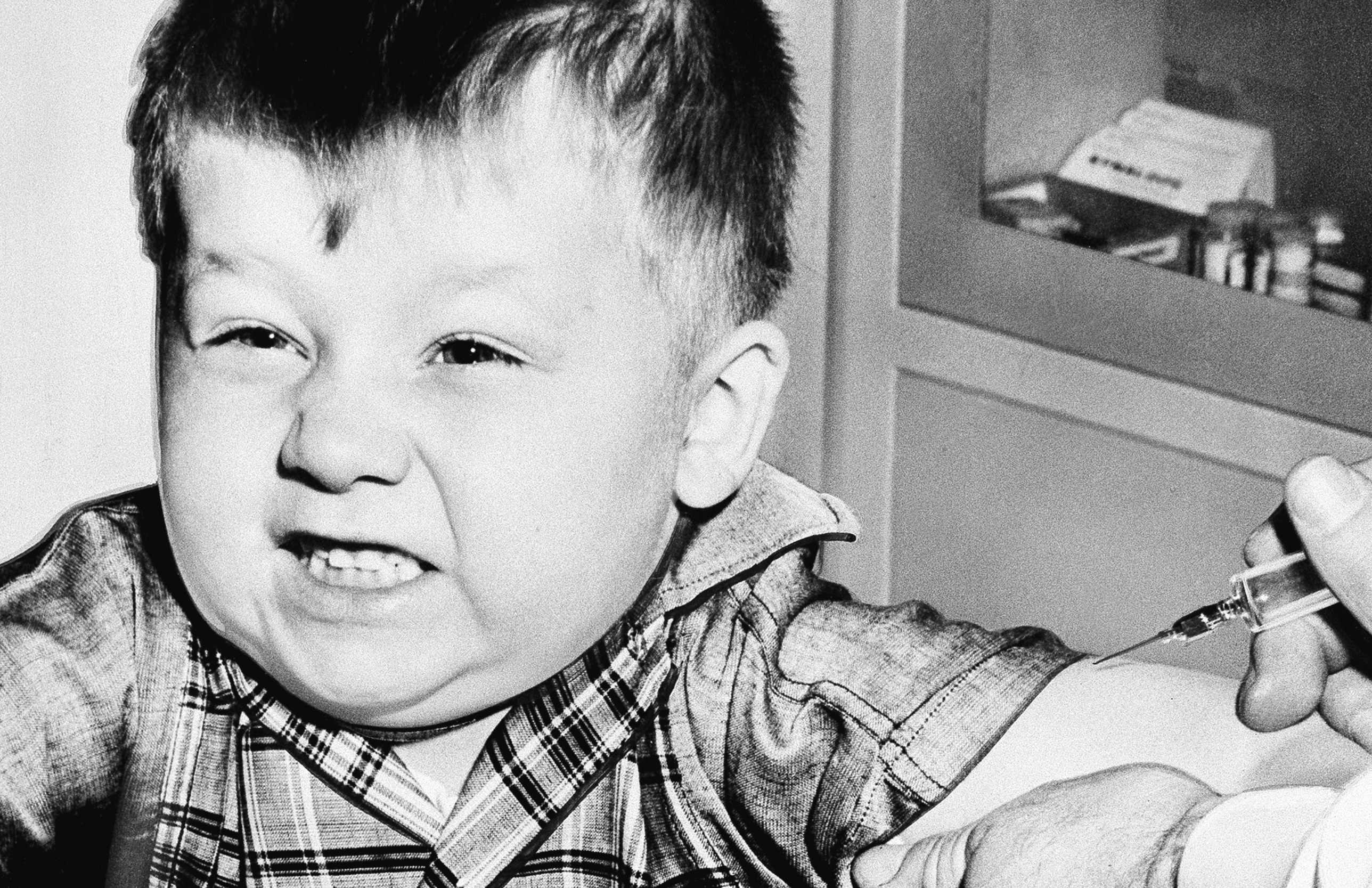
VACCINE DANGERS

Uncontested, Published, Peer Reviewed Reports
On Vaccination And The Associated Dangers

Essays by Jeff Prager • January-March 2015



This free PDF references uncontested, published, peer reviewed reports found in the following medical journals:

- Pediatrics
- The Mayo Clinic
- Eurosurveillance
- Clinical Neurology
- Clinical Infectious Diseases
- The Oxford Journal
- The National Academies Press
- American Journal Of Human Genetics
- Annual Review of Genetics
- Annals of Internal Medicine
- Behavioral Brain Research
- Neuro Endocrinology Letters
- US National Library of Medicine
- International Review of Neurobiology
- Translational Neurodegeneration
- Medical Science Monitor
- Institute of Medicine, the National Academies Collection
- BioMed Research International
- Proceedings of the Epidemic Intelligence Service Annual Conference
- World Journal of Pediatrics
- International Journal of Environmental Research And Public Health
- Journal Of Inorganic Biochemistry
- Journal Of Toxicology
- Journal Of Toxicology and Environmental Health
- Journal Of Immunological Research
- Journal Of Neurochemical Research
- Journal Of The American Medical Association
- Journal of Infectious Diseases
- Journal of Pediatric Infectious Diseases
- US Centers For Disease Control And Prevention (CDC)
- Korea Centers for Disease Control and Prevention (KCDC)
- The CDC Pink Book
- Morbidity And Mortality Weekly Report, (CDC)
- US Food and Drug Administration
- U.S. Department of Health and Human Services, National Institutes of Health
- The College of Physicians of Philadelphia
- Canadian Medical Association Journal
- Public Health Agency of Canada, National Advisory Committee on Immunization
- American Journal Of Disabled Children
- The National Vaccine Injury Compensation Program
- The Vaccine Adverse Events Reporting System (VAERS)
- US Immunization Safety Review Committee
- Scientific Review of Vaccine Safety Datalink Information, Simpsonwood Retreat Center
- And Others

Introduction

All vaccines are extremely dangerous and many don't work at all. The ones that do work provide, generally, between 30% and 50% effectiveness across large populations when they're actually in use, some slightly more. Of those that do work none are 100% effective. Moreover, live vaccines like MMR, chicken pox, rubella, influenza and other live vaccines cause shedding and vaccinated people can infect both vaccinated and unvaccinated people for extended periods of time. If you're new to vaccine research and the peer reviewed literature, this PDF and the linked peer reviewed reports within will make these statements perfectly clear.

Having discussed and argued the validity and safety of vaccines on public forums I can confirm that very few people have bothered to read the peer reviewed literature. The people that consistently proclaim vaccines to be safe and effective certainly haven't read any of the available material. For this free eMagazine I've chosen the peer reviewed reports that are the least technical in hopes that they will be more easily understood.

My children and grandchildren were all vaccinated according to the recommended schedules at that time. Of course I didn't know what I know today and if I were able to do it all over again, I would not have allowed my children or grandchildren to be vaccinated.

As a child I had the mumps, chicken pox, scarlet fever and the measles. They were all easily tolerable diseases and lifetime immunity is the reward I've earned for tolerating them. Most vaccines, we now know, work for just a few years at best.

It is a misnomer that vaccines produce immunity—they do not. Vaccine effectiveness in the medical and scientific communities is measured and discussed in terms of antibodies produced. Immunity is not related to vaccination. Immunity comes when you've tolerated a disease. Vaccination does not and never has provided immunity. The ONLY thing that provides immunity is actually getting sick.

~ Jeff Prager

Quinvaxem was developed for use in third world countries. It's a Pentavalent vaccine, meaning it contains five individual vaccines in one for diphtheria, tetanus, pertussis (whooping cough), hepatitus B and haemophilus influenza type b—the bacteria that causes meningitis, pneumonia and otitus. I will be discussing trivalent vaccines—these contain three individual vaccines—and the severe dangers related to doubling and tripling vaccines. We can only wonder about the dangers related to five vaccines in one. This vaccine was developed for third world countries because combining five vaccines in one is far cheaper than vaccinating individually. Yet this method of vaccination comes with severe and long-term problems.

VACCINE DANGERS

by Jeff Prager and No Copyright Productions

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Did you know that the 2009/2010 Influenza Season Vaccine caused 1,321 vaccine-related spontaneous abortions and stillbirths reported to the Vaccine Adverse Reaction System (VAERS) yielding an ascertainment-corrected rate of 590 fetal-loss reports per million pregnant women vaccinated or 1 death per every 1,695 people. The rate of spontaneous abortion and fetal death for the 2008-2009, 2009-2010 and 2010-2011 influenza seasons was 6.8, 77.8 and 12.6 cases per million pregnant women vaccinated, respectively.

Did you know that? Prepare yourself for a lot more vaccine data that you didn't know as we venture through Alice's looking glass and into the world of vaccine peer review.

http://www.ncbi.nlm.nih.gov/pubmed/23023030

LETS TALK VACCINES

by Jeff Prager

This is the essay you want to have with you during public vaccine debates. I hope the data herein is helpful to you in these debates.

Vaccines are a current hot topic in virtually every mainstream media network from here, wherever you might be sitting right now, all the way to London and points east. North, south and west too. The president of the United States yesterday, Dronebama— perhaps Vacbama is more appropriate—urged all of us to vaccinate our kids, ourselves, and while he didn't mention it, his pets are probably vaccinated too. Nothing wrong with vaccinating dogs and cats, right?

The media discussion however, has taken a serious turn. Now we have prison being suggested as fitting for parents that don't vaccine their children by hack writer Alex Berezow at the popular and very mainstream publisher Gannett, in their long-standing global newspaper, USA Today. The discussion at their web site, 696 comments last time I looked [1], lacked the detail you're going to get here but it was better than other mainstream discussions I've seen or participated in.

I want to point out that Gannett is a recognized and established publisher with printing facilities in more than a dozen states who allowed an in-house writer to pen an opinion piece espousing arrest and imprisonment for failure to vaccinate your children. For parents with unvaccinated children, and there are millions, that could very likely mean losing your children your states Child Protective Services. And more. It could mean your children might be out of your home for months and even years and it could mean supervised visits and worst of all, it could result in forced vaccination for your children.

So the issue being framed couldn't be more serious and that issue is choice. Do we, as parents, have the right to choose to vaccinate or not vaccinate our own children? And why is this so important? What's hidden, if anything, and is there some sort of mysterious covert agenda? What are the risks of remaining unvaccinated? What are the risks of vaccinating? Are vaccines good or bad?

Some vaccines have helped to control the spread of deadly diseases and some vaccines have been instrumental in keeping our industrial society free of certain illnesses. But there's been a great cost, an enduring sacrifice, and we need to recognize that toll, that expense, in any discussion about forced vaccination.

What's the sacrifice?

We've permanently brain-damaged, so far (as of March 5, 2014), three-thousand, five-hundred and forty people, a majority of them children. That's the very bare minimum and there may be more. Many more. And of those, we killed 1,132 of these people outright. You see the Vaccine Injury Compensation Program (VICP) through the U.S. Court of Federal Claims has compensated 3,540 families for severe vaccine injury and/or vaccine death—that's death or injury directly as a result of being vaccinated. There are still 1,826 cases pending in the courts [2].

The DTaP vaccine—diphtheria-tetanus-acellular pertussis—was responsible for 358 permanent injuries and 76 deaths. The Trivalent Influenza vaccine was responsible for 1,317 permanent injuries and 73 deaths. The Trivalent MMR vaccine—measles-mumps-rubella—was responsible for 866 permanent injuries and 57 deaths. The DTP vaccine permanently inured 3,285 and killed 696 people [2]. According to the federal Vaccine Injury Compensation Program reports, almost all vaccines caused permanent injuries and deaths with few exceptions. The vaccines I listed above are all Trivalent vaccines—having a valence of three—and they each contain vaccines for three different viruses.

