From: Tasha David
To: Bundamba Electorate Office
Subject: Legislat on to ban unvaccinated children from childcare
Date: Wednesday, 19 June 2013 1:58:27 PM

Dear Minister,

As a mother of 6 vaccine injured children and 2 extremely healthy unvaccinated children, I cannot begin to describe my anger that such discriminatory and unethical legislation could be introduced by people charged with fairly representing their constituents. My 6 children had their immune systems and brains injured by vaccination yet it seems this means nothing to our elected officials, it seems to be the case that children's injuries and deaths only matter when they are caused by disease. Now you want to take away their right to an early education as well?

At the moment our children are being treated as lepers and we are being treated as criminals by most of our politicians and especially The Daily Telegraph and Sunday Telegraph, which is completely unjustified and morally reprehensible.

For starters our children are extremely healthy and they would know this if they ever bothered to find out, secondly all children get sick regardless of vaccination status as seen during the Whooping Cough epidemic we just experienced, where the majority of cases were in fully vaccinated children (this is a documented fact that has been shown in government data). Thirdly, a criminal at least has to be convicted of a crime before being punished yet we and our children are not even afforded this same right. Lastly, they keep saying that the vaccination rates are lowest amongst the wealthy and well-educated populations yet they choose to target the poor and working class through childcare, and government entitlements just exactly how is this going to raise vaccination rates amongst the wealthy?

The fanatical vilification and condemnation that the Telegraph newspapers have been allowed to unleash on parents of unvaccinated children is of the type that I have never seen before. When has a newspaper ever devoted a story every day for a week and a half to berate and bully any other individuals on any other health issue before?

Paedophiles, Rapists, Murderers etc have been treated with more respect than the Daily Telegraph has given to parents of vaccine injured and unvaccinated children...and what is our crime exactly? To raise your children in a loving environment, full of healthy whole foods, limiting their exposure to toxins in their environment, and focusing on providing our children a strong immune system through a healthy lifestyle? This is our crime? Or is it just because we dare to question the safety and effectiveness of vaccination? When did questioning the safety and efficacy of medical procedures become a crime?

Do you not remember the Fluvax debacle in 2009, 1 out of every 100 children vaccinated had febrile seizures, a poor baby died and little Saba Button was severely brain injured not because of the flu but because of a vaccine given to her on advice from the West Australian Health Department. Yet you think it is a good idea to coerce families in to vaccinating their children, do you realise that all children are not the same, what is alright for one can be deadly for another?!?

There are already safeguards in place for unvaccinated children when any infectious disease occurs, why do you feel the need to persecute them and their families even more?

If you enact this legislation you are saying that my children and children like mine are invisible, worthless and expendable and also that my only 2 children who I was able to spare from vaccines do not deserve the same rights as every other Australian child, the right to an education. Please prove to me that you believe that every child is precious not just the vaccinated, do not enact this legislation.

I have included a very good "letter of the morning" from a doctor against the legislation that was published in the Sydney Morning Herald today, and an article who features Professor Julie Leask saying that this legislation is a kneejerk reaction and too heavy handed.

http://www smh com au/national/letters/labors-vaccination-ban-unethical-20130520-2jvrz.html

http://www australiandoctor com au/news/latest-news/push-for-mandatory-vax-heavy-handed?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=Australian%20Doctor%20Newsletter%20-%20send%20-%3E%2020/05/2013%203:41:47%20PM&utm_content=&spMailingID=6175307&spUserID=NDY2NzI4NzQ4NQS2&spJobID=73978781&spReportId=NzM5Nzg3ODES1

http://www theaustralian com au/news/features/virus-in-the-system/story-e6frg8h6-1226063484330

http://www themercury.com.au/article/2013/05/08/378697_tasmania-news.html

Yours sincerely
Tasha David
[redacted]
Melton West
VIC 3337
[redacted]

Ps I am including the studies and articles that I have found that back up the reasons why we question the safety and effectiveness of vaccination, not to influence your decision about vaccination but to show that the statements being made about us not accepting the science are actually not true. This is only part of the information available.

Whooping cough beats vaccine

The strains have "swept across Australia during the epidemic period" according to Ruiting Lan, from the school of biotechnology and biomolecular sciences. More than 13,000 whooping cough cases were diagnosed in 2011 – an all-time high.

The Children's Hospital at Westmead treated 76 children for whooping cough in 2011, up from 47 the previous year. The Sydney Children's Hospital treated 34 children in 2011, up from 16 the previous year.

An acellular vaccine – introduced in Australia in 1997 after concerns about side-effects from the previous whole cell version – appeared to have promoted the spread of these variants, Dr Lan said, which overseas authorities had linked to "higher virulence on the basis of hospitalisation and case mortality data".

http://www smh com au/national/health/whooping-cough-beats-vaccine-20120320-1vibp html#ixzz2UqBYhk6H

Sharp rise in cases of new strain of whooping cough

21 March 2012

Australia's prolonged whooping cough epidemic has entered a disturbing new phase, with a study showing a new strain or genotype capable of evading the vaccine may be responsible for the sharp rise in the number of cases.

