THE informed PARENT
ISSUE TWO 2012 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

MMR: A MOTHER'S VICTORY

DAILY MAIL
BY SUE REID
16 June 2012

THE VAST MAJORITY of doctors say there is no link between the triple jab and autism, but could an Italian court case reignite this controversial debate?

- Landmark ruling in an Italian court has said Valentino Bocca's autism was provoked by the MMR jab he had at aged nine months
- His parents have already been awarded £140,000 and could be paid an additional £800,000 in their case against the Italian government
- The case could set a precedent for many similar civil proceedings.

EXTRACTS:

At nine months old, Valentino Bocca was as bright as a button. In a favourite family photo, taken by his father, the baby boy wriggles in his mother's arms and laughs for the camera. His parents look at the precious picture often these days. It is a reminder of their only son before they took him on a sunny morning to the local public health clinic for a routine childhood vaccination.

Valentino was never the same child after the jab in his arm. He developed autism and, in a landmark judgment, a judge has ruled that his devastating disability was provoked by the inoculation against measles, mumps and rubella (MMR).

The judgment in a provincial Italian court challenges the settled view of the majority of the medical profession - and could have profound implications in Britain and across the world.

Valentino's parents, Antonella, 44, and Maurizio, 43, have been awarded £140,000, to be paid by Italy's Ministry of Health and they plan a civil action against the Italian government that may get them £800,000 more.

'But, of course, the money will never bring back the perfect and beautiful child of 15 months that we had before the doctors gave him the inoculation,' said his mother this week at the family's small but beautifully designed flat near Rimini in northern Italy. 'We have a different Valentino today. We love him just as much, but our lives will never be the same again. 'He is nine, but cannot speak, and only sings a little to himself. He cannot hold a pencil. He has a special teacher at school to help him and finds it difficult to mix with other children. What the future holds for him, or for us, we do not know.'

"This week, Luca Ventaloro, the Bocca family's lawyer who specialises in helping families with vaccine-damaged children, proclaimed that the Rimini court judgment was the 'first public admission' that the MMR vaccine could, in some cases, lead to a healthy child developing autism."

The story of Valentino Bocca is a tragic one. His family have agreed to reveal their identity for the first time as the outcome of their case became public last week. They spoke exclusively to the Mail because they believe other parents all over the world should learn what has happened to their son.

Autism covers a huge range of developmental disorders which affect a child's communication, social skills, and ability to lead a normal life. Families caring for severely autistic children say their lives are blighted. Care of sufferers and related disorders costs the British state billions of pounds a year.

The number of autism cases has soared over the past four decades - at the last count researchers found one in 64 British children have some kind of autistic condition - and there has been widespread speculation over the cause of this widespread curse on so many families. In the Eighties, only four in every 10,000 children showed any signs of autism.

Suspicion has long been directed by some parents at the MMR vaccine, a triple cocktail of the measles, mumps and rubella viruses, although the Department of Health and NHS doctors have argued forcefully that better diagnosis of autism and environmental factors are responsible for the extraordinary rise in the number of cases.

In 1998, a highly controversial article in the medical journal The Lancet written by Dr Andrew Wakefield made a connection between the MMR jab and autism.

His research methods were later discredited, but as a result of the article countless numbers of parents in Britain refused to let their children have the jab, and cases of measles — which is very occasionally fatal - went up significantly.

In recent years, public confidence in the MMR inoculation has returned, but the Italian court's judgment could reopen the controversy. This week, Luca Ventaloro, the Bocca family's lawyer who specialises in helping families with vaccine-damaged children, proclaimed that the Rimini court judgment was the 'first public admission' that the MMR vaccine could, in some cases, lead to a healthy child developing autism.

Crucially, it came after Antonio Barboni, a doctor of forensic medicine and appointed by the judge to independently advise the court, wrote a report saying that 'in the absence of any ›

Editor's note

Magda Taylor

FIRSTLY WELCOME TO THE SECOND ISSUE OF THE INFORMED PARENT NEWSLETTER FOR 2012. Apologies for the delay in getting this edition out and hopefully I will be back on track for the third and last issue of this year. Once again I am asking for your help in promoting the organisation - there is still a great need for an increase in subscribers to prevent the paper issue of the newsletter becoming extinct. I have continued to keep the subscription at the same level for many years but due to constant price increases eg. with postage and mail services I am likely to be forced to increase the annual subscription at the end of this year.

Just recently I received the following email, so if you would like to make contact with Anne Marie, the email address is at the end of the letter. It reads:

My Grandson Harry is just three. He is Autistic. Basically everything was fine with Harry until he had his MMR. Then almost over night he became ill with different viruses and hospitalized twice. Before his MMR jabs he was a normal little baby boy. He had eye contact , he was beginning to make mama/dada noises and started to use a little spoon and fork. Then as I say almost over night everything digressed. He is non verbal, and has been properly diagnosed with Autism. It is the most tragic situation made especially more so by the fact that everyone one talks to who has, or knows someone with an Autistic child says the same thing "it started after the MMR! The most noticeable thing with Harry was the lack of eye contact and no reaction to name calling or noise. No one in the medical profession will entertain the fact that there is a link between Autism and the MMR.

I have read alot on this subject and am totally convinced there is a serious link and would be prepared to get legal help over taking the State to Court with a view to getting recognition that the MMR affects 10% of children in the UK. Unfortunately Solicitors will not take this on except by charging a lot of money. I could need as much as £100,000 to get it to Court.

I feel that if I could get, say, one thousand mothers to write to me giving me their support, and £100 each I could go ahead and do something. I would guarantee that if there was a "pay out/compensation then everyone would get an equal share, but at the same time I want it made clear that it would not be done to get a massive compensation but merely to get recognition as I have said before.

I would like people to contact me through email rather than letter form with no money exchanged before I get the required number of people to back me. Then I would plan to get a Committee of people together and get some media coverage. I am sure Sue Reid of the Daily Mail would be a tremendous help.

Thank you again so much Magda...

Yours sincerely

Anne Marie Yuille Baddeley

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MAGDA TAYLOR, AUGUST 2012

› *from p01*

other pre-existing conditions' it is a 'reasonable scientific probability' that Valentino's autism can be 'traced back to the administration of the MMR vaccine……by the health authority'.

Dr Barboni's findings were endorsed by two other eminent doctors who examined Valentino, investigated his medical background, and gave evidence to the court hearing.

Judge Lucio Ardigo, awarding compensation to the family, agreed. He said it was 'conclusively established' that Valentino had suffered from an 'autistic disorder associated with medium cognitive delay' and his illness, as Dr Barboni stated, was linked to receiving the jab.

Lawyer Mr Ventaloro explained yesterday: 'This is very significant for Britain which uses, and has used, an MMR vaccine with the same components as the one given to Valentino.

'It is wrong for governments and their health authorities to exert strong pressure on parents to take children for the MMR jab while ignoring that this vaccine can cause autism and linked conditions.'

Claudio Simion, a leading member of the lobby group Association for Freedom of Choice in Vaccination (Comilva), adds: 'The Rimini judgment is vitally important for children everywhere. The numbers with autism are growing. It is a terrible thing that the authorities turn a blind eye to the connection between the MMR vaccination and this illness.'

No doubt the Bocca family would agree. They turned to Comilva for advice on compensation after they were finally told that their son had autism when he was five years old.

They had travelled to a world-renowned children's clinic in Milan, bewildered as to why their son screamed all night, refused to eat anything but bread, could not keep still or concentrate and refused to look them in the eye.

After 14 days of tests into his genetic background to rule out a family

connection for his illness, a neurologist explained the diagnosis.

'We were handed a big file with Valentino's name on it and stamped with the word 'autism',' remembers his mother Antonella. 'Up to then, we had suspicions he had autism. But the nurses, the doctors, and the specialists we had seen before said we were dreaming up fairy tales.'

Father Maurizio adds: 'When we mentioned our suspicions about the MMR jab and how Valentino had been an ordinary happy little boy until he had it, these medical people looked at us as if we were crazy,'

As they talk in the park near their home, with Valentino tightly holding each of their hands, Antonella and Maurizio reveal how their nightmare began. The couple had been married for a year before Valentino was born in 2003. His birth was normal and they were thrilled to take their healthy baby home. Antonella, who worked part-time in a textile factory, and Maurizio, a civil engineer, went together with Valentino for all his routine vaccination appointments. It was on the last Friday of March, 2004, that the boy was given the MMR jab. The dark-haired toddler was already saying 'Mama' and 'Dada', walking a few steps and enchanting his two grandmothers because he would not stop chattering. His parents had delayed for a month the triple MMR jab (normally given at 13 months) because Valentino had a bout of gastro-enteritis.

Antonella told the doctor about the illness and asked if it was safe for Valentino to have the jab. The doctor said there was 'no problem'.

'He cried when they gave him the injection,' remembers Maurizio. 'We were asked to wait half an hour afterwards at the clinic to make sure he was all right. When the doctors said he was ok, we just went home.'

They drove away - not knowing their lives had changed for ever. By the evening their normally hungry son was refusing to eat very much. That night he had diarrhoea and was restless. But neither of his parents attributed this to the jab. Maurizio continues: 'A few days after that, Valentino stopped using his spoon to eat. We started having to put food into his mouth. It was as though he was a baby again.

'It was as if we'd gone to the vaccination clinic with one child and had been given another to take home. Valentino was not interested in what was happening around him any more. He could not concentrate on a single thing.'

But worse was to follow. The little boy stopped sleeping at night. He would wake up and scream in pain. During the day he ran around in circles without stopping. His parents were getting exhausted and were at their wits' end. Maurizio explains: 'About two weeks after the jab he began screaming every night. He woke up three or four times each night and cried. It was like something out of The Exorcist. He was obviously in pain and we could do nothing to comfort him.'

"In the UK, this much-debated link has never been established in the courts. In 2010, a boy called Robert Fletcher received £90,000, for severe brain damage provoked by the MMR jab, under the Government's Vaccine Damage Payment Scheme."

They went back to the vaccination clinic for advice.

'We were not being over fussy but the medical staff did not seem to grasp the gravity of the situation,' added Antonella. The clinic just gave them some cream to put on Valentino's skin. After six months of no improvement in his condition, they took Valentino to the casualty department of the local hospital.

For the first time Antonella mentioned that the MMR vaccine might be to blame. 'They said it was not possible,' she says. Bewildered, the couple still looked for answers. Valentino was still screaming at night and like a wild child during the day.

When he was nearly two-and-a-half (14 months after the jab), they went to see an expert in neuropsychiatry and told her that their son had changed after the jab.

Antonella says: 'She did not even write down what I was saying. She downplayed the situation, although she said he was not developing normally for a child of his age. But she could not offer any explanation and said it might be temporary in such a young boy.'

Desperately, they started to do some research on the internet. It suddenly occurred to them, after reading of other parents' experiences, that Valentino might have autism. When this was confirmed by the Milan children's clinic, he was put on a milk-free and gluten-free diet.

'Within a week, Valentino was sleeping at night and not shouting out in pain,' says Maurizio. 'He started to look us in the eye for the first time since the jab. He began to feed himself again. Progress was slow, but at last there was some hope.' But, sadly, it was too late to find a complete cure for Valentino. At nine years old, he will never lead a normal life, and may need care for the rest of his days.

However, the Rimini court judgment has brought his parents some comfort because, for the first time, it supports their long-held belief that the MMR jab caused their son's autism. In the UK, this much-debated link has never been established in the courts. In 2010, a boy called Robert Fletcher received £90,000, for severe brain damage provoked by the MMR jab, under the Government's Vaccine Damage Payment Scheme. But he did not have autism. In the U.S., nearly 5,000 families blame the MMR jab for causing their children's autism - despite continuing protests from the medical and scientific world that there is little evidence. In 2008, a girl called Hannah Poling was awarded $1.5million damages by the U.S. government when a court ruled that receiving nine vaccines in one day (including the MMR) had caused her autistic condition.

But the court said that Hannah had an underlying cell disorder, mitochondria, which had been aggravated by the vaccinations and manifested itself as autism.

The Italian judgment has important implications for Britain for a number of reasons.

First, the jab given to Valentino -

called MMR II - contains the same active measles, mumps and rubella viruses in the same quantities as MMR VaxPro, one of only two approved MMR vaccines in the UK which is used on hundreds of thousands of children every year. (Prior to the introduction of MMR VaxPro in 2006, MMR II had been used in the UK since 1988).

This match of ingredients is confirmed in the Department of Health Green Book - a guide for doctors on inoculation against infectious disease - and by detailed data on MMR vaccines released by the European Medicines' Agency.

Second, in the UK, like Italy, the MMR jab is not compulsory.

However, the judge in Valentino's case said that because the Italian government's medical authorities so strongly recommend child vaccination against measles, mumps and rubella, the state should take responsibility for the devastating damage to Valentino. The judge's view has since been endorsed by Italy's High Court of Law (the equivalent of our Supreme Court) which ruled that the Italian government must pay compensation to children damaged by any jabs given under the Ministry of Health auspices - even if they are not compulsory ones.

Little did they know that, soon after that jab, their son would suddenly develop a devastating condition from which he would never recover. The consensus of medical opinion in Britain remains that autism symptoms emerge suddenly and inexplicably around the age at which MMR is administered - making it inevitable that some cases will arise just after the jab.

Most doctors continue to argue that this is merely coincidence and that no convincing mechanism to explain a link has been set out.

The Department of Health has insisted: 'MMR remains the best protection against measles, mumps and rubella. It is recognised by the World Health Organisation as having an outstanding safety record and there is a wealth of evidence showing children who receive the MMR vaccine are no more at risk of autism than those who don't.'

However, the Italian judgment clearly suggests this important debate is far from over.

FORMER MERCK SCIENTISTS FILE SUIT AGAINST MERCK UNDER THE FALSE CLAIMS ACT

BY HILARY BUTLER, CONTRIBUTING AUTHOR FROM NEW ZEALAND
www.beyondconformity.co.nz
June 23 2012

ON APRIL 27, 2012, a formal complaint was filed in the Eastern Pennsylvania Federal District Court accusing Merck of a longstanding scheme to mislead and defraud Government health authorities worldwide. Two of Merck's former employees have accused the pharmaceutical giant of marketing multivalent MMR vaccines under false pretenses. According to the complaint, these vaccines have been mislabeled, misbranded, adulterated and falsely certified as having a 95% efficacy rate.

