THE informed PARENT
ISSUE ONE 2014 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

VACCINE INDUSTRY WATCHDOG OBTAINS CDC DOCUMENTS THAT SHOW STATISTICALLY SIGNIFICANT RISKS OF AUTISM ASSOCIATED WITH VACCINE PRESERVATIVE THIMEROSAL

CHARLOTTE, NC (PRWEB)
http://www.prweb.com/releases/ASOT/Thimerosal/prweb11598819.htm
19 February 2014

BIOCHEMIST Brian Hooker, scientific advisor to A Shot of Truth, reveals CDC knew of risks for over a decade. We must ensure that this and other evidence of CDC malfeasance are presented to Congress and the public as quickly as possible. Time is of the essence. Children's futures are at stake.

For nearly ten years, Brian Hooker has been requesting documents that are kept under tight wraps by the Centers for Disease Control and Prevention (CDC). His more than 100 Freedom of Information Act (FOIA) requests have resulted in copious evidence that the vaccine preservative Thimerosal, which is still used in the flu shot that is administered to pregnant women and infants, can cause autism and other neurodevelopmental disorders.

Dr. Hooker, a PhD scientist, worked with two members of Congress to craft the letter to the CDC that recently resulted in his obtaining long-awaited data from the CDC, the significance of which is historic. According to Hooker, the data on over 400,000 infants born between 1991 and 1997, which was analyzed by CDC epidemiologist Thomas Verstraeten, MD, "proves unequivocally that in 2000, CDC officials were informed internally of the very high risk of autism, non-organic sleep disorder and speech disorder associated with Thimerosal exposure."

When the results of the Verstraeten study were first reported outside the CDC in 2005, there was no evidence that anyone but Dr. Verstraeten within the CDC had known of the very high 7.6-fold elevated relative risk of autism from exposure to Thimerosal during infancy. But now, clear evidence exists. A newly-acquired abstract from 1999 titled, "Increased risk of developmental neurologic impairment after high exposure to Thimerosal containing vaccine in first month of life" required the approval of top CDC officials prior to its presentation at the Epidemic Intelligence Service (EIS) conference. Thimerosal, which is 50% mercury by weight, was used in most childhood vaccines and in the RhoGAM® shot for pregnant women prior to the early 2000s.

The CDC maintains there is "no relationship between Thimerosal-containing vaccines and autism rates in children," even though the data from the CDC's own Vaccine Safety Datalink (VSD) database shows a very high risk. There are a number of public records to back this up, including this Congressional Record from May 1, 2003. The CDC's refusal to acknowledge thimerosal's risks is exemplified by a leaked statement from Dr. Marie McCormick, chair of the CDC/NIH-sponsored Immunization Safety Review at IOM. Regarding vaccination, she said in 2001, "…we are not ever going to come down that it [autism] is a true side effect…." Also of note, the former director of the CDC, which purchases $4 billion worth of vaccines annually, is now president of Merck's vaccine division.

Dr. Hooker's fervent hope for the future: "We must ensure that this and other evidence of CDC malfeasance are presented to Congress and the public as quickly as possible. Time is of the essence. Children's futures are at stake." A divide within the autism community has led to some activists demanding that compensation to those with vaccine-injury claims be the top priority before Congress. Dr. Hooker maintains that prevention, "protecting our most precious resource – children's minds," must come first. "Our elected officials must be informed about government corruption that keeps doctors and patients in the dark about vaccine risks."

Referring to an organization that has seen its share of controversy this past year, Dr. Hooker remarked, "It is unfortunate that SafeMinds issued a press release on my information, is accepting credit for my work and has not supported a worldwide ban on Thimerosal."

Brian Hooker, PhD, PE, has 15 years experience in the field of bioengineering and is an associate professor at Simpson University where he specializes in biology and chemistry. His over 50 science and engineering papers have been published in internationally recognized, peer-reviewed journals. Dr. Hooker has a son, aged 16, who developed normally but then regressed into autism after receiving Thimerosal-containing vaccines.

Dr. Brian Hooker's investigative research is sponsored by the Focus Autism Foundation. The Focus Autism Foundation is dedicated to providing information to the public that exposes the cause or causes of the autism epidemic and the rise of chronic illnesses – focusing specifically on the role of vaccinations. To learn more, visit focusautismminc.org.

A Shot of Truth is a non-profit 501(c)(3) organization and educational website sponsored by Focus Autism.

AutismOne is a non-profit 501(c)(3) organization that provides education and supports advocacy efforts for children and families touched by an autism diagnosis. To learn more, visit autismone.org.

Editor's note

Magda Taylor

WELCOME TO THE FIRST ISSUE OF 2014.

Just to say many thanks to all of the long-term subscribers for keeping this publication in existence, and also your warm and supportive comments! And 'hello' to new subscribers – I do hope you find the newsletter a useful source of information.

It has been generally quiet on the vaccine front in the mainstream media. We are probably due for another outbreak of measles scare stories sooner or later, or maybe mumps. I can only urge you to read more on acute childhood illness from a naturopathic or holistic viewpoint. These dis-eases are viewed so differently from the orthodox way of thinking (actually it is probably the lack of thinking in this case!). I reproduced an article many years ago by an outspoken critic of vaccination Dr Hadwen entitled 'Dare Doctors Think'. Dr Hadwen was encouraging the public to try and educate their doctors. So if you do have to engage in any discussions with your GP about so-called 'infectious diseases' or vaccination issues then it would be worth photocopying one or two articles on the subject from the holistic viewpoint and passing them on to your doctor.

It is quite possible that most will be reluctant to read anything but it may sow a seed of doubt in a few minds - and set them on a more open-minded way of looking at things. Rather than articles on particular vaccines and what they may or may not be causing, or what they contain, perhaps articles which question the theory that germs cause disease. If you have not yet got a copy of the Special Edition newsletter, which features a mix of articles questioning disease and the cause, then you can obtain a PDF copy from the website. You may well find some information there to pass on to your GP and/or health visitor – it's worth a try!

MAGDA TAYLOR, EDITOR, MARCH 2014.

SCIENTISTS CREATE POWERFUL FLU VACCINES FROM SILKWORM DNA

BY FUMIKAZU ASAI/ SENIOR STAFF WRITER

http://ajw.asahi.com/

13 February 2014

RESEARCHERS said they have developed a new method of creating large amounts of flu vaccine by using the genetic code of silkworms.

They said the new procedure is quicker and less costly than conventional methods. The major component of flu vaccines is a special protein that exists on the surface of flu viruses.

Led by Kuniaki Nerome, director of a biological resources center in Nago, the team of researchers synthesized DNA that helps enable the protein based on the genetic information of a flu virus. The scientists then introduced the synthesized DNA into the genetic code of silkworms.

After the silkworms turned into chrysalides, Nerome and his colleagues crushed the insect pupae and purified the resulting powder. They then found the special proteins with exceptional high purity on the surface of the powder particles.

Silkworm

They also discovered that the structure of the particles was similar to that of flu viruses, which means vaccines made from the particles would likely provide a highly effective treatment. Further studies revealed that vaccines developed with the new method were about 100 times more effective than existing vaccines. ***(EDITOR: It is very debatable how effective the existing ones are, some might say that they are 0% effective – in which case 100 times 0 is still nought.)***

The researchers said the new method will enable scientists to develop vaccines against a new strain of influenza more quickly. Conventional technologies require a large number of chicken eggs specially prepared to culture flu viruses. It usually takes more than six months to create a vaccine when a new type of flu appears. But the new method using silkworms will enable scientists to complete a new vaccine in three months, Nerome said.

Nerome added that he has already started working on a prototype vaccine against the H7N9 strain of bird flu, currently rampant in China, in addition to one to deal with the H5N1 bird flu virus.

Working with an Indonesian university and backed by the Okinawa prefectural government, the team is looking to reduce costs to one-tenth the current level in an effort to commercialize silkworm vaccines to prevent flu infection among chickens. The researchers plan to later evaluate the safety and efficacy of the new technology for humans, and intend to market human vaccines made from silkworms within several years.

The team will present its findings at an international conference on infectious diseases that starts in Okinawa on Feb. 14.

FIVE FAMILIES GO TO COURT

The children from left to right: Naomie, Lolita, Lucia and Terry.

Editor: Pictured above are the parents of the five families accusing vaccines of causing their children's disabilities, along with their children. Nello, one of the victims is not in the photo as he was in hospital on the day the photograph was taken.

VANESSA BOY-LANDRY, ORIGINAL AUTHOR.

FIVE FAMILIES have joined forces to take GlaxoSmithKline, Pfizer and Sanofi to court. They hope that the courts will acknowledge the side effects of vaccines and award compensation to their disabled children.

Last Friday, their lawyer, Mr. Hartemann, presented their case before the Court of Bobigny in the outskirts of Paris.

After addressing the court for an hour and a half, Mr Hartemann claimed to be 'pleasantly surprised' by the verdict: the vaccine manufacturers had not objected to medical investigations in four of the five cases.

"These are children who were perfectly healthy before they received their jabs", he continues, stressing the similarity of the different stories."

This represents an initial 'go-ahead' which, if approved by the court, will pave the way for further investigations and research into the rare diseases suffered by these children who all developed very severe neurological disturbances after receiving vaccines.

"They suffer side effects similar to those of major head traumas or epileptic fits causing very serious brain damage", claimed the lawyer.

"These are children who were perfectly healthy before they received their jabs", he continues, stressing the similarity of the different stories, "and who suddenly, after their first injections or after a booster, stopped developing and presented very significant damage".

SANDRINE: "WHAT COULD POSSIBLY HAVE REMOVED THE PART OF NELLO'S BRAIN WHICH CONTROLS ALL HIS MOTOR SKILLS?"

Nello, age 3 (See Vaccine Reaction? article on page 5), Naomie, (4 and a half), Lucia, age 3, Lolita, 18 months, Terry, age 15. five children who were all developing normally but whose condition slowly deteriorated only days or weeks after their vaccinations. Very high fever, inconsolable crying, loss of muscle tone, stiffening of the body…. These were the alarming signs observed by their parents. Now these children are unable to walk, talk or even hold their heads up; they struggle to eat, drink or hold something in their hands…. None of the many tests performed and samples taken by the neuro-paediatrics ward has revealed the cause of their ailments. "Naomie was born premature but her development was fine until she received her first injection of Infanrix Hexa (GSK vaccine against diphtheria, tetanus, whooping cough, hepatitis B, polio and haemophilus influenza type B) and Prevenar 13 (Pfizer

›

vaccine against pneumococcal infections)", explains her mother, Mona. After a week of constant crying, we took her to the emergency room: strabismus and loss of all muscle tone (she could no longer sit by herself). The doctors were unable to come up with a diagnosis.

LUCIA NEARLY DIED OF ENCEPHALITIS WHICH HAS LEFT HER BLIND AND TETRAPLEGIC.

Two months after Lucia received her Infanrix Hexa and Priorix boosters at 18 months, her mother found her unconscious in her bed, "like a rag doll". They rushed her to the hospital where the doctors observed inflammation of her brain. Three days later, she underwent an emergency operation for encephalitis which nearly cost her her life; after a month of coma, she awoke blind and tetraplegic. No inflammatory illness or virus was identified as the cause of these neurological symptoms.

The doctors were unable to come up with a diagnosis for little 18-month-old Lolita also. Her problems started when at age two months, only two weeks after her first jab of Infanrix Hexa and Prevenar 13, she seemed to have a momentary fit: "Her body stiffened, she gasped and growled, drooled and no longer reacted to light", reports her mother. After her second jab, at three months, she was rushed to the ophthalmological emergency ward: "My daughter was like a grub, her hands clasped in tight fists around her thumbs, unable to hold up her head." So far, genetic testing on Lolita has come up with no conclusions.

15-year-old Terry suffered an 'unexplained' encephalitis when he was only 12 months old and is now 80% disabled. The first signs of illness appeared when he was two and a half months old, after his first Pentacoq jab (Sanofi vaccine against whooping cough, haemophilus type B, Diphtheria, Tetanus and polio, withdrawn from the market in 2005): high fever, persistent screaming, chronic bronchitis and then three weeks later, paralysis of the right side (from the hip to the arm).

All five sets of parents report that their doctors insist the vaccines could not possibly be responsible. "Consultants, doctors and neuro-paediatricians have all denied this hypothesis. The subject is totally taboo", reports Lionel, Nello's father. "As far as they are concerned, vaccines cannot possibly be the cause because there is no scientific evidence of such a link", adds Sabrina, Lucia's mother, who suggests that there may be a genetic predisposition: "Maybe the risk is very rare, within a certain population of children."

In France, only the Diphtheria, Tetanus and Polio vaccines are currently mandatory but it is no longer possible for a child under age 6 to receive the DTPolio vaccine because it disappeared from the market in 2008.

These angry parents blame the doctors for a lack of information. Most of them were unaware that the routine schedule contained a mix of mandatory and recommended vaccines. According to a drugs expert, "this raises the question of the unmentionable interactions between the vaccines, which also raises a legal issue." As things stand today, compensation for damage linked directly to a mandatory vaccination must be paid by the Government through ONIAM (Office national d'Indemnisation des Accidents Médicaux: French National Office for Medical Accident Compensation).

