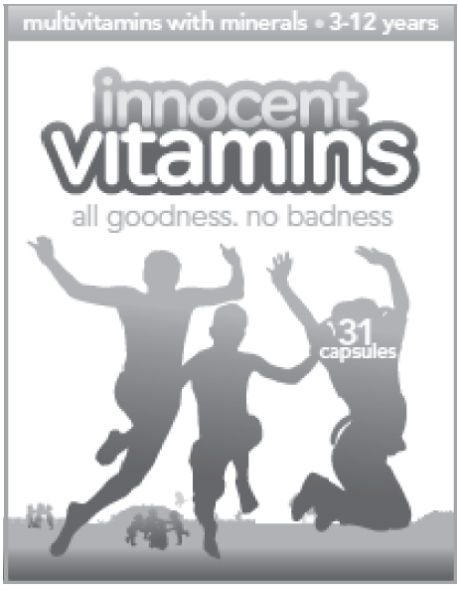
INNOCENT VITAMINS, All Goodness, No Badness

DAWN REID
MOTHER & MANAGING DIRECTOR
www.innocentvitamins.co.uk

LET ME INTRODUCE you to a new approach to children's vitamins - Innocent Vitamins Children's Daily Multivitamin. We make our vitamins the way they should be – just pure vitamins and minerals. Our children are innocent and I want to keep them that way by not giving them vitamins cloaked in sugar, artificial sweeteners and anti caking agents.

That is what makes our product special and unique - it is just pure vitamins and minerals with no hidden ingredients (NO sugars, NO artificial sweeteners, NO colourings or flavourings – artificial or otherwise, NO additives, NO fillers, NO gelling agents). That's a big change versus what's out there. Daily vitamins and minerals for kids with no bad stuff whatsoever.

The product comes in tiny children-sized capsules which can either be swallowed or can be easily split and the contents consumed with food (it's ideal in a spoonful of yoghurt).



"Daily vitamins and minerals for kids with no bad stuff whatsoever."

My name is Dawn Reid and I recently started Innocent Vitamins to offer parents a healthier and natural alternative to current market offerings. I was frustrated by what was available as I didn't want to give my children a multivitamin that contained more sugar than vitamins. I searched high and low to find a children's multivitamin that didn't contain sugar or artificial sweeteners. I could not find one. So I decided I would offer parents like myself and my friends a real choice. I worked with a range of children's nutritionists and one of the UK's leading supplement manufacturers to create our daily children's multivitamin. We also consulted

with the HFMA (Health Food Manufacturing Association). The recommended retail price is £6.99 for a 31 day supply.

I have attached some additional information including a comparison of Innocent Vitamins versus competitors. And importantly, it's made in the UK.

I have had great feedback from my customers so far. I am sure you will find this is a product that is really wanted.

Thank you for considering stocking the product. Please feel free to contact me.

Thank you.

Dawn Reid
Mother and Managing Director
Office: 01342 311 580
Mobile: 07576 021 621
Email: hello@innocentvitamins.co.uk
www.innocentvitamins.co.uk
Camden Orchard, Lewes Road, West Sussex RH19 3TA, England

	innocent vitamins	Halibro Orange	Boots Gummy bears	WellKid Chewable	Boots Kids Complete A-Z	Bassets Soft & Chewy
Sugar	No way!	☑	☑	☑	☑	
Artificial Sweetener	Not for our kids!	☑		☑	☑	☑
Corn/Glucose/Maltitol Syrup	Not a chance!	☑	☑			☑
Gelling/Glazing/Anti Caking Agents	Nope!	☑	☑	☑	☑	☑
Flavourings	Never!	☑	☑	☑	☑	☑
Colours	Absolutely not!	☑	☑			☑

The Vaccine Casebook

BROADCAST ON BBC RADIO 4, Jan 4th 2011
http://www.bbc.co.uk/programmes/b00x4013

RICHARD PHINNEY reports from the West African country of Guinea Bissau, where a team of Danish and African medical sleuths have pieced together evidence that could change public health care forever. They have discovered that vaccines and vitamin supplements have unexpected effects - good and bad - on the immune systems of children.

It's the first time a British journalist has visited the Bandim health surveillance unit, where Dr Peter Aaby and his team has toiled for more than 30 years - through wars, natural disasters and epidemics. A small army of doctors, nurses, field workers and lab technicians now monitor the health of 100,000 people.

Their health detective work has generated more than 600 scholarly articles in the world's leading medical journals, and been responsible for the withdrawal of a potentially deadly measles vaccine by the World Health Organisation.

" The documentary also asks why the WHO has not yet acted on the evidence generated so far"

But the WHO has not acted on the most explosive findings yet coming from Guinea Bissau. They show that the world's most commonly used vaccines can strengthen - or weaken - a child's immune system in the long term, and affect their ability to fight off disease. The results directly challenge the WHO's global health advice, followed by most countries in the developing world, and could mean that thousands of young lives, in Africa and beyond, are needlessly at risk.

We'll hear from some of world's most respected public health scientists who back Aaby's findings. The documentary also asks why the WHO has not yet acted on the evidence generated so far. And whether safety tests for new vaccines and vitamin supplements, heavily promoted by donor agencies and pharmaceutical companies alike, are sufficiently far-reaching.

Producer: Anthony Baxter
A Wantok Production for BBC Radio 4.

New adjuvanted vaccines in pregnancy: what is known about their safety?

CARLA HERBERTS; BARBRO MELGERT; JAN WILLEM VAN DER LAAN; MARIJKE FAAS. AUTHORS AND DISCLOSURES 13/01/2011; EXPERT REV VACCINES. 2010;9(12):1411-1422.

ABSTRACT

The recent introduction of oil-in-water emulsions as adjuvants in several pandemic vaccines, such as the H1N1 vaccine, has challenged regulatory authorities to establish their safety in the general population, as well as in specific populations. Pregnant women were advised to be a target group for H1N1 vaccination owing to the risk of this group developing serious complications with this infection. However, the addition of adjuvants to the H1N1 vaccine has initiated a discussion on the safety of adjuvanted vaccines in this special population. Changes in the maternal immune system are essential for acceptance of the fetus and for development of the placenta. The potential effects on pregnancy of interfering with this uniquely adapted immune balance through the induction of proinflammatory reactions such as those induced by adjuvanted vaccines have only been studied rarely. Here, we review the available information and discuss how vaccination may interfere with pregnancy, fetal development and pregnancy outcomes.

DISCUSSION

Little is known about the safety of adjuvanted vaccines during pregnancy, particularly with regard to the recently introduced adjuvanted vaccines. It is slowly becoming recognized that exclusion of pregnant women from clinical trials withholds them from safe and effective treatment.[130] This is very true for vaccination during pregnancy, especially when using adjuvanted vaccines. The safety of adjuvanted vaccines in pregnant women has not been tested in clinical trials.

A simple extrapolation of safety data of vaccines from the nonpregnant populations to the pregnant population is impossible

owing to the changes occurring in the immune system during pregnancy. Proinflammatory stimuli that are present in vaccines, in particular in adjuvanted vaccines, may induce a stronger immune response in pregnant individuals, since pregnant individuals have been shown to be more sensitive to proinflammatory stimuli than nonpregnant individuals.[74–78]

Moreover, vaccination may negatively affect the immune balance needed for a successful pregnancy in women.

Consequently, vaccination may increase the risk of breaking immune tolerance against the fetus. This could theoretically result in pregnancy loss, restricted growth of the fetus and/or the placenta or in the development of preeclampsia.

THE UNRELIABILITY OF 'RELIABLE' ORGANISATIONS

DR JAYNE LM DONEGAN MBBS DRCOG DCH DFFP MRCGP MFHOM
GP & Homeopath

THE FOLLOWING TEXT is from the UNICEF website written by Jen Banbury.

Dr Jayne Donegan on reading this text sent an email to Ms Banbury regarding certain aspects of the UNICEF information. Dr Donegan has given The Informed Parent permission to reproduce her correspondence with UNICEF and their response. It makes interesting reading.

UNICEF INFO
http://www.unicefusa.org/news/news-from-the-field/latest-unicef-statistics-show.html (accessed 23 Nov2010)

Latest UNICEF statistics show significant drop in child mortality
By Jen Banbury, UNICEF USA ©

NEW YORK (September 10, 2009) UNICEF was able to announce some startlingly good news: the number of children dying from preventable causes has markedly dropped. Just three years ago, 25,500 children under the age of five were dying each day—stupid senseless deaths from curable illnesses like pneumonia and diarrhea. Now that number has been reduced to 24,000. That's 1,500 more children alive every single day. It is remarkable progress in the fight for child survival.

UNICEF's child survival strategies are making an impact

Most significantly, this news proves that UNICEF's comprehensive child survival strategies and interventions are clearly making an impact. For many years now, UNICEF's main goal has been to reach as many children as possible with smart, low-cost solutions to counter the biggest threats to their survival. We identify the top child killers and figure out the simplest ways to defeat them. For example, only ten years ago, measles was killing more children than war, famine and natural disasters combined. UNICEF took on this threat by conducting blanket immunization campaigns to protect children against this deadly disease. As a result, measles deaths have declined by 74 percent.

Dr Jayne L.M. Donegan

"It is difficult to support an assertion that measles killed more etc as above when it can clearly be seen that measles is a disease of famine..."

Vaccines are an essential reason UNICEF and its partners are making such profound strides in child survival. Less than three decades ago, only 5 percent of the world's children were immunized against 6 of the top killer diseases. Thanks to UNICEF's leadership, 80 percent of the world's children are now being immunized against these diseases. In fact, UNICEF is the global leader in vaccine supply—in 2008 alone, we procured 2.6 billion doses of vaccines.