Before the lawsuit was filed, 21 doctors[1] added their voices to other groups of doctors who are calling for MMR vaccines to be used as a regular booster every 4 – 8 years, in order to control mumps outbreaks. These doctors all assume that the mumps component of all MMR vaccines have the 95 – 98% efficacy promised by Merck.

However, the court documents filed by two Merck virologists meticulously detail how Merck ostensibly manipulated test results[2] for decades in order to create a false 95% efficacy rate for the mumps component of their multivalent MMR vaccines.

The former Merck virologists contend that the multivalent mumps component has a vastly reduced efficacy which is directly responsible for mumps outbreaks during the last decade which prompted international calls for MMR booster shots every 4 – 8 years.

Virologists Stephen Krahling and Joan Wlochowski describe how Merck had to recertify the mumps component in 2000, in order to comply with regulatory requirements in order for the mumps component to be included in two new multivalent MMR vaccines. The usual test, which had certified the mumps component's efficacy in the 60's, failed when used in 2000. They claim the results were so low Merck decided to change its own test protocol by testing the vaccine against the weakened mumps vaccine virus instead of the wild (naturally circulating) mumps virus.

"The usual test, which had certified the mumps component's efficacy in the 60's, failed when used in 2000. They claim the results were so low Merck decided to change its own test protocol by testing the vaccine against the weakened mumps vaccine virus instead of the wild (naturally circulating) mumps virus."

When that modification didn't result in the desired 95% efficacy figure, Merck's executive directors of vaccine research, Drs Alan Shaw and Emilio Emini, instructed Drs David Krah and Mary Yagodich to implement a vast array of modifications to testing procedures[3], then, allegedly pressured both Krahling and Wlochowski to participate.

When these modifications also failed to demonstrate the desired 95% efficacy rate, it is alleged that Drs Shaw and Emini instructed Drs Krah and Yagovich to abandon "gold standard" testing, and implement a new procedure, supposedly with the agreement of FDA, which included adding animal antibodies to human blood samples taken both pre and post vaccination.[4]

By combining the very low levels of human antibodies with animal antibodies, a much higher total level of virus neutralization was obtained than could occur from human antibodies alone. The human antibody levels alone would never protect in the real world

against wild mumps. But after adding animal antibodies, the human blood samples which had previously failed under the old "gold standard" testing were retested using the "enhanced" protocols and passed with flying colors. New 'enhanced' tests showed 100% efficacy, not against wild mumps virus, but against the mumps vaccine virus.

However, combining the animal and human antibodies led to a new problem. In some of the tests more than 80% of pre-vaccine blood samples now showed up as immune. Usually, the highest number of pre-vaccine immune results any scientist could expect is 10%. Further manipulations of the animal antibody levels failed to bring the pre-vaccine blood test results down to the expected 10% levels.

According to the complaint, Merck then implemented additional 'creative' strategies to show a lack of seroconversion in immune samples in an attempt to reduce the pre-vax level to the expected 10% because had the FDA seen the high numbers of "immune" pre-vaccine samples they would have easily detected the fraudulent test procedures.

Krahling and Wlochowski worked with the same team conducting these tests, but were outraged at what they deemed to be gross scientific deception and fraudulent practices.

When Drs Krahling and Wlochowski attempted to stop what they saw as, "wholesale fabrication of test data to reach its preordained 95% efficacy threshold," Merck allegedly made various attempts to prevent them, including threatening to jail Dr. Krahling should he inform the FDA.

"Merck allegedly made various attempts to prevent them, including threatening to jail Dr. Krahling should he inform the FDA."

Despite these efforts, Dr Krahling made numerous calls to FDA. These calls remained unanswered until Dr. Krahling reported to the FDA that Dr. Krah had removed and/or destroyed Dr. Krahling's evidence.

An FDA agent then came and interviewed Dr. Krah, who apparently told the agent whatever was necessary to allay their concerns. The agent made no attempt[5] to interview any other personnel, check any facilities, laboratory notebooks, or samples to corroborate what had been reported to them.

The lawsuit claims that to this day, Merck has consistently misrepresented the potency by simply quoting the 40 year old data from the pre-MMR monovalent mumps vaccine, thereby misrepresenting the efficacy of four multivalent vaccines: MMR, MMRII, Europe's MMRvaxpro, and ProQuad, which is MMR plus chickenpox.

According to the two whistleblowers, not only have all the multivalent MMR vaccines been sold under false pretenses, but, as a result of this LACK OF EFFICACY, there have been numerous mumps outbreaks worldwide prompting calls for regular MMR boosters throughout life. These mumps outbreaks were predicted by Merck's Dr Krah[6] in 2001, yet Merck allegedly 'willfully' withheld this information from multiple governments[7] while consistently claiming there was no need for a new mumps component.[8]

The question is, "If the mumps component is actually 95% effective, as stated, would experts be calling for lifelong boosters every 4 - 8 years?"

Has Merck turned over a new leaf since the recent Vioxx Scandal? Do they still put profit before people? Read the complaint, follow the court case, examine the evidence, and decide for yourself.

REFERENCES:

1. http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8607503

2. Former Merck Virologists: suit against Merck under False Claims Act

3. See pgs 10 and 11 - Former Merck Virologists: suit against Merck under False Claims Act

4. See page 12 - Former Merck Virologists: suit against Merck under False Claims Act

5. See page 22 No. 64 - Former Merck Virologists: suit against Merck under False Claims Act

6. See page27/d82; 28/85 and page 40 first two lines - Former Merck Virologists: suit against Merck under False Claims Act

7. See page 29/86 - Former Merck Virologists: suit against Merck under False Claims Act

8. See page 29/87 - Former Merck Virologists: suit against Merck under False Claims Act

MERCK VACCINE FRAUD EXPOSED BY TWO MERCK VIROLOGISTS; COMPANY FAKED MUMPS VACCINE EFFICACY RESULTS FOR OVER A DECADE, SAYS LAWSUIT

BY MIKE ADAMS, THE HEALTH RANGER
EDITOR OF NATURALNEWS.COM
Thursday, June 28, 2012

NATURALNEWS, Breaking news: According to two Merck scientists who filed a False Claims Act complaint in 2010 - a complaint which has just now been unsealed - vaccine manufacturer Merck knowingly falsified its mumps vaccine test data, spiked blood samples with animal antibodies, sold a vaccine that actually promoted mumps and measles outbreaks, and ripped off governments and consumers who bought the vaccine thinking it was "95% effective."

According to Stephen Krahling and Joan Wlochowski, both former Merck virologists, the Merck company engaged in all the following behaviour:

- Merck knowingly falsified its mumps vaccine test results to fabricate a "95% efficacy rate."

- In order to do this, Merck spiked the blood test with animal antibodies in order to artificially inflate the appearance of immune system antibodies. As reported in CourthouseNews.com:

Merck also added animal antibodies to blood samples to achieve more favourable test results, though it knew that the human immune system would never produce such antibodies, and that the antibodies created a laboratory testing scenario that "did not in any way correspond to, correlate with, or represent real life ... virus neutralization in vaccinated people," according to the complaint.
(http://www.courthousenews.com/2012/06/27/47851.htm)

- Merck then used the falsified trial results to swindle the U.S. government out of "hundreds of millions of dollars for a vaccine that does not provide adequate immunization."

- Merck's vaccine fraud has actually contributed to the continuation of mumps across America, causing more children to become infected with mumps. (Gee, really? This is what NaturalNews has been reporting for years... vaccines are actually formulated to keep the outbreaks going because it's great for repeat business!)

- Merck used its false claims of "95 percent effectiveness" to monopolize the vaccine market and eliminate possible competitors.

- The Merck vaccine fraud has been going on since the late 1990's, say the Merck virologists.

- Testing of Merck's vaccine was never done against "real-world" mumps viruses in the wild. Instead, test results were simply falsified to achieve the desired outcome.

- This entire fraud took place "with the knowledge, authority and approval of Merck's senior management."

- Merck scientists "witnessed firsthand the improper testing and data falsification in which Merck engaged to artificially inflate the vaccine's efficacy findings," according to court documents (see below).

US GOVERNMENT CHOSE TO IGNORE THE 2010 FALSE CLAIMS ACT!

Rather than taking action on this false claims act, the U.S. government simply ignored it, thereby protecting Merck's market monopoly instead of properly serving justice. This demonstrates the conspiracy of fraud between the U.S. government, FDA regulators and the vaccine industry. Chatom Primary Care sues Merck for Sherman Act monopolization, breach of warranty, violation of consumer protection laws

Following the unsealing of this 2010 False Claims Act, Chatom Primary Care, based in Alabama, smelled something rotten. Three days ago, Chatom filed a lawsuit against Merck

It alleges, among other shocking things:

- [Merck engaged in] ...a decade-long scheme to falsify and misrepresent the true efficacy of its vaccine.

- Merck fraudulently represented and continues to falsely represent in its labeling and elsewhere that its Mumps Vaccine has an efficacy rate of 95 percent of higher.

In reality, Merck knows and has taken affirmative steps to conceal - by using improper testing techniques and falsifying test data - that its Mumps Vaccine is, and has been since at least 1999, far less than 95 percent effective.

Merck designed a testing methodology that evaluated its vaccine against a less virulent strain of the mumps virus. After the results failed to yield Merck's desired efficacy, Merck abandoned the methodology and concealed the study's findings.

- Incorporating the use of animal antibodies to artificially inflate the results.

- Destroying evidence of the falsified data and then lying to an FDA investigator.

- Threatened a virologist in Merck's vaccine division with jail if he reported the fraud to the FDA.

- The ultimate victims here are the millions of children who every year are being injected with a mumps vaccine that is not providing them with an adequate level of protection. And while this is a disease that, according to the Centers for Disease Control ('CDC'), was supposed to be eradicated by now, the failure in Merck's vaccine has allowed this disease to linger, with significant outbreaks continuing to occur.

Chatom Primary Care also alleges that

the fraudulent Merck vaccine contributed to the 2006 mumps outbreak in the Midwest, and a 2009 outbreak elsewhere. It says, "there has remained a significant risk of a resurgence of mumps outbreaks..."

THIS INVESTIGATION IS ONLY BEGINNING

NaturalNews has only begun to investigate this incredible breaking news about Merck and the vaccine industry. We are pouring through the court documents to identify additional information that may be relevant to this case, and we plan to bring you that information soon.

For the record, Merck denies all allegations. Is anyone surprised?

SOURCES FOR THIS ARTICLE:

NaturalNews wishes to thank CourthouseNews.com for its coverage of this story.

Original article at:

http://www.courthousenews.com/2012/06/27/47851.htm

Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations

http://lup.sagepub.com/content/21/2/223.short
February 2012 Vol.21, no. 2: 223-230

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ABSTRACT:

Immune challenges during early development, including those vaccine-induced, can lead to permanent detrimental alterations of the brain and immune function.

Experimental evidence also shows that simultaneous administration of as little as two to three immune adjuvants can overcome genetic resistance to autoimmunity. In some developed countries, by the time children are 4 to 6 years old, they will have received a total of 126 antigenic compounds along with high amounts of aluminum (Al) adjuvants through routine vaccinations. According to the US Food and Drug Administration, safety assessments for vaccines have often not included appropriate toxicity studies because vaccines have not been viewed as inherently toxic. Taken together, these observations raise plausible concerns about the overall safety of current childhood vaccination programs.

When assessing adjuvant toxicity in children, several key points ought to be considered: infants and children should not be viewed as "small adults" with regard to toxicological risk as their unique physiology makes them much more vulnerable to toxic insults; in adult humans Al vaccine adjuvants have been linked to a variety of serious autoimmune and inflammatory conditions (i.e., "ASIA"), yet children are regularly exposed to much higher amounts of Al from vaccines than adults; it is often assumed that peripheral immune responses do not affect brain function. However, it is now clearly established that there is a bidirectional neuro-immune cross-talk that plays crucial roles in immunoregulation as well as brain function. In turn, perturbations of the neuro-immune axis have been demonstrated in many autoimmune diseases encompassed in "ASIA" and are thought to be driven by a hyperactive immune response; and the same components of the neuro-immune axis that play key roles in brain development and immune function are heavily targeted by Al adjuvants.

"When assessing adjuvant toxicity in children, several key points ought to be considered: infants and children should not be viewed as "small adults" with regard to toxicological risk as their unique physiology makes them much more vulnerable to toxic insults"

In summary, research evidence shows that increasing concerns about current vaccination practices may indeed be warranted. Because children may be most at risk of vaccine-induced complications, a rigorous evaluation of the vaccine-related adverse health impacts in the pediatric population is urgently needed.

"VACCINES MARKET WILL REACH $33.8 BILLION IN 2012" VISIONGAIN REPORT PREDICTS

http://www.pr.com/press-release/429818

A NEW REPORT by visiongain predicts that the 2012 world market for vaccines to treat human beings will reach $33.8 billion. That revenue forecast appears in World Vaccines Market 2012-2022, published in July 2012. Visiongain is a business information provider based in London, UK.

TRAVEL MEDICINE: Part 3

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THIS IS THE THIRD in a series on Travel Medicine and should be read in conjunction with the first two, which gave an overview of health problems encountered while travelling and looked in detail at Food Bourne Infections and Malaria.

WE HAVE LEARNED THAT:

"Risk assessment is important to rationalise pre-travel preparation, but the advice needs to reflect the health risk and not the interventions available.

Health promotion and health education need to be the focus of pre-travel consultations. Risk assessment should be based on a broader view than administering drugs and vaccines."

This means that in addition to trying to maintain optimum health for yourself and your family at home by good food, clean water, lots of fresh air, exercise, sunshine and love, as well as time to potter, the two main focuses of your travel health plans for avoiding infectious diseases will be:

- FOOD AND WATER HYGIENE (PART 1) - Typhoid, Hepatitis A, Cholera, Oral Rehydration
- INSECT BITE AVOIDANCE (PART 2) - Malaria

In this third part we will look at two compulsory travel vaccines: Yellow Fever vaccine and the Quadrivalent ACW135Y Meningococcal vaccine for persons travelling to Mecca for the annual Hajj and Umrah pilgimages as well as the Japanese Encephalitis Virus vaccine.