"Even if the judges acknowledge that the vaccine was indeed the cause of the encephalopathy, the fact that there were non-mandatory components in the jab could impede compensation for the family" explains the expert.

HOW CAN IT BE PROVEN THAT THE DAMAGE WAS CAUSED BY THE MANDATORY VACCINE?

Attorney Hartemann knows full well that the vaccine manufacturers will hang their case on denial of the vaccine's implication in the damage but he hopes that jurisprudence will tip the scales. In 2012, after 17 years of legal proceedings, the French Council of State acknowledged that the Pentacoq vaccine (5 different viruses) triggered a 95% disability in a 5-month-old baby. According to the drugs expert "This is a favourable turn of affairs, probably rooted in the judges' conscience. For the very first time, they used reverse logic: the Pentacoq is a mixture of mandatory and recommended vaccines so they considered that by amalgamation, the disability could just as easily have been caused by a mandatory vaccine."

The lawyer is also counting on the considerable number of supporting arguments (timing, the children were all in good health before they were vaccinated….) for the families to get their compensation. In the case of Terry, the oldest case in the file, the manufacturers are blaming the prescription, unless it can be proven that Sanofi is responsible because the product was faulty.
We will know more on the 19th of February when the families learn whether the medical investigations have been approved by the Court.

Five Families go to Court:
http://www.parismatch.com/Actu/Sante/Cinq-familles-devant-la-justice-547305
PARIS MATCH (Translation of excerpts) 7/02/2014

"NUTRITIONAL AND BIOLOGICAL MODALITIES – DIETS,VITAMINS, JUICES, HERBS, ETC ARE NOT OFFERED AS CURES FOR DISEASE, BUT ONLY AS SUPPORTIVE MEANS OF HELPING THE BODY'S OWN INHERENT HEALING FORCES AND ASSISTING ITS OWN HEALING ACTIVITY. I WISH TO STRESS THE FACT THAT NO FOOD, NO VITAMIN, NO HERB - AND, FOR THAT MATTER, NO DRUG! - CAN EVER CURE DISEASE. DISEASE CAN BE CURED ONLY BY THE BODY'S OWN HEALING AND HEALTH-RESTORING POWER" ~ PAAVO AIROLA, PHD

VACCINE REACTION? - Dismissed and denied without investigation

EDITOR: I recently came across the case below and have put a link to a You Tube presentation by the parents of this young boy on to the Informed Parent noticeboard. Here is a summary of what occurred to little Nello after he received a dose of the MMR at the age of around 20 months old.

Nello was born on 17th October 2010 - a beautiful and healthy baby boy, much to the joy of his parents.

He was developing normally from a baby to a toddler, meeting all his developmental milestones. However in July 2012 he received his booster shot of Priorix (MMR vaccine) and following a high fever Nello's health started to deteriorate. He was unable to walk or even stand and when he crawled he gripped his thumbs, making a fist. His worried parents took him back to the doctor who then referred him to the CAMS (Early Years Medical & Social Care centre).

Nello's condition worsened at the end of August 2012 when one night shortly after he had been put to bed. He woke up screaming in horrific pain and nothing would calm him down resulting in his parents taking him to the Emergency room at the hospital. Before even being examined the neuro-paediatrician at the Annecy hospital advised the parents to allow Nello to receive the flu vaccine. This they declined. Nello was then put through a battery of tests - MRI scan, EEG, EMG urine analysis, scans, X-rays, lumbar puncture, endless blood tests, liver, muscle and skin biopsies.

His parents then decided they wanted him to be treated at the La Timone Hospital in Marseille. The doctors eliminated trauma, infection and genetic diseases but refused to question the possibilities of vaccine damage when the parents questioned this as the likely cause. Every single one denied that there could be any link and Nello's parents noticed a change in their behaviour whenever the vaccines were mentioned - becoming very defensive and retorting in a parrot-like fashion comments such as 'vaccines save lives'.

The parents were not alone in their opinion regarding a vaccine reaction, others, such as doctors, homeopaths, consultants in biology, scientists also believed that the vaccination had been the most likely cause of Nello's disabilities.

To date all the parents know is from the MRI scan in September 2012, which showed: ' the ventricular volume of the infratentorial region seems enlarged with excessive visibility of the subarachnoid spaces, but without any rounding the temporal horns' - which suggest white matter atrophy (the wasting away of brain tissue which carries information between the nerve cells in the brain and the spinal cord).

Nello had been a healthy boy - so what caused this deterioration of the part of his brain governing all his motor skills? Nello has been unable to walk for over a year now and cannot hold his head up or straighten his back. He has difficulty eating and cannot drink. Since January 2013 he has been fed and hydrated through a stomach tube planted through his abdomen wall.

No scientific study to date can prove that vaccines are risk-free and Nello's parents would like to hear from parents of children with similar cases and also, at the same time, alert the public to the potential risks vaccines may carry.

You can visit their website (in French) at www.nelloeag.wix.com/nello---eag ***or email directly to them at:***
nello.eag@live.fr

Fordham University mumps outbreak jumps campuses

NEW YORK (WABC)
21 February 2014

THE OUTBREAK of the mumps at Fordham University has spread from one campus to another.

There are now 13 reported cases, 12 at the Rose Hill campus in the Bronx and one at the Lincoln Center campus in Manhattan. The symptoms are similar to the flu, but the virus can also cause painful swelling.

All of the infected patients had the mumps vaccine, but doctors say it's not 100 percent effective.

Infected students have been either isolated or sent home.

- UHS saw 1 case in January, 4 cases on Feb. 18; 3 cases on Feb. 19 and 5 cases on Feb. 20.
- All the students with suspected mumps infections have either returned home or have been isolated from other residents during the infectious phase of the illness.
- All Fordham students are required to have full vaccinations before attending the University, including the vaccination for mumps, measles, and rubella (MMR).
- All of the students who were tentatively diagnosed with mumps had been vaccinated. Vaccinations do not offer 100 percent protection, however, vaccination is still strongly recommended.
- Typically mumps patients are contagious for two days prior to the outbreak of symptoms and five days after.

MUMPS IS A VIRAL INFECTION

The symptoms are:

- Fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite
- Swollen and tender salivary glands under the ears or jaw on one or both sides of the face (parotitis)

Mumps is spread from person to person through contact with respiratory secretions, e.g., saliva and sneeze droplets, from an infected person.

Items used by an infected person, such as cups, utensils, etc., can also be contaminated with the virus and should not be shared.

A TWO-PHASE STUDY EVALUATING THE RELATIONSHIP BETWEEN THIMEROSAL-CONTAINING VACCINE ADMINISTRATION AND THE RISK FOR AN AUTISM SPECTRUM DISORDER DIAGNOSIS IN THE UNITED STATES

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TRANSLATIONAL NEURODEGENERATION, PUBLISHED: 19 December 2013

ABSTRACT

AUTISM SPECTRUM DISORDER (ASD) is defined by standardized criteria of qualitative impairments in social interaction, qualitative impairments in communication, and restricted and stereotyped patterns of behavior, interests, and activities. A significant number of children diagnosed with ASD suffer a loss of previously-acquired skills, which is suggestive of neurodegeneration or a type of progressive encephalopathy with an etiological pathogenic basis occurring after birth. To date, the etiology of ASD remains under debate, however, many studies suggest toxicity, especially from mercury (Hg), in individuals diagnosed with an ASD. The present study evaluated concerns about the toxic effects of organic-Hg exposure from Thimerosal (49.55% Hg by weight) in childhood vaccines by conducting a two-phased (hypothesis generating/hypothesis testing) study with documented exposure to varying levels of Thimerosal from vaccinations.

METHODS

A hypothesis generating cohort study was undertaken to evaluate the relationship between exposure to organic-Hg from a Thimerosal-containing Diphtheria-Tetanus-acellular-Pertussis (DTaP) vaccine in comparison to a Thimerosal-free DTaP vaccine administered, from 1998 through 2000, for the risk of ASD as reported in the Vaccine Adverse Event Reporting System (VAERS) database (phase I). A hypothesis testing case–control study was undertaken to evaluate the relationship between organic-Hg exposure from Thimerosal-containing hepatitis B vaccines administered at specific intervals in the first six months of life among cases diagnosed with an ASD and controls born between 1991 through 1999 in the Vaccine Safety Datalink (VSD) database (phase II).

RESULTS

In phase I, it was observed that there was a significantly increased risk ratio for the incidence of ASD reported following the Thimerosal-containing DTaP vaccine in comparison to the Thimerosal-free DTaP vaccine. In phase II, it was observed that cases diagnosed with an ASD were significantly more likely than controls to receive increased organic-Hg from Thimerosal-containing hepatitis B vaccine administered within the first, second, and sixth month of life.

CONCLUSIONS

Routine childhood vaccination is an important public health tool to reduce the morbidity and mortality associated with infectious diseases, but the present study provides new epidemiological evidence supporting an association between increasing organic-Hg exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an ASD diagnosis.

Sudden infant death following hexavalent vaccination: a neuropathologic study

CURR MED CHEM. 2014 MAR;21(7):941-6.
MATTURRI L, DEL CORNO G, LAVEZZI AM1.

ABSTRACT

We examined a large number of sudden infant death syndrome victims in order to point out a possible causal relationship between a previous hexavalent vaccination and the sudden infant death. We selected 110 cases submitted to in-depth histological examination of the autonomic nervous system and provided with detailed clinical and environmental information.

In 13 cases (11.8%) the death occurred in temporal association with administration of the hexavalent vaccine (from 1 to 7 days). In none of these victims congenital developmental alterations of the main nervous structures regulating the vital functions were observed. Only the hypoplasia of the arcuate nucleus was present in 5 cases. In one case in particular an acquired hyperacute encephalitis of the tractus solitarii nucleus was diagnosed in the brainstem. This study does not prove a causal relationship between the hexavalent vaccination and SIDS.

However, we hypothesize that vaccine components could have a direct role in sparking off a lethal outcome in vulnerable babies. In conclusion, we sustain the need that deaths occurring in a short space of time after hexavalent vaccination are appropriately investigated and submitted to a post-mortem examination particularly of the autonomic nervous system by an expert pathologist to objectively evaluate the possible causative role of the vaccine in SIDS.

PMID: 24083600 {PubMed - in process}

DOCTORS RESIST DEADLY VACCINE

INTER PRESS SERVICE
BY RANJIT DEVRAJ (NEW DELHI)
08 FEBRUARY 2014

NEW DELHI, Feb 08 (IPS) - A spate of sudden infant deaths following vaccination in India has prompted leading paediatricians to call for stronger regulatory mechanisms to evaluate new vaccines for safety and efficacy before their acceptance into the national immunisation programme.

According to data obtained from the Union Ministry of Health and Family Welfare, over the last one year 54 babies are recorded to have died soon after receiving the newly introduced 'pentavalent' vaccine that is designed to prevent infection by five disease-causing microbes.

Rolled out gradually in different Indian states since December 2012, the pentavalent vaccine is a combination which seeks to confer immunity against Haemophilius influenzae type B and Hepatitis B, in addition to the protection afforded by the traditional trivalent vaccine against Diphtheria, Pertussis and Tetanus (DPT).

"Going by the ministry's figures, an average of one death has occurred for every 4,000 babies vaccinated with pentavalents," says Dr. Jacob Puliyel, who heads paediatrics at the St. Stephen's Hospital here. "If the birth cohort in India of 25 million is vaccinated with pentavalents, 6,250 babies will die each year from adverse effects following immunisation (AEFI).

"The huge cost in terms of lives lost from AEFI on being given the combined pentavalent vaccine is difficult to justify," Puliyel tells IPS, adding that the time-honoured DPT vaccine had a far better record for safety.

Given that the reporting of AEFI in many Indian states is unreliable, paediatricians believe that many more deaths may have occurred than recorded, and recommend a ban on the use of pentavalent vaccines until there is a thorough investigation of the policy change that allowed their entry into India.

In September 2013 Dr. Yogesh Jain, former assistant professor of paediatrics at the All India Institute of Medical Sciences and currently expert at India's Planning Commission on developing universal health, filed a public interest litigation in the Supreme Court seeking a ban on pentavalent vaccines.

Jain's lawyers argued at preliminary hearings that the 'five-in-one' vaccine is banned in Canada, the United States, Europe, Australia, the United Kingdom, and Japan as also in the developing countries Pakistan, Bhutan, Sri Lanka, and Vietnam, following infant deaths.

Puliyel says that pentavalents gained entry into India as the government chose to bypass the National Technical Advisory Group on Immunisation (NTAGI) that was set up in 2001 to advise on the introduction of new vaccines.

"According to data obtained from the Union Ministry of Health and Family Welfare, over the last one year 54 babies are recorded to have died soon after receiving the newly introduced 'pentavalent' vaccine that is designed to prevent infection by five disease-causing microbes."

In most countries vaccines are introduced into the national programme after an expert committee has studied the burden of the disease, the safety and efficacy of the vaccine and affordability. If these are satisfactory the vaccine may be considered for inclusion in the routine immunisation schedule.