DR JAYNE DONEGAN'S CORRESPONDENCE

Re: Source for figures quoted in 2009 article re measles deaths Wednesday, November 24, 2010 12:03 PM
From: "Jayne LM Donegan" <jaynelmdonegan@yahoo.com>
To: jenbanbury@aol.com

Dear Ms Banbury
Re Latest UNICEF statistics show significant drop in child mortality
http://www.unicefusa.org/news/news-from-the-field/latest-unicef-statistics-show.html

You say: "For example, only ten years ago, measles was killing more children than war, famine and natural disasters combined. UNICEF took on this threat by conducting blanket immunization campaigns to protect children against this deadly disease. As a result, measles deaths have declined by 74 percent. "
Where did you get these figures? Unfortunately the statement is not referenced. I have tried to find the figures myself. I found that the figure for the total global number of deaths in all ages from measles in the year two thousand, from the World Health Organisation figures was 785 000[1]. The estimated global number of deaths due to injuries in children aged under 15 years in figures available for 2004 was 727 199.[2]
Granted this is four years later, but do you think the number of deaths from injuries was much lower only four years earlier? So far as I can ascertain, deaths from injuries are reducing not increasing globally. If you have figures for 2000, please let me see them as I have been unable to find them. If the figures for deaths from injuries, taking 15y as the cutoff for childhood (if you take 20y as the cutoff, the figure is nearer 950 000) are subtracted from total measles deaths, this leaves only a shortfall of some 58 000. Are you saying that famine and natural disasters globally was less than 58 000? Please show me the figures you have for child mortality from war, famine and natural disasters in the year 2000.
I have looked into deaths from famine. A study in the Lancet using WHO figures estimated that stunting, severe wasting, and intrauterine growth restriction together were responsible for 2.2 million deaths for children younger than 5 years, considerably more than deaths in all ages from measles in all ages, and this is only in under 5 year olds. Deficiencies of vitamin A and zinc were estimated to be responsible for 0.6 million and 0.4 million deaths, respectively. Iron deficiency as a risk factor for maternal mortality added 115000. Suboptimum breastfeeding was estimated to be responsible for 1.4 million child deaths. In an analysis that accounted for co-exposure of these nutrition-related factors, they were together responsible for about 35% of child deaths, in contrast to measles which

accounted for 4% of deaths in under fives in 2000 – 2004.[3]
UNICEF the organisation you were writing for in the above article says that malnutrition plays a part in more than half of all child deaths worldwide[4].
Vitamin A supplements have been shown to reduce the number of deaths from measles by 50%.[5]
Caulfield et al in their 2004 study showed, "Among the principal causes of death in young children, ... 44.8% of deaths as a result of measles... are attributable to undernutrition"[6].
It is difficult to support an assertion that measles killed more etc as above when it can clearly be seen that measles is a disease of famine – not much point stopping children's dying of measles so they can just expire from some other famine| undernourishment disease.
I have seen your above paragraph quoted and would like to have the figures and the source of the figures on which you based your comments.
Thank you for your help, I look forward to hearing from you soon.

Yours Sincerely,
Dr Jayne LM Donegan

MBBS DRCOG DCH DFFP
MRCGP MFHom
121 Sunny Gardens Road
London NW4 1SH, UK
T/F 0044 (0)20 8632 1634
jaynelmdonegan@yahoo.com

1. *Mathers CD et al, Version 2 World Health Organisation, Global Burden of Disease 2000: Version 2 , methods and results, Annex Table 10: Deaths by cause, sex and WHO subregions, 2000*
http://www.who.int/healthinfo/paper50.pdf

"UNICEF the organisation you were writing for in the above article says that malnutrition plays a part in more than half of all child deaths worldwide4. Vitamin A supplements have been shown to reduce the number of deaths from measles by 50%. UNICEF the organisation you were writing for in the above article says that malnutrition plays a part in more than half of all child deaths worldwide4. Vitamin A supplements have been shown to reduce the number of deaths from measles by 50%."

2. World Health Organisation, World report on child injury prevention
http://whqlibdoc.who.int/publications/2008/9789241563574_eng.pdf
3. Bryce J et al, WHO estimates of the causes of death in children, Lancet 2005;365:1147-1152
http://proquest.umi.com/pqdweb?index=31&did=820519171&SrchMode=3&sid=1&Fmt=4&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1289904288&clientId=64920&aid=1
4. Nutrition UNICEF
http://www.unicef.org.uk/campaigns/publications/pdf/nutrition06.pdf
5. World Health Organisation Fact sheet N°286 December 2009 Measles
http://www.who.int/mediacentre/factsheets/fs286/en/index.html
6. Caulfield L et al Undernutrition as an underlying cause of child deaths associated with diarrhea, pneumonia, malaria, and measles Am J Nutrition 2004 http://www.ajcn.org/cgi/reprint/80/1/193

REPLY FROM BANBURY

Measles statistics Tuesday, December 7, 2010 7:26 PM From: "Jen Banbury" <JBanbury@unicefusa.org>
To: jaynelmdonegan@yahoo.com

Dear Dr. Donegan,
Thank you so much for the message you sent last month regarding a blog post I wrote that included the line, "For example, only ten years ago, measles was killing more children than war,famine and natural disasters combined." You are absolutely correct to note that this statement is, in fact, no longer accurate. It was taken from a UNICEF source that is now out of date, and shall certainly not be used again.

We pride ourselves on accuracy when we write for our U.S. Fund for UNICEF website and publications and I am sorry that, in this case, my haste to finish the blog post lead to an error. Your thoughtful and knowledgeable correction shows that you are as interested in child survival issues as we are. Thank you for caring to that extent about the world's children.

All the best,
Jen Banbury

Assistant Director,
Editorial, U.S. Fund for UNICEF,
212.880.9137, jen@jenbanbury.com

FURTHER INFORMATION

More detailed information about vaccination: the diseases against which we vacccinate and the vaccines used, may be obtained in Dr Donegan's report: 'Vaccinatable Diseases & Their Vaccines' at:

http://www.jayne-donegan.co.uk/LinkClick.aspx?fileticket=d%2ffky%2fIvwv4%3d&tabid=826

To book a telephone or in person consultation to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area, please call: T/F 0044 (0)20 8632 1634 leaving your details clearly or email: jaynelmdonegan@yahoo.com
Dr Jayne LM Donegan MBBS DRCOG DCH DFFP MRCGP MFHom London NW4 1SH, UK
www.jayne-donegan.co.uk/

IS WHOOPING COUGH VACCINE WORKING?

BY MAGDA TAYLOR

The headline above was from an article by Joanne Faryon that appeared last year regarding whooping cough cases in California. It opens:

A KPBS investigation has found that nearly two out of three people diagnosed with whooping cough in San Diego County this year were fully immunized. California is in the midst of the worst whooping cough epidemic in 50 years. You can read the complete article via the web address:
http://www.kpbs.org/news/2010/sep/07/whooping-cough-vaccine-working/

I have reproduced here the full statement from the Center of Disease Control in response to this. It is highly likely that the Dept of Health here in the UK would come out with a similar statement! It could be seen as rather an absurd and comical statement and reminds of a quote regarding measles outbreaks in highly vaccinated persons where the authors state: 'The apparent paradox is that as measles immunisation rates rise to high levels in a population measles becomes a disease of immunised persons.' (Arch Intern Med; Vol 154; p1815; 22 Aug 1994).

See p26 for a fuller, more detailed article.

"A KPBS investigation has found that nearly two out of three people diagnosed with whooping cough in San Diego County this year were fully immunized."

CDC STATEMENT ON WHY VACCINATED PEOPLE IN CALIF. ARE CONTRACTING PERTUSSIS

Vaccines for pertussis are very effective, but no vaccine protects forever in 100 percent of those vaccinated. Protection wanes over time, which is the reason for intermittent "booster doses." High vaccination coverage in communities and in families also protects others, including those who are too young to be vaccinated or whose immunity from vaccination has waned.

CA is experiencing a significant increase in pertussis circulating in the community. That disease pressure is causing more fully vaccinated and recently vaccinated people to become infected than in a typical year. It does not mean the vaccine is not working. Rather, the higher the vaccine coverage, the higher the proportion of cases who have been vaccinated. This is commonly misinterpreted to mean that a vaccine is not working, when in fact it means that coverage is high.

Doctors warned to take more care after 108 immunisation mix-ups

DENIS CAMPBELL,
HEALTH CORRESPONDENT
www.guardian.co.uk
Monday 21 February 2011

SURVEY UNCOVERS cases where doctors gave patients the wrong vaccine, the wrong dose or injected them without consent

GPs and nurses have been urged to take more care with immunisations after 108 patients, mostly children, were found to have suffered a mix-up when receiving vaccines such as MMR.

Cases have involved the wrong child getting a jab, a wrong vaccine being used and under-18s being vaccinated without their parents' consent.

A survey by the Medical Defence Union (MDU), which defends doctors accused of malpractice, found family doctors had been involved in immunisation blunders affecting 98 children and 10 adults in the last five years:

- In 56 cases, the wrong vaccine was given by either the GP or practice nurse, for whom the doctor is liable. Some children received the vaccine for meningitis when they should have had the three-in-one measles, mumps and rubella injection, while three were given the wrong flu vaccine. In a few cases, the wrong child was called through from the waiting-room and then immunised
- In 19 cases, neither the child's parents nor the patients themselves had consented – 16 of them received the MMR jab despite their parents not wanting them to have it
- In 14 cases, a wrong dose was given, such as a repeat dose oof MMR when the child had already had it
- In nine cases, the vaccine was given at the wrong time, such as MMR to a six month-old baby, seven or eight months too early.

"In most of the cases the child or adult had to be monitored for any ill-effects from the wrong vaccine, wrong dose and so on," said the Dawn Boyall of the MDU. "Obviously this will have caused some anxiety and inconvenience for the patients and parents concerned."

Adverse reactions to the vaccination occurred in only four cases, mostly adults, including an asthmatic who felt poorly after getting a flu jab. But the patient had to be reimmunised with the right vaccine in the 56 cases involving a wrong drug, which caused them more discomfort, she added.

In most cases, the parents complained and the GP's surgery apologised and monitored the child. The real figures will be higher because the MDU is just one of three organisations representing doctors, although it acts for over half the GPs in Britain.

Young Boy receives the MMR jab

In new guidance it advises GPs to take greater caution before administering a vaccine, such as checking the patient's medical records and taking their full medical history.

The Department of Health said the NHS, while doing an excellent job in delivering the seasonal flu jabs, should make fewer mistakes.

"Reducing the administration errors to even lower levels would help improve the programme further", said a spokeswoman. "It is the responsibility of the doctor or nurse giving the vaccine to check and ensure it is the right vaccine for the patient."

http://www.guardian.co.uk/society/2011/feb/21/doctors-warned-immunisation-mix-ups

Flu vaccines are overrated

THE ASPEN TIMES
23/12/2010
Aspentimes.com

DEAR EDITOR:

In my recent studies I have been enlightened by some interesting information about the flu vaccines.

A systematic review of 51 studies involving 260,000 children age 6 to 23 months found no evidence that the flu vaccine is any more effective than a placebo in that group.

A JAMA study showed the incidence of clinical influenza in the vaccinated group was 2 percent but in the un-vaccinated group it was only 3 percent. This means that out of 100 people, one person was attributed with avoiding the flu because of the vaccine.

Officials select three strains of flu virus for the vaccine that they think are most likely to be circulating during the next winter season (they failed to pick the swine flu last year).

According to the CDC, common substances found in flu vaccines include: antibiotics, MSG, formaldehyde, mercury-containing thimerosal, and polysorbate 80 (PS 80 can cause severe anaphylactic reactions).

There are one to two cases of Guillain-Barre syndrome per 1 million vaccinated persons. Taking a flu shot is essentially the same as buying a lottery ticket for acquiring GBS, an inflammatory demyelinating condition of the nervous system.

The 70-plus age group accounts for three-fourths of all flu deaths (mostly from bacterial pneumonia).

In the largest case-control study of flu vaccine in the elderly, the Group Health study found the "flu vaccine doesn't protect seniors as much as has been thought," as it does not protect from pneumonia.

Thankfully, there are alternatives to improving your immune system other than the flu vaccine.

Dr. Tom Lankering
Bio-energetic chiropractor
Basalt.