YELLOW FEVER

Vaccination against Yellow Fever is required as a condition of entry to some equatorial countries where it is endemic (circulating) and to many others if you are travelling from a country where it is endemc. In the severe form, both the disease and the vaccine can be fatal.

Dr Jayne L.M. Donegan

"Risk assessment is important to rationalise pre-travel preparation, but the advice needs to reflect the health risk and not the interventions available..."

The information contained in this section should be read in conjunction with:

- 'THE YELLOW BOOK' CHAPTERS 2 AND 3: YELLOW FEVER
- YELLOW FEVER VACCINE: Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2010 . Page numbers in text relate to ACIP 2010.

THE TWO MAIN REASONS PEOPLE CONTACT ME WITH QUESTIONS ABOUT YELLOW FEVER ARE:

1. Because several countries require a completed International Certificate of Vaccination or Prophylaxis (ICVP) or the traveller may be: refused entry, forced into quarantine, forcibly injected with a vaccine and needles of whose quality and cleanliness are dubious, or all of the above, and

2. Because they want to assess their likelihood of getting Yellow Fever and dying.

WHAT IS YELLOW FEVER?

Yellow fever is a disease caused by a virus transmitted by infected mosquitoes in the tropical areas of Africa and South America. In humans, the majority of infections are asymptomatic. Of those who get symptoms, these can vary from a mild, non specific feverish illness to severe disease with jaundice and bleeding. The incubation period is 3–6 days(p1)

In its mildest symptomatic form, Yellow Fever disease is a self-limited infection with sudden onset of fever and headache alone. Other people have an abrupt onset of a high fever (up to 40°C/ 104°F), chills, severe headache, muscle and back pain, loss of appetite, nausea, vomiting, and dizziness. There is often a slow heart rate in relation to the fever (Faget's sign). During this period, which lasts for approximately 3 days, there is usually virus in the blood (viraemia).

In about 15% of people the illness recurs more severely within 48 hours of this viraemia with fever, nausea, vomiting, abdominal pain, jaundice, renal and heart failure and haemorrhage.(p5)

No specific antiviral treatment exists. Standard care involves rest, fluids, and non-steroidal anti-inflammatory drugs or paracetamol to reduce fever and pain. (p5) The majority of persons with mild Yellow Fever illness recover with no residual problems. For those with severe disease (liver & kidney failure), the length of illness is variable, and the death rate is 20%–50%. (p6)

HOW LIKELY ARE YOU TO GET IT?

The highest risk places are rural West Africa and the Amazonian Rain Forest. To have some idea of the area and numbers involved, look at the map opposite. The areas in grey show where the virus circulates. The black area areas show where cases actually occurred in 1999-2001. The numbers denote officially notified cases reported during the period of 1990–1999 .

The World Health Organization states that there are about 200 000 cases of yellow fever with approximately 30 000 deaths per year.

For a 2-week stay, the Advisory Committee on Immunization Practices (ACIP, USA) estimates the risk of Yellow Fever for an unvaccinated traveller, travelling to an area of West Africa where the disease is endemic (circulating) at 50 cases with 10 deaths per 100,000 population. For South America, the risk for illness and death is said to be five and one respectively (p6), However, these crude

risk estimates for unvaccinated travellers are based on the risk to the indigenous population often during peak transmission season and may not reflect the actual risk to travellers who have a different immunity profile, take personal protective measures to avoid mosquito bites and have less outdoor exposure. (p6)

HOW MANY CASES OF YELLOW FEVER IN TRAVELLERS HAVE BEEN REPORTED?

During the thirty nine year period 1970–2009, nine cases of Yellow Fever were reported in unvaccinated travellers from the United States and Europe, five in West Africa and four in South America. Eight of these nine travelers died. Only one case of Yellow Fever has been documented in a vaccinated traveller, a 37 year old woman from Spain who visited several West African countries during 1988. She survived.

IS THIS BECAUSE ALL TRAVELLERS ARE VACCINATED?

No, vaccination rates for travellers to yellow fever endemic countries have been low and continue to drop - 21% to 10% in the period 1992-1998 .

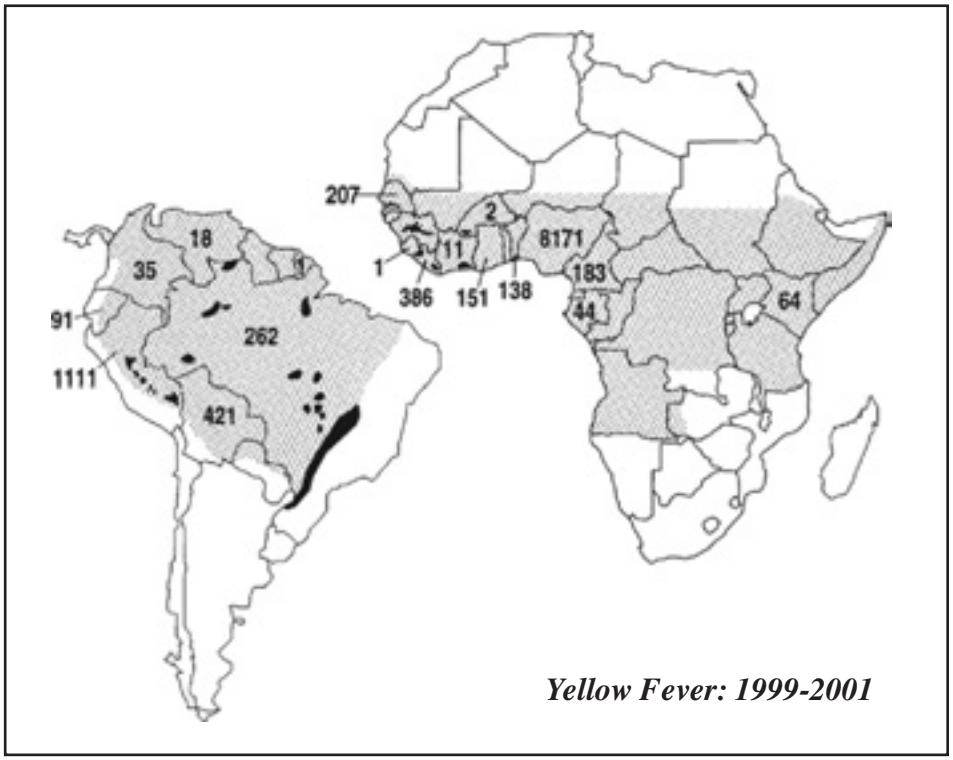
THE VACCINE

Contains live virus in addition to egg, chicken proteins, gelatin, and latex (found in vial stopper). Anaphylaxis, consisting of urticaria (allergic, itchy rash) and respiratory problems such as, difficulty breathing, spasm of the bronchi causing wheeze and swelling of the voice box, is uncommon and occurs mainly in people with histories of allergies to egg or other substances, but has been reported in people with no history of reactions to the vaccine's components. (p8)

The vaccine used to be recommended to everyone over the age of nine months who was travelling anywhere remotely at risk, but this has changed.

Since1996 two post vaccination syndromes have been recognised:

- NEUROLOGIC DISEASE which may take the form of meningoencephalitis, Guillain-Barré syndrome (GBS), acute disseminated encephalomyelitis (ADEM), and bulbar palsy. It is known as Yellow Fever Vaccine Associated Neurologic Disease(YEL-AND).



Yellow Fever: 1999-2001

- VISCEROTROPIC DISEASE which mimics naturally acquired Yellow Fever disease in that the vaccine virus proliferates and spreads throughout the body causing liver, kidney, respiratory and/ or heart failure progressing to haemorrhage and, in some cases, death. It is known as Yellow Fever Vaccine Associated Viscerotropic Disease (YEL-AVD)

The Neurologic Disease is generally not fatal, however, 37 of the 57 cases world wide of Yellow Fever Vaccine Associated Viscerotropic Disease reported to the USA Centers for Diseases Control between 1996 and 2010, died.

To put this in context: this means that 37 people have died from the vaccine in the last 14 years, compared to eight unvaccinated travellers in the last 39 years.

HOW LIKELY ARE THESE ADVERSE REACTIONS TO OCCUR?

They have only ever been reported after a first dose of Yellow Fever vaccine. So if you have had one already, you should be OK with boosters.

The Neurologic Disease is thought to occur once in every 125 000 doses of vaccines given – but the risk is two times higher in over sixty year-olds and three times higher in those over seventy. The Viscerotropic Disease (which is, to all intents and purposes, a severe form of Yellow Fever and with a worse death rate - 65% compared to 20-50% for the naturally acquired disease) is thought to occur half as frequently; one case in 250 000 doses of vaccine, but the risk rises two and a half times in those over sixty years and eight times in those over seventy years.

Combining the risk basic risk at any age for these two adverse reactions give an overall risk of one case per 83 000 doses of vaccine.

Compare this to the risk of getting paralytic polio of one case per 750 000 doses of oral polio vaccine which was sufficient to get the oral vaccine removed from the schedule of developed countries.

Because of the above, the Yellow Fever vaccination recommendations have now changed:

"Because serious adverse events can occur following Yellow Fever vaccine administration, health-care providers should vaccinate only persons who are at risk for exposure to Yellow Fever Virus or who require proof of vaccination for country entry. To minimize the risk for serious adverse events, health-care providers should

- OBSERVE the contraindications
- CONSIDER the precautions to vaccination before administering
- ISSUE a medical waiver if indicated."

One would think that this would be the case with the administration of all drugs, vaccines and medical procedures, but, sadly, not.

IN WHOM IS THE YELLOW FEVER VACCINE CONTRAINDICATED?

In those with:

- ALLERGY to vaccine components - eggs, egg products, chicken proteins, or gelatin. The stopper used in vials of vaccine also contains dry latex rubber, which might cause an allergic reaction
- AGE less than 6 months
- SYMPTOMATIC HIV infection or CD4+ T-lymphocytes <200/mm3 (or <15% of total in children aged <6 years)
- THYMUS DISORDER associated with abnormal immune function
- MALIGNANT NEOPLASMS (cancer)
- TRANSPLANTATION KIDNEY, bone marrow
- PRIMARY immunodeficiencies & Imunosuppressive and immunomodulatory therapies for example ≥2 mg of prednisolone per kilo of body weight or ≥20 mg/day in persons who weigh more than 10 kg when administered for ≥2 weeks

PRECAUTIONS SHOULD BE OBSERVED IN:

- THOSE AGED OVER 60 years (see above)
- THOSE AGED 6-8 MONTHS (higher incidence of encephalitis)
- ASYMPTOMATIC HIV infection and CD4+ T-lymphocytes 200-499/mm3 (or 15%-24% of total in children aged <6 years)
- PREGNANCY (associated with increased risk of miscarriage (x2.3) and skin deformities). Pregnant women also produce a poor antibody response. Although there are no specific data, ACIP recommends that a woman wait 4 weeks after receiving the yellow fever vaccine before conceiving. ('Yellow Book' Ch3 Yellow Fever)
- BREASTFEEDING (two reported cases of encephalitis in baby) ('Yellow Book' Ch3 Yellow Fever)

The advice in each of these cases is that, if travel is unavoidable, and the vaccination risks are felt to outweigh the risks of Yellow Fever virus exposure, that they should be excused from immunization and issued a medical waiver to fulfill health regulations with counseling on protective measures against mosquito bites. (p19)

"The Aedes aegypti mosquito that spreads the urban version is less affected by rain as it multiplies in buckets and water containers."

Those who must travel to areas where Yellow Fever virus exposure is likely should be vaccinated.

HOW DOES ONE AVOID MOSQUITO BITES?

Use insect repellent; wear long sleeves, trousers, socks; treat clothes with permethrin; sleep under permethrin impregnated nets and/ or stay in accommodation with screened or air-conditioned rooms.(p14) Be particularly careful at dusk and dawn, which are the maximum biting times of the principle human vector, the Aedes mosquito . Please see Travel Medicine Part 2 for more details.

HOW TO AVOID YELLOW FEVER

- AVOID going to countries where Yellow Fever virus is endemic. 87% of cases of diseases occur in sub-Saharan Africa.
- AVOID rural jungle areas.
- AVOID TIMES of greater mosquito abundance - the rainy season: South America, January to May; in intermediate/ savannah zones of West Africa, August to October (p4). The Aedes aegypti mosquito that spreads the urban version is less affected by rain as it multiplies in buckets and water containers.
- BE EXTRA VIGILANT at dusk and dawn in towns as this is when Aedes aegypti mostly bites.
- IN ADDITION TO recommended vaccines and insect bite avoidance you may find it helpful to take the Homoeopathic nosode 'Yellow Fever' 30c. Take one dose 12hrly for three doses one week before travel, then one dose weekly during the journey. If there is an outbreak of disease in the area, take one three times weekly.
- BE SURE THAT the risk of Yellow Fever virus exposure in the area you are visiting is greater than the risk from the vaccine. If it is not, ask for a medical waiver.

MEDICAL WAIVERS

International Health Regulations stipulate that a medical provider may issue a waiver of Yellow Fever vaccination to a traveller if they judge that Yellow Fever vaccination is medically contraindicated. In this case, the physician should

1. Fill out and sign the "Medical Contraindications to Vaccination" section of the International Certificate of Vaccination or Prophylaxis (ICVP),
2. Provide a signed and dated letter on letterhead stationary clearly stating the contraindication,
3. Bearing that centre's official Yellow Fever vaccination stamp.

There is an example of this form on page 17 of ACIP 2010 and in chapter 3: Yellow Fever of the 'Yellow Book'. The physician should inform the traveller of any increased risk for Yellow Fever infection associated with non-vaccination and how to minimize that risk. Reasons other than medical contraindications are not acceptable for exemption from vaccination. The traveller also should be advised of the possibility that the medical waiver might not be accepted by the destination country. (p15)

MENINGOCOCCAL DISEASE AND TRAVEL

Meningococcal disease occurs when a Neiseria meningitidis - meningococcus -

which is living as a usually harmless passenger in about one in six people's noses, leaves the nose to invade the brain causing meningitis; or, even worse, invades the blood stream causing septicaemia – where you get pink spots on the skin that don't become white when you press on them with a glass. This is called 'invasive' disease.

