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

STUDY LINKS VACCINE INDUCED IMMUNE OVERLOAD TO AUTISM, DIABETES, OBESITY

BY SAYER JI
Contributing Writer for Wake Up World.
www.greenmedinfo.com
30th May 2014

A NEW VACCINE STUDY published in Molecular and Genetic Medicine is bringing to the forefront the disturbing connection between the dramatic expansion in the quantity of routine childhood vaccines administered and a corresponding increase in inflammation-associated disorders.

Titled, "Review of Vaccine Induced Immune Overload and the Resulting Epidemics of Type 1 Diabetes and Metabolic Syndrome, Emphasis on Explaining the Recent Accelerations in the Risk of Prediabetes and other Immune Mediated Diseases," the study argues that vaccine-induced immune overload is a driving factor in a number of rapidly accelerating childhood epidemics including:

- AUTISM
- TYPE 1 DIABETES
- ASTHMA
- FOOD ALLERGIES
- MANY AUTOIMMUNE DISEASES
- OBESITY
- TYPE 2 DIABETES
- NON-ALCOHOLIC FATTY LIVER DISEASE (NAFL)
- METABOLIC DISEASE.

The paper sought to provide a theory of vaccine induced immune overload to explain many observations about the changes in the epidemics. The fundamental problem, according to the study, is that vaccinology assumes a 'one size fits all' approach that results in the majority of the vaccine recipients having overstimulated immune systems:

One major problem with vaccines is the concept of one size fits all. Package inserts of almost all vaccines recommend a dose based on age. In order for a vaccine to be a commercial success it is expected to induce a protective immune response in well over 90% of children. In order for this to happen a dose, based on age, must stimulate a protective immune response in those with the weakest immune system. In the process of doing this, the other 90% or more of children have their immune system over stimulated. The process of over stimulating the immune system time and time again increases the risk of inflammatory diseases like autoimmune diseases, and allergies which cause even more inflammation.

"Prevalence of Autism is positively associated with the incidence of Type 1 Diabetes, but negatively associated with the incidence of Type 2 Diabetes, implication for the Etiology of the Autism Epidemic Molecular and Genetic Medicine"

The result of the over stimulated state of the body following vaccination varies, but depends entirely on bio-individuality, namely, the unique physiological response an individual has to inflammation. The inflammatory cascade has other adverse downstream effects:

Inflammation causes the release of cytokines which can trigger autoimmune diseases but also stimulate cortisol production, the major negative feedback loop of the immune system. According to the theory inflammation induced cortisol production varies based on race [3] which can be explained by the presence of genes that alter cortisol production. Individuals who produce a lot of cortisol in response to inflammation have a tendency to develop a Cushingoid like response that includes obesity, type 2 diabetes/insulin resistance, hypertension, and dyslipidemia which is called metabolic syndrome.

As the dominant meme perpetuated by stakeholders in the vaccine agenda over the past 15 years has been 'the more vaccines the better,' today's vaccine schedule is loaded to the hilt with vaccines, each new addition increasing with mathematical certainty the chances of immune overload:

Since 1999 the routine pediatric immunization schedule [9,10] increased by 80 vaccines. This number is derived by the fact that multivalent vaccines contain specific vaccines to each separate strain. The following have been added, pneumococcus (13 valent), meningococcus (4 valent), human papilloma virus (4 valent), hepatitis A (1 valent), rotatavirus (4 additional valent), influenza (3 valent per year x 18 years=54).

The study provided in depth explanations of the various ways in which vaccine induced immune over stimulation may contribute to chronic diseases such as type 1 diabetes, obesity, and NAFL, but the proposed link with autism is most conspicuous, considering it is a highly taboo topic to link vaccine exposures with autism spectrum disorder. The lead author of the study referenced a previous study he published last year (2013) titled "Prevalence of Autism is Positively Associated with the Incidence of Type 1 Diabetes, but Negatively Associated with the Incidence of Type 2 Diabetes, Implication for the Etiology of the Autism Epidemic Molecular and Genetic Medicine," wherein is described research linking the prevalence of type 1 diabetes with autism, suggesting their etiologies are related, including a mention of the possible role of vaccines in contributing to these simultaneous epidemics. Clearly if vaccines are capable of over stimulating the immune system and/or breaking immunological self-tolerance, this could be expressed in a wide range of ways: the immune system could attack the insulin producing beta cells in the pancreas (type 1 diabetes) or the brain (autism). The

Editor's note

Magda Taylor

OVER THE YEARS I HAVE OFTEN HEARD STATEMENTS, *such as, 'without vaccination we will return to the dark ages' or 'all those diseases from the past will return if people start rejecting vaccines'. These type of remarks are understandable when you consider how the propaganda machine has been chanting repeatedly for over a century about the wonders of Jenner's vaccination procedure, the eradication of smallpox, and the quest to eliminate other 'so-called' infectious diseases. It is also usual that those who condemn others for not having their children vaccinated or for even daring to question the procedure are usually individuals who have not really looked into the subject. They are most likely to be people who have blind faith with anything medical and/or scientific and accept the 'official' word. Swept along by the scaremongering that is dished out regularly regarding the various diseases and the list of possible outcomes they are kept in a state of fear. This is nothing new and has been going on since vaccination was introduced.*

I have recently been re-reading some of the old literature on vaccination published at the end of the nineteenth century, in particular, Dr Walter R Hadwen, a staunch supporter of the anti-vaccination movement. Dr Hadwen studied the subject exhaustively which resulted in him becoming a major critic of vaccination.

In those days smallpox vaccination was compulsory and to refuse it may have resulted in prosecution, fines and even imprisonment.

I would highly recommend reading Dr Hadwen's articles as I feel that to properly question this subject you need to go back to find out how it came about, the 'science' it was based on, and what really was going on with the smallpox disease during the 1800s.

To give you an idea of the kind of detail Dr Hadwen presented, here are a few extracts from a speech he delivered in 1896 entitled 'The Case Against Vaccination'. The full text can be accessed at: http://whale.to/vaccines/hadwen1.html

'One is constantly told that this is purely a medical question, and that if I want to air it I should discuss it before a medical audience or by letters in the medical papers. Those who say that know what is the treatment medical anti-vaccinists receive in the journals in question. But it is not a purely medical question. It is one of observation, of history and of statistics, and any intelligent layman can understand it as well as a medical man. It is a mere superstitious creed, and needs no professional knowledge to grasp it. And what is more, I can say from what I have learned in experience that intelligent, thoughtful and studious anti-vaccinators know more about this subject than the majority of the medical men of to-day. '

'The period in which he lived was undoubtedly a very filthy period. It was a time when, to take London for instance, the streets were nothing but a mass of cobble stones, the roads were so narrow that the people could almost shake hands across the street, and as for fresh air they scarcely knew anything about it, for locomotion such as we have to-day was unknown. Sanitary arrangements were altogether absent. They obtained their water from conduits and wells in the neighbourhood, Water closets there were none, and no drainage system existed.

It was in London especially that small-pox abounded, where bodies were buried in Old St. Paul's Churchyard in Covent Garden only a foot below the soil, and people had to get up in the middle of the night and burn frankincense to keep off the stench; and where those who could afford it had houses on each side of the Fleet river, so that when the wind

› *from p01*

permutations and effects on health are actually quite endless.

The author pointed out that the theory of vaccine-induced autoimmunity has been exceedingly difficult to prove because both post-marketing epidemiological surveillance studies and prospective controlled trials of vaccines performed for licensure are either too small, too short in duration or inappropriately controlled (use other vaccines as controls) to appropriately study the relationship between vaccines and these epidemics.

The author also points out that "While it would be ideal to have more clinical trial data, industry and government have been reluctant to provide such information. However, conclusions regarding toxicity of many agents including cigarettes and asbestos were made without clinical trial data. The author believes that the sum of the data described and relationship."

We feel the author is correct to raise the cautionary flag. This is not a strictly academic issue, as the present and future health of our children is on the line. If the expansive pediatric immunization schedule is resulting in the over stimulation and dysregulation of childhood immunity, explaining the mystery behind the atrocious and seemingly "idiopathic" epidemic of autism, the approach must immediately be suspended and reassessed for safety with appropriately controlled trials (non-vaccine controls) to provide the necessary evidence long lauded as the basis and justification for vaccination versus nutritional optimization, sanitation, hygiene and plant-based medicine as the first strategic line of defense for the prevention of infectious disease. Anything less than this is pseudo-scientific and clearly violates informed consent.

Go to page 4 for more detailed article.

blew towards the east they lived in the west, and when it blew towards the west they lived in the east. This was the condition of old London, and you cannot be surprised if small-pox was then what Dr. Bond calls a scourge; you cannot be surprised if small-pox has declined since, even after this wonderful discovery of vaccination - and let us not forget that sanitary improvements began in London as early as 1766, and small-pox began to decline as a consequence before vaccination was invented.'

THE TEACHING OF EXPERIENCE

'I have clearly proved that there is no science in vaccination; now we will see what experience has to say upon the subject. Since the passing of the Act in 1853 we have had no less than three distinct epidemics. In 1857-9 we had more than 14,000 deaths from smallpox; in the 1863-5 epidemic the deaths had increased to 20,000; and in 1871-2 they totalled up to the tune of 44,800. It might be asked; Did not the population increase? Between the first and second epidemics the population did increase by 7 per cent., but the smallpox deaths increased by 41 per cent. Between the second and third epidemics the population went up by 9 per cent. and the small-pox by 120 per cent. Small-pox is an epidemic disease, and if cow-pox is to do anything as a preventive of small-pox it should prevent an epidemic. It is all very well to say what a splendid protection it is when there is no epidemic about, but the question is: How will it stand when small-pox comes? But, as Dr. Druitt has well remarked: "You may just as well try to stop small-pox epidemics by vaccination as to prevent a thunderstorm with an umbrella." In 1880 the Registrar-General reported that although typhus fever and other zymotics had gone down, the only one to show a rise was small-pox; i.e., after thirty years of compulsory vaccination it was 50 per cent above the average of the previous 10 years. We got rid of the black death and gaol fever entirely. What did it? Good water, good drainage, and the whitewash brush.

Yet the only zymotic which shows a notable increase is the only one against which a special prophylactic has been used, and so remarkable was this that the Registrar-General had to draw attention to it. Undoubtedly small-pox would have gone too if the inoculators had not taken such pains for nearly 100 years to establish it in this country.'

RE-VACCINATION

'Then they say if it will only protect for a time re-vaccination is the thing. I want to know how often are we to be re-vaccinated? Jenner said once was enough; Dr. Thorpe Porter, Superintendent of the Dublin Small-pox Hospital Sheds, says he has no faith in re-vaccination; Dr. Pringle, the great Indian vaccinator, says re-vaccination is an unpathological and unphysiological blunder; whereas Dr. Seaton says that to be vaccinated once at puberty is quite enough; Sir William Jenner says you ought to be vaccinated once in infancy, again at seven years, and again every time an epidemic comes along; Dr. Oakes says you ought to be vaccinated every ten years; and a great German vaccinator, whose name I won't attempt to pronounce, says you ought to be vaccinated every four months until you cannot be re-vaccinated any longer. What, to be kept in a constant state of cowpox in order to prevent small-pox? Why, I would sooner have the smallpox - it would be a thousand times better - and have done with it.'

I will be reproducing further texts from the archives so that you have some background information which may prove useful should you find yourselves in debate with family and friends about the eradication of smallpox, and so on. Hope you find this latest edition informative and if anyone is interested in organizing a talk in their locality, please let me know.

WISHING YOU GOOD HEALTH!

MAGDA TAYLOR,
EDITOR

OVERLOAD LEADS TO INCREASE OF IMMUNE MEDIATED DISEASES

MOLECULAR AND GENETIC MEDICINE
J BARTHELOW CLASSEN MD*
3637 ROCKDALE ROAD,
MANCHESTER, MD 21102, USA
E-mail: classen@vaccines.net
Published date: February 19, 2014

SOURCE

Overload & the Resulting Epidemics of Type 1 Diabetes & Metabolic Syndrome, Emphasis on Explaining the Recent Accelerations in the Risk of Prediabetes and other Immune Mediated Diseases.

ABSTRACT

THERE HAS BEEN AN EPIDEMIC of inflammatory diseases that has paralleled the epidemic on iatrogenic immune stimulation with vaccines. Extensive evidence links vaccine induced immune over load with the epidemic of type 1 diabetes. More recent data indicates that obesity, type 2 diabetes and other components of metabolic syndrome are highly associated with immunization and may be manifestations of the negative feedback loop of the immune system reacting to the immune overload. The epidemic of diabetes/prediabetes appears to be accelerating at a time when the prevalence of obesity has stabilized, indicating that the negative feedback system of the immune system has been over whelmed. The theory of vaccine induced immune overload can explain the key observations that have confounded many competing hypothesis. The current paper reviews the evidence that vaccine induced immune overload explains the disconnect between the increase in prediabetes and nonalcoholic fatty liver at a time when the obesity epidemic is waning in children.

INTRODUCTION

Twenty years ago it was predicted that a massive increase in immunization would result in a massive increase in people with chronic immune related diseases like type 1 diabetes, autoimmune diseases, and asthma [1]. A massive increase in immunization has occurred. In the United States for example since just 1999 children are scheduled to routinely receive over 80 additional vaccines over their childhood as explained below. The increase in immunization has been followed by a huge increase in inflammation associated disorders. Diseases like autism, type 1 diabetes, asthma, food allergies, many autoimmune diseases, obesity, type 2 diabetes, NASH and metabolic syndrome have increased many fold in children. The rate of change of several closely followed diseases appear to be accelerating while others have decelerated. This paper describes how the theory of vaccine induced immune overload can explain many observations about the changes in the epidemics.

"The process of over stimulating the immune system time and time again increases the risk of inflammatory diseases like autoimmune diseases, and allergies which cause even more inflammation."

Many hypothesis have been proposed to find alternate explanations for these epidemics, such as the hygiene hypothesis for autoimmune diseases and poor diet or decreased exercise for the obesity epidemic. These hypothesis don't readily explain the recent changes in the rates of these diseases. For example the prevalence of obesity in US children has stabilized while junk food and leisure activities persists, and the epidemics of autoimmune diseases continue to rise at a time where hygiene does not seem to increase.