FEARFUL UK HEALTHCARE WORKERS REFUSE FLU VACCINE, US NURSE FIRED

BY CHRISTINA ENGLAND
www.vactruth.com
1/2/2011

THE SIDE EFFECTS of the flu vaccine have been causing many UK healthcare workers to question its safety. The latest figures show the uptake for the vaccine has been as low as 26%. Professor David Salisbury, director of immunization, told Nursing Times that the healthcare professionals were making a big mistake and risked not only their own lives, but the lives of their patients.
http://www.nursingtimes.net/nursing-practice

Salisbury, a firm believer in vaccines, represents the Joint Committee on Vaccination and Immunizations as the Medical Secretary for the Department of Health. The JCVI is an independent expert advisory committee that advises Ministers on matters relating to the provision of vaccination and immunisation services. This means that Professor Salisbury would have full access to all paperwork and studies relating to all vaccines recommend for use in the UK.

Professor Salisbury actively encourages 'at risk groups' to have the flu vaccination. The NHS website it clearly states:

"People in at-risk groups are urged to get vaccinated as soon as possible. Pregnant women are being offered the seasonal flu jab for the first time as they have been judged to be at greater risk from the H1N1 virus.

Professor David Salisbury, Director of Immunisation at the Department of Health said:

"The effects of flu are not to be underestimated. It is not the same as getting a cold and can seriously affect your health.

"If you are in a risk group, then I would urge you to visit your GP surgery and get the vaccination as soon as possible. It is not too late to get vaccinated for your protection and that of your family."

In another article in the Nursing Times he makes his feelings crystal clear saying that there was no evidence that the vaccine was not safe. He called those in high risk groups who refused to be vaccinated "foolhardy". He said:"It is putting yourself at unnecessary risk. That attitude is ignoring the reality of risk."
http://www.nursingtimes.net/whats-new-in-nursing

One vaccinated grandmother who decided to take his advice actually died from the SWINE FLU! Eleanor Carruthers a grandmother from Merseyside went ahead with the flu vaccine because she was in the 'at risk group'. Carruthers suffered from emphysema and lung cancer. Outlined on her death certificate as a main cause of death was the SWINE FLU! For the full story read the Daily Mail
http://www.dailymail.co.uk/health/article-1347171

"In the document aptly titled 'Safeguarding Public Health' issued by MHRA, you will find all you ever needed to know about the Fluvirin-H1N1 vaccine. It is not for the faint hearted. The ingredients alone is enough to make you run. These include Thimerosal and Formaldehyde."

Ironically, the UK is currently using Fluvirin – the flu vaccine that is supposed to protect against three strains of flu, including the SWINE FLU! Obviously it was not effective in the case of Mrs Carruthers.

In 2007 the same vaccine caused an 18 year old to have a grand mal convulsion lasting 20 seconds within minutes of receiving the vaccination
http://www.patientsville.com/vaccines

In fact the website EmpowHer has a massive list of the side effect of this vaccine which include fever, sweating, shivering, fatigue (or flu) transient thrombocytopenia (which is a blood disorder), febrile convulsions, encephalomyelitis (inflammation of the brain) and Guillian-Barre-Syndrome.

EmpowHer also states that there is only limited safety data about the use of this flu vaccine in pregnancy.
http://www.empowher.com/wellness

Despite the apparent lack of data however, Professor Salisbury recommends that all pregnant women have the vaccine. The Telegraph reports him saying:

"I am not aware of any reason why pregnant women should not be vaccinated."

He added that studies had shown infants of vaccinated pregnant women were protected against flu if they are born during or just before the flu season."
http://www.telegraph.co.uk/health

Despite his assurances however, there have been reports of 3,587 miscarriages after H1N1 vaccines. Remember that Fluvirin includes the H1N1. See
http://www.chicagonow.com/blogs/fighting

In the document aptly titled 'Safeguarding Public Health' issued by MHRA, you will find all you ever needed to know about the Fluvirin-H1N1 vaccine. It is not for the faint hearted. The ingredients alone is enough to make you run. These include Thimerosal and Formaldehyde. The document explains how the chicken eggs they use come from healthy batches of chickens. The eggs are sanitised using the machine immediately before incubation and the process occurs in three stages; wash, rinse and sanitise. The list of side effects again is impressive.
http://www.mhra.gov.uk/home

Despite all this, the USA has come up with an ideal solution to make sure that their healthcare workers have the vaccine. They have decided on the 'get the vaccine or lose your job' approach.

"No vaccine, no work." is what hospitals staff throughout the USA are being told by their employers. This mandate is now becoming a condition of employment.

This, of course, is a backhanded way of force vaccinating large numbers of the population using emotional blackmail. This 'condition of employment' includes all members of hospital staff. This includes janitors, catering staff and even secretaries. One ›

nurse who opted out of the vaccine found out that this was one rule not to be broken.

All health workers, including office staff at St Joseph's Hospital in Ypsilanti, Michigan, were ordered to have both the flu vaccine and the whooping cough vaccine or face losing their job. Nurse Karen Bashista refused to have the vaccines and was immediately fired.

Bashista feels very strongly about her decision not to have the vaccine. She told ABC Action News that she had managed to reach the age of 60 without ever having a flu vaccine. She concluded that her mother, aged 95, was once vaccinated and ended up so ill she nearly ended up in hospital. Bashista is now convinced that her refusal to have the vaccine led to her being fired.

Spokesperson for St Joseph's Hospital, Lakashmi Halasyamani, said that before bringing in the new rule the uptake for the vaccine was around 50%. She feels that the decision to make vaccines a condition of employment was the right one. Figures of those who have now been vaccinated has now reached around 95% she concluded.
(http://www.wxyz.com/dpp/news...)

Another article reporting on the story reported that Bashista had an unblemished work record. She had previously been a winner of 'outstanding nurse of the year' until her refusal to have the flu vaccine that is. The reason that the hospital gave for the firing the nurse however, was misconduct.
(http://www.annarbor.com/news/so…)

St Joseph's is not alone in bringing in the new policy. The Abington Health System in Pennsylvania suspended over four dozen employees without pay back in October after they refused to be vaccinated. The health system includes Abington Memorial Hospital and Lansdale Hospital, who are both among the sixty U.S. healthcare systems that now require all employees to get the seasonal flu shot.
(http://blogs.hcpro.com/osha...)

Utah, however, is using a different tactic. They have begun to refuse to employ people who have not had their routine vaccines. The board of health have argued that it is unbelievable why anyone would want to work in health sector if they did not believe in vaccinations. They have decided that all new workers are required to have a whole list of vaccines. These include the influenza, chicken pox, measles, mumps and rubella, as well as whooping cough.

Utah News said:

"The county wanted to tighten the rules for new employees, and include those rules in the job description so prospective employees will know what is expected."
(http://www.sltrib.com/sltrib/home...)

This is emotional blackmail. Healthcare employers are giving vast numbers of people no choice but to have the vaccine. In these times of financial hardship and diminishing work placements, employees have no choice. In effect this is a choice between losing their security and livelihood or having a the vaccine. A vaccine which has been found to be ineffective and potentially dangerous.

VACCINE FEAR STRIKES AGAIN

DECCAN CHRONICLE
DC CORRESPONDENT
http://www.deccanchronicle.com/
24th Jan 2011

JAN. 23: The polio vaccination drive in and around Padappai, a small town 13 km from suburban Tambram, took a beating after the death of a two-year-old child, who received OPV drops at an immunisation camp set up in a balwadi (nursery) centre. While health officials speculate that the child choked to death on the food that his mother fed him after the vaccination, hundreds of frightened parents carried their babies back to the centre for treatment.

Meanwhile, a rumour that eight babies had died after receiving the vaccine spread through the surrounding towns, provoking ferocious demonstrations outside the balwadi and Chromepet Government Hospital.

Dhanalakshmi, the 22-year-old mother of the deceased child said, "He was very dull after receiving the vaccine. I brought him home and fed him idlis and milk. I also bought him some ice cream and put him to sleep in my lap. We later discovered that he was limp, and had stopped breathing."

"State director of public health T. Porkaipandiyan termed the death an unfortunate coincidence."

She then carried the boy back to the balwadi, from where they were sent to the Chromepet General Hospital, where doctors declared the child dead. Health officers immediately stopped vaccination at the balwadi, but 185 children had already received the OPV drops by noon.

"All the other children who were vaccinated here are fine. Each vial of polio vaccine contains 15 to 18 doses, and all the other babies who received the drops from the same vial, are fine," said K. Vanaja, joint director of immunisation for the state, after her investigation of the case. "We suspect that the child choked on the idli and ice cream that he ate. The oral polio vaccine is considered 100 per cent safe by the World Health Organisation, and no deaths have ever been reported," she said.

However, a few other babies brought to the hospital by wailing mothers, were later taken ill with fever and fatigue, and one child was put on a drip and treated with paracetemol. "One baby came back with fever, and the others were merely tired and stressed out as their parents brought them back to the hospital in the afternoon heat," Dr Vanaja explained.

State director of public health T. Porkaipandiyan termed the death an unfortunate coincidence. "Every year, there are 11 lakh babies born in Tamil Nadu. India's Infant Mortality Rate is 31 per 1,000 live births, and so, we can expect at least 100 deaths of babies under five years old, every day. Such incidental deaths during the polio vaccination drive are extremely unfortunate."

CONTROVERSY OVER VACCINE TRIAL FILES

BY CLAIRE O'SULLIVAN AND
CONALL O'FATHARTA
THE IRISH EXAMINER
www.irishexaminer.com
Monday, January 24, 2011

PARTICIPANTS in controversial vaccine trials in mother-and-baby homes have been told by the Department of Health that it can't give them their medical files or any trial documentation as it is legally bound to return the files to the drugs company.

The files are in the hands of the Laffoy Commission on Child Abuse, which was forced to halt its vaccine trials investigation following a 2002 court case.

Last night, Brenda McVeigh of the commission confirmed that they were "undertaking an examination of all documentation that they have and cataloguing it". She said no files have yet been returned to Glaxo SmithKline.

A letter from the Department of Health to the Oireachtas Joint Committee on Health and Children, seen by the Irish Examiner, states that the department cannot hand over the documentation to the committee or to participants as legally "it is not possible for that material to be used for any other purpose" other than Laffoy Commission investigations.

"In the circumstances, I understand from the commission that they will be returning all documentation to the source that originally provided it", the letter read.

The vaccine trials will be discussed by the Joint Committee in private tomorrow. One of its members, Labour's Kathleen Lynch, last night said the files have to be handed to the people used in the trials, irrespective of recent court rulings.

"I firmly believe the files must be given to victims as a human right. But until they are handed over and until this is finalised, they must be protected and must not be destroyed by any body or any company," she said.

Up to 211 children were given the test vaccines in Ireland in the 1960s and 1970s. Now adults, the participants say the drugs were given without parental consent and they have spent years trying to access their medical files and pharmaceutical information from that time. They are also seeking previously unseen files obtained by the Laffoy Commission from medical companies.

The Laffoy Commission was investigating vaccine trials between 1940 and 1987 as part of a separate module. However, the commission's investigation was brought to a sudden halt after court action taken by the doctors involved in the trials.