What determines whether the meningococcus in the nose will sit there, minding its own business or decide to leave the nose and invade the brain or the blood stream?

The state of your immune system at the time and how you treat the acute symptoms - if there are any.

Do you suppress all fevers with paracetamol and buprofen; itches and mucus with antihistamines and adrenaline like compounds, eat lots, run around trying to do what you usually do and keep the windows closed?

If this is your normal practice then you are much more likely to get invasive disease than someone who goes to bed when ill in a room with the window open, wrapped up well if it is cold, eating nothing, drinking plenty of fluids and trying to sleep as much as possible.

The information contained in this section should be read in conjunction with The 'Yellow Book' Chapter 3: Meningococcal Disease

WHAT ABOUT MENINGOCOCCAL DISEASE AND TRAVEL?

Neisseria meningitidis is found worldwide. At any time, 5%–10% of the population may be carriers of N. Meningitidis. Invasive disease is much rarer, occurring at a rate of half to ten cases per 100,000 population in non-epidemic areas and up to 1,000 cases per 100,000 population in epidemic regions. The highest risk areas are in the 'meningitis belt' of Africa between latitudes 5º-15ºN except in Uganda and Kenya where it reaches the equator; also New Delhi, Nepal and Mecca. Young children have the highest risk for meningococcal disease in these areas. The commonest meningococcus is type A (they come in A,B,C,X,W135 & Y).

"The highest risk areas are in the 'meningitis belt' of Africa between latitudes 5º-15ºN except in Uganda and Kenya where it reaches the equator; also New Delhi, Nepal and Mecca. Young children have the highest risk for meningococcal disease in these areas.."

Epidemics generally start at the onset of the dry season in December to February, peaks when there is less than 10% relative humidity and stops at the onset of the rains in May to June. The incubation period is 1-3 weeks.

The incidence of invasive meningococcal disease in international travellers is very low, estimated at 0.4 per 100,000 in one study. The risk is likely highest in travellers who have prolonged contact with local populations in the meningitis belt during an epidemic and during the dry season.

There have been outbreaks of meningococcal disease in pilgrims and their contacts returning from the Hajj in Saudi Arabia. Since 1988 Saudi Arabia has required proof of Quadrivalent ACW135Y vaccination in persons travelling to Mecca for the Hajj and Umrah pilgimages.

THE QUADRIVALENT ACW135Y MENINGOCOCCAL VACCINE

The version available in the UK is ACWY Vax Vaccine made by GlaxoSmithKline UK. In addition to the bacterial components are listed sucrose (sugar) and Trometamol (a methane aminoacid compound). The vaccine is made up for injection with sodium chloride (salt) and water .

CONTRAINDICATIONS TO THE VACCINE

A severe allergic (anaphylactic) reaction to a vaccine component or after a previous dose of the vaccine is a contraindication to having further doses.

WHAT ABOUT VACCINATION AND THE HAJJ?

The Ministry of Hajj and the Saudi Ministry of Health of the Kingdom of Saudi Arabia require a certificate of vaccination against Meningococcal Meningitis from all visitors, regardless of country of origin, arriving for the Umrah or Hajj. The certificate must have been issued not more than three years and not less than ten days before arrival in Saudi Arabia.

Adults and children over the age of two years must receive the quadrivalent vaccine (serogroups A,C, Y and W135). Children between 3 months and 2 years of age must be given two doses of the A vaccine with a 3-month interval between the two doses .

EXEMPTIONS AND WAIVERS

I do not know of anyone who has gone on the Hajj with an exemption certificate or letter excusing them from the vaccine.

Regarding other medical conditions, pilgrims are asked by the authorities to stay away unless their medical conditions have been stabilised, so they may just tell people in whom the vaccine is contraindicated not to come.

WHY IS MENINGOCOCCAL DISEASE SUCH A BIG PROBLEM DURING THE HAJJ?

It is due to intense overcrowding, high humidity and dense air pollution. The Hajj is a very good example of a situation causing 'crowd' diseases. Crowd diseases occur wherever too many people - or animals - are crowded into too small a space without adequate facilities. As the facilities improve, the disease rates go down also. For example, cholera, a diarrhoeal disease, has caused several outbreaks after the Hajj, the last in 1989 affected 102 pilgrims. Significant improvement in water supply and sewage

treatment has eliminated such outbreaks . Requiring all pilgrims to be vaccinated with the meningococcal vaccine has reduced rates of the invasive disease, but if environmental factors were improved, the incidence of meningococcal invasive disease would be reduced without any other intervention.

So if you want to go on the Hajj, you will most probably have to get the vaccine, remembering the principle that 'Allah does not ask from a soul what it cannot do.' You may wish to contact your homoeopath to discuss a schedule of remedies which can be taken to help reduce any adverse effects of the vaccine.

JAPANESE ENCEPHALITIS

Japanese Encephalitis virus is transmitted to humans through the bite of an infected mosquito, primarily of the Culex species. Wading birds are the main animal reservoir for the virus, but the presence of pigs greatly amplifies the transmission of the virus.

The risk for Japanese Encephalitis for most travellers to Asia is extremely low but varies according to season, destination, duration, and activities. For example, the risk of transmission is increased in rural areas, especially where rice growing and pig farming co-exist; stays of longer than one month and in the monsoon season (June - September)

Most human infections with Japanese encephalitis virus are asymptomatic with fewer than one percent of people infected with the virus developing clinical disease.

HOW LIKELY ARE YOU TO GET IT?

Fewer than 40 cases of confirmed Japanese encephalitis have been reported in travellers in the last 40 years

Dr Ron Behrens MD FRCP, Consultant in Travel Medicine & Director of the Travel Clinic at the Hospital for Tropical Diseases, London, stresses that the risk of Japanese encephalitis disease in travellers - about 25 case in the last 14 years of the several million European and North American visitors to Asia - should be weighed against that of severe vaccine reactions occurring in about 1 per 4000 vaccinees. He recommends that the Japanese Encephalitis vaccine should only be offered to travellers with high-risk travel plans: typically those spending one

Helios Homeopathic Travel kit

month or more in rural or agricultural areas of Asia where transmission is known to take place. He is of the opinion that any wider use of Japanese encephalitis vaccine would be hazardous.

RESOURCES

HomoeopathicTravel Kit - 36 remedies in conveniently sized bottles in a neat carry case. Includes a very useful booklet on how to use them and other travel tips. I wouldn't leave home without one.
https://www.helios.co.uk/cgi-bin/store.cgi?action=search&category=First%20Aid%20Kits
Tel 0044 (0)1892 537254
Ansaphone (general):
0044 (0)1892 536393 (24 hours)
Fax 0044 (0)1892 546850
Free Fax 0800 015 6790 (UK only)

HEALTH INFORMATION FOR INTERNATIONAL TRAVEL 'THE YELLOW BOOK', Centers for Disease Control USA. An excellent free resource with comprehensive chapters on every aspect of travel. It has maps and charts of high risk areas and has tables showing which countries require yellow fever vaccination. It includes a lot of very useful sensible non drug measures for avoiding disease abroad as well as safe water treatment. It includes sections on sun exposure, altitude sickness, diving medicine etc as well as vaccination advice. It can be bought or accessed free at:
http://wwwnc.cdc.gov/travel/yellowbook/2010/table-of-contents.aspx or just google 'yellow book vaccines'

All the online references in this article have been accessed in the week 12-19 July 2012. 19 July 2012 © Dr JLM Donegan. MBBS DRCOG DCH DFFP MRCGP MFHom
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How will they manage? How can they be empowered? By knowledge.

At this small group workshop we will look at:

- The Germ Theory of Disease and why GPs & health visitors think about health and illness the way they do
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- The Holistic model of disease and using the healing power of your own body
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- The Basic Needs of children and young adults to maintain Optimal Health
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- Natural infections and natural immunity compared to
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- Any other questions

14th October 2012, Sunday 1.45 for 2.00-4.00pm London NW4

Tickets are £10 per child & £5 per accompanying adult. Workshop aimed at 8 to 20 year olds.

For further information or to book a ticket, please email jaynelmdonegan@yahoo.com

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- A look at specific diseases and their vaccines

28 October 2012, Sunday, 6.15 for 6.30-8.30pm London NW4.

Numbers strictly limited to twenty. For further info email: jaynelmdonegan@yahoo.com or phone 020 8632 1634 (please leave clear message). Tickets cost £11 (£10 each for couples) & must be booked in advance.

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SPECIAL VISIT TO THE HIGHLANDS 06 NOVEMBER 2012

'Vaccination – The Question' +/- 'Nursing Children Supportively through Acute Illness', Morning and Afternoon. For further details please contact Nicky Slater, The Lossie Local at email: www.thelossielocal.co.uk or phone 01343 815328

25 November 2012, Sunday 6.15 for 6.30-8.30pm London NW4

Tickets are £11 per person or £20 for pairs, in Hendon London NW4

For further information please email jaynelmdonegan@yahoo.com

Experts call WHO & Bill Gates Foundation's role in India's polio eradication campaign unethical

RAMESH SHANKAR, MUMBAI
Thursday, April 05, 2012
http://pharmabiz.com/NewsDetails.aspx?aid=68352&sid=1

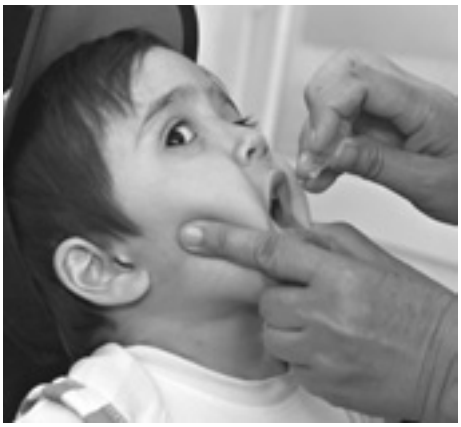
MEDICAL EXPERTS in paediatrics in the country have lambasted the World Health Organisation (WHO) and the Bill Gates Foundation for trumpeting India's polio eradication campaign which they knew 10 years back that it was never going to succeed. 'India was taken off the list of polio-endemic countries by the WHO on January 12, 2012 but the polio eradication campaign will have to be continued in some format for ever. The long promised monetary benefits from ceasing to vaccinate against poliovirus will never be achieved', the well known paediatricians said.

"It was unethical for WHO and Bill Gates to flog this programme when they knew 10 years back that it was never to succeed. Getting poor countries to expend their scarce resources on an impossible dream over the last 10 years was unethical," said Dr Neetu Vashisht and Dr Jacob Puliyel of the Department of Paediatrics at St Stephens Hospital in Delhi in their report in the April issue of 'Indian Journal of Medical Ethics'.

January 12, 2012, marked a significant milestone for India as it was the first anniversary of the last reported wild polio case from India.

The two doctors noted that it was long known to the scientific community that eradication of polio was impossible because scientists had synthesized poliovirus in a test-tube as early as in 2002. "The sequence of its genome is known and modern biotechnology allows it to be resurrected at any time in the lab," they said and added, "Man can thus never let down his guard against poliovirus."

Dr Vashisht and Dr Puliyel said that another major ethical issue raised by the campaign is the failure to thoroughly investigate the increase in the incidence of non-polio acute flaccid paralysis (NPAFP) in areas where many doses of vaccine were used. NPAFP is clinically indistinguishable from polio paralysis but twice as deadly.



"From India's perspective the exercise has been an extremely costly both in terms of human suffering and in monetary terms. It is tempting to speculate what could have been achieved if the $2.5 billion spent on attempting to eradicate polio, were spent on water and sanitation and routine immunization.

The authors noted that while India was polio-free in 2011, in the same year, there were 47,500 cases of NPAFP. While data from India's National Polio Surveillance Project showed NPAFP rate increased in proportion to the number of polio vaccine doses received, independent studies showed that children identified with NPAFP "were at more than twice the risk of dying than those with wild polio infection."

According to their report, nationally, the NPAFP rate is now twelve times higher than expected. In the states of Uttar Pradesh and Bihar - which have pulse polio rounds nearly every month- the NPAFP rate is 25 and 35 fold higher than the international norms.

The authors point out that while the anti-polio campaign in India was mostly self-financed it started with a token donation of two million dollars from abroad. "The Indian government finally had to fund this hugely expensive programme, which cost the country 100 times more than the value of the initial grant."

"This is a startling reminder of how initial funding and grants from abroad distort local priorities," the authors noted. "From India's perspective the exercise has been an extremely costly both in terms of human suffering and in monetary terms. It is tempting to speculate what could have been achieved if the $2.5 billion spent on attempting to eradicate polio, were spent on water and sanitation and routine immunization."

In conclusion they say that "the polio eradication programme epitomizes nearly everything that is wrong with donor funded 'disease specific' vertical projects at the cost of investments in community-oriented primary health care (horizontal programmes)."

The WHO's current policy calls for stopping oral polio vaccine (OPV) vaccination three years after the last case of poliovirus-caused poliomyelitis. Injectable polio vaccine (IPV), which is expensive, will replace OPV in countries which can afford it.

"The risks inherent in this strategy are immense," Dr Puliyel and Dr Vashisht warn. "Herd immunity against poliomyelitis will rapidly decline as new children are born and not vaccinated. Thus, any outbreak of poliomyelitis will be disastrous, whether it is caused by residual samples of virus stored in laboratories, by vaccine-derived polioviruses or by poliovirus that is chemically synthesized with malignant intent."

They argue that the huge costs of repeated rounds of OPV in terms of money and NPAFP shows that monthly administration of OPV must cease. "Our resources are perhaps better spent on controlling poliomyelitis to a locally acceptable level rather than trying to eradicate the disease."

NEW STUDY: Hepatitis B vaccine damages the liver

March 30 2012
http://www.thehealthyhomeeconomist.com/new-study-hepatitis-b-vaccine-damages-the-liver/

WHEN Jodi Ferris unknowingly unleashed the wrath of Social Services at Penn State Hershey Medical Center by questioning the necessity of the Hepatitis B vaccine for her newborn daughter, little did she know just how big a can of worms she was opening.