Recently publications have provided evidence that vaccines are responsible for the epidemics of both autoimmune diseases such as type 1 diabetes as well as the epidemic of type 2 diabetes, obesity and metabolic syndrome [2]. One major problem with vaccines is the concept of one size fits all. Package inserts of almost all vaccines recommend a dose based on age. In order for a vaccine to be a commercial success it is expected to induce a protective immune response in well over 90% of children. In order for this to happen a dose, based on age, must stimulate a protective immune response in those with the weakest immune system. In the process of doing this, the other 90% or more of children have their immune system over stimulated. The process of over stimulating the immune system time and time again increases the risk of inflammatory diseases like autoimmune diseases, and allergies which cause even more inflammation. The clinical manifestation of disease depends on one's physiologic response to inflammation as has previously been reviewed [3]. Inflammation causes the release of cytokines which can trigger autoimmune diseases but also stimulate cortisol production, the major negative feedback loop of the immune system. According to the theory inflammation induced cortisol production varies based on race [3] which can be explained by the presence of genes that alter cortisol production. Individuals who produce a lot of cortisol in response to inflammation have a tendency to develop a Cushingoid like response that includes obesity, type 2 diabetes/insulin resistance, hypertension, and dyslipidemia which is called metabolic syndrome.

Evidence that vaccines cause type 1 diabetes has been well established. Data from a large prospective clinical trial of the Haemophilus vaccine [4] as well as epidemiology data [5] support vaccines as a major causative agent for type 1 diabetes. The data from the clinical trial validates an animal toxicity model [4]. The findings were verified by others [6]. Discontinuation of vaccines has been repeatedly shown to be followed by declines in the rates of type 1 diabetes [5,7]. Evidence that vaccines cause type 2 diabetes, obesity and metabolic syndrome has been reviewed recently [2]. Evidence includes the observation that the discontinuation of school age BCG vaccination in Japan was followed by a decrease in type 2 diabetes in children in Japan [8].

Since 1999 the routine pediatric immunization schedule [9,10] increased

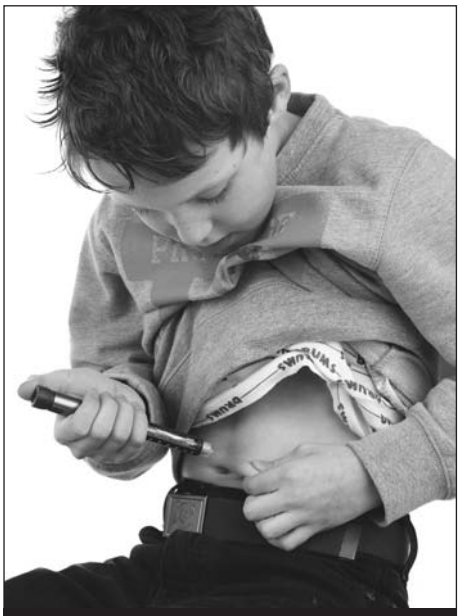
by 80 vaccines. This number is derived by the fact that multivalent vaccines contain specific vaccines to each separate strain. The following have been added, pneumococcus (13 valent), meningococcus (4 valent), human papilloma virus (4 valent), hepatitis A (1 valent), rotatavirus (4 additional valent), influenza (3 valent per year x 18 years=54).

DISCONNECT BETWEEN THE ACCELERATION DIABETES EPIDEMIC AND THE STABILIZATION OF THE PREVALENCE OF OBESITY

The theory of vaccine induced immune overload explains the acceleration of the diabetes epidemic at a time when the obesity epidemic has stopped. Data from the United States shows that the epidemic of obesity in children 12-19 has ended [11] however during a time when there was no increase in obesity in children age 12-19 the rates of prediabetes or diabetes increased from 9% to 23%. According to an alternate hypothesis, obesity was causing the diabetes epidemic and one would expect no increase in diabetes or prediabetes when the rates of obesity were constant. However the theory of vaccine induced immune over load explains the observation. According to the theory the obesity epidemic was caused by the physiological response to immune stimulation and the resulting cortisol production of the negative feedback loop of the immune system [2,3,12,13]. As the number of vaccines increased the negative feedback loop reached its maximum and the obesity rates stabilized. At that point additional vaccine induced immune stimulation was not met by an increase in negative feedback and the epidemic of diabetes (inflammation induced islet cell damage) increased.

DISCONNECT BETWEEN EPIDEMICS OF DIABETES AND OTHER COMPONENTS OF METABOLIC SYNDROME

As discussed above, data on children age 12-19 showed the rates of obesity went from 18% to 20% (not statistically significant) while diabetes/prediabetes went from 9% to 23% in the years



Child self-injecting Insulin

1999-2000 to 2007-2008 [11]. During this time frame other components of metabolic syndrome experienced no increases. There was no increase in hypertension or decreases in HDL. LDL levels also did not rise. These findings can be explained by the vaccine induced immune overload theory. The negative feedback loop comprising cortisol production reached its maximum and further immune stimulation lead to immune destruction of islet cells, similar to what occurs in type 1 diabetes, without rises in symptoms consistent with increased cortisol production, obesity, hypertension, dyslipidemia.

TYPE 1.5 DIABETES IN CHILDREN, DOUBLE DIABETES

There has been a recent increase in the diagnosis of children with features of both type 1 and type 2 diabetes [14] a condition called double diabetes or type 1.5 diabetes. This condition is new. A similar condition is being diagnosed much more frequently in adults as well and is called LADA, latent autoimmune diabetes in adults, as well as type 1.5 diabetes. The theory of immune overload explains the increasing prevalence of this condition. Under conditions of low vaccination and low immune stimulation, those who develop autoimmune type 1 diabetes include those with a low cortisol response to inflammation, while those who develop type II diabetes/metabolic syndrome include those which have a very high cortisol response to inflammation [3]. As the increasing number of vaccines increases inflammation those with a moderate cortisol response to inflammation develop diabetes. In persons with a moderate cortisol response, the individuals do not produce enough cortisol to prevent inflammation induced destruction of islet cells, type 1 diabetes, however they make enough cortisol to develop insulin resistance and symptoms of type 2 diabetes.

DECREASING IMPORTANCE OF HIGH RISK MHC IN DEVELOPING TYPE 1 DIABETES

It has been shown that with progression of time and the increase in the epidemic of type 1 diabetes that the proportion of children with high risk MHC genotypes for type 1 diabetes is decreasing [15]. This can be explained by vaccine induced immune overload. When the underlying level of inflammation in the population is low, those with high risk genes are more likely to develop type 1 diabetes. In an environment where the underlying level of inflammation in the population is elevated, because of extensive immunization, high risk MHC genotypes are less important to the development of the disease because elevated cytokines and activated immune cells are the key drivers of the disease.

EPIDEMIC OF NASH

NASH is a relatively new disease and was first described in 1979-1980 and is a type of fatty liver disease. NASH was shown to afflict 3% of children [16] in an autopsy study of children who died from 1993 to 2003. The study indicated fatty liver disease was found in 38% of obese children but was found in 5% of normal weight children. A recent paper indicated the percent of children aged 12-19 with elevated liver enzymes, specifically alanine aminotransferase levels, increased from 3.9% to 10.7% from 1988-1994 to 2007-2010 [17]. While there have been no direct epidemiology studies between NASH and vaccines, this epidemic can be explained by the rise in vaccine induced inflammation and vaccine

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induced diabetes. NASH is considered caused by multiple hits. One predisposing factor is the diabetes which as explained above is caused by vaccines. Another hit is cytokines [18] which are also caused by vaccine induced inflammation [2].

PARALLEL EPIDEMICS OF INFLAMMATORY DISEASES

The theory of vaccine induced immune overload explains the parallel epidemics of multiple different autoimmune diseases. It is a known fact that the pathophysiology is shared in many autoimmune and inflammatory diseases. Patients with autoimmune disease often have more than one autoimmune disease or have a family history of multiple different autoimmune diseases. It is thus not surprising that many inflammatory diseases are increasing along with type 1 diabetes, in fact it is expected. A wide variety of diseases have been reported to increasing in children. There are insufficient data to know if the prevalence of the majority of inflammatory diseases is increasing. However given the number and variety diseases that are reported to be increasing in children it is likely many more also increasing.

Epidemiology studies show a close linkage between type 1 diabetes and other autoimmune diseases. Type 1 diabetes is strongly linked with other autoimmune diseases in Type II polyglandular autoimmune syndrome [19]. In this syndrome 52% of patients have diabetes mellitus, 69% have autoimmune thyroid disease and 100% have Addison's disease. Patients with type 1 diabetes and their close relatives are at increased risk for organ specific autoimmune disease [20]. Some of the epidemiology data comes from studies of families where several members have autoimmune disease. Family studies indicate type 1 diabetes is linked to the development of several different autoimmune diseases including organ specific autoimmune diseases and rheumatoid diseases. Close relatives of patients with type 1 diabetes have an increased risk of a wide variety of different autoantibodies [21,22]. It has been found that depending on the family, type 1 diabetes is linked with either an increased risk of an organ specific autoimmune disease or a rheumatoid disease [23]. A large study of Mennonites showed a linkage between type 1 diabetes and other autoimmune diseases including organ specific and rheumatoid diseases [24].

"It is well accepted that the diagnosis of autism is epidemic. Many cases of autism have a strong inflammatory component and the epidemic has already been linked to vaccine induced overload."

Immune stimulation with alpha interferon increases the risk of type 1 diabetes and a wide variety of other autoimmune diseases. People receive alpha interferon for the treatment of viral hepatitis and cancers. Alpha interferon has been repeatedly reported to cause type 1 diabetes in humans [25-28]. One of 40 patients receiving alpha interferon in a Japanese study developed anti-islet cell antibodies [28]. An Italian study found 14 of 11,241 patients receiving alpha interferon developed diabetes mellitus [29]. Alpha interferon also increases the risk of organ specific autoimmune diseases such as thyroiditis and autoimmune rheumatic diseases such as SLE, rheumatoid arthritis, psoriasis and sarcoid [30]. It has been reported that upon the administration of alpha interferon that the same patient developed both rheumatoid and organ specific autoimmune diseases [31,32].

It is well accepted that the diagnosis of autism is epidemic. Many cases of autism have a strong inflammatory component and the epidemic has already been linked to vaccine induced overload [33]. Autism epidemiological linked to diabetes and those with autism have a family history of increased risk for autoimmune diseases. Attention deficit syndrome is epidemic and epidemiological linked to increased risk of immune disorders [34].

Many inflammatory mediated diseases other than diabetes are epidemic. The incidence of psoriasis has been reported to double in children [35]. Autoimmune anti-neutrophil cytoplasmic antibody vasculitis resulting in renal failure has also been increased [36]. Wegener's Granulomatosis has been reported to increase in children [37]. The incidence of inflammatory bowel disease is also increasing rapidly in children [38].

Data indicates vaccines can act to sensitize recipients to environmental antigens. The CDC [39] found several vaccines were associated with an increased risk of asthma including the Haemophilus influenzae type b, relative risk 1.18 (1.02 to 1.36) and hepatitis B vaccine 1.20 (1.13 to 1.27). It is not surprising then that there is a rise in food related allergens [40]. Peanut allergy has tripled in children since 1997 [41]. Immune mediated food related disease, celiac disease [42], has also increased substantially.

CONCLUSION

There has been an epidemic of inflammatory diseases that has paralleled the epidemic on iatrogenic immune stimulation with vaccines. The epidemic of diabetes/prediabetes appears to be accelerating at a time when the prevalence of obesity has stabilized, indicating that the negative feedback system of the immune system has been over whelmed. The theory of vaccine induced immune overload explains the key observations that have confounded many competing hypothesis. Unfortunately the prospective controlled trials of vaccines performed for licensure are either too small, too short in duration or inappropriately controlled (use other vaccines as controls) to appropriately study the relationship between vaccines and these epidemics. Furthermore most epidemiological studies performed after licensure of vaccines suffer from the same deficiencies. The conclusions of this paper are based on data from a single clinical trial, animal toxicity studies, and epidemiological studies. While it would be ideal to have more clinical trial data, industry and government have been reluctant to provide such information. However, conclusions regarding toxicity of many agents including cigarettes and asbestos were made without clinical trial data. The author believes that the sum of the data described and reviewed in this paper supports a casual relationship.

ACKNOWLEDGEMENTS/ CONFLICTS

The author has patents pertaining to methods of testing vaccines for their ability to cause diabetes and methods of preventing diabetes.

WHY THE PRESS SHOULDN'T DISMISS VACCINE SKEPTICS

LAWRENCE SOLOMON
www.huffingtonpost.ca
06/01/2014

THOSE WHO QUESTION vaccination programs are kooks or quacks, the press repeatedly tells us. The Globe and Mail, CBS News, Mother Jones and even scientific journals like Nature label skeptics as "vaccination deniers," much as global warming skeptics are called "deniers."

Slate magazine, citing the medical journal Vaccine, deplores "the global anti-vaccination movement as a loose coalition of rogue scientists, journalists, parents, and celebrities, who think that vaccines cause disorders like autism - a claim that has been thoroughly discredited by modern science." Commentary, a serious publication that covers politics, refers to skeptics as "vaccination truthers."

This wholesale demeaning of vaccine skeptics defies explanation. Granted, kooks and quacks exist in the vaccination field, just as they exist elsewhere. But why taint the skeptics as a whole, and fail to respectfully report dissenting views? No journalist would have had any difficulty finding dozens of distinguished skeptical scientists for the very few "rogue" scientists that the press has vilified. How hard, for example, should it have been for the press to notice the views of Dr. Bernadine Healy, the former head of the National Institute of Health, the former head of the American Red Cross, and the former Chair of the White House Cabinet Group on Biotechnology, one of several White House positions she held in service to three U.S. presidents.

Dr. Healy criticized the public health establishment for being "too quick to dismiss vaccine concerns as irrational...The more you delve into it, if you look at the basic science, if you look at the research that's been done in animals, if you also look at some of these individual cases, and if you look at the evidence... what you come away with is that the question of vaccine safety has not been answered."