Last September, after it emerged that a woman now living in the US was seeking to sue the Sacred Heart Order and Glaxo SmithKline about the administration of the vaccines, the Oireachtas Joint Committee on Health and Children decided to revisit the vaccine trials issue.

The committee wrote to Glaxo SmithKline seeking information on the trials. The company said the documentation contained sensitive personal information and they wouldn't hand it over without judicial order.

Health Official: Swine Flu vaccinations for children possibly a mistake

www.yle.fi
30/01/2011

THE CHIEF MEDICAL OFFICER of Finland's National Public Health Institute has conceded that it may have been unnecessary to vaccinate children and young people against swine flu. Dr Terhi Kilpi told the Väli-Suomi newspaper group's Sunday newspaper supplement that perhaps the vaccine should not have been given to 5-20 year-olds.

Kilpi said that she would no longer recommends the vaccination for this age group. She added that if she had known of the potential consequences, she would have not inoculated 5-20 year-olds.

"The vaccine is now suspected to be linked to an increase in the number of cases of narcolepsy affecting children and young people in Finland, Sweden and Iceland. In Finland, 54 children have been diagnosed with narcolepsy."

"A year ago, the current understanding was that the swine flu was a danger specifically for the young. At that time there was not yet any reason to suspect serious side effects to the vaccine," said Kilpi.

The vaccine is now suspected to be linked to an increase in the number of cases of narcolepsy affecting children and young people in Finland, Sweden and Iceland. In Finland, 54 children have been diagnosed with narcolepsy.

Even though it is under suspicion, the vaccine has been reintroduced in the UK where a new swine flu epidemic has caused the deaths of some 200 people.

Dr Kilpi added that the negative publicity surrounding the swine flu vaccine is not worrying.

"Most people understand that vaccinations prevent serious, fatal diseases. The benefits they provide outweigh the disadvantages many times over."

Finland's National Public Health Institute is to publish an interim report on the links between narcolepsy, the swine flu, and the vaccine this coming Tuesday.

FLUZONE: A CASE OF THE UNKNOWN

BY JOANNA KARPESEA JONES

THE U.S. FOOD AND DRUG Administration has announced that it is investigating the fluzone vaccine after data from the Vaccine Adverse Events Reporting System (VAERS) showed that a higher number of children up to the age of two have suffered febrile seizures after the shot.

This comes after Australia suspended the child flu vaccine program after a record number of children were taken to the ER suffering fits and one child, 2-year-old Ashlee Epapara, died the morning after her shot, despite being previously healthy. Her twin sister also suffered fever and vomiting after the shot.

Ashlee's father said "We don't know much about what happened at this stage, but it seems too much of a coincidence for a healthy girl, after having this vaccine, to just pass away. It is shocking."

Although the vaccine is recommended for all U.S. people aged 6 months and up, the fluzone vaccine is different from previous years. It contains H1N1 flu, a strain not added until 2009-2010. This particular strain has not been tested on children. The safety information that manufacturers and the government have relates to the 2003-2004 version of the vaccine, which did not contain H1N1. Even the testing of the regular fluzone flu vaccine only involved 31 children, a number too small to determine safety.

The most recent product information sheet, dated July 2010, says:

"The 2003-2004 formulation of Fluzone vaccine was studied in 19 children 6 to 23 months of age and in 12 children 24 to 36 months of age, given in 2 doses one month apart. Local reactions and systemic events were solicited for 3 days after each dose. Most local and systemic reactions were mild. The proportions of local and systemic reactions in children were similar to the proportions in adults. No reported local or systemic reaction required a therapeutic intervention other than analgesics."

Joanna Karpasea-Jones

"Animal reproduction studies have not been conducted with Fluzone vaccine. It is also not known whether Fluzone vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Fluzone vaccine should be given to a pregnant woman only if clearly needed."

In addition to this, the vaccine has been recommended for pregnant women, yet it hasn't been tested on pregnant women and hasn't even been tested on animals. The data sheet goes on to say:

"Animal reproduction studies have not been conducted with Fluzone vaccine.

It is also not known whether Fluzone vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Fluzone vaccine should be given to a pregnant woman only if clearly needed."

Therefore when the FDA said the benefits to a pregnant woman outweigh the risks, they really have no evidence for that assumption because they have not done the studies that show the vaccine is safe, and even admit "As with many other vaccine products, the manufacturers did not conduct clinical studies specifically to evaluate the influenza vaccines in pregnant women prior to approval of these vaccines."

They go on to say that this is why they put a warning about it in the product information. But is it really acceptable to give an experimental drug to vulnerable groups of the population on a mass scale just because they printed a written warning?

Recent evidence has shown that vaccines are capable of crossing the placenta. In a study published in Archives of Pediatrics and Adolescent Medicine it found that unborn babies received vaccine antibodies after their mothers had a shot. But if the antibodies can cross the placenta, what about the vaccine ingredients? What if the actual vaccine viruses could cross the placenta too?

Veterinarians have already recognized that this can happen if a pregnant animal is vaccinated, as one veterinary group wrote:

"Live feline panleucopenia virus vaccine can cross the placenta and may cause abortion or developmental abnormalities in fetuses if it is administered to a pregnant cat."

The flu shot is not approved for infants under six months, so if it's not suitable for them, why would it be suitable for an unborn baby to receive via his mother?

Apart from the total lack of clinical studies, the Cochrane Review found that influenza vaccines were not very effective at reducing clinical influenza in adults or the number of working days lost:

"Twenty five reports of studies involving 59,566 people were included.

The recommended live aerosol vaccines reduced the number of cases of serologically confirmed influenza by 48% (95% confidence interval (CI) 24% to 64%), whilst recommended inactivated parenteral vaccines had a vaccine efficacy of 70% (95% CI 56% to 80%). The yearly recommended vaccines had low effectiveness against clinical influenza cases: 15%(95% CI 8% to 21%) and 25% (95% CI 13% to 35%) respectively. Overall the percentage of participants experiencing clinical influenza decreased by 6%. Use of the vaccine significantly reduced time off work but only by 0.16 days for

each influenza episode (95% CI 0.04 to 0.29 days); Analysis of vaccines matching the circulating strain gave higher estimates of efficacy, whilst inclusion of all other vaccines reduced the efficacy.

REVIEWERS' CONCLUSIONS:

Influenza vaccines are effective in reducing serologically confirmed cases of influenza. However, they are not as effective in reducing cases of clinical influenza and number of working days lost. Universal immunisation of healthy adults is not supported by the results of this review."

The American Thoracic Society also reported in 2009 that children who received the flu shot were hospitalized for flu-like illnesses and respiratory disease at a rate three times higher than children who hadn't received it. The risk for asthmatic children was even greater.

The FDA and other medical bodies need to have concrete safety and efficacy data on the use of influenza vaccines in pregnant women, babies and children before they recommend them and they should at the very least ensure they have been tested in those groups before they give them out on a large scale.

"Live feline panleucopenia virus vaccine can cross the placenta and may cause abortion or developmental abnormalities in fetuses if it is administered to a pregnant cat."

Sources:
http://www.scribd.com/doc/25341129/Fluzone%C2%AE-Package-Insert-injectab...
<http://www.scribd.com/doc/25341129/Fluzone%C2%AE-Package-Insert-injectable-sanofi-pasteur>

FDA: Questions about Vaccines -
http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccine
<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm188099.htm>
http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafe...
<http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm240037.htm>

International Business Times, 25th April 2010
http://www.ibtimes.com/contents/20100425/flu-vaccine-flu-shots-ashlee-ep...
<http://www.ibtimes.com/contents/20100425/flu-vaccine-flu-shots-ashlee-epapara.htm>

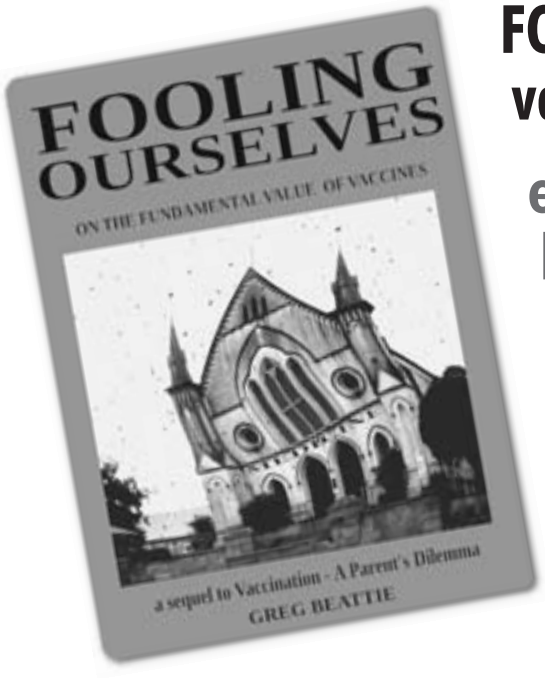
My Local Health Guide, December 20th 2010 -
http://mylocalhealthguide.com/flu-shot-protects-mom-and-baby/

Pro Vet Vaccine Information -
http://www.provet.co.uk/petfacts/healthtips/Vaccinations.htm

Cochrane Database Syst Rev. 2004;(3):CD001269 -
http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&uid=15266445&cmd=show
<http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&uid=15266445&cmd=showdetailview&indexed=google>

American Thoracic Society (2009, May 20). Children Who Get Flu Vaccine Have Three Times Risk Of Hospitalization For Flu, Study Suggests -
http://www.sciencedaily.com/releases/2009/05/090519172045.htm

This article was originally published on the women's health website, empowher.com



FOOLING OURSELVES: on the fundamental value of vaccines - by Greg Beattie

eBook published February 2011

IF YOU BELIEVE vaccination has saved more lives and prevented more suffering than any other medical intervention in our recent history... that vaccines were magic bullets that saved us from our infectious past... that if we all stopped using them tomorrow, deaths would soar... then this book is essential reading.

"Fooling ourselves: on the fundamental value of vaccines" examines these beliefs and concludes, using official data, simple logic and illustrations, that we have indeed been fooling ourselves for a very long time.

Blow by blow, the book de-constructs the "foundation" upon which vaccines have held their court for ages. It crushes our fundamental belief. It then searches for real evidence of value. The results are startling. The author demonstrates that its supposed benefit is not borne out by the figures.

Digital download copies available from The Informed Parent website at £6.50.

IS NON VACCINATION REALLY SUCH A SOCIAL AND ETHICAL CRIME?

ANNA WATSON
www.arnica.org.uk

Anna Watson

NON-VACCINATION should be a respected choice of the individual but due to the Herd Immunity theory and exaggerated fear of disease in the un vaccinated, the parent who makes this choice is often made to feel socially irresponsible and negligent.

In some areas of Britain totally non vaccinated children make up just a few percent, around major cities the figure is a little higher at 5-7%, and so my question is are these few percent really putting others at risk?.