A team of Australian scientists, led by the University of New South Wales (UNSW), believe this emerging new genotype (called prn2-ptxP3) of the Bordetella pertussis bacterium may be evading the protective effects of the current acellular vaccine (ACV), and increasing the incidence of the potentially fatal respiratory illness, according to the study published in The Journal of Infectious Diseases.

"The genotype was responsible for 31 percent of cases in the 10 years before the epidemic, and that's now jumped to 84 percent – a nearly three-fold increase, indicating it has gained a selective advantage under the current vaccination regime."

http://newsroom.unsw edu.au/news/health/sharp-rise-cases-new-strain-whooping-cough

Mumps outbreak in a highly vaccinated school population. Evidence for large-scale vaccination failure.

Abstract

OBJECTIVES:

To describe an outbreak and to identify risk factors for mumps occurring in a highly vaccinated high school population. (Note: Highly vaccinated means a population in which more than 95% have been vaccinated.)

DESIGN AND PARTICIPANTS:

Survey and cohort study of 307 (97%) of 318 students.

OUTCOME MEASURES:

Mumps was defined as an illness with 2 or more days of parotid swelling. Serologic confirmation of infection was obtained in eight cases, seven of which were

evaluated for presence of IgM antibody using immunofluorescent antibodies. Vaccination records were verified for 297 (97%) students.

RESULTS:

Between October 3 and November 23, 1990, clinical mumps developed in 54 students (attack rate, 18%), 53 of whom had been vaccinated. Most cases (40 [77%] of 52) occurred 12 to 20 days after a school-wide pep rally. Immunofluorescent antibody testing of all seven specimens demonstrated IgM antibody to mumps. Risk factors for clinical mumps identified in multivariate analyses included female gender (odds ratio, 3.0; 95% confidence interval, 1.6 to 5.7) and source of vaccination other than the local public health clinic (students vaccinated by private providers [odds ratio, 3.0; 95% confidence interval, 1.3 to 5.2] or in other districts [odds ratio, 2.4; 95% confidence interval, 1.1 to 5.3]).

CONCLUSIONS:

The overall attack rate is the highest reported to date (and to our knowledge) for a population demonstrating virtually complete mumps vaccine coverage. Even verified documentation of vaccination may not be an accurate indicator of an individual's protection against mumps. Vaccination failure may play an important role in contemporary mumps outbreaks. We found no evidence to indicate that waning immunity (secondary vaccine failure) contributed significantly to this outbreak. A second dose of mumps vaccine, as recommended using measles-mumps-rubella vaccine, could potentially prevent similar outbreaks in secondary school populations in the future.

Paralysis cases soar after oral polio vaccine introduced

A new report by two Delhi pediatricians suggests that the sharp rise in childhood paralysis in India is due to the increased usage of the oral polio vaccine, a drug that was banned in the U.S. over a decade ago.

“In 2011, there were an extra 47500 new cases of NPAFP [in India]. Clinically indistinguishable from polio paralysis but twice as deadly, the incidence of NPAFP was directly proportional to doses of oral polio received.”

http://digitaljournal.com/article/323371#ixzz211olXr1w

AN EXPLOSIVE POINT-SOURCE MEASLES OUTBREAK IN A HIGHLY VACCINATED POPULATION

MODES OF TRANSMISSION AND RISK FACTORS FOR DISEASE

“In 1985, 69 secondary cases, all in one generation, occurred in an Illinois high school after exposure to a vigorously coughing Index case. The school's 1,873 students had a pre-outbreak vaccination level of 99.7% by school records.”

http://aje.oxfordjournals org/content/129/1/173.short

A prolonged mumps outbreak among highly vaccinated Aboriginal people in the Kimberley region of Western Australia

https://www mja.com.au/journal/2009/191/7/prolonged-mumps-outbreak-among-highly-vaccinated-aboriginal-people-kimberley

Chickenpox Outbreak in a Highly Vaccinated School Population

http://pediatrics.aappublications.org/content/113/3/455 abstract

Measles Outbreak among Vaccinated High School Students -- Illinois

Editorial Note: This outbreak demonstrates that transmission of measles can occur within a school population with a documented immunization level of 100%. This level was validated during the outbreak investigation. Previous investigations of measles outbreaks among highly immunized populations have revealed risk factors such as improper storage or handling of vaccine, vaccine administered to children under 1 year of age, use of globulin with vaccine, and use of killed virus vaccine (1-5). However, these risk factors did not adequately explain the occurrence of this outbreak.

http://www.cdc gov/mmwr/preview/mmwrhtml/00000359.htm

Epidemiology of a Mumps Outbreak in a Highly Vaccinated Island Population and Use of a Third Dose of Measles-Mumps-Rubella Vaccine for Outbreak Control-Guam 2009-2010.

http://www ncbi nlm nih gov/pubmed/23099425

Mumps outbreak in Orthodox Jewish communities in the United States Update: Mumps Outbreak --- New York and New Jersey, June 2009--January 2010

http://www.cdc gov/mmwr/preview/mmwrhtml/mm5905a1.htm

Mumps outbreak in Israel's highly vaccinated society: are two doses enough?

http://journals cambridge.org/action/displayAbstract?fromPage=online&aid=8480501

Mumps outbreak in a highly vaccinated population

http://www.sciencedirect.com/science/article/pii/S0022347605807267

Sustained Transmission of Mumps in a Highly Vaccinated Population: Assessment of Primary Vaccine Failure and Waning Vaccine-Induced Immunity

http://jid.oxfordjournals.org/content/169/1/77.short

Increased female-male mortality ratio associated with inactivated polio and diphtheria-tetanus-pertussis vaccines: Observations from vaccination trials in Guinea-Bissau.