A study reported in the journal Apoptosis just weeks ago indicates that this controversial vaccine normally injected into newborns within hours of birth induces liver damage primarily due to the presence of the toxic vaccine adjuvant aluminum hydroxide.

Aluminum hydroxide, an adjuvant also present in the anthrax vaccine, has already been shown as a likely culprit for triggering the motor neuron autoimmunity issues present in Gulf War Syndrome which are indistinguishable from the autoimmune disease amyotrophic lateral sclerosis (ALS).

Vaccine adjuvants like aluminum hydroxide are the dirty little secret that the scientific community doesn't want the public to know about. Their purpose is to stimulate and heighten the immune response to the vaccine itself.

In this new study, aluminum hydroxide induced loss of mitochondrial integrity and cell death in mouse liver cells exposed to low doses of the Hepatitis B vaccine containing the toxic adjuvant.

The mitochondria is the "powerhouse" of a cell where energy is created and cellular respiration occurs. It is not surprising that compromising the mitochondria of liver cells results in outright death of the cell itself.

This new study corroborates other research indicating liver damage from Hep B. In 1999, it was found that children less than 6 years old had a nearly 300% increase in the incidence of liver problems if they had been vaccinated with Hepatitis B versus those children that did not have the Hep B jab.

It's not just the young developing livers of children that suffer from the toxic Hep B. The Journal Hepatogastroenterology reported in 2002 that the Hepatitis B vaccine was statistically associated with increased risk for hepatitis, gastrointestinal disease, and liver function test abnormalities in adult females.

DID YOU GET THAT?

The Hepatitis B vaccine is statistically associated with increased risk for hepatitis in adults!

A more recent study in June 2011 reported by the journal Molecular Biology Reports indicates that damage from Hep B is likely caused by alteration in the expression of 144 genes in mouse livers within one day of vaccination, 7 of which are associated with inflammation and metabolism.

THE ONLY SANE ANSWER IS REJECTION OF THE HEPATITIS B VACCINE

To date, 50+ negative health effects from the Hepatitis B vaccine have been documented in peer-reviewed, published literature.

The thing that makes absolutely zero sense is why the controversial and very questionable Hepatitis B vaccine is still being recommended as standard for all newborns within hours of birth especially given that a newborn's liver does not even begin functioning until several days later. With no functioning liver to assist with detoxification, the damaging effects of the toxic Hep B ingredients would no doubt be magnified with the risk of irreparable harm to the newborn great.

If you are a parent with a baby on the way, please do your research and learn the extreme danger of the Hepatitis B vaccine to your newborn.

Even if you have been supportive of vaccination in the past, at least skip this one controversial shot that has so much documented literature about its damaging effects.

There is simply no logical reason to vaccinate all newborns against a disease that is primarily sexually transmitted or contracted via the used needles of drug addicts. Better to screen mothers preemptively rather than vaccinate all newborns with this dangerous drug cocktail that threatens their long term health. Sarah, The Healthy Home Economist.

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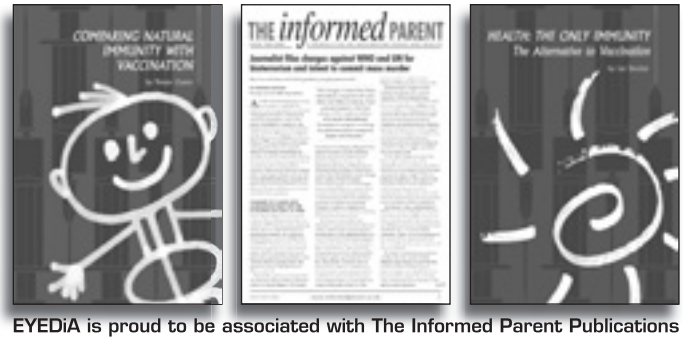

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THE TAKE VACCINES OUT OF SCHOOL CAMPAIGN

BY JOANNA KARPASEA-JONES

MANY YEARS AGO I received a call from a very distressed mother who was clearly trying not to cry. Her previously unvaccinated child had been given BCG vaccine at school without her consent. She had refused consent on the form and even telephoned the school to ensure that they understood her child was not to receive the vaccine. She was assured by staff that he would not be given the shot. However, her child came home with the classic BCG vaccine puncture scar on his arm. She was beside herself, with little recourse since vaccines are government recommended and the doctors guide book on vaccinations, 'Immunisation Against Infectious Disease' (the green book) states that attendance at school on a vaccination day is considered consent to vaccinate.

My eldest daughter was only one year old at the time of the call but it was the catalyst that led me to investigate alternative forms of education. I decided right after that call, my daughter would never go to a government funded school. We sent her to a Steiner school, where a large majority of children are unvaccinated. When the 1999 meningitis C vaccine campaign was introduced, every parent in the school said no except for one so the local authority decided not to run the campaign in the school. I knew my daughter would be safe there. Later, she was home educated and then completed her exams in a private flexi school, at great cost to our family.

I don't regret any of the decisions we made but I would have liked to have a choice and really the only other option would have been to send her to a state school and risk her being vaccinated, which was not a choice to me.

A PORTAL FOR DRUG PUSHING

Over the years I have received more calls like the first one and met parents at protests who told me their children were force vaccinated, like the 16 year old girl who was forcibly given HPV vaccine at school without her mother's consent. They forced the girl to line up with all the others and told her it was a legal requirement.

The news that the joint committee on vaccination and immunisation (JCVI) intend to introduce annual flu vaccination at school to all children aged 5-17 sadly came as no surprise to me. It solidified my decision never to send my son to school.

Schools are becoming prisons for our children, who are captive audiences for the drug companies to do whatever they like with, in the absence of parental protection. Instead of being institutions for education, they have become a portal for drug pushing, a vaccinators gold mine. After all, if the parent says no, they can just get them on their own at school and do it anyway.

So I have started the 'Take Vaccines out of School's' campaign to try and safeguard an unvaccinated child's right to attend school without being vaccinated. It may not work, but every parent should try so that our rights not to vaccinate are protected. If we do nothing, one day we will no longer be able to refuse.

Here is a template letter you can adapt to your own circumstances and send to your child's school, local health authority or MP:

TEMPLATE LETTER:

EXAMPLE LETTER YOU CAN ADAPT AND SEND TO YOUR SCHOOL, MP, CONGRESS PERSON ETC:

Dear
I wish to request that vaccination campaigns are not carried out in secondary schools. As a parent of an unvaccinated/ vaccine damaged child I am concerned that s/he may be coerced into accepting vaccinations under Gillick Competency laws.

Schools currently conduct lessons that teach the importance of vaccination. In science exams you cannot even pass the paper unless you agree that vaccinations are good, despite the fact that there is an equal amount of research showing vaccinations can cause harm.

For instance, a study in the Journal of Allergy and Clinical Immunology found that if you delayed giving the first vaccinations by just two months you reduce the asthma rate in children from 13.8% to 5.9%. This is particularly important because there were 1,131 deaths from asthma in the UK in 2009 and one person every eight hours dies from asthma.

A child is admitted to hospital every 17 minutes because of asthma and the NHS spend 1 billion pounds a year of tax payers' money just treating people with asthma.

A study in Epidemiology published in 1997 followed children from their birth in 1977 to the age of 16 (1993). Children who had not received DPT had no asthma and no consultations for asthma before the age of 10 years, so delaying vaccines or refusing them can reduce chronic disease burden, save

Joanna Karpasea-Jones

"Instead of being institutions for education, they have become a portal for drug pushing, a vaccinators gold mine. After all, if the parent says no, they can just get them on their own at school and do it anyway"

lives and save the NHS money. This is just one of the chronic diseases that can arise after vaccination.

Mortality from pertussis, on the other hand, was already declining rapidly prior to the introduction of DPT, according to papers in 'Current Problems in Pediatrics' and the 'Lancet'.

However, children are unlikely to be taught these facts in school during classes about vaccination.

Parents also have no say in what their children are taught during these lessons. How do we know that they won't be shown a DVD of a woman dying of cervical cancer before being offered the HPV vaccine? If this is done, it is coercion geared towards making impressionable young minds submit to vaccination, maybe even against parental wishes.

Girls likely will not be told that HPV vaccine is for human papilloma virus and not cervical cancer itself and that having HPV does not mean you have cancer. They also may not be told that there are 30 types of HPV and the vaccine only covers two of them, that the vaccine has only been followed for 4.5 years so no one knows if antibodies last after that and the vaccine has a black triangle on it which means it is still being studied and is in effect, an experimental drug. With this one sided approach, how can children be expected to give fully informed consent?

Furthermore, vaccination is a medical procedure with risks including collapse and death and so should be carried out in a medical facility, not an educational facility. Children are supposed to be monitored for signs of shock after a vaccine is given, but this is not done in school. With Gillick Competency allowing children under 16 to obtain vaccines without parental knowledge, they may suffer vaccine side-effects without their parents being aware, which in more severe cases, could delay emergency treatment.

All children being asked to partake in a vaccine programme should be sent detailed information on the pros and cons and be offered vaccination in a medical setting if they choose to have it. This way the parent is more likely to be aware that vaccination is being offered and can give guidance and the child will not be the subject of peer pressure and there will be proper medical facilities available in case of an emergency.

Classes about vaccination should also contain information about side-effects of vaccines, their ingredients and other ethical issues in order to give children a full understanding of this complex subject. If this isn't done, parents should have the right to exempt their children from such classes. We should be able to choose to send our children to state schools without the fear that they may be vaccinated by force or coercion or subject to psychological or physical harm while in the care of the school.

Sincerely,

"Vaccination is a medical procedure with risks including collapse and death and so should be carried out in a medical facility, not an educational facility."

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** The Journal of Allergy and Clinical Immunology, Volume 115, Issue 4 , Pages 737-744, April 2005.* http://www.jacionline.org/article/S0091-6749%2805%2900026-6/abstract *(less asthma and allergy in unvaccinated children).*

** Is Infant Immunization a Risk Factor for Childhood Asthma or Allergy? Epidemiology, November 1997, Volume 8, Issue 6.* http://journals.lww.com/epidem/Abstract/1997/11000/Is_Infant_Immunization_a_Risk_Factor_for_Childhood.15.aspx

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A child aged 11 or over may be deemed competent to make medical decisions for themselves, including that of vaccination. While this may seem like promoting the child's own rights, it is open to abuse. In a school setting, there is no parental figure to monitor whether any pressure is being put on the child to conform. Parents themselves are sometimes told by teaching staff and doctors that vaccines are a legal requirement and they are given shockingly little information about vaccination side-effects. For instance, the NHS website, NHS Choices, does not list the ingredients of vaccines or the fact that death may occur after a vaccine. If parents themselves are misled and don't have the full information to make an informed consent, an 11 year old child is not going to.

THREE TIMES THE RISK OF HOSPITALISATION

Recently, it has been announced that the JCVI will be recommending annual flu vaccination in schools to all children aged 5-17, starting in 2014.

I do wonder if the members of JCVI were in fact asleep when they made this recommendation because scientific evidence shows that influenza vaccinations are ineffective in preventing hospitalizations in children. The American Thoracic Society presented research at their 105th conference on

19th May 2009 that children who have had the flu vaccine had a three times higher risk of hospitalization compared with children who did not receive the vaccine. They wrote in their press release:

'The researchers conducted a cohort study of 263 children who were evaluated at the Mayo Clinic in Minnesota from six months to 18 years of age, each of whom had had laboratory confirmed influenza between 1996 to 2006. They found that children who had received the flu vaccine had three times the risk of hospitalization, as compared to children who had not received the vaccine. In asthmatic children, there was a significantly higher risk of hospitalization in subjects who received the TIV, as compared to those who did not (p= 0.006). But no other measured factors - such as insurance plans or severity of asthma - appeared to affect risk of hospitalization.'

The Cochrane Review has admitted that live flu vaccines only have an 82% efficacy rate at preventing confirmed influenza and a 33% effectiveness rate at preventing 'influenza-like illness' - this means that even if 100% of children were vaccinated, 18% (18 out of every 100 children) would still get flu and be capable of spreading it around and a further 67% would still get influenza type illnesses, essentially meaning that 85% of vaccinated children can still get flu and flu like illnesses.

If the purpose of vaccinating school children is to prevent circulation in the community and protect the elderly (for whom influenza vaccines don't work - another Cochrane review found that 'The available evidence is of poor quality and provides no guidance regarding the safety, efficacy or effectiveness of influenza vaccines for people aged 65 years or older') then with results like these, it certainly would not prevent transmission to the vulnerable.

The vaccine that JCVI intend to introduce is the live nasal spray vaccine which is capable of shedding. The Merck Manual says:

'Immunocompromised patients should not receive live-virus vaccines, which could provoke severe or fatal infections. In patients receiving short-term (ie, < 14 days) immunosuppressive

therapy (eg, corticosteroids, antimetabolites, alkylating compounds, radiation), live-virus vaccines should be withheld until after treatment. Rarely, TIV has adverse effects, such as Guillain-Barré syndrome, anaphylactic reactions, soreness at the injection site, and fever. Adverse effects of LAIV are unusual; they include possible triggering of asthma and transmission of the virus to unimmunized contacts. The duration of FluMist vaccine virus replication and shedding have not been established.'

So because the vaccine is live, they can transmit flu virus to individuals who choose not to be vaccinated and to other children who may be immune-compromised. Freshly vaccinated 5 year olds could go home and infect their newborn sibling.

What about children with eczema who are using corticosteroids? According to Merck, live vaccines in patients using these medications may be fatal.

CONTRAINDICATIONS

According to the manufacturer's data sheet for flu mist, the vaccine should not be given to anybody with severe asthma or wheezing because it can cause wheezing and hasn't been evaluated in clinical trials. There are a fair number of asthmatic children in school - what if they are vaccinated in error or they aren't informed they are contraindicated?

Children who are taking aspirin are also contraindicated from having the vaccine, but a full medical history is unlikely to be taken in a school setting, which puts children at greater risk of adverse reaction.

It has also never been studied to see if it is carcinogenic, mutates or if it impairs fertility, something that should have been studied before the product was released to the public.