I do not believe that in the future vaccines will be mandated in the UK. Of course, there is a legal possibility that the W.H.O. could call upon its member states to make vaccines compulsory in an epidemic, and indeed some of us protested outside the Houses of Parliament during the height of the Swine Flu outbreaks. The results of that epidemic and the thousands of on line comments from the public in the National Press, further convince me that making people vaccinate against their wishes will prove impossible. Even the nurses of New York State rallied successfully against the threat of mandatory Swine Flu vaccines for their work.

The compulsory system in the US results in a similar early vaccine uptake in the UK, and despite the MMR uptake in the UK falling below the recommendations, confirmed cases of measles is actually decreasing. Therefore, are the occasional MPs, skeptics or journalists here misguided when they campaign for mandatory vaccines? Has the higher MMR uptake in the US resulted in a lower incidence of these diseases and are their children healthier! Certainly and thankfully, the JCVI (Joint Committee for Vaccines and Immunizations) are not convinced that mandatory vaccination is a wise decision, and they have stated as much in the minutes of their meetings using terms like 'counter productive'. Furthermore, if the state mandates vaccines then they would have to take responsibility resulting in far higher damage payouts, as seen in the US.

However, more of a problem is the every day pressure that comes from our own communities, the health professionals, our peers and families, and of course, the media. The social pressure to vaccinate is huge, especially for new parents. We are told that we are putting our baby's health, even life, at risk or being socially irresponsible by not vaccinating. This strategy works. More parents will follow a vaccination program against their wishes under such pressure.

I hear from parents that the two main reasons convincing them to vaccinate is their trust in the professionals and subsequently fearing the disease, and the belief that they somehow may be responsible for causing harm to another child.

Fear is another essay and so is the discussion of the theory of herd immunity, but briefly lets look at the effect of non vaccination on mortality in the UK. How many children have died from a 'vaccine preventable' disease because they have not been vaccinated due to medical advice that the vaccinations would not be safe for their condition? Very few. Measles is a good example. The Health Protection Agency publishes data that shows 2 measles deaths occurred in the last decade or so in immune compromised boys, one who was on immune suppressive drugs for lung disease. I rang the HPA about these cases and was told that both boys were from the travelling community and that they were not vaccinated by parental choice.

Also of concern are very young babies who may not have natural immunity passed from the mother, as most mothers now have been vaccinated, and breast-feeding rates drop off after 6 weeks. Should we be pressured to vaccinated in case the mothers of these young babies have no naturally acquired immunity to pass on and/or have stopped breast feeding? If vaccine status was recorded in a family we may also see that it was the newly vaccinated sibling who has passed on a disease from shedding a live virus.

So why is it considered irresponsible not to vaccinate, taking the case of measles, if you have to go back decades to find a measles death in a child whose parents would have chosen vaccination? This is significant as around 2 million children in the UK are unvaccinated for measles. (Figures taken as 15% of the under 18 population.) How are these 2 million children risking the lives of their peers? Mortality is nearly zero so let's look at the disease complication rates?

Certainly, in 2008 there were just 19 cases of complications due to mumps. Is that significant? With 2 million children unvaccinated against mumps, of what proportion were these complications in the immune compromised who contracted mumps from an unvaccinated person? (Indeed, most outbreaks of mumps are in the universities.) How serious were those complications? When I requested information from the HPA regarding details of age and seriousness of the 19 mumps complications in that year they stated:

"We are unable to provide this information to you as it falls under deductive disclosure due to a smaller dataset, and we would be in breach of patient confidentiality if this information is disclosed."

The other diseases are more difficult to assess regarding the effect of the non vaccinated, as the vaccination status is rarely recorded. A researcher at The Meningitis Foundation wrote "I'm afraid I do not have the information you require regarding fatalities of those individuals who were vaccinated compared with those who were unvaccinated." So how do we know if mortality from childhood diseases can be only down to non vaccination. Indeed, the vaccination record may show that the child was fully vaccinated if such records were routinely kept. Individual records may also show how the disease was

managed which should be a significant factor in public health.

So perhaps mortality is not so much the issue nowadays as actual disease incidence. The WHO says 95 per cent coverage of two doses of the vaccine is needed to stamp out measles. It had set a goal of eliminating the disease in Europe by the end of 2010. Yet countries that are reaching their vaccine targets like the US are still experiencing measles and mumps outbreaks. It is hard to ascertain in what proportion of these outbreaks are in the unvaccinated or vaccinated, as records are poor and diagnosis is not an exact science. Also diagnosis is influenced by their vaccination status. e.g. If someone is vaccinated, the parent and GP is unlikely to diagnose the illness, furthermore the disease may present differently. However, it is reported by the authorities that it is largely in the unvaccinated communities, one reports cites groups of home-schooled children, so for whom is this a problem for?

Conversely, Switzerland do not exert such social pressure to vaccinate, and may be used as a model to illustrate what happens to uptake when parents are left to decide. Their MMR rate is around 70%. They did experience measles outbreaks also and one person died last year - I believe pressure is climbing to increase these rates. However, what should be investigated is the vaccination status of this sad death? Was this person immune compromised? How was the disease managed? Instead the vaccine is hailed as the hero and is called upon. Making health comparisons between countries like Switzerland and the US is not equal of course but the question still remains, "Do the unvaccinated pose a real health risk to the immune compromised?".

What I am trying to understand is how vaccination rates, whether under or over the WHO recommendations, play a part in mortality? Specifically how my decision may affect other children. For the record, I do not accept that my child should risk harm from vaccines in order to cover the low efficacy ***(Editor: Vaccine efficacy at any level is questionable considering immunity is not even understood!)*** of some vaccines. Boosters are used in vaccines programs for this factor.

What needs to be established is how many of the unvaccinated population can't be vaccinated due to ill health or previous vaccine side effects and how many of those have then gone on to die or suffer complications from childhood disease contracted from a non vaccinated child? (One report from the US suggested 15% of the unvaccinated were not eligible for vaccination.) What needs to be discussed are the reasons why parents do not vaccinate, respectfully considered alongside the rights of the religious, philosophical and health-concerned parent. When these reasons are clarified how can parents making these choices be blamed for disease? Morally or statistically? The press prefers the negative term 'anti-vaccinator' and I hope one day this will be considered ignorant and prejudice. Society and science has a long way to go.

HERE ARE SOME REASONS WHY PEOPLE DO NOT VACCINATE THEIR CHILDREN.

1. Some people are allergic to the ingredients e.g. Gelatin or antibiotics in the MMR.
2. Some are immune compromised e.g. undergoing chemotherapy.
3. Some children will catch childhood diseases prior to vaccination giving life long natural immunity in most cases.
4. Some have had adverse reactions to previous vaccines, e.g. seizures, chronic health problems, and have reconsidered the odds between problems that the vaccine may bring compared to problems that catching a childhood illness may bring.
5. Some have severe allergies in their family and think that any the vaccine may increase the allergy or that the allergy may increase the chance of adverse reactions. Serious allergy in the family used to be considered by the GP as a reason not to vaccinate.
6. Some are pro-lifers who would not want to inject their babies with cells from a line from an aborted human fetus (although the Catholic Church has blessed vaccines generally).
7. Some are Vegans or Vegetarians and don't want to inject their babies with animal products and animal DNA (although the Vegan and Vegetarian Societies class vaccines as medicines and would never advocate not taking medicines, and so don't publicize ingredients to members).
8. Some are complementary practitioners, homeopaths, osteopaths, naturopaths, for example, and vaccinations go against their beliefs and observations regarding a healthy natural immune system. (Although, many such professional bodies will not promote non-vaccination).
9. Some don't vaccinate their young babies because they think that the immune system is too weak for injection of several live virus, which still include animal DNA and animal virus, and toxins such as aluminum and formaldehyde, the later has been banned in mattresses due to a casual link with Cot Death. Some may wait until 6 months or older. Some may wait until their child is into adolescence and vaccinate then as complications with some childhood diseases can increase with age.
10. Some will never vaccinate because they think that their children will be much healthier without being vaccinated, and indeed several studies are beginning to show that the vaccinated are many more times likely to be asthmatic, suffer more infections and have behavioural and autoimmune conditions.

If you would like support in your health choices, please take a look at the Arnica website. We have 60 local groups, a thriving Yahoo group and a free newsletter.

Anna, www.arnica.org.uk

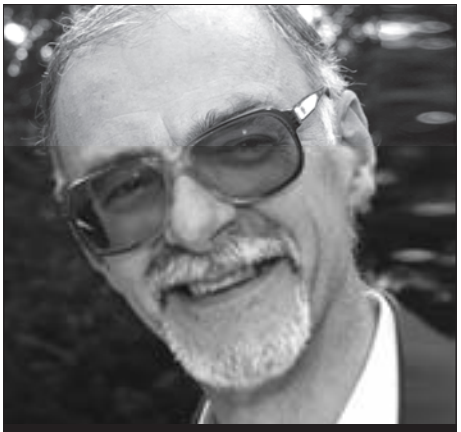
PS: I attended a Patient Safety Conference in Westminster in February. Hot on the agenda was antibiotic resistance and untreatable bacterial infections. Although mortality has reduced, annual deaths are still very high costing the UK £7.3 Billion per year. Therefore, surely if I don't use antibiotics for my family, there will be less in the water supply and so I am being a responsible citizen …I may even inadvertently save a life in my community.

Editor: As Anna has highlighted the public are led to believe that the unvaccinated are the trigger for an outbreak of disease. This is not true. Here follows are a few historical examples in the case of smallpox, taken from Prof. Creighton's independent research findings published in the Ninth Edition of the Encyclopedia Britannica.

In Cologne in 1870 the first unvaccinated person attacked by smallpox was the 174th in order of time, at Bonn the same year the 42nd, and at Liegnitz in 1871 the 225th.

The Quanten Theory

Detoxification of body and mind
by Patrick Quanten MD



Patrick Quanten MD

THESE DAYS we hear a lot about toxins, toxic products and detoxification. We are told that for us to become healthy, it is essential that we detoxify our body. And we are at a loss as to what that means. What are toxic products inside our body? Where do they come from and how can we get rid of them?

We associate toxic products with pollution and certainly our environment contributes a lot to the stress our metabolic and elimination systems are under. However, it is too easy and far too simplistic to put the blame entirely on pollution and the people that are responsible for it. Notice how it is always others that destroy the ozone layer, that pollute the air with toxic gases, that pollute the streams and seas, that put the preservatives, colorants, emulsifiers and taste enhancers in the food that we particularly like and buy. The truth is that we all play an active part in the destruction of the world, either by directly contributing to it or by having our wishes and desires met by others, by the industry, by an economy of demand.

These toxic products accumulate in the foodchain and are in the air that we breathe. Once they have entered our system, we need to do something with them. We can either de-toxify them, store them or allow destruction of our body to take place. The choice is ours. Before you start protesting, here are a few examples of what we need to consider if we are going to make a positive choice.