Abstract

BACKGROUND:

The 2-fold increase in female mortality after high-titer measles vaccine may have occurred because many children received diphtheria-tetanus-pertussis (DTP) vaccine or inactivated polio vaccine (IPV) after high-titer measles vaccine.

OBJECTIVE:

We examined whether DTP vaccine and IPV were associated with increased female mortality when they were the most recent vaccine administered to children who had not received measles vaccine. Setting and Design: IPV was used as a control vaccine in 4 randomized trials of early measles vaccination (MV) with enrollment at 4-6 months of age conducted in Guinea-Bissau. Many children had not received all 3 DTP vaccinations before enrollment, and therefore received DTP after IPV or MV. We examined whether DTP vaccination status at enrollment affected the female-male mortality ratio. Population: 9544 children enrolled in 4 trials. Main outcome measure: The female-male mortality ratio in different vaccine groups.

RESULTS:

Females had a higher mortality rate than males among children randomized to receive IPV (mortality rate ratio [MR] 1.52, 95% CI 1.02-2.28), but females had a similar mortality rate to males among children randomized to receive MV (MR 1.01, 0.69-1.46) and among children in the IPV group after they had received MV at 9 months of age or later (MR 0.88, 0.68-1.14). Children who had not received a third dose of DTP before enrollment (and were likely to receive DTP after MV or IPV) tended to have a higher mortality than children who had received all 3 doses of DTP (MR 1.30, 0.97-1.73). This effect was seen only among girls (MR 1.61, 1.08-2.40) and not among boys (MR 1.02, 0.67-1.54). Girls had a lower mortality when MV was the most recent vaccine received rather than DTP or IPV (MR 0.49, 0.28-0.87).

CONCLUSIONS:

Randomization to IPV was associated with higher female than male mortality. However, the increased female mortality might result from additional doses of DTP received after enrollment and before measles vaccination.

http://www.ncbi.nlm nih.gov/pubmed/17484223

Chicken Pox vaccine associated with Shingles Epidemic

New research published in the International Journal of Toxicology (IJT) by Gary S. Goldman, Ph.D., reveals high rates of shingles (herpes zoster) in Americans since the government's 1995 recommendation that all children receive chicken pox vaccine.

Goldman's research supports that shingles, which results in three times as many deaths and five times the number of hospitalizations as chicken pox, is suppressed naturally by occasional contact with chicken pox.

Dr. Goldman's findings have corroborated other independent researchers who estimate that if chickenpox were to be nearly eraChicken pox vaccine associated with shingles epidemicdicated by vaccination, the higher number of shingles cases could continue in the U.S. for up to 50 years; and that while death rates from chickenpox are already very low, any deaths prevented by vaccination will be offset by deaths from increasing shingles disease. Another recent peer-reviewed article authored by Dr. Goldman and published in Vaccine presents a cost-benefit analysis of the universal chicken pox (varicella) vaccination program. Goldman points out that during a 50-year time span, there would be an estimated additional 14.6 million (42%) shingles cases among adults aged less than 50 years, presenting society with a substantial additional medical cost burden of $4.1 billion. This translates into $80 million annually, utilizing an estimated mean healthcare provider cost of $280 per shingles case.

After a child has had varicella (chickenpox), the virus becomes dormant and can reactivate later in adulthood in a closely related disease called shingles--both caused by the same varicella-zoster virus (VZV). It has long been known that adults receive natural boosting from contact with children infected with chicken pox that helps prevent the reactivation of shingles.

Based on Dr. Goldman's earlier communications with the Centers for Disease Control and Prevention (CDC), Goldman maintains that epidemiologists from the CDC are hoping "any possible shingles epidemic associated with the chickenpox vaccine can be offset by treating adults with a 'shingles' vaccine." This intervention would substitute for the boosting adults previously received naturally, especially during seasonal outbreaks of the formerly common childhood disease.

"Using a shingles vaccine to control shingles epidemics in adults would likely fail because adult vaccination programs have rarely proved successful," said Goldman. "There appears to be no way to avoid a mass epidemic of shingles lasting as long as several generations among adults."

http://www news-medical net/news/2005/09/01/12896 aspx

Autoimmunity following hepatitis B vaccine as part of the spectrum of 'Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants' (ASIA): analysis of 93 cases.

http://www.ncbi.nlm nih.gov/pubmed/22235045

“Conclusions: Our study suggests that HPV vaccines containing HPV-16L1 antigens pose an inherent risk for triggering potentially fatal autoimmune vasculopathies.”

http://sanevax.org/wp-content/uploads/2012/10/Tomljenovic-Shaw-Gardasil-Causal-Coincidental-2167-7689-S12-001.pdf

Diphtheria-tetanus-pertussis vaccine has negative non-specific and sex-differential effects on child survival in high-mortality countries

http://www.cviva.dk/~/media/Projekt%20sites/CVIVA/pdf/publications/Aaby_etal_2012.ashx

"Vaccine use did not affect the number of people hospitalised or working days lost but caused one case of Guillian-Barré syndrome (a major neurological condition leading to paralysis) for every one million vaccinations. Fifteen of the 36 trials were funded by vaccine companies and four had no funding declaration. Our results may be an optimistic estimate because company-sponsored influenza vaccines trials tend to produce results favorable to their products and some of the evidence comes from trials carried out in ideal viral circulation and matching conditions and because the harms evidence base is limited.."