"Of late, the World Health Organisation has been recommending vaccines that are accepted without regard to local cost effectiveness," says Puliyel. "Organisations like the Global Alliance for Vaccines and Immunisation (GAVI) have also been pushing new vaccines into India and other developing countries by providing substantial donor grants at the introductory stage."

Typically, according to Puliyel, once a vaccine gains entry into the Universal Immunisation Programme (UIP), funding is withdrawn and the government finds itself saddled with the full costs of supporting a vaccine of doubtful value and, in some cases, dangerous.

In India, until recently, when a vaccine was proposed to be introduced into the UIP, a subcommittee of the NTAGI would review the available literature and consult experts to make an informed decision. In the interests of transparency the minutes of the meetings and recommendations would be uploaded onto the ministry's website.

In 2013, an Imunisation Technical Support Unit funded by the Bill & Melinda Gates Foundation was set up to 'help' NTAGI in its work, but a new confidentiality clause was inserted to protect the 'proprietary' interests of commercial, academic and research institutions.

"In fact, the confidentiality clause is not limited to proprietary matters and NTAGI members are barred from divulging discussions, opinions or decisions for 10 years after leaving the committee that decides on the new vaccine," Puliyel says.

"Vaccines being introduced in the UIP must be cost effective and look at the disease pattern and load in the country, rather than ape models from other countries," says Sumbul Warsi, leading city paediatrician and medical director of the well-known Holy Family Hospital.

"The NTAGI must be a totally independent body which is capable of resisting pressures from outside and be transparent," she tells IPS. "It seems that of late there has been a lot of interference in the process leading up to the introduction of vaccines."

Puliyel says the government must publish information about a vaccine under consideration for inclusion in vaccination schedules. Stakeholders, including patient groups, health professionals, academic institutions, vaccine companies and organisations like the WHO and GAVI can then register their interest.

Transparent processes would gain the confidence of the public, which is vital in any mass immunisation programme, Puliyel says.

5 WEEKS POST-IMMUNISATION CASE OF VACCINE-ASSOCIATED MEASLES, BRITISH COLUMBIA, CANADA, OCTOBER 2013

EUROSURVEILLANCE, VOLUME 18, ISSUE 49,
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WE DESCRIBE a case of vaccine-associated measles in a two-year-old patient from British Columbia, Canada, in October 2013, who received her first dose of measles-containing vaccine 37 days prior to onset of prodromal symptoms. Identification of this delayed vaccine-associated case occurred in the context of an outbreak investigation of a measles cluster.

EXTRACTS

In this report we describe a case of measles-mumps-rubella (MMR) vaccine-associated measles illness that was positive by both PCR and IgM, five weeks after administration of the MMR vaccine. Based on our literature review, we believe this is the first such case report which has implications for both public health follow-up of measles cases and vaccine safety surveillance.

Between 29 August and 2 September 2013, three unlinked persons from across the Fraser Valley, British Columbia, Canada, presented with rash illness consistent with clinical measles [1]. Based on the outbreak investigation by the local health authority, none of the three cases had an identified exposure to a measles case or travel history outside of Canada during the incubation period, and a source case was never identified. All three cases had the same measles genotype B3 sequence type (MVs/British Columbia.CAN/34.13, MeaNS id 39928, GenBank accession numbers KF704002 and KF704001). Measles genotype B3 is endemic in the World Health Organization's African and Eastern Mediterranean regions [2]. Two additional cases of measles due to secondary transmission from one of the above cases were identified in British Columbia in the third week of September.

DISCUSSION

The incubation period of measles is typically eight to 12 days from exposure to rash onset, with a range from seven to 21 days. Public health interventions are based on this established incubation period for determining the epidemiological links between cases and for estimating periods of exclusion for contacts in high risk settings [5,6]. Based on our review of the literature, this report documents the first case of MMR vaccine-associated measles, 37 days post-immunisation, well beyond 21 days and the routine 30 days post-MMR immunisation period used by the Canadian adverse event following immunization (AEFI) surveillance system.

"...Therefore, the combination of classic measles symptoms, detection of measles vaccine virus and reactive measles IgM, and lack of evidence of an alternative illness explanation, were highly suggestive of measles vaccine-associated illness."

Measles-containing vaccines are used globally, have been part of the British Columbia immunisation schedule since 1969, and have an impressive record of safety validated by careful, ongoing AEFI surveillance. Rash and/or mild clinical illness following MMR vaccine are not uncommon [7]. Clinically significant vaccine-associated illness is rare, but when it occurs it is indistinguishable from wild-type measles, except by genotyping [8]. Detection of vaccine virus has been documented up to 14 days post-immunisation by RT-PCR, and up to 16 days by immunofluorescence microscopy of urine sediment [9-12]. Complications from vaccine-associated measles have been documented in both immune-competent and compromised individuals [13,14]. Of note, only one case report of transmission from vaccine-associated measles has been identified [15,16].

Possible explanations for this prolonged shedding of measles vaccine virus include interference with the immune response by host or vaccine factors. Immunoglobulin administration early in the incubation period has been reported to extend the time to onset of symptoms, but in this child there was no such history and no known immunosuppressive illness [5]. The two-fold rise between acute and convalescent measles-specific IgG suggests the vaccine-mediated immune response had been underway prior to the onset of symptoms. Investigations clarified that there were no shipping, handling or cold-chain deviations for the specific vaccine used, and that it was administered by a public health nurse trained in immunisations. The potential immunological impact of the older age of the child at the time of receiving the first dose of MMR vaccine, 33 months versus the typical 12-15 months of age, and the co-administration of meningococcal C and pneumococcal conjugate vaccines are areas for future investigation.

It is possible that the case's symptoms were not measles-vaccine-related but an inter-current illness confounding the presentation. However, symptoms of marked conjunctivitis, continued fever with rash, and progression of macular rash from face to the whole body, are all more suggestive of measles versus other exanthems caused by viral diseases. Parvovirus and HHV-6 results were negative, and the absence of intake of medications excludes a drug reaction. Rubella serology was not done as it was expected to be positive given the recent MMR vaccine administration. Therefore, the combination of classic measles

symptoms, detection of measles vaccine virus and reactive measles IgM, and lack of evidence of an alternative illness explanation, were highly suggestive of measles vaccine-associated illness.

Heightened surveillance and awareness of measles because of the ongoing outbreak likely contributed to the identification of this case. Although this is the first such reported case, it likely represents the existence of additional, but unidentified, exceptions to the typical timeframe for measles vaccine virus shedding and illness. Such cases have important public health implications for the investigation of measles clusters because while there is uncertainty about case classification (wild-type vs vaccine-type), case and contact management should proceed as if for wild-type to prevent secondary transmission. In this case, uncertainty from the presence of a measles outbreak, symptom onset on day 37 after MMR vaccine administration, and a two-week period between the RT-PCR findings and genotype determination, resulted in the initially reasonable presumption that this was a wild-type measles case and subsequent resource-intense follow-up of contacts. Awareness of the frequency of such exceptions to the typical measles timeframe and improving the timeliness of measles vaccine virus genotyping could help focus public health resources on cases of wild-type measles. Further investigation is needed on the upper limit of measles vaccine virus shedding based on increased sensitivity of the RT-PCR-based detection technologies and the immunological factors associated with vaccine-associated measles illness and virus shedding.

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CONFLICT OF INTEREST

- None declared.
- Authors' contributions
- BH, FH, MM and PVB contributed to the clinical and public health management of the case. MK, MP and JH provided laboratory testing. MM drafted the manuscript; all authors critically revised and approved the final version of the manuscript.

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STUDIES PROVE WITHOUT DOUBT THAT UNVACCINATED CHILDREN ARE FAR HEALTHIER THAN THEIR VACCINATED PEERS

BY CHRISTINA ENGLAND
VACTRUTH.COM
6/3/2014

A STUDY from the 1990s has come to light, proving that compared to unvaccinated children, vaccinated children were more likely to suffer from asthma, eczema, ear infections, hyperactivity and many other chronic conditions.

Furthermore, the study identified that there was a ten-fold increase in the incidence of tonsillitis in the children who were vaccinated, and a total lack of tonsillectomy operations among the children who were unvaccinated. In 1992, the Immunization Awareness Society (IAS) conducted a survey to examine the health of New Zealand's children.

Unsurprisingly, the results of their study indicated that unvaccinated children were far healthier than vaccinated children. Questionnaires were given out to IAS members, their friends and their associates asking various health questions. A total of 245 families returned their questionnaires, giving the researchers a total of 495 children surveyed. Of these children, 226 were vaccinated and 269 were unvaccinated.

HEALTHY CHILDREN AND ETHICS

The ages of the children ranged between the ages of two weeks – 46 years (obviously some friends were older with older children). Of the children studied, 273 were males and 216 were females. (Six children were unclassified.) Sue Claridge, who reported on the study, wrote:

"Respondents were asked to provide the year of birth, gender, vaccinations received, whether or not the child suffered from a range of chronic conditions (asthma, eczema, ear infections/glue ear, recurring tonsillitis, hyperactivity, diabetes or epilepsy) whether or not he or she needed grommets, had had a tonsillectomy, or were shown to develop motor skills (walking, crawling, sitting-up etc.). Parents also provided information on breastfeeding and bottle feeding and when a child was weaned if breastfed."

"Researchers discovered that 92 percent of the children requiring a tonsillectomy operation had received the measles vaccination, indicating that the vaccination for measles may have made some of the children more susceptible to tonsillitis"

During the study, another interesting fact emerged. Researchers discovered that 92 percent of the children requiring a tonsillectomy operation had received the measles vaccination, indicating that the vaccination for measles may have made some of the children more susceptible to tonsillitis. The study also revealed that 81 of the families had both vaccinated and unvaccinated children. Many of these families had vaccinated their older children but had grown more reluctant to vaccinate their younger children, due to their growing concerns regarding vaccine safety. Researchers concluded that:

"While this was a very limited study, particularly in terms of the numbers of unvaccinated children that were involved and the range of chronic conditions investigated, it provides solid scientific evidence in support of considerable anecdotal evidence that unvaccinated children are healthier that their vaccinated peers." [1]

Although governments from around the world have continually stated that studying vaccinated versus unvaccinated children would be unethical, the New Zealand researchers are not the only group of researchers to study comparisons.

VACCINATED CHILDREN 5 TIMES MORE LIKELY TO SUFFER FROM A RANGE OF DISEASES

In September 2011, German researchers carrying out a longitudinal study surveyed a total of 8000 unvaccinated children from the ages of 0 –19. As with the New Zealand study, researchers collected their data by conducting a survey using questionnaires. [2]

Results showed that vaccinated children were up to five times more likely to suffer from a variety of diseases and disorders than unvaccinated children. Their results were compared to another German study (KiGGS), which examined a larger sample group consisting of 17,461 participants between the ages of 0 –17. Dr. Andreas

Bachmair, a German classical homeopathic practitioner, responsible for collecting the results of the survey from the website vaccineinjury.info stated that: "Asthma, hay fever and neurodermatitis are seen very frequently today. A recent German study with 17461 children between 0-17 years of age (KIGGS) showed that 4.7% of these children suffer from asthma, 10.7% of these children from hay fever and 13.2% from neurodermatitis. These numbers differ in western countries, i.e. the prevalence of asthma among children in the US is 6% whereas it is 14-16% in Australia (Australia's Health 2004, AIHW).

The prevalence of asthma among unvaccinated children in our study is around 2.5%, hay fever, 3%, and neurodermatitis, 7%. According to the KIGGS study more than 40% of children between the ages of 3 and 17 years were sensitized against at least one allergen tested (20 common allergens were tested) and 22.9% had an allergic disease. Although we did not perform a blood test, around 10% stated that their children had an allergy." [3]

(As this study is a longitudinal study, the number of children being studied has since risen to 13,222. To join the study, you can fill in the questionnaire provided by going to the link listed as the third reference at the end of this article.) Although there were four cases of autism reported among unvaccinated children, Dr. Bachmair reported that:

"Of these 4 children one tested very high for metals (mercury, aluminium, arsenic); in another case the mother was tested very high for mercury."

However, this number pales into insignificance when we compare it to the 1 in 88 children currently being reported as autistic by the CDC. [4]

OTHER CONDITIONS FOUND TO BE ALMOST NON-EXISTENT IN UNVACCINATED CHILDREN.

Dr. Andreas Bachmair continued his report by stating that their study found the prevalence of sinusitis, warts, skin problems and middle ear infections were also much lower in the unvaccinated children, as were the cases of diabetes and epilepsy. He went on to say that the results demonstrated that the prevalence of many conditions in the unvaccinated children were also significantly lower.

As we included open questions in our survey we evaluated the prevalence (of the first 10,070 participants) of some other disorders and illnesses.

Unvaccinated children show very low prevalences of the following disorders:

- Dyslexia: 0.21%
- Speech delay/articulation problems: 0.38%
- Sensory Processing disorder: 0.28%
- Anxiety: 0.25%
- Depression: 0.12%
- Bedwetting: 0.12%
- Celiac disease: 0.12%
- Gluten sensitivity: 0.41%
- GERD (Gastroesophageal reflux disease): 0.06%"

Dr. Bachmair concluded his amazing and intuitive paper by adding a number of statements from parents, which I believe really added weight to his overall findings.