ATTITUDE MAKES A GREAT DIFFERENCE

Attitude makes a great difference to your weight. Fear tends to refuse to allow nutrients into the system. However, anyone who overeats to calm fear will eventually also gain weight. Anger burns away nutrients, but anyone who overeats specifically to cool anger eventually gains weight. People who, filled with bitterness due to intense frustration, choose to obtain life's sweetness through food may become addicted to the pleasures of eating and may become obese. Individual reasons for obesity vary, but all of them involve the determination to hold tenaciously to the beloved fat which provides reliable, steady love and warmth. No diet, however strict, can change this.

LONELINESS

Loneliness is worse for you than a high fat diet when you are trying to lose weight. Most strict diets are actually self-defeating because they manifest from an attitude of self-hatred, of disgust for the fat and for the self whose weakness allowed the fat to accumulate. This attitude leads to a desire to starve the body in order to punish the mind.

HUNGER PANGS

Hunger pangs increase as the body tries to force the mind to eat more and satisfy its hunger. This affects junk food addicts worst, since their bodies have been emptied of many essential nutrients for which their bodies experience severe hunger when dieting. Moreover when dieters go back to their normal eating habits at the end of a diet they burn off less calories and store more fat than they did previously, because their metabolic rates have dropped, and because their bodies are now wary of starvation and want to store even more just in case such episode should be repeated. Crash diets therefore increase the body's setpoint for fat content, and makes you fatter!

The psychological effects of crash dieting are even more pernicious. Both, starving people and dieters dream and fantasize about food, and both suffer from anxiety and depression, all from the physical stress of having to live below the body's desired fat setpoint. When the organism cheats on its diet because it can no longer withstand the body's incessant demands for food, the mind's first reaction is to binge, because "I've already gone off my diet, so why not?" After the binge, guilt rears up as the mind realizes that its temporary indulgence in food has damaged its physical self-image. To remedy this the dieter returns to penance and starts back down the road of starvation, little knowing that such erratic behavior inexorably drives up the fat steeping.

Bad diets and eating habits, germs, emotions, can all play a detrimental part in the balance of health, if the mind attaches negative messages to these "toxic products"

RESISTING TEMPTATION

Even resisting temptation can be hazardous to your weight. Every dieter who lusts after a luscious desert sends a message to the brain that new and tasty morsels are about to be consumed. This makes the mouth water and the digestive juices start to flow, and signals the body's insulin to remove some sugar from the general circulation to make way for the new sugar which will soon be flooding the blood. The body stores this sugar as fat. Lowered blood sugar increases the appetite, and when you next eat you will eat more than you would normally have eaten. Added body fat increases insulin production, which causes more and more fat to be deposited at each episode. You really

can gain weight just by looking at a tasty pastry!

HIGH-CHOLESTEROL

An Ohio University study of heart disease in the 1970's was conducted by feeding quite toxic, high-cholesterol diets to rabbits in order to block their arteries, duplicating the effect that such diet has on human arteries. Consistent results began to appear in all the rabbit groups except for one, which strangely displayed 60 percent fewer symptoms. Nothing in the rabbits' physiology could account for their high tolerance to the diet, until it was discovered by accident that the student who was in charge of feeding these particular rabbits liked to fondle and pet them. He would hold each rabbit lovingly for a few minutes before feeding it; astonishingly, this alone seemed to enable the animals to overcome the toxic diet. Repeat experiments, in which one group of rabbits was treated neutrally while the others were loved, came up with similar results.

COLD VIRUSES

If you try to give someone a cold, for example, it takes more than the virus. Experimenters have incubated cold viruses, placed them directly on the mucous lining of the nose, and found that their subjects came down with colds only 12 percent of the time. These odds could not be increased by exposing the subjects to cold drafts, putting their feet in ice water to give them chills, or anything else that was purely physical.

TOXIC PRODUCTS

As science evolves and looks at more and more environmental and food issues, more and more we are confronted with the idea that everything is bad for you. From the water you drink (tapwater or bottled), to the food you eat (vegetables and fruits are grown in polluted soil and are sprayed), to the air you breathe (city pollution, country high pollen count), to the weather (acid-rain, sun induced skincancer, fog induced asthma), to the place you live (high power electricity cables, nuclear powerstations, underground streams). The only way to survive this onslaught is by not allowing it to affect us.

We are surrounded by things and events that are potentially toxic to our system. What ultimately makes them toxic to a particular person at a particular time seems to be the mind of that person. Bad diets and eating habits, germs, emotions, can all play a detrimental part in the balance of health, if the mind attaches negative messages to these "toxic products". If, on the other hand, the toxic product is accompanied by a message of love, our system will respond in a loving way to the toxic product and no toxic effect will be noticed.

But how can I start to clean out toxic products that already have settled into my system? A quick detoxification program can be a great help, but without any real attitude changes, toxicity will build up very quickly again. The aim is to gradually change. Change the way you eat and what you eat, in order to provide your body with the physical building blocks that are needed to clear out the system. Change the way you look at your self in order to install self-love and respect into your system, instead of self-hatred, the disgust and the low self-esteem. Change the way you do things in order to bring happiness into your daily chores, instead of frustration, a feeling of imprisonment and living this way because you "have to".

Without these essential changes life will continue to be a struggle, manifesting itself in weight problems and illness. Only enjoyment in everyday life, in everyday things, in everyday being, will lead to a satisfactory balance between body and mind where toxic products, whether created by the outer world, the inner world (the body) or the emotions, will find no ground to fester. Happiness in everything we do is what we are all looking for. Make the necessary changes slowly but firmly, so that you can be happy with every step you take.

1. Worship your body and do not punish it.
Therefore, ensure the intake of wholesome food in a peaceful way and be sure to pay caring attention to the outer part of the body by regularly exercising it and providing it with the appropriate total rest.

2. Worship and develop your mind and do not punish it.
Therefore, ensure a loving attitude towards yourself and others and be sure not to hold on to aggression and hate, and to allow jealousy and envy to cloud your mind.

Dr P Quanten
May 1996

VACCINES AND AUTISM – THE WRONG ARGUMENT

PAUL G KING, PHD
http://www.dr-king.com
24th Feb 2011

INTRODUCTION

The keys to maintaining any unsafe commercial activity are misdirection, disinformation, big lies, and pervasive propaganda.

- To be effective, the commercial interests use persons whom the public trusts.
- These spokespersons then promote the activity.
- They lie about its risks.
- They portray an activity that is less than safe as not only safe but also as a desirable activity.

In the place of proof of safety, these propagandists invariably tout the "lack of evidence of harm".

In addition, the promoters of an unsafe activity do all they can to bury studies that question the activity's safety under an avalanche of "recognized" studies that are touted as showing "no evidence of harm".

Those who benefit from the commercial activity also do all they can to discredit those persons who dare to publish studies that question the safety of the activity.

Further, they use their wealth to buy "experts" who refute any link between the activity and the harm that it inflicts on the "general public".

TOBACCO PRODUCTS AS AN EXAMPLE

In the 1900s, the healthcare establishment and medicine were intimately involved in protecting the use of tobacco products.

In the 1950s and 1960s, there were even commercials in which doctors who smoked promoted the "benefits" of smoking.

Numerous "scientific" studies were published that "disproved" the link between smoking and lung cancer or heart disease.

While the tobacco industry paid for much research, the only studies that the public got to see were those that showed no evidence of harm.

Paul G King PhD

"Those who benefit from the commercial activity also do all they can to discredit those persons who dare to publish studies that question the safety of the activity."

Tobacco executives even testified that they were unaware of any "real" harm from smoking tobacco.

Yet, some appeared to be harmed by smoking.

It took a whistle blowing insider to expose the widespread collusion among the tobacco-product producers to conceal the overwhelming proof of that harm.

The tobacco companies, through their attorneys, had hidden these damning studies behind the veil of lawyer-client privilege.

Moreover, the peer-reviewed, published disinformative and misdirective "scientific" studies that they funded spawned the term "tobacco science".

This term was so powerful that it became an integral part of the American idiom.

Today, the term "tobacco science" is widely used to describe the misuse of "science" to support any activity, like "global warming" or "healthcare", in a manner that benefits certain business segments at the expense of the public's fiscal interests or health.

"TOBACCO SCIENCE"

Since the early 1960s, we were increasingly exposed to the misuse of statistical "science" and the phrase "no evidence of harm" in the tobacco industry's efforts to discredit the link between "smoking" and "lung cancer".

To draw our attention away from the broader issue, the tobacco industry successfully narrowed our focus to the "smoking causes lung cancer" issue.

They did this because, based on the "available" science, this was the hardest link to prove. This is the case because the "causes" of lung cancer are complex; and the delay between starting to smoke and being diagnosed with lung cancer is usually decades.

They did this to draw our attention away from the broader issue. That broader issue was the link between "the use of tobacco products" and "adverse health outcomes". These tobacco-product-related adverse health outcomes included cancer, heart disease, premature death and other chronic diseases.

Unfortunately, it took until 4 February 1996, when the TV-program Sixty Minutes finally aired the revelations of Dr. Jeffery Wigand, an executive-level PhD Biochemist working inside the tobacco industry.

In that Sixty Minutes program, Dr. Wigand came forward and provided the American public his knowledge, well known among the tobacco industry insiders, that using addictive tobacco products was unsafe. He also calmly told the American people that smoking tobacco products was causal for, or contributory to, lung cancer, heart attack, and stroke as well as a number of chronic illnesses (e.g., emphysema and "hardening of the arteries").

Since then, the American public has come to "recognize" that "big tobacco" had intentionally lied to the people for decades about the "safety" of using its tobacco products. Moreover, today that industry continues to mislead the people concerning the safety of its products.

THE "VACCINE-AUTISM LINK"

Currently, Americans are watching a similar Kabuki dance.

Today, the pharmaceutical, academic, and healthcare oligarchies and apparently, to varying degrees, various agencies of the federal government are engaged in an intensive misdirective propaganda campaign.

That campaign's apparent goal is to conceal the linkages between our current vaccination programs and the acute harm and chronic disease that the current vaccination programs cause.

These groups are seeking to hide these adverse outcomes behind a false "Vaccines Do Not Cause Autism" façade.

Further, without any real proof of safety, they continue to claim that vaccines are "the safest of medicines".

Unfortunately, the evidence provided by the independent toxicological, animal model, patient case, and epidemiological studies overwhelmingly points to a causal linkage between:

- Vaccines and/or some vaccine components and
- A growing number of now epidemic, chronic, childhood, medical conditions.

In addition, though touted as "the safest of medicines", evidence of the real harm that vaccines can cause continues to accumulate in the government's Vaccine Adverse Events Reporting System (VAERS) database. Unfortunately, as our government admits, generally "no more than 10%" of the actual adverse events associated with a given vaccination are reported.

The vaccine propagandists, who now virtually control key aspects of the governmental apparatus, the mainstream media and, increasingly, even the courts, are continuing to successfully misdirect the majority of the American public.

Currently, the American public is being incessantly brainwashed to:

a. Focus on the "MMR-Autism" and, currently to a lesser extent, the "Thimerosal-Autism" linkages, but

b. Ignore the epidemic vaccination-related increases in childhood diseases that, as of 2006, now affect more than 1 in 4 of our children.

c. Consider the Establishment-sponsored epidemiological studies and other biased population studies as if they were valid, but

d. Ignore the valid independent studies that indicate causal links between the harm observed and the vaccinations received.