Dr. Healy's views would have been particularly easy to find because they were actually aired by one of America's leading journalists, Sharyl Attkisson of CBS News, in one of the rare instances in which the mainstream press fairly presented a skeptic's perspective on the vaccine issue.

Journalists should also have had no trouble finding Dr. Diane Harper, a lead developer of the controversial Gardasil vaccine and another interviewee of Attkisson's. Dr. Harper believes this vaccine, which is being recommended for teens and pre-teens to combat cervical cancer, is less effective than the common Pap smear, and that it may harm more children than it helps. "Parents and women must know that deaths occurred," she stated in arguing that parents need to know that they could be subjecting their children to needless risks.

Journalists might have sought the views of skeptics among academics. At the University of British Columbia, for example, researchers Chris Shaw and Lucija Tomljenovic in the Faculty of Medicine state that the cervical cancer vaccine may lead to death among susceptible members of the population.

Their views have been quite public, as were those of Professor Walter Spitzer of McGill University, considered Canada's "dean" of epidemiology. In 2002 testimony to a U.S. Congressional committee hearing into the safety of various childhood vaccines, he matter-of-factly stated that, based on the evidence to date involving one of the vaccine combinations under scrutiny, "I cannot recommend it... for my own grandchildren."

Finally, journalists who place special stock in the credibility of government scientists might have noticed the views of none other than Peter Fletcher, former Chief Scientific Officer at the UK's Department of Health.

Dr. Fletcher was also the Medical Assessor to the Committee on Safety of Medicines, and thus the very person who determined for the UK government whether vaccines were safe. Dr. Fletcher has several times gone public with his concerns over vaccines, and with his frustration that "no one in authority will even admit a vaccine-related problem could be happening, let alone try to investigate the causes."

Those who are labelled as anti-vaccination rogue scientists are hardly rogues they are found at the pinnacle of the medical establishment. And they are hardly anti-vaccination. All of the scientists that I mention in this article value vaccines for the great good that they can do. Their opposition is to mass vaccination of the population, which discounts the risk that people with certain predispositions can react badly to various vaccines, just as people with certain predispositions can react badly to various prescription drugs.

Identify the vulnerable populations, the skeptics say, so that all can be confident when vaccines are administered. For this, they deserve our appreciation, not our ridicule.

Lawrence Solomon is research director at Toronto-based Consumer Policy Institute.
LawrenceSolomon@nextcity.com

MESSAGE FROM AN EX-HEALTH PROFESSIONAL

Hi Magda, went to hear Tim O'Shea and met a lovely lady who put me in touch with you. I am an X-nurse and spent many years injecting people and receiving "immunizations". Had my 3 kids all injected too! Now I am about to become a grandmother and have learnt the truth about vaccinations I really want my daughter NOT to have her children vaccinated. She has a first degree and works as a paediatric nurse so is entrenched (as was I) in the medical model. Obviously I cannot "put her off" with my enthusiasm against childhood vaccination but by having access to more information and people like yourself maybe just sharing what I have found out with her will help. Best wishes.

M. J- W

AFTERSHOCKS FROM MY INTERVIEW WITH SHARYL ATTKISSON

BY JON RAPPOPORT
April 26, 2014
www.nomorefakenews.com

THE RIPPLES DON'T STOP. Attkisson was on to something huge at CBS, when she covered the CDC's lies re the Swine Flu "pandemic."

When an epidemic is promoted by governments and public health organizations, it's an absolute disaster for them if their work is exposed as a fraud.

Much of the public believes in the medical cartel, as devotees do when they belong to a Church.

The scale of the CDC's lies re Swine Flu, when exposed, would be on the order of a bishop saying, "You know that holy document we've been telling you about? It's a fake. It never existed. We made it up."

So here, once again, is the key question and answer from my interview with Sharyl Attkisson:

JON RAPPOPORT: In 2009, you spearheaded coverage of the so-called Swine Flu pandemic. You discovered that, in the summer of 2009, the Centers for Disease Control, ignoring their federal mandate, stopped counting Swine Flu cases in America. Yet they continued to stir up fear about the "pandemic," without having any real measure of its impact. Wasn't that another investigation of yours that was shut down? Wasn't there more to find out?

SHARYL ATTKISSON: The implications of the story were even worse than that. We discovered through our FOI efforts that before the CDC mysteriously stopped counting Swine Flu cases, they had learned that almost none of the cases they had counted as Swine Flu was, in fact, Swine Flu or any sort of flu at all! The interest in the story from one executive was very enthusiastic. He said it was "the most original story" he'd seen on the whole Swine Flu epidemic. But others pushed to stop it and, in the end, no broadcast wanted to touch it. We aired numerous stories pumping up the idea of an epidemic, but not the one that would shed original, new light on all the hype. It was fair, accurate, legally approved and a heck of a story. With the CDC keeping the true Swine Flu stats secret, it meant that many in the public took and gave their children an experimental vaccine that may not have been necessary.

Do you get it? Attkisson is saying that, while at CBS, she had made Freedom of Information (FOIA) requests, and came up with evidence that the CDC had been lying about Swine Flu from the early days. They knew that almost all the purported cases had no kind of flu at all.

But they buried that knowledge. They continued to frighten the public and insist on the use of an experimental flu vaccine.

Attkisson goes on to say that her story was vetted, checked, and ready to go, for broadcast, on the news…and then it was killed. CBS wouldn't air it.

"We discovered through our FOI efforts that before the CDC mysteriously stopped counting Swine Flu cases, they had learned that almost none of the cases they had counted as Swine Flu was, in fact, Swine Flu or any sort of flu at all!."

So she wrote it for the CBS website, where it was published in October of 2009 - with much less fanfare and exposure.

Her website piece explained that a) the CDC stopped counting Swine Flu cases in America in July of 2009, at the so-called height of the epidemic, and b) all 50 states were sending their counts of Swine Flu cases to the CDC, prior to the stop-order - that's, in fact, how the CDC gathered its data on Swine Flu. The individual states handed over the data.

Attkisson: "…we asked all 50 states for their statistics on state lab-confirmed H1N1 (Swine Flu) prior to the halt of individual testing and counting in July. The results reveal a pattern that surprised a number of health care professionals we consulted. The vast majority of cases were negative for H1N1 as well as seasonal flu, despite the fact that many states were specifically testing patients deemed to be most likely to have H1N1 flu, based on symptoms and risk factors, such as travel to Mexico." (CBS News, Oct. 21, 2009, "Swine Flu cases overestimated?")

That was the core of the scandal. The CDC, all along, had been getting these reports from the states showing that the vast numbers of presumed Swine Flu cases had no Swine Flu - but the CDC didn't make that fact public. Eventually, they stopped counting cases, in order to hide the truth.

Attkisson had wanted the content of her print article for CBS to air on its national news telecast, where it would gain much more exposure - and ignite a firestorm.

That never happened. She was shut down.

Do you want the staggering capper on this foul tale? Roughly three weeks after Attkisson's Swine Flu revelations appeared in print, the CDC, obviously in great distress over the exposure, decided to double down. The best lie to tell would be a huge lie.

Here, from a November 12, 2009, WebMD article is the CDC's response: "Shockingly, 14 million to 34 million U.S. residents - the CDC's best guess is 22 million - came down with H1N1 swine flu by Oct. 17 (2009)." ("22 million cases of Swine Flu in US," by Daniel J. DeNoon)

22 million cases of Swine Flu in America. Roughly 1 out every 15 Americans came down with Swine Flu. What??

The CDC, which had stopped counting cases, because there were so few, because the vast majority of samples from suspected patients came back negative, with no sign of any kind of flu, suddenly says: 22 million American cases.

Can you imagine what would have happened had Attkisson's story been trumpeted on the CBS Evening News? The CDC would have come back and said: new discovery: all Americans have Swine Flu from birth. This year of 2009, it was activated by comets passing the sun. And solar flares. And Martians coming here on vacation to watch the NFL Pro Bowl.

Jon Rappoport

Merck's former Doctor predicts that Gardasil will become the greatest medical scandal of all time

April 29, 2014
http://healthimpactnews.com/2014/mercks-former-doctor-predicts-that-gardasil-will-become-the-greatest-medical-scandal-of-all-time/

DR. DALBERGUE, a former pharmaceutical industry physician with Gardasil manufacturer Merck, was interviewed in the April 2014 issue of the French magazine Principes de Santé (Health Principles). You can read it here (in French): http://ddata.over-blog.com/xxxyyy/3/27/09/71/2012-2013/Juin-2013/Dr-Dalbergue–Gardasil–plus-grand-scandale-de-tous-les-tem.pdf

DR DALBERGUE

EXCERPTS:

The full extent of the Gardasil scandal needs to be assessed: everyone knew when this vaccine was released on the American market that it would prove to be worthless! Diane Harper, a major opinion leader in the United States, was one of the first to blow the whistle, pointing out the fraud and scam of it all.

Gardasil is useless and costs a fortune! In addition, decision-makers at all levels are aware of it!

Cases of Guillain-Barré syndrome, paralysis of the lower limbs, vaccine-induced MS and vaccine-induced encephalitis can be found, whatever the vaccine.

I predict that Gardasil will become the greatest medical scandal of all times because at some point in time, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers.

There is far too much financial interest for these medicines to be withdrawn.

As we have reported in many previous articles here at Health Impact News, the HPV vaccine has become a huge international controversy, while enjoying widespread mainstream media and medical acceptance here in the United States. Any mainstream media reporter who dares to report on the controversy surrounding Gardasil faces ridicule and a potential loss of their career. (Just ask Katie Couric.)

U.S. law prevents anyone from suing Merck or any other vaccine manufacturer as the U.S. Congress gave them total immunity from civil lawsuits in 1986, and that legal protection which gives them a free pass to put as many vaccines into the market as they want to, was upheld by the U.S. Supreme Court in 2011. In addition, the National Institute of Health receives royalties from the sales of Gardasil. So don't expect objective, true information from the U.S. mainstream media, or your U.S. doctor.

But Merck does not have the same legal protection outside the U.S., and it is here we must find information regarding lawsuits over injuries and deaths related to Gardasil.

Rhinovirus species B commonly found in well children

GREGORY P. DEMURI, MD, AND COLLEAGUES, INCLUDING INFECTIOUS BRIEF
http://www.healio.com/pediatrics/respiratory-infections
May 4 2014

EXTRACT:

DISEASE in Children Editorial Board member Ellen R. Wald, MD, presented results of a prospective study describing the clinical and virological features of upper respiratory infection (URI) in 157 children aged 4 to 6 years.

DeMuri told Infectious Diseases in Children that they also surveyed children for respiratory viruses when they were well and when they were ill.

"We found the typical variety of respiratory viruses when they were sick, but when they were well, we also found quite a few viruses, including rhinovirus. This has been found before but I think that it's really important when you ascribe rhinovirus to a clinical illness, you have to consider that there is a lot of background rhinovirus," he said.

EDITOR: Another example of the fact that the presence of a 'virus' (whatever a virus may turn out to be) is not an indication that you will be sick.

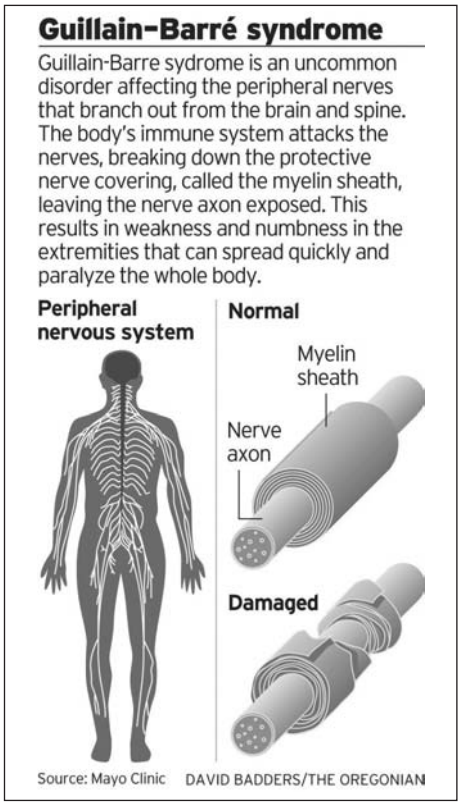
GARDASIL: AN INTERNATIONAL SCANDAL

PRESS RELEASE FROM MICHÈLE RIVASI, MEP FRANCE
SANEVAX, INC.
April 10 2014

MICHÈLE RIVASI, MEP Vice-Chair of the Greens/EFA in the European Parliament, organized a press conference in Paris on April 2, the topic was Gardasil, a vaccine from Sanofi-Pasteur MSD against certain human papillomavirus responsible for cancer.

In the space of seven years, nearly 2 million young women aged 13-26 years received at least one dose of this vaccine in France, reimbursed at 65% by the Social Security … even though the evidence of its effectiveness has not yet been proven.` For Michèle Rivasi, it is likely that clinical trials of Gardasil were not conducted following the rules of science. Normally, to evaluate safety, the treatment must be compared with placebo. However, in the case of this vaccine, the "placebo" that was used was the vaccine adjuvant itself.

The French Agency for Sanitary Safety of Health Products (AFSSAPS) registered Gardasil on its list of drugs under surveillance after the crisis of the Mediator.



"The aluminum migrates into the body and reaches the brain, where it accumulates. There are many adverse effects noted"

Today in Europe, many young women, aged 18-24 years without medical history are affected with very debilitating diseases that could be attributed directly to vaccination. Océane Bourguignon was 15 when she received two injections of Gardasil. Within months she was hospitalized for multiple sclerosis. She temporarily lost her sight and the use of her legs. Her father, Jean-Jacques, was present at the conference with their lawyer, Jean-Christophe Coubris, together with the mother of Orianne Lochu, another young victim.