CONCLUSION

I find it amazing that despite mainstream media and leading government agencies stressing repeatedly that studies comparing vaccinated children to unvaccinated children cannot take place for ethical reasons, groups around the world are taking it upon themselves to do these studies anyway.

Read the full article here: http://vactruth.com/2014/02/26/unvaccinated-children-healthier/

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CDI INFECTIONS COMMON IN CHILDREN FOLLOWING ANTIBIOTIC TREATMENT

WENDT JM. PEDIATRICS. 2014; DOI:10.1542/PEDS.2013-3049. MARCH 11 2014

EXTRACTS

Most community-associated Clostridium difficile infections among children occur after recent use of antibiotics prescribed for other conditions, according to recent study findings published in Pediatrics.

"Improved antibiotic prescribing is critical to protect the health of our nation's children," CDC Director Thomas Frieden, MD, MPH, said in a press release. "When antibiotics are prescribed incorrectly, our children are needlessly put at risk for health problems including CDI and dangerous antibiotic-resistant infections."

"We found that the highest burden of pediatric CDI is in the community," the researchers wrote. "Children from 12 to 23 months of age are at the highest risk of infection; and clinical presentation, disease severity, and outcomes are similar across all ages, supporting a pathogenic role of C. difficile among symptomatic young children. Exposure to antibiotics was very common, indicating the need for prevention efforts that focus on antibiotic stewardship in pediatric outpatients health care settings.

Future studies will be important to identify potential sources of C. difficile acquisition among children in the community."

"As both a doctor and a mom, I know how difficult it is to see your child suffer with something like an ear infection," Lauri Hicks, DO, director of CDC's Get Smart: Know When Antibiotics Work program, said in a press release. "Antibiotics aren't always the answer.

I urge parents to work with their child's doctor to find the best treatment for illness, which may just be providing symptom relief."

5 PHASES OF AWAKENING TO DANGERS OF VACCINATION

DAVE MIHALOVIC
WWW.WAKINGTIMES.COM
24 MARCH 2014

EXTRACT

UNLESS you don't have an opinion at all on vaccines, you likely fall into one of the five phases of awareness and awakening. Most of the population at some point has been exposed to one of these modes of thought regarding vaccination programs. Some people will remain at one phase their entire lives while others have quickly progressed as more research has come forth.

There are now millions of educated and informed groups of people that will stop at nothing to expose the dangers of vaccinations. Their numbers are growing by the day. Then there is the polar opposite side branching from mainstream medical opinions and misinformation that still believe that routine vaccinations benefit populations due to myths such as "herd immunity" and other nonsensical arguments. Finally, there is a very large intermediary group that also number in the millions, who sit on the fence and are indifferent or undecided about where vaccines stand in terms of advancing health. Many of the fence sitters are made up of those who understand that current vaccination practices are unsafe, yet somehow also believe you can make vaccines safer or more effective.

THE MYTH OF HERD IMMUNITY

Vaccine advocates love to resort to their favorite justification, the Holy Grail of the vaccine proponents — herd immunity. This concept is based upon the idea that 95% (and some now say 100%) of the population must be vaccinated to prevent an epidemic. Herd immunity is mostly a myth and applies only to natural immunity — that is, contracting the infection itself.

In the original description of herd immunity, the protection to the population at large occurred only if people contracted the infections naturally. The reason for this is that naturally-acquired immunity lasts for a lifetime. The vaccine proponents quickly latched onto this concept and applied it to vaccine-induced immunity. But, there was one major problem — vaccine-induced immunity lasted for only a relatively short period, from 2 to 10 years at most, and then this applies only to humoral immunity. This is why they began, silently, to suggest boosters for most vaccines, even the common childhood infections such as chickenpox, measles, mumps, and rubella.

Then they discovered an even greater problem, the boosters were lasting for only 2 years or less. This is why we are now seeing mandates that youth entering colleges have multiple vaccines, even those which they insisted gave lifelong immunity, such as the MMR. The same is being suggested for full-grown adults. Ironically, no one in the media or medical field is asking what is going on. They just accept that it must be done.

That vaccine-induced herd immunity is mostly myth can be proven quite simply. This thinking existed for over 70 years. It was not until relatively recently that it was discovered that most of these vaccines lost their effectiveness 2 to 10 years after being given. What this means is that at least half the population, that is the baby boomers, have had no vaccine-induced immunity against any of these diseases for which they had been vaccinated very early in life. In essence, at least 50% or more of the population was unprotected for decades.

If we listen to present-day wisdom, we are all at risk of resurgent massive epidemics should the vaccination rate fall below 95%. Yet, we have all lived for at least 30 to 40 years with 50% or less of the population having vaccine protection. That is, herd immunity has not existed in this country for many decades and no resurgent epidemics have occurred. Vaccine-induced herd immunity is a lie used to frighten doctors, public-health officials, other medical personnel, and the public into accepting vaccinations.

THE MYTH OF HISTORICAL VACCINE EFFECTIVENESS IN PREVENTING DISEASE

Over a century of myths have allowed drugs and vaccines to transcend logic in health care and persuade the masses in disease care. These beliefs have allowed a complacency in opinion to outweigh any critical thinking that opposes these myths, and consequently any discomfort in the process.

The main argument most people unfamiliar with vaccine dangers proclaim is their historical effectiveness. The problem is that there has been so much misinformation throughout the decades

The 5 Phases of Awakening to Dangers of Vaccination

1. I fully support vaccines and advocate their use worldwide.
2. I fully support the use of vaccines, but they need to be made safer.
3. We don't need such an intense vaccine schedule in the developed world, but I am more in favour than against vaccines because we need them to prevent future outbreaks.
4. I am on the fence regarding vaccine effectiveness and feel they may have had some benefits in the past, but now question them as they do correlate with some disease.
5. I do not support the use of vaccines. The historical and current evidence of benefits is grossly unscientific and inaccurate. The risks far outweigh any benefits and I do not believe they belong in any lifeform whatsoever.

Learn more about the dangers of vaccination
http://preventdisease.com/vaccines

that people have a hard time distinguishing facts from fiction. Only now are the facts coming forward on what really happened 50, 100 and even 200 years ago and why some diseases were controlled (none were eradicated).

The reason we no longer have the frequency of some of the terrible diseases that happened in the last several centuries is due to improved living conditions, sanitation and nutrition. Once again this comes down to separating the propaganda by mainstream medicine from reality. Vaccines have never prevented and will never prevent disease…only act as a vehicle to propagate disease.

A summary review of data on neurological adverse events and the historical role of vaccination in the natural course of infectious disease in Switzerland and Germany, supports data from other regions with evidence that vaccines had no impact on disease prevention efforts from the early-mid to late 20th century.

A brilliant report in 1977 by McKinlay JB and McKinlay SM questioned"the contribution of medical measures to the decline of mortality in the United States in the twentieth century" Mem Fund Q Health Soc. 1977 Summer; 55(3): 405-28.

Two centuries of UK, USA and Australian official death statistics have shown conclusively and scientifically that modern medicine is not responsible for and played little part in substantially improved life expectancy and survival from disease in western economies.

Historically, vaccines have not been viewed as inherently toxic by the regulatory agencies. The resulting lack of evidence of causality between vaccinations and serious adverse outcomes has thus been filled with an assumption that vaccines are safe.

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VACCINE DEATHS: 16 infants killed in China. Deadly vaccines linked to industry monopoly and authorities

BY LI XIA, EPOCH TIMES, JANUARY 9 2014

IN CHINA, 16 cases of infant death after vaccination were reported in December; 14 of those fatalities involved the hepatitis B vaccine. China has a free Hep B vaccine program for newborns. Although the companies and regime agencies involved are promising investigations, it is most likely just for show, according to Chen Taoan, former director of the Information Division of Shanxi's Center for Disease Control and Prevention.

The three big vaccine companies monopolizing the market in China, and responsible for the dodgy vaccines are Shenzhen Kangtai Biological Products Co. (SKTB), Beijing Tiantan Biological Products Co. (BTBP), and Dalian Hanxin Biological Pharmaceutical Co. (DHBP). They account for more than 80 percent of China's hepatitis B vaccine market.

Chen told the Epoch Times that the investigation of SKTB is nothing but a formality and no definite results could be expected, because SKTB has a good connection with the authorities—even as high as the The China Food and Drug Administration (CFDA) and Ministry of Health (MOH). Further, its market allocation for vaccines is assigned by the authorities.

The China Food and Drug Administration (CFDA) and National Health and Family Planning Commission (NHFPC) announced investigations on Dec. 24.

SKTB stopped vaccine production on Dec. 24, while had DHBP halted production before the vaccine incidents. BTBP claimed that all of its vaccine products were qualified, but three of its executives have recently resigned.

Chen said the quality of vaccines produced in mainland China are below standards because the three big companies are monopolizing the market, eliminating competition among manufacturers. Chen alluded to corruption at the official level for SKBT's market monopoly.

"The SKTB's huge market share, 50 percent of China's vaccine market, was not acquired through commercial competition, but rather through government officials," Chen explained. "Each year authorities assign them a quota."

"Because SKTB has a good relationship with MOH and CFDA, the investigation by CFDA is the same as CFDA investigating itself, and thus nothing will be found."

DEADLY TEST RESULTS IGNORED

Mr. Zhang used to be in charge of drug safety testing for one of China's vaccine manufacturing companies. Zhang injected the vaccines into little white mice every day.

"A large proportion of the little white mice died after the injections, but the manufacturer still sold these poisonous vaccines as qualified products," Zhang told the Epoch Times.

"The consequences are simply unimaginable. In the end I quit my job because I couldn't stand the sting of my guilty conscience!"

In June 2013, the Southern Metropolitan Daily article "Elegy of Vaccine" reported the problems caused by China's vaccines in detail.

The article said that the annual vaccination number in China reached one billion. The adverse reaction rate is approximately one to two per million, meaning one to two thousand children will suffer medical after-effects; diseases, severe or permanent disability, paralysis, or even death.

Chen was interviewed for the "Elegy of Vaccine" article, hoping to alert officials of these issues in the vaccination market, as well as the drawbacks and dangers to society.

Chen added that the officials' inaction is the reason fatalities keep happening.

FEBRILE CONVULSIONS: Part Two
What are they and what to do if your child has one?

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

THIS is the second of two articles on Febrile Convulsions. Part One was in the previous issue of The Informed Parent

IN THE FIRST OF THESE ARTICLES WE LEARNT THAT FEBRILE CONVULSIONS ARE:

- Rare – occurring in some 2-5% of children between 6 months and five years of age.
- Terrifying – you may think that your child has died.
- Giving your child paracetamol, ibuprofen or any other fever lowering pharmaceuticals neither stop the convulsions happening in the first place nor prevent recurrences.
- Putting your child into the recovery position with something soft under their head is the single most important thing you can do if your child has one – to stop them inhaling vomit.
- There is NO KNOWN INCREASED RISK OF DEATH following either a simple febrile convulsion or a short complex one.

We also read the experience of one family whose child had a simple febrile convulsion and of their interaction with the health services.

WE WILL NOW LOOK AT A FAMILY WITH TWINS, ONE OF WHOM HAD A COMPLEX FEBRILE CONVULSION.

Melanie and Wanda were just 14 months old. They weren't walking yet but crawled all over the place. They were healthy and active and had barely had four or five colds between them. Neither were vaccinated and I was careful not to suppress any fevers with paracetamol or ibuprofen. They were fine the previous day but then they got sniffles and a bit of a cough and went off their food, but I wasn't very worried.

DR JAYNE L.M. DONEGAN

"So children who are going to get febrile convulsions will get them anyway. Antipyretics won't stop this happening..."

Then Melanie became very pale and withdrawn with a blank look. I rushed to her as she suddenly became limp and started frothing at the mouth. I was really shocked, it was very frightening. We dialled 999, the ambulance arrived fast and they took us off to hospital but on the way Melanie started to shake and twitch so the ambulance men gave her diazepam rectally, this stopped the twitching.

When we got to the hospital her temperature wasn't especially high when it was measured but she had another fit – this time it only involved her eyebrows and eyes. This got everyone very worried. They said she needed to have a lumber puncture to exclude meningitis and that while we were waiting for the results she would need to have antibiotics and antivirals.

It was all very hectic. I didn't want to give her any paracetamol but they insisted as her temperature was now starting to rise. It got as high as 39°C. I let them give her three doses of paracetamol and then I said, "No more." I got a lot of abuse in the hospital over the refusal of the paracetamol, they drove me crazy. But I said, "No, that's enough!" I put my foot down. I said, "Three doses didn't make her temperature come down anyway, and anyway her temperature hadn't been very high when she had the fit." I got my husband to bring the NICE 2013 Guidelines on' Feverish Illness in Children' in to show them to get them to leave me alone. Then I sorted out the fever myself. The room was boiling – over heated - and the window closed. I got them to open the window and let in some fresh air. I stripped Melanie down to her nappy and gave her the Belladonna I had brought in. Her temperature then went down to 37.1°C and she had no further seizures.