In addition, to discourage independent research, the Establishment has increasingly engaged in attacks on the integrity, motives and expertise of the independent researchers who have dared to question the Establishment's fabricated realities.

"Vaccination programs have been shown to be a major causal factor in the growth of chronic disease rates in the developed countries.."

Further, the Establishment has recently increased the volume and intensity of its pro-vaccine propaganda. It has done this in an attempt to drown out the ever-increasing volume of reports of lifelong disability and death caused by an ever-growing number of vaccines and vaccination program doses to an increasing percentage of our developing children and ourselves.

Unfortunately, no recognized high-level Establishment insider has come forward and been allowed to speak the truth to all Americans on national television about the injury, disability and death caused by our current vaccines and vaccination programs.

THE "VACCINATION PROGRAM – CHRONIC DISEASE" REALITY

The pharmaceutical industry has been able, through its advertising dollars, to define and control most of the "vaccine safety" information that the American public can see, hear or read. The pharmaceutical industry has been able to do this because, unlike most countries, the federal government has allowed drug companies to advertise its products directly to the American consumer.

The industry has effectively used its money and the influence its advertising money buys to "control" the mainstream media. It has used this clout to bury the "safety" and "chronic disease" issues surrounding our current vaccination programs beneath a tidal wave of industry-favorable vaccine/vaccination propaganda.

Today, if a high-level vaccine-industry insider were to try to expose the links between our current and impending national vaccination programs and the chronic diseases in our children, there probably is no mainstream news media outlet in the USA that would let that person speak to the nation as Sixty Minutes did in 1996.

Today, the American mainstream media focuses on the entertainment, advertising and propaganda businesses – it is certainly no longer in the business of investigating its advertisers.

Yet the chronic disease and vaccination program realities remain:

- From unrecognized in the 1950s , today several chronic childhood diseases and disorders are occurring at well above epidemic levels .
- By 2006, at least one chronic disease afflicted more than 1 in 2 of our children during their childhood and condemned more than 1 child in 4 to at least one lifelong chronic disease.
- Vaccination programs have been shown to be a major causal factor in the growth of chronic disease rates in the developed countries.

Instead of addressing the preceding realities, today's mainstream media and governmental officials:

- Openly attack those who are demanding reasonably safe vaccines "in-use effective" vaccines,
- Ignore those researchers who are demanding that any recommended preventive mass vaccination program must be independently proven to be "medically cost-effective",
- Label those seeking safer, and in-use- and cost- effective vaccines as anti-vaccine,
- Label those seeking cost-effective vaccination programs as anti-vaccination,
- Attempt to blame these vaccine-safety advocates and any unvaccinated child for all of the cases of "vaccine preventable" disease in the USA,
- Seek to paint these advocates for vaccine safety and cost-effective vaccination programs as disease spreaders and/or evil doers,
- Ignore and/or dismiss the obvious link between one or more vaccination

programs and one or more chronic diseases,

- Hide the reality that all live-virus vaccines infect all who are inoculated with them with the live viruses they contain behind unproven claims that the vaccine's claimed benefits outweigh the vaccine's risks, and
- Disregard the reality that live-virus vaccines infect some who have contact with the inoculees or the inoculees' bodily emissions for weeks after the inoculation date.

Yet, the reality remains that the real issue is the obvious connection between the increases in the US recommended vaccination programs and the near-parallel increases in the epidemics of chronic diseases that now affect more than 1 in 4 of our children for a lifetime.

In the 1950s, the level of chronic childhood disease in America was so low that the low levels of acute disease (e.g., paralytic polio at < 1 child in 3,000) grabbed the headlines.

Childhood asthma was virtually unknown; and childhood type 2 diabetes had not even been identified .

Today, the level of asthma, a chronic disease, in our vaccinated children is greater than 1 child in 9 (> 11 %); and, though our government keeps no exact statistics, childhood type 2 diabetes has increased from < 1 child in 100,000 to more than 1 child in 10,000.

YET, THIS NEWS IS NOT COVERED.

There is no media outcry as more and more of our children become less and less healthy.

The overall health of all Americans continues to decline as chronic disease levels and our recommended vaccination programs show parallel increases.

Instead of the truth, we are simply told that we must accept our children's and our ever-increasing levels of an ever-increasing number of chronic diseases.

We are told we must do this because these growing levels of chronic diseases are "genetic" or "caused by our lifestyle" or "caused by anything other than 'vaccines', 'mercury' , 'adjuvants' , and 'other vaccine ingredients'".– none of whose "safety" has ever been independently established to the standard 'nontoxic', much less the higher standard of 'sufficiently nontoxic …' to the children and adults given vaccines starting, in many instances, from before their birth and, with increasing frequency, continuing periodically until death.

We are told we must accept that our vaccination programs are "safe" even though:

- The lifetime safety level has not been established for any one vaccine and
- The short-term safety of each of our current vaccination programs has not been properly evaluated .

We are told we must accept that our government-approved vaccines are safe even though, in some instances, they are knowingly adulterated drugs and, in other instances, government-approved vaccines seem to be knowingly mislabeled drugs .

In spite of the Establishment's advertising, propaganda, and twisted studies, the American public is increasingly concerned about the "safety" of vaccines and our current Establishment-profit-driven vaccination programs.

Increasingly, the public is beginning to see that our current vaccines and vaccination programs are, if not the cause, a major cause of the increasing levels of chronic disease in our children and in ourselves.

Today, many Americans understand that there is an ever-growing linkage between "increasing doses of more vaccines and vaccine formulations" and "increasing levels of chronic disease".

Yet, the Establishment pro-vaccination propaganda, misrepresentations, and personal attacks continue along with the increasing number of vaccinations and growing levels of chronic disease in our highly vaccinated population.

In contrast, though the Establishment refuses to study them, there appears to be a much, much lower level of chronic disease in our initially healthy, never-vaccinated children.

Hopefully, the American public will soon wake up and demand that we stop all changes to our current vaccination programs until each current vaccine is independently proven to be "reasonably safe" and in-use effective, and all of the current preventive mass vaccinations programs are proven to be medically cost-effective.

Then, let all vaccines that are not reasonably safe or are "deemed to be adulterated drugs" be withdrawn from the market. For those that are reasonably safe but are currently improperly labeled (misbranded), let the manufacturer correct the label to fully comply with all applicable laws without any government-granted exception or withdraw the vaccine from the market.

In addition, we should demand that all vaccines that are not in-use effective in preventing at least 90% of those who vaccinated with them from contracting the disease they are intended to prevent should have their licenses revoked.

Further, for vaccines that are reasonably safe and in-use effective, we should demand that any mass vaccination program using them be reduced to a program that is medically cost-effective.

For those programs that cannot be made both in-use effective and medically cost-effective, we should demand that the federal government immediately revoke any recommendation for all such programs.

Then, the states should revoke any vaccination mandates for any vaccine that is "not reasonably safe"; "not in-use effective"; or "not medically cost-effective".

Additionally, the public should demand that all those involved in the manufacture, licensing or approval of any vaccine that is not reasonably safe and in-use effective be prosecuted under the RICO statutes for colluding to damage the financial and physical health of the American people.

The public should also demand that all who colluded with the industry to recommend any mass vaccination program that is not medically cost-effective should be similarly prosecuted.

Finally, to ensure that only reasonably safe vaccines are developed, licensed and approved for any use, the protections afforded to the vaccine manufacturers by the National Vaccine Injury Compensation Program (NVICP)

be stripped from the law and all federal governmental agencies be banned from indemnifying the manufacturer of preventive vaccine for the harm its preventive vaccines can cause.

Then and only then, will the American public be able to begin trusting that the remaining vaccines are:

- Reasonably safe,
- In-use effective, and
- If recommended for mass use, cost-effective.

Then, the reality that "vaccination programs" and/or the "components" that one or more vaccines contain do cause chronic disease will slowly fade into our past.

All that will remain is the sad historical reality that there was a time in American history when our vaccination programs and/or the components that one or more vaccines contained caused epidemic levels of chronic disease.

Until then, let us engage in the correct argument: increases in vaccination and/or vaccine doses have caused and are causing increases in chronic diseases.

Let us begin this argument by demanding an industry-independent national study that, by birth date, compares the health of all those children 6 to 18 years of age in the USA who were born here, have exclusively lived here, were initially healthy at birth, and have never been vaccinated to the health of a fully matched cohort of initially healthy children who have been fully vaccinated.

UNTIL:

- The safety and in-use effectiveness of all FDA-licensed vaccines can be proven against a true placebo for all safety assessments and against a disease-challenge using healthy volunteers for in-use effectiveness
- The cost-effectiveness of all the currently recommended vaccination programs can be established when all costs, including 10 times those for all reported adverse events in VAERS, are considered, and
- The proposed "never vaccinated"-"fully vaccinated" study can be completed, published and its findings confirmed by independent outside reviewers, let us demand that, at a minimum, using today's no-Thimerosal vaccines, the US national childhood vaccination recommendations and state mandates be rolled back to those recommendations and mandates that were in effect in 1980.

ABOUT THE WRITER, PAUL G. KING, PHD

Paul G. King, PhD Analytical Chemist, is a scientist who has intensively studied:

- the use of mercury compounds in medicine
- vaccines and
- vaccination programs for more than a decade, Expressed his concerns about various vaccines and vaccination programs in articles that are referenced on his Internet web site, http://www.dr-king.com in the "Documents" section starting in 2004 – with most of these being available for download, Established that he supports mass vaccination programs only when the vaccine has been proven to be reasonably safe, in-use effective, and clearly medically cost effective in the USA or other nation where medical cost-effectiveness A has been clearly established when all of the costs, including the costs of all of the vaccination-associated adverse events, have been properly considered.

Sorted out the underlying science to the extent that he could find such from all of the published information available from those with differing views about the vaccines currently recommended by the CDC as a prophylactic health measure for most of the current vaccines in the current US-government-recommended vaccination programs for children from before birth to 18 years of age and adults from 18 years of age and up B.

If any, after reading this article, the cited documents, or any other article published by this reviewer, you find any significant error for which there is unbiased science that clearly supports your alternative view, then, by all means, send your alternative view and the supporting t documentation to me through dr-king@gti.net and, if your studies are truly unbiased, this author will be glad to: a) modify his views accordingly and b) publish an updated article reflecting his modified views and crediting you and the unbiased supporting documents you submit.

If you find areas where the text in this review has grammatical, spelling or word-usage errors, please let the author know so that he may appropriately correct them and publish an appropriately revised version of this article.

For additional information about Dr. King, his interests and his other scientific writings, the reader can also visit the Internet web site, http://www.dr-king.com/.

A. In general, Dr. King has come to oppose approval of any mass vaccination program on a "societal cost" basis because such predeterminations have been repeatedly shown to overestimate the cost savings from the vaccination program.