Today, many whistleblowers, researchers, physicians and health professionals are against the objective set in the Cancer Plan announced by François Hollande on February 4, which is to double the "coverage "of vaccination of young girls with Gardasil until 2021 because:

- CERVICAL CANCER in France is no longer a public health problem (1.7 % of all cancers)
- THE VACCINE is only effective against infections caused by some strains of the virus: Gardasil contains antigens only for strains of type 6, 11, 16 and 18 and the other vaccine, Cervarix, for 2 strains. However, infections with strains 16 and 18, established as scarecrows by manufacturers, seem rarer in Europe. Note that there are more than 100 strains, including 18 considered high-risk oncogenic
- THERE IS NO EVIDENCE to date demonstrating efficacy of the vaccine against the occurrence of cervical cancer! 20 years back would still be necessary to obtain such evidence, however, the duration of vaccine protection is limited in time.
- THE PRESENCE OF ALUMINUM adjuvant is very problematic, as shown by scientists Chris Shaw and Lucija Tomljenovic, from the University of British Columbia, and Professor Authier and Gherardi, from Hospital Henri-Mondor (Créteil), all present at the conference. The aluminum migrates into the body and reaches the brain, where it accumulates. There are many adverse effects noted: death, convulsions, syncope, Guillain-Barré syndrome, transverse myelitis, facial paralysis, chronic fatigue syndrome, autoimmune diseases, pulmonary embolisms, myofasciitis macrophages, pancreatitis…
- THE EFFECTIVENESS of conventional smears to detect cervical cancer has been proven.
- DEAL WITH THESE RISKS. Austria refused to include these vaccines in the vaccination schedule and Japan no longer recommends this vaccination; many challenges exist in other countries.
- A DOSE OF GARDASIL costs 123.44 euros in France, or 370.32 euros for 3 injections required, this is far too expensive. This cost could increase if boosters were necessary, because the duration of protection of initial vaccination is still not known. The period of "catch-up" could generate a cost to social security of 926 M° euros. In subsequent years the annual cost would be €148 M °.
- AN INDECENT CAMPAIGN of communication was engaged years ago to promote this vaccine: lobbying campaigns and aggressive advertising are conducted by laboratories that play on the fears and guilt, especially of mothers: "Protect your daughter, this is what is more natural for a mother." One of these commercials has also been banned by the Medicines Agency in August 2010 for "lack of objectivity ".

For all of these reasons, MEP Michèle Rivasi calls for a moratorium: member states must stop recommending this vaccine until more studies are conducted on Gardasil, its effectiveness and dangers. ***(Note from SaneVax: There are currently 28 member states in the European Union. This call for a moratorium was addressed to all of them.) Read the full press release here:*** http://sanevax.org/gardasil-international-scandal/

Gardasil Scandal Brewing in Colombia?

BY MARIO LAMO- JIMÉNEZ
http://sanevax.org/gardasil-scandal-brewing-colombia/
MAY 5, 2014

HER NAME is María Paula Mejía, college student. Since receiving three doses of Gardasil her health has deteriorated considerably. She now suffers from constant pain throughout her body, muscle weakness, and bleeding from the nose and gums. She has so much pain in her left knee and ankle that she must walk with a cane, and cannot continue her college education. Paula is one of the first in Colombia to report serious new medical conditions occurring after the use of Gardasil.

Lloyd Phillips, an American researcher of infectious diseases and genetics, has studied the adverse effects of Gardasil for five years. His work has revealed how Gardasil works differently in different people. He has documented related and biologically plausible mechanisms of action which could cause the many serious and life-threatening side effects which are being reported by girls and young women around the world after receiving the HPV vaccine.

In Colombia we have a potential crisis of major proportions resulting from the use of Gardasil because it is "free and compulsory" by "Law of the Republic". It is assumed that this HPV vaccine is effective when used to combat cervical cancer, which can be caused by human papilloma virus. However, this vaccine has been hotly debated internationally for allegedly being dangerous and ineffective. It is currently being administered in Colombia without obtaining informed consent from young girls and their parents as to the potential and unknown risks of use.

The director of vaccination at MOH (Ministry of Health), Alejandro Garcia, says the government is "confident in the report of the World Health Organization," which gives the go-ahead to the vaccine and assures that there is no association between the developments of illness and application of the vaccine.

Lina Trujillo of the Colombian Cancer Institute says that the vaccine protects exclusively against HPV and "does not remove the possibility of having other diseases, and adolescence is the time at which diseases such as lupus and rheumatoid arthritis start to appear," and that "the only contraindication is 'pregnancy' and specialists have no hesitation in recommending the vaccine."

However, neither the director of the Ministry of Health nor Lina Trujillo, from the Colombian Cancer Institute seem to be informed about how the vaccine is produced, and much less about the potential side effects of Gardasil.

The World Health Organization, whose reports are practically the Bible of the Gardasil vaccination policy in Colombia, has been suggested to be complicit with the pharmaceutical industry in general and the Gardasil manufacturer in particular in urging promotion of HPV vaccination campaigns. Relying on the pharmaceutical industry to self-regulate has historically been a losing proposition for the public when companies are left to weigh profits against transparency.

The María Paula Mejía case is illustrative in this regard. She had a third dose of the vaccine, even though she had experienced adverse symptoms after the first two injections. The third injection is when her serious symptoms began.

Interviewed via Skype, with visible signs of pain and discomfort from the effort of sitting upright in a chair, she told us the symptoms she experienced after the third dose of vaccine.

During the first 15 days after her third injection she experienced fever, vomiting, diarrhea, bone pain, joint pain, migraines, tingling, electrical "zaps" on her hip and back, and neck pain. One day she was unable to move for 2 hours, and continues to suffer from insomnia and dizziness. María Paula had every expectation that the symptoms would abate or at least become less intense, but instead they progressed in severity.

At her medical appointments, during which she was subjected to more than 40 laboratory tests, the medical diagnosis was unanimous: All tests were perfectly "normal", she had nothing … while her symptoms worsened.

The symptoms she was already experiencing were followed by more severe ones, which included progressively spreading joint and bone pain, worsened neck pain, scalp pain, continuing severe hip, back, and knee pain. She began to suffer loss of strength in the left leg, wrist pain, dizziness, neuralgia throughout the body, painful spinal "zaps" as well as continuation of the "zaps" in her hips and limbs. She began to suffer difficulty breathing at certain times of day, chest pain, bleeding in the nose and gums, deviation of the left knee and left ankle, and new complications from older problems.

Through all these symptoms, medical observations and tests were useless in arriving at a diagnosis until a doctor thought to ask: "Has she been recently vaccinated?"

It was then that María Paula first made the association between the vaccine and her new medical condition. And she was not mistaken.

She is currently overwhelmed by pain, has difficulty walking and feels her health is deteriorating more and more. Her symptoms are consistent with those being reported after Gardasil around the world. Although not all are affected equally, of all girls who are vaccinated, a percentage of them will suffer severe effects from Gardasil, which can lead to paralysis and even death.

Neither Merck, the manufacturer, nor the Colombian government agrees that the vaccine is causing these severe symptoms. Both simply raise an accusatory finger at those who denounce this situation, as if the victims did not exist.

The reproductive health of girls and Colombian youth's rights are being denied to those injected with Gardasil. This is not acceptable, particularly since government support for HPV vaccines has been withdrawn in other countries, such as Japan, for example, because of concerns about serious adverse reactions including infertility.

What's more, says researcher Lloyd Phillips, if a girl who already has HPV is vaccinated, her risk of getting cancer

could substantially increase.

Colombian doctors do NOT know, or refuse to accept, the risks of this vaccine. Treatment for victims is nonexistent.

THIS IS WHAT THE U.S. RESEARCHER LLOYD PHILLIPS EXPLAINED TO ME ABOUT GARDASIL:

The vaccine uses an aluminum adjuvant because in 1920 a man named Glinny discovered that aluminum stimulated the immune system. A Frenchman named Ramón then discovered that if the aluminum-containing vaccine was given to a horse that had an infection, the immune system produced an even greater amount of antibodies.

Phillips found that aluminum remaining in the system after Gardasil injections can cause an enhanced and extended immune response against infections and illnesses that occurred long ago.

This enhanced response can cause inflammation in the body, especially in the digestive system, and can cause the immune system to wrongfully identify food proteins as foreign. The body then begins to produce histamine to combat what it perceives as a food allergy, causing stomach pain and dilating blood vessels, which can cause dizziness and excessive heart pounding upon standing up.

The result, according to Phillips, is that the more inflamed a digestive tract becomes, the more its ability to absorb nutrients needed to maintain the chemical cycles in the body can become impaired, which can lead to fatal consequences.

Phillips also notes that the body cannot distinguish between inflammation and fear, either of which can trigger the "fight or flight response" which forces the person to excrete magnesium, causing a deficiency. This deficiency has many symptoms, such as muscle spasms, pain, irritability, cardiac arrhythmias, headaches, brittle bones, and more.

In short, says the researcher, this type of vaccine was made for people with "a genetically perfect immune system," which does not exist in reality.

Gardasil can produce all of these symptoms to varying degrees according to the genetic make-up and medical condition of the person who receives the vaccine, which can vary from hour to hour. This is something neither Merck, nor the Colombian government is telling the public.

In the case of María Paula, as she will recount, when she received the first dose, she was never warned that any of the symptoms she is now suffering were possible. She says:

"They told me that I could have pain in my arm for a week and that I had to wait 15 minutes before leaving the Cancer League, because some girls fainted and the next week was going to be uncomfortable, but that it was normal because of the vaccine… I received the second dose and the second dose hurt a little more … the next few months I began to experience fatigue and back pain, but I thought it was because of my daily activities … I had pain in the lower back and neck … I received the third dose on 20 January of this year and the pain was much greater than in the previous two doses … I began to experience several things … immediately after being vaccinated I began to experience dizziness, I wanted to throw up, obviously my arm really hurt … they warned me about the dizziness, and the urge to vomit and the arm pain and that the next day my arm was also going to hurt, but the following week I had fever, vomiting, diarrhea, extremely strong migraines that lasted 15 days with vomiting, and diarrhea…, I went to the doctor and was told that that there was a virus going around… one night I sat on the couch in my house and then I lay down; I started feeling really bad, very feverish, until I realized that I could not get up from the couch "…

María Paula's symptoms seem to get worse with each passing day. For the moment, the only hope she has of improving is going to the U.S. to receive treatment.

In Colombia there is no protocol to treat these cases. The government says they do not exist.

AND WHAT IS THE ROLE OF MERCK, THE MANUFACTURER OF THE VACCINE?

According to Lloyd Phillips, company profits are what motivates the existence of this vaccine and its advertising campaigns, due to lawsuits against Merck as a result of VIOXX, a drug that caused 27,000 heart attacks. A single dose of Gardasil may cost about 68 cents to produce (about $ 1360 pesos), and in Colombia obtaining it privately costs the equivalent of $60 (roughly $120 thousand pesos) and in the USA up to $ 200 (about 400 thousand pesos).

The Colombian government has spent $300 million on a questionable vaccine that is already starting to claim apparent victims in Colombia. Following Lloyd Phillips' statistics, of the $300 million paid by Colombia, $ 298.98 million (nearly $299 million) was profit for Merck.

Colombia is purchasing the HPV vaccine at a hugely inflated price. This vaccine can not only ruin lives, but can cost thousands of dollars to bring a single victim back to health. Families may have to spend thousands of dollars trying to restore their daughters' health, without having prevented any cancer as promised, and instead causing a number of illnesses that did not exist before using this 'miracle' vaccine.

We are then faced with a health emergency induced by a vaccine that has never been proven to prevent any cancer and that is ravaging the children and youth around the world, against which there have been million-dollar awards for HPV vaccine injury in the U.S. (The U.S. government has already paid more than six million dollars to victims) and the vaccine has been rejected in several countries, for example in India and Japan.

But in Colombia, Gardasil will continue to claim more casualties unless an immediate halt to its "free and compulsory" status is granted.

The Colombian government is exposing itself to millions of dollars in lawsuits for its actions in making this vaccine mandatory to Colombian girls and women without informing them of the grave risks already known worldwide.

Does the government of Colombia intend to ignore medical consumers' right to informed consent, despite knowing the consequences?

Mario Lamo-Jiménez
deruana@yahoo.com

Laboratory confirmed cases of pertussis reported to the enhanced pertussis surveillance programme in England: annual report for 2013

HEALTH PROTECTION REPORT

http://www.hpa.org.uk/hpr/infections/immunisation.htm#prtsssQ4

EXTRACTS:

IN ENGLAND there were 4623 laboratory confirmed cases of pertussis (culture, PCR, serology or oral fluid) reported to the Public Health England pertussis enhanced surveillance programme in 2013 and 212 cases reported in Wales. In infants under a year, however, pertussis cases were lower in 2013 (116) than in 2012 (407) and 2011 (207). The national incidence for all age groups, based on laboratory confirmations in England and 2011 population estimates [1], was two cases of pertussis per 100,000 population in 2011, 18 per 100,000 in 2012 and nine per 100,000 in 2013.

Pertussis is a cyclical disease with increases occurring every 3-4 years. Typically pertussis activity peaks in quarter 3 and then declines, as observed in previous years. The continued increase observed in each successive quarter between the first quarter of 2011 and third quarter of 2012 was unusual and was largely due to **the increase in the numbers of confirmed cases in individuals aged 15 years and older** ***(our emphasis)***. A changing epidemiological pattern continued in 2013 with peak disease levels in the first quarter followed by an overall decrease in pertussis cases through the year after the exceptional activity observed in 2012.

A national outbreak of pertussis (level 3 incident [2]) was declared by the HPA in April 2012 and, as a response to the ongoing outbreak, the Department of Health announced the introduction of a temporary immunisation programme for pregnant women on 28 September 2012 [3]. The most recent PHE figures report that the proportion of mothers due to give birth between January 2013 and December 2013 who had been immunised with a pertussis containing vaccine in pregnancy in England ranged from 49.8% - 61.5% [4,5]. As was seen in 2012 the majority (85%; 3912/4623) of laboratory confirmed cases in England in 2013 occurred in individuals aged 15 years and older. Three pertussis related infant deaths were reported for infants with pertussis confirmed in 2013 compared to 14 deaths in 2012. All infants were too young to be protected by the vaccine and none of the infants' mothers were vaccinated during pregnancy.

EDITOR: But were the mothers all vaccinated as children - meaning they could not pass on any immunity to their babies?

No pertussis related infant deaths were reported in Wales in 2013. These early data in young infants following the introduction of a programme to immunise pregnant women are encouraging. It is important to be aware, however, that raised levels of pertussis persist in older age groups. Women should continue to be encouraged to be immunised against pertussis during pregnancy in order to protect their babies from birth.