Dr. H. H. Fudenberg is an immunologist that ran the Neuro Immuno Therapeutics Research Foundation (NITRF) in Spartanburg, South Carolina. Fudenberg's published over 600 papers in the New England Journal of Medicine [3] and until he made the following statement regarding trivalent vaccines he was a world renowned immunologist:

"One vaccine decreases cell-mediated immunity by 50%, two vaccines by 70%…all triple vaccines (MMR, DTaP) markedly impair cell-mediated immunity, which predisposes to recurrent viral infections, especially otitis media, as well as yeast and fungi infections." [4]

Let's recap. So far we've learned that every single vaccine with just a few exceptions can and has caused severe and permanent injury and death. We've also learned that the Trivalent vaccines might predispose all of us to a lifetime of rashes, ear infections, fungal, yeast, viral and bacterial infections. Onward.

One of the media mantras that seems to be pervasive is that vaccines have eliminated an array of diseases. Measles, Tuberculosis, Pertussis, Influenza and many other illnesses were not eliminated by vaccines alone. When vaccines were introduced these diseases had been almost completely eradicated by human progress.

During the industrial revolution and through the early 1900s we brought hot running water, flush toilets, sinks, bathtubs, showers, refrigerators, stoves and heat to the masses. The most profound achievements, by far, were improved housing and better nutrition. Public health programs introduced people to proper hygiene and with these achievements the incidence of disease decreased accordingly. Examine the various graphs at these 2 links [5,6].

The graph covering the rises and falls of Tuberculosis across the population in Germany provides an excellent example. You'll note the spikes during the two world wars (1914 – 1918 and 1939 – 1945), showing that the incidence of TB is related to social and living conditions and that TB and the deaths caused by TB increased when living conditions deteriorated due to social upheavals, as during the two world wars [7].

The combined death rate from scarlet fever, diphtheria, whooping cough and measles among children up to fifteen shows that nearly 90 percent of the total decline in mortality between 1860 and 1965 had occurred before the introduction of antibiotics and widespread immunization. In part, this recession may be attributed to improved housing and to a decrease in the virulence of micro-organisms, but by far the most important factor was a higher host-resistance due to better nutrition [7].

Humanity conquered most disease by simple evolution. We grew and strengthened our immune systems and fortified our surroundings to overcome the viruses that were attacking us. Vaccines are not as responsible for the elimination of disease as are our natural human social advancements.

To recap once again, we've learned that every single vaccine with just a very few exceptions can and have caused severe and permanent injury and death. We've also learned that the Trivalent vaccines might predispose all of us to a lifetime of rashes, ear infections, fungal, yeast, viral and bacterial infections. And we now know that vaccines were not solely responsible for disease eradication but that they were introduced as almost every single disease that plagued mankind had been severely reduced by hygiene alone.

Vaccine contamination is something we don't often discuss in the mainstream media. One of the more well-known contamination events occurred in the 1950s and 60s. Some of the polio vaccine administered from 1955 to 1963 was contaminated with a virus called simian virus 40 (SV40). The virus came from the monkey kidney cell cultures used to produce the vaccine. There's much more on SV40 in the pages that follow. Most of the contamination was in the inactivated polio vaccine (IPV). Once the contamination was recognized, steps were taken to eliminate it from future vaccines yet researchers have long wondered about the effects of the contaminated vaccine on people who received it. Although SV40 has biological properties consistent with a cancer-causing virus, it

has not been conclusively established whether it might have caused cancer in humans. Some research claims that there's no causation but because these epidemiologic studies are sufficiently flawed, the Institute of Medicine's Immunization Safety Review Committee concluded that the evidence was inadequate to conclude whether or not the contaminated polio vaccine caused cancer. In light of the biological evidence supporting the theory that SV40-contamination of polio vaccines could contribute to human cancers, the committee recommends continued public health attention in the form of policy analysis, communication, and targeted biological research [8].

More than 50 years after exposure we still don't know whether people injected with SV40 in the inactivated Polio vaccine will get cancer, or do we? Shah and Nathanson (1976) estimated that 10% to 30% of the inactivated Polio vaccine contained live SV40 and that similar percentages of the approximately 98 million Americans who had been vaccinated by 1961 were exposed to SV40—somewhere between 9.8 million and 29.4 million people. Based on the existing evidence, the committee concluded that the evidence is inadequate to accept or reject a causal relationship between SV40-containing polio vaccines and cancer [9].

The CDC has never studied vaccinated children versus unvaccinated children. Never. Yet studies done outside the USA, in Germany, New Zealand and Hong Kong, indicate that children that aren't vaccinated lead healthier lives [14]. This has to do with the predisposition to viruses, bacteria, fungi and yeast that Dr. Fudenberg outlined. Researchers conducted a double-blind placebo-controlled trial on children with the trivalent inactivated influenza vaccine. Their results were published in the journal Clinical Infectious Diseases in 2012, and they found that the seasonal trivalent flu vaccine resulted in 5.5 times more incidents of respiratory illness than the placebo group.

The study is particularly noteworthy because it was a double-blind placebo-controlled trial—and the researchers used saline solution, a genuinely inactive placebo, as a standin for the trivalent flu vaccine. Most vaccine trials utilize active placebos, which are substances that include ingredients used in the vaccines, making the studies meaningless—though this fact is almost never revealed in the write-ups. The authors concluded that, and this is very important, "Receipt of TIV could increase influenza immunity at the expense of reduced immunity to non-influenza respiratory viruses, by some unknown biological mechanism." [10,11].

Reading the CDC Pink Book [12] and chapter twelve which covers measles specifically [13], we find that the MMR vaccine actually causes measles in 2.1% of vaccinated people; it causes varicella in 2.2% of vaccinated people and fever of 101 degrees or higher in 14.9% of vaccinated people. This is something they don't warn you about of course and few people actually download and read the CDC Pink Book. Naturally the 84,000 (approx.) people with a measles rash from the vaccine and the half a million with fevers remain virtually unknown and undisclosed. Whether these people are the source of measles outbreaks remains un-investigated.

Dr. KP Stoller wrote a lengthy letter to the New Mexico Board of Pharmacy members in 2005. You should read the entire letter [15] but I'll reproduce two paragraphs below. Dr Stoller is the Assistant Clinical Professor of Pediatrics at the University of New Mexico, School of Medicine and the Medical Director at the Hyperbaric Medical Center of New Mexico. He writes as follows:

"Both published and unpublished studies demonstrate that autism is apparently caused by repetitive mercury exposure during pregnancy through thimerosal and amalgam, and after birth, through thimerosal containing vaccinations. The FDA panel in 1982 said thimerosal was toxic, caused cell damage, was not effective in killing bacteria or halting their replication and that thimerosal is not generally recognized as being safe or effective (1982 Vol 47, No. 2 Federal Register). Learning disabled and autistic children are living the burden of proof. So, what happened? Where is the precautionary principle? When something atrocious is done there always seems to be the justification that it is preventing something even more atrocious.

As the evidence continues to mount on what may be the largest iatrogenic public health disaster to affect this nation, so too does it appear that the apparent justification for deliberately letting this continue was about protecting the vaccine program's viability (or profitability). However, such rationalizations have propelled matters down a slippery slope. What little altruism there is in this justification belies individuals protecting careers, status and reputations. This disaster did not come out of nowhere, and ultimately it will be found that it could have been mitigated if not for the irresponsible use of power and influence by an unholy alliance between corporation and state. It also calls into question whether this public health fiasco was an isolated scenario."

Dr. Julie L. Gerberding, MD., MPH., wrote a letter for Congressman Dave Weldon, MD., on Congressional stationary, to the Director of the Centers for Disease Control (CDC) in 2003 in which she questioned the ability of researchers to manipulate studied and the evidence used to compile them [16] so it's important to place a great deal of importance on where and from whom you obtain data on vaccination. This is why independent peer review is so important. Discussing vaccination without noting independent peer reviewed citations is an exercise in futility. Independent peer review is your friend because the science can be so easily manipulated.

Dr's Mark and David Geier are in the forefront of research into vaccines and their connection to developmental neurological disorders. A study they completed shows how vaccines can, at times and in certain predisposed children, cause severe neurological developmental disorders—what we call autism. Their studies exposed the following:

In recent years, thimerosal, an organic mercury compound that is metabolized to ethylmercury and thiosalicylate and has been present since the 1930s as a preservative in some vaccines and pharmaceutical products to prevent bacterial and fungal contamination, has come under scrutiny. It was determined by the U.S. Food and Drug Administration (FDA) in 1999 under the recommended childhood immunization schedule that infants might be exposed to cumulative doses of ethylmercury that exceed some federal safety guidelines established for exposure to methylmercury, another form of organic mercury. Here, we show the first epidemiologic evidence, based upon tens of millions of doses of vaccine administered in the United States, that associates increasing thimerosal from vaccines with neurodevelopmental disorders.

The results of our analysis were extremely surprising. We observed statistically significant increases in the incidence rate of neurodevelopmental disorders after thimerosal-containing DTaP vaccines in comparison with thimerosal-free DTaP vaccines. This potentially may be explained by the toxic buildup of mercury from successive doses of thimerosal-containing DTaP vaccines [17].

Finally, we know from the peer reviewed literature that repeated vaccination, for example with the yearly repeated influenza vaccine, observational studies show a lower effectiveness at protection with repeated vaccination [18] so getting an influenza vaccine every single year may not be the wisest decision. Every other year, every third year and even every five years might be more effective [19].

Vaccines are a complex issue and whether to vaccinate or not should remain under parental control. For those of us that take the time to read peer reviewed material generated by the medical professionals in related industries, we may decide that certain vaccines are too risky or that others may simply not provide the protection they're said to provide. We may decide to take advantage of certain vaccines and to forego others. This is our right as parents. For others, those who choose to simply go with the mainstream position, they may decide to get every single vaccine that's recommended and at the particular time they're recommended for. Some will benefit to some degree and some will surely be vaccine injured. Vaccine injury and vaccine death are simply facts of life for those of us that choose to vaccinate.

