THE informed PARENT
ISSUE TWO 2015 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

CALIFORNIA NOW WANTS TO BE FIRST STATE TO MANDATE ADULT VACCINES – Criminal penalties for those who refuse

http://vaccineimpact.com/
July 2015

IN A BRAZEN ACT of medical tyranny, California recently became the first state in the U.S. where lawmakers removed religious exemptions to those opposing vaccines for their children. The bill now signed into law, SB277, faces legal hurdles in court next.

Now, legislators in California want to pass the "first US adult vaccine mandate with NO personal exemptions and CRIMINAL penalties for failure to comply." SB 792, would eliminate an adult's right to exempt themselves from one, some, or all vaccines, a risk-laden medical procedure.

Capitol rally, June 9 in Sacramento (Rich Pedroncelli / Assoc Press)

WILL CALIFORNIA SOON BECOME A MEDICAL POLICE STATE?

SB792- The first US adult vaccine mandate with NO personal exemptions (only medical exemptions approved by a doctor and defined by the bill) and CRIMINAL penalties for failure to comply will be heard in the California Assembly Human Services Committee this Tuesday July 14th at 1:30 in Room 437.

SB 792 would eliminate an adult's right to exempt themselves from one, some, or all vaccines, a risk-laden medical procedure. This bill would make California the first state to require mandated vaccinations for all childcare workers, including all private and public school early childhood education programs (Headstart, Private preK and preschools), family daycares, and daycare centers.

Commencing September 1, 2016, a person shall not be employed at a family day care home if he or she has not been immunized against influenza, pertussis, and measles. An employee shall receive an influenza vaccination between August 1 and December 1 of each year.

"This bill eliminates medical autonomy, crushes religious freedom, undermines personal freedom, and burdens quality providers with a non-optional series of medical interventions..."

This bill eliminates medical autonomy, crushes religious freedom, undermines personal freedom, and burdens quality providers with a non-optional series of medical interventions in the form of mandated vaccines that are not even 100% effective.

BILL SB 792 EXCERPT:

This bill, commencing September 1, 2016, would prohibit a day care center or a family day care home from employing any person who has not been immunized in accordance with the schedule for routine adult immunizations, prescribed by the federal Centers for Disease Control and Prevention. The bill would specify circumstances under which a person would be exempt from the immunization requirement, based on medical safety and current immunity, as specified. The bill would make conforming changes to provisions that set forth qualifications for day care center teachers and applicants for licensure as a family day care center. Because the bill would extend the application of a crime under the act, the bill would impose a state-mandated local program.

SEE MORE AT:

http://vaccineimpact.com/2015/california-now-wants-to-be-first-state-to-mandate-adult-vaccines-criminal-penalties-for-those-who-refuse/#sthash.zWN6A9HQ.dpuf

Editor's note

Magda Taylor

WELCOME TO THE SECOND EDITION OF 2015. *Thank you for your new subscription and renewals to this publication – this is appreciated greatly. As I have mentioned on a number of occasions previously, it is becoming increasingly challenging to keep The Informed Parent afloat and I am very much in need of more subscriptions – so please let others know about the publication – I definitely need an increase in numbers to continue!*

I was very pleased to see the launch of an, in my opinion, excellent German film documentary on the vaccination issue entitled 'We Don't Vaccinate'. I attempted to email all of you when the English version became available in May. However some of your emails are out-of-date – so please get in touch and update me at: m.taylor960@btinternet.com

This film is still available to watch free, at the time of writing this, and a DVD version is planned to be available in the future. Information is featured on the noticeboard on The Informed Parent or you can check out:

www.we-dont-vaccinate.com/

Having also recently watched a few presentations by Dr Andrew Wakefield and other scientists on You Tube as regards to whistleblowers and cover-ups it inspired me to take another look at a book I have had for many years entitled 'The Hazards of Immunisation' by Sir Graham Wilson. (1967)

I have reproduced a few extracts from the 'Preface' and the opening chapter entitled 'Introduction: Purpose and Terminology' and highlighted particular texts which I found rather revealing.

In due course I hope to reproduce further text from this book. Thankfully, even now there are still a few scientists and medical men who are prepared to speak out, or come clean or reveal documentation that they feel should be public knowledge despite the hostilities they may encounter from their professional bodies.

MAGDA TAYLOR, EDITOR. AUGUST 2015

THE HAZARDS OF IMMUNISATION

BY SIR GRAHAM WILSON. (1967)

EXTRACTS FROM THE PREFACE AND CHAPTER 1

IT MUST SELDOM occur that a subject in which from time to time there has been widespread interest finds itself still without an expository volume. And yet that is how it stands with the subject about which I am writing. Though there are a few excellent descriptions of individual portions of the subject, and several brief accounts of other portions, to the best of my knowledge no book has yet appeared that essays to present a conspectus of them all. Popular or more serious authors must have considered undertaking such a task and for one reason or another decided against it; and it is therefore with more than usual diffidence that I venture to offer the present review of the subject to the scientific public.

That the book will be criticized on the ground that the digging up of so many unsavoury facts is neither necessary nor expedient, and that it will merely strengthen the case of the anti-vaccinationists, I am well aware; but what has influenced me most in its preparation is the need to understand how mishaps have arisen, so that with the exercise of due care they may be avoided in the future.

It is clear that, so far as **accidents** are concerned, most have occurred in association with a new prophylactic agent made by a reputable well-established laboratory or with some normal product made by a small, often local, laboratory dependent on the services of technicians devoid of the necessary skill and experience and ignorant of the many pitfalls in their path. A thorough understanding of the cause of their failure cannot but serve as a useful warning to others.

The **complications** of immunization present a more difficult problem.

It is true that the cause of some of them, especially those due to microbial contamination, can be adequately accounted for; but there are others, such as those associated with the abnormal reactivity of the immunized subject, for which we have as yet no satisfactory explanation. Our aim, therefore, must be to study these as fully as possible in the confident expectation that, as in other branches of science, knowledge will bring enlightenment.

In the Introduction I have described briefly how this book came to be written. Here I can only thank those who have helped me during its compilation, and apologize for its many deficiencies. The subject is one that demands a far more thorough treatment than I have been able to give it. But I put it forward in its present rather elementary form in the hope that it will stimulate someone more versed in the historical method than myself to produce a worthier volume.

Apart from Dr E. T. Conybeare who was kind enough to read through Chapter 15 and put his extensive store of information on post-vaccinal encephalitis at my disposal; Dr A. T. Roden, also of the Ministry of Health, who allowed me to make extracts from some documents of special interest; and the late Dr J. R. Hutchinson who, when he retired from the Ministry, handed over to me a copy of records he had kept during the war years of various accidents that had occurred in the civil and military population - my thanks are due mainly

to the numerous librarians and their staffs who have enabled me to consult long-neglected volumes buried in the basement containing the original description of some immunological disaster or other.

Collection of the information I sought has not been easy. Whenever possible, I have been to the original source, but when no original source existed because no account of the incident was ever published, I have not hesitated to make use of private documents so long as they were fully authenticated…….

Finally I cannot express too strongly my gratitude to Dr R. A. O'Brien who, long after his retirement from the directorship of the Wellcome Physiological Research Laboratories at Beckenham, handed over to me a valuable set of documents with **which he felt unable to cope and without which it is doubtful whether the present book would ever have been written. (My emphasis.)**

London, 1966 G.S.W.

AND FROM CHAPTER ONE…

The University very kindly offered me the lectureship for 1966. I readily accepted the invitation; and the present book is based on the series of four lectures I delivered in November of that year.

These lectures afford an opportunity for reviewing subjects on a wider basis than most individual workers would do for themselves; and for trying by a careful weighing of the evidence, both observational and experimental, to arrive at generalizations which it should be the aim of all scientific workers to reach, and at an assessment of the value of various procedures that have contributed to a given end.

The choice of subject was one that I had had in mind for a long time. In 1959 Dr R. A. O'Brien, who for many years before the second world war had been director of the Wellcome Physiological Research Laboratories at Beckenham, **wrote to me from Australia, where he had retired, offering me a mass of records that he had collected on various disasters associated with immunization.**

To return to the purpose of these lectures, I regard it as fundamental that any doctor applying a remedy to a patient should be conversant, so far as possible, with its ill effects as well as with its good effects. This is doubly true when prophylaxis is concerned. Risks may be taken with a patient who is

'WE DON'T VACCINATE' - At last a documentary that tackles the issue of vaccination full on. The presentation style is to be commended and the information and facts are put across sensitively in a calm and straightforward manner. The subject of vaccination is enormous - this film highlights some of the main concerns which should lead the viewer to delve into the subject further and open their eyes to the true reality of this so-called 'scientific' procedure. Films such as this will further the cause to wake up the unknowing public into seeing through the propaganda and medical control of the drug industry and bring some hope for the children of tomorrow.

Magda Taylor - Director of The Informed Parent, UK

desperately ill or in danger of contracting some serious disease that should never be taken with a normal subject. It should be a rule in all prophylactic work that no harm should ever be unnecessarily inflicted on a healthy person.

The risks attendant on the use of vaccines and sera are not as well recognized as they should be. Indeed our knowledge of them is still too small, and the incomplete knowledge we have is not widely disseminated. This was forcibly brought home to me when I read a statement by a university lecturer in bacteriology at a symposium in 1965 on immunization, that the first recorded disaster associated with a vaccine was that known as the Lübeck tragedy. The failure of a health officer to appreciate the risks of immunization is regrettable enough, but that a medical bacteriologist should be wholly ignorant of the long series of accidents that occurred during the forty years before 1930 struck me as being almost incredible, **till I reflected that his ignorance must be due to the almost complete absence of information on the subject in current textbooks of bacteriology.** The lesson to be learnt is the importance of approaching any subject from a historical angle, for unless we know and can benefit from the mistakes of our predecessors we are liable to make even greater mistakes ourselves.

The woeful record I present of the accidents attendant on immunization and the ways in which they have arisen will not be complete. Far from it in fact. Even if I had had time to comb the whole of the relevant literature, I should still not have been in a position to give a complete record. This is mainly because a large number of accidents - **I suspect the majority - have never been reported in print, either through fear of compensation claims, or of giving a weapon to the anti- vaccinationists, or for some other reason.** Admittedly most of the larger accidents have been reported, but even with some of these **attempts were made to keep knowledge of them from the public.** Very few, however, of the sporadic accidents can have been published. The late Dr J. R. Hutchinson of the Ministry of Health collected records of fatal immunological accidents during the war years, and was kind enough to show them to me. I was frankly surprised, when I saw them, to learn of the large number of persons in the civil and military population **that had died apparently as the result of attempted immunization against some disease or other. Yet only a very few of these were referred to in the medical journals.**

"The lesson to be learnt is the importance of approaching any subject from a historical angle, for unless we know and can benefit from the mistakes of our predecessors we are liable to make even greater mistakes ourselves."

When one considers that Dr Hutchinson's record covered only four or five years, and was limited to Great Britain, and that in other countries - in Europe, Asia, Africa, America and Australia - probably much the same proportion of accidents was occurring; and further, that such accidents have probably been going on for the last sixty or seventy years, one realizes what a very small proportion can ever have been described in the medical literature of the world.

I make no apology, therefore, for the incompleteness of my record. I am concerned more with the mechanism by which immunological accidents have occurred than with their numbers. Improvement will come not from considering the magnitude of these accidents but from the way in which they might have been avoided.

Though I make mention in places of Dr Hutchinson's records, I have compiled my figures almost entirely from published papers. With one or two small exceptions I have not included the unpublished records of the Ministry either before or since the second world war. I have, however, when published accounts were deficient or absent, made use of private information with which I have been supplied and of reports which, though confidential at the time, can no longer be regarded as such.

During the course of my reading I have come to the conclusion that no vaccine or antiserum can be regarded as completely safe. Some are very much safer than others, but no vaccine or antiserum that has yet been used has been free from complications or accidents of one sort or another.

When possible, I have endeavoured to assess the degree of probable danger; but too often I have failed through lack of exact information on the number of persons affected and the number exposed to risk. Unless both the numerator and the denominator are known, quantitative assessments may fall wide of the true mark. Moreover, the risk, even for a single vaccine, is not uniform. It varies, among other things, with the immunological status and behaviour of the population concerned.

The fact that all forms of active and passive immunization are potentially dangerous is no condemnation of their use. Though I do not intend to weigh up the advantages and disadvantages of each type of vaccine or antiserum - partly because it would carry me beyond the scope of my present task and partly because of the insufficiency of our knowledge which I have just stressed - it is fair to conclude that most of the well-known protective immunological agents that we use do a great deal more good than harm. The complications and accidents for which they are from time to time responsible must be looked upon as the price we pay for the protection these agents confer upon us. There is no insurance without a premium. Our business is to provide a greater and more comprehensive insurance and to diminish the size of the premium.

With this in mind I propose to draw attention to the various complications and undesirable sequelae of immunization.

They are numerous in both kind and frequency; and I hope that the information I provide will sharpen the awareness of medical men to the potential danger of vaccination and cause them sometimes to think twice before incurring a risk that may well prove disastrous.

(Editor: Bold type is my emphasis not the authors.)