However, children of Gillick Competency age are unlikely to be told of this prior to being given the vaccine.

Devastating illnesses like Narcolepsy and GBS have been reported after administration of flu vaccines. Who will be liable if a child falls ill after a school administered vaccine? The school nurse? The headteacher? The school authority?

Vaccines should only be carried out in medical facilities where a full medical history and examination can be taken and the child's parent can have full input over whether or not their child is vaccinated.

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For more template letters and information on the Take Vaccines out of Schools Campaign, see our website:
www.vaccineriskawareness.com

Thiomersal vaccines debate continues ahead of UN meeting

NAYANAH SIVA
THE LANCET, VOLUME 379,
ISSUE 9834, PAGE 2328
23 June 2012

EXPERTS are meeting for the fourth time at the end of June to discuss a global treaty on mercury. But such an agreement could hinder vaccination programmes worldwide. Nayanah Siva reports.

In 1997, amid concerns about a possible link between vaccines containing mercury-based chemical thiomersal and autism, the US Food and Drug Administration were called to review the risks of all food and drugs that contained mercury. In 1999, despite the lack of scientific evidence, the US Centers for Disease Control and Prevention (CDC) issued a recommendation to manufacturers that "thiomersal-containing vaccines should be removed as soon as possible". The CDC said that "there are no data or evidence of any harm caused by the level of exposure that some children may have encountered" but they did recognise "that some children could be exposed to a cumulative level of mercury over the first 6 months of life that exceeds one of the federal guidelines on methyl mercury…"

More than a decade later, regardless of several independent studies and consultations that did not find any association between thiomersal vaccines and autism, the debate still continues. In April, WHO held another consultation into the issue and the UN Environment Programme (UNEP) are working on developing a global legally binding agreement on mercury. The UNEP negotiations, which continue at the end of June, include assessing the safety of vaccines that contain thiomersal and they aim to make a decision by 2013.

Thiomersal has been used in low doses as a preservative in multidose-vial vaccines since the 1930s. But since the public's growing concern about a possible autism - thiomersal link, and the CDC's 1999 recommendation, American companies have been removing the chemical from their vaccines and have been making single-dose vials for years.

"... some children could be exposed to a cumulative level of mercury over the first 6 months of life that exceeds one of the federal guidelines on methyl mercury…"

So far, these changes in vaccine production have only been reported in the USA but there is growing concern that if a global ban of thiomersal is recommended by the UNEP, it will have a deeply negative effect on the developing world.

"If we were to stop using thiomersal in vaccines for any reason then we need an alternative ready", said Heidi Larson who works on the Project to Support Public Confidence in Immunization, London School of Hygiene and Tropical Medicine, UK. "But we don't have an alternative ready, the only immediate alternative is single-dose vials." But the logistics of single-dose vials in the developing world is just not viable.

Multidose vials used in the developing world can hold up to ten doses of vaccine, increasing their ease of storage and transport in developing countries. "Most vaccines need to be refrigerated…and multidose vials take up less space per dose in the cold chain during storage and transport…On a per-dose basis, vaccines in multidose vials are also significantly less expensive to purchase from manufacturers. If thiomersal is banned…many immunisation programmes may not be able to reach the same number of children", said Médecins Sans Frontières in a statement.

Thiomersal-containing vaccines are an essential medicine and they are used in more than 120 countries to immunise at least 64% of the global birth cohort each year. WHO estimates that thiomersal-containing vaccines avert at least 1·4 million child deaths every year and the vaccines are used against fatal diseases, such as diphtheria, tetanus, and hepatitis B.

Implications of a possible ban of thiomersal not only affect the developing world. As Terry Nolan, Chair of the Australian Government's principal vaccine and immunisation advisory committee, says, thiomersal is also used in vaccines for "pandemic influenza because of the need for both rapid production (single-use unit dose presentations take longer to produce and there are resource constraints and availability issues for the syringes in times of surge requirements) and efficient delivery (it is quicker and more efficient for mass immunisation sessions to use multidose vials)".

One of Larson's main concerns has been the public's confidence in vaccines. "While there were the concerns [about thiomersal] in the US, there were the MMR vaccine concerns here in the UK. And, as people are struggling with their confidence issues around vaccines, in some of their minds all the concerns have merged together reinforcing their anxieties even though the issues are not related…"

In 2004, the US Institute of Medicine did their eighth and final assessment of the safety of immunisations and definitively concluded that there is no link between MMR or thiomersal vaccines and autism. Larson is hopeful that the UNEP will not ban thiomersal because scientific evidence does not show a link between the chemical and any adverse effects. "I hope and I feel reasonably confident that the UNEP will take the advice of WHO and other strong voices that have come forward on this."

ARNICA
UK PARENTS' SUPPORT NETWORK
Promoting Natural Immunity

BLINDED BY STATISTICAL RISK

BY ANNA WATSON, ARNICA
July 2012.


Anna Watson

I WISH I had more time and skill to delve deeper into the world of statistical risk and health choices. My vaccine choices were not made by looking at such risks in detail but I must admit I have become fascinated with the maths. I will give you a warm up example of how the risks of Haemorrhagic Disease of the Newborn (HDN) are dressed up, to 'sell' a policy, procedure or product, and suggest that we should not be blinded by such statistics.

LET'S START WITH AN EASY ONE

When a friend's wife, who was giving birth to twins, asked for oral Vitamin K, the paedatrician was called in to convince the couple to choose the injection. Dad asked if 1 in 10,000 is a significant risk and the reply was Yes. Dad, who is a medical professional, responded loudly "Well this is outrageous, if 1 in 10,000 is a significant risk, then why wasn't I told of the even greater risk of 1 in 5,000 for my wife suffering a stroke after her C Section". After calming the dad down they left the family alone in their decision to have the oral vit K (and not noticing the grin on Dad's face.)

An NHS leaflet states HDN "can happen in as many as 1:10,000 full term babies if they do not get extra Vitamin K. If Vitamin K were not given, of the 800,000 recorded births in the UK every year, 10 to 20 babies could be brain damaged as a result of a bleed in the brain, and 4 to 6 babies could die." However, studies of carcinogenicity, mutagenesis or impairment of fertility have not been conducted with Vitamin K injection, or with any vaccine, and death is a stated risk. Indeed JUNO magazine Issue 25 2012 told the story of a baby suffering Anaphylaxis after the oral vitamin K. Therefore, you would think that the suggestion would be that a healthy full term baby, who is breastfed immediately after a natural birth, is at such low risk of haemorrhaging that the risks of giving a baby artificial Vitamin K, orally or by injection, may be greater.

"For the unvaccinated child now in England and Wales, statistically and officially, there is a 1 in 2000 chance of getting measles in a year, and in a whole unvaccinated childhood the chance is around 1 in a hundred."

Additionally, eating dark leafy greens, blackstrap molasses, green tea and egg yolks is a natural way to build up Vitamin K. And probiotics in your final trimester would increase good bacteria in the gut which helps produce decent amounts of Vitamin K says Dr Khush Mark.

OK, NOW TO THE TRICKY PART

What about the risk of encephalitis from wild measles compared to the MMR?

NHS choices describes Encephalitis as the inflammation of the brain tissue. It is caused either by infection, which is usually viral, or by autoimmune conditions (conditions that cause the immune system to malfunction and attack healthy tissue).

Encephalitis is a complex condition that has a number of possible causes. It is often referred to as a 'rare complication of common infections'…. and states that there are an estimated 4,000 cases each year.

Officially the reported risk of encephalitis associated with measles is 1 in a thousand, versus 1 in a million with the MMR. David Stevens, founder of CKT, started me off in this challenge when he noted that actually as soon as you administer the MMR there is a real immediate risk, and most folk will have 2 boosters. But if the MMR is not administered you may never even contract measles and so the risk of encephalitis is not 1 in a thousand from the point of that decision or for all unvaccinated children.

When a parent asks about the risks of measles versus the MMR they are often told these odds: that the risk of encephalitis after the MMR is one in a million yet the risk after measles is one in a thousand. At face value these seem to favour the MMR but what does this really mean as a risk to your child over his or her lifetime? I will only look at the risk of encephalitis here but if you are interested in risk then you would want to look at other associated risks with the MMR like meningitis serosa, hypotonic-hyporesponsive episodes (HHE), idiopathic thrombocytopaenic purpura (ITP), acute arthropathy, allergic reactions and anaphylaxis and parotitis and then compare with associated risks with those from the diseases of measles, mumps and rubella.

NHS CHOICES STATES

The MMR vaccine is the best way to protect your child against it (encephalitis)
http://www.nhs.uk/conditions/Encephalitis/Pages/Introduction.aspx

I FEEL A COMMENT COMING ON… TAKE A LOOK!

However this GP surgery states that there is no more risk from encephalitis whether you are vaccinated or not, which do incidentally match my figures

"Encephalitis (inflammation of the brain) has been reported very rarely after immunisation (about one case in every million immunisations), but the risk of children developing encephalitis

after the measles immunisation is no higher than the risk of children developing encephalitis without the vaccine."
http://www.bradleystokesurgery.co.uk/index.php?page=mmr

So if you don't vaccinate what risks do you have of contracting measles and more significantly suffering encephalitis?

Firstly, lets look at the chances of an unvaccinated child in the UK getting measles

For the unvaccinated child now in England and Wales, statistically and officially, there is a 1 in 2000 chance of getting measles in a year, and in a whole unvaccinated childhood the chance is around 1 in a hundred. This has been worked out using number of unvaccinated at 2 million and number of confirmed measles cases as 1,000 a year and childhood has been taken up to 20 years for ease of calculation.

Anecdotally this is similar to cases of measles we see within the Arnica community. We have several thousand members and usually hear of a few cases a year.

However, as cases of measles are probably under recorded, because of sub-clinical cases, misdiagnosed cases or just not reported by parents, I would suggest that measles morbidity is actually higher. (And of course some measles cases will be in the vaccinated.)

Indeed, in the past 12 months we have heard that cases of measles have increased in the UK and indeed we have heard of more cases of measles within Arnica in the unvaccinated, around 10, which may increase the risks over time if this rate continues. Interesting that the uptake of the MMR has increased in the past 12 months, could the increase in cases be due to natural disease cycles?

Then lets look at the chances of an unvaccinated child having encephalitis from measles.

I will take the 1989 UK official figures of 1 in 5000 who have measles get encephalitis rather than the 1996 Green Book rate of 1 in a 1000 (which has been adjusted for different studies showing a 1 in 200 risk from the US v 1 in 5,000) then there is 1 in 10 million chance of an unvaccinated child getting encephalitis in any one year, or 2 in a million chance during a childhood.

Even with the revised risk of encephalitis as one in 1000 there would be one case a year in the unvaccinated. (Taking the 1989 risk it would be 1 case every 5 years!) So if encephalitis is 1 in a million after the MMR with a million doses given a year, to include the 2nd booster, then you would expect to see 1 case of encephalitis due to the MMR a year. I would say that chance of encephalitis due to MMR is similar to the chance of an unvaccinated child getting encephalitis, as far as statistics will allow, which does match the conclusion at the Bradbury Stoke Surgery.

Now this is not a full risk assessment of course for all ADRs for the MMR or all complications for those diseases, but it is a small study into one area of risk that at first glance to a parent seems clear but certainly is not. It shows that risk is poorly understood and data is selectively applied.

What about encephalitis after mumps I hear you say? (The risk is officially 0.02- 0.3%.) So now I am going round in circles! Why did I get into this topic in the first place? Yes we make our vaccine decisions looking at risk but many of us, myself included, made the decision looking at the benefits of raising a healthy child and reducing risks of these diseases with knowledge, watchfulness and good care.

Both the World Health Organisation and NHS Choices would say that complications are dependent upon the health of the child and adequate treatment. Complications resulting from measles are more likely to develop in certain children, including: children with a weakened immune system, such as those with leukaemia or AIDS, children with a poor diet, and children under the age of five say the NHS.

And the WHO state that severe complications from measles can be avoided though supportive care that ensures good nutrition, adequate fluid intake and treatment of dehydration … Vitamin A supplements have been shown to reduce the number of deaths from measles by 50%.

http://www.who.int/mediacentre/factsheets/fs286/en/

So is the risk of encephalitis greater in the vaccinated with the MMR or not? You know that I have only skimmed the surface but I hope that I have shown how risk data is complex and can be used in a variety of creative ways. Indeed it appears that the risk of encephalitis after the MMR is certainly not greatly different to if you do not vaccinate and contract measles. What I would say is that if you do vaccinate with the MMR with the chance in a million, you will probably do the booster too giving a further risk of 1 in a million and there is also a chance that you will still contract measles ….

MORE CONFUSED?

Join the Arnica Network for more chance to discuss this and other health topics

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ADDITIONS

John from the Encephalitis Society says that the estimated 4,000 cases of encephalitis is mainly due to the Herpes Simplex which 80% of us carry. His advice regarding managing fever in children and being watchful of encephalitis in illness, including measles, is to have all fits checked by a clinician. Yes, they may be febrile convulsions associated with fever and the child comes through well, or they may be seizures. Indications would be that the fits comes when the child is not having a fever, or if the child has altered levels of consciousness, is not improving or has unequal pupils. He strongly advocates checking out all fits. 4,000 cases a year equates to an average of 100 a year in every town in the UK which is significant to me and so I agree that we need to learn more about health, illness and fever. I put it to John that there may be more complications with viral illness if the child's fever is suppressed before it has dealt the viral infection. He said there is very little study into this area but that he would concur.

NEW BOOK NEWS: WAGING WAR ON THE AUTISTIC CHILD: The Arizona 5 and the Legacy of Baron von Munchausen

BY ANDREW J. WAKEFIELD

Andrew Wakefield reveals the inside story of desperate parents trying to help their autistic children, only to be labeled as abusers by social workers, medical professionals, and the courts.

As the number of children diagnosed with autism spectrum disorders grows each year, new discoveries and controversies arise. Andrew Wakefield explores many of these in his thorough investigation of the recent trial case of the "Arizona 5," which destroyed an Arizona family. Two parents, with five children on the spectrum, were accused of Münchausen syndrome by proxy¬a rare form of child abuse¬and were ganged up on by physicians, child protective services, and the courts, who alleged that the parents fabricated medical symptoms in all five children. However, Wakefield now presents ample evidence that was disregarded and which would have proven the parents' innocence.