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001269.pub4/abstract

Virus in the system

What followed has shaken public confidence in one of the world's most popular immunisation programs. In April last year, four days after baby Saba had her flu shot, Australia's Chief Medical Officer, Professor Jim Bishop, made the unprecedented decision to ban nationally all the seasonal flu vaccines for the under-5s. Fluvax, the predominant vaccine, was triggering febrile fits in one in every 100 children – 10 times the expected rate. The side-effects, in some cases, were severe, and no-one could explain what had caused them. As the mystery continues, even eminent scientists and medical specialists are now quibbling over the efficacy of flu vaccines, how they are tested and how well they are monitored. With another flu season upon us and the medical community divided, what are we, the public, to make of it all?

Eleven days before Saba received her seasonal flu shot, across the continent in Brisbane, a family was in shock. David and Nicole Epapara had vaccinated their healthy twin toddlers, two-year-old sisters Ashley and Jaime, at 3pm on April 8. At midnight, Jaime vomited in her cot, while Ashley slept peacefully. When Jaime woke the next morning, her twin lay dead. "We don't know whether it was the vaccination or some other cause," David Epapara told The Australian a few weeks later. "It just seems too much of a coincidence, that's all, for a healthy girl to pass away like that. We're so shocked, we don't know what to think."

Nor does Brisbane Coroner John Lock, who was unable to determine a cause of death after a five-month investigation. "There was no finding to causally connect the young child's death with the flu vaccination," he said. "However, I have concluded that a link between the vaccination and the death cannot be absolutely excluded."

The child's death should have set off alarm bells, but Queensland Health had initially failed to investigate the case because Ashley did not die in a hospital, and the suburban GP who inoculated her had not notified authorities of any possible link with the flu shot.

http://www.theaustralian.com.au/news/features/virus-in-the-system/story-e6frg8h6-1226063484330

Elevated levels of measles antibodies in children with autism.

Abstract

Virus-induced autoimmunity may play a causal role in autism. To examine the etiologic link of viruses in this brain disorder, we conducted a serologic study of measles virus, mumps virus, and rubella virus. Viral antibodies were measured by enzyme-linked immunosorbent assay in the serum of autistic children, normal children, and siblings of autistic children. The level of measles antibody, but not mumps or rubella antibodies, was significantly higher in autistic children as compared with normal children (P = 0.003) or siblings of autistic children (P <or= 0.0001). Furthermore, immunoblotting of measles vaccine virus revealed that the antibody was directed against a protein of approximately 74 kd molecular weight. The antibody to this antigen was found in 83% of autistic children but not in normal children or siblings of autistic children. Thus autistic children have a hyperimmune response to measles virus, which in the absence of a wild type of measles infection might be a sign of an abnormal immune reaction to the vaccine strain or virus reactivation.

http://www.ncbi.nlm.nih.gov/pubmed/12849883

Immunological findings in autism.

"MMR vaccination may increase risk for autism via an autoimmune mechanism in autism. MMR antibodies are significantly higher in autistic children as compared to normal children, supporting a role of MMR in autism. Autoantibodies (IgG isotype) to neuron-axon filament protein (NAFP) and glial fibrillary acidic protein (GFAP) are significantly increased in autistic patients (Singh et al., 1997). Increase in Th2 may explain the increased autoimmunity, such as the findings of antibodies to MBP and neuronal axonal filaments in the brain. There is further evidence that there are other participants in the autoimmune phenomenon. (Kozlovskaia et al., 2000). The possibility of its involvement in autism cannot be ruled out. Further investigations at immunological, cellular, molecular, and genetic levels will allow researchers to continue to unravel the immunopathogenic mechanisms' associated with autistic processes in the developing brain. This may open up new avenues for prevention and/or cure of this devastating neurodevelopmental disorder."

http://www.ncbi.nlm.nih.gov/pubmed/16512356

Premature ovarian failure 3 years after menarche in a 16-year-old girl following human papillomavirus vaccination

Summary

Premature ovarian failure in a well adolescent is a rare event. Its occurrence raises important questions about causation, which may signal other systemic concerns. This patient presented with amenorrhoea after identifying a change from her regular cycle to irregular and scant periods following vaccinations against human papillomavirus. She declined the oral contraceptives initially prescribed for amenorrhoea. The diagnostic tasks were to determine the reason for her secondary amenorrhoea and then to investigate for possible causes of the premature ovarian failure identified. Although the cause is unknown in 90% of cases, the remaining chief identifiable causes of this condition were excluded. Premature ovarian failure was then notified as a possible adverse event following this vaccination. The young woman was counselled regarding preservation of bone density, reproductive implications and relevant follow-up. This event could hold potential implications for population health and prompts further inquiry.

http://casereports bmj.com/content/2012/bcr-2012-006879.abstract

Death after quadrivalent human papillomavirus (qHPV) vaccination: Causal or coincidental?