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2. Vaccine Injury Compensation Program, Statistics Report, U.S. Department of Health and Human Services, Health Resources and Services Administration, March 5, 2014: http://www.hrsa.gov/vaccinecompensation/statisticsreports.html

3. PubMed search for articles authored by Fudenberg, HH on February 3, 2015: http://www.ncbi.nlm.nih.gov/pubmed/?term=Fudenberg+HH

4. Vaccines and Genetic Mutation, Harold E. Buttram, MD; Susan Kreider, RN; Alan R. Yurko, October 11, 2002: http://www.whale.to/a/yurko.html

5. Dissolving Illusions, 51 Vaccine Graphs, Roman Bystrianyk, Suzanne Humphries MD, 2012: http://www.dissolvingillusions.com/graphs/#6

6. Immunization Graphs, Natural Infectious Disease Declines; Immunization Effectiveness; Immunization Dangers, Raymond Obomsawin Ph.D., December 2009: http://njvaccinationchoice.org/Obamsawin_Vaccination_Tables.pdf

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9. Immunization Safety Review: SV40 Contamination of Polio Vaccine and Cancer, Institute of Medicine (US) Immunization Safety Review Committee; Stratton K, Almario DA, McCormick MC, editors, Washington (DC): Executive Summary, National Academies Press (US); 2002: http://www.ncbi.nlm.nih.gov/books/NBK221118/

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11. Study: Flu Vaccine Causes 5.5 Times More Respiratory Infections—A True Vaccinated vs, Unvaccinated Study, Health Impact News, by Heidi Stevenson: http://healthimpactnews.com/2013/study-flu-vaccine-causes-5-5-times-more-respiratory-infections-a-true-vaccinated-vs-unvaccinated-study/

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16. Congressman Dave Weldon, MD, Dr. Julie L. Gerberding, MD, letter to the Director of the Centers for Disease Control, October 2003: http://www.autismhelpforyou.com/EXPERT%20PAPER%20-%20Weldon%20To%20CDC%20-%20Internet%20File.pdf

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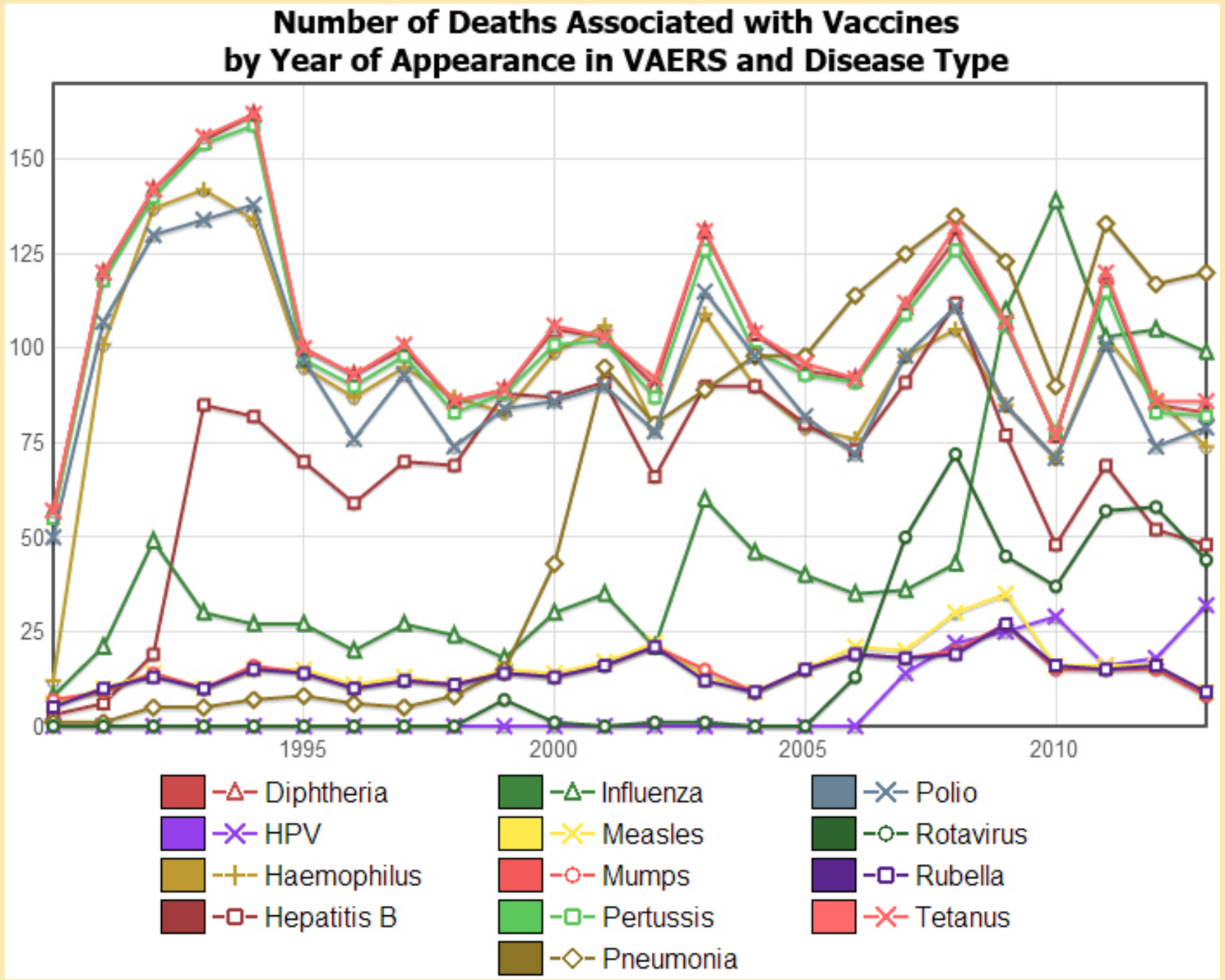
VACCINE DEATHS NO ONE TOLD YOU ABOUT

The top two offenders are vaccines for Influenza and Pneumonia. These vaccines are given widely, and over a hundred people die every year after taking them. Another vaccine that has a large number of deaths is DTP (the individual components, Diptheria, Tetanus, and Pertussis, rank high in this graph). Polio and Haemophilus shots are also associated with many deaths.

But the vaccine associated with the largest growth in deaths last year is Human Papillomavirus (HPV, the purple line). Last year, another 32 cases were reported in which a patient died after an HPV innoculation, bringing the total to 157 deaths. Remember that Influenza and Pneumonia shots are given yearly, and nearly every child is given DTP, Polio, and other inoculations (often multiple times because of the need for booster shots). But the HPV shots are given once (a series of three shots), and only to those who elect to take it. This makes the rise in associated deaths stand out from the rest.



ASK YOURSELF WHY THE PRO VACCINE PUNDITS DONT DISCUSS THE FOLLOWING ISSUES

by Jeff Prager

• Why don't pro-vaccine people know about this peer reviewed report published in Clinical Vaccine Immunology and copyrighted to the American Society for Microbiology? The report states:

"varicella [chicken pox] vaccination has not been effective in preventing varicella in South Korea"

1. Varicella and Varicella Vaccination in South Korea, Clinical Vaccine Immunology, US National Library of Medicine National Institutes of Health, ©American Society for Microbiology, by Sung Hee Oh, et al., May 2014: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4018876/

• Why don't pro-vaccine people know about this peer reviewed report which was published in Translational Neurodegeneration, which states:

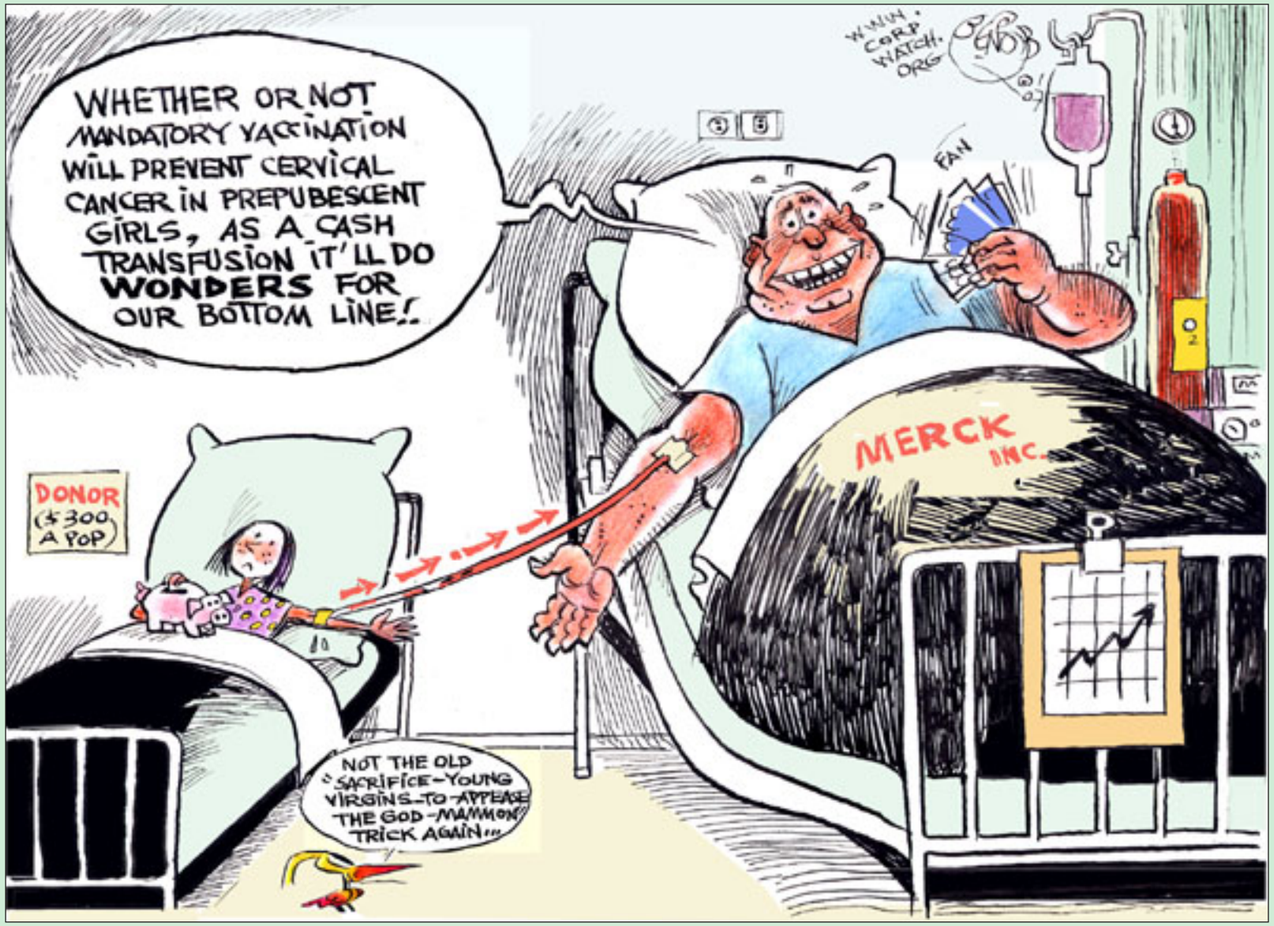
"Routine childhood vaccination is an important public health tool to reduce the morbidity and mortality associated with infectious diseases, but the present study provides new epidemiological evidence supporting an association between increasing organic-Hg exposure from Thimerosal-containing childhood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

2. A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States, Translational Neurodegeneration, December 2013: http://www.ncbi.nlm.nih.gov/pubmed/24354891

• Why don't pro-vaccine people know about or discuss this peer reviewed report which was published in 2007 by the Department of Psychology at the University of Iowa in the Journal of Child Neurology and written by Dr's M. Catherine DeSoto, PhD and Robert T. Hitlan, PhD. The report states:

"We have reanalyzed the data set originally reported by Ip et al. in 2004 and have found that the original p value was in error and that a significant relation does exist between the blood levels of mercury and diagnosis of an autism spectrum disorder. Moreover, the hair sample analysis results offer some support for the idea that persons with autism may be less efficient and more variable at eliminating mercury from the blood."

3. Blood Levels of Mercury Are Related to Diagnosis of Autism: A Reanalysis of an Important Data Set, Clinical Neurology, 2007: http://jcn.sagepub.com/content/22/11/1308.abstract



• Why don't pro-vaccine people know about this peer reviewed report which was published in 2005 in Neuro Endocrinology Letters by J. Mutter, et al., which states:

"Recently, it was found that autistic children had a higher mercury exposure during pregnancy due to maternal dental amalgam and thimerosal-containing immunoglobulin shots. It was hypothesized that children with autism have a decreased detoxification capacity due to genetic polymorphism. In vitro, mercury and thimerosal in levels found several days after vaccination inhibit methionine synthetase (MS) by 50%. Normal function of MS is crucial in biochemical steps necessary for brain development, attention and production of glutathione, an important antioxidative and detoxifying agent. Repetitive doses of thimerosal leads to neurobehavioral deteriorations in autoimmune susceptible mice, increased oxidative stress and decreased intracellular levels of glutathione in vitro. Subsequently, autistic children have significantly decreased level of reduced glutathione. Promising treatments of autism involve detoxification of mercury, and supplementation of deficient metabolites."