I also got major abuse from a couple of doctors for Melanie's not being vaccinated, to the extent that they actually said to me, "If your daughter has meningitis it's your fault." Just what I needed when I was already distraught with my daughter having had a fit, being in hospital, trying to help her through her illness without suppressing all her body's natural defences – against hospital advice - and her sister being left at home without me.

Melanie had the lumbar puncture which wasn't very pleasant but I understood why it was necessary. The initial screen from the lumbar puncture was negative but she had to stay on the cocktail of drugs until the further cultures came through. The lumbar puncture was clear – no growth at 48 hours so they stopped all the antibiotics but said we needed to be monitored for another 24 hours on no medications.

We were told that it might have been caused by HHV6 (Human Herpes Virus 6 – associated with 'Roseola Infantum') but then it turned out in the end to be due to Hand Foot and Mouth Disease (HFMD). In fact Melanie had about one spot when she was in hospital but it wasn't obvious what it was. We were allowed home after that lunchtime.

Melanie was much happier when she got home but exhausted and had no appetite. She was sick after her milk

that night and the next day both girls were covered in spots – over their hands, body, bottom.

By four days after it all started, the doctors confirmed that it was HFMD. Melanie then dipped - no energy, no appetite, tearful - they said she might be in pain or have a headache and, of course, recommended paracetamol for that and milk if she wasn't eating. I thought she was just weaker than her sister due to the seizures and all the drugs she didn't really need, as it turned out. I kept her in a cool dark bedroom and she slept every couple of hours. When she was awake I gave her herbal tea with honey and only a bit of toast with honey and fresh fruit when she was hungry.

It was so strange, her twin sister sailed through it all and yet Melanie had two seizures and a hospital admission and all those drugs, not to mention the lumbar puncture.

Then about ten days after the girls got the HFMD, they both started walking.

We are now working with our homeopath to build them back up again and to detox Melanie

Post Script:

Seven weeks after the original episode, Melanie had another fit. She had been dribbling and teething for a few days, putting her fingers in her mouth and being whiney and clingy. On the day it happened she was fine in the morning. She had breakfast, went to the park, had fun on the swings. She was a bit warm at 4pm but was playing nicely. Her sister was teething as well and she started to scream, Melanie was crying too so I put her in my cool bedroom and she felt asleep after about 45 minutes. I put her sister to bed. Melanie then woke up and I read a book to her. Suddenly her eyes went up, she arched her back and lost consciousness. I immediately put her in the recovery position and called an ambulance. By 30 minutes later she was awake, hungry, had all of her milk and went to bed. Again her temperature wasn't very high, only about 38.5°C. When the paramedics arrived and saw that she was fine, hungry and eating fruit, they said she didn't need to go to hospital and told us about paracetamol and temperature management, so I showed them the NICE 2013 Guidelines on' Feverish Illness in Children' too.

Melanie was followed up in the Seizure Clinic at the hospital. They said that all was well, that she had all the correct reflexes and development for her age, if not ahead of children of her age. She has had no further seizures for four months now.

Melanie story gives a good illustration of Complex Febrile Seizures.

WE LEARNT BEFORE THAT: SIMPLE FEBRILE CONVULSIONS (THE MAJORITY)

- Are generalised tonic clonic – involve all of the body with stiffening or twitching
- Last less than 15 minutes
- Do not recur during that period of illnesses
- Recover from the seizure fully within one hour

COMPLEX FEBRILE CONVULSIONS (ABOUT ONE IN FIVE CASES) HAVE ONE OR MORE OF THE FOLLOWING:

- Affect only one part of the body, called 'focal'
- Last longer than 15 minutes
- Recur within 24 hours or in the same period of illness
- Do not recover from the seizure fully within one hour

Melanie had two out of four pointers to complex febrile seizures: the twitching that involved only her eye and eyebrow when she arrived in hospital and two fits within 24 hours.

She also demonstrates four factors out of six that make further seizures more likely:

- A first febrile seizure before the age of 18 months
- A seizure that occurs after only a short period of fever – less than one hour
- A focal or partial seizure
- More than one seizure during the same episode of fever
- Attendance at a day nursery
- A family history of febrile convulsions or epilepsy

IF YOUR CHILD DOES HAVE A FEBRILE CONVULSION, THE LONG TERM OUTCOME IS GOOD.

A UK study of that included 381 children who had had febrile convulsions, both simple and complex, reported that when assessed at ten years of age they performed as well as other children academically, intellectually and behaviourally.

The NICE Clinical Knowledge Summary on the management of Febrile Seizures states that parents should be advised about managing fever including when and how to use ibuprofen and paracetamol to reduce fever and practical measure to reduce fever and dehydration. But in the same paragraph they state, "But explain (to parents) that reducing fever does not prevent recurrence."

A review of the medical literature published in the American Family Physician 2012 states:

"Intermittent use of antipyretics (fever lowering agents) is not recommended. No studies have shown a reduction in recurrent simple febrile convulsions when antipyretics are given at the onset of the fever. In a randomized, placebo-controlled, double-blind trial, no decrease in febrile seizures was observed with administration of maximal doses of acetaminophen (paracetamol) or ibuprofen."

A paper by Heinz Eichenwald, Professor of Paediatrics at the South Western Medical School, University of Texas, published in the Bulletin of the World Health Organization states,

"Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any demonstrable benefits. On the other hand, some harmful effects have been shown to occur as a result of suppressing fever: in most individuals these are slight, but when translated to millions of people, they may result in an increase in morbidity (illness) and perhaps the occurrence of occasional mortality (death). It is clear, therefore, that the widespread use of antipyretics should not be encouraged either in developing countries of in industrial society."

So children who are going to get febrile convulsions will get them anyway. Antipyretics won't stop this happening. This information does not seem to have been taken on board by many of the health professionals with whom you will come in contact.

The only reason for the advice to give fever lowering agents appears to be to make the child feel more comfortable - and there are plenty of ways of doing that without using drugs. Please see Part One for advice on supportive management of a child with fever.

I recommend that all parents print out the NICE Traffic Light System for identifying the risk of serious illness in children in colour, laminate it and put it on their fridge. It tells you what symptoms and signs are low (green) intermediate (amber) and high (red) risk. If your child is in the green column they are may be ill but are probably fine. If they are in the amber column, they should be reviewed by a doctor and if they are in the red column, you need to get them to hospital, fast.

© Dr Jayne LM Donegan
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02 April 2014

NICE – National Institute for Health & Care Excellence - provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation

REFERENCES

These are all excellent sources of information and are worth reading
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'MMR – WHICH IS BETTER: THE DISEASE OR THE VACCINE?'

27 April 2014, Sunday afternoon, North London NW4

18 May 2014, Sunday evening, Brighton, East Sussex BN2

02 June 2014, Monday evening, Central London W1W

In the Feb 7th 1959 issue of the British Medical Journal, Dr John Fry, GP, remarked, "Many mothers have remarked "how much good the attack has done their children," as they seem so much better after the measles." In the 1950s and 60s, parents used to actually take their children to Measles, Mumps and Rubella parties to try and get them infected.

After a 1990s measles outbreak in a Steiner community in Gloucester, England most parents reported a strengthening and maturing of their child both mentally and physically afterwards "supporting the notion that measles is not a severe illness in most children," although the author pointed out that the cases were in, "fit, well nourished children from a community that advocates a healthy lifestyle." However, advocating a healthy lifestyle as a viable alternative vaccination against measles is not am option that the Department of Health offers to parents.

For further details see: http://www.jayne-donegan.co.uk/lecturesworkshops

'VACCINATION -AND TRAVEL MEDICINE'

25 May 2014, Sunday afternoon, North London NW4

"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."

OUTLINE

• The importance of taking adequate measures for pre-existing health conditions • Food and water hygiene – Typhoid, Hepatitis A, Cholera, Oral rehydration • Insect Bite Avoidance – Yellow Fever, Malaria - 'Clinical Evidence' based Guidelines • Physical Barriers, Antimalarial drugs – indications and contraindications, Homoeopathic complementary approaches • Diseases for which Vaccines are compulsory in some countries - Yellow Fever, Meningococcal Disease – Hajj & Umrah Pilgrimages • Japanese Encephalitis B • Vaccination recommendations for travel – How to assess your risk • Safe aeroplane travel, anti-thrombosis measures • What to take with you in your travel pack

AIMS - That those participating:

• Have a clear understanding of the benefits and risks of of current travel recommendations.
• Have practical advice on how to minimise risk and maximise benefits of travel.
• Have simple guidelines for managing illness abroad for themselves and their family.

For further details see: http://www.jayne-donegan.co.uk/lecturesworkshops

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ARNICA
UK PARENTS' SUPPORT NETWORK
Promoting Natural Immunity

THE ARNICA ESSAY COMPETITION 2014

BY ANNA WATSON

www.arnica.org.uk

MARTIN J WALKER had to spend time in hospital. A Spanish one actually, but reading about his experience, I don't think the differences are that vast. The Investigative writer survived to tell his personal account of being a 'guest' in the factory. 'The industrial nature of the hospital is not confined to the 'simple' task of repairing the body; everything in the hospital, from clothing for participants to cups for the drinks with patients' meals, is designed to fit in the health factory. The hospital is the last major point of delivery of industrial medicine.'

Martin has spent much of his life detailing the picture of the vested interests, digging into their personalities, organisations and ideas that have shaped the present attack on alternatives in the field of health. Now he is in poor health he is forced to feel the prophecy. 'For seventeen years the struggle to control my diabetes has taken up much of my time and my life style choices and predictably it was this that brought to the fore the most serious confrontation between myself and the Oligarchs'

Martin's observations and reflections are ones we can all relate to, and discuss on the Arnica forums on a daily basis, and he has very kindly gifted this essay to Arnica. Thank you Martin, we are truly grateful.

I will tell you soon how we are going to share his essay and why this gift is so important to us. But first… You will know 'Dirty Medicine The handbook' as Martin Walker's twenty year follow up to his book, 'Dirty Medicine: Science, big business and the assault on natural health care'. The reviews on his website Slingshot publications do his work more literary justice than I can do but I do have a favorite line which appears in the final pages!

Anna Watson

"Perhaps because Arnica doesn't have a professional body behind us and we don't hold alliances with charities etc, Arnica and its members are at liberty to say, "This is not right for me or my children."

"The UK organization Arnica is an exceptional example of a fight back organization. From its inception it has stood by basic rules: it has encouraged local meetings, gathered intelligence, and in October 2009 it organized a demonstration * outside parliament. But perhaps most importantly for a truly guerilla organization, it is busy setting up cell-like organs in as many different towns and cities as possible. In Britain, Arnica could become the organization that takes on the Skeptics, but it needs funding and supporting"

Martin has always been a great advocate of Freedom in health care, in individual humanity & dignity, and in the natural alternatives to keeping healthy. He knows that we are a small but a vital voice among the powerful agents, authorities and associations who can't afford to listen to the patient. They choose not to make an effort to hear over the din from shareholders, lobbyists and procurement departments. Perhaps because Arnica doesn't have a professional body behind us and we don't hold alliances with charities etc, Arnica and its members are at liberty to say, "This is not right for me or my children."

Martin listens. He heard the families' who had taken their children to Dr Wakefield, edited and published their personal accounts in two volumes of Silenced Witnesses,[1] (Walker (ed) 2008, 2009) believing that participants should themselves write about their struggles, and that the parents' voices must be heard. Evidence based medicine is a trinity where the patient experience is part of this union.

David Sackett first coined the term Evidence Based Medicine, which often leaves some alternative health practitioners cold, but it actually has three important strands, best research evidence, clinical expertise and the patient's values and preferences. You would be forgiven in not knowing about the patient's place in all this evidence-based (skeptical about the experience) talk! Little is being done to listen, indeed many feel that our voices are being actively silenced. I sat on our local Clinical Commissioning group as a lay member (previously the PCT) and although the doctors I worked with seemed caring and honest, I could see how impossible it is to champion full EMB. 'Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.' Sackett D, 2002.

Best evidence does not need to be pharmaceutical, but there isn't even acknowledgement of the non pharmaceutical route when records are taken. Even when a practitioner does listen there is no way of recording or processing natural approaches to disease.

"…she has to write on the form the name of the pharmaceutical you take, there is no box for diet and life style management.' I shrugged my shoulders, 'She'll just have to make something up then.'

So what is Arnica going to do with Martin's essay? It will be made available freely from our website or by email on request. We prize education and debate and we look forward to some lively on-line discussion as a result of Martin's essay.

And we are taking up Martin's suggestion of an essay competition! All winning essays will be printed in a book and e-book, along side Martin's, and profits will go directly to fund Arnica campaigns. Our main campaign at the moment behind the scenes is supporting parents going through the courts, with possible court orders to vaccinate their

children, and we will soon need larger amounts to fund expert witnesses, reports and even a solicitor. We are a non-for-profit organization and desperately need funds to operate fully.

We also need a publication that embraces what Arnica stands for so it can attempt to embed in organic societies. So this book will reflect those shared values of wholeness in health practice, community support, social organization, and individual experiences of health and disease, healing and hope….