Abstract:

Herein reported is the case of a 15-year-old female without a relevant medical history, who developed severe headaches, speech problems, dizziness, weakness, inability to walk, depressed consciousness, confusion, amnesia and vomiting, 14 days after receiving her first qHPV vaccine injection. After the second vaccine booster, her symptoms worsened and she expired 15 days later. Autopsy revealed cerebral oedema and cerebellar herniation indicative of a focally disrupted blood-brain barrier.

There was no evidence of an active brain infection. Immunohistochemistry (IHC) examination of the brainstem, hippocampus and the cerebellum showed prominent infiltration of T-lymphocytes and macrophages in all brain areas examined. Notably, marked activation of the complement membrane attack complex (MAC) was detected in the cerebellar Purkinje cells, hippocampal neurons and portions of the brainstem. This pattern of MAC activation in the absence of an active brain infection indicates an abnormal triggering of the immune response in which the immune attack is directed towards self-tissue. Elevation of the pro-inflammatory IL-1 cytokine and intense micro- and astrogliosis were also evident in the patient's brain. Altogether these observations strongly indicate that the acute neuronal damage resulting in patient's death was due to an aberrant/excessive autoimmune and inflammatory response triggered by the vaccinations she received. Both the timing of the onset of symptoms as well as their nature, are consistent with previous case reports where causality between vaccination and the ensuing brain damage and/or death, was either demonstrated or strongly suspected. It thus appears that in some cases vaccination may be the triggering factor of fatal autoimmune/neurological events and physicians should be aware of this association.

http://sanevax.org/death-after-quadrivalent-human-papillomavirus-qhpv-vaccination-causal-or-coincidental/

New Delhi, August 7

For the first time since 2010 when six tribal girls from Gujarat and Andhra Pradesh involved in the clinical trials of anti-cervical cancer HPV vaccine died, the government has admitted that 1,725 persons have lost their lives to drug trials in the last four years.

http://www tribuneindia.com/2011/20110808/main1.htm

Gardasil in court: drug's maker sued

A MELBOURNE woman who suffered an auto-immune and neurological attack after being injected with the cervical cancer drug Gardasil is leading a class action against its manufacturer.

And another seven Victorian women who are considering joining the court case against Gardasil manufacturer Merck, say they have suffered anaphylaxis and physical breakdowns as a result of the vaccine.

One attributed her miscarriage in her local supermarket to the injections.

Naomi Snell, 28, said her life was put on hold for more than two years after she lost the ability to walk, battled crippling back and neck pain, and suffered convulsions that started soon after her first injection in July 2008.

"I never attributed it to my vaccine so I went back for my second and third dose," Ms Snell said.

"My doctors said I was a case for Dr House. They were baffled.

"They did actually diagnose me with Multiple Sclerosis, but have since retracted that and said it was just a neurological reaction to the vaccine."

It wasn't until she read an article about a Sydney neurologist uncovering Gardasil as a potential cause of MS-like symptoms in other women that she made a timeline of her deterioration from reports from her doctors and physiotherapist.

http://www couriermail com au/ipad/gardasil-in-court-drugs-maker-sued/story-fn6ck51p-1226174052656

Aluminum vaccine adjuvants: are they safe?

http://www ncbi.nlm.nih.gov/pubmed/21568886

Interview with PhD Immunologist, Dr Tetyana Obukhanych

http://www.vaccinationcouncil.org/2012/06/13/interview-with-phd-immunologist-dr-tetyana-obukhanych-by-catherine-frompovich/

http://www.vaccinationcouncil.org/2012/06/20/an-interview-with-research-immunologist-tetyana-obukhanych-phd-part-2/

http://www.vaccinationcouncil.org/2012/07/05/an-interview-with-research-immunologist-tetyana-obukhanych-phd-part-3-of-3-catherine-frompovich/

Herpes zoster after varicella-zoster vaccination

Abstract

A five-year-old girl, vaccinated against varicella-zoster virus (VZV) presented with clinical symptoms of herpes zoster in the 6th cervical dermatome. A VZV direct immune-fluorescence assay was negative three times but additional genotypical analysis showed a VZV strain genotype 2 (Oka vaccine strain). Therefore the diagnosis of a breakthrough varicella disease with the vaccine strain was established. An immunodeficiency was ruled out and the patient responded well to the initiated therapy. This case demonstrates that a negative VZV direct immunofluorescence assay does not exclude an infection with the vaccine strain.

http://www ncbi.nlm.nih.gov/pubmed/23358727

“The review showed that reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of

the studies. The content and conclusions of this review should be interpreted in the light of this finding."

"It was surprising to find only one study of inactivated vaccine in children under two years, given current recommendations to vaccinate healthy children from six months of age in the USA, Canada, parts of Europe and Australia. If immunisation in children is to be recommended as a public health policy, large-scale studies assessing important outcomes, and directly comparing vaccine types are urgently required. The degree of scrutiny needed to identify all global cases of potential harms is beyond the resources of this review."