4. Mercury And Autism: Accelerating Evidence, Neuro Endocrinology Letters, 2005: http://www.ncbi.nlm.nih.gov/pubmed/16264412?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_Discovery_RA&linkpos=2&log%24=relatedreviews&logdbfrom=pubmed

• What about this 2005 peer reviewed report published by the Department of Biology, Jackson State University, Mississippi, in The International Review of Neurobiology that states, regarding Thimerosal:

"The possibility of its involvement in autism cannot be ruled out."

5. Immunological Findings In Autism, International Review of Neurobiology, 2005: http://www.ncbi.nlm.nih.gov/pubmed/16512356

• Why don't pro-vaccine people know about and discuss this Extremely Important peer reviewed report published in 1991 by the Institute of Medicine (US) Committee to Review the Adverse Consequences of Pertussis and Rubella Vaccines in Washington DC. This study was published in hard-cover by the National Academies Press. You got your copy or heard about it, at least, right? This study states:

"that the evidence is consistent with a causal relation between DPT vaccine and acute encephalopathy and shock and "unusual shock-like state," and between RA 27/3 rubella vaccine and chronic arthritis; and that the evidence indicates a causal relation between DPT vaccine and anaphylaxis, between the pertussis component of DPT vac-

cine and protracted, inconsolable crying, and between RA 27/3 rubella vaccine and acute arthritis."

6. Adverse Effects of Pertussis and Rubella Vaccines, Institute of Medicine, the National Academies Collection, 1991: http://www.ncbi.nlm.nih.gov/pubmed/25121241

• Why don't pro-vaccine people know about and discuss this peer reviewed report published just last year in June of 2014 in BioMed Research International which states:

"There are over 165 studies that have focused on Thimerosal, an organic-mercury (Hg) based compound, used as a preservative in many childhood vaccines, and found it to be harmful … in a study conducted directly by CDC epidemiologists, a 7.6-fold increased risk of autism from exposure to Thimerosal during infancy was found … "

8. Methodological issues and evidence of malfeasance in research purporting to show thimerosal in vaccines is safe, BioMed Research International, June 2014: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4065774/#B20

• Why don't pro-vaccine people know about and discuss this peer reviewed report published in the Journal of Toxicology in 2013 that states:

"Cells hypersensitive to thimerosal also had higher levels of oxidative stress markers, protein carbonyls, and oxidant generation. This suggests certain individuals with a mild mitochondrial defect may be highly susceptible to mitochondrial specific toxins like the vaccine preservative thimerosal."

9. B-lymphocytes from a population of children with autism spectrum disorder and their unaffected siblings exhibit hypersensitivity to thimerosal, Journal of Toxicology, June 2013: http://www.ncbi.nlm.nih.gov/pubmed/23843785

• Why don't pro-vaccine people know about and discuss this peer reviewed report published in Immunologic Research in 2013 by Neural Dynamics Research Group from the Department of Ophthalmology and Visual Sciences at the University of British Columbia which states:

"In young children, a highly significant correlation exists between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders."

10. Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity, Journal Immunological Research, July 2013: http://www.ncbi.nlm.nih.gov/pubmed/23609067

• Why don't pro-vaccine people know about and discuss this peer reviewed report published in the Journal of Toxicology in 2012 by the Department of Neurosurgery at Methodist Hospital in Houston. The report states:

"We find that ethylmercury not only inhibits mitochondrial respiration leading to a drop in the steady state membrane potential, but also concurrent with these phenomena increases the formation of superoxide, hydrogen peroxide, and Fenton/Haber-Weiss generated hydroxyl radical. Additionally, we find a five-fold increase in the levels of oxidant damaged mitochondrial DNA bases and increases in the levels of mtDNA nicks and blunt-ended breaks. Highly damaged mitochondria are characterized by having very low membrane potentials, increased superoxide/hydrogen peroxide production, and extensively damaged mtDNA and proteins."

11. Thimerosal-Derived Ethylmercury Is a Mitochondrial Toxin in Human Astrocytes: Possible Role of Fenton Chemistry in the Oxidation and Breakage of mtDNA, The Journal of Toxicology, June 2012: http://www.ncbi.nlm.nih.gov/pubmed/22811707

Why don't pro-vaccine people discuss this report? It was published to the Journal of Toxicology and Environmental Health by members of the PhD Program in Population Health and Clinical Outcomes Research, Stony Brook University Medical Center, State University of New York at Stony Brook. The report states:

"Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period."

12. Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002, Journal of Toxicology and Environmental Health, 2010: http://www.ncbi.nlm.nih.gov/pubmed/21058170

There are 100s of 1000s of reports submitted for peer review every year, maybe millions. There's simply no way to keep up with all of them. The medical research and scientific research communities have known for years that thimerosal in amounts even less than what's allowed in vaccines is a neurotoxin and they know that some children cannot metabolize and excrete thimerosal and they've proven this. The understanding that vaccines cause neurological disorders, permanent brain damage and symptoms of Autistic Spectrum Disorder is known. Maybe not known to you, but you might not be reading peer reviewed reports every day. Most people don't. Here, within these pages, is your opportunity.

Vaccinated People Can And Will
Infect Both Vaccinated And Un-vaccinated People
For Weeks And Even Months And In Some Cases, For Years!

VACCINE SHEDDING

by Jeff Prager

Both unvaccinated and vaccinated individuals are at risk from exposure to those recently vaccinated. Even the CDC makes this perfectly clear [1,2,3]. Those people recently vaccinated for Measles, Mumps, Rubella, Chicken Pox, Influenza and Polio with live viruses can and will shed the virus for weeks and in some cases months—and they can infect both vaccinated and unvaccinated people.

Why doesn't the media discuss this fact?

Vaccine failure is widespread; vaccine-induced immunity is not permanent and recent outbreaks of diseases such as whooping cough, mumps and measles have occurred in fully vaccinated populations [4,5]. Flu vaccine recipients become more susceptible to future infection after repeated vaccination [6,3], which means people getting vaccinated every year for influenza are repeatedly driving their immunity down [7].

During a 10-year period there were 5,054 cases of chicken pox caused by vaccinated people shedding the chicken pox virus during a period of 50 days and up to seven years *AFTER* vaccination [8].

On the following page is a handout from Johns Hopkins Medical Centers. The handout states that you should:

• *Tell friends or family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit.*

• *It may be a good idea to have visitors call first.*

• *Avoid contact with children who were recently vaccinated.*

This is because vaccine shedding can infect both the vaccinated and the unvaccinated and this is why we have disease outbreaks.

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1. Detection of Measles Virus RNA in Urine Specimens from Vaccine Recipients, Division of Viral and Rickettsial Diseases, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333, USA: http://www.ncbi.nlm.nih.gov/pubmed/7494055

2. Case of Vaccine-Associated Measles Five Weeks Post Immunization, Eurosurveillance, Volume 18, Issue 49, December 2013: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20649

3. Comparison of Shedding Characteristics of Seasonal Influenza Virus (Sub)Types and Influenza A(H1N1) pdm09; Germany, 2007-2011, Published December 11, 2012, Asymptomatic/subclinical infections occur infrequently, but may be associated with substantial amounts of viral shedding. Presymptomatic shedding may arise in one third of cases, and shedding characteristics appear to be independent of (seasonal or pandemic) (sub)type, age, antiviral therapy or vaccination: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0051653

4. Immunized People Getting Whooping Cough: http://www.kpbs.org/news/2014/jun/12/immunized-people-getting-whooping-cough/

5. Vaccine Failure — Over 1000 Got Mumps in NY in Last Six Months: http://articles.mercola.com/sites/articles/archive/2010/03/06/vaccine-failure–over-1000-get-mumps-in-ny-in-last-six-months.aspx

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7. Flu Vaccine Increases Risk Of Serious Pandemic Flu Illness, Mercola: http://articles.mercola.com/sites/articles/archive/2012/09/18/flu-shot-increases-flu-illness.aspx

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The Johns Hopkins Hospital Patient Information

Original Date 9/05
Oncology
Revised/ Reviewed 6/12

Care at Home for the Immunocompromised Patient

What can I do to prevent infection?	 • Hand washing is the **best way** to prevent infection. • Carry hand sanitizer with you at all times. • Wash with soap and water or hand sanitizer -before and after you use the bathroom -before and after preparing or eating food -after touching pets or animals -after contact with someone who has an infection such as a cold or the flu -after touching surfaces in public areas (such as elevator buttons, handrails and gas pumps)
Do I need to wear a mask?	• Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place. • Close all car windows and turn on the re-circulate button of your ventilation system. • Avoid crowds if possible. An area is crowded if you are within an arm's length of other people. • Avoid closed spaces if possible.
Can I have visitors?	• Tell friends and family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit. • It may be a good idea to have visitors call first. • Avoid contact with children who were recently vaccinated.
Are there any precautions I should follow about my medicine?	• Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor. • You should wear a medical alert bracelet that identifies you as a cancer patient or bone marrow transplant patient at risk for bleeding or infection. • **Keep a current medication list with you at all times**. • Do not take any herbal products. • Avoid grapefruit juice, which interacts with many medications.

THIMEROSAL EXPOSURE AND INCREASING TRENDS OF PREMATURE PUBERTY IN THE VACCINE SAFETY DATALINK

by D.A. Geier, H.A. Young and M.R. Geier

BACKGROUND & OBJECTIVES:

The US Agency for Toxic Substances and Disease Registry (ATSDR) reports that mercury (Hg) is a known endocrine disruptor and it adversely affects the steroid synthesis pathway in animals and humans, and may interact to enhance the risk for a child developing premature puberty. An association between premature puberty and exposure to Hg from thimerosal-containing vaccines (TCVs) was evaluated in computerized medical records within the Vaccine Safety Datalink (VSD).