Thousands of teenage girls enduring debilitating illnesses after routine school cancer vaccination

WWW.INDEPENDENT.CO.UK
31 May 2015

Emily Ryall of Ossett , 17, pictured with her mum Caron

WHEN CARON RYALLS was asked to sign consent forms so that her then 13-year-old daughter, Emily, could be vaccinated against cervical cancer, she assumed it was the best way to protect Emily's long-term health.

Yet the past four years have turned into a nightmare for the family as Emily soon suffered side effects. Only two weeks after her first HPV injection, the teenager experienced dizziness and nausea.

"The symptoms grew increasingly worse after the second and third injections, and I went to A&E several times with severe chest and abdominal pains as well as difficulty breathing," Emily, now 17, said. "One time I couldn't move anything on one side of my body. I didn't know what was happening."

Emily is one of the thousands of teenage girls who have endured debilitating illnesses following the routine immunisation. She is yet to recover and has no idea when her health will return to normal.

"Prior to the vaccination Emily had an 'unremarkable' medical history with no problems," said Mrs Ryalls, 49, from in Ossett, West Yorkshire. "She was considered very healthy and represented the school at hockey, netball, athletics and was a keen dancer. She was also a high achiever at school, in the top sets for everything and predicted at least 10 GCSE with high grades. Her future was very bright."

Mrs Ryalls reported Emily's condition to the Medicines and Healthcare Products Regulatory Agency (MHRA). In the 10 years to April this year the agency received almost 22,000 "spontaneous suspected" adverse drug reaction (ADR) reports in 13 routine immunisation categories including flu, MMR, tetanus, diphtheria and polio, according to a Freedom of Information response released earlier this month.

"Emily has suffered from symptons brought on since her HPV Vaccination over four years ago."

In the HPV category alone, ADRs numbered 8,228, of which 2,587 were classified as "serious" – defined by several criteria, including whether it resulted in hospitalisation or was deemed life threatening.

The MHRA said that the figures did not reflect the true amount of ADRs because of an "unknown and variable level of under-reporting". The agency estimates it receives about 10 per cent of all reports, suggesting the actual number of girls suffering ADRs could be tens of thousands. It also said that "many millions" of the vaccinations were administered in this time frame without any problems reported.

"Every visit to a doctor was met with rolled eyes," said Mrs Ryalls. "Every mention of the HPV vaccination was met with hostility and ridicule. We were eventually referred to a local paediatrician who told her to push herself to get back to normal – 'We all feel tired in the mornings, Emily' was one of the remarks regarding her complete exhaustion."

Two years after falling ill, Emily was eventually referred to Dr Pradip Thakker at Queens Medical Centre in Nottingham; he used a tilt table test to diagnose PoTS (postural orthostatic tachycardia syndrome), a condition where moving from lying down to standing up causes an abnormally high heart rate. By this time Emily was able to manage only three to four hours of school a week. Mrs Ryalls, who had built up a small publishing company from scratch, was forced to close it and become Emily's full-time carer.

Cancer Research UK points out that cervical cancer is the second most common cancer in women under the age of 35. In the UK, about 3,000 women a year are diagnosed with cervical cancer and it is estimated that about 400 lives could be saved every year as a result of vaccinating girls before they are infected with the human papilloma virus.

The NHS says that the vaccine, which was introduced as part of the routine immunisation programme in 2008, protects against the two HPV

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types that cause 70 per cent of the cases of cervical cancer. Screening is still needed to try to pick up cervical abnormalities caused by other HPV types that could lead to cancer.

Since September 2014, girls have received only two injections; the second is taken six to 24 months after the first. The NHS says the programme has proved to be "very effective". However, other countries are taking action following reports of increasing numbers of girls suffering side effects. A Danish TV documentary broadcast earlier this year highlighted the large number of girls who appear to have been affected following their HPV vaccination. Some, like those the Ryalls have met in the UK, are now wheelchair-bound.

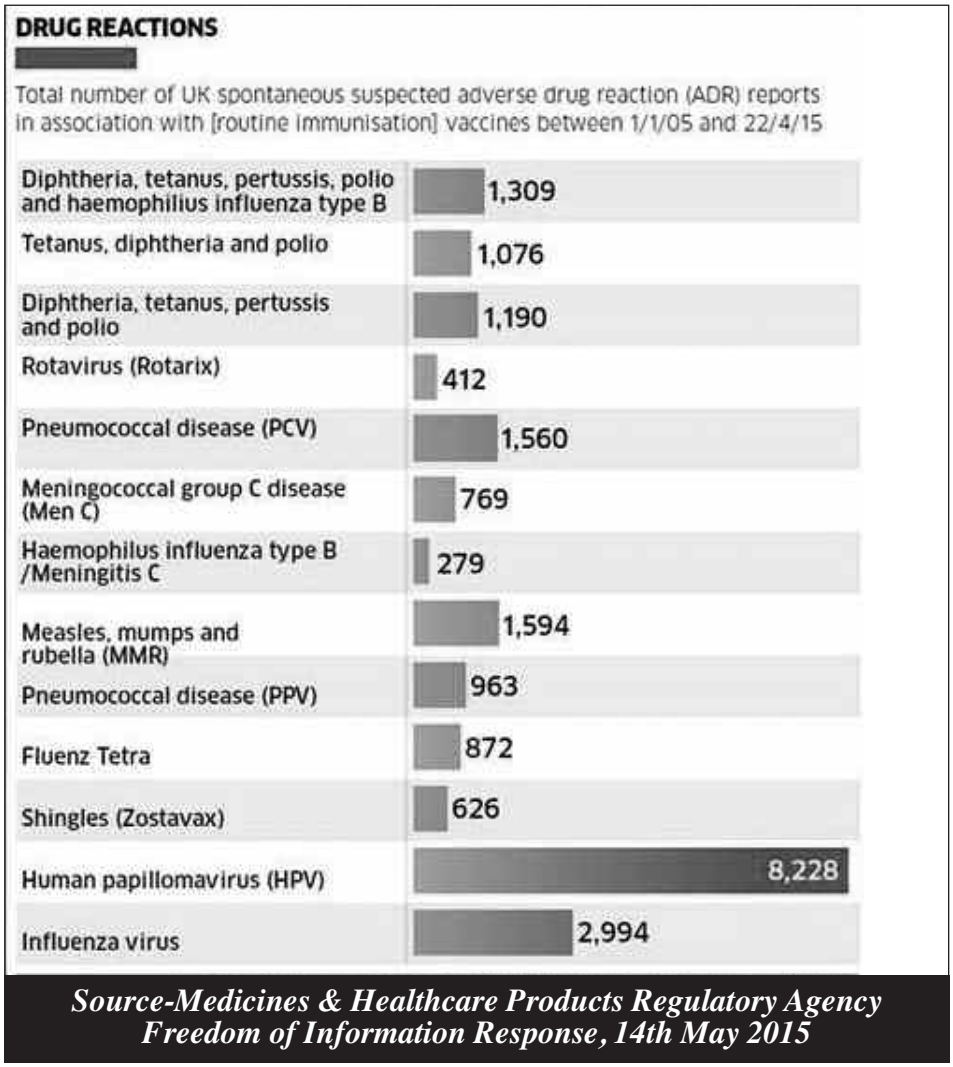
Last year, Japan withdrew its recommendation for the HPV vaccine because of reported side effects.

In an article published last week in the Springer journal Clinical Rheumatology, Dr Manuel Martinez-Lavin, who has been treating people with chronic pain conditions for more than 30 years, said these illnesses are "more frequent after HPV vaccination". He wrote: "Vaccination has been one of the most effective public health measures in the history of medicine. However, seemingly inexplicit adverse reactions have been described after the injection of the newer vaccines vs human papillomavirus (HPV). Adverse reactions appear to be more frequent after HPV vaccination when compared to other type of immunisations."

Dr Martinez-Lavin said PoTS and fibromyalgia are among the diseases he believes have developed after HPV vaccination, and that clinicians should be aware of the possible association between HPV vaccination and the development of these "difficult to diagnose" painful syndromes.

Mrs Ryalls and about 80 families in similar situations across the UK are taking action. They have formed the Association for HPV Vaccine Injured Daughters (AHVID) to bring families with girls adversely affected by the HPV vaccine together.

She said: "We want to have a stronger voice and we are pushing hard for regional treatment and assessment centres along the lines of Denmark and Japan. We want increased reporting of adverse reactions, better educational support and greater transparency and information to enable parents to make an informed decision regarding consent to HPV vaccination."



Source-Medicines & Healthcare Products Regulatory Agency Freedom of Information Response, 14th May 2015

Mrs Ryalls also said the AHVID wants better research and treatment for the girls' conditions and that treatment is currently "pot luck", as too few doctors spot the signs of PoTS and other autoimmune conditions.

"I'm not anti-vaccination," Mrs Ryalls said, "but it's a big area with a lot of questions. I would never say to anyone don't have it, because it has to be a personal choice. I would say do your own research and don't just rely on the school leaflet."

Emily managed to return to school to complete enough GCSEs to move into the sixth-form college where she is now studying English language and photography. She hopes to study the latter at university.

The MHRA said it had no concerns on the numbers of ADRs related to the HPV vaccine and that the "expected benefits in preventing illness and death from HPV infection outweigh the known risks".

The agency said: "The vast majority of suspected side effect reports for HPV vaccine relate to known risks of vaccination that are well described in the available product information. The reporting rate of suspected side effects, which are not necessarily proven to be caused by the vaccine, is influenced by many factors and expected to differ across vaccines. The greater number of reports for HPV vaccine does not necessarily mean that it is any less safe than other vaccines.

"Reports of PoTS following HPV vaccine remain under review by EU regulators. PoTS can occur naturally in adolescent girls and, at present, there is insufficient evidence to indicate that the vaccine is a cause. This will remain under review."

SUSPECTED SIDE EFFECTS TO THE QUADRIVALENT HUMAN PAPILLOMA VACCINE

FROM: DANISH MEDICAL JOURNAL
62/4 APRIL 2015

EXTRACTS:

ABSTRACT

INTRODUCTION: The quadrivalent vaccine that protects against human papilloma virus types 6, 11, 16 and 18 (Q-HPV vaccine, Gardasil) was included into the Danish childhood vaccination programme in 2009. During the past years, a collection of symptoms primarily consistent with sympathetic nervous system dysfunction have been described as suspected side effects to the Q-HPV vaccine.

Methods: We present a description of suspected side effects to the Q-HPV vaccine in 53 patients referred to our Syncope Unit for tilt table test and evaluation of autonomic nervous system function.

Results: All patients had symptoms consistent with pronounced autonomic dysfunction including different degrees of orthostatic intolerance, severe non-migraine-like headache, excessive fatigue, cognitive dysfunction, gastrointestinal discomfort and widespread pain of a neuropathic character.

Conclusion: We found consistency in the reported symptoms as well as between our findings and those described by others. Our findings neither confirm nor dismiss a causal link to the Q-HPV vaccine, but they suggest that further research is urgently warranted to clarify the athophysiology behind the symptoms experienced in these patients and to evaluate the possibility and the nature of any causal link and hopefully establish targeted treatment options.

Funding: not relevant.

Trial registration: not relevant.

DISCUSSION

The present study is a systematic review of 53 patients referred to our unit with symptoms of orthostatic intolerance and generalised dysautonomia as a suspected side effect of vaccination against human papilloma virus.

The main finding of our study was a high degree of consistency in the symptoms experienced by these patients. The most common symptoms reported were headache, dysautonomia symptoms, excessive fatigue, cognitive dysfunction and widespread pain of a neuropathic character.

Many of the symptoms described in our review as well as in the product resume and adverse event reports may at first seem both diffuse and very common. However, having evaluated more than 70 patients with the suspected side effects, we believe that there is a recognisable pattern of symptoms. Our findings correlate well with the clinical picture presented by Kinoshita et al [6] and Nishioka et al [7], except for the greater proportion of patients suffering from orthostatic intolerance in our group of patients – which may be expected as patients are primarily referred to our unit due to orthostatic intolerance.

"The main finding of our study was a high degree of consistency in the symptoms experienced by these patients. The most common symptoms reported were headache, dysautonomia symptoms, excessive fatigue, cognitive dysfunction and widespread pain of a neuropathic character.."

The patients in our study were characterised by remarkably high levels of physical activity before symptom onset, which may have affected their immune response to vaccination [10].

In analysing our data, we have considered the possibility of the phenomenon known as mass psychogenic illness, which has been defined as the collective occurrence of a constellation of symptoms suggestive of organic illness, but without an identified cause in a group of people with shared beliefs about the cause of the symptoms [11]. However, we do not find it likely that such a reaction constitutes the background for symptoms and signs found in our patients given their prevaccination history, the chronicity of their symptoms and the temporal and geographical dispersion.

Some of the patients have been suspected of suffering from a functional disorder. However, as the autonomic nervous system innervates, monitors and controls most of the tissues and organs in the body – autonomic dysfunction often presents with a very diffuse and widespread pattern of symptoms [12]. The differential diagnostic procedure – especially with emphasis on the differentiation between functional disorder and autonomic dysfunction – is highly important in this group of patients and may require a faceted approach with involvement of expertise from different medical specialties.

We may have diagnosed more than half of these patients with POTS – but POTS should probably be looked upon as a symptom secondary to another yet unidentified condition rather than as a disease entity of its own. This is underscored by the fact that patients experienced the same degree and pattern of symptoms regardless of the POTS diagnosis. The underlying aetiology behind POTS is still somewhat elusive and the prevalence of POTS is most common in the same subset of the population that are receiving the HPV vaccine (young women) [13], which complicates the aetiological discussion. We found a close chronologic association to the vaccination, but are well aware that this does not necessarily imply a causal relationship.