"Practices such as homeopathy will only begin to socially embed themselves again, and become viable social alternatives, when adherents form communities with alternative values, covering the whole spectrum of life style, nutritional and social organisation. Just as 'scientific' medicine is embedded in bourgeois 'scientific' society, 'alternative' medicine has to be embedded in organic alternative societies."

Please don't worry about the levels of your written word. Martin can help with the final editing if the essay is chosen to be included in the book. We don't want people to give up because they feel they aren't professional enough or deterred from even starting. Arnica is all about the personal story! And we can't wait to hear yours! Martin Walker will be one of the judges and other judges will be announced soon. The final date for entries is June 30th and the word count will be between 1,000 – 5,000.

Please send your record of interest to info@arnica.org.uk for competition updates and a copy of the essay, or visit www.arnica.org.uk to read it there

'Reflections on the The Wellness Factory'.

For further reading and support of Martin's work please go to Slingshotpublications.com

**** the protest was jointly organized with VAN UK and was in response to the possible WHO directive mandating vaccination in a pandemic. In the end, Swine Flu was a sizzle, and the UK government is facing a class action from victims of Narcolepsy due to the vaccine.***

Victims of swine flu jab to get 60 million payout

BY LOIS ROGERS
SUNDAY TIMES
2 MARCH 2014

SIXTY PEOPLE are to receive a multimillion-pound payout from the government after they suffered brain damage caused by a swine flu vaccine. Most of the victims are children but they also include six health workers. Peter Todd, a lawyer representing many sufferers, said the government would face a bill of at least £60m - £1m for each victim.

"There has never been a case like this before," he said. "The victims of this vaccine have an incurable and lifelong condition and will require extensive medication." Six million British people, mostly children, received the vaccine following the swine flu scare in 2009.

It was later revealed that the vaccine can cause severe epilepsy-type symptoms, called narcolepsy and cataplexy, in up to one in 16,000 recipients - suggesting that many more victims may yet come forward.

Narcolepsy destroys the sleep-wake cycle, leaving sufferers unable to sleep for more than 90 minutes at night, and liable to lose consciousness during the day. The condition damages memory and intellect and causes hallucinations that can lead to mental illness. Cataplexy causes loss of consciousness during any expression of heightened emotion, including laughter.

There are 70 known Irish victims of the Pandemrix vaccine manufactured by Glaxo Smith Kline (GSK) and distributed to 30m people in Europe. Two hundred sufferers have been identified in Sweden and Finland. GSK refused to supply governments with the vaccine unless it was indemnified against any claim for side effects. The company will compensate victims and reclaim the cost from the government. Todd, a lawyer with the London firm Hodge, Jones & Allen, said: "The government has accepted Pandemrix did cause narcolepsy."

The claimes made by NHS hospital staff, including senior clinicians, are likely to be much higher than those brought on behalf of the affected children.

The healthcare workers are battling symptoms to cling on to their jobs. One 50-year-old senior medical worker says he was bombarded by emails from his hospital trust in 2009 urging him to be vaccinated against swine flu.

He has been told he must accept lower-grade work and lower pay because he can no longer input patient notes on the computer. "I am facing the end of my career and the loss of my house," he said. "GSK did not do enough research and we are suffering the consequences."

At least 80% of those affected are children. Josh Hadfield, 8, from Somerset, has memory problems and will never be an independent adult. Like other victims, he is taking drugs to stop him falling asleep during the school day. These include Xyrem, an anti-narcoleptic that costs £15,000 a year, Modfinil to keep him alert and an adult antidepressant to regulate his condition. His parents have to get up twice a night to administer the drugs.

"He is afraid to express emotion and that causes problems with other children," said his mother, Caroline Hadfield, 43.

"If you make him laugh, he collapses. His memory is shot. There is no cure. He says he wishes he hadn't been born. I feel incredibly guilty about letting him have the vaccine."

Mary Fitzpatrick, 51, said her son Conor, 16, who received the vaccine four years ago, has developed psychotic illness because of his hallucinations, and has been an inpatient in an adolescent psychiatric unit for the past 18 months. "He was a perfectly happy normal boy before this and he will never be how he was," Fitzpatrick said.

"We were lucky it only took 10 months for them to work out what was wrong with him. There are more new families coming forward who are only just being diagnosed because this condition is so rare."

Despite studies indicating a 13-fold higher incidence of narcolepsy in vaccinated children, and a 2011 warning from the European Medicines Agency against the use of the vaccine for the under-20s, GSK insisted the link was not confirmed. It said: "Further research is needed to confirm what role the vaccine may have played in the development of narcolepsy among those affected."

The Quanten Theory

INFECTION - FRIEND OR FOE?
by Patrick Quanten MD

Patrick Quanten MD

YOU DON'T need to study vaccinations very hard or long to come to some simple but clear conclusions.

- Vaccinations did not reduce infectious diseases, others things did.
- Vaccinations caused a lot of health problems.
- Vaccinations do not protect against any infection.

Scientific research has always proven that over 90% of bacterial infections are caused by microorganisms that normally are present in the body. It is said that the infection is caused either by a proliferation of the normal bacteria which then in turn destroys the tissues, or that the bacteria have shown up in a different place and destroy the tissues there. Such a massive migration of bacteria, as we see other animal species do, has never been observed in bacteria, in spite of our modern and sophisticated imagery. It has just been assumed that, if they turn up somewhere where they weren't before, they must have travelled from there residential spot. At the same time, a reason for the huge proliferation within the normal population has also never been provided.

Reasons for outbreaks of infections within the human population have varied. Usually it is said that the bacteria attached themselves to an innocent victim, a traveller of foreign and remote places, without causing this person any distress or discomfort at all. In fact, it is such a covert guerrilla operation it should have been named Hush-hush! Once back in this country the bacteria chooses a handful of easy victims and starts attacking organs and tissues, again for no apparent reason.

Other explanations we are being given are that normal bacteria turn into killing machines and start attacking the tissues of their host, again for no apparent reason, or that the microorganism could lie dormant inside the tissues even for 20 years, when it suddenly, for no apparent reason, comes alive and starts attacking the tissues.

Lots of different stories, many of which are worked out in great detail, but none actually answers the question as to why this is happening. It certainly

"Scientific research has always proven that over 90% of bacterial infections are caused by microorganisms that normally are present in the body."

doesn't seem to bother the medical authorities that that question remains unanswered. They don't need to have the answer; all they need to know is that there is an enemy and that it needs to be destroyed. Sounds to me like an MI5 security operation of identifying the mysterious opponent and then declaring war with the intention to completely destroy. Indeed, the World Health Organisation's intention was to get rid of the threat to human life caused by infections. We started with infections such as polio, tuberculosis, smallpox, scarlet fever but quickly moved on to measles, rubella, and other common childhood infections. By quickly opening up the field of attack one is able to divert public attention away from the fact that, in spite of lots of wartime propaganda, winning the war is an impossibility because you haven't got a clue about the why question. We hear of successes on the battlefield; we are not being told that those isolated instances always have resulted in more losses in the long run. Infections never completely disappeared; they are returning with a vengeance. Microorganisms get immune against our weapons.

Researchers have come to the end of the antibiotic line. All they can do is tweak what they have got and try different combinations of what they have got. There is no room for the development of a new type of antibiotic. They promised they could wipe out the infections with the weapons they could produce; the end conclusion is not only that that was, at best, wishful thinking, but also that one has succeeded at making the enemy a lot stronger. Using the line of "prevention" the authorities seriously increase their efforts on protecting the human system against a possible invasion by means of vaccination and genetic manipulation. Both of these techniques have a past record that only shows failure and disaster, never any successes. The past record of the authority that promotes this is only one of failure and disaster. As far as vaccinations are concerned, the authority that told you it was the way to ensure your child would never get the infection caused by a known specific bacteria has failed you miserably. Now you want to believe that same authority when they tell you this is the way to protect your child from cervical cancer, while their own researches tell them that the papillomavirus is not the cause of the cancer. Thus stating that "protection" against the virus is not going to make any difference to the disease pattern of cervical cancer. There is a much more fundamental problem that will explain to you why this war can never be won.

Right from the beginning, Louis Pasteur's time, the dogma put forward to build theories about infectious disease has been the following: An infectious disease is caused by a microorganism that comes from outside (elsewhere) and attacks the tissues. With this being the case it seems very logical that one would like to protect oneself against it. However, we have already seen that many infections are caused by the local residents. And there is more.

Throughout human history since the early nineteenth century researches have time and time reaffirmed that the microorganism said to be the cause of the infection does not come from the outside. Time and time again researches have independently stated that it is clear that it is not the microorganism that comes first and the diseased tissues later, but the other way around. Microorganisms originate in diseased tissue. First you get ill, then bacteria may appear. Scientists in Pasteur's time had conclusively proven that microorganisms were the result of a disease process, not the cause. The arguments were settled, except that business people had invested so much time, money and staked their reputation on Louis Pasteur's ideas that they decided to carry the battle forward. Scientists had found their answers and moved on to other things whilst money investors kept looking for a profitable return. This is in fact the beginning of the vaccination saga. Researchers and scientists you may want to read about include Antoine Béchamps (France, 1816 - 1908), Gunther Einderlein (Germany, 1872 - 1968), Royal Raymond Rife (USA, 1888 - 1971), Wilhelm Reich (Austria, 1897 - 1957) and Gaston Naessens (France, 1924 - now living in Canada).

HERE ARE SOME CERTAINTIES WITH REGARDS INFECTIONS.

- Microorganisms are the result of a disease process, not the cause
- Microorganisms originate from the diseased tissue itself
- Microorganisms feed on the diseased tissue and disappear again once the source of their food dries up
- Microorganisms help to clean up the effects of the disease

This means that an infectious process is only a matter for the individual. When we observe that certain infectious processes lead to the demise of the individual it means that there has not been enough inner strength to combat the disease. If the individual does not recognise what the real cause of his/her disease is then it will always continue to fester, sometimes acutely and fiercely, most of the time quietly and covertly. By focussing the attention on the effects of the disease and not on the cause one can ensure a recurrence of illness in the certain knowledge that disease will not have disappeared. On this basis it becomes a terrific investment to set up a healthcare system that ensures ongoing diseases.

"By focussing the attention on the effects of the disease and not on the cause one can ensure a recurrence of illness in the certain knowledge that disease will not have disappeared. On this basis it becomes a terrific investment to set up a healthcare system that ensures ongoing diseases."

Infectious processes occur acutely in order to allow the system to completely clear the disease out of the tissues. Disturbing and suppressing this process allows the disease to continue its presence.

Not comprehending the real cause of the disease and focussing on the expression of the disease ensures ignorance which can be exploited with crazy stories about acrobatic and monstrous microorganisms that we need to be afraid of. Real disease causes are best looked for in places that scientists have already stipulated as forming the base on which life is built. Life is energy and all matter is an expression of energy. When matter expresses diseased tissues it means that the energetic tension within that human field has been high for a long time. Real cause of disease can be found in regions of chronic high tension levels in our lives. Not diminishing this tension results in the breakdown of the physical structure, we call that disease.

Infections are healing crises designed to clean up what is already broken in order to have the opportunity to do things differently and start rebuilding healthier tissue. This happens at a deep level when we are successful in changing our lives from a high tension area to a low tension area.

If microorganisms do not cause infections, then it makes no sense to believe that this would be the case when talking about viruses. Viruses are unlike the animal bacteria and other microorganisms in as much that they are too small to be seen in any living and moving condition. In other articles, which you can find on the website, I have pointed out why viruses are not living animals and I have explained why they are nothing more than a tiny waste bag filled with genetic debris from a diseased cell nucleus. In this respect

Halt who goes there - friend or foe?

they come after the disease too and they do not cause anything. It fits completely in with the scientific knowledge about how infections, in general, come about.

And then there is the small matter of our observations regarding epidemics. How do infections spread amongst the population if the microorganism isn't causing the infection, leaping from person to person? The answer lies simply in the same explanation as to how the infection itself is caused. A disease is a malfunctioning of the system. This malfunctioning of the physical structure occurs as an energetic event. The human system, like all others within creation, exchanges energy with its environment all the time. The interaction of those two waves causes a resonant wave, which expresses itself in the changes we observe within the tissues. When the resonant wave no longer feeds and supports the structure, when the resonant wave does not resonate well within the structure, the physical structure, the tissues, are breaking down, much like a drinking glass can fall apart as a result of the resonance with the signing voice. It is in the debris of the broken down tissue that microorganisms emerge in order to feed on the debris and in doing so cleaning it up.

An epidemic of these kind of resonant frequencies occur in several people at the same time when the environment produces a certain type of pressure on all its occupants. There are specific outside conditions that trigger a resonant frequency within individual systems that causes the same tissues to break down. No organisms are being transferred from one person to another; they just are all exposed to the same wave (frequency) conditions. And herein lies the explanation why not all people exposed to specific infectious diseases become ill or are even being affected by the disease : it always is an interaction between outside and inside. Certain people will respond in a certain way to the outside stimulus and become ill; others respond differently and remain healthy.

HOW CAN YOU PROTECT YOURSELF FROM "CATCHING" AN INFECTIOUS DISEASE?