METHODS:

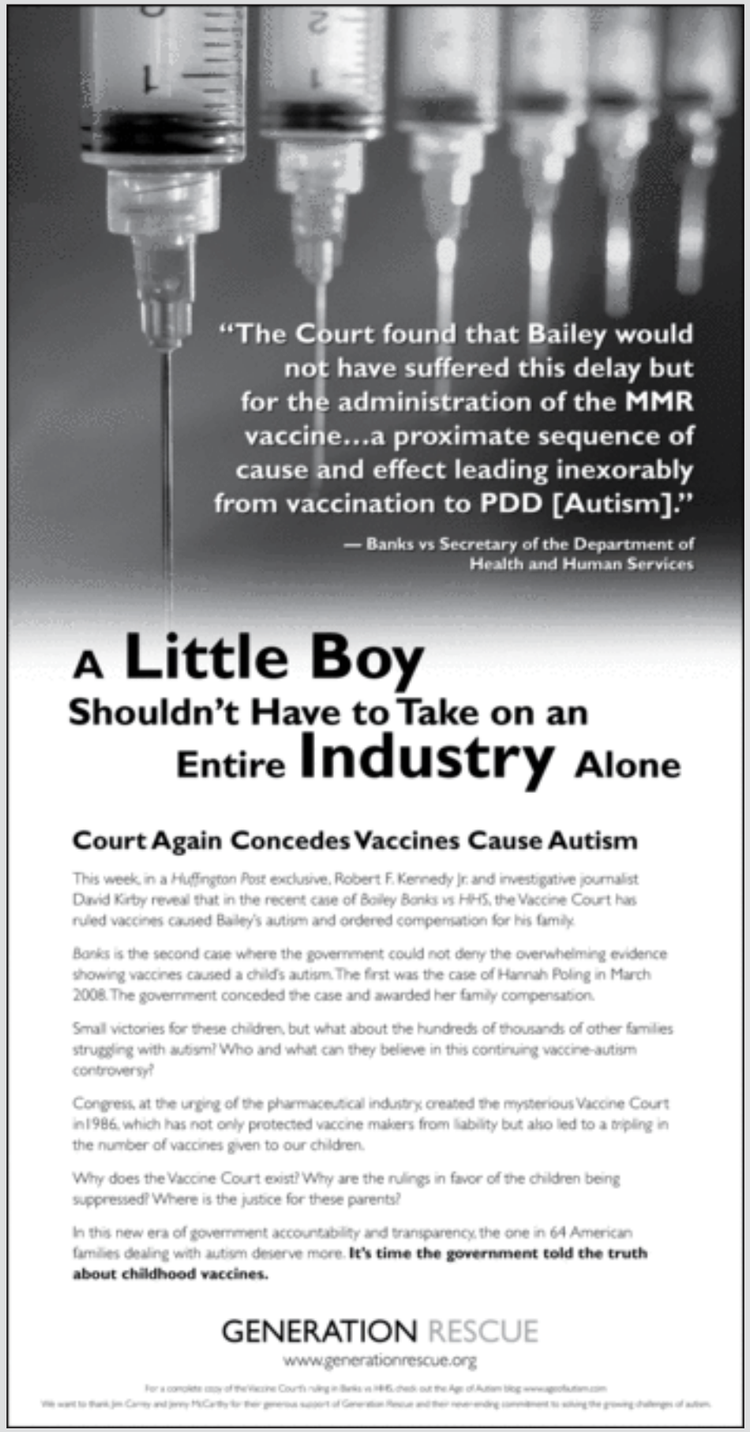
A total of 278,624 subjects were identified in birth cohorts from 1990-1996. The birth cohort prevalence rates of medically diagnosed International Classification of Disease, 9(th) revision (ICD-9) premature puberty and control outcomes were calculated. Exposures to Hg from TCVs were calculated by birth cohort for specific exposure windows from birth-7 months and birth-13 months of age. Poisson regression analysis was used to model the association between the prevalence of outcomes and Hg doses from TCVs.

RESULTS:

Significantly increased (P<0.0001) rate ratios were observed for premature puberty for a 100 microg difference in Hg exposure from TCVs in the birth-7 months (rate ratio=5.58) and birth-13 months (rate ratio=6.45) of age exposure windows. By contrast, none of the control outcomes had significantly increased rate ratios with Hg exposure from TCVs.

INTERPRETATION & CONCLUSIONS:

Routine childhood vaccination should be continued to help reduce the morbidity and mortality associated with infectious diseases, but efforts should be undertaken to remove Hg from vaccines. Additional studies should be done to evaluate the relationship between Hg exposure and premature puberty.



THIMEROSAL
THE DEADLY PRESERVATIVE

by Jeff Prager

The claim: Since thimerosal was removed from vaccines the incidence of autism has not decreased.

The truth: Since thimerosal has been removed from most but not all vaccines the number of Neurological Disorders has decreased in the United States.

That's right. Since thimerosal was removed from vaccines the incidence of neurological disorders has decreased. So when people tell you that since thimerosal was removed from most vaccines that the incidence of autism and neurological disorders has not decreased you can tell them that they're wrong and the peer reviewed evidence supports your position, not theirs.

Additionally, the handling of vaccine safety data from the National Immunization Program of the CDC has been called into question by the Institute of Medicine of the National Academy of Sciences since 2005 [1].

Here's another great study you might like that's easy to understand and it's by pro-vaccine medical researchers.

The authors of this fascinating study are active in calling for preservative-free vaccines and they produce data to support thimerosal-free vaccines. Even today, many influenza vaccines still contain thimerosal. So do others. Here's a list of thimerosal containing vaccines to start off with, just so you know [2,3]:

- Tripedia DTaP
- Fluzone (multi-dose)
- Fluvirin (multi-dose)
- Fluvirin (single dose)
- Alfluria (multi-dose)
- Alfluria (single dose)
- Flulaval
- DT vaccine
- Td vaccine
- TT vaccine
- Meningococcal vaccine

The authors previously published the first epidemiological study from the United States associating thimerosal from childhood vaccines with neurodevelopmental disorders (NDs) based upon assessment of the Vaccine Adverse Event Reporting System (VAERS).

In the present study, a follow-up study, a cohort of children receiving thimerosal-containing diphtheria-tetanus-acellular pertussis (DTaP) vaccines in comparison to a cohort of children receiving thimerosal-free DTaP vaccines administered from 1997 through 2000 based upon an assessment of adverse events reported to the VAERS were evaluated.

It was determined that there were significantly increased odds ratios (ORs) for autism, mental retardation, speech disorder, personality disorders and thinking abnormality adverse events reported to the Vaccine Adverse Event Reporting System (VAERS) following thimerosal-containing DTaP vaccines in comparison to thimerosal-free DTaP vaccines.

It was observed, even though the media has reported a potential association between autism and thimerosal exposure, that the other Neurodevelopmental Disorders analyzed in this assessment of the VAERS had significantly higher Odds Ratios than autism following thimerosal-containing DTaP vaccines in comparison to thimerosal-free DTaP vaccines.

So essentially the authors are saying that mental retardation, speech disorder, personality disorders and thinking abnormality occur even more frequently than Autistic Spectrum Disorder symptoms (ASD) and thimerosal containing vaccines are seen to cause these neurological developmental disorders as well as symptoms on the autistic spectrum including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome [4].

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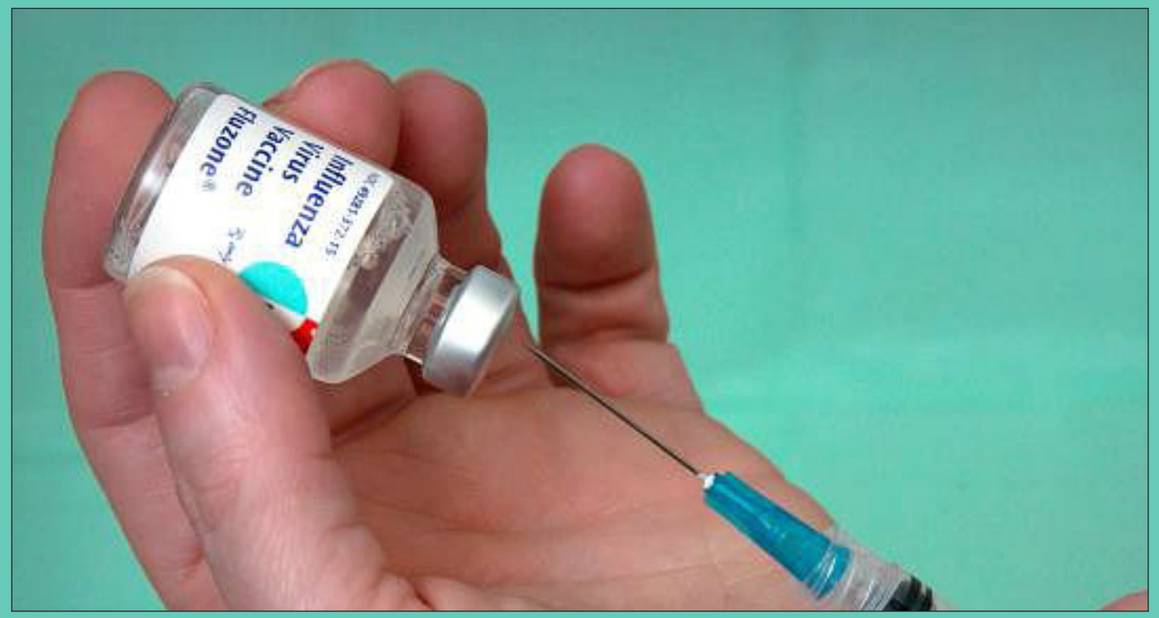

VACCINES CAN AND DO CAUSE AUTISM

by Jeff Prager

The question of whether vaccines can cause autism or symptoms on the autism spectrum has been debated in the mainstream media for quite a few years yet we rarely see the media pundits present peer reviewed material to support their statements. It's my assertion that the medical research and scientific research communities have known that thimerosal is a dangerous neurotoxin even in amounts far smaller than those found in vaccines and the peer reviewed literature supports my position.

Also supporting my position is the Vaccine Injury Compensation Court which has awarded almost 3 billion dollars to individuals that were either killed or permanently disabled with severe neurological disorders from vaccine injection.

Here are 19 links and each of these links supports the statement that "thimerosal in vaccines can cause autism in children with compromised mitocondria." There are many, many more references but this collection constitutes the references that were more easily understood by non-professionals like you and I.

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WHY MEASLES OUTBREAKS
BECAUSE THE MEASLES VACCINE CAUSES MEASLES

by Jeff Prager

Please allow me to explain, using 10 peer reviewed studies, why we have measles outbreaks.

Paraphrasing: “The car ride to the pediatrician’s office presents more danger than contracting the measles disease and expressing symptoms.”

~ Marshal Mcclung

In 2012 there were 33,561 deaths from car accidents [1]. There have been zero deaths from measles for the last 10 years.

During the 1950s and 60s the USA had 3-4 million reported cases of measles per year and an average of 450 people per year died from complications related to the measles virus. In 2010 there were almost 800 bicycle accidents that resulted in death [2]. More people die each year from bicycles than measles. Do we vaccinate for bicycles or do we stop buying and using them? They’re killing more people than measles did even before the vaccine.

The population of the US in 1963 was 189,241,98. This means that before the vaccine was introduced the percentage of the US population that died from measles was 0.000237%. Today, the percentage of the global population that dies from measles, after vaccination has been introduced for 51 years, is 0.00328%. This means that before the vaccine was introduced less people in the USA died than die today from measles globally—after the vaccine was introduced.

~ 0.000237% is considerably less than 0.00328% ~

Even worse, scientific evidence demonstrates that individuals vaccinated with live virus vaccines such as MMR (measles, mumps and rubella), rotavirus, chicken pox, shingles and influenza can shed the virus for many weeks or months afterwards and infect the vaccinated and unvaccinated alike [3,4,5,6,7,8,9,10,11,12,13]. This revelation, that vaccinated people shed measles virus which can infect even other vaccinated people for weeks and even months after vaccination, fully explains any current measles outbreaks.

The image that accompanies this post, from Johns Hopkins, shows that immunocompromised persons should avoid people that have recently been vaccinated for measles, chicken pox, rubella, influenza, polio or smallpox because these vaccinated people can *SHED THE VIRUS FOR WEEKS AND EVEN MONTHS* infecting even people that are already vaccinated.

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I LIKE MY MEASLES WITH REFERENCES
A FEW STATISTICS YOU WONT EASILY FIND

by Jeff Prager

According to Dr. William Schaffner, an infectious disease expert at Vanderbilt University in Nashville, there have been no measles deaths since 2003 as a result of the MMR vaccine, and he's correct.

As of March 1, 2012, there have been 898 claims filed in the federal Vaccine Injury Compensation Program (VICP) for injuries and deaths following MMR vaccination, including 56 deaths and 842 serious injuries.

When public health officials embrace the concept of eradicating an infection from the world and achieving that goal means making sure that a certain number of children have gotten a certain number of vaccinations, it is very easy to turn children into abstractions and forget that human beings are not all the same and do not all react the same way to vaccines or infections [1,2,3,4].

There are biological, genetic and environmental differences among us and that is why some of us get an MMR shot or experience measles and do not suffer complications while others of us do suffer complications and are brain injured or die [5,6,7,8,9,10,11].