It is our clinical experience that substantial improvement is possible in POTS patients with multi-faceted treatment consisting of a variety of both pharmacological and non-pharmacological treatment modalities [13].

A clarification of the probability and nature of a possible causal link between the symptoms and the HPV vaccine is important in order to ensure that future vaccines may give informed consent based on updated information about possible side effects.

Establishing a relevant and coherent diagnosis and treatment for these patients would contribute to maintaining the trust and credibility in this vaccine which is important as a preventive measure against HPV-related cancer.

CONCLUSION

In this study we present symptoms reported by patients referred for orthostatic intolerance suspected to be secondary to vaccination against HPV. We found consistency in the reported symptoms as well as between our findings and those reported by others. Given the symptomatology, we suggest that the pathogenic alteration is located in the autonomic nervous system. Our findings do not confirm or dismiss a causal link to the HPV vaccine – but they do suggest that further research is urgently warranted in order to clarify the pathophysiology of the symptoms experienced, to evaluate the possible link to the vaccine and to establish targeted treatment options for the affected patients.

Correspondence: Louise Brinth, Koordinerende Forskningsenhed/ Synkopecenteret, Vej 3, Indgang 4, Frederiksberg Hospital, Nordre Fasanvej 57, 2000 Frederiksberg, Denmark. E-mail: louise.schouborg.brinth@regionh.dk

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Louise Brinth [1], [2], Ann Cathrine Theibel1, [2], Kirsten Pors [1] & Jesper Mehlsen [1], [2]
1) Coordinating Research Centre/Syncope Unit, Frederiksberg Hospital
2) Department of Clinical Physiology and Nuclear Medicine, Frederiksberg Hospital, Denmark

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DOCTORS CALL FOR HALT TO 'UNSAFE' HPV VACCINE PROGRAMME

TAKEN FROM: WHAT DOCTORS DON'T TELL YOU
14 May 2015

Dr Philippe de Chazournes leading European Doctors

MORE THAN 200 DOCTORS across Europe are calling for a halt on the routine use of the HPV vaccination until its safety and effectiveness have been established. The vaccine, designed to prevent cervical cancer, is no longer recommended by health authorities in Japan, and lawsuits have been filed against the manufacturer in Spain, France and India.

The European doctors, led by Dr Philippe de Chazournes, are calling for a moratorium on the vaccine's use in EU member states until a commission has investigated the vaccine's safety and effectiveness.

In a petition presented to Marisol Touraine, the EC's minister of social affairs, the doctors say they want a commission to explore the justification for the use of the HPV vaccine, the benefit/risk balance, the ethical dimension in using the vaccine, and whether the vaccine's introduction is pursuing a political agenda rather than a medical one.

Euro MEP Michele Rivasi, of the Ecology party, presented the petition to the European Parliament last month. She said that around two million teenage girls around Europe have had the HPV vaccine, while its effectiveness has yet to be proven. At the same time, there have been growing numbers of reports of girls suffering adverse reactions to the vaccine.

Use of Bexsero in early infancy may not provide long-term protection

MCQUAID F, ET AL. CMAJ. 2015;DOI:10.1503/CMAJ.141200.
MARCH 23, 2015
HEALIO/INFECTIOUS DISEASES IN CHILDREN
http://www.healio.com/pediatrics/vaccine-preventable-diseases/news/online/%7Bbdea2010-523f-475c-8328-ccf2507831cd%7D/use-of-bexsero-in-early-infancy-may-not-provide-long-term-protection

RESULTS from a phase 2 open-label, single-center extension study indicated children who received Bexsero as infants had waning immunity against serogroup B meningococcal disease by age 5 years, even after receiving a booster dose at age 3.5 years.

1. Bexsero (4CMenB; Novartis) is licensed for use in the European Union, Australia and Canada and was approved for use in the United States by the FDA in January. It was recommended in 2014 that the vaccine be included in the United Kingdom's routine childhood vaccination schedule and a vaccine campaign using Bexsero was recently conducted in Quebec. The Public Health Agency of Canada, however, recommends Bexsero for those in high-risk groups only.

This study served as a 40-month follow-up on 70 of 147 infants who participated in a previous study that assigned infants to receive Bexsero or a three-component recombinant meningococcal serogroup B vaccine (rMenB) at ages 2, 4, 6 and 12 months or to receive one of these vaccines at age 12 months only.

In the current study, infants who originally received four doses received one additional dose at age 40 months and those who originally received one dose received two additional doses, one at ages 40 and 42 months.

Among children who received Bexsero in early infancy, 44% to 88% had protective antibody titers against strains found in the vaccine vs. 31% to 100% of children who were vaccinated later, at ages 40 and 42 months.

Children who were vaccinated at age 5 years commonly reported pain at injection site as an adverse event, but had lower rates of fever compared with younger children.

"There remains a need for more information about the effects of the 4CMenB vaccine on nasopharyngeal carriage, the likely breadth of strain coverage and long-term persistence," McQuaid and colleagues wrote. **"Introduction of the 4CMenB vaccine into the U.K.'s routine immunization schedule provides an ideal opportunity to assess the effect of this vaccine in a real-world setting and will guide implementation of 4CMenB vaccination in Canada and worldwide." – by Amanda Oldt**

Disclosure: McQuaid reports no relevant financial disclosures. Please see the full study for a list of all other authors' relevant financial disclosures. The study was funded by Novartis Vaccines.

Editor: Bold type above my emphasis - looks like UK children are going to be openly used as guinea pigs for this vaccine?

DID THE SWINE FLU JAB GIVE LITTLE MATHILDA A CRIPPLING SLEEP DISORDER?

BY JOHN NAISH
FOR THE DAILY MAIL
PUBLISHED: 9 MARCH 2015

1. Mathilda is the youngest known person in the world to be diagnosed with narcolepsy
2. Her mother Claire believed she was protecting her when she had Mathilda vaccinated against swine flu
3. Mathilda began receiving Xyrem, a drug that helps with symptoms of narcolepsy

WHEN Claire Crisp agreed to have her three-year-old daughter Mathilda vaccinated against swine flu, she believed she was doing the best to protect her from a life-threatening pandemic.

In 2009, all children under five were invited to be vaccinated in a nationwide scheme.

Fortunately, the much-feared 2009-2010 outbreak never reached the pandemic scale expected. But Claire is convinced that the vaccine against it has left Mathilda with severe narcolepsy.

Mathilda is the youngest known person in the world to be diagnosed with the neurological condition, which causes sufferers to suddenly fall asleep during the day. Mathilda also had terrifying nocturnal hallucinations and excruciating pain.Now she is part of a protracted legal battle against the Government for compensation for vaccine-related narcolepsy. Last week, their case went to court on appeal.

This wrangling has continued despite the fact the Government's scientists admitted two years ago that the vaccine, Pandemrix, could cause narcolepsy, having previously denied any link. In a statistical investigation, published in the British Medical Journal, they found children given the vaccine were 14 times more likely to have developed narcolepsy than unvaccinated children.

Claire, 44, a former NHS physiotherapist, thought she was playing safe when she had Mathilda vaccinated. Doctors had suggested her daughter could be at particular risk from respiratory trouble from swine flu because she was born with a minor throat condition, laryngomalacia, which obstructs breathing. Children normally grow out of it by three.

Bubbly: But Mathilda soon developed narcolepsy...

*"Initially, doctors thought she had a brain tumour, but after tests they ruled that out. 'The doctors quickly wrote us off as an anxious mother and a pain-in-the-a*** child.'. "*

'We took the swine flu risk seriously since Mathilda had only recently outgrown laryngomalacia,' says Claire, who also has a son, Elliot, and another daughter, Liberty.

NHS clinics administered more than 900,000 doses of Pandemrix in 2009 and 2010. Mathilda's first troubling symptoms developed within two weeks. Her sleep became disturbed, leaving her exhausted in the day. Then she began to suffer from hallucinations at night, thinking there were demons in her bedroom.

'The symptoms just got worse - she wasn't sleeping at night, and sleeping and crying all day,' says Claire. 'Nearly every time I turned round in the day, she was asleep.

'She was slurring her words. She could not walk in a straight line, she suffered excruciating leg pains. She also became incontinent.'

Then she developed cataplexy, where she'd become temporarily paralysed for seconds by emotional triggers such as happiness or surprise, though staying conscious.

'Her brother would say a joke and she would fall down,' says Claire.

Within six months, Claire and her husband Oliver, a professor of theology, were housebound caring for Mathilda. She was taken to a children's hospital for what Claire calls 'a series of failed visits'.

Initially, doctors thought she had a brain tumour, but after tests they ruled that out. 'The doctors quickly wrote us off as an anxious mother and a pain-in-the-a*** child.'

The family was being referred to a psychiatric unit when a locum doctor from India diagnosed narcolepsy, which normally appears at around the age of 15.

Claire spoke to a friend's cousin, who has narcolepsy. 'They warned me that we probably wouldn't get any help for it in Europe, but said Stanford University in California had the world's best expertise. I got in touch with them.'

Based on blood samples sent by post, experts at the university confirmed the diagnosis.

The acknowledged world expert in the condition, Dr Emmanuel Mignot, is the director of the university's Centre for Sleep Sciences and Medicine.

He is recognised for finding the

cause of narcolepsy - the failure of special 'wakefulness' cells, called hypocretins, found in the brain's sleep centre.

Dr Mignot has also identified a possible reason why the vaccine has caused narcolepsy: a part of the swine flu virus is similar to a part of the hypocretin cell.

The Pandemrix vaccine primes the immune system's 'killer' cells to attack this part of the swine flu virus. But in a minority of patients, the killer cells also mistakenly attack the hypocretin cells, thinking they are swine flu cells. The risk is confined to people with a susceptible genetic make-up, Dr Mignot wrote in the journal Science Translational Medicine in 2013 - with around 20 per cent of the European population having this gene profile. However, he's had to retract this article because the data could not be reproduced.

But Dr Mignot believes another possible link is adjuvants in the vaccine. These chemicals stimulate the immune system to produce a more powerful reaction to the inactive virus in the vaccine. In the U.S., swine flu vaccines have not used adjuvants nor have they been linked with narcolepsy. Dr Mignot says: 'My opinion is that it was a combination of the adjuvants and the H1N1 [swine flu] virus particles in Pandemrix that made it very nasty for narcolepsy.'

GlaxoSmithKline (GSK), the pharmaceutical company which made the vaccine, says 795 people across Europe have reported developing narcolepsy since its use began in 2009. Convinced their daughter needed to be under Dr Mignot's care - who would provide the expensive drug therapy she needed for free - the family moved to California four years ago.

Mathilda began receiving Xyrem, a drug that helps with symptoms of narcolepsy, possibly by affecting chemical messengers in the brain.

'A course of Xyrem costs £12,000 a year,' says Claire. 'Some children in Britain receive it, depending on a postcode lottery. It was not available to us in Bristol.'

The drug treatment has been 'life-changing,' she says. Mathilda sleeps restfully at night for three hours at a time. Rarely does she experience hallucinations. Her sleep in the day is condensed to two naps, she no longer collapses when she is happy nor does she slur or wobble when walking.

While the Government acknowledges Pandemrix can cause narcolepsy, it has decided the condition doesn't make people more than 60 per cent disabled, which is the threshold for compensation for any jab under the Vaccine Damage Payment Scheme run by the Department for Work and Pensions.

"GlaxoSmithKline (GSK), the pharmaceutical company which made the vaccine, says 795 people across Europe have reported developing narcolepsy since its use began in 2009."

The scheme was set up to provide a clear, non-adversarial way of compensating people for damage from mass vaccination campaigns, meaning the government, not the manufacturer, ultimately foots the bill. A spokesman says: 'Decisions on claims take into account the individual circumstances of each case and the latest available medical evidence. To date, no payment has been made in respect of immunisation against swine flu.'

Claire Crisp says this attitude is born out of ignorance: 'The condition has destroyed about 70 million neurons within Mathilda's brain's sleep centre.'

Over the past four years, the scheme has not paid out anything. However, the Medicines and Healthcare Products Regulatory Agency (MHRA) says that between 2009 and 2014, it received 191 reports of the Pandemrix vaccine allegedly causing narcolepsy and related conditions.

Likewise, no payouts have been made to young girls who have apparently suffered damage from the HPV vaccine campaign against cervical cancer - despite the fact that, according to the MHRA, more than 300 schoolgirls a year are reporting serious side effects.

Claire's lawyers, Hodge Jones & Allen, have 68 people in a narcolepsy class action - two-thirds were children when vaccinated. Lawyer Peter Todd has been pursuing the cases with the Vaccines Damage Payment Scheme. 'The Department of Work and Pensions (DWP) initially refused our application because it would not accept there was a link between Pandemrix and narcolepsy,' he says.

This was before the publication of the BMJ study. 'Now they are saying narcolepsy is not a severe disability and does not qualify for compensation.'

After a court ruled that the patients could be compensated, a DWP appeal reversed this. Last week Mr Todd took an appeal against this ruling to a higher tribunal. He is also pursuing GSK on the grounds not of negligence, but under consumer protection law that the product wasn't as safe as consumers could expect.