B. Though slightly dated, for a general comprehensive overview of Dr. King's science-supported general views about various aspects of most of the US-government approved vaccines and recommended vaccination programs in 2008, the reader should download the September 2008 report by the Florida Department of Health (http://mercury-freedrugs.org/docs/autism_rept_9-16-08.pdf) from the CoMeD Internet web site and Dr. King's 2-part October 2008 review of that program (http://dr-king.com/docs/081017_DrftRevuPrt1ofSept2008FLDoHReprt-b.pdf and http://dr-king.com/docs/081017_DrftRevuPrt2ofSept2008FLDoHReprt-b.pdf) along with his November 2008 response to the New Jersey Department of Health and Senior Services (http://dr-king.com/docs/081105_PGKdrftResponsToNJDHSSPostnOnS1071_ConscintsExmptn_f.pdf), which updates one of the tables in the Florida review and addresses the issues and misrepresentations about the "conscientious exemption", and carefully read these documents.

Many whooping cough victims have been immunized: Experts spar over prospects of new disease strain

KEVIN CROWE
www.watchdoginstitute.org
13/12/2010

MATTHEW JACOB BRYCE was born a healthy 8 pounds, 9 ounces on Oct 11, 2010, so when he showed signs of a cold at just two weeks, his parents knew something more might be wrong. They were not first-time parents.

"He was just really stuffy. He was having difficulty breathing," Marlon, Matthew's father, recalled.

The doctor suspected whooping cough, although everyone in the house had been vaccinated. For Marlon and Cindy Bryce, a young couple who had met in San Diego when both were in the Navy, it was a terrible prospect: whooping cough, known also as pertussis, can be fatal in babies.

The doctor took a nasal swab, and started the infant on antibiotics.

It took six days to get the lab results. Matthew, at 23 days old, had pertussis.

California is experiencing its worst whooping cough outbreak in more than 60 years. Thousands of people have gotten sick and 10 infants have died, including two in San Diego County.

Health officials across the country are trumpeting pertussis vaccinations, but a four-month investigation by KPBS and the Watchdog Institute, a nonprofit investigative center based at San Diego State University, has found that many people who have come down with whooping cough have been immunized.

Two of the world's most respected experts on the disease disagree about why there are such high numbers of people are getting sick. Dr. James Cherry, a prominent researcher at UCLA, says increased awareness of whooping cough has led to more reports of it. However, Dr. Fritz Mooi, a well-known Dutch scientist who has been studying mutations of the pertussis bacteria for 15 years, said a more virulent strain of bacteria is contributing to outbreaks.

KPBS and the institute have been asking about the possibility of more virulent whooping cough strains for months, and the Centers for Disease Control and Prevention (CDC) recently announced studies of the disease, and the bacteria causing it, in California and Ohio. Two members of the California study group said it was prompted by the increasing death toll and KPBS-institute inquiries.

Officials from the CDC, the California Department of Public Health and two pertussis experts from UCLA held a conference call Oct. 13 to discuss studying whether a more virulent strain was responsible for infant deaths and is contributing to the current epidemic. That same day, whooping cough claimed the life of its tenth newborn California.

Dr. Jeff Miller, a scientist involved in the study at UCLA, said the possibility that the pertussis bacterium has mutated "is an important hypothesis to test." He added, "I wish we would have started it in 2005."

Bordetella pertussis, the bacteria that cause whooping cough, are cultured in a petri dish in Dr. Jeff Miller's lab at the University of California Los Angeles.

Mooi, the scientist who has been studying the bacterial mutations, said his research has been ignored by those who influence public policy on pertussis in the U.S. and beyond in part because they rely on vaccine makers to fund their meetings and research.

There is little incentive for pharmaceutical companies to pursue a new vaccine because it would cost billions, he said. The circulation of a more virulent strain of pertussis could mean a new vaccine should be created.

In examining the pertussis epidemic, KPBS and the Watchdog Institute collected federal, state and county statistics and consulted and interviewed experts from Los Angeles to the Netherlands.

KEYS FINDINGS INCLUDED:

- For pertussis cases in which vaccination histories are known, between 44 and 83 percent were of people who had been immunized, according to data from nine California counties with high infection rates. In San Diego County, more than two thirds of the people in this group were up to date on their immunizations.

- Health officials in Ohio and Texas, two states experiencing whooping cough outbreaks, report that of all cases, 75 and 67.5 percent respectively, reported having received a pertussis vaccination.

- Today, the rate of disease in some California counties is as high as 139 per 100,000, rivaling rates before vaccines were developed.

- Public officials around the world rely heavily on two groups of pertussis experts when setting vaccine policy relating to the disease. Both groups, and many of their members, receive money from the two leading manufacturers of pertussis vaccine.

Pertussis is a highly contagious respiratory illness that may mimic a cold for the first 10 days. It then can produce a violent and persistent cough with a unique "whooping" sound.

For adults, pertussis may only be a nuisance, like a bad cold. But to infants it can be deadly because they can't cough up what collects in their lungs and infections can spread.

Vaccinations nearly wiped out whooping cough more than 30 years ago. But it has made a vengeful comeback in California and other highly vaccinated communities around the U.S.

While public health officials and scientists agree that vaccines are still the best available tool against pertussis, they argue over how effective they are with time and in the face of a possible increase in virulence.

Dr. Mark Horton, director of the California Department of Public Health, said health officials expect to see a certain percentage of people who have been vaccinated contracting whooping cough. He says no vaccine is 100 percent effective, and those who are immunized and getting sick are likely those for whom the vaccine did not work or whose immunity has waned.

"That's no surprise to us," he said, "nor is it a reflection on the efficacy of the vaccine."

Mooi, who heads the Pertussis Surveillance Project at the National Institute of Health in the Netherlands, said an epidemic in 1996 in his country gave the need for research more urgency.

Dr. Frits Mooi (left), Netherlands Centre for Infectious Diseases Control

"And we found really a kind of new mutation in that bug," Mooi said. In tests, Mooi's lab found the mutated strain produced more toxins, which could make people sicker.

At the Bryces' home in Chula Vista, Marlon, who is 31 and a contract specialist at the Naval Medical Center, and Cindy, 27, puzzle over how Matthew could have contracted pertussis. He hadn't been out of the house much, they said.

Their other boys Jordan, 4, and Joshua, 3, were up to date on their vaccinations. Marlon had gotten his a month before Matthew was born; Cindy was immunized before leaving the hospital after giving birth.

Marlon clearly remembers Cindy's call when she learned Matthew had whooping cough. "She was crying… The moment that I heard it, I immediately started thinking the worst. You've heard the news about the babies that have passed away… Why is this happening?"

Marlon is soft-spoken and thoughtful. "The one thing I would want to know is, is the vaccine working? Is it as effective? … I thought that if I did everything I was told to do that our sons would be protected."

The bacterium that causes whooping cough was first identified in 1906, when the illness was a common cause of death in infants and young children.

The discovery lead to the first attempts at a vaccine, but it wasn't until the late 1940's, when the rate of disease was around 157cases per 100,000, that scientists developed a vaccine effective enough to prevent pertussis. By 1970's, the pertussis infection rate had dropped to less than one per 100,000.

But the vaccine, made of whole bacterial cells killed in labs, had side effects, such as prolonged crying spells in babies and seizures.

By 1996, the FDA approved a new whooping cough vaccine – an acellular version, which uses only purified components of the disease-causing organism. It is considered safer than the whole cell vaccine and is the only one used in the U.S. today.

Just as the vaccines were changing, health officials across the country were reporting increasing numbers of whooping cough cases. According to a CDC report, most of the children four years old and younger who got whooping cough nationwide between 1990 and 1996 were not fully immunized.

That trend appears to have reversed in California's latest outbreak.

KPBS and the Watchdog Institute requested information from 19 California counties most affected by pertussis. Nine counties supplied pertussis case information and vaccination history. In all but Stanislaus County, more than half the people sick with whooping cough had been immunized.

As of the end of October, and in cases where immunization history was known, data showed: 83 percent of the people with whooping cough in Fresno had been vaccinated. In San Luis Obispo, 76 percent were up to date on their immunizations. In San Diego, 68 percent were up to date.

Public health experts say the surge of the disease is cyclical, with increased diagnoses every two to five years.

"And that tells us bordatella pertussis is circulating today exactly as it did in the prevaccine era," Cherry said. "The main reason is increased awareness," he explained. "People, particularly public health people, are much more aware, and that trickles down."

Cherry and Netherlands scientist Mooi agree that immunity provided by vaccines wanes over time. But, they disagree over how long immunity lasts, and whether a mutated strain of pertussis is exploiting waning immunity.

Package inserts included with the two most common pertussis vaccines in the U.S. state they are 85 percent effective. Cherry, who was involved in the efficacy studies when the vaccines were licensed by the FDA, estimated the efficacy is between 70 and 80 percent. Mooi said there's no way to know how effective the vaccines are because they haven't been tested against the new strain.

"The vaccines have less efficacy than many people believe," Cherry said.

Mooi said there's no way to know how effective the vaccines are because they haven't been tested against the new strain.

Public health agencies recommend five vaccine doses by age 6, and that adults get a booster every 10 years. The California state legislature passed a law in September requiring all children entering middle school to receive a pertussis booster.

Cherry advocates booster shots. Mooi isn't so sure adult boosters are cost effective. But both agree that the current vaccine offers the best protection against the disease, especially for families with an infant in the house.

In long run, Mooi says there should be better vaccines.

Money should be spent studying today's strains and making a vaccine that would work against them, Mooi said. "After all, every year we have a new flu vaccine, so, I think we should have something like that for bacterial vaccines, too," he said.

Cherry believes a new, better vaccine is a long way off.

"I think the likelihood of the logistics of getting a new vaccine right now in this country is almost impossible, because of the FDA rules and requirements," he said. "There's a lot of things you could do (to improve current vaccines), but to get it approved would cost billions of dollars…"

Cindy and Marlon Bryce were certainly aware of the deadly nature of whooping cough. Six weeks in October and November were harrowing for them. Today, their routine is more normal. Matthew has started day care.

Stressful, frightening times teach powerful lessons.

"The one thing I would want to say to parents is watch your kids, just be concerned," Marlon said. "At first we thought we were being over protective. But I'm glad we were…

"I would just hope that there is something we can do about this," he continued. "If there's something that we can do, If there's something that the scientists who look at these things every day, if they think that there's a better way to do this, if there's a way that they can improve this vaccine, then please. I would support it."

Freelance reporter Roxana Popescu, Watchdog Institute intern Sandy Coronilla and KPBS intern Jessica Plautz contributed to this report.

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & understanding about vaccination in order to preserve the freedom of an informed choice
2. To offer support to parents regardless of their decisions
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & the promotion of health.
6. To establish a nationwide support network and register (subject to members permission).
7. To publish a newsletter for members.
8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

THE INFORMED PARENT COMPANY LIMITED. REG.NO. 3845731 (ENGLAND)

THE INFORMED PARENT, PO BOX 4481, WORTHING, WEST SUSSEX, BN11 2WH.
Tel/Fax: 01903 212969 web: www.informedparent.co.uk