15,096 total claims of death and/or injury have been filed with the Vaccine Injury Compensation Program (VICP). There have been 1,132 deaths. 3,540 families have been financially compensated. 9.735 cases have been dismissed. Some cases were dismissed after providing insufficient evidence to support the claim [12].

My opinion is that choosing between getting the measles (and I had this illness), which provides a lifetime of immunity that's also passed to your or choosing between being vaccinated for measles is like choosing between getting a minor illness or taking the risk you might kill your kid with an unnecessary vaccine.

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THE MEASLES VACCINE CAN NOT PREVENT MEASLES OUTBREAKS AND IT DOESNT WORK VERY WELL AT ALL

by Jeff Prager

Between 2% and 10% of people vaccinated for Measles will get ZERO protection. The vaccine won't work because we are all genetically different.

9% of children getting two doses of the vaccine will lose their ability to make antibodies (erroneously called "immunity") after seven and a half years. As more time passes, more people lose immunity. We have outbreaks of measles not because people are unvaccinated but because the measles vaccine does not work. I had measles as a child. I have lifetime immunity.

According to Dr. Gregory Poland, one of the world's most admired and most advanced thinkers in the field of vaccinology, the answer lies in our genes.

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

This next generation vaccine technology, which his Mayo Clinic group is helping pioneer, marries vaccinology with genomics to create personalized, rather than one-size-fits-all vaccines, which we know cause neurological disorders.

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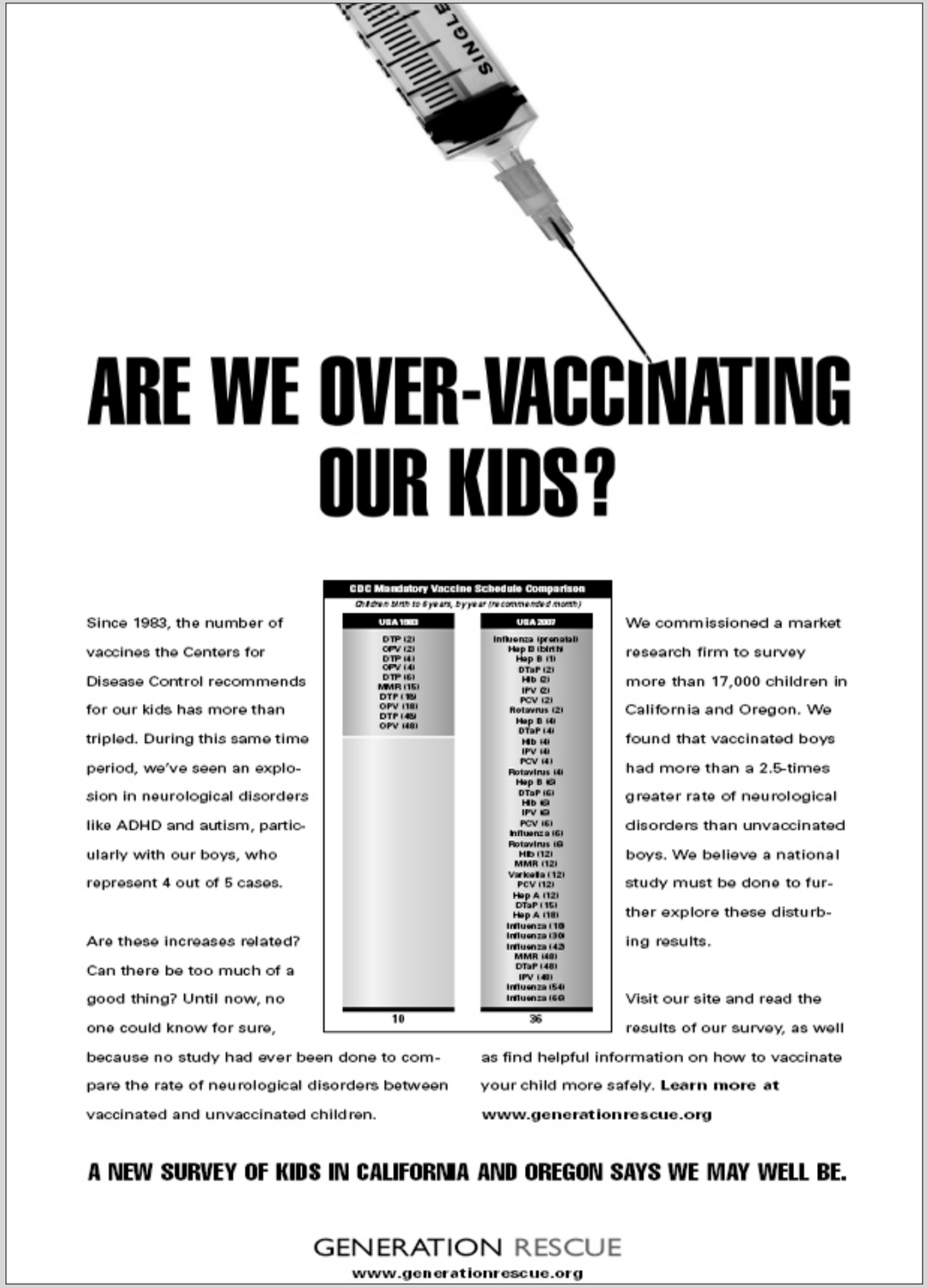

MEASLES VACCINATION AND ELIMINATION IN THE UNITED STATES

by Jeff Prager

From 1912 through 1916 there were an average of 5,300 measles related deaths per year.

From 1956 through 1960 there were an average of 450 measles related deaths per year.

Between 1900 and 1963 when the measles vaccine was first used the incidence of measles and deaths related to measles had *decreased* by over 95%.

It's clearly apparent that measles were conquered not by vaccines but by improvements in living standards and nutrition. Because this is the real reason measles was virtually eradicated from the US, preventing the illness from re-emerging is a relatively simple task. The same elements that were responsible for eliminating measles in the first place will also work to prevent a measles epidemic from becoming a reality. Lifestyle. Measles is no longer capable of epidemic proportions because human beings live differently today. We have vastly improved nutrition and considerably higher living standards.

Langmuir showed that greater than 90% of Americans were infected with the measles virus by age 15 years before the measles vaccine was invented and all of these people gained lifetime immunity. Everyone had the measles and chicken pox when I was a kid. I had measles. I also had mumps, scarlet fever and chicken pox.

Vaccines don't provide immunity. They only create antibodies to the disease. This is how science measures vaccine effectiveness. Antibodies. But antibodies do not provide immunity and immunity has never been proven to be a result of vaccination. Vaccination will only increase your antibodies. Again, immunity has never been proven.

Between 1912 and 1960 both the incidence, frequency and death rate related to measles had decreased by more than 95% as a result of improvements in health care, nutrition and living standards and by the time the measles vaccine was invented the death rate from measles had dropped by more than 95%.

So what's a pharmaceutical company to do after investing billions of dollars in a vaccine only to find that the disease had virtually disappeared on its own?

This happened with Pertussis and Diphtheria too. Polio too. Yet after investing those precious billions and with stockholders profits being more important than even the truth, they sold the vaccines. They pushed 'em like drug pushers because that's what they are. They're selling you vaccines whether you like it or not, whether they're needed or not and whether they work, or not. And as you'll read here, we're finding that vaccines are failing at an alarming rate and we don't even know why.

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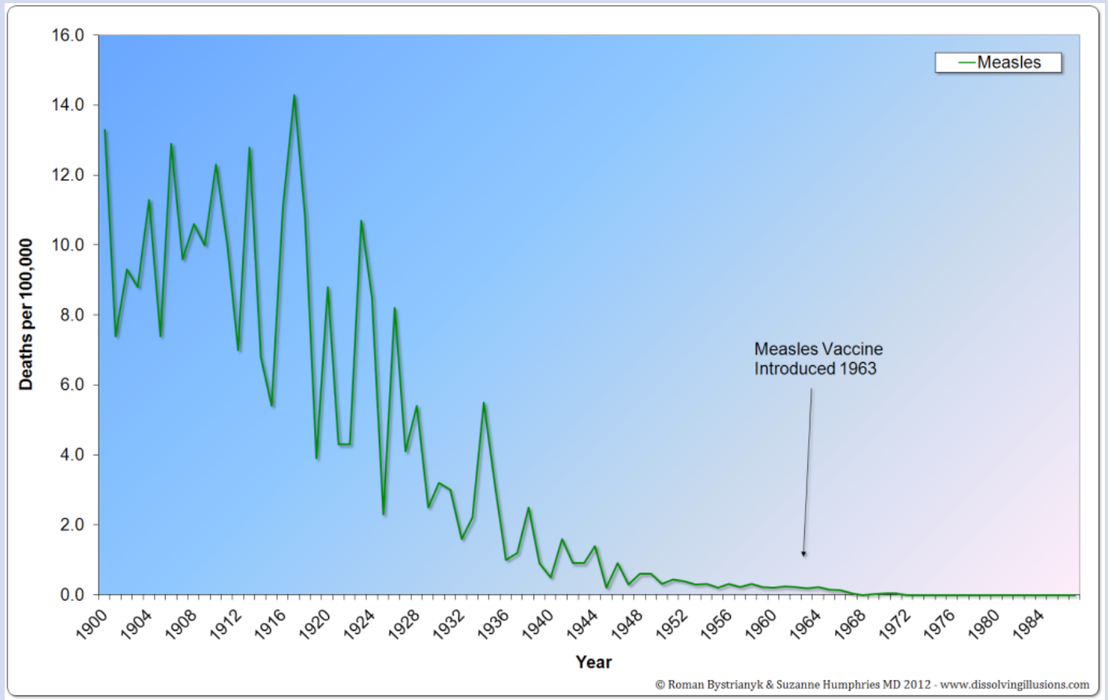
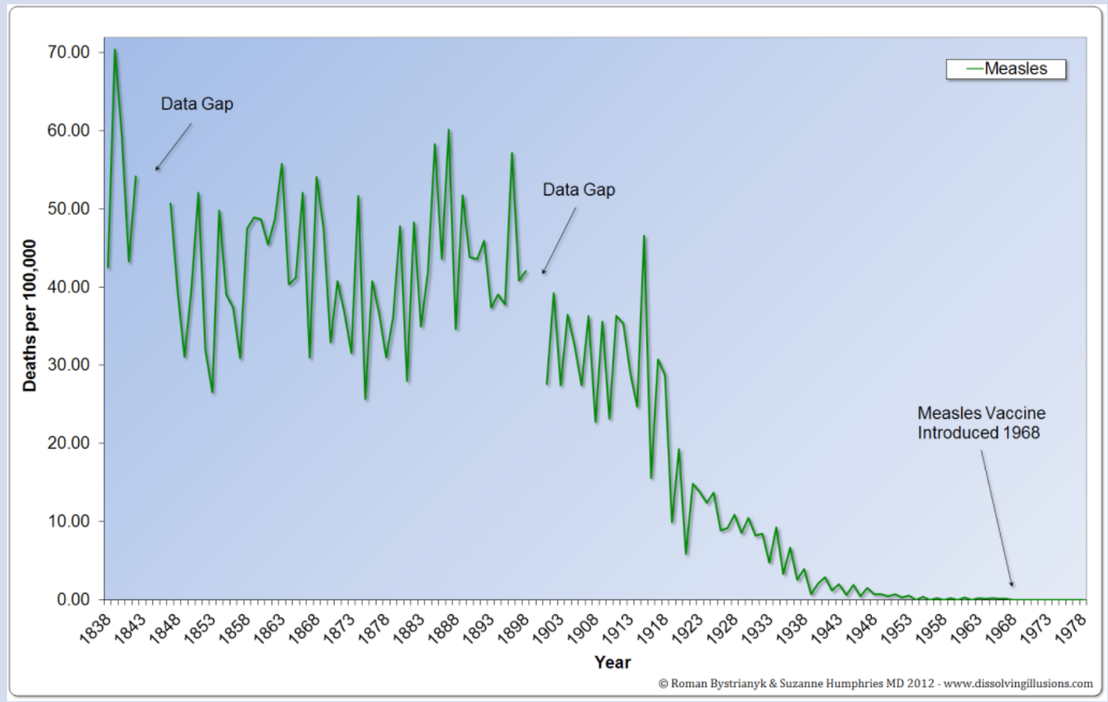
Graphs showing the introduction of the measles vaccine in the US (top) and the UK (bottom) speak for themselves.