Claire stresses she is not anti-vaccine. 'The problem is how the Government is dealing with the consequences of Pandemrix.'

This is echoed by Matt O'Neil of the charity Narcolepsy UK.

'Vaccination campaigns only work if sufficient people volunteer for them,' he says. 'Anyone who suffers damage from doing something for the good of society should surely be looked after by society.'

A GSK spokesman told us: 'While those vaccinated with Pandemrix have been shown in several published studies to be more likely to develop narcolepsy than those who were not, further research is needed to confirm what role the vaccine may have played in the development of narcolepsy among those affected.

'Pandemrix went through a rigorous approval process... throughout the development of our pandemic vaccines there were no data to suggest a potential for an increased risk of narcolepsy among those vaccinated.

'We continue to support ongoing work from other experts and organisations investigating reported cases of this condition.'

The universal use of Pandemrix in those aged under 20 was stopped in Britain in 2011.

For more on Mathilda's story, visit Claire's website: www.alondonerinla.com

Mum who had swine flu jab while pregnant says it triggered narcolepsy, which makes her fall asleep EIGHT times a day... now she's seeking up to £1million in damages

BY JO TWEEDY FOR MAILONLINE
PUBLISHED: 22 MARCH 2015

- HEATHER MCFARLANE, FROM GLASGOW, DEVELOPED SLEEP DISORDER.
- THE POSSIBLE CAUSE IS LINKED BACK TO THE PANDEMRIX SWINE FLU VACCINE SHE RECEIVED WHILE PREGNANT IN 2009.
- THE ILLNESS MEANS SHE CAN NO LONGER DRIVE AND HAS TO TAKE NAPS AT WORK
- PHARMACEUTICAL GIANT GLAXOSMITHKLINE IS CLOSE TO SETTLING WITH HER

WHEN AN NHS LETTER advised a pregnant mum to get the swine flu jab to protect herself and her unborn child, she didn't hesitate.

However, Heather McFarlane, 40, says the inoculation, given to her while she was pregnant in 2009, directly led to her developing the crippling sleep disorder narcolepsy.

The mum-of-three says the illness means that she now falls asleep up to eight times a day.

Mrs McFarlane, a teacher from Glasgow, says that she is constantly exhausted and can nod off while doing the dishes, walking downstairs or just chatting to her three children. She can no longer drive and needs regular naps at work.

While pregnant with her third child, she was given the Pandemrix swine flu vaccine, in line with NHS advice for pregnant women.

She says her lawyers are now negotiating a possible £1million out-of-court settlement with drug makers GlaxoSmithKline.

Narcolepsy develops when the body's immune system destroys neurons in a region of the brain known as the hypothalamus. Scientists are researching how Pandemrix triggers this.

Mrs McFarlane is angry that she's missing her children growing up, as she says that she's often asleep at key moments that most mums take for granted.

She said: 'Narcolepsy has devastated my life. It sounds like most people's idea of bliss being able to sleep all day, but it's a living nightmare.'

She needs special sleep breaks at work and fears she's missing out on the best years of her life.

"Global pharmaceutical giant GlaxoSmithKline, the drug company which made the swine flu drug, has indicated it is willing to settle with 100 people in the UK and 800 worldwide. "

Her lawyers have now told her she's possibly due a £1 million compensation payout after apparently developing her narcolepsy in response to an injection she was given that was meant to prevent her from swine flu. The case is on the verge of being settled out of court.

At the time that she was inoculated, fears were rife that an epidemic was set to hit the UK. But she claims her life has been thrown into turmoil by the effects of the new drug.

She also suffers from catalepsy, a terrifying paralysis which means she can go into terrifying seizures in which she freezes, aware of everything going on around her, but unable to say or do anything.

Teacher Heather drops off while standing at the sink, talking to her kids or even while laughing - simple emotions such as sadness, anger or even laughter seem to pull some sort of trigger in her brain.

Every aspect of her life, from walking down the stairs to the school run, is affected. She needs constant support from her mother and is terrified of the waking paralysis.

'The cataplexy means I can be fully conscious yet terrifyingly paralysed and the narcolepsy makes me sleep. I drop plates, falling asleep while making dinner, and the children have caught them.

'I have been robbed of my life and my children denied their mum.

'I am too tired and asleep all the time.

'Other mums spend time with their children. They have family days out, to concerts, museums, shows and the like.

'I have to depend on my husband Kevin, mum Elly, sister Lorna and friends to help out all the time.'

Global pharmaceutical giant GlaxoSmithKline, the drug company which made the swine flu drug, has indicated it is willing to settle with 100 people in the UK and 800 worldwide.

They include midwives, doctors, nurses and pharmacists because front line health workers were urged to get the jab as their jobs with the public put them at risk.

A spokeswoman for GSK said the company was actively researching the possible association between Pandemrix and narcolepsy.

She said: 'It includes the interaction this vaccine might have had with other risk factors in those affected.

'The vaccination programmes against H1N1 pandemic flu were unprecedented in their scale and speed.

'Because of this, GSK and governments agreed to manage and share the responsibility of answering any legal claims, by allocating between us the costs attributed to investigating and handling cases and any potential compensation if claims are found to have merit.

'Throughout development of our H1N1 flu vaccines there was no data suggesting a potential for an increased risk of narcolepsy among those.

For Mrs McFarlane, the sudden-sleep syndrome has been hardest on Heather's children - Molly, 14, Maisie, 11 and

Above, Heather McFarlane, 'I have been robbed of my life...'

Dougie, five.

'I would love to jump in the car and take the girls out for a mum-and-daughter shopping day, but I can't.

'I feel that pang of sadness and think how much they are missing out.'

Despite constantly nodding off without warning, she says the condition leaves her feeling 'totally exhausted'.

'Narcolepsy wrecks your sleeping pattern and instead of being awake for hours it forces you to doze off several times a day, making you sleep less at bedtime,' she explained. 'It completely disrupts your sleep rhythm.'

The worst part of her ordeal has been the waking, locked-in paralysis she suffers.

'I will laugh at TV programmes and then suddenly feel paralysed. It starts as a feeling spreading down my face.

'I felt totally helpless and locked-in, unable to speak to communicate.

'When it first happened my husband thought I had fallen asleep - but I wasn't and couldn't speak to tell him I was conscious. It's horrible and frightening.

'All this is because I followed NHS advice to be vaccinated for a swine flu epidemic.'

Mrs McFarlane, from Jordanhill, Glasgow, developed her condition after being given the Pandemrix swine flu vaccine, in step with NHS advice for pregnant women.

'I received several letters telling me to get the jab - and I feared the outcome if I didn't,' she said.

'They certainly didn't tell me there hadn't been enough long-term safety trials. I obviously wouldn't have agreed if I had known that.'

The symptoms set in shortly after Dougie was born in 2010.

'I struggled to stay awake but just put it down to being a busy mum,' she said.

After months of worrying tests a specialist doctor at a Glasgow sleep clinic suggested her narcolepsy may be linked to the injection she was given.

She added: 'After over a year of symptoms and desperate to find a cause my GP referred me to a neurologist to try and pinpoint the reason.

'I was given a series of major tests, but nothing showed up. After all the tests and a sleep study at Gartnavel Hospital, I was referred to a sleep disorder consultant and the frightening truth emerged.

'The specialist asked me immediately if I'd had the swine flu vaccine. He must have seen other patients with the same symptoms and here was another.

'I was pleased to be diagnosed, but shocked to discover there is no cure.'

She now has to take a daily diet of strong drugs which have has caused her to lose a massive amount of weight - a stone-and-a-half in just five weeks at one point.

But it's the lost time she can't get back that leaves her feeling furious the most.

'My kids are not getting the mum they deserve,' she adds.

Lawyers have told the mum drug makers GlaxoSmithKline want to settle out of court.

As such she could be set for a seven-figure windfall. Her claim is one of 70 being handled by law firm, Hodge Jones & Allen. Two-thirds of the claimants are children.

The potential £100 million bill for claimants is being settled by the Government because of a deal health officials struck to cover serious side-effects.

Department of Health officials gave an indemnity to GSK covering all adverse reactions after GSK said it could not guarantee the drug's safety because years of trials had not been conducted.

A Department of Health spokesperson said: 'We understand how distressing narcolepsy can be.

'Pandemrix was used to prevent serious illness and deaths during the swine flu pandemic in 2009/10.

'At the time, the possible association with narcolepsy was not known.

'We are working with the vaccine manufacturer and the claimants' lawyers to consider the personal injury claims as quickly as possible.'

"TO RAISE NEW QUESTIONS, NEW POSSIBILITIES, TO REGARD OLD PROBLEMS FROM A NEW ANGLE, REQUIRES CREATIVE IMAGINATION AND MARKS REAL ADVANCE IN SCIENCE."

~ ALBERT EINSTEIN

MITOCHONDRIAL COLLATERAL DAMAGE THANKS TO BIG PHARMA (Iatrogenic Drug & Vaccine-induced Mitochondrial Disorders)

BY GARY G. KOHLS, MD
5/5/2015
http://ppjg.me/2015/05/05/mitochondrial-collateral-damage-thanks-to-big-pharma-iatrogenic-drug-and-vaccine-induced-mitochondrial-disorders/

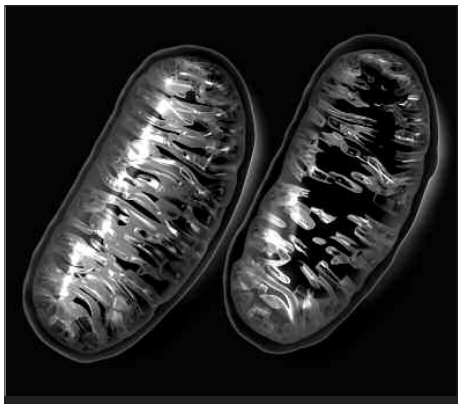
MITOCHONDRIAL damage is now understood to play a role in a wide range of seemingly unrelated disorders such as schizophrenia, diabetes, Parkinson's disease, chronic fatigue syndrome, and nonalcoholic steatohepatitis. Recently it has become known that iatrogenic (physician or treatment-caused) mitochondrial damage explains many adverse reactions from medications." - John Neustadt, MD and Steven Pieczenik, MD

"All classes of psychotropic drugs have been documented to damage mitochondria, as have statin medications, analgesics such as acetaminophen, and many others." – John Neustadt, MD and Steven Pieczenik, MD

SHORT EXTRACT

Several years ago I attended a conference that was sponsored by the United Mitochondrial Disease Foundation (UMDF), an organization which seems to be a combination patient advocacy group and a funding organization for mitochondrial researchers.

The conference centered entirely upon the rare congenital/inherited forms of mitochondrial disorders that are first diagnosed in infancy and which



Mitochondrial damage

comprise about 10 – 15 % of cases of known mitochondrial disorders.

Nothing was said by the presenters about the 85 – 90 % of acquired forms of mitochondrial disorders, which could, of course, be preventable if knowledge of the root causes were transmitted to us physicians and patients.

During the Q & A, a mitochondrial research scientist in the audience got up and talked about a colleague of his that had written an academic paper that identified 72 commonly-prescribed drugs that were mitochondrial poisons. He mentioned Pfizer's Lipitor and Zoloft as two examples. The author had not been able to get her paper published, and I have found no evidence that it was ever published. No comments were forthcoming from the UMDF expert that was leading the conference, and the discussion went back to the rare hereditary forms of the disease.

Being naturally suspicious of "experts" who may have professional or financial conflicts of interest, my curiosity was aroused; so I talked to the researcher who raised the obviously unwelcome question. He gave me his email address, but my several attempts to contact him by email failed to get any response. I later discovered that the researcher had at one time received research grants from Pfizer.

Ever since that suspicious episode I have maintained an interest in mitochondrial disorders, and since then I have discovered many articles in the basic science literature that have dealt with drug and vaccine-induced mitochondrial disorders, none of which ever gets published in the mainstream medical journals, at least those that take advertising money from pharmaceutical companies.

Interestingly, UMDF has a convenient privacy policy that keeps it from revealing who are their donors, although five pharmaceutical or genetic testing companies (Reata, Transgenomic, Courtagen, Raptor and Stealth BioTherapeutics) have their logos displayed, but no discussion about acquired or iatrogenic mitochondrial disorders could be found on its website. I could find only one statement (on http://www.Mitoaction.org's website) about non-inherited mitochondrial disorders.

It said that "Medicines or other toxic substances can trigger mitochondrial disease." No elaboration or links to more information were provided. I smelled a rat, and so should we all.