Reference Department user manual at: http://www.hpa.org.uk/cfi/rsil/bordetella.htm.

EDITOR: Are these vaccination programmes shifting the age of incidence? Whooping cough was considered a childhood illness so why is there an increasing number of cases in the 15+?

PROCEEDINGS OF THE 18th WORLD CONGRESS ON CONTROVERSIES IN OBSTETRICS, GYNECOLOGY AND INFERTILITY

AUTHOR AND AFFILIATION

Deirdre Little dradford@wirefree.net.au

DEPARTMENT OF GENERAL PRACTICE NORTH BELLINGEN MEDICAL SERVICES, BELLINGEN, NSW AUSTRALIA.

(COGI) October 24-27, 2013

Vienna, Austria

www.sanevax.org

SUMMARY

NEW ONSET OF MENSTRUAL disturbance and oligomenorrhoea commencing four months after quadrivalent human papillomavirus vaccine (HPV4) and proceeding to premature ovarian failure over the next twenty four months occurred in a well 16-year-old girl. Exclusion of metabolic, other endocrine, genetic and overt auto-immune causes left unknown causation as it does in 90% of cases. Enquiry of vaccine animal testing found no research reports were available of ovarian histology or of ongoing ovarian function in vaccine tested rats. Histology reports were available of vaccine tested rat testes and epididymides.

Pre-clinical studies did not consider the duration or capacity of the reproductive life-span. Subsequent phase II and phase III clinical studies before vaccine licensing have lacked the capacity to attest to ovarian function due to weaknesses in study design and hormonal contraceptive usage. Studies since licensing lack capacity to evaluate ovarian function due to focus on emergency department presentations, and definitional limitations. Vaccine adverse event notifications of amenorrhoea are poorly investigated and followed up.

Other documented published cases of premature menopause following HPV4 vaccination indicate the need for further research of the ovary after HPV4 vaccination. In the interests of women's reproductive health and egg-bearing capacity, this issue needs to be resolved prior to the implementation of universal vaccination programmes.

CONCLUSION

Pre-clinical, clinical and post-licensure safety studies of HPV4 were unable to evaluate ovarian safety. This matter needs to be resolved, since a potential compromise of future ovarian function could have serious implications for population health and fecundity.

TETANUS:
Taken from - Childhood Vaccinatable Diseases and their Vaccines

BY DR JAYNE L M DONEGAN.
AVAILABLE ON DR DONEGAN'S WEBSITE:
http://www.jayne-donegan.co.uk/articles

TETANUS DISEASE is caused the bacterium, Clostridium tetani. It is present in the gut of many farm animals and can live in spore form in soil and dust for many years. It is highly resistant to heat and drying. Colonisation by the organism itself does not produce symptoms. It is only when the organism produces toxin that harmful effects are caused. To produce toxin the organism needs to have anaerobic (no oxygen) conditions. This is why it is classically associated with wounds from rusty nails because it combines dirt with a deep penetrating wound that it is difficult for oxygen to reach. This need for anaerobic conditions is also why tetanus disease so rarely occurs despite undoubted frequent contamination of wounds. Other injuries that promote anaerobic infections are severe burns and severe crush injuries with the occurrence of dead, necrotic flesh. Tetanus infection has been reported after trivial or no injury (after tonsillitis) or operative procedures (abortion, appendicitis).

Tetanus disease may develop five to 56 days after the injury, commonly 14. A shorter incubation period usually indicates more severe disease. The effects of tetanus disease may remain local to the site of the injury or become more generalised. People usually remain alert but may exhibit odd behaviour in the early stages. There may be irritability with muscle twitching and spasms, accompanied by a low grade fever. This can progress to 'lockjaw' and severe cases may have laryngeal spasm causing difficulty in swallowing saliva, spasm of the respiratory muscles necessitating artificial ventilation, and in some cases, death. Characteristically the symptoms worsen for three days, remain stable for the next 5-7 days and by two weeks may have disappeared all together. Most survivors recover completely in four

DR JAYNE L.M. DONEGAN

"Tetanus disease is not regarded as being able to cause subsequent immunity but studies in isolated communities where people have not been vaccinated against tetanus (or anything else) have shown the presence of antibodies to tetanus toxin which increases with age. Immunity is thought to have been induced by ingestion of tetanus spores."

weeks. All the effects :limiting because those who recover from the disease have no residual defect. [46]

'Subacute tetanus' occurring in unimmunised patients has been described which has a good prognosis and a favourable outcome. The term 'subacute' is used rather than 'mild' because the presence of generalised muscle spasm is generally felt to imply at least 'moderate' tetanus. In these cases the good prognosis is maintained even with a short period of onset which with 'classic' tetanus is generally thought to predict a poor outcome. [47]

Complications contribute significantly to the likelihood of death or disability in tetanus disease. Some result from overly vigorous therapy and prolonged bed rest. It is important to keep the person in a low stimulation environment (dark, quiet and unemotional) and to guard against aspiration of secretions that cannot be swallowed properly. Tetanus antiserum/ immunoglobulin does not neutralise toxin already fixed to tissue when it is given but its administration early in the diseases is associated with a reduced case fatality rate.

Neonatal tetanus is a severe disease that occurs in babies and is associated with poor hygiene in cutting the umbilical cord and care of the stump. It usually occurs within 10 days of birth and is characterised by difficulty sucking, grimacing, back arching and clenched fists (Harrison's).

Tetanus disease is not regarded as being able to cause subsequent immunity but studies in isolated communities where people have not been vaccinated against tetanus (or anything else) have shown the presence of antibodies to tetanus toxin which increases with age. Immunity is thought to have been induced by ingestion of tetanus spores. These may germinate in the digestive tract and produce toxin which, depending upon the immune status of the individual, will give rise to either acute clinical or, more commonly, subclinical tetanus. Repeated infection of this type may induce both cell and antibody mediated immunity. It is thought that tetanus prone skin wounds may boost immunity but are unlikely to lead to primary immunity. [48 49]

The lack of this gut based immunity may explain the occurrence of tetanus disease in fully immunized people with adequate levels of neutralising antibody [50 51 52] and the non occurrence of tetanus disease in unvaccinated individuals – such as everybody before vaccination was introduced, bearing in mind the ubiquity of the tetanus spores – in whom it is present.

THE VACCINE

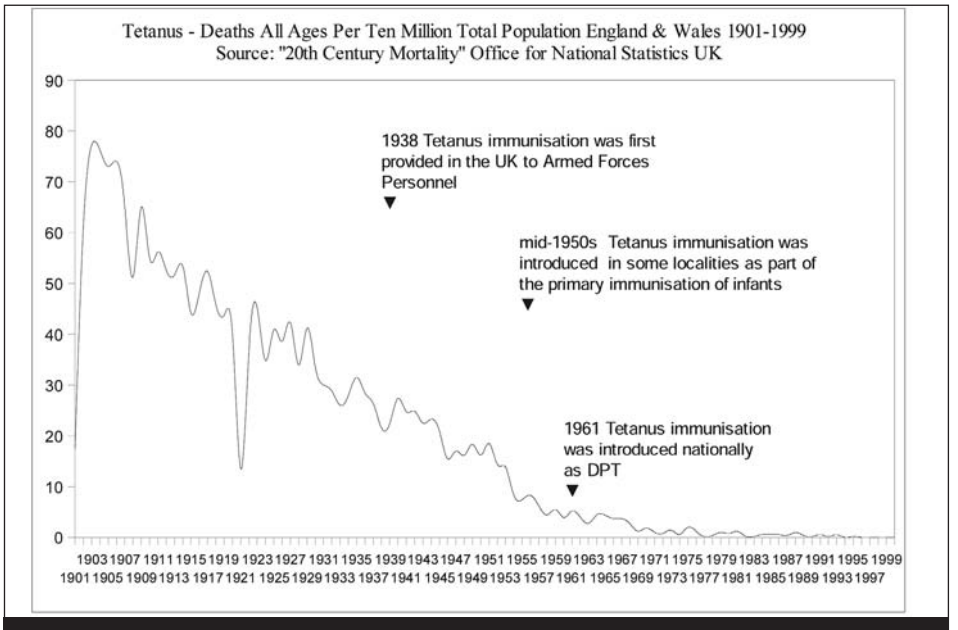
The vaccine is made from tetanus toxoid inactivated with formaldehyde and is adsorbed onto aluminium hydroxide or phosphate. It contained thiomersal (mercury containing compound) as a preservative.

It has been available since the Second World War and reduced mortality from the disease is attributed to the introduction of the vaccine. The considerable reduction in deaths before it was used is likely to be due to the availability of more effective treatment thus lowering the case fatality rate and other changes, such as the disappearance of the horse from the roads. [53]

It is hard to find specific side effects to vaccines which are given in combination. Below are the listed side effects of single tetanus Adsorbed TETANUS Vaccine BP Pasteur Merieux MSD (product specification revised 1995):

- REDNESS, swelling and tenderness or pain at the site of the injection, especially in adults
- A persistent HARD LUMP may be felt under the skin at the injection site especially if the injection was not very deep.
- Less commonly, there may be a raised TEMPERATURE, HEADACHE, PALLOR and generally feeling unwell. These effects are expected to settle within 24-48 hours.
- Other side effects are URTICARIA (itchy, generalised skin rash), ANGIONEUROTIC OEDEMA (swelling of the deeper layers of the skin especially the face and throat causing difficulty in breathing).
- Acute ANAPHYLACTIC SHOCK (severe allergic reaction with respiratory and cardiovascular collapse).
- A few people develop NERVE DAMAGE causing either MUSCLE WEAKNESS or altered sensations. [55]

Lowering of the T-lymphocyte helper/suppressor ratio such as might be seen in patients with the acquired immunodeficiency syndrome (AIDS) has been documented after administration of tetanus vaccine in a study in 1984. This study was not looking for adverse reactions to the tetanus vaccine, just to see whether measuring this ratio would be an additional and easy way of screening donors for immune deficiency syndrome. The authors found this lowering of the T-lymphocyte helper/suppressor ratio after vaccination of eleven healthy subjects aged 20-50 years with tetanus toxoid. It is the lowered levels of lymphocytes in people with AIDS that makes them more susceptible to infections. The lymphocyte levels recovered by 14 days, but this was the only aspect looked at, not the general nor the long term health of those taking part in the study.[56] Babies and children have more immature immune systems than healthy 20- 50 year olds. I have not found a study looking at the lymphocyte levels in this age group after the administration of tetanus toxoid or any other vaccine, so it is not known whether the levels would reduce



Source: "20th Century Mortality" Office for National Statistics UK

"The authors found this lowering of the T-lymphocyte helper/suppressor ratio after vaccination of eleven healthy subjects aged 20-50 years with tetanus toxoid."

or recover in the same way, nor, indeed, what other effects this may have in the long term. Prior administration of tetanus vaccine is one factor that can cause a test for AIDS to give a false positive (be positive when the person does not have the syndrome) or indeterminate antibody results [57] .

VACCINATION RECOMMENDATION

Prompt and adequate care of wounds is of major importance in preventing tetanus disease in vaccinated and unvaccinated people. They should be carefully cleaned, foreign bodies and devitalised tissue should be removed. Dirty wounds should not be sutured, to allow them to heal from the base up, reducing the likelihood of anaerobic conditions. Hydrogen peroxide 3% is very useful in this respect (H2O2). In the presence of pus or dead tissue it releases oxygen in high concentration. There is no evidence that the prescription of antibiotics influence the disease favourably. [58]

In a severe and tetanus prone wound, tetanus immunoglobulin may be given intramuscularly and intravenously in established cases of tetanus to produce immediately raised levels of antibodies. This is, however, not an ideal option as the immunoglobulin is currently sourced from human blood product which have a risk of disease transmission.

In April 2004 the tetanus vaccine became no longer available as a single vaccine as it was relaunched in combination with 'd' the low dose diphtheria vaccine for adults. This meant that each time a tetanus primary vaccination or booster was required, it could only be given in combination with diphtheria vaccine. Since September 2007, this too has been withdrawn and it is only possible to have tetanus vaccine in combination with diphtheria and IPV, the

inactivated polio vaccine, in the '3in1' vaccine. In view of the above and the side effects associated with the tetanus vaccine, including the fact that it is only available in a vehicle which, although no longer containing thiomersal (a mercury compound), contains aluminium hydroxide and formaldehyde I would think that a reasonable alternative approach to the vaccine would be the promotion of a healthy immune system in the child combined with scrupulous wound toilet. It is important that each parent gets sufficient information to make their own informed choice.

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Forthcoming Lecture by Dr Jayne Donegan

NURSING CHILDREN SUPPORTIVELY THROUGH ACUTE ILLNESS

(FEVER MANAGEMENT)

- What do you do if you don't vaccinate (and even more so if you do)?
- How do you manage a child or adult with measles?
- We will look at health beliefs and fears around acute childhood illness and infections - and learn about:

PART ONE

- How the Germ Theory of Disease and the Medical Model affect the treatment options you are offered by your GP and health visitor • The Holistic model of disease – using the healing power of your own or your child's body
- The Problems caused by Suppression of Fever • the Basic Needs of children to maintain Optimal Health

PART TWO

- The Basic strategies for coping with any acute childhood illness or infection
- A Simple Guide to Homoeopathy for Acute Fever • Presentation of clinical cases including meningitis
- Quiz/ Plenary/ Questions

DATE & VENUE:

16 NOV 2014 - SUNDAY AFTERNOON, 1.45 FOR 2-4PM NORTH LONDON NW4

For further information and to book tickets please email: **jaynelmdonegan@yahoo.com** with your post code, contact telephone number and number of tickets required. Tickets cost £11 (£10 each for couples) and must be booked in advance. Nearest tube station: Hendon Central.

Forthcoming Lectures by Dr Jayne Donegan

VACCINATION – THE QUESTION

• Is there a question?

• Isn't it scientifically proved that vaccination is the single most effective cause of improved health in the 20th & 21st Century? • Extensive investigation of the science behind the hype led Dr Donegan to radically change her views. She believes that every parent should be given the opportunity to see that vaccination: its safety and efficacy, is not a black and white issue, so that they can make fully informed choices about their health.