The answer simply is not to "respond" to such an outside stimulus, not to engage. In reality our reactive pattern is pretty much entirely unconscious and therefore we will only see the result of the interaction and consciously preventing it is not often an option. Hence, in the majority of cases you have already been affected before you are aware of a possible influence. However, by not buying into the belief that when someone has an infectious disease, from a common cold to a sexually transmitted disease, you are going to get it too, you already modify your resonant response away from becoming ill.

We conclude that an infectious disease is an individual process of cleaning the system of excess waste, and that is not necessary for you to join a group of people that are using a particular infectious disease at a particular time.

- *Be a survivor.*
- *Be an individual.*
- *Hold on to your personal power.*
- *Allow yourself to have an infectious disease when you need it.*

Patrick Quanten March 2014

Talk on 'Vaccinations and the Origin of Infection' by Dr Patrick Quanten

Date: 19th June 2014 North West London Time: 7pm - 9pm (Arrive 6.45pm for a 7pm start)

Dr Patrick Quanten will be visiting the UK in June this year - this is a rare opportunity to hear him share his wisdom on the theory of infectious disease. He will be speaking on the assumption that vaccinations are said to protect us from the effects of catching an infectious disease. In order for this system to work efficiently it is wise to first understand how infections come about and how they spread. Protection against it can then be worked out from the knowledge of how infections work.

Brief Bio: Dr Patrick Quanten had been a general practitioner since 1983. However, the combination of medical insight and extensive studies of Complementary Therapies opened up new perspectives on health care for him, all of which came to fruition when blended with Yogic and Ayurvedic principles. He therefore gave up his medical licence in November 2001. Dr Patrick Quanten also holds qualifications in Ayurvedic Medicine, Homeopathy, Reiki, Ozone Therapy and Thai Massage. He is an expert on Ear Candling and he is also well-read in the field of other hard sciences. His life's work involves finding similarities between the Ancient Knowledge and modern Western science. **Find out more at: http://activehealthcare.co.uk/**

Tickets: £10 per person, £16 for couples and £12 at the door. Payments can be made via The Informed Parent, to book please email Magda at: m.taylor960@btinternet.com Limited places only so book early to avoid disappointment.

CHILDREN HARMED BY VACCINES: Manufacturers Caught Manipulating Safety Studies

FAMILY HEALTH FREEDOM NETWORK
http://www.fhfn.org/
23/03/2014

ANY trained scientist or statistician understands that you want to use a null hypothesis to disprove a possible causal relationship between two correlated events. The null hypothesis in this case would be: There is no causal connection between vaccinations and their alleged adverse short-term and long-term side effects.

If we were going to test this hypothesis, I would randomly sample research subjects (a large sample size of perhaps 100,000 would help exclude other factors) and divide the subjects into two groups. One group will get the vaccine, and the other group would receive a saline shot. Both groups would then be monitored for at least four weeks to observe whether short-term side effects were more prevalent in the vaccinated group than in the placebo group.

To determine whether or not there is a causal link between vaccinations and long-term medical complications would be a little more difficult. Nonetheless, if one group of subjects has received a placebo and the other has received the vaccine, it would be possible to mail a questionnaire to randomly selected parents who have chosen to immunize their children and to an equal-sized group of those who haven't. A phone interview could also take place. This would be a good starting point to see whether there are differences in the long-term health and development of vaccinated children versus that of non-vaccinated children. If no significant differences are found between the two groups in either the short term or long term, then the pro-vaccine factions can rejoice, because they've disproven the anti-vaccinators' claims and proved that the vaccine in question does not cause short-term or long-term complications.

If researchers wanted to know the truth about vaccines' effects, it would be easy enough to discover. Let's take a look at what methodology the pharmaceutical industries use to obtain the results they desire. Here it is, as explained in the package inserts for the hepatitis B vaccine by GlaxoSmithKline: Ten double-blind studies involving 2,252 subjects showed no significant difference in the frequency or severity of adverse experiences between ENGERIX-B and plasma-derived vaccines. In thirty-six clinical studies, a total of 13,495 doses of ENGERIX-B were administered to 5,071 healthy adults and children who were initially seronegative for hepatitis B markers and healthy neonates. All subjects were monitored for four days post-administration. (1)

"Most middle school students are familiar with the design of a cause and effect study. The pharmaceutical companies are getting around ethically and fairly designed studies by claiming that it would be unethical to withhold a lifesaving medical intervention such as vaccines. This despite the fact that short term studies never included a 'true' placebo and vaccinated children have never been compared to non-vaccinated children in long term studies."

What the pharmaceutical company should have done is inject one group with the vaccine and the other group with a non-vaccine placebo (i.e., saline). What the pharmaceutical company did, instead, was inject one group with the hepatitis B vaccine, and the other group with a different vaccine. Then they monitored both groups and found that the recipients of their vaccine had "no significant difference in the frequency or severity of adverse experiences" as compared to the recipients of other vaccines. Which tells us nothing, really. Imagine McDonald's touting their Big Macs as being "no more lethal than the Whopper."

This is exactly what the pharmaceutical company has done here-they've avoided the real question about adverse reactions to vaccinations by announcing that their vaccine causes no more adverse reactions than…other vaccines. But make no mistake about it… adverse reactions occurred in both groups.

Let's take a close look at the package inserts of various drug companies and the vaccines they manufacture. More importantly, let's look at how the pharmaceutical companies manipulate safety results.

SANOFI PASTEUR AND THE HIB VACCINE

In a randomized, double-blind US clinical trial, ActHIB vaccine was given concomitantly with DTP to more than 5,000 infants, and hepatitis B vaccine was given with DTP to a similar number. In this large study, deaths due to sudden infant death syndrome (SIDS) and other causes were observed, but were not different in the two groups. In the first forty-eight hours following immunization, two definite and three possible seizures were observed after ActHIB vaccine and DTP in comparison with none after hepatitis B vaccine and DTP. (2)

In order for us to know how safe the HIB vaccine is, the vaccine should have been compared to a placebo. Only then would we know how safe the vaccine truly is. But in order to muddy the results, not only did they not compare the HIB vaccine to a placebo, but they combined the HIB vaccine with another vaccine, and then tested it against two other combined vaccines. Imagine a drug company testing the safety of infant Tylenol by mixing it with another drug and then comparing it to a mixture of two other drugs. How would we ever be able to tell whether Tylenol is safe to give to our children?

MERCK AND HEPATITIS B VACCINE

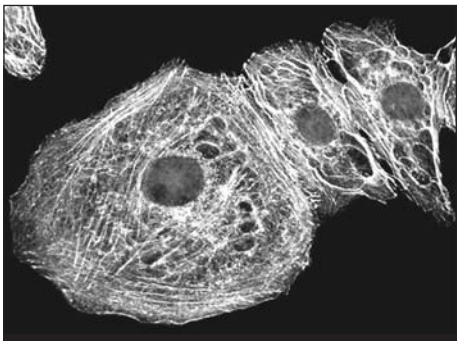
In the pivotal, randomized, multicenter study, 882 infants were assigned in a 3:1 ratio to receive either COMVAX or PedvaxHIB plus RECOMBIVAX HB at separate injection sites at 2, 4, and 12–15 months of age. Children may have also received routine pediatric immunizations. The children were monitored daily for five days after each injection for injection-site and systemic adverse experiences. During this time, adverse experiences in infants who received COMVAX were generally similar in type and frequency to those observed in infants who received PedvaxHIB plus RECOMBIVAX HB. [3]

In this study, Merck figured it would be best to compare its hepatitis B vaccine to a mixture of two other vaccines. Why would they do this? Because if a single vaccine is compared to a mixture of vaccines, the likelihood of adverse reactions in the "mixture of vaccine group" is likely to be higher, therefore making the hepatitis B vaccine look relatively safer. This is manipulation at its best.

SANOFI PASTEUR AND THE POLIO VACCINE

In earlier studies with the vaccine grown in primary monkey kidney cells, transient local reactions at the site of injection were observed. Erythema, induration and pain occurred in 3.2%, 1% and 13%, respectively, of vaccinees within 48 hours post-vaccination. Temperatures of ≥39°C (≥102°F) were reported in 38% of vaccinees. Other symptoms included irritability, sleepiness, fussiness, and crying. Because IPV was given in a different site but concurrently with diphtheria and tetanus toxoids and pertussis vaccine adsorbed (DTP), these systemic reactions could not be attributed to a specific vaccine. However, these systemic reactions were comparable in frequency and severity to that reported for DTP given alone without IPV. Although no causal relationship has been established, deaths have occurred in temporal association after vaccination of infants with IPV. [4]

It is interesting to know that the vaccine grows in monkey kidney cells. I wonder what impact this has on our children. In this study, the pharmaceutical company tells us that the experienced side effects can't be attributed to the polio vaccines, as it was tested by mixing the polio vaccine and then comparing it to the mixture of two other vaccines. This is simply beyond words.



Primary monkey kidney cells

"It is interesting to know that the vaccine grows in monkey kidney cells. I wonder what impact this has on our children."

All the package inserts can be accessed by going to: http://www.vaccinesafety.edu/package_inserts.htm.

In order to show how ridiculously vaccine safety studies are designed, here is a comparison: I want to find out whether eating huge quantities of Hershey kisses can lead to a bellyache. What I should do is get two groups of large sizes together and give one group large amounts of Hershey kisses and the other group a placebo. If there are significantly more bellyaches in the Hershey kiss group, I can confidently say that it isn't safe to eat large quantities of Hershey kisses. Instead, I randomly sample two large groups and give one group large quantities of Hershey kisses and the other group large quantities of gummy bears or, perhaps, as some study designs by the pharmaceutical industry suggest, the placebo group receives large quantities of gummy bears and ice cream at the same time. Now I have belly aches in both groups (as we all know eating too much chocolate or gummy bears isn't good), however, because I have an equal amount of reactions in both groups, I argue that it is therefore safe to eat large amounts of Hershey kisses, as there are not significantly more bellyaches in the Hershey kiss group.

Most middle school students are familiar with the design of a cause and effect study. The pharmaceutical companies are getting around ethically and fairly designed studies by claiming that it would be unethical to withhold a lifesaving medical intervention such as vaccines. This despite the fact that short term studies never included a 'true' placebo and vaccinated children have never been compared to non-vaccinated children in long term studies.

As you now are familiar with faulty research designs falsely concluding vaccines are safe for your children and protect your children from illness you may want to question the entire notion of vaccination. Many parents to vaccinated and non-vaccinated children will attest to the fact that the non-vaccinated child claims superior health to the vaccinated child. If large and correctly designed studies were conducted it is likely that pediatricians, health officials, government and pharmaceutical companies would derive at the same conclusion. This of course would expose them and therefore those choosing to vaccinate their children will have to continue to rely on studies proving a pre-determined outcome.

1. Engerix-b (hepatitis b vaccine recombinant). (n.d.). Retrieved from http://www.rxlist.com/engerix-b-drug/side-effects-interactions.htm

2. "Haemophilus B Conjugate (Meningococcal Protein Conjugate) and Hepatitis B (Recombinant) Vaccine."
Web. <http://www.merck.com/product/usa/pi_circulars/c/comvax/comvax_pi.pdf>.

3. "Haemophilus B Conjugate Vaccine."
Web. <https://www.vaccineshoppe.com/image.cfm?doc_id=11167&image_type=product_pdf>.

4. "Poliovirus Vaccine Inactivated."
Web. <https://www.vaccineshoppe.com/image.cfm?doc_id=5984&image_type=product_pdf>

A PARENT'S RESPONSE TO THE NEW YORK TIMES' ARTICLE: ELIMINATE VACCINE EXEMPTIONS

BY MEGAN
LivingWhole.org (USA)
April 1st 2014

The following extracts are from an article which was written in response to an article in an american journal calling for vaccine exemptions to be eliminated. Whilst we presently have some freedom of choice here in the UK it is important to take note of what is going on over the water!

I AM GENERALLY a nice person. As long as someone or something does not infringe upon my rights as a parent or individual I try to stay out of it. And that's exactly how I feel about vaccinations. I encourage you to educate yourself but ultimately, you have the final say. That's how it is here in the United States of America, we have the freedom to choose, freedom to parent our kids the way we see fit, and freedom from government interference into the most intimate aspects of our lives whether we are religious or not. Or so I thought... There was a piece published by the New York Times recently written by Dr. Kristen Feemster (a pediatric infectious disease physician who profits from "professionally advising" pharmaceutical companies and feels that a parent's decision not to vaccinate may warrant a call to Child Protective Services) that urged the scientific and public health communities to curtail vaccine exemptions. In case you're wondering, a vaccine exemption allows an individual to forgo the vaccination for medical, religious, and sometimes philosophical reasons. The reason for trumping these rights? The public good.

I had many problems with this article, and you should too, because it infringes on your constitutional rights as a parent, blatantly suggests that "vaccines are safe and effective," insinuates that those of us who choose not to vaccinate our children have no educated reason for doing so, and obviously assumes that the healthcare, scientific community, and parents (the most important player in this dilemma if you will) agree on what constitutes the public good.