"THE WORLD IS COMPOUNDED OF THE FIVE ELEMENTS, - EARTH, WATER, AIR, FIRE, AND ETHER. SO TOO IS OUR BODY. IT IS A SORT OF MINIATURE WORLD. HENCE THE BODY STANDS IN NEED OF ALL THE ELEMENTS IN DUE PROPORTION,- PURE EARTH, PURE WATER, PURE FIRE OR SUNLIGHT, PURE AIR, AND OPEN SPACE. WHEN ANY ONE OF THESE FALLS SHORT OF ITS DUE PROPORTION, ILLNESS IS CAUSED IN THE BODY"

~ MAHATMA GANDHI

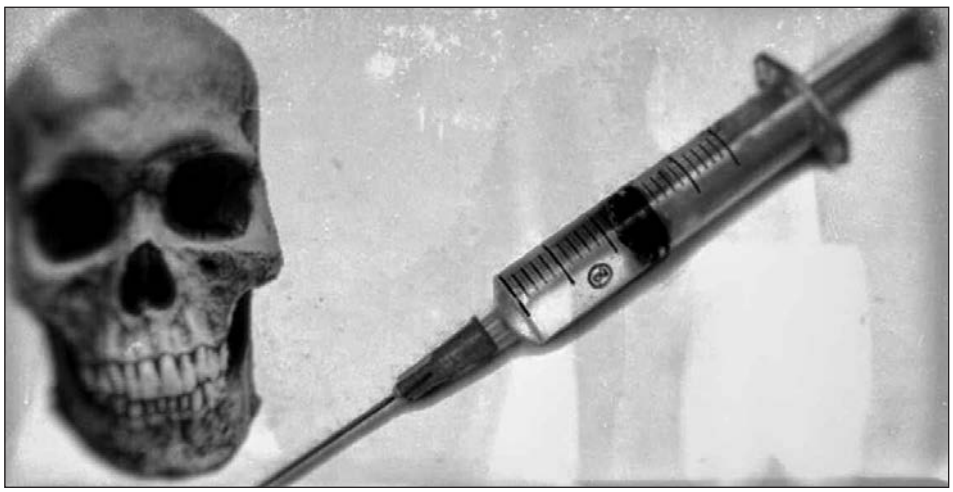
A MEASLES DEATH, VACCINES, AND THE MEDIA'S FAILURE TO INFORM

THERE IS A DISCUSSION TO BE HAD ABOUT PUBLIC VACCINE POLICY. THE MEDIA OUGHT TO START HAVING IT.

BY JEREMY R HAMMOND

5/07/2015

www.foreignpolicyjournal.com



SHORT EXTRACT:

LAST WEEK, it was widely reported in the mainstream media that the autopsy of a woman who died of pneumonia earlier this year in the state of Washington found that she had been infected with measles, making this the first confirmed case of measles-related death in the US since 2003. Playing its usual role, the mainstream media is up in arms, blaming the death on parents who choose not to vaccinate their children and telling parents that to not vaccinate is irresponsible. Rather than journalists doing their job by asking hard questions about public policy and seeking out the answers, they choose to act as nothing more than a mouthpiece for government health departments and dutifully tow the official line on vaccine policy.

The woman who died was not among the unvaccinated. On the contrary, she not only had been vaccinated, but reportedly was tested and found to have a protective antibody titer. She nevertheless became infected with measles while seeking medical attention in a clinic. She died from pneumonia, which can be caused by any number of other bacterial or viral infections besides measles, including the common cold and flu. The reason her immune system couldn't handle the infection was because doctors had her on immunosuppressive drugs. Hence, medical intervention was a contributing factor in her death.

The media, as ever, is pushing the theory of herd immunity to encourage vaccination. Everyone needs to be vaccinated to protect infants and the immune-compromised, we are being told. The argument implies that the individual from whom the deceased caught the measles was unvaccinated, but that is pure speculation; for all we know, the person she contracted the measles virus from had been vaccinated, too.

" The media, as ever, is pushing the theory of herd immunity to encourage vaccination. Everyone needs to be vaccinated to protect infants and the immune-compromised, we are being told. "

It is quite possible for fully vaccinated individuals to get measles. It is well understood that some people just don't respond to the vaccine as intended; their immune systems do not produce a great enough amount of antibodies to be considered protective. This is true of about 5 percent of the population, and it's the reason a second dose, or "booster" shot, is recommended. That second shot is likely unnecessary for most children who did respond to the first, yet it's given routinely to everyone anyway, even though the purpose is to target the few non-responders. Even after a second dose, however, 3 percent or so of the population still won't respond.

Moreover, the vaccine-induced immunity, unlike the more robust immunity gained from natural infection, wanes over time. In fact, the CDC considers birth before 1957 to be "evidence of immunity" to measles for the simple reason that pretty much everyone back then was infected with it as a child and gained lifelong immunity as a result.

Also, the measles vaccine is a live-virus vaccine, and individuals can potentially get the disease from the vaccine as well as shed the virus. Vaccine-strain attenuated live viruses can replicate and revert back into virulent form (which is why they don't vaccinate immunocompromised individuals) or recombine with other viruses to create novel virulent strains.

This means that individuals who have received a live-virus vaccine can potentially catch the disease, as well as transmit the virus to others. This is why the live oral poliovirus vaccine was withdrawn from the market in the US, for example; every single domestic case of polio since 1979 was caused by the vaccine.

DR PAUL OFFIT ASKS 'WHAT WOULD JESUS DO ABOUT MEASLES?'

BY ANNA WATSON
23/07/2015

IN LIGHT of Religious vaccine exemptions which are under threat in the US, in Califoria at least, we, Dr Jayne Donegan and myself, respond to Paul Offit, MD, who presumes he knows "What Would Jesus Do About Measles?

The NY Times printed Paul Offit's opinion of religious vaccine exemption to promote his well-timed new book, "Bad Faith: When Religious Belief Undermines Modern Medicine."

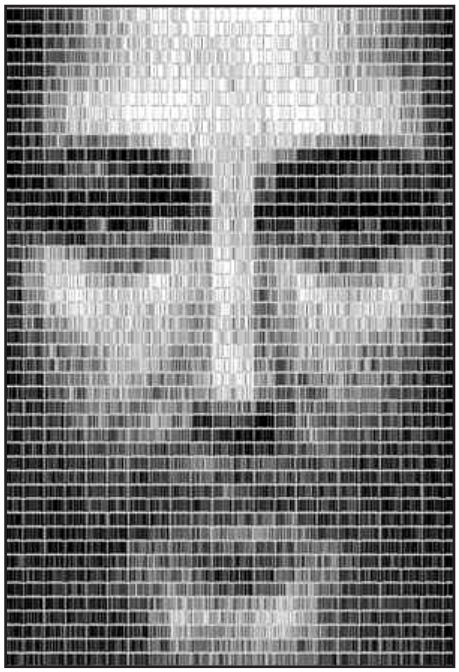
During 1990/1991 there was an outbreak of measles where nine children sadly died in Dr Offit's hometown of Philadelphia. Six of them came from churches where many parents did not vaccinate their children. I can imagine the frustration of a pediatrician specializing in infectious diseases seeing so many children die from one outbreak. It seems to have made a lasting impression.

(EDITOR: It would be very interesting to learn about these 6 deaths in more detail as these cases must have been either in children with poor levels of health, and/or the disease was mismanaged and led to secondary complications. In one report in the NY Times, Feb 1991, it indicates that some of the deaths occurred in children who were from 'poor inner-city areas'. Also that these two religious groups held extreme beliefs in that 'healing is in the hands of God' so one would wonder how the children were looked after at the time of the onset and early stages of the disease?)

Dr Offit asks what Jesus would have done about measles and uses religious textual quotes to back up his theory that medicine rules and religious exemptions to vaccination are a contradiction in terms. "… Christian monasteries became prototypes for modern-day hospitals. And missionaries brought medicine to the four corners of the earth in Jesus' name."

Paul Offit not only is angered that parents did not vaccinate their children but did not come to the hospital in time. "Children had not been vaccinated, and when they became ill, their parents prayed instead of taking them to the hospital to receive the intravenous fluids or oxygen that could have saved the lives of those with the worst cases." I agree that fluids and oxygen might certainly have helped these children. However, Dr Offit failed to mention the WHO evidence that Vitamin A supplements halves mortality. Was Vitamin A used in these cases? If so perhaps some children would not have died. *(Not suppressing the fever, light nutritious foods, and homeopathy would also have helped in my opinion.)*

ARNICA
UK PARENTS' SUPPORT NETWORK
Promoting Natural Immunity



"First, they got a court order to examine the churches' children in their homes, then to admit children to the hospital for medical care. Finally, they did something that had never been done before or since: They got a court order to vaccinate children against their parents' will. Children were briefly made wards of the state, vaccinated and returned to their parents.'."

However, those parents were blamed and during 2001 Public health officials turned to the courts to intervene reported Offit. 'First, they got a court order to examine the churches' children in their homes, then to admit children to the hospital for medical care. Finally, they did something that had never been done before or since: They got a court order to vaccinate children against their parents' will. Children were briefly made wards of the state, vaccinated and returned to their parents.'

On this point I have to re-print these apt comments from the NYT article.

' Jesus would never have forced anyone to do anything. He was all about free choice.' And also this one, 'The only thing more arrogant than forced vaccination is presuming to know what Jesus would do.'

And thanks to dear Winnie, one of the many who commented, spotted that Paul Offit's description omitted the fact that he has a conflict of interest!

'What would Jesus do about vaccine reactions? What would Jesus do about those who dismiss those who have them as acceptable collateral damage, especially by those who have a conflict of interest by holding the patent on a vaccine?'

Paul Offit's own Rotatec vaccine for rotavirus, may 'officially' reduce hospitalisations yet France has ceased to include the rotavirus vaccine in their schedule due to associated deaths and serious side effects. *'It is noteworthy that clinical trials have never demonstrated a reduction in all cause mortality with these vaccines, neither in high nor in low income countries'* state the BMJ. There are astounding conflicts of interest here yet the NYT makes no mention of this and subsequent journals are happy to promote vaccines indiscriminately.

Stanford T. Shulman, MD reviews Paul Offit's article and agrees that religious exemptions should be eliminated in his piece 'Immunization saves lives!' Healio Pediatric Annals April 2015 (Volume 44, Issue 4).

I left a comment there to question a few points of accuracy and question the

ethics of Paul Offit who uses Jesus in his logic to question parents who use religious exemptions. I copy the edited version below from Dr Jayne Donegan and myself that was sent to the editor, but we are still awaiting a response.

'What would Jesus do about measles?' asks Paul Offit, chief of the division of infectious diseases at Children's Hospital of Philadelphia in his NY Times op-ed http://www.nytimes.com/2015/02/10/opinion/what-would-jesus-do-about-measles.html?_r=0

A good question.

Jesus is unlikely to have become a multi-millionaire from selling vaccines, given that He famously said that it was, " easier for a camel to go through the eye of a needle than for a rich person to enter the Kingdom of God", (Matthew 19.24).

It is unlikely also that He would be happy that 26 healthy babies were inappropriately aborted for rubella infection in the 1960s before a fetus was found that was infected with rubella, in order to get the virus to be used in the rubella vaccine, and whose cell line is still in use today, giving a whole new meaning to, " suffer little children .." (Luke 18.16).

There is an assumption by Dr Offit in his article that religious exemptions are exclusively Christian-based but Islam also has concerns regarding animal products (eg pork gelatin in MMR and the nasal 'flu vaccine for children) and other non halal or forbidden ingredients in vaccines.

Public health has an undoubtedly important role to play in the nation's health. This was seen most effectively in the nineteenth and early twentieth centuries when sanitary inspectors and civil engineers walled in sewers, knocked down slums and introduced a clean supply of water to all homes, causing the incidence and death rate of infectious diseases to plummet.

Contrast this with what is now euphemistically called public health, but which ignores people's living conditions and other incubators of disease, instead concentrating solely on the introduction of an ever-increasing number of vaccines.

The USA is one of the richest countries in the world. It has more vaccines in its schedule than any other developed nation, yet it is 34th in the world league table of infant mortality! Compare this with the 1950s when there were far fewer vaccines and those available were not mandated, when they were 10th in the league.

In Vaccines We Trust – Talking with Parents. Presenter: Paul Offit, MD

I feel strongly that too much emotion and lack of objectivity is driving this article and is badly placed in Healio, and for the record, the little boy who died in Berlin from 'Measles' had been given the MMR vaccine approximately ten days before he died. The parents are suing the GP who vaccinated him. The measles outbreak in New York started with a newly vaccinated female who passed it on to several fully vaccinated people.

I look forward to a response from the MD and the editor,
Thank you"

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http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Scientific_Discussion/human/000604/WC500030167.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/364143
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/364143/Influenza_vaccine_and_porcine_gelatine_2.pdf

List of countries by infant mortality rate - Wikipedia, the free encyclopedia

'"Development of the rubella vaccine actually involved not one, but 28 abortions. Twenty-seven abortions were performed to isolate the virus and one abortion (WI-38) to culture the vaccine. The vaccine's strain is called RA 27/3 (R=Rubella, A=Abortus, 27=27th fetus tested, 3=3rd tissue explanted)...

Scientists at the Wistar Institute took advantage of the 1964-65 rubella epidemic to legally acquire fetal tissue from at least 27 so-called therapeutic abortions conducted on women at risk for rubella. Since the live virus was not detected until the 27th abortion, the preceding 26 abortions were apparently performed on perfectly healthy babies. By contrast, Japanese researchers obtained a live virus by swabbing the throat of an infected child.'
https://www.change.org/p/centers-for-disease-control-urge-merck-to-revive-single-dose-measles-and-mumps-vaccines

http://www.bmj.com/content/350/bmj.h2867/rr-1

FOOTNOTE:

Paul Offit is a pediatrician specializing in infectious diseases at the Children's Hospital of Philadelphia, has authored several books, and helped develop the Rotateq vaccine. He also is credited with the infamous phrase 'A child's immune system is OK with 10,000 vaccines' that has been recently used in the latest NHS literature for parent on vaccination.
We will object. Watch this space!