OUTLINE:

• Introduction • Journey – how a doctor could change from being a firm supporter of the 'Universal Childhood Immunisation Program' to strongly questioning its validity • Why morbidity and mortality from infectious diseases has fallen so drastically over the course of the twentieth century, are our children more healthy? • Natural infections and immunity • Vaccination and artificial immunity • Specific diseases and their vaccines • Extra Questions/Plenary • Should you vaccinate your child or not? Only you, as a parent, can decide what is best for you and your family.

DATES & VENUES:

18 SEPT 2014 - THUR AFTERNOON, 1.30-3.30PM, BROMBOROUGH, WIRRAL CH62 7HR

To book, please contact: **arnica-wirral@hotmail.com**

22 SEPT 2014 - MONDAY EVENING, BLACKHEATH LONDON SE3

28 SEPT 2014 - SUNDAY AFTERNOON, ROCHESTER OR CHATHAM, KENT

23 OCT 2014 - THURS EVENING, 6.15 FOR 6.30-8.30PM, MANCHESTER M1 3BB

To book tickets please go to: **http://www.eventbrite.co.uk/e/vaccination-the-question-dr-jayne-donegan-23rd-october-cnm-manchester-registration-12224753567**

26 OCT 2014 - SUNDAY AFTERNOON, 1.45 FOR 2-4PM, LONDON NW4

For further information and to book tickets please email: **jaynelmdonegan@yahoo.com** with your post code, contact telephone number and number of tickets required. Tickets cost £11 (£10 each for couples) and must be booked in advance.

30 OCTOBER 2014 - THURSDAY EVENING, 6.15 FOR 6.30-8.30PM, BRISTOL

To book tickets please contact CNM: 01342 410 505 or: **info@naturopathy-uk.com**

Dr Donegan runs a series of workshops on Vaccination and other health related topics. If you are interested in hosting one of these lectures or workshops, please contact Dr Donegan at: tel/fax 0044 (0) 208 632 1634 (ansafone) or email: **jaynelmdonegan@yahoo.com**

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

ARNICA
UK PARENTS' SUPPORT NETWORK
Promoting Natural Immunity

I HAVE BEEN involved with the Arnica network for over 7 years. It works. It brings amazing people together to support and inform each other. But we need the natural and the ethical to become the norm. As Martin Walker says, we need to embed natural lifestyles into our communities. We need to promote what's going on more widely.... from the like-minded person who may not be fully informed of what's in their area, to the person who may be looking for the farmers' market and then stumbles upon a film screening, or the new mum who is looking for a breast feeding support group and then finds that there is a herbalist around the corner.

The Natural Health Finder is very new and it will take a while to flood your area.... but if you post a listing and share the site with a friend then this will help us become known. Listings will always be free for non-for-profit groups and everyone will enjoy an initial free period. You will have a whole page with an image and can edit it at any time.

Arnica has a stake in this site and it would be wonderful if it could help pay for some of our campaigns, like supporting parents in court defending vaccine orders.

Let me know what you think
http://www.naturalhealthfinder.co.uk
Anna Watson
sales@naturalhealthfinder.co.uk

HPV Lawsuits start in Spain

SPAIN, July 2014

AAVP (Association of Affected People by HPV Vaccine), together with law firm Almodóvar & Jara, filed the first of a long series of lawsuits for damages caused by HPV vaccines.

The complaint is filed in the High Court against health authorities and vaccine manufacturers.

The process of trying to find justice now begins for one of the Valencian girls who suffered an adverse reaction after the second shot of Gardasil in 2009. Spanish families whose lives have been adversely impacted by HPV vaccines have organized as the Association of Affected People by HPV Vaccine (AAVP www.aavp.es) to assist others in similar circumstances.

The well documented lawsuit is based on violations of the fundamental right to informed consent prior to medical interventions which all citizens have. This first case will be followed by another four within two months. The firm will continue to file additional cases, not only against Gardasil® but also Cervarix®, the other brand of the HPV vaccine manufactured by GlaxoSmithKline.

The link to the article is posted here http://sanevax.org/spain-first-case-filed-hpv-vaccine-manufacturers-health-authorities/

"I USE THE WORD NURSING FOR WANT OF A BETTER. IT HAS BEEN LIMITED TO SIGNIFY LITTLE MORE THAN THE ADMINISTRATION OF MEDICINES AND THE APPLICATION OF POULTICES. IT OUGHT TO SIGNIFY THE PROPER USE OF FRESH AIR, LIGHT, WARMTH, CLEANLINESS, QUIET, AND THE PROPER SELECTION AND ADMINISTRATION OF DIET - ALL AT THE LEAST EXPENSE OF VITAL POWER TO THE PATIENT. ~ FLORENCE NIGHTINGALE"

(FLORENCE NIGHTINGALE, NOTES ON NURSING: WHAT IT IS AND WHAT IT IS NOT; 1860).

MEASLES IN HIGHLY IMMUNIZED SOCIETIES OCCURS PRIMARILY AMONG THOSE PREVIOUSLY IMMUNIZED

FINANCIAL POST
LAWRENCE SOLOMON IS RESEARCH DIRECTOR OF CONSUMER POLICY INSTITUTE.
LawrenceSolomon@nextcity.com
May 1 2014

THE RECENT outbreaks of measles in Canada and the United States came as a shock to many public health experts but they wouldn't have to Dr. Gregory Poland, one of the world's most admired, most advanced thinkers in the field of vaccinology.

The measles vaccine has failed, he explained two years ago in a prescient paper, "The re-emergence of measles in developed countries." In that paper, he warned that due to factors that most haven't noticed, measles has come back to be a serious public health threat. Thankfully, in that paper and elsewhere he also spelled out in no-nonsense fashion what now needs to be done.

Dr. Poland is no vaccine denier. Not only is he among the harshest and most outspoken critics of the "irrationality of the antivaccinationists," he is also one of the strongest proponents for vaccines and the good that they can do. As Professor of Medicine and founder and leader of Mayo Clinic's Vaccine Research Group, one of the world's largest vaccine research organizations; as editor-in-chief of the peer-reviewed scientific journal, Vaccine; as recipient of numerous awards; as chair of vaccine data monitoring committees for pharmaceutical giant Merck; as patent holder in various vaccines processes; as someone who enjoys special employee status with the Centers for Disease Control and the U.S. Department of Defense and as someone who has sat on every federal committee that has dealt with vaccines, no one can accuse him of seeing vaccines from a narrow perspective.

And he sees the need for a major rethink, after concluding that the current measles vaccine is unlikely to ever live up to the job expected of it: "outbreaks are occurring even in highly developed countries where vaccine access, public health infrastructure, and health literacy are not significant issues. This is unexpected and a worrisome harbinger - measles outbreaks are occurring where they are least expected," he wrote in his 2012 paper, listing the "surprising numbers of cases **occurring in persons who previously received one or even two documented doses of measles-containing vaccine.**" (our emphasis.) During the 1989-1991 U.S. outbreaks, 20% to 40% of those affected had received one to two doses. In a 2011 outbreak in Canada, "over 50% of the 98 individuals had received two doses of measles vaccine."

Dr. Poland noted 15 U.S. outbreaks between 2005 and 2011 and 33 in Europe in 2011 alone, involving more than 30,000 known cases. Meanwhile, the "UK has declared measles once again endemic.… such outbreaks result from both failure to vaccinate, and vaccine failure."

People's failure to get vaccinated is deplorable, Dr. Poland often stresses. But the more fundamental problem stems from the vaccine being less effective in real life than predicted, with a too-high failure rate - between 2% and 10% don't develop expected antibodies after receiving the recommended two shots. Because different people have different genetic makeups, the vaccine is simply a dud in many, failing to provide the protection they think they've acquired.

To make matters worse, even when the vaccine takes, the protection quickly wanes, making it unrealistic to achieve the 95%-plus level of immunity in the general population thought necessary to protect public health. For example, 9% of children having two doses of the vaccine, as public health authorities now recommend, will have lost their immunity after just seven and a half years. As more time passes, more lose their immunity. "This leads to a paradoxical situation whereby measles in highly immunized societies occurs primarily among those previously immunized," Dr. Poland stated.

The measles vaccine's inadequacy doesn't end there, however. It "cannot be administered to those who are immunocompromised, who have allergies to vaccine components, or who are pregnant (among other limitations, leaving) a large enough segment of the population susceptible and unprotected from measles such that cases will continue to occur."

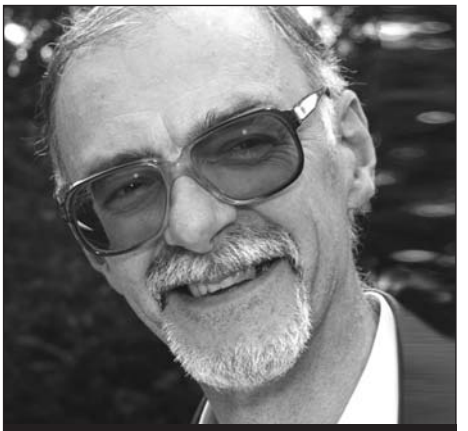
The answer, according to Dr. Poland, lies in our genes. Because of their genetic predisposition, some people will not respond to the current measles vaccine, even with additional boosters. By the same token, the genetic predisposition of others makes them susceptible to harm from the measles vaccine, leading to public wariness, including among the well educated. What is needed, suggests Dr. Poland, is for the public health establishment to accept that the current measles vaccine has so many drawbacks as to make it unworkable, and get on with the job of developing next-generation vaccines.

This next generation vaccine technology, which his Mayo Clinic group is helping pioneer, marries vaccinology with genomics to create personalized, rather than one-size-fits-all, vaccines. Through this new medical discipline of "vaccinomics," a term he dubbed, medical science will not only have the wherewithal to finally achieve the decades-long dream of eradicating measles and other diseases, he believes, but will also do so at lower cost while addressing the concerns of the educated public.

EDITOR: Interesting that Solomon describes Dr Poland as someone that no one can accuse of seeing vaccines from a 'narrow perspective'??
It appears to me that Dr Poland is a good example of how entrenched some scientists can be in a very narrow field as despite him making all these admissions about the failure of measles vaccine, he is still looking at new 'next-generation vaccines' to come along and save the day.
Convenient that he just happens to be involved in a company who are developing new vaccine technology.

The Quanten Theory

MAKING VACCINES?
by Patrick Quanten MD



Patrick Quanten MD

VACCINES are currently produced in a variety of ways. Scientists maintain that the choices they make about how to produce vaccines are based on information about the microbe. The following are the most frequently used types of vaccines.

ATTENUATED VACCINES

Here live but weakened micro-organisms are used. This is the preferred method for viruses. They don't "kill" the viruses because scientists know that viruses are not alive. To "weaken" the virus it is passed through a series of cell cultures, usually animal embryos such as fertilised chicken eggs. This may be done up to 200 times and has the effect that the virus loses its ability to "work" in human cells. This indicates that it has changed and is no longer the same virus which is believed to cause the disease. This method does not work for bacteria and the method cannot be used in people who have their immune systems compromised as in very sick people, people treated with any kind of anticancer therapy, immunosuppressant therapy, corticosteroids.

INACTIVATED VACCINES

Here the micro-organisms are killed by chemicals, heat or radiation. These vaccines are more stable and require less adjuvants. However, they are also said to produce a lesser immune response. In effect, there is no proof most human systems react at all to exposure to the vaccine.

SUBUNIT VACCINES

Instead of the entire microbe, subunit vaccines include only the antigens that stimulate the immune system. As there is no scientific way to evaluate an immune response, there is no method to measure what this vaccine does in terms of immunity. In laboratories they manufacture these antigens by stimulating another organism, such as a fungus, to produce masses of specific antigens completely dissociated from the micro-organism that is believed to cause the disease.

TOXOID VACCINES

For bacteria that secrete toxins or harmful chemicals vaccines are produced to stimulate the system to specifically react to the toxin. These toxins are "inactivated" by treating them with formalin or formaldehyde and then injected into people.

CONJUGATE VACCINES

Some bacteria produce an outer coating of sugar molecules, called polysaccharides, that disguises the antigen. The body does not recognise the antigens because it doesn't come in touch with it. Scientists are now making sure that the system comes in touch with the antigen by linking the antigen from another microbe to the polysaccharides. Now your system is reacting to the different antigen in order for it to reject the polysaccharides to which this antigen is attached. This is a vaccine!

DNA VACCINES.

Once the genes from a microbe have been analysed they attempt to make a DNA vaccine. One can wonder about this wonder! Our cells don't normally come in contact with the DNA of another organism as this resides inside the nucleus of the organism, well hidden from any outside contact. The only natural way our cells meet pieces of foreign DNA is when those micro-organisms have already completely been broken down. In other words, when the micro-organism has died and is nothing more than debris our system clears up the mess. This proves that at that time our system is already in full control of the situation. Who needs a vaccine at this point?

And still they keep looking for different ways to make new types of vaccines effective, meaning invoking a response of the immune system. A response from the immune system in turn means being able to pin a particular interpretation on the results of some very narrow testing.

"Our cells don't normally come in contact with the DNA of another organism as this resides inside the nucleus of the organism, well hidden from any outside contact. The only natural way our cells meet pieces of foreign DNA is when those micro-organisms have already completely been broken down. In other words, when the micro-organism has died and is nothing more than debris our system clears up the mess.."

The company Rockville Novavax Inc. is developing a new flu vaccine without the hassle of having to deal with the flu virus and the repeated incubations in fertilised chicken eggs. They propose to use virus-like particles with which they want to elicit a similar immune response in people. This is good marketing as there are a lot of problems with the more traditional flu vaccine production. An outbreak of flu could put eggs in short supply, for instance. In addition, vaccine-makers that use eggs cannot begin developing new vaccines until the Centre for Disease Control and Prevention (USA) creates a viral reference strain. In other words, government laboratories first produce a

very specific strain, of which they say it causes a specific outbreak but which is different from the one "found" in infected cases!