Families affected by autism suffer great hardship and prejudice, particularly as they navigate the uncertain waters of diagnosis, treatment, and education. The shocking story of the Arizona 5 family delves into the tremendous challenges some parents have to face, especially if their views on how to treat the syndrome don't align with the medical world's standards. Wakefield also includes numerous studies and research trials that support the controversial yet significant roles that vaccines and diet play in autism, factors many medical professionals wrongfully dismiss.

STUDY: Whooping cough outbreak linked to vaccinated children

BY ELLIOTT FREEMAN

Apr 18, 2012 in Science

http://www.digitaljournal.com/article/323187#ixzz1ser0LbYa

SAN RAFAEL - An investigation by California doctors has revealed that the state's latest outbreak of whooping cough centered around children who had already received the whooping cough vaccine, Reuters reports.

The study, led by infectious disease specialist Dr. David Witt, was initiated after an unusually large number of whooping cough cases were admitted to Kaiser Permanente Hospital in San Rafael, California in 2010.

After examining the records of juvenile whooping cough patients over an 8-month period, the doctors discovered that 81 percent of patients had received the full series of whooping cough shots, and 11 percent had received only some of the shots. The remaining 8 percent had not received any immunizations for whooping cough.

"What was very surprising was the majority of cases were in fully vaccinated children," Witt said. "That's what started catching our attention."

After further analysis, Witt and his team concluded that the effectiveness of the vaccine wears off after several years, creating the need for additional inoculations.

(OR maybe the original shots NEVER worked, but let's sell the public some more of them.)

Unfortunately, drug maker Glaxo Smith Kline (GSK), the manufacturer of the whooping cough vaccine, did not bother to perform long-term studies of its effectiveness. A company spokesperson confirmed this disturbing fact in an email to Reuters, stating that GSK never studied the duration of the vaccine's protection after the shot was given to four- to six-year-olds.

Dr. Tom Clark, a medical epidemiologist with the Center for Disease Control (CDC), also provided a troubling analysis of the situation. "It's likely if we move doses around we'd shift the burden of disease, but not necessarily reduce it," he said.

(So who gets the 'new improved' burden of the disease?)

However, these explanations alone do not account for the new epidemic of whooping cough in California. According to the New York Times, vaccination rates have remained steady as cases of whooping cough have skyrocketed in the state.

In addition, other scientific studies have confirmed a link between vaccines and an increased risk of infectious diseases.

In 2009, four separate Canadian studies concluded that the seasonal flu shot massively increases the likelihood of contracting the H1N1 flu.

According to Science Daily, recipients of the seasonal flu vaccine were up to 250% more likely to be infected by the H1N1 variant than those who did not receive the injection.

Revelations like these should be a reminder to parents to do as much research as possible and weigh the risks and benefits before allowing their children to receive vaccines.

The Quanten Theory

CATCHING A DISEASE
by Patrick Quanten MD

Patrick Quanten MD

HAVE YOU HEARD? There is a bug going around!" A typical statement to indicate that an infectious disease is amongst people, dreaded by those that "catch everything going". An enemy to be reckoned with is about to enter your life. Be aware. Take care. Prevention is the catch-word! And yet, all our prevention doesn't seem to have made a real impact on our fears of being "caught out". Why is that? If you know what to do to prevent a disease and you have the means to stop or shortcut the disease, then why do you still need to be afraid? Could it be that neither, prevention or cure, is working, and that we, deep down, know this? We use antibiotics to cure infectious diseases but we are faced with a fast rising resistance against all antibiotics we have developed. We use vaccination to protect us and our children, but we are furious when someone decides not to vaccinate their child, because now the unvaccinated "threatens" the welfare of the entire group. How can that be if the vaccinated ones are definitely protected?

In the last three decades we have seen a worrying steep rise in obesity. More people than ever before, and more children then ever before, are carrying a serious amount of extra weight. This has, according to the medical profession, serious consequences with regard to their health and longevity. Despite three decades of publicity, of hard campaigning to raise awareness, the problem has only been growing. Despite three decades of serious treatment based on reduction diets (calories, fats, sugars) and on intensive movement training the results are definitely heading the wrong way. Some experts are talking about obesity taking on epidemic proportions. This term links the disease to a mode of "catching" it. Indeed, you might have caught it from your mother and grandmother; or you may catch it by eating the wrong foods. This concept is, in principle, no different from the concept that you might catch an infectious disease by eating infected food or drinking infected water.

Nervous system diseases such as Alzheimer and Parkinson's are spreading rapidly. Again we hear the reference to something that is being passed on from person to person or from the environment of a person to that person. Medical talk, these days, is full of finger pointing towards an outside cause that would explain why you got ill; the more of that stuff you are surrounded with, the greater the chance you might get it too. Parents or grandparents with certain cancers and consequently your chances increase dramatically. Parents and grandparents with cardiovascular problems and consequently your chances increase dramatically. Parents and grandparents with allergies and consequently your chances increase dramatically. Parents and grandparents with dementia and consequently your chances increase dramatically. Almost daily you hear new diseases being added to this list. It's either in your genes, or you are very likely to end up the same. "Just because"! If it is in your environment you are likely to catch it.

NO DEFENCES?

Catching a disease from your outside means that whatever is going to make you ill has to come in from the outside. It has to somehow enter your body, moves around until it finds its perfect spot and then it has to start the destructive process without any interference from your body. Or, to be more descriptive, the bug has to get past all the defences that secure your body's internal affairs from too much outside interference and it has to find a way of entering the body "unseen". Then it has to jump into the bloodstream, the fastest way to travel there (a bug has a natural lifespan; it wouldn't want to waste time!), and it will randomly float around wherever the stream is taking it. In the meantime every few seconds a police patrol (lymphocytes) is passing by but the bug somehow remains unseen. When it arrives at its final destination – specific bugs have specific infection sites inside the body - it sets up camp and it starts multiplying. Of course, for this to happen it needs the neighbouring cells to completely ignore the newcomers on the estate. Then the bug begins its destruction process, killing cells rapidly, and still the tissue is not sounding the alarm, nor is it putting up a fight. And that is, in principle, how an infection can occur when the reason for the infection comes from outside the body. Amazing, isn't it? Almost unbelievable that the body with its intrinsic immune system manages to completely ignore the foreign invasion at all levels! What the hell do I have an immune system for then?

"If you know what to do to prevent a disease and you have the means to stop or shortcut the disease, then why do you still need to be afraid? Could it be that neither, prevention or cure, is working, and that we, deep down, know this?"

Luckily you don't have to panic. We now know the infection doesn't come from outside I say "now", but actually we have known this for nearly two centuries! In Louis Pasteur's time, the great advocator of the theory that says that an infectious disease is caused by the invasion of the body by an outside germ, scientists, biologists and microbiologists alike, had already determined that there was no invasion at all. They taught that an infectious process was started by the cells

of the body themselves. In large numbers these cells become diseased resulting in a rapid en mass decay of the tissue. From inside this cellular debris, and specific for the kind of debris the tissues produce, germs are being created, feeding on the debris and clearing it away. Antoine Béchamps, most respected in his day for the excellence of his research, determined that, for an infectious disease, the soil is everything and the germ is nothing. He also concluded that the germs, occurring later during the process, are the result not the cause of the disease. Since that time, many scientists have independently arrived at the same conclusions, whereby Gaston Naessens (middle of the last century) finally demonstrated the full cycle of development, which undisputedly shows how all known bacterial and fungal families manifest one arising from the previous state and itself changing into the next group as the food of cellular debris alters due to the influence of the previous group of germs. In this way, all types of waste from the decaying tissue structure can be cleared away. If all these things are scientific facts, then why is it that in our schools and in our medical systems we continue to be afraid for "outside attacks"?

LEADING EXPERTS? OR MISLEADING?

What is necessary to ensure a large group of living entities to all pull together and to all move in the same direction at the same time? Answer: give them a common enemy! If they all feel threatened by the same outside danger, they will huddle together and ask for protection and guidance from their leaders. Who is leading the dance here? The experts of course! In this case we are talking about the medical profession, self-proclaimed experts on diseases (Note: they don't proclaim to be experts on health!). Who do we expect to give us protection? The doctor and his bag of tricks. Who is in the position to know the enemy and to give us warning and to tell us what to do? The doctor and his bag of tricks. All we know about the enemy we are facing is what the medical profession tells us about the enemy. Nobody outside the profession has been in a position to spy on the enemy in order to get to extract more facts about him. The odd person who has done so can, of course, not be taken seriously because

"Louis Pasteur not only failed to convince the experts of his day of the theory of an enemy attack coming in from the outside, but he also incited fury amongst the scientists because of his perpetual very poor standard of experimenting and his fantasy conclusion making..."

he is not an expert; he doesn't get expert status by telling different tales about the enemy, or if he already has expert status, if he is a doctor, he gets struck off their list and overnight becomes an imbecile. Louis Pasteur not only failed to convince the experts of his day of the theory of an enemy attack coming in from the outside, but he also incited fury amongst the scientists because of his perpetual very poor standard of experimenting and his fantasy conclusion making, way beyond the realm of the experiment itself. However, Louis Pasteur did manage to convince investors in new technology and chemistry. Together, they turned out stories of successes; they conjured up statistics; they set up experiments to prove whatever it was they required proof of. The marriage-à-trois was born: medical profession (authority), industry and media.

The structure is, today, essentially unchanged. What disturbs me the most in this is the fact that the individual is only a means to an end, and that the end is profit, not health. How different could it be if there is no outside enemy and all germs arise from within the diseased tissue itself?

If there is no environmental threat then we wouldn't need protection against it.

If there is no environmental threat then we would not need experts to keep us informed about it.

If every infectious disease is an expression of an internal disease process then germs become our friends and the disease process becomes an individual affair. Every infection, regardless of the kind of germ that we can find within the debris, becomes a particular and individual process. That means that there is no overall cure; that the individual is the only person who is capable of altering the way he/she functions and thereby changing the way the debris occurs.

But is something like this at all possible?

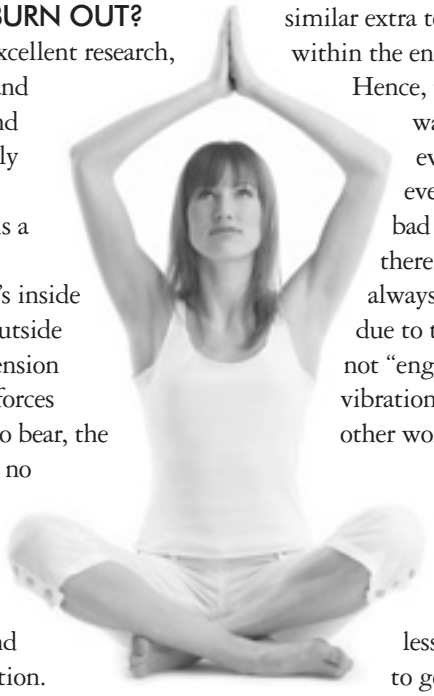
NOT THE MATTER THAT MATTERS

Albert Einstein proved that all matter in fact is energy. Everything in the entire universe is energy, and matter is a compressed expression of that energy. Any alterations in the matter can only be explained by changes within the balance of the energetic field from which the matter springs. This means that for almost a century we have known that matter is not important and that matter can certainly never give us answers about changes from health to disease we experience. Why aren't we teaching this and why are we persisting with the view that chemical interference is both the cause and the cure of diseases?

Furthermore, since the mid-eighties scientists have proven that our emotions are being "translated" into molecules, into physical structure, into matter. This underpins what Einstein taught us, but has it encouraged the authorities to open their doors for different concepts and facts? No, not at all! Did it make a difference when New Biology in the nineties proved that every cell of the body communicates with the outside world via vibrations, frequencies and waves, not via contact with chemicals? No, not at all! Authorities not only do not want to know, they multiplied their effort of convincing people of the opposite. Huge advertising campaigns via the media, via television programmes (reality tv as well as fictional stories), via radio and magazine stories ensure that their story still rules the masses. Be afraid, be very afraid!

Simply put. For nearly two hundred years scientists have proven that germs are a result of the disease, not the cause, and that they arise from within the diseased tissue. For nearly a hundred years scientists have proven that all matter is energy and that the way it is made and the way it functions is determined by the energetic field from which the matter arises. For thirty years scientists have proven that all cells produce their own matter in response to energetic stimuli from their environment, not from contact with other matter in their environment. So what?

BURN OFF OR BURN OUT?



From the ruins of excellent research, destroyed by time and authority, money and profit, arises a simply truth. Disease is a personal matter; it is a personal imbalance between the person's inside world and his/her outside world. When the tension between these two forces becomes too great to bear, the physical matter can no longer be expressed in the same way; it changes away from what it was and how it used to function. Now the person is diseased. If the local tissues can no longer clear the debris by itself, germs arise from the debris in order to help the clearing up process. Very often, at the same time the body starts a burning process to "burn off" waste material (fever, inflammation). Whether or not an individual responds to the environment by allowing the tension to build and build is an individual matter. Hence, a lot of people may respond in a similar way to an outside situation at more or less the same time, thereby producing a similar extra tension in similar places within the energy field and the matter. Hence, they become ill in a similar way at the same time. But not everybody will join in. In every epidemic, no matter how bad or widespread they are, there have always been and there always will be survivors. This is due to the fact that these people do not "engage" with the particular vibrations of their environment. In other words, the world leaves them stone cold! Well, at least in that particular way, on this specific issue, at this specific time. The "stronger" a person is the less likely it is he/she is going to get ill. Strength here is not measured in terms of blood pressure, fitness, breathing capacity or any other medical test; it is simply measured by the ease with which the person can distance him/herself from potentially strong and disturbing environmental influences. The focus turns inwardly, towards the Self, not towards what the outside world might want or need. The person is not afraid of the environment he/she lives in. There is harmony between the inner person and the environment of the person.