The Quanten Theory

VACCINE INJURY COMPENSATION

by Patrick Quanten MD

OVER THE YEARS a growing number of people are actively involved in challenging the effects that vaccination may have on babies, elderly, the sick and the weak. This is causing a serious rift within the population - based on the belief one way or the other. Both are convinced they are right and they despise the other camp. A war of words has escalated into a fight for legislation to ensure victory once and for all. History, however, has taught us that it may not be wise to establish dominance and forcibly implement one's belief, certainly not when no truth has been agreed upon. If we win before theory has become knowledge we may be forcing a complete population into disaster. The democratic principle of "the majority is always right and must be obeyed" is a well-known recipe for failure in science.

VACCINATION PRO OR AGAINST

At this moment in time the main feature of the whole vaccination pro or against argument should not be who is right and who is wrong but should be about the freedom to choose. Allow science to establish truth before authorities make decisions on what is good or bad for the population. Science can only do a good objective job when it operates independently from any lobbying and related interests. No more sponsoring of research. No more industrial trials and studies. No more favours for employment or tax benefits. Independent should mean no ties to any organisation and no profit purpose. Whilst science is busy finding the answers we need, everybody can decide for themselves. Freedom.

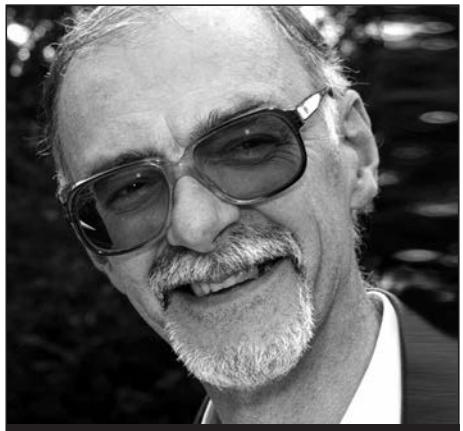
That would be nice, but our reality seems a little different. Let's see if we can shine some light on the status of the vaccination programme and give us an insight into the position the ordinary citizens may find themselves in.

Vaccines are said to be completely safe. Governments and medical authorities are campaigning hard to get this messages through to people. The World Health Organisation makes these kind of statements regularly. "The public health benefits of vaccination are clear. The World Health Organization estimates that, in 2008, more than 2.5 million deaths were prevented by vaccination. Immunization programmes have led to the eradication of smallpox, the elimination of measles and poliomyelitis in many regions, and substantial reductions in morbidity and mortality from Haemophilus influenzae type b, diphtheria, whooping cough and tetanus. However vaccines are not without risks and it is commonly accepted that, regardless of proper design, manufacture and delivery, adverse events occur following vaccination although serious adverse events are rare." They stress how beneficial vaccinations are through estimates and at the same time, in their words, vaccines are not without risks; there is an unpredictable danger related to vaccines.

VACCINE SIDE-EFFECTS

The World Health Organisation is even so helpful as to publish lists of common side-effects, which include injection site reactions, mild fever, shivering, fatigue, headache and muscle and joint pain. Common, and not important effects, as they are called. However, if you presented to any doctor with these symptoms, unrelated to vaccination, it would trigger an extensive search for possible causes, including some pretty nasty one's!

A second list is headed "Rare Vaccine Side-effects". It goes on to explain just what is meant by this. " A far less common but serious vaccine side effect is an immediate allergic reaction, also known as an anaphylactic reaction.



Patrick Quanten MD

"Anything else you observe cannot be a side-effect because it is not listed as one. The leaflet has a greater truth value then your own observation!."

These are dramatic and potentially life-threatening; however, it should be noted that they occur very rarely (fewer than one in a million) and are completely reversible if treated promptly by healthcare staff. To have a balanced view, potential side effects have to be weighed against the expected benefits of vaccination in preventing the serious complications of disease. Not all illnesses that occur following vaccination will be a side effect. Because millions of people every year are vaccinated, it's inevitable that some will go on to develop a coincidental infection or illness shortly afterwards." Note that you can obtain a balanced view by weighing up the experienced side-effects against the expected benefits. It tells you that a serious side-effect is an anaphylactic shock, but finishes in mentioning infection or illness without specifying that this could be a serious side-effect too. It also warns against the belief that any illness at the time of vaccination is related to vaccination; more likely, it is pure coincidence.

Every vaccine comes with an information leaflet that tells you exactly which potential side-effects are part of the vaccine. That is all one needs to know. Anything else you observe cannot be a side-effect because it is not listed as one. The leaflet has a greater truth value then your own observation! However, you are always allowed to notify any

side-effect you may have experienced. You can tell your doctor, a nurse or pharmacist or you can fill in the Yellow Card yourself. Don't expect a reply or media support. You are on your own, out on a dangerous limb. The information you supply the industry with by reporting what you deem to be side-effects is used to manufacture "evidence" to show there is no link at all.

Something you need to be aware of in case you insist on having a different side-effect from the ones on the list is the fact that legally only a qualified and practicing doctor (holding a license!) can make a diagnosis. This means that no medical condition is true unless a doctor says so. Only a doctor has the right and intelligence to know what the cause of the problem is. Only a doctor is allowed to treat, or to supervise the treatment (prescribe it). Anything that hasn't been prescribed by a doctor is legally hocus-pocus and therefore dangerous. Whatever you or any other health professional may think has no value against the meaning of the medical professional. When they express a meaning, a belief, it is gospel!

AUTHORITY, STRUCTURE & HIERARCHY

As doctors are only human - a major drawback for the authority - they may differ in opinion amongst themselves. In order to prevent confusion the authority has implemented a hierarchy whereby the word of the higher placed "expert" nullifies any other ideas or opinions. An expert is appointed by the authority when he or she has shown to be fully capable and trustworthy in following the concepts and ideas of the authority. Legally this is the voice that counts. Any other expert will not have the same weight in legal matters. That is why it is so important for these experts to have letters behind their names, to have held high official posts within the authority's structure, and to have been working specifically on one issue for a long time.

Additionally, it is the authority itself that determines what is admissible as evidence and what isn't. In other words, the authority decides what is true and what isn't and courts have no other option but to accept this. In law, there is never any room for doubt and legal authority has no choice but to accept medical authority, even against a lone independent expert, a poor stray sheep drifting away from the flock.

Scales of justice

"A vaccine-injury compensation scheme, funded by taxpayers money, was created because vaccine manufacturers threatened to stop producing vaccines if they weren't protected from vaccine injury lawsuits."

However, the authority is having a problem if too many people are starting legal procedures against them and their machinery, because people believe they have been done wrong. You don't want that kind of idea to spread, do you? The authority invented a compensation programme whereby persons are paid compensation even before they go to trial. It saves the community a lot of money and hassle trying to find proof and counterproof. The authority is giving people what they seek without having to climb the mountain of going to trial. Nice of them, isn't it? But have a look at what that truly means.

NO-FAULT VACCINE-INJURY COMPENSATION

No-fault vaccine-injury compensation programmes are based on the premise that the adverse outcome is not attributable to a specific individual or industry but due to an unavoidable risk associated with vaccines. A problem for all compensation schemes is determining whether there is a causal relationship between a vaccine and a specific injury. The method by which causation is proven in tort law can be quite different from the accepted method of establishing causation in science and epidemiology. The most commonly accepted criteria for establishing epidemiological causation are the Bradford Hill criteria. While they do not provide a definitive checklist for assessing causality, these criteria provide a framework for separating causal and non-causal explanations of observed associations. Despite its importance, there is no single, clear consensus on the definition of causation.

In tort litigation the defendant, or defective product, is on trial for "causing" a specific individual's or group's adverse outcome. A direct link must be established between the particular action of that defendant or product and the adverse outcome. Legal causation is deterministic and requires proof of an allegation. In general, most compensation schemes offer a more liberal approach to standard of proof than the legal standard.

To ensure that compensation schemes remain attractive to claimants, they must offer a compensation payment and process that is more appealing than the tort or litigation system. Most countries legislate that claimants can seek either damages through the courts or a compensation scheme payout but not both. You get compensation in exchange for an agreement that there is nobody at fault, that the case is closed, that you can never talk about it, that the case is not catalogued. You get paid. It never happened.

Arguments supporting vaccine-injury compensation include political and economic pressures, litigation threats, increasing confidence in population-based vaccine programmes and ensuring sustainability of vaccine supply.

A vaccine-injury compensation scheme, funded by taxpayers money, was created because vaccine manufacturers threatened to stop producing vaccines if they weren't protected from vaccine injury lawsuits. It was created in 1986 as an alternative to a civil court lawsuit, giving partial liability protection to

vaccine manufacturers, pediatricians, and other vaccine providers from civil liability for injuries and deaths caused by federally recommended childhood vaccines. Unhappy with this partial liability protection, drug companies kept pushing for complete liability protection and, in 2011, convinced the US Supreme Court majority to rule that federally licensed and recommended vaccines are "unavoidably unsafe" and that the vaccine injury compensation scheme should be the "sole remedy" for all vaccine injury claims. I think it's worth repeating, in case you just glossed over it: The reason you cannot sue a vaccine manufacturer for injury or death is because vaccines are "unavoidably unsafe".

The Vaccine Injury Table, on which the compensation scheme is based, makes it easier for some people to get compensation. This list is published by the medical authorities listing the known vaccine injury effects. It explains injuries/conditions that are presumed to be caused by vaccines, which includes death and permanent damage to health such as brain and nervous system damage. It also lists time periods in which the first symptom of these injuries/conditions must occur after receiving the vaccine. If the first symptom of these injuries/conditions occurs within the listed time periods, it is presumed that the vaccine was the cause of the injury or condition unless another cause is found. For example, if you received the tetanus vaccines and had a severe allergic reaction (anaphylaxis) within 4 hours after receiving the vaccine, then it is presumed that the tetanus vaccine caused the injury if no other cause is found. If it is not listed or the time it took for the reaction to occur is longer than listed, you are out of luck!

"Everyone can be held responsible for his/her actions, but not the pharmaceutical industry who is allowed to carry on damaging the population without any form of accountability.."

If your injury/condition is not on the Table or if your injury/condition did not occur within the time period on the Table, you must prove that the vaccine caused the injury/condition. Such proof must be based on medical records or opinion, which may include expert witness testimony. And we have already pointed out the problem with "expert witnesses". You are out of luck!

COLLATERAL DAMAGE

The industry has secured themselves a fully protected life whereby they are guaranteed huge profits as the government is committed to purchasing enormous quantities of vaccines, in spite of these to be known to cause serious damage. The industry is not responsible for the injuries because they are inherent to the vaccine scheme anyway and cannot be avoided. The injured person is compensated - a kind of "collateral damage" - when the industry decides compensation is warranted and the money for this compensation comes from the taxpayer who also paid for the vaccine.

The conclusion must then be that the pharmaceutical industry operates legally outside the law that you and I have to adhere to. Everyone can be held responsible for his/her actions, but not the pharmaceutical industry who is allowed to carry on damaging the population without any form of accountability.

Maybe you can now understand why lawsuits against the industry are almost pointless unless you have almost unlimited resources to commit to this fight?

Maybe you can now understand why vaccines will never be made safe as the industry has no incentive to do so?

Maybe you can now understand what the purpose of "healthcare" truly is?
Is it not profit?

July 2015

BOOK NEWS:

Making A Balanced Vaccination Decision

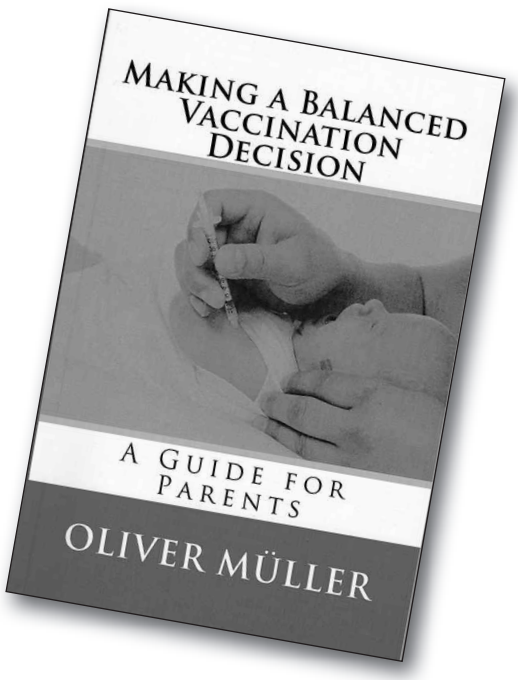
A new guide for Parents by UK based Oliver Müller is now available. The first half of the book covers chapters on all the main diseases, looking briefly at the individual diseases and also what effects the introduction of a vaccine has had on the morbidity and mortality of that particular disease.

In the second half of the publication the author presents up-to-date data on all the vaccines used presently in the UK immunisation schedule.

A clear and concise publication, which would be useful as a starting point for those wishing to research this subject.

The book is available from Amazon
http://www.amazon.co.uk/Making-Balanced-Vaccination-Decision-Olliver/dp/1511868570

Oliver's website is:
www.vaccination-information-portal.com



IS THE GOVERNMENT WRONG ABOUT GIVING CHILDREN THE NASAL SPRAY FLU VACCINE?