OUTBREAK OF MEASLES AMONG PERSONS WITH PRIOR EVIDENCE OF IMMUNITY NEW YORK CITY

by Jennifer B. Rosen, Jennifer S. Rota, Carole J. Hickman, Sun Sowers, Sara Mercader, Paul A. Rota, William J. Bellini, Ada J. Huang, Margaret K. Doll, Jane R. Zucker and Christopher M. Zimmerman

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Background

Measles was eliminated in the United States through high vaccination coverage and a public health system able to rapidly respond to measles. Measles may occur among vaccinated individuals, but secondary transmission from such individuals has not been documented.

Methods

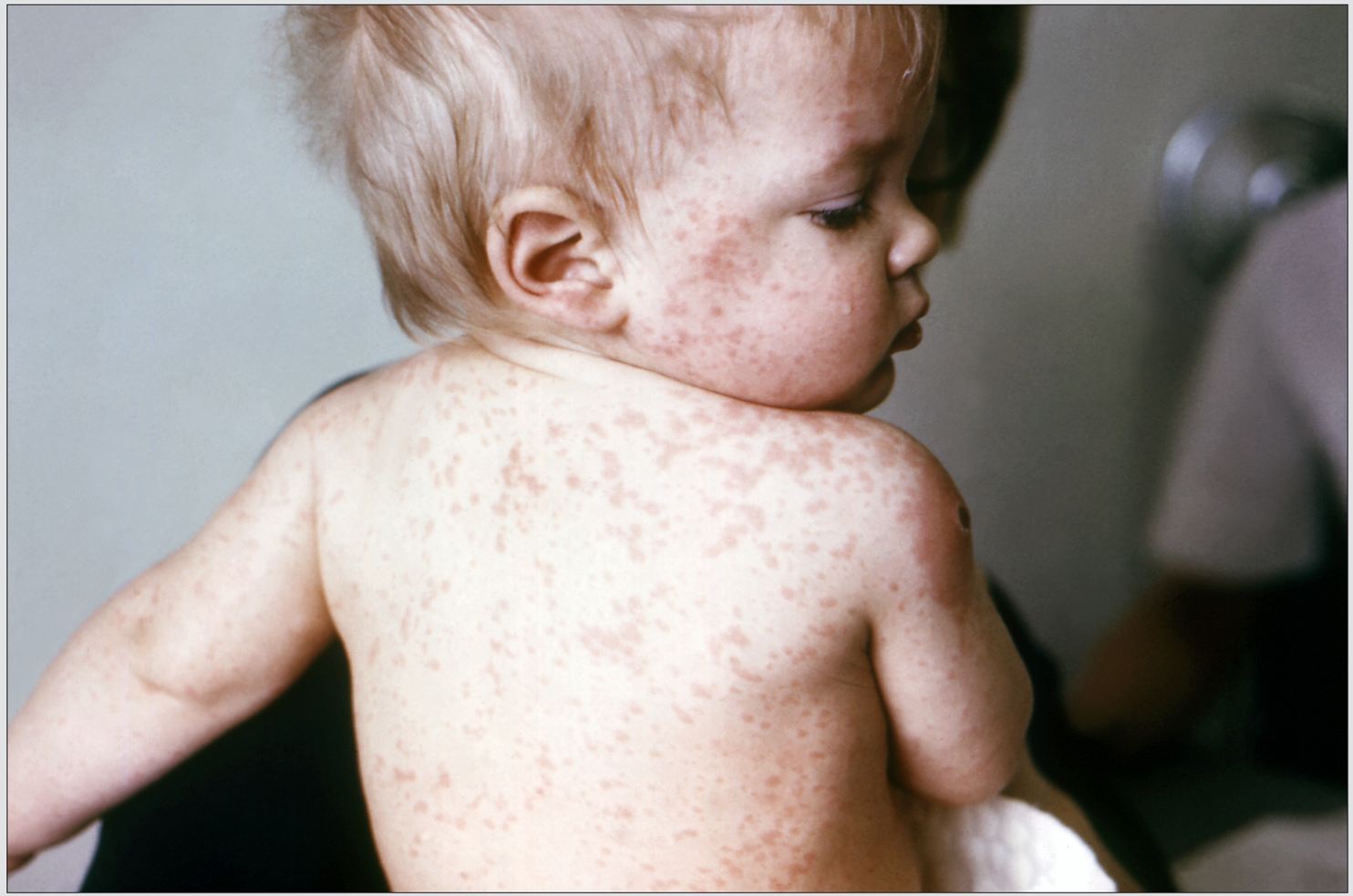
Suspected cases and contacts exposed during a measles outbreak in New York City in 2011 were investigated. Medical histories and immunization records were obtained. Cases were confirmed by detection of measles-specific IgM and/or RNA. Tests for measles IgG, IgG avidity, measurement of measles neutralizing antibody titers, and genotyping were performed to characterize the cases.

Results

The index case had two doses of measles-containing vaccine. Of 88 contacts, four secondary cases were confirmed that had either two doses of measles-containing vaccine or a past positive measles IgG antibody. All cases had laboratory confirmation of measles infection, clinical symptoms consistent with measles, and high avidity IgG antibody characteristic of a secondary immune response. Neutralizing antibody titers of secondary cases reached >80,000 mIU/mL 3-4 days post-rash onset while that of the index was <500 mIU/mL 9 days post-rash onset. No additional cases occurred among 231 contacts of secondary cases.

Conclusions

This is the first report of measles transmission from a twice vaccinated individual. The clinical presentation and laboratory data of the index were typical of measles in a naïve individual. Secondary cases had robust anamnestic antibody responses. No tertiary cases occurred despite numerous contacts. This outbreak underscores the need for thorough epidemiologic and laboratory investigation of suspected measles cases regardless of vaccination status.



Measles rash in a small child - the rash disappears

MAYO CLINIC EXPERT CONFIRMS MEASLES VACCINE IS FAILING ITS NOT THE UNVACCINATED

An article in Canada's Financial Post quotes extensively from the Mayo Clinic's vaccine heavyweight Professor Gregory A Poland about the failure of the measles vaccine: Lawrence Solomon: Vaccines can't prevent measles outbreaks May 1, 2014 Financial Post

What Poland does say is extraordinary. And as CHS has recently reported about vaccine failures, it is not the unvaccinated and it is not just the measles vaccine but mumps, whooping cough and polio vaccines at a minimum: Vaccines Are Causing Measles. Poland is Professor of Medicine and founder and leader of Mayo Clinic's Vaccine Research Group.

But Professor Poland was not asked why there is no effective treatment for measles nor whether it would obviate the problem or even just treat those who cannot be vaccinated or those who contract measles despite being fully vaccinated. It's about time someone like him was asked. Poland confirms the vaccine is failing and his answer is "we need a new measles vaccine". Yet this is after over 50 years of failure to eradicate measles, when it was meant to be eradicated in 1967 with just one shot: "Measles To Be Eradicated in 1967 With 55% Vaccine Coverage"

That seems pretty dumb. It will also mean another 50 years of experiments on children with new vaccines causing serious adverse reactions, which government and health officials will again pretend do not exist and even more autism and other chronic health problems for children for life. The Financial Post story is apparently based on Professor Poland's paper from 2012: The Re-Emergence of Measles in Developed Countries: Time to Develop the Next-Generation Measles Vaccines?

Poland is heavily quoted including:

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

The "UK has declared measles once again endemic.… the more fundamental problem stems from the vaccine being less effective in real life than predicted, with a too-high failure rate — between 2% and 10% don't develop expected antibodies after receiving the recommended two shots. Because different people have different genetic makeups, the vaccine is simply a dud in many, failing to provide the protection they think they've acquired. To make matters worse, even when the vaccine takes, the protection quickly wanes, making it unrealistic to achieve the 95%-plus level of immunity in the general population thought necessary to protect public health.

On 1st November 1966 US Government vaccine experts announced momentously to the world in a paper presented to the American Public Health Associations meeting in San Francisco, November 1, 1966 that measles was to be eradicated in 1967 and just 55% vaccine coverage would do the trick.

With the isolation of the measles virus and the development and extensive field testing of several potent and effective vaccines, the tools are at hand to eradicate the infection. With the general application of these tools during the coming months, eradication can be achieved in this country in the year 1967. This paper states the epidemiologic basis in support of this statement, specifies the essential conditions, and outlines the priorities for attaining this goal."

The experts were Sencer and Dull [yes really – their real names] with their colleague Langmuir. They were from the forerunner to the The US Centers For Disease Control – The Public Health Services National Communicable Disease Center of Atlanta, Ga. , USA. Dr. Sencer was chief and Dr. Dull was assistant chief of the Center. Dr. Langmuir was chief of the Epidemiology Program.

They wrote:

….. it is evident that when the level of immunity was higher than 55 percent, epidemics did not develop. This is an estimate of the threshold of herd immunity providing protection to the city against a measles epidemic.

There is no reason, however, to question the validity of the basic assumption that the occurrence of measles epidemics depends upon the balance of immunes and susceptibles, and that for all areas and special groups in this country the immune threshold is considerably less than 100 percent.

So from 1966 to 2013 the measles vaccination programmes were based on this wisdom from the US CDC. And from 1966 to 2007 something else did not change – the CDC's ineptitude – except when it comes to spending billions of tax dollars.

The US CDC was castigated by the US Senate as one which "cannot demonstrate it is controlling disease". "CDC Off Center" is an extraordinary 115 page review published in June 2007 by the US Senate on the US Centers for Disease Control:-

A review of how an agency tasked with fighting and preventing disease has spent hundreds of millions of tax dollars for failed prevention efforts, international junkets, and lavish facilities, but cannot demonstrate it is controlling disease."

CDC OFF CENTER"- The United States Senate Subcommittee on Federal Financial Management, Government Information and International Security, Minority Office, Under the Direction of Senator Tom Coburn, Ranking Minority Member, June 2007.

So what is the score today? Health officials have kept increasing and increasing the level at which vaccine uptake is necessary to eradicate measles. Today it is 95%. They have increased the number of times children have to be vaccinated. It was just one shot of measles vaccine and then one of MMR. Now it is two shots and teenagers and adults are also told they can be vaccinated with the MMR at any time they like. But hey, we see measles and mumps outbreaks in highly vaccinated populations.

And the fact that children are killed and injured by the vaccines is hushed-up. In their rabid religious zealotism for vaccinology health officials introduce vaccines they know to be dangerous for children like Pluserix in 1988 and like Cervarix for 12 year old schoolgirls in the UK in 2008.

And millions of third world children have been dying despite vaccination and it is because they still get measles and there are no effective treatments for it and other basic childhood diseases. These experts have concentrated on vaccines and when their approach fails they do not change even though there is a desperate need for development of effective treatments TO SAVE THE LIVES OF CHILDREN and when WE CAN DO IT. We have the technology.