Novavax, instead, uses information the CDC posts in the Global Initiative on Sharing Avian Influenza Data (GISAID) database, launched in 2006. So, it uses old information on "bits" of the virus they believe we need protection against. It is these bits they use to create an immune response in the body. How specific can this response be if there isn't even a correlation between the new outbreak, the cause of the outbreak and the particles our system is, so called, reacting to? On the other hand, the advantage is that the vaccine can be made rapidly and in huge quantities, which allows for huge profits. So far, the only virus-like particle based vaccine to hit the market is Merck & Co.'s Gardasil, which won FDA approval as preventative against human papilloma virus which they have made responsible for cervical cancer. This unproven link combined with the easy way to produce a vaccine that may have a vague relationship with a virus has boost the vaccine making business enormously, as they now know their vaccines can be approved, can be given a license to print money.

And then there is the article in the last issue of this magazine about flu vaccines made by using the genetic information of silkworms. Of course this method is less costly and quicker, otherwise they wouldn't have developed it. Here again, the major component is a protein that exists on the surface of the virus. They have identified this protein and have now discovered a way of producing lots of these proteins. What we forget is that there is a limited number of proteins in the universe. The diversity of living material comes from the various combinations that can be made with the available proteins. This means that no protein can ever be "specific" for a particular virus or for any other living structure. So, whenever you try to focus a reaction on a specific protein or other particle you must, per definition, target a wide range of structures in which those proteins or particles occur.

Have you also noticed how they harvest the protein they have produced in these silkworms? They crush the worms and "purify" the powder. First of all, every protein that makes up the worm is present in the mix. Secondly, what does this purification process entail? Does it mean that they throw away a lot of stuff, stuff they have decided they don't want? On what basis are these decision made? I would like to remind you that this is exactly the method used that puts us on the wrong track with regards the meaning and function of the DNA. It is by looking at what we had thrown out – in this case, the protein coating of the genetic information – that we began to understand that a gene could never be responsible for one single expression, such as blue eyes or breast cancer. The result of that initial mistake is a disaster, as sixty years of medical semi-science is still wasting billions every year on inappropriate research into genetic therapy. Back to the poor worms and the work of a genius.

"We can't cure cancer. In fact, one hundred years of the same treatment only shows disastrous figures. The likelihood is that people might just cotton on to that fact and start refusing our treatment"

Here is a stroke of luck! They found that the structure of the particles is similar to that of flu viruses! Similar. Nobody says it is the same. No, but "similar" is all we can have. "Similar" is what others work with, so that will do for us. It is always "similar"; it is never the same. What links one to the other is the belief that when they are similar they must be the same!

The team is now looking to drastically reduce the production cost which will make this method, ultimately, the preferred method of vaccine making. Cheap, producing the best possible results: huge profits.

As a doctor, my intelligence has been seriously challenged when I heard about vaccines against cancer. Vaccines, so I was told, were supposed to create a response from the immune system in an effort to set up an early detection system for foreign invaders. As I understood it, cancer was a disease that happened inside the system. How can you set up an early detection system for your own cellular structure? It didn't make sense. It still doesn't but I have now comprehended what they want to do. Here is the reasoning.

We can't cure cancer. In fact, one hundred years of the same treatment only shows disastrous figures. The likelihood is that people might just cotton on to that fact and start refusing our treatment. We need another approach. Look here, vaccination makers have pretty much the same problem; they don't get any of the predicted results either. But they have found ways of keeping their costs down and in doing so they produce vaccines that have no longer anything to do with invading micro-organisms. They produce similar effects in the immunity test results even when the stuff they vaccinate with is artificially produced and has nothing whatsoever to do with microbes. They use proteins and particles to "stimulate" the immune system in order to "prevent" the infection from happening. We could do the same and pretend it prevents a disease from happening. That would keep us busy for another decade or more. What do we need? We need a story that links proteins to a disease. And we need a vaccine against those proteins. Done and dusted!

We can't cure cancer but we can prevent it through vaccinating you against a protein.

We don't make enough profit producing vaccines, not even with the enormous quantities that are required worldwide, but we can cheaply produce proteins and base our vaccines on them.

We can, in the nearby future, vaccinate you against every known protein, and that would be an absolute winner if we can convince you that all those proteins are responsible for all your ailments.

- ***Making vaccine is making money.***
- ***Making vaccine is making up stories.***
- ***Making vaccine is making my head spin.***

Patrick Quanten - July 2014
www.activehealthcare.co.uk

TALKS by Dr Patrick Quanten MD

- **DIGESTION - 24 SEPTEMBER 2014**

It seems that these days health equals food. We get told what a healthy diet is and what our daily requirements are. On the other hand we notice that a healthy lifestyle, as recommended by the authorities, is no guarantee for a healthy life. The reward for tremendous efforts in "being good" seems to be greatly missing in the trophy cabinet of people pursuing perfect health. When we want to understand the meaning of food to the system it might be a good idea to look at the anatomy of the digestive tract to see what happens to the food we consume. How does the system deal with whatever enters the digestive channel? Once we identify the broad outline we can look at the importance of the details such as calories, carbohydrates, fats, etc. What does food really do to you? In what way does food really affect your health?

- **URINARY FREQUENCY - 29 OCTOBER 2014**

Men and women alike suffer from this simple symptom with increasing frequency as time goes by. Reasons we are being given include words and concepts such as infection, inflammation, and prostate enlargement. Treatment failure is also an increasing problem in this area, which is largely being blamed on powerful bacteria and elusive viruses. How can we explain the symptoms and the treatment failures? Looking at the anatomical structure of the pelvis and the bladder we begin to understand how this system might operate and how it certainly can't work. Understanding the way it works might help to treat it properly, but it will certainly explain why some approaches can never be successful.

- **COMMON CHILDHOOD DISEASES - 26 NOVEMBER 2014**

Children do get ill, that is a certainty. Children do get better, and that is a certainty too. Nowadays our perception of common childhood diseases has changed dramatically. What has happened between measles being a common innocent childhood disease and it becoming a killing disease? Is it true that nowadays we are much better protected against these diseases? Did we get a lot better at fighting diseases? Then why are we more afraid than ever before? What is the reason behind outbreaks of common childhood diseases? Why do most children get these? Why do these diseases mostly occur in clusters? What is the spreading mechanism of these diseases? Understanding the reasons behind their occurrences will make us more proficient in responding to them. As they keep occurring throughout human history there may be common factors that link them together. What do we know about them? What do we know about children growing up in the early years of their development?

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/**

INFORMATION TALKS AT WORTHING
Contact: Marilyn Hole at marilynhole@hotmail.com, or on 07968 257460 or 01903 200118
On Wednesday evenings starting at 7pm
Venue: Friends Meeting House, Mill Road, Worthing, West Sussex, BN11 5DR
Door Price: £10 per person or £17 for 2 people

1930s SCIENTISTS SECRETLY GAVE 2,051 CHILDREN AND BABIES DIPHTHERIA VACCINE

http://www.dailymail.co.uk/news/article-2650475/More-mass-baby-graves-Ireland-Prime-Minister-Enda-Kenny-orders-investigation-memorial-800-dead-babies-planned.html#ixzz33tXuiYQy
6 June 2014

The activities that have been described to us date back over 70 years...

SCIENTISTS secretly vaccinated more than 2,000 children in religious-run homes in suspected illegal drug trials, it emerged today.

Old medical records show that 2,051 children and babies in Irish care homes were given a one-shot diphtheria vaccine for international drugs giant Burroughs Wellcome between 1930 and 1936.

There is no evidence that consent was ever sought, nor any records of how many may have died or suffered debilitating side-effects as a result.

The scandal was revealed as Irish premier, Enda Kenny, ordered ministers to see whether there are more mass baby graves after the discovery that 800 infants may be buried in a septic tank outside a former mother and baby home in Tuam, Co. Galway.

The Taioseach intervened from the United States yesterday to say that he had ordered his officials to 'see what the scale is, what's involved here, and whether this is isolated or if there are others around the country that need to be looked at.'

Michael Dwyer, of Cork University's School of History, found the child vaccination data by trawling through tens of thousands of medical journal articles and archive files.

He discovered that the trials were carried out before the vaccine was made available for commercial use in the UK.

Homes where children were secretly tested included Bessborough, in Co. Cork and Sean Ross Abbey in Roscrea, Co. Tipperary, both of which are at the centre of the mass baby graves scandal.

Other institutions where children may also have been vaccinated include Cork orphanages St Joseph's Industrial School for Boys, run by the Presentation Brothers, and St Finbarr's Industrial School for Girls, run by the Sisters of the Good Shepherd.

In Dublin, it is believed that children for the trials came from St Vincent's Industrial School, Goldenbridge, St Joseph's School for Deaf Boys, Cabra, and St Saviours's Dominican Orphanage.

But Mr Dwyer said: 'What I have found is just the tip of a very large and submerged iceberg. 'The fact that no record of these trials can be found in the files relating to the Department of Local Government and Public Health, the Municipal Health Reports relating to Cork and Dublin, or the Wellcome Archives in London, suggests that vaccine trials would not have been acceptable to government, municipal authorities, or the general public.

"However, the fact that reports of these trials were published in the most prestigious medical journals suggests that this type of human experimentation was largely accepted by medical practitioners and facilitated by authorities in charge of children's residential institutions."

'However, the fact that reports of these trials were published in the most prestigious medical journals suggests that this type of human experimentation was largely accepted by medical practitioners and facilitated by authorities in charge of children's residential institutions.'

A spokesman for GSK - formerly Wellcome - said: 'The activities that have been described to us date back over 70 years and, if true, are clearly very distressing.

'We would need further details to investigate what actually took place, but the practices outlined certainly don't reflect how modern clinical trials are carried out. We conduct our trials to the same high scientific and ethical standards, no matter where in the world they are run.'

A spokeswoman for the Sisters of Sacred Hearts of Jesus and Mary, the order that ran Bessborough and Sean Ross Abbey, said that like GSK, they would also welcome an independent inquiry.

Fianna Fáil leader Micheál Martin called on the Irish government to add vaccine trials into the investigative remit of any inquiry into the mother and baby homes.

He said: 'We need to start with an independent investigation into the

mother and baby homes which would be followed by a wider separate investigation into the vaccine testing.'Historian Catherine Corless, whose discovery of the suspected mass baby grave at Tuam was revealed by the Mail earlier this week, said her study of death records for the St Mary's home run by Catholic Bon Secours nuns from 1925-1961 pointed to the existence of the mass grave. The Irish PM interrupted a trade visit to San Francisco to order an inquiry in the Tuam home and others, saying that Dublin must decide what is the 'best thing to do in the interest of dealing with yet another element of our country's past.'

St Mary's was one of several such 'mother and baby' homes for 'fallen women' who had become pregnant outside marriage in early 20th century Ireland. Another such institution was the Sean Ross Abbey in Tipperary, was where Philomena Lee gave up her son for adoption in the 1950s. Her story was made into the Oscar-nominated film 'Philomena' last year.

The 'mother and baby' homes accommodated women who were ostracised from their own families and had nowhere else to turn.

Under conservative Catholic teaching of the time, children born outside of marriage were not baptised and were therefore denied a Catholic burial on consecrated ground.

PRIEST DIED AFTER SUFFERING 'VERY RARE ADVERSE REACTION' TO YELLOW FEVER VACCINE, AN INQUEST HEARD

GARETH NAUGHTON
http://www.independent.ie/
Published 17/06/2014

A PRIEST DIED after suffering a very rare adverse reaction to the yellow fever vaccine, an inquest heard.

Fr Gerard Cusack (71), prior of the Holy Trinity Abbey, Kilnacrott in Ballyjamesduff, Co Cavan, died at Beaumont Hospital on March 18 last year, 11 days after he had been given the vaccine in advance of a trip to central Africa.

Dublin Coroner's Court heard that there have been only 60 documented cases of death due to the vaccine worldwide since its introduction in the 1930s.

Fr Cusack was due to travel to Tanzania to inspect works on a church roof paid for through fundraising efforts.

His sister Marie Crossan said that he was generally in good health with no medical complaints.

He attended the Tropical Medical Bureau (TMB) clinic on Grafton Street on March 7 where he was initially seen by Dr William Yap and subsequently a member of the nursing staff.

Dr Graham Fry, medical director at the TMB, said that Fr Cusack reported no health issues, previous or at the time, on the medical questionnaire that the clinic requires patients to complete nor did he do so during his consultation with Dr Yap.

He was prescribed medication for his upcoming trip and given a number of vaccinations including yellow fever.

When he left the practice 20 to 30 minutes later, Fr Cusack appeared to be in good health, he said.

The court heard that Fr Cusack subsequently presented at Cavan General Hospital on March 15, complaining of feeling ill for one week.

His GP had prescribed an antibiotic but this had no effect.

His condition deteriorated rapidly over the following 36 hours and he was transferred to Beaumont Hospital where he died from multi-organ failure on March 18.

Professor Peter Conlon, consultant nephrologist at Beaumont, told the court that there is no treatment for yellow fever other than "supportive" measures and the disease is fatal in 20 per cent of cases.

The post-mortem confirmed the presence of yellow fever in the liver and that the strain of the disease was the same as the one administered to Fr Cusack in the vaccine.

Fr Gerard Cusack

The cause of death was acute liver and kidney failure due to an adverse reaction to the yellow fever vaccine.

Dr Fry said yellow fever is a "live vaccine" with a higher instance of side effects in people over 60.

As a result, a risk-benefit analysis must be done considering a number of factors including what parts of the country the person intends to visit, he said.

There are approximately 60 cases of deaths as a result of the vaccine in international travellers since it was introduced, he told the court.

The TMB treats 3,000 people annually with the vaccine and this is the first time they have seen an adverse reaction, he added.

The inquest was adjourned to August 19 to hear direct evidence from Dr Yap.

CLINICAL TRIALS

One of the Informed Parent subscribers recently wrote to the Department of Health asking about details about clinical trials for vaccines. A response, dated 24th June 2014, from the Public Health England stated that vaccine clinical trial data was not held by Public Health England but by the vaccine manufacturers themselves.

FAIL: INFANT HEP B VACCINES PERFORM SHAMEFULLY; TIME TO END THEM?

http://www.greenmedinfo.com/blog/fail-infant-hep-b-vaccines-perform-shamefully-time-end-them
Saturday, November 16th 2013

AN EYE-OPENING new study published in the Journal of Viral Hepatitis reveals that conventional hepatitis B vaccine- and hepatitis B immunoglobulin-based treatment for infants of mothers who tested positive for hepatitis B infection is nothing near "95% effective in preventing infection and its chronic consequences" that the World Health Organization (WHO) and a myriad of health organizations around the world claim it to be. [i] To the contrary, researchers were able to detect through highly sensitive polymerase chain reaction (PCR) DNA testing that 42% of the infants still had 'occult' hepatitis B infection, 24 months after initiating treatment at birth, despite the fact that the vaccine reduced the incidence of overt infection.