LUISA DILLNER
THE GUARDIAN,
Sunday 5 October 2014

VACCINES ARE, ON THE WHOLE, EXTREMELY GOOD THINGS. BUT – DESPITE GOVERNMENT SUPPORT FOR THIS ONE – THE EVIDENCE FOR GIVING IT IS NOT AS STRONG AS IT SHOULD BE

Nasal Flu vaccine being administered

IF YOU'VE had a doctor's letter inviting your children to have a nasal-spray flu vaccine – are you going to say yes? The Joint Committee on Vaccination and Immunisation advises UK government departments on vaccination issues, and has a programme to vaccinate all children between the ages of two and 16, starting with the youngest.

Children spread influenza, and vaccinating them will protect elderly and very young people, as well as those with existing medical conditions. It should also protect the children themselves. A Lancet paper quoted childhood deaths in England from influenza as being two per million for under 14s. In one year during the influenza A H1N1 pandemic a total of 70 children died, 15 of whom were healthy before falling ill. ***(Editor: When it is stated 'whom were healthy before' the first thing we should ask is 'Were they fully vaccinated as this could explain why they were unable to deal with a case of flu. Perhaps their systems had been compromised in some way by all the vaccines they had received - so that they were unable to deal with an illness such as this??)***

Symptoms of influenza include fever, muscle pain, sore throat, headache and cough and complications include pneumonia and ear infections. NHS Choices says the nasal spray is safer and more effective than the injected vaccine and has only minor side-effects such as a runny nose, fever, muscle ache and headache. Worse side-effects, such as seizures, have only rarely been reported. NHS Choices says the vaccine is expected to save 2,000 deaths in the population. So shouldn't you be booking your pre-schooler for their jab right now?

"We have few trials, and masses of very poor quality observational evidence. We have presented evidence of considerable reporting bias, which governments continue to ignore. The science is missing and so making an informed decision is very difficult."

THE SOLUTION

I'm a big fan of vaccines and feel anxious questioning any of them. But the BMJ (where I work) has published papers questioning the quality of evidence for the benefits of the influenza vaccine, and whether industry-funded trials have reported "over-optimistic" results. I ask Tom Jefferson, the lead author of the Cochrane Review on Vaccines for Preventing Influenza in Healthy Children, which looked at findings from 75 studies, if I should give my four-and-a-half-year-old the nasal vaccine spray.

"No," he says, because the trials show a reporting bias on the harms of the live attenuated influenza vaccine (the form of vaccine delivered nasally). "Influenza vaccines are about marketing and not science," he says. "We have few trials, and masses of very poor quality observational evidence. We have presented evidence of considerable reporting bias, which governments continue to ignore. The science is missing and so making an informed decision is very difficult."

Jefferson also believes that the evidence of harm may be under reported because of a lack of standardised safety-outcome data. The Cochrane review does say that vaccination can protect children from influenza but there is not conclusive evidence that vaccinations reduce hospitalisations and deaths in children.

This does not mean vaccinations won't reduce these risks and you may feel it's worth vaccinating your child in the hope they will. But it's worth knowing that the studies supporting this public health initiative are not nearly as good as they should be.

DIPHTHERIA: Little Boy Dies in Spain 27 June 2015

BY DR JAYNE LM DONEGAN
GP & HOMOEOPATH

DIPHTHERIA & SPAIN

WHEN A TRAGEDY like this occurs, instead of asking why it is, in the twenty-first century that we still have no effective treatment for a disease like diphtheria, which has been around for centuries, the response of ministries of public health is to engender hysteria and fear, rather than logic or problem solving.

Parents who chose not to vaccinate their children are demonised, rather than pharmaceutical companies who prefer to continue to market an ineffective vaccine and the ineffectual departments of health who continue to buy it, rather than spending money on developing either an effective treatment or a better vaccine.

Below is some information about the boy who died in Spain over a month after first presenting to his GP.

27 JUNE 2015

"A six-year-old boy from Catalonia, whose parents chose not to have him vaccinated, has died, almost a month after he became the first child to contract diphtheria in Spain in almost 30 years."

"Eight other children tested positive for diphtheria after coming into contact with Pau, and were kept in isolation under observation but they did not develop the illness. All had been vaccinated."
http://www.thelocal.es/20150627/six-year-old-diptheria-boy-dies-in-barcelona

27 JUNE 2015

"Nine other children and an adult were exposed to the bacteria but did not develop the disease, having all been vaccinated, according to health services in Spain's north eastern Catalonia region."
http://news.yahoo.com/6-old-dies-spains-first-diphtheria-case-since-184814038.html;_ylt=AwrBTz5mZ79VaqUA9c9XNyoA;_ylu=X3oDMTEybDk3ZTE0BGNvbG8DYmYxBHBvcwMxBHZ0aWQDQTAxMDRfMQRzZWMDc3I-

08 JUNE 2015

"Eight children have been confirmed as testing positive to the diphtheria bacteria after coming into contact with the six-year-old boy

All of the eight had been vaccinated against diphtheria. The children have been isolated and are being treated with antibiotics to prevent the onset of the illness."
http://www.thelocal.es/20150608/eight-more-children-infected-with-diphtheria

05 JUNE 2015

"The mother and father of the six-year-old who is fighting for his life at the Intensive Care Unit of Barcelona's Vall de Hebron hospital are "destroyed and feel cheated" by the anti-vaccination movement that convinced them not to immunize their son." (He has since died)

Antoni Mateu, Catalonia's regional secretary for public health …pledged to pursue offending anti-vaccination platforms who "spread lies and cause confusion" as they persuade people against the state-recommended immunization programme."
http://www.thelocal.es/20150605/parents-of-diphtheria-boy-feel-terrible-guilt

15 JUN 2015

Rapid Risk Assessment, European Centre for Disease Prevention and Control (ECDC), A case of diphtheria in Spain. This is the official public health reporting of the situation and is worth reading in detail:
http://ecdc.europa.eu/en/publications/Publications/diphtheria-spain-rapid-risk-assessment-june-2015.pdf

MY QUESTIONS, COMMENTS & OBSERVATIONS

1. It is important that parents don't feel that they have been 'convinced' by 'anti-vaccination movements' not to vaccinate their children.

2. People need information to make the best choices for themselves and their family.

DR JAYNE L.M. DONEGAN

3. In order to do this, they need to look at a wide range of sources in addition to what is available from departments of health, and then make their decision, which will be different for different people and families in different situations.

4. Whether people vaccinate or don't vaccinate their children, what is crucial, is that they manage their children appropriately when they get their childhood fevers: supportively to allow externalisation of disease, and not suppressively, which leads to invasive disease and 'complications'* and, regarding tetanus, that they carry out appropriate wound toilet*.
*For ebook 'Vaccinatable Diseases and their Vaccines', please visit:
http://www.jayne- donegan.co.uk/articles

5. Regarding the little boy in Spain: everyone's thoughts are with his family at this tragic time.

6. The statement by health services in Spain's north eastern Catalonia region, as reported by Yahoo News, that eight other children and an adult were exposed but did not develop the disease, having all been vaccinated, is contradicted by previous reports that the eight children had been tested positive for the organism, as well as having been vaccinated were, " being treated with antibiotics to prevent the onset of the illness".

7. The 15 Jun 15 ECDC report (above) states:
"Most infections in highly vaccinated populations are asymptomatic or result

in a mild clinical course and therefore may remain undiagnosed and hence underreported. However, severe cases including two deaths have recently been reported in fully vaccinated children in Brazil, where the disease is still endemic."

The reference given is to Santos, L.,Sant'anna, L., Ramos, J. et al Epidemiol Infect. 2015 Mar;143(4):791-8.

Diphtheria outbreak in Maranhão, Brazil: microbiological, clinical and epidemiological aspects.

WHERE THE AUTHORS STATE:

"We describe microbiological, clinical and epidemiological aspects of a diphtheria outbreak that occurred in Maranhão, Brazil. The majority of the 27 confirmed cases occurred in partially (n = 16) or completely (n = 10) immunized children (n = 26). Three cases resulted in death, two of them in completely immunized children."

8. ECDC state that the only successful treatment of diphtheria is with DAT, diphtheria antitoxin from horse serum, in combination with antibiotics. They say:

"DAT should be administered upon clinical suspicion of diphtheria as it binds to circulating toxin but does not neutralise toxin that has already bound to, or entered into, cells. DAT treatment initiated later than 48 hours after onset of systemic toxic symptoms has limited impact on the clinical outcome."

THEY THEN GO ON TO SAY:

"although DAT is, when necessary, offered at any stage of the disease."

THIS IS NOT LOGICAL TREATMENT ESPECIALLY WHEN IT IS KNOWN THAT:

"Administration of DAT can cause acute and delayed hypersensitivity reactions."

It is no wonder this poor little boy had a bad outcome, he was not given DAT until 9 days after he first presented with symptoms. An ineffective treatment at that stage, but still capable of causing the delayed type hypersensitivity reactions.

9. ECDC STATES FURTHER ON:

"The vaccine effectively protects against the effects of the exotoxin produced by C. diphtheria and C. ulcerans but vaccinated individuals can still be infected by the bacteria, become asymptomatic carriers of toxin-producing strains and may transmit these to others."

BUT NEVERTHELESS SOMEWHAT INGENUOUSLY SAYS:

"Diphtheria vaccines are effective and have essentially eliminated clinical diphtheria disease from the European region."

10. BUT:

"Antibiotic treatment, in addition to the DAT treatment, is necessary to eliminate the bacteria and prevent further spread to other susceptible individuals."

What is stopping the spread of diphtheria? the vaccine or antibiotics? (Or some other factor like social conditions?)

11. ECDC CONTINUES:

"Further, patients should receive immunisation with diphtheria toxoid upon recovery since natural diphtheria infection does not always confer protective immunity."

What they mean by protective immunity is antibodies. It is well known that after an attack of diphtheria a person may have no or low antibodies, indeed the level of antibodies in diphtheria is known not to correlate with 'protection'.

However, Harrison's Textbook of Internal Medicine, (1987) states that second attacks of diphtheria are rare despite the fact that at least ten percent of those who have had the disease do not have measurable levels of antitoxin: more evidence that antibodies to the exotoxin (antitoxin) are not the only reason for immunity.

AND

"Early treatment of diphtheria with antibiotics tends to render people susceptible to further attacks when the antibiotics are stopped." (Harrisons, 1987)

This means that following the Guidelines for treatment of diphtheria just reduces your body's ability to produce immunity to the organism.

12. It is not known how many people have been exposed to diphtheria. It is obvious that more people were exposed to the diphtheria organism than just those who came in contact with the little boy who had clinical diphtheria, because otherwise where did he get it from?

13. Patently, many other people were exposed as well.

14. A significant number of children in Spain are not vaccinated against diphtheria.

The Uptake rate for Diptheria vaccine is 96-97% in recent years http://data.worldbank.org/indicator/SH.IMM.IDPT

From 2010-2014 approximately 450 000 children were born in Spain each year http://www.stat.ee/29946

Taking a non vaccination rate of 3%, this means that approximately 13 500 children each year are not vaccinated against diphtheria, 135 000 over ten years, 270 000 over twenty and 405 000 over 30 years, if the rates of birth and vaccination coverage were similar and yet no clinical case of diphtheria were diagnosed in 28 years. It is not known how many subclinical (no symptoms of disease) cases there have been as these are not routinely tested for.

15. If vaccination is the only factor in protecting people against clinical diphtheria, why are there not more clinical cases of diphtheria in Spain?

16. If it is the oft quoted and often misunderstood concept of herd immunity (in its original description it was based on natural immunity from disease, not artificial immunity from vaccination), then why did this poor little boy suddenly get clinical disease now?

17. If vaccination against diphtheria is effective in stopping spread, why did eight vaccinated children who had been in contact with the little boy who died get 'infected' with diphtheria expressing the toxigenic gene?

The point of being vaccinated with diphtheria toxin, is not to harbour the toxigenic form.

The fact is that no-one knows how many people ordinarily harbour the

toxigenic or non toxigenic form, as it is not tested for unless there is an outbreak or as part of a study. Throat swabs are not routinely done, as most sore throats are viral, and even in those ones which grow a bacterium, in the majority of cases, this is not the cause of the illness.

Even when throat swabs are taken, unless diphtheria culture is requested specifically, it won't be grown as a completely different culture medium is needed

18. WHAT MAKES IT LIKELY THAT A TOXIN PRODUCING FORM OF DIPHTHERIA IS PRESENT?

Low iron.

Susceptibility to the complications of diphtheria generally depend upon the levels of antitoxin in the blood. Not all strains of the bacterium produce toxin, only those infected with a certain type of bacterophage (a virus that infects bacteria) in the presence of low extracellular iron concentrations. This factor is utilised in the industrial production of toxin to make the toxoid vaccine. It is reasonable to suppose that this takes place in vivo (in real life situations) as well, with toxin production only occurring at significant levels, if at all, when conditions of 'iron starvation' occur (Todar 2008). It can clearly be seen from this that poor diet or other factors affecting iron absorption could predispose an individual to infection and invasive disease by an organism that might otherwise be carried harmlessly in their throat.

19. If the health authorities in Spain have confidence in the efficacy of vaccination against diphtheria, why did they also find it necessary to treat the eight vaccinated children, "with antibiotics to prevent the onset of the illness,"?