And after the failure of measles eradication programme in 1967, it kept failing during the 1970s, failed again in 1984 in the USA and 1988 in the UK and other countries with the introduction of the MMR [with the also unnecessary mumps component]. Failed again when MMR two doses were introduced because one was not enough. Failed again and again as health officials kept raising the level of vaccination coverage to achieve supposed "herd immunity" [they started with 55% coverage in 1967]. And now even with 95% coverage levels it is failing. After that it will be 100% coverage enforced with compulsory vaccination and it will be failing again, with boosters already being suggested for adults: Vaccines Are Causing Measles.

Now that is a spectacularly under-impressive record for medical "science" [or should we say pseudoscience? Because that is more accurate.]

The destruction of natural disease immunity is yet another step along the route of making citizens believe and feel they are dependent upon the state and those who control it for their health and security and that of their families and children, just like false flag attacks in the USA do. The cause of adults in highly vaccinated populations contracting measles and perhaps even dying when with natural immunity they would not, is the vaccines and the vaccine programs. So the ways in which the safety from disease conferred by natural immunity is undermined by vaccines are manifold.

THE BROKEN VACCINE

Whooping cough is on the rise, exposing a worrisome trend: The vaccine that holds it in check is losing its potency, and nobody is sure why.

Seth Fikkert had a head cold. The 30-year-old worked in a hospital and had two kids, so he didn't think much of it. But after three weeks, he still felt short of breath, and his 2-year-old son was coughing a little, too.

Fikkert, who resembles Jim from the NBC television show The Office in both his boyish good looks and his sharp sense of humor (he jokes about the mispronunciations his last name inspires), lived in Everett, Washington, which last summer was in the midst of one of the country's most serious whooping cough epidemics. So he thought it best to get tested.

"I just wanted to rule it out," Fikkert says. He had gotten his adult booster for pertussis, the bacterium that causes whooping cough, only a year before, so it was highly unlikely that he had the infection. On the morning of Thursday, June 28, he walked into the employee health clinic at Providence Regional Medical Center, where he worked, and asked for a test.

The clinic did not take his concern lightly. Fikkert recalls that afterward, "they masked me up, sent me down for a Z-Pak [the antibiotic Zithromax] at the pharmacy, and sent me directly home." And for good reason: Four days later, Fikkert learned he had tested positive. "It was a huge surprise," he says. His daughter also tested positive; his son tested negative, though if a test is administered more than two weeks after symptoms arise, it may yield a false negative. To keep the infection from spreading, the hospital and the local health department in Snohomish County gave antibiotics to 35 hospital patients and 77 employees that Fikkert had been in close contact with over the 28 days before his diagnosis, despite the fact that almost all of the staff had had boosters. Before pertussis vaccines came into use in the 1930s, the infection killed about 4,000 Americans (mostly infants) a year—10 times as many as the number of people who died annually from measles and 12 times more than died from smallpox.

The vaccine's effectiveness begins to drop after one year.
Five years after the final dose, it provides only 70 percent protection.

Although infection rates dropped dramatically with the vaccine, pertussis has recently returned with dangerous fervor: 2012 was the country's worst year for pertussis since 1959, with more than 38,000 cases reported nationally, 16 deaths of infants and children, and large spikes in every state except California. Most health officials believe that because many cases go undetected, the actual infection numbers are far higher. Pertussis is now considered the most poorly controlled vaccine-preventable bacterial disease in the developed world.

The resurgence is not the fault of parents who haven't immunized their kids. "We don't think those exemptors are driving this current wave," Anne Schuchat, director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC), told reporters at a July press briefing.

Indeed, 73 percent of kids aged 7 to 10 who caught pertussis last year in Washington State—where the infection hit particularly hard—had been fully vaccinated. And 81 percent of adolescents had not only had full childhood vaccinations, but also a booster shot.

The problem is the pertussis vaccine itself. In 1992, U.S. doctors began switching to a new formulation with fewer side effects. But the CDC, which monitors infectious disease outbreaks, is learning the hard way that it just doesn't work very well. "It wanes, and it wanes more quickly than we expected," says CDC epidemiologist Stacey Martin. Scientists are trying hard to find out why. In the meantime, more than 228 million Americans—some kids and teens, as well as most adults—think that they are protected from whooping cough, but they are not.

Pertussis is caused by bordetella pertussis, a bacterium that has been around for at least 400 years. The microbes attach to tiny, hairlike structures in the lungs and release toxins that cause a terrible and persistent cough. Every outburst projects live bacteria into the air, and anyone within three feet can breathe them in and become infected.

Often the relentless hacking causes people to throw up, or to have so much trouble catching their breath that they make a "whooping" sound while inhaling. Antibiotics stop a person from being contagious but do not always ease symptoms.

Babies younger than 3 months are particularly vulnerable. They can suffocate because of the cough, and since their immune systems are undeveloped, their white blood cells can spike so high that they literally clog the veins, obstructing blood flow and causing cardiovascular problems. Babies get their first pertussis vaccine at 2 months, but it provides only a small amount of protection.

Prior to 1992, children in the United States were inoculated with whole-cell pertussis vaccines, which were made using whole killed bacteria. These were quite effective but often caused side effects like local swelling, fevers, and, in rare instances, neurological problems.

That year, the CDC began recommending a new vaccine that contained two to five proteins isolated from B. pertussis rather than the entire bacterium. While these acellular vaccines, as they are called, cause fewer side effects, they do not seem to last very long.

In 2010 California experienced a particularly devastating pertussis outbreak that sickened 9,000 people and killed 10 babies. At the time, David Witt, an infectious disease specialist at Kaiser Permanente Medical Center in San Rafael, assumed that most of the infected kids were unvaccinated; the very first patient he treated, for instance, was from a non-vaccinating family. To confirm his suspicions, Witt assigned a project to his son, a University of California, Berkeley, public health major who was home for the Christmas holiday: Check the vaccination records of all of the kids the medical center had treated so far that year.

"The original impetus was just to show how virulent an effect not being vaccinated has," Witt explains. Instead, Witt's son found that whooping cough rates were not significantly different in vaccinated, unvaccinated and undervaccinated children between the ages of 8 and 12.

Kids typically finish their initial vaccine series between ages 4 and 6, and the results suggested that protection starts to wane three years later—a big problem, considering that they don't get another shot until they're 11 or 12. "It's awfully worrisome," Witt says.

In November 2012, the CDC announced the results of its own analysis of the California outbreak. The agency found that the vaccine's effectiveness begins to drop after one year, and that five years after the final dose, it provides only 70 percent protection. An Australian study recently reported that kids who were given the acellular vaccine as infants were more than three times as likely to get pertussis between 2009 and 2011 than were those who received the whole-cell version.

No one knows why the acellular vaccine is so ineffective. It exposes the immune system to only a handful of bacterial proteins, and it may be that exposure to more—as occurred when people were inoculated with the whole-cell vaccine—is more powerful. But the CDC's Martin notes that the United States will probably never use the whole cell vaccine again because of concerns about its possible side effects.

Frits Mooi, a molecular microbiologist at the Centre for Infectious Disease Control in the Netherlands, has a controversial theory about the acellular version: The pertussis bacteria may have adapted to it, much like bacteria become resistant to antibiotics.

Mooi sequenced the genomes of today's B. pertussis strains and found they have acquired mutations in each of the proteins used to make the acellular vaccines. This means, he says, that our immune systems are being primed to fight an attacker that is slightly different from what they actually encounter. While Martin agrees that the vaccine does not precisely match today's circulating strains, she says it is unclear whether this mismatch is actually causing the observed vaccine failure.

Jean Zahalka, a soft-spoken public health nurse with shortly cropped gray hair, sat in a small office at the headquarters of the Snohomish Health District, conducting a phone interview with the mother of a 7-month-old baby who had just been diagnosed with whooping cough.

Luckily, the little boy didn't attend daycare, which meant that he hadn't had many opportunities to infect others. And despite his persistent cough, he was holding up well, possibly because he'd already had two doses of DTaP, the childhood vaccine for diphtheria, tetanus, and pertussis.

But then the mom told Zahalka that the boy's 3-year-old sister was also coughing. Zahalka winced. Next, it came to light that the mother's 14-year-old niece had spent three days with the family earlier that week, which meant she was probably infected as well. The niece's mother had just lost her job and could not afford to buy antibiotics, so the health department was going to have to cover the cost of her treatment in order to curb the spread of the infection.

As health departments across the country are coming to learn, it is extremely difficult to monitor and control pertussis outbreaks. For one thing, many cases go undetected. "We're reporting just the tip of the iceberg," says Sandi Paciotti, communicable disease manager at the Skagit County Health Department, which tallied the most pertussis cases in Washington State in 2012. Paciotti estimates that three to five times more people have been infected than are reflected in her official numbers.

One reason is that 15 percent of the Skagit County population is uninsured and unwilling to pay for the $300 test. Teens are another overlooked pertussis reservoir; the director of the Skagit County Health Department, Peter Browning, says his 13-year-old son caught pertussis early in the outbreak, but since he had been immunized, Browning didn't suspect it. "We don't stop loving our kids after age 13, but we don't rush them to the doctor, either," he says.

The vaccine's effectiveness begins to drop after one year. Five years after the final dose, it provides only 70 percent protection.

There are probably also thousands of adults who have suffered through the infection without seeking treatment. Adults who have been vaccinated, like Fikkert, often have milder symptoms, but they are still contagious. Some do go to the doctor but only after they have been sick for several weeks, at which point the test can come back negative even if they had the infection. And some doctors do not even consider pertussis when adults come in complaining of a persistent cough. "They don't think adults can get it," the CDC's Martin says.

With an infection so difficult to control, the best hope is prevention. But a better vaccine may be years, if not decades, away. "We just don't know what we should be targeting," says Martin, pointing out that no one knows what parts of the bacterium should be included in the vaccine to make it more effective.

Scott Halperin, the director of the Canadian Center for Vaccinology in Halifax, believes that changing the immune-boosting chemicals, called adjuvants, in the vaccine could make a difference. Camille Locht, a microbiologist at Inserm and Institut Pasteur de Lille in France, is developing a live vaccine for newborns; he says it could give infants enough protection to survive until they get their childhood series, but so far he has tested the vaccine only in adults.

The CDC began recommending a tetanus, diphtheria, and pertussis (Tdap) booster shot for most people over age 11, including adults up to age 64, in 2005. But as of 2010, only 8 percent of the adult population had actually received one. Moreover, an ongoing CDC investigation suggests that, like the childhood vaccine, the adult Tdap booster lasts only a few years at most.

As you'll read elsewhere in this PDF, repeated vaccination leads to lower protection. Yet with the exception of childbearing women, who are advised to get the booster during every pregnancy, Tdap is licensed only for one-time use in adults. "That probably isn't enough," says Amie Tidrington, the immunization clinic manager for the Skagit County Health Department.

THE AMISH AND VACCINES
PERTUSSIS AND RUBELLA

by Jeff Prager

Amish religious doctrine does not prohibit vaccination; however, coverage levels for routine childhood vaccination remain low in many Amish communities [1]. In 2005 there was an outbreak of pertussis in Kent County, Delaware, an Amish community. 345 cases were reported. No one died. No one was permanently injured.

In 1992 there was an outbreak of rubella in the Amish community. Of 383 persons in the sample 85 (22%) had rubella. Illnesses were mild; 16% of cases lacked fever and 20% of cases reported no symptoms except rash. Immunity after remote natural infection was durable, meaning immunity was achieved naturally [2]. No one died. No one was permanently injured.

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