"The review authors found that in children aged from two years, nasal spray vaccines made from weakened influenza viruses were better at preventing illness caused by the influenza virus than injected vaccines made from the killed virus. Neither type was particularly good at preventing 'flu-like illness' caused by other types of viruses. In children under the age of two, the efficacy of inactivated vaccine was similar to placebo. It was not possible to analyse the safety of vaccines from the studies due to the lack of standardisation in the information given, but very little information was found on the safety of inactivated vaccines, the most commonly used vaccine in young children."

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004879.pub4/abstract;jsessionid=ECC69035877BDE2A22362F742DCA056C.d04t04

Flu Vaccines in elderly

"The available evidence is of poor quality and provides no guidance regarding the safety, efficacy or effectiveness of influenza vaccines for people aged 65 years or older. To resolve the uncertainty, an adequately powered publicly-funded randomised, placebo-controlled trial run over several seasons should be undertaken."

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004876.pub3/abstract

2010 Swine flu vaccine debacle

Peter Collignon, professor of microbiology at the Australian National University and director of infectious diseases at Canberra Hospital, believes last year's flu vaccine might have caused more harm than good in ¬otherwise healthy children. Awarded a Member of the Order of Australia last year for his work in clinical microbiology, infectious diseases and infection control, he has been taken aback by the controversy his comments created within the medical community. Citing data from NSW Health, he has found that the risk of a healthy child or teenager dying from swine flu in 2009, before a vaccine was available, was less than one in two million for those without underlying health problems such as asthma or heart disease.

"To stop two or three children going to intensive care we had to immunise 600,000 people," he says. "We need to be very careful before we recommend universal vaccination against influenza every year until we have better data. Otherwise we're talking about faith-based medicine, instead of evidence-based medicine."

"The 2009 version of Fluvax was not tested in children, Greenberg explains, because "it is not routine to do clinical trials in children, it's not required". (Australian health authorities do not require clinical trials of the seasonal flu vaccine on the grounds that four decades of use have not revealed any safety issues, and it would slow down production. But clinical trials for children are required in Europe.) Yet a scientific paper published in October 2009 reveals that a previous version of the vaccine, which did not include the swine flu strain, had been linked to the hospitalisation of two of the 298 children tested in a clinical trial in Melbourne and Perth four years earlier. Its co-authors were Professor Terry Nolan – the Federal Government's chief adviser on vaccines – and Dr Peter Richmond, a fellow adviser who headed vaccine trials at the hospital where Saba was treated. Neither would be interviewed, but CSL's Greenberg insists the results were not a "red flag" for severe side-effects."

"Collignon has also upset the nation's top medico by suggesting that regular flu shots for healthy people could weaken their natural immunity against any new wildfire influenza. but Collignon's view has a foothold within the scientific community. Research from Canada and Hong Kong indicates that people who received a seasonal flu vaccine in 2008 had double the risk of contracting swine flu when the pandemic struck a year later."

"Epidemiologist John Mathews, from the School of Population Health at the University of Melbourne and a former senior adviser to the federal Health Department, agrees that natural infection with the flu grants broader immunity than vaccination. "Seasonal vaccines do not boost the broadly reactive protection that can be induced by infection with live virus. We need more research to better understand the interactions between the immunity induced by natural infection with seasonal virus, and that induced by vaccination."

http://www.abc.net.au/news/2011-03-04/vaccines-may-have-increased-swine-flu-risk/1967508

http://us.gsk.com/products/assets/us_engerixb.pdf

Neuromuscular disorders associated with Hepatitis B vaccination.

http://www.ncbi.nlm.nih.gov/pubmed/20207367

Multiple sclerosis and hepatitis B vaccination: could minute contamination of the vaccine by partial hepatitis B virus polymerase play a role through molecular mimicry?

http://www.ncbi.nlm.nih.gov/pubmed/15908138

Multiple sclerosis and hepatitis B vaccination: adding the credibility of molecular biology to an unusual level of clinical and epidemiological evidence.

http://www.ncbi.nlm.nih.gov/pubmed/16176857

Acquired autoimmunity after viral vaccination is caused by molecular mimicry and antigen complimentarity in the presence of an immunologic adjuvant and specific HLA patterns.

http://www.ncbi.nlm.nih.gov/pubmed/17630224

Autoimmune hazards of hepatitis B vaccine.

http://www.ncbi nlm.nih.gov/pubmed/15722255

Multiple sclerosis after hepatitis B vaccination in a 16-year-old patient

http://www.cmj.org/periodical/PaperList asp?id=LW8451

Recombinant hepatitis B vaccine and the risk of multiple sclerosis

A prospective study

http://www.neurology.org/content/63/5/838.abstract

Acellular pertussis vaccination enhances B. parapertussis colonization

An acellular whooping cough vaccine actually enhances the colonization of Bordetella parapertussis in mice; pointing towards a rise in B. parapertussis incidence resulting from acellular vaccination, which may have contributed to the observed increase in whooping cough over the last decade.

http://www cidd psu edu/research/synopses/acellular-vaccine-enhancement-b -parapertussis

Invasive pneumococcal disease caused by nonvaccine serotypes among alaska native children with high levels of 7-valent pneumococcal conjugate vaccine coverage.