20. If parents who have not vaccinated their children think that the best way to protect their children against diphtheria and other organism is to vaccinate them, that is what they should do: deciding not to vaccinate is not some kind of cult that you have to sign up for and cannot change your mind about later.

22. Regarding all health – and life – decisions, you need to make your decisions based on your own situation, that of your family and your own knowledge and experience.

DIPHTHERIA – THE ORGANISM, THE DISEASE AND THE VACCINE

Diphtheria is a disease produced by the bacterium Corynebacterium diphtheriae. It is spread by droplets (coughs and sneezes) or infected bedding/clothes. The bacterium may be detected in people who have no symptoms but are 'carriers' and can pass it on to susceptible people. In people who become ill with the disease, as opposed to carriers, the severity depends upon the site of the primary lesion – those on the pharynx being more severe than those on the larynx, and least severe if on the nasal mucosa or skin. Although not always present, characteristically a grey membrane forms over the affected area made up of bacteria, dead skin and inflammatory products. It is firmly stuck down until it sloughs off three to four days later in mild cases or a week later in moderately severe cases. The neck glands become very swollen. The bacterium may also produce an 'exotoxin' which can affect the heart, kidneys and nerves. Most deaths from diphtheria are due to obstruction of the airway by the membrane and the effects of the toxin on the heart or nervous system.

Diphtheria increased in prevalence and malignancy in the middle of the nineteenth century and declined before the introduction of the antitoxin. Antitoxin became available in the 1890s and reduced the case fatality rate so that mortality from diphtheria began to fall from that point, in a similar fashion to whooping cough and measles, (McKeown 1979). A national diphtheria immunisation campaign was launched by the Ministry of Health towards the end of 1940. The campaign got under way in 1941. From the next year until 1947, the figures for both notifications and deaths steadily declined. However, by 1947, only 36% of school children and 19% of younger children were immunised, (Brit J Nursing1948). The number of deaths from diphtheria had dropped dramatically by this time, but with such a low percentage vaccinated, it is likely that other factors played their part. Indeed, it will be seen that the 1944 the Education Act making education compulsory for 5 – 15 year olds also ensured that children from low income families were supplied with free school meals. In addition, free school milk became available that year. With many of the population subsisting on very low protein diets, this would have increased the disease resistance of much of the population. The National Health Service was introduced in 1948 which, one hopes, would have some beneficial effect too. A similar phenomenon occurred in the case of measles. Great credit was given to the introduction of measles vaccine in 1968 for the lowering of measles notifications in the UK, however, with an uptake of only a 33% in that year, and a level that did not get above 55% until 1980 (Dept of Health 1996), when incidence and levels were already well down, other factors were obviously operating as well.

In the USA, of the few cases reported, throat involvement is decreasing and symptomatic skin lesion make up a higher percentage, especially amongst indigenous peoples such as Native Americans and Pacific Islanders, where males living in crowded conditions with poor personal and community hygiene have the highest attack rate. Most cases are in adults, as in the epidemic in the former Soviet Union/Newly Independent States (NIS) where most of the cases were in vaccinated adults, not unvaccinated children.

This Soviet epidemic was extensively studied by a team from the Centres for Disease Control (CDC), Atlanta, USA, to the extent that a whole supplement of the Journal of Infectious Diseases February 2000 was devoted to analysing this outbreak. At the time the Newly Independent States (NIS) were suffering from internal war, mass population displacements, power failures, unemployment, socioeconomic instability, a deteriorating health infrastructure and initial shortage of vaccines. The vaccines manufactured in the USSR and NISs were of good quality. There were many more diphtheria vaccinations in the schedule than in Western Europe even today,

even despite a lowered uptake during a period of lack of confidence in vaccination by health professionals, which led them to give the lower dose vaccine to children for some years before the outbreak. The majority of cases throughout the epidemic occurred in persons over fifteen years old and adults from 40-49 years old had very a high incidence and death rates, (Harrisons 2001). These adults were thought to be suffering from 'waning' immunity as they had acquired their immunity from vaccination and had not been subjected to natural boosters from circulating disease.

This is similar to the immunity of adults in western Europe where a diphtheria epidemic did not take place. Even those people incubating diphtheria, leaving the NIS, did not spark off epidemics in Germany and Sweden when they arrived there. However, despite acknowledging the large contribution to the disease incidence made by social factors:

"Recent outbreaks in Europe and the US have occurred in poor, socially disadvantaged groups living in crowded conditions... between 1984 and 1986, socioeconomic factors played an important role in the Swedish epidemic which mainly affected users of drugs and alcohol...an epidemic of diphtheria that occurred in the US in the early 1970s mainly affected adults from low socioeconomic groups who were heavy alcohol users...the role of cutaneous (skin) diphtheria has been emphasized by several diphtheria outbreaks in the US among homeless alcoholic men.....in the NIS (Newly Independent States) massive migration and large numbers of homeless people facilitated the spread of diphtheria organisms. Many adult patients were alcohol users and belonged to low socioeconomic groups. The stress and anxiety that followed the collapse of the Soviet Union and difficulties in day-to-day life may have contributed to the development and maintenance of the diphtheria epidemic." (Galazka 2000)

The overall conclusion was that vaccination coverage falling below 90% in three year olds in the NIS was the most important risk factor for the epidemic and that coverage being above

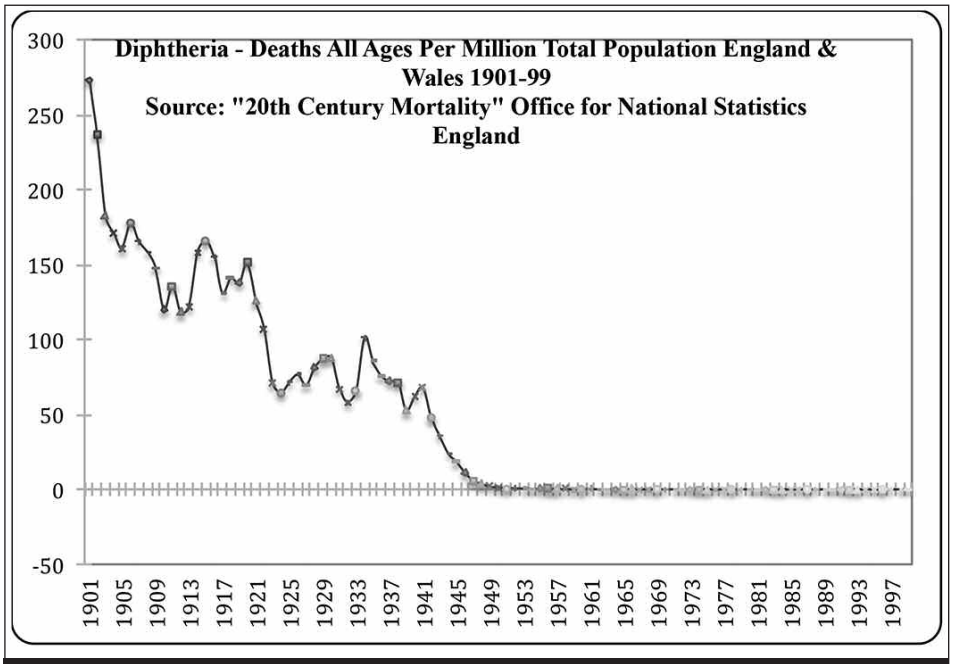


Fig 1 7(ONS, 2000)

"Recent outbreaks in Europe and the US have occurred in poor, socially disadvantaged groups living in crowded conditions... between 1984 and 1986, socioeconomic factors played an important role in the Swedish epidemic which mainly affected users of drugs and alcohol..."

90% in that age group as the reason for the lack of spread abroad (Galazka, 2000). Although the late Professor Artur Galazka, honestly, concluded

"However, many questions remain unanswered about the role of socioeconomic factors and hygiene conditions in the initialization, build up and spread of the epidemic and about the mode of acquiring natural and artificial immunity under unfavourable living conditions." (Galazka 2000)

These factors notwithstanding, the only message to emerge from the epidemic has been to vaccinate more. It was for this reason that the diphtheria low dose (d) vaccine was added to tetanus vaccine in the schedule for UK school leavers in 1994 such that it became no longer possible to have a single tetanus vaccination, only tetanus in combination with diphtheria vaccine. (Then in September 2007, the inactivated polio vaccine was added which means that if you want yourself or your child to have a tetanus shot, the '3 in 1' is the smallest combination in which tetanus is available.)

Martin Donoghue of the Sexually transmitted Infections/HIV/AIDS Programme of the World Health Organization describes the social conditions after the break up of the Former Soviet Union in Clinical Medicine 2005,

"Economic decline had a major impact on living standards, dramatically increasing income inequalities and the percentage of Russians living in poverty.(ref) Unemployment increased, while access to housing, healthcare and social services worsened. Mortality rates in the region went up during the 1990s; mortality among Russian males aged 40-49 nearly doubled in the period 1990-94, (ref) as did the incidence of tuberculosis and diphtheria. Other diseases previously thought to be under control, including cholera, typhus, typhoid, whooping cough, measles and hepatitis, re-emerged during the transitional years(ref). There were also massive increases in sexually transmitted infections throughout the region.(ref) Meanwhile, the breakdown of the old social order, public values and

social norms contributed to increased drug taking, alcohol consumption and sexual risk taking behaviour.(ref)" (Donoghue et al 2005.)

If Britain had a socioeconomic collapse of the intensity of the one in the former Soviet Union, with the widespread and intense hardship that it created, I think it likely that the British would suffer the same increase in disease, both infectious and non-infectious, as did those inhabitants of the Newly Independent States.

Looking at the data, it would be reasonable to postulate that reported cases of diphtheria are now rare in the UK due to a trend towards decreased virulence of the organism and better resistance of the host – humans – because other diseases that have been vaccinated against have not disappeared in such a satisfactory fashion despite very high vaccination rates, eg whooping cough, measles and mumps.

THE VACCINE

The old single 'Adsorbed Diphtheria vaccine for Adults' contained Aluminium phosphate, Thiomersal (a mercury containing compound) and Formaldehyde as well as Diphtheria Toxoid. A low dose formulation is recommended in children aged ten years and older because of the severity of the reaction to the regular dose in this age group compared with the reaction in babies.

Diphtheria is usually given with whooping cough and tetanus vaccine, this is said to cause greater antibody production, so it is hard to separate out the side effects of the individual vaccine.

Listed side effects for the single, low dose, adult diphtheria vaccine (Dept of Health, 2000) were local pain at the injection site, redness and swelling. It also stated that the thiomersal in the vaccine could cause kidney damage. Adults who are given the high dose children's vaccine can suffer severe systemic reactions. Long term effects are not known.

Since September 2004, diphtheria vaccine has been available in three formulations, none of which contain mercury (thiomersal/ thimerosal). For further information please see

"If the socioeconomic conditions in the UK changed, diphtheria would become more of a risk, but, as been seen in the former Soviet Union, when these conditions deteriorate, even high coverage with many doses of good quality vaccine do not stop clinical diphtheria from raising its head again, along with other scourges of misery and misfortune such as tuberculosis, sexually transmitted diseases and cardiovascular disease. All these factors need to be considered when making an informed choice."

Vaccinatable Diseases and their Vaccines, available to download at http://www.jayne-donegan.co.uk/articles or the Electronic Medicines Compendium https://www.medicines.org.uk/emc/

It is important to note that the preparations for infants and children under the age of 10 years (Infanrix-IPV+Hib, Pediacel,Infanrix-IPV) contain not less than 30 international units of Diphtheria toxoid, whereas those for older children and adults (Revaxis and also Repevax) contain not less than 2 international units of the same toxoid, that is to say, up to fifteen times LESS than the dose given to babies. Older children are said to react more to the vaccine, therefore the dose of Diphtheria Toxoid is reduced to lessen adverse reactions. It is possible that small babies would also produce such vivid reactions if their liver, kidney and immune system were mature enough to be capable of doing so. Yet this same liver, kidney and immune system are expected to be capable of coping with nineteen vaccines, alone or in combination, in the first six months of life; twenty if the BCG is given at four weeks of age; and twenty three if Hepatitis B vaccine is administered.

THE VACCINATION DECISION

The likelihood of contracting diphtheria in the United Kingdom is very low and therefore any benefit gained by vaccinating must be correspondingly low. Under these circumstance, by the same token, the threshold for risking any detrimental effects must be high.

If the socioeconomic conditions in the UK changed, diphtheria would become more of a risk, but, as has been seen in the former Soviet Union, when these conditions deteriorate, even high coverage with many doses of good quality vaccine do not stop clinical diphtheria from raising its head again, along with other scourges of misery and misfortune such as tuberculosis, sexually transmitted diseases and cardiovascular disease. All these factors need to be considered when making an informed choice.

24 July 2015

MBBS DRCOG DFFP DCH MRCGP MFHom

Telephone/Fax 0044 (0)20 8632 1634
Email: jaynelmdonegan@yahoo.com
Website: www.jayne-donegan.co.uk/

****For ebook: 'Nursing Children Supportively Through Acute Illness – Safe Management of Fever' or *For ebook 'TETANUS and Treatment of Cuts, Grazes and Minor Injuries – Safe Treatment of Childhood Injuries' or *For ebook 'Vaccinatable Diseases and their Vaccines', please visit***
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See website for further info: http://www.jayne-donegan.co.uk/lecturesworkshops

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.

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We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.

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