And that is how different a world that would be! Now there is no need for me to be afraid, and there is no outside influence that will make me ill, unless I allow it to disturb my own balance. Now there is no need for statistics and risk assessment. Now there is no need for a war. Now there is no need for weapons and secret intelligence. I am the one who knows best, and I am the one who remains in charge of my own life. What others do becomes irrelevant to my health balance!

Now all that matters is me and what I would like to do with my life. All that matters is how I need to live my life. All that matters is what is important to me, not to anyone else. All that matter is that I am in charge of my own health. All that matter is I.

Catch a disease if you will.
Or learn about your own disease and become your own Medicine Man: expert on the subject of you.
July 2012

Further reading on the website
www.activehealthcare.co.uk
In the medical section:

- ***The Origin of Germs***
- ***A Critical Look at Vaccination***

In the science section:

- ***Vaccination and Immunity***
- ***Viruses***

Hepatitis B vaccine induces apoptotic death in Hepa1-6 cells

HAMZA H, CAO J, LI X, LI C, ZHU M, ZHAO S.

17 May 2012

SOURCE: Key Lab of Agricultural Animal Genetics, Breeding, and Reproduction of Ministry of Education, College of Animal Science and Technology, Huazhong Agricultural University, Wuhan, People's Republic of China. Heyam68_hamza@yahoo.com

ABSTRACT:
Vaccines can have adverse side-effects, and these are predominantly associated with the inclusion of chemical additives such as aluminum hydroxide adjuvant. The objective of this study was to establish an in vitro model system amenable to mechanistic investigations of cytotoxicity induced by hepatitis B vaccine, and to investigate the mechanisms of vaccine-induced cell death. The mouse liver hepatoma cell line Hepa1-6 was treated with two doses of adjuvanted (aluminium hydroxide) hepatitis B vaccine (0.5 and 1 μg protein per ml) and cell integrity was measured after 24, 48 and 72 h. Hepatitis B vaccine exposure increased cell apoptosis as detected by flow cytometry and TUNEL assay. Vaccine exposure was accompanied by significant increases in the levels of activated caspase 3, a key effector caspase in the apoptosis cascade. Early transcriptional events were detected by qRT-PCR. We report that hepatitis B vaccine exposure resulted in significant upregulation of the key genes encoding caspase 7, caspase 9, Inhibitor caspase-activated DNase (ICAD), Rho-associated coiled-coil containing protein kinase 1 (ROCK-1), and Apoptotic protease activating factor 1 (Apaf-1). Upregulation of cleaved caspase 3,7 were detected by western blot in addition to Apaf-1 and caspase 9 expressions argues that cell death takes place via the intrinsic apoptotic pathway in which release of cytochrome c from the mitochondria triggers the assembly of a caspase activation complex. We conclude that exposure of Hepa1-6 cells to a low dose of adjuvanted hepatitis B vaccine leads to loss of mitochondrial integrity, apoptosis induction, and cell death, apoptosis effect was observed also in C2C12 mouse myoblast cell line after treated with low dose of vaccine (0.3, 0.1, 0.05 μg/ml). In addition In vivo apoptotic effect of hepatitis B vaccine was observed in mouse liver.

WHOOPING COUGH VACCINE FAILURE DRIVES RESURGENCE OF THE DISEASE

FROM: VRAN E-BULLETIN, CANADIAN PUBLICATION
www.vran.org
August 2012

THE RECENT unfortunate death of a young Alberta infant due to complications from whooping cough (pertussis) has sparked a media frenzy over disease increase in highly vaccinated populations. Rather than provide factual information about pertussis vaccine ineffectiveness, changing epidemiology of the disease, and shifting genetics of the organism, health officials prefer blaming the unvaccinated as they ramp up fear factor to get you lining up for more shots.

Despite vaccination rates of up to 95%, the incidence of whooping cough and mortality from the disease in developed countries has been increasing since 1990 "When exposed to pertussis infection, over 50% of vaccinated people develop asymptomatic, mild disease and become a source of infection for infants in whom pertussis may result in hospitalization and death", say researchers.

The call to intensify vaccine coverage will not result in more protection for vulnerable babies because the pertussis vaccine does NOT prevent transmission of the disease. Fully vaccinated people can remain infectious and act as silent carriers transmitting the disease to infants without themselves displaying clinical symptoms.

An Israeli study concluded, "Vaccinated adolescents and adults may serve as reservoirs for silent infection and become potential transmitters to unprotected infants…..even young, recently vaccinated children may serve as reservoirs and potential transmitter of infection." So much for the widely touted theory of "herd immunity" which assumes that if you are vaccinated you can neither catch nor spread the disease in question.

Australian researchers warned last year that the bacteria that causes whooping cough has mutated, eroding 'protection' provided by the vaccine. Another strain of the organism, parapertussis can also cause whooping cough. A recent study found that "acellular whooping cough vaccine actually enhances the colonization of Bordetella parapertussis in mice; pointing towards a rise in B. parapertussis incidence resulting from acellular vaccination, which may have contributed to the observed increase in whooping cough over the last decade."

On examining the health records of thousands of California children, infectious disease specialist Dr. David Witt, was very surprised to find that the majority of cases of whooping cough were in fully vaccinated children. Witt's report published in the journal Clinical Infectious Diseases concluded that, "the vaccine is effective about half of the time for all kids, and just 24 percent of the time in the eight to 12 year old age group".

The death of a young child is always a profound tragedy whether it occurs in the vaccinated or unvaccinated. Infants in the first year of life have always been at highest risk of serious injury from both pertussis disease and its vaccine. Well documented in the medical literature, pertussis vaccine is notorious for its ineffectiveness and for causing neurological injuries and death in young children.

A 1989 multidisciplinary workshop led by experts in pediatric neurology considered the neurologic complications of whooping cough and whole cell pertussis vaccine. "The most carefully conducted retrospective case-control study reported that the relative risk of a previously normal infant for the onset of an illness leading to encephalopathy with permanent subsequent disability was 4.2 times greater during the first 72 hours following DPT vaccination than in controls."

In 1991 the Institute of Medicine (IOM) report on Adverse Effects of Pertussis and Rubella Vaccines concluded that "evidence is consistent with a causal relation between DPT vaccine and acute encephalopathy (brain inflammation) and "unusual shock-like state" (hypotonic/hyporesponsive episode): and that "evidence indicates a causal relation between DPT vaccine and shock (anaphylaxis) and protracted, inconsolable crying."

Medical officials know full well that an acute brain inflammation can lead to death or a diagnosis of mental retardation, medication resistant seizure disorders, learning disabilities, attention deficit disorder, autism and other chronic neurological and health problems. Since the inception of mass vaccination programs, many families have lost their children to vaccine injuries because they trusted and believed their doctors' assurance that the vaccine was safe.

And even earlier, in 1980, Gordon T. Stewart M.D Emeritus professor of Public Health in the U.K. and principal investigator of the disease wrote that the vaccine "has never been proved to be adequate in protecting infants below one year of age… [in the U.K.]…. the marginal advantages of the vaccine in children over one year of age have to be offset against adverse effects of the vaccine itself…."

Dr. Edward Yazbak's 2003 review of death and disabilities reported to the Vaccine Adverse Events Reporting System (VAERS) which records approximately 1 to 10% of vaccine reactions and injuries in the U.S., found that, "of 253 infant deaths cases awarded more than 61 million dollars by the US Court of Federal Claims in the 1990s, 224, or 86%, were attributed to vaccination with DTP." He writes, "Even without factoring in any under-reporting to VAERS, the number of infants reported to have died by the day following DTaP vaccination in 1998 is still more than the number who died as a result of whooping cough in the year 2000."

The National Vaccine Information Center's (NVIC) recent analysis of the whooping cough surge in the highly vaccinated U.S. population confirms that increased uptake of pertussis vaccine "has not translated into decreased mortality among infants."

Health officials who advocate for "cocooning" infants against pertussis, a strategy of vaccinating family members in contact with babies, are stabbing in the dark. Australia has recently abandoned the "cocooning" strategy in place since 2009, because the clinical evidence shows that cocooning is "not effective in protecting newborns from the potentially deadly illness."

Alongside the call for "cocooning" is the push to vaccinate pregnant women with Tdap, the triple antigen, diphtheria, tetanus and acellular pertussis vaccine. In late 2011 the CDC's federal advisory committee on immunization recommended injection of pregnant women at 20 weeks gestation. According to the NVIC report, the Food and Drug Administration (FDA) rates Tdap vaccine as a Category C drug, meaning: "Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans……"

NVIC points out that, "Animal fertility studies have not been conducted, nor have human studies on the potential for fetal harm as disclosed in manufacturer product inserts for Tdap (Sanofi Pasteur - Adacel, GlaxoSmithKline - Boostrix). Many pregnant women are likely unaware that Tdap is licensed as a Category C drug, or that safety data is being gathered from passive mechanisms as the vaccine is used on them. Most pregnant women would assume that when their doctor recommends that they receive the Tdap vaccine that it has been proven safe."

NVIC is very concerned that "vaccine injuries, reactions and deaths arising from the administration of Tdap in pregnant women is likely to be underreported, as is already acknowledged with VAERS and vaccine reactions in general, all the while exposing mother and child to unknown risks associated with the vaccine." They ask, "Exactly where is the sound SCIENCE that demonstrates that the benefits of giving Tdap during pregnancy outweighs the risks?.....the lack of transparency in terms of what the public at large is told in relation to pertussis incidence, cocooning, and Tdap use in pregnancy is stunning."

Attack articles such as recently published in the Globe & Mail denigrate families who choose to shield their children from the top heavy "one-size-fits-all" vaccine schedule which includes up to 41 doses of 14 vaccines by the time a baby is 18 months old. Depending on where you live in Canada, a two month old baby can receive up to 9 vaccines on the same day. We ask, where are the studies proving it is safe to inject infants with this many vaccines? Answer – there are none!

Rife with misinformation and distortions, the Globe & Mail piece in sympathizing with DTaP vaccine as "the victim of unscientific claims that it caused neurological damage" is nothing less than 'medical revisionism'. It attempts to sanitize the dark history of pertussis vaccine while demonizing those who refuse vaccines. Vaccine awareness groups like VRAN are accused of being "quacks and charlatans" for encouraging parents and individuals to educate themselves prior to making a vaccine decision. The hostility and ignorance evident in this piece fuels the ongoing decline of public trust in vaccines.

We ask the medical profession and media why they believe the life a child who is injured or killed by a vaccine has less value than that of a child who has succumbed to the disease? Curiously, they are uncurious about the children who have been injured by this vaccine and have paid the ultimate price.

It is precisely because so many children were injured by the DPT whole cell pertussis vaccine that public information and support groups have sprung up around the world to document and study health injuries caused by mass vaccination programs. It was the parents of children injured and killed by DPT vaccine who spearheaded the U.S. Congressional initiative 25 years ago to create a vaccine injury compensation program in that country. Canada has no comparable system of compensating vaccine injury victims.

As of June, 2010, over half of the 2,480 awards for vaccine injury and death totaling $2 billion dollars awarded under the U.S. 1986 National Childhood Vaccine Injury Act involve pertussis vaccine. Thousands of vaccine injury victims wait in the wings to have their cases heard by the U.S. Vaccine Court.

Canadian health officials should take a cue from their American counterparts who are venturing towards more transparency about the ineffectiveness of pertussis vaccine. CDC spokesperson Tom Skinner concedes that, "the outbreaks are probably not the result of the increase in the number of parents choosing not to vaccinate their children from certain diseases….[and] "It's not likely that vaccine refusal is having a large role in this," he said. "Pertussis is a bacterium that's cyclical in nature. We see these outbreaks from time to time as immunity wanes in our populations". Dr. Peter Cieslak, Medical Director of the Oregon Immunization Program observed that,"The vaccine is not going to eradicate pertussis. "It isn't good enough to wipe out the disease, and it's going to be around indefinitely".

We challenge health officials to show us the science proving it is safe to inject so many vaccines simultaneously into small babies. Parents of vaccine injured children wonder why independently conducted risk/benefit analyses have never done to compare long term health outcomes in both vaccinated and unvaccinated children. For decades, parents of vaccine injured children have been calling for such studies to understand whether children subjected to the intensive "one-size-fits-all" vaccine schedule are more or less healthy than children shielded by their families from mass vaccination programs.

Long lasting Immunity Derived from the disease vs. Temporary Vaccine Immunity:

A study estimating the duration of pertussis immunity after recovery from the disease published in PLoS Pathogens in 2009, states: "Our results support a period of natural immunity that is , on average, long-lasting (at least 30 years)..." although, "some individuals would lose immunity quite rapidly."

Compare that to a study concerning duration of immunity to DTaP vaccine which found a 36% increased risk of acquiring pertussis with each year that follows vaccination. Lead author, Roger Baxter MD, told Medscape Medical News: "If you look over time, this means that whatever your DTaP vaccine was worth to begin with, at 3 years it's 32% and at 5 years it's 16% of your initial effectiveness."

It's incongruous that, although pertussis vaccine has been used widely since the late 1940s we still have pertussis epidemics and a few pertussis deaths. Yet, well before that time and the introduction of antibiotics, the pertussis death rate was steadily declining. In fact, a July 31, 2012 ABC News report indicates that the disease itself may have declined so much by the late 1940s that its rate was no worse than today's. The report states "The United States might see the highest number of cases of whooping cough in more than five decades this year..."

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THE *informed* PARENT

20 YEARS OLD!

THIS SEPTEMBER marks the 20th Anniversary for The Informed Parent. In September 1992 The Informed Parent was set up by 4 mothers, including myself with the primary aim of creating more awareness on the subject of vaccination. By 1995 I found myself in the situation of having to take on running The Informed Parent single-handed. Despite moments of financial despair I have somehow managed to keep it running all these years due to YOU the subscribers. Some of you have been renewing every year since 1992 and I would just like to say a massive THANK YOU! Your regular support has enabled the publication to continue helping more parents to start looking into this issue and hopefully helped them be able to make an informed decision.

Please spread the word about the publication and help me increase the numbers subscribing. There is still much to do for a massive change around in the present established view of health and disease, but I do feel that it is gathering momentum and is certainly no longer an impossible dream.

Wishing you all good health and happiness,

Magda Taylor

September 2012.

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 views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.

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