HERE IS MY RESPONSE TO THIS ARTICLE

Dear Dr. Feemster, the New York Times, and anyone else who thinks I don't have a right to (un)vaccinate my child:

I am sorry to hear that you deem a parent's choice of whether or not to vaccinate with so little regard. Need I refer you to the United States Constitution where it has been decided and upheld by the United States Supreme Court on numerous occassions that parents' have the right to the care, custody, and control of their children, freedom to rear their children without government interference, the freedom of expression and religion, freedom of privacy, and protection under the first, ninth, and 14th amendments. The right to raise my child as I see fit and the right to decide what I do and do not put into my body or my child's is a fundamental right granted to me as a citizen of the United States of America. You claim that personal and philosophical exemptions should be curtailed because of those who cannot medically receive vaccines. What about those of us who are subjected to virus shedding on a daily basis by those individuals who have chosen to vaccinate? What about those of us vaccinated or not, who have gotten sick as a result of vaccine-induced outbreaks of whooping cough, measles, and meningitis? What about the billions of dollars we sink into healthcare every year to cover the rising costs associated with the surge of childhood diseases, all of which are listed as side-effects on the vaccine inserts and have increased as the number of vaccines on the child immunization schedule have increased? What about the vaccine-injured children? Should we not be worried about protecting our children from the serious and sometimes debilitating vaccine-induced conditions? Are my religious freedoms not protected when it comes to vaccinations? Is my educated opinion that vaccines are harmful to the human body of less value than yours? What about the millions of Americans and medical professionals who think the same? You state that vaccines are safe and effective but as a member of the scientific and healthcare community I'm not sure how you came to that conclusion. You see, vaccines are not research effective because they are not subjected to double-blind placebo controlled studies using a saline solution that is the standard for evidence-based medicine. Vaccinations are tested against other vaccinations, adjuvants, and complex vaccinations – this not only yields inaccurate results but altered and inaccurate safety data. How can you know if something is truly safe if it is not tested against a placebo? You claim vaccines are safe. Have you read the package inserts, studies, or checked out the VAERS database lately? If you had, you would see side-effects like these: (Boostrix - Tdap) blood and lymphatic system disorders, immune system disorders, myocarditis, nervous system disorders, convulsions, seizures, encephalitis (brain swelling), facial palsy, skin disorders; (Pediarix IPV + DTaP + Hep B) Sudden infant death (SIDS), death, seizures, meningitis, paralysis, anaphylactic shock, encephalitis, skin and tissue disorders; (Chicken pox / Varicella) eczema, vaccine-strain chicken pox, lower respiratory infections, seizures, encephalitis, cerebrovascular accident, transverse myelitis, Guillain-Barré syndrome, Bell's palsy, aseptic meningitis, pneumonia; (Merck's Hep-B) Guillain-Barré Syndrome, ringing in the ears, multiple sclerosis, myelitis including transverse myelitis, seizure, febrile seizure, peripheral neuropathy including Bell's Palsy, herpes zoster, migraine, arthritis. And I love how the package insert insinuates that the vaccine some how played a role in eradicating measles, mumps, and rubella: "For measles, 894,134 cases reported in 1941 compared to 288 cases reported in 1995 resulted in a 99.97% decrease in reported cases; for mumps, 152,209 cases reported in 1968 compared to 840 cases reported in 1995 resulted in a 99.45% decrease in reported cases; and for rubella, 57,686 cases reported in 1969 compared to 200 cases reported in 1995 resulted in a 99.65% decrease." I find this correlation (that the vaccine eradicated or reduced these illnesses) interesting especially because the first measles vaccine wasn't even put on the market until 1963. So we have twenty years ›

unaccounted for here and the actual data shows a stark decline in mortality of measles before the vaccine was introduced. Isn't that convenient? The same is true for polio, pertussis, diphtheria, and the rest. (Here's a good read on that). Vaccines did not eradicate these diseases. Quarantine programs, sanitation, clean living conditions, and clean water did. If you look at how these viruses are transmitted (dirty water, poop, unpasteurized milk from infected cows, etc.) and the time frame during which these diseases actually decreased you'll see this occurred during a time in both Britain and United States History where our society became more industrialized as a whole and access to clean water, clean food, and public health services drastically improved. But we'll just pretend that the high prevalence of these diseases in other parts of the world like Africa and India have nothing to do with the fact that there are millions of people living in poverty without access to clean living conditions or water. But wait, what about whooping cough? Not only was the mortality rate practically nonexistent before the introduction of the pertussis vaccine, the actual prevalence of pertussis was relatively unaffected by the vaccine until 2003-2004 when the outbreaks doubled. Of course this was attributed to "better diagnostic and reporting methods" which is code for "the new vaccine we created to replace the old vaccine has failed miserably and has made the vaccinated asymptomatic carriers that can infect anyone in the population...Oops." I know, the unvaccinated are easy scapegoats but according to the science, we're not the carriers causing the outbreaks here.

HERD IMMUNITY DOES NOT EXISTS WHEN IT COMES TO VACCINES.

Herd immunity is this concept that a certain percentage of the population needs to be vaccinated in order to eradicate a disease. Herd immunity does not exist with vaccines and here's why:

Herd immunity only applies to those diseases that are naturally derived that confer lifetime immunity. Vaccine manufactures promise to introduce an antigen. They do not promise that the antigen will initiate an antibody response (e.g. MMR vaccine insert). Even if there is an antibody response the doesn't mean one will have immunity and if they do, immunity is temporary (up to 4-10 years). Chicken pox vaccine gives immunity for "unknown duration" but no more than 10 years, MMR is unknown, Pertussis "protection" is a joke, Hep B is a maximum of seven. So my child could get the simple childhood chicken pox as a child and have lifetime protection, or she could get vaccinated, get sick anyway (by chicken pox or one of the many other diseases associated with the vaccine), have only temporary (if any) immunity, and increase her chances by 50% of getting shingles as an adult? But wait, I should be happy that my infant is at least getting some protection from the mean hepatitis B that is transmitted via sex and dirty needles. I was really worried about that one. Good thing she'll get another booster when she starts school to prevent that risky kindergarten behavior.

So we have a bunch of vaccinated people out there who may or may not have developed antibodies and if they have, will have "worn off" in a period of days, months, or years. How many people in their 30s and 40s do you know who have been vaccinated lately? Why do we not see these "vaccine preventable" outbreaks in this age group? Why are the outbreaks occurring among the most heavily vaccinated population and in the vaccinated themselves? And is it safe to get continuous boosters of these vaccines throughout the course of one's life? Has anyone done a study on the long-term effects of repeated vaccines? What about the accumulation of heavy metals like mercury, formaldehyde, and aluminum that have an affinity to the brain and intestines and accumulate in toxic levels in the body? What about the DNA of the cells (of aborted fetuses and animals) and its ability to interact with our own? Don't you think these are questions that need to be answered before we go "curtailing" a person's exemption rights? Dr. Feemster, please let me tell you why I as a parent and educated individual have chosen not to vaccinate my children: Vaccines have not been proven safe. They are not effective. They have not eradicated any diseases. They cause illness including the ones they are designed to prevent. They cause viruses to mutate and strains of what were simple childhood diseases to become more virulent. Vaccines assault the immune system, contain additives that are deemed harmful and toxic by the EPA and FDA, and are responsible for the most recent outbreaks of pertussis, measles, mumps, and meningitis. The CDC's response to their failed vaccine? Get more boosters because somehow getting more of something that didn't work in the first place is logical. My decision to "unvaccinate" my child in no way affects your children or anyone else's children. If anything we should protect the people who cannot be vaccinated from children who are, since many of the vaccines cause virus shedding for six weeks or more. In addition, my unvaccinated child does not put anyone else's vaccinated child at risk. If their child is vaccinated then shouldn't they be protected? And finally, please tell me how my child, who has never has measles, whooping cough, (or any other sickness for that matter) is responsible for the recent outbreaks of these diseases – in the almost exclusively vaccinated population no less. Blaming an unvaccinated child for the spread of a disease they've never had on a population that is almost entirely vaccinated is like you blaming a random person's cat in Oklahoma for the grey hair you found on your head. Exactly. It's ridiculous at best. Until doctors receive training in medical school on the subject of vaccinations (that goes beyond the viewing of a child's picture in a third world country who has the rarest and worst case of polio known to man), and start reading the package inserts, educating patients on the potential risks, are knowledgeable on the history and "science" of vaccines, and are willing to accept the liability for my child becoming injured as a result of what comes through the needle...I will always... ALWAYS...question my doctor.

Until the media stops promoting agendas from financial backers, I'll question them too. And until a pharmaceutical company decides to properly research the product they're promoting and puts the welfare of the people over the buck, I'll question them too. Until vaccines are properly tested, proven to be safe, proven to work, not exempt from liability, free of harmful additives, and proven to be incapable of harming my child...I will not be vaccinating. And as a parent and citizen of the United States, as an individual who has done their research, as a professional married to a physician – it is my right to say no. For the sake of the "public good," let's start asking questions. You don't have to have a degree to read a package insert or to understand what it says.

MINISTERS BLEW £650 MILLION ON USELESS ANTI-FLU DRUGS: Cash spent on stockpiling treatments that 'worked no better than paracetamol'

BY JENNY HOPE
MEDICAL CORRESPONDENT
10 April 2014

- **TAMIFLU AND RELENZA were stockpiled to stave off a flu pandemic**
- **MASS PURCHASE triggered in 2005 when Government scientist warned as many as 700,000 Britons could die from deadly bird flu**
- **RESEARCHERS DISCOVERED the drugs work no better than paracetamol**
- **AUTHORS OF REPORT have called for stockpiling of the drugs to end.**

THE £653MILLION spent on drugs to stave off a flu pandemic was 'money thrown down the drain', a damning report found yesterday.

The drugs – Tamiflu and Relenza – were stockpiled at huge cost by health chiefs in the hope they could stem the effects of a pandemic.

The mass purchase was triggered in 2005 when Government scientists warned that as many as 700,000 Britons could die from deadly bird flu.

After millions of doses were stockpiled, spending on the drugs escalated still further with the outbreak of swine flu (H1N1 virus) in 2009, the first pandemic in 40 years.

The anti-viral medicines were purchased to reduce admissions to hospital and dangerous complications from flu such as pneumonia.

But the drugs work no better than remedies such as paracetamol, according to an analysis by researchers. There are also claims that vital information from clinical trials was withheld from regulators, researchers and doctors.

The report, which analysed data from published and unpublished trials, concludes there is no evidence to show that the drugs reduce hospital admissions or complications.

It also says the two drugs do shorten the symptoms of flu but only by half a day - about the same as some over-the-counter drugs.

"The review by Cochrane, an independent, international network of researchers, also found Tamiflu had side effects including a higher risk of psychiatric and kidney symptoms."

The review by Cochrane, an independent, international network of researchers, also found Tamiflu had side effects including a higher risk of psychiatric and kidney symptoms.

The authors of the report, published in the British Medical Journal (BMJ), called for an immediate end to stockpiling of the drugs on the basis of the evidence.

Dr Carl Heneghan, professor of evidence-based medicine at Oxford University, said: 'The money spent has been thrown down the drain. There is no credible way these drugs could prevent a pandemic.'

The drugs worked no better at relieving symptoms than over-the-counter medicines but had potential to 'cause great harm', he said.

A second author, Dr Tom Jefferson, a clinical epidemiologist, said: 'The evidence doesn't justify stockpiling – we should stop it.'

The investigators said there had been 'multi-system failure' which included the role of regulators, the European Medicines Agency - which approved licensing of the drug in Europe - and the drugs watchdog Nice.

The findings, based on 46 trials involving more than 24,000 people, cast doubt on whether the drugs are worthwhile fighting flu and suggest 'insufficient grounds' for using Tamiflu as a preventive measure.

Investigators from Cochrane say the original evidence the drug companies gave to the Government was incomplete. They used a huge amount of data only made available by manufacturers Roche and GlaxoSmithKline after 'years of struggles', said BMJ editor-in-chief Dr Fiona Godlee.

Roche said it 'fundamentally disagreed' with the findings.

Between 2006-07 and 2012-13 the Department of Health spent £609million on antiviral medicines, £473million on Tamiflu and £136million on Relenza. This includes £74million written off because poor record keeping meant medicines had to be thrown away.

The swine flu pandemic claimed 457 lives in the UK between June 2009 and April 2010. There were no human cases of bird flu in the UK.

The latest review follows a highly critical report in January from MPs on the Public Accounts Committee which warned that a further £49million was at stake because drugs running out of shelf life were due to be replaced.

But the DH confirmed last night that a 2008 contract with Roche meant the drugs had been delivered and the money spent in 2013/14

But Professor Wendy Barclay, chair in influenza virology at Imperial College London, said other evidence showed the drugs benefited sick pregnant women and stockpiling had been 'prudent'.

Roche UK medical director Dr Daniel Thurley said: 'Roche stands behind the wealth of data for Tamiflu.

The report's methodology is often unclear and inappropriate, and their conclusions could potentially have serious public health implications.'

The Department of Health said: 'Tamiflu is licensed around the world for the treatment of seasonal flu and is a licensed product with a proven record of safety, quality and efficacy. We regularly review all published data and will consider the Cochrane review closely.'

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)

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