In the researchers' own words: "The results of this large prospective longitudinal study show that 42% of babies born of HBsAg-positive mothers develop occult HBV infection, *which is not prevented by administration of recombinant HBV vaccine to the newborn.*" [italics added]

This study not only clearly calls into question the standard of care for preventing hepatitis B infection in infants born to infected mothers, but it also challenges core tenets of vaccinology, including hepatitis B vaccine safety and effectiveness.

A CLOSER LOOK AT THE STUDY

The new study titled, 'Hepatitis B vaccination with or without hepatitis B immunoglobulin at birth to babies born of HBsAg-positive mothers prevents overt HBV transmission but may not prevent occult HBV infection in babies: a randomized controlled trial', tracked pregnant women found to be HBsAg positive (i.e. Hepatitis B surface antigen was found in their blood work) until delivery, and then tracked their babies for 2 years.

The study design and results were as follows:

Immediately after delivery, babies were randomized to receive either HBIG [Hepatitis B immunoglobulin] or placebo in addition to recombinant HBV vaccine (at 0, 6, 10 and 14 weeks). The primary end-point of the study, assessed at 18 weeks of age, was remaining free of any HBV infection (either overt or occult) plus the development of adequate immune response to vaccine. The babies were further followed up for a median of 2 years of age to determine their eventual outcome. Risk factors for HBV transmission and for poor immune response in babies were studied. Of the 283 eligible babies, 259 were included in the trial and randomized to receive either HBIG (n = 128) or placebo (n = 131) in addition to recombinant HBV vaccine. Of the 222 of 259 (86%) babies who completed 18 weeks of follow-up, only 62/222 (28%) reached primary end-point. Of the remaining, 6/222 (3%) developed overt HBV infection, 142/222 (64%) developed occult HBV infection, and 12/222 (5%) had no HBV infection but had poor immune response. All 6 overt infections occurred in the placebo group (P = 0.030), while occult HBV infections were more common in the HBIG group (76/106 (72%) vs. 66/116 (57%); P = 0.025). This may be due to the immune pressure of HBIG. There was no significant difference between the two groups in frequency of babies developing poor immune response or those achieving primary end-point. The final outcome of these babies at 24 months of age was as follows: overt HBV infection 4%, occult HBV infection 42%, no HBV infection but poor immune response 8% and no HBV infection with good immune response 28%.

The authors concluded, in a startling reversal of conventional wisdom regarding the treatment's efficacy:

The current practice of administration of vaccine with HBIG at birth to babies born of HBsAg-positive mothers is not effective in preventing occult HBV infection in babies, which may be up to 40%.

Known as hepatitis B post-exposure prophylaxis, infants of mothers infected with hepatitis B are administered 4 doses of recombinant hepatitis B vaccine (birth, 6 weeks, 10 weeks and 14 weeks), in combination with hepatitis B immunoglobulin (HBIG). All pregnant women are encouraged today to be screened for hepatitis B, and all are made to undergo this treatment because it is believed to be 'highly effective.' This despite evidence that the hepatitis B vaccine may actually cause liver damage,[ii] and has been linked to over four dozen adverse health effects.[iii]

The recombinant hepatitis B vaccine is produced by isolating hepatitis B surface antigen (HBsAg) from genetically modifying yeast engineered to express this viral antigen-protein. It was, in fact, the first vaccine produced by DNA recombinant technology, i.e. genetic modification.[iv] The HBIG is isolated from the blood plasma of infected donors with high concentrations of anti-Hepatitis B viral antigen antibodies. [v]

Hepatitis B virus infection is a major health problem worldwide, with the WHO estimating that about one third of the world population has been infected at some point in their lives and that it kills 600,000 people each year. The virus contributes to a variety of liver diseases, including acute, fulminant and chronic hepatitis, liver cirrhosis and liver cancer (hepatocelullar carcinoma). It is believed that mother-to-infant transmission accounts for 50% of the chronic infection cases.[vi]

SO, WHAT IS OCCULT HEPATITIS B INFECTION, AND WHAT CAUSES IT?

The definition of "occult" hepatitis B infection has different meanings to

different researchers, but in general it indicates that even when blood tests show a disappearance of HBeAg and HBsAG viral antigens, or antibodies to these antigens, hepatitis B virus remains active (replication capable) within the body. The 'occult' form is often referred to as an 'escaped mutant' and is a version of hepatitis B other than the one(s) being tested for, whose presence is ascertained DNA testing (PCR), which is far more sensitive than antibody- or antigen- based testing.

The new study offered the following definition: "Occult HBV infection is defined as the existence of HBV DNA in the serum, or cells of the lymphatic (immune) system, and/or hepatic tissue in the absence of serum HBsAg [13,14]."

Strangely, even when there is no hepatitis B virus (HPV) DNA detectable through PCR DNA testing, it may still be there lying dormant. For instance:

"The elimination of HBV genomes is usually not complete after acute hepatitis B (even after mild infections) because some HBV genomes remain as cccDNA [covalently closed circular DNA] in an occult form in the liver; but their expression is largely controlled by the immune system. The levels of HBV production are in most cases so low that even with the most sensitive techniques no HBV DNA is detectable in serum."[vii]

In other words, hepatitis B virus can integrate into the DNA of cells in a form (cccDNA) which remains dormant and reactivates only rarely when the immune system is severely compromised. This dormant form does not produce hepatitis B DNA (unless reactivated) and therefore is virtually (if not actually) impossible to detect. Because conventional criteria for assessing the effectiveness of hepatitis B vaccine and/or hepatitis B immunoglobulin treatment are based solely on the presence or absence of viral antigen or antibodies against viral antigens, their actual effectiveness at clearing all pathogenic variants of the hepatitis B virus from the body is largely unknown. This also means that vaccine policy today is based on outdated criteria. This is now poignantly evident by the fact that 42% of these vaccinated infants had signs of occult infection 2 years later.

WHY IS THE HEPATITIS B VIRUS SO DIFFICULT TO DETECT?

The hepatitis B virus is a DNA virus with such a high replication and mutation rate, [viii] that it has been described as a 'quasispecies' due to its highly varied (heterogeneous) viral population:

"The HBV population is highly heterogeneous and is comprised of genomes that are closely related, but not identical; hence, it is considered a viral quasispecies, a term commonly associated with RNA viruses. The complex viral replication cycle of HBV may be the cause of this quasispecies nature."

It has been estimated that an infected individual produces mutations of every viral genome base at least two times per day. The so-called mutated version of the hepatitis B virus is known as an 'escape mutant':

"Hepatitis B virus (HBV) reverse transcriptase is an error-prone enzyme, and this results in a large number of nucleotide substitutions during replication. As a result, HBV has a "quasispecies" distribution in infected individuals, meaning that HBV circulates as a complex mixture of genetically distinct but closely related variants that are in equilibrium at a given time point of infection in a given replicative environment. The quasispecies distribution of HBV implies that any newly generated mutation conferring a selective advantage to the virus in a given replicative environment will allow the corresponding viral population to overtake the other variants. Such selection processes occur at any step of infection to allow the emergence of variant viruses, such as precore and core promoter mutants during the natural course of infection, HBs antigen mutants under the pressure of active or passive anti-HBs immunization, or HBV mutants that are resistant to the antiviral action of specific HBV inhibitors."[ix]

Due to its complex nature it is extremely difficult to detect all its variants through conventional serological testing. This is one reason why DNA testing is valuable and more sensitive.

FURTHERMORE:

"The occult HBV infection may be due to infection by HBV variants with mutations in the S gene (escape mutants) producing a modified HBsAg that is not recognized by some or all commercially available detection assays [14]."

Even the CDC acknowledges in their hepatitis B immunization guidelines that "escape mutants" can replicate even in the presence of treatment-induced anti-HB antibodies:

Mutations in the S gene of HBV can lead to conformational changes in the a determinant of the HBsAg protein, which is the major target for neutralizing anti-HBs.

These variants have been detected in humans infected with HBV, and concern has been expressed that these variants might replicate in the presence of vaccine-induced anti-HBs or anti-HBs contained in HBIG (194,195).

Although no evidence suggests that S gene immunization escape mutants pose a threat to existing programs using hepatitis B vaccines (196), further studies and enhanced surveillance to detect the emergence of these variants are high priorities for monitoring the effectiveness of current vaccination strategies.[x]

Is the treatment driving the creation of mutant, 'occult' forms of hepatitis B?

Despite the CDC's dismissal of concerns that escape mutants could threaten the effectiveness of existing hepatitis B immunization programs, research published in the Asian Journal of Transfusion Science has raised exactly this concern:

"Vaccinations apply selective pressures on HBV in infected individuals leading to the generation and accumulation of mutations in the S gene. Most of these mutations occur in the major hydrophilic region (MHR) of the S gene.

These mutations create public health concerns as they can be responsible for reactivation of hepatitis B and occult hepatitis B infection. The inability to detect occult infections means that these individuals may become blood donors."[xi]

A view on the role of chickenpox in the vaccinated child, and a few hints for the management of this childhood eruptive illness

ELAINE WALKER RSHOM, MSC HOMEOPATHY)
TAMZIN WOOD RSHOM, BSC (HONS) HOMEOPATHY

IN THE LAST CENTURY, there were four major childhood illnesses in the UK - measles, mumps, german measles and chickenpox. This article will focus on how homeopaths view acute childhood illnesses such as this, and how the latter can be treated at home.

As Registered members of the Society of Homeopaths, we do not advise parents against vaccination, indeed many of the children we treat have been vaccinated. We believe in supporting parents to make rational, informed decision about the short and long term implications for their children, and seek to give them the data they need to make that decision. This generally means that they receive the pro-vaccine literature from their G.P., and we then provide an alternative perspective.

The homeopathic view of skin disease is at variance with the stance of the orthodox medical model. Conventional medicines offer some relief, but often this is only partial. Homeopathic remedies can be used at home cheaply and easily, and information is given in this article on how to do this. The advice we offer here is safe to use alongside conventional treatments.

THE HOMEOPATHIC MODEL

Childhood illnesses are seen by homeopaths as an opportunity for the child to throw off some of the genetic and environmental issues that interfere with his or her healthy development (Wright, 1983). It may be observed, for example, that children who experience these illnesses will often make a leap forward in their development after the illness - they may suddenly start to talk, or learn to read, or feed themselves - according to their age and progression through these milestones.

Vaccination is aimed at preventing 3 of the previously common childhood illnesses and thus removes opportunities for this progression in development. For this and other reasons, it can be seen as suppressive and damaging to the whole person (Murphy, 2007). Meanwhile, the vaccine load adds to the genetic and environmental problems, meaning that some elimination of these becomes even more crucial to future health and development. The fact that chickenpox is often the only eruptive disease that children are 'allowed' to catch means that the body has its opportunity for discharge severely curtailed. Thus the intelligent and healthy organism will seize the chance and use the opportunity afforded by the rash and fever of chickenpox to express as many of these blockages as possible (Hahnemann, 1996). A homeopath might tell you that this need for discharge and elimination accounts for the severity of some chickenpox cases, where the eruption can be found on the eyeballs, in the mouth and nose, and even on the lungs - it is simply the organism attempting to eliminate as many of the life-limiting toxins as possible.

CONVENTIONAL TREATMENT FOR CHICKENPOX

As with any health concern, you should always seek medical advice if you have concerns.

Common treatment for chickenpox usually consists of calamine lotion for the itching, and ibuprofen or paracetamol for the fever (Choices, 2014).

Calpol and other paracetamol products are frequently used by parents to reduce fever, and yet a huge study of over 205,000 children published in the Lancet shows that there is a relationship between its use and future problems with asthma:- Use of paracetamol in the first year of life and in later childhood, is associated with risk of asthma, rhinoconjunctivitis, and eczema at age 6 to 7 years.

We suggest that exposure to paracetamol might be a risk factor for the development of asthma in childhood. (Beasley et al., 2008)

Ibuprofen is also used to reduce fever but there are indications that NSAIDS can cause risk of secondary skin conditions when used to treat children with chickenpox (Factor et al., 2005).

Calamine lotion is seen as a relatively safe product.

HOMEOPATHIC REMEDIES FOR CHICKENPOX.

The important thing to remember when using homeopathic remedies for short-term illnesses like chickenpox is that it either works or it doesn't. That means that you can afford to try one remedy three or four times in a day, and if the symptoms are the same or worse - because the illness is just getting worse - then it's the wrong remedy. So it's time to try another one. The second thing to remember about short-term homeopathic treatment is that the patient should not get worse before he or she gets better. The symptoms should just rapidly and gently disappear - if you are using the right remedy. So we suggest three remedies, in either the 30c or 6c potency. The three most common remedies for chicken pox are Rhus tox, Belladonna, and Mercurius.

Rhus tox is always a good starter remedy with chickenpox - it helps with the itching and the fever, the two main issues. Belladonna is of greatest help when the patient is red and very hot, and Mercurius is fantastic when the spots have become infected, and look red, swollen or full of pus. So remember -

- 30c or 6c potency
- 3-4 times in a day
- If better - just repeat for a few days until all the symptoms have gone
- If not better after 24 hours, try another remedy.

The pros? If it's the right remedy, the symptoms go away quickly and as if by magic. The cons? The wrong remedy won't do any harm - but it won't work either! Keep trying.

MORE INFORMATION

For more information on potency and dosage in short-term illnesses, and how to get remedies, please see our blogs at www.walkerandwood.co.uk ***We also produce a monthly e-newsletter with all sorts of homeopathic advice on everyday issues, and run a low cost clinic for children and pregnant mums in Canterbury, Kent - go to our website*** www.walkerandwood.co.uk ***to find out more about both of these.***
We also offer a Skype or Facetime service for patients who are not in the local area.

Please contact us for more information:
ELAINE – Telephone 01304 613353
TAMZIN – Telephone 01304 619216

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