RESULTS:

In the first 3 years after introduction of routine vaccination with heptavalent pneumococcal conjugate vaccine, overall invasive pneumococcal disease decreased 67% in Alaska Native children younger than 2 years (from 403 2 per 100,000 in 1995-2000 to 134.3 per 100,000 per year in 2001-2003, P<.001). However, between 2001-2003 and 2004-2006, there was an 82% increase in invasive disease in Alaska Native children younger than 2 years to 244.6/100,000 (P = .02). Since 2004, the invasive pneumococcal disease rate caused by nonvaccine serotypes has increased 140% compared with the prevaccine period (from 95.1 per 100,000 in 1995-2000 to 228.6 in 2004-2006, P = .001). D

Alaska Native children are experiencing replacement invasive pneumococcal disease with serotypes not covered by heptavalent pneumococcal conjugate vaccine. The demonstration of replacement invasive pneumococcal disease emphasizes the importance of ongoing surveillance and development of expanded valency vaccines.

http://www.ncbi nlm.nih.gov/pubmed/17456820

Invasive Haemophilus influenzae disease in Utah children: an 11-year population-based study in the era of conjugate vaccine.

RESULTS:

“We identified 91 cases of invasive H. influenzae disease in children. Children aged <5 years accounted for 78 cases (86%). H. influenzae serotype a (Hia) was the most common serotype (22 cases), representing 28% of all cases of invasive disease among children aged <5 years. The majority (15 cases [93%]) of Hib disease cases occurred among children aged <5 years and accounted for 18% of all cases of H. influenzae invasive disease in this age group. The mean incidence of Hia disease increased from 0.8 cases per 100,000 child-years in 1998 to 2.6 cases per 100,000 child-years in 2008. The incidence of Hib disease among children aged <5 years remained steady at 0.5 cases per 100,000 child-years. Bacteremia accounted for 61% of all cases of invasive disease. One-half (13 of 26) of cases of H. influenzae meningitis were due to Hia.”

http://www.ncbi nlm.nih.gov/pubmed/20178414

Abnormal measles-mumps-rubella antibodies and CNS autoimmunity in children with autism.

http://www.ncbi nlm.nih.gov/pubmed/12145534

Theoretical aspects of autism: Causes—A review

http://informahealthcare.com/doi/abs/10.3109/1547691X.2010.545086

Developmental Regression and Mitochondrial Dysfunction in a Child With Autism

http://www.ncbi nlm.nih.gov/pmc/articles/PMC2536523/

Mitochondrial Disease in Autism Spectrum Disorder Patients: A Cohort Analysis

http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0003815

HEPATITIS B VACCINATION OF MALE NEONATES AND AUTISM DIAGNOSIS, NHIS 1997–2002

http://www.tandfonline.com/doi/pdf/10.1080/15287394.2010.519317

Do aluminum vaccine adjuvants contribute to the rising prevalence of autism?

http://www.sciencedirect.com/science/article/pii/S0162013411002212

Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure

http://www.mdpi.com/1099-4300/14/11/2227

Persistent behavioral impairments and alterations of brain dopamine system after early postnatal administration of thimerosal in rats.

http://www.ncbi.nlm.nih.gov/pubmed/21549155

Sorting out the spinning of autism: heavy metals and the question of incidence

http://www ane pl/pdf/7021 pdf

A possible central mechanism in autism spectrum disorders, part 1.

http://www.ncbi.nlm.nih.gov/pubmed/19043938

Hypothesis: Conjugate vaccines may predispose children to autism spectrum disorders

http://www.ncbi.nlm.nih.gov/pubmed/21993250

Phenotypic expression of autoimmune autistic disorder (AAD): A major subset of autism

RESULTS: Autoimmunity was demonstrated by the presence of brain autoantibodies, abnormal viral serology, brain and viral antibodies in CSF, a positive correlation between brain autoantibodies and viral serology, elevated levels of proinflammatory cytokines and acute-phase reactants, and a positive response to immunotherapy. Many autistic children harbored brain myelin basic protein autoantibodies and elevated levels of antibodies to measles virus and measles-mumps-rubella (MMR) vaccine. Measles might be etiologically linked to autism because measles and MMR antibodies (a viral marker) correlated positively to brain autoantibodies (an autoimmune marker)—salient features that characterize autoimmune pathology in autism. Autistic children also showed elevated levels of acute-phase reactants—a marker of systemic inflammation.

CONCLUSION: The scientific evidence is quite credible for our autoimmune hypothesis, leading to the identification of autoimmune autistic disorder (AAD) as a major subset of autism. AAD can be identified by immune tests to determine immune problems before administering immunotherapy. The author has advanced a speculative neuroautoimmune (NAI) model for autism, in which virus-induced autoimmunity is a key player. The latter should be targeted by immunotherapy to help children with autism.

http://www.jfponline.com/Pages.asp?AID=7937

Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations

http://lup.sagepub.com/content/21/2/223.abstract

A positive association found between autism prevalence and childhood vaccination uptake across the U S. population.

http://www.ncbi.nlm.nih.gov/pubmed/21623535

International evidence against MMR

http://www.dailymail.co.uk/health/article-171540/International-evidence-MMR html

PCV1, PCV2 DNA detected in RotaTeq

May 10, 2010

Evidence of contamination with porcine circovirus type 1 and type 2 has been found in RotaTeq, Merck's pentavalent rotavirus vaccine, according to an FDA official who spoke during a hearing on rotavirus vaccines.

After discovering "very low levels" of porcine circovirus type 1 and type 2 (PCV1 and PCV2) DNA in RotaTeq, Merck researchers revealed their findings to the FDA. Officials said, however, these results do not indicate an immediate health threat.

"There is no evidence at this time that DNA from PCV causes any disease in humans," Merck said on its website. "We remain confident in the safety profile and quality of RotaTeq."

The FDA suspended use of the monovalent rotavirus vaccine Rotarix from GlaxoSmithKline in March after detecting PCV1, although officials said the virus did not appear to be harmful to humans. Despite the evidence of similar contamination in RotaTeq, however, the FDA has not recommended against using the vaccine.

http://www.healio.com/pediatrics/vaccine-preventable-diseases/news/online/%7B6c07783b-adee-4066-a4d1-0cdbe54cce61%7D/pcv1-pcv2-dna-detected-in-rotateq

Statement on Rotavirus vaccines

18 May 2010

"Two oral rotavirus vaccines, Rotarix (sponsored by GlaxoSmithKline) and RotaTeq (sponsored by Merck) are currently approved for use in Australia and are included in the National Immunisation Program (NIP) for babies aged 2 to 6 months. These are used to prevent rotavirus infection in babies and young children. Rotavirus is a virus that may cause a form of gastroenteritis of particular concern as it can be severe or even fatal."

"On 5 May 2010 Merck notified the TGA and other regulatory agencies that it had identified fragments of DNA from PCV1 and a related virus, PCV2, in its bulk rotavirus vaccine RotaTeq.

PCV1 and PCV2 are viruses that can infect pigs. There is no evidence that either PCV1 or PCV2 cause any illness in humans."

http://www.tga gov.au/safety/alerts-medicine-rotavirus-100324 htm

Porcine Circovirus (Associated) Disease (PCVD)

Porcine Circovirus (Associated) Disease (PCVD) causes wasting and mortality in piglets from 6 weeks of age onwards. Clinical disease was first described in Western Canada in 1991. The syndrome is becoming of considerable concern in modern pig production especially in Canada, the US and Europe.

http://www.respig.com/diseases/porcine-circovirus-2.asp

Rotavirus vaccines: viral shedding and risk of transmission.

A review of rotavirus vaccine prelicensure studies shows that viral shedding and transmission were higher with the old tetravalent rhesus rotavirus vaccine than with the current human attenuated monovalent rotavirus vaccine and the pentavalent bovine-human reassortant vaccine. Immunocompromised contacts should be advised to avoid contact with stool from the immunised child if possible, particularly after the first vaccine dose for at least 14 days.

http://www ncbi nlm nih gov/pubmed/18922486

Detection of measles vaccine in the throat of a vaccinated child.

Abstract

Measles vaccine is widely used, most often in association with mumps and rubella vaccines. We report here the case of a child presenting with fever 8 days after vaccination with a measles-mumps-rubella vaccine. Measles virus was isolated in a throat swab taken 4 days after fever onset. This virus was then further genetically characterised as a vaccine-type virus. Fever occurring subsequent to measles vaccination is related to the replication of the live attenuated vaccine virus. In the case presented here, the vaccine virus was isolated in the throat, showing that subcutaneous injection of an attenuated measles strain can result in respiratory excretion of this virus.

http://www.ncbi.nlm nih gov/pubmed/11858860?dopt=AbstractPlus

Detection of measles virus RNA in urine specimens from vaccine recipients.

http://www.ncbi.nlm nih gov/pmc/articles/PMC228449/

Chickenpox Attributable to a Vaccine Virus Contracted From a Vaccinee With Zoster

ABSTRACT

Five months after 2 siblings were immunized with varicella vaccine, 1 developed zoster. Two weeks later the second sibling got a mild case of chicken pox. Virus isolated from the latter was found to be vaccine type. Thus, the vaccine strain was transmitted from the vaccinee with zoster to his sibling. Vaccinees who later develop zoster must be considered contagious. varicella-zoster, zoster, vaccine, transmission, rash, PstI.

http://pediatrics.aappublications org/content/106/2/e28.full

Polio outbreak sparked by vaccine, experts say

Since 2005, 69 children paralyzed by virus derived from the oral medicine

A recent polio outbreak in Nigeria revealed another potential problem: the vaccine commonly used against it. Last week, the World Health Organization and the U.S. Centers for Disease Control reported that since 2005, 69 Nigerian children have been paralyzed by a polio virus derived from the oral vaccine. Two other cases made it to Niger.

http://www.nbcnews.com/id/21149823/#.UagxL9LI2Pw

Varicella Shedding Detected Up to Month After Zoster Vaccination

NEW ORLEANS – Varicella zoster virus DNA was detected in subjects' saliva for a month after immunization with the Zostavax herpes zoster vaccine in a prospective study.

Genotypic analysis demonstrated that the varicella zoster virus that was present in saliva was indeed the Zostavax live attenuated vaccine virus, Dr. Catherine M. DiGiorgio said at the annual meeting of the American Academy of Dermatology.

http://www internalmedicinenews com/news/infectious-diseases/single-article/varicella-shedding-detected-up-to-month-after-zoster-vaccination/8f6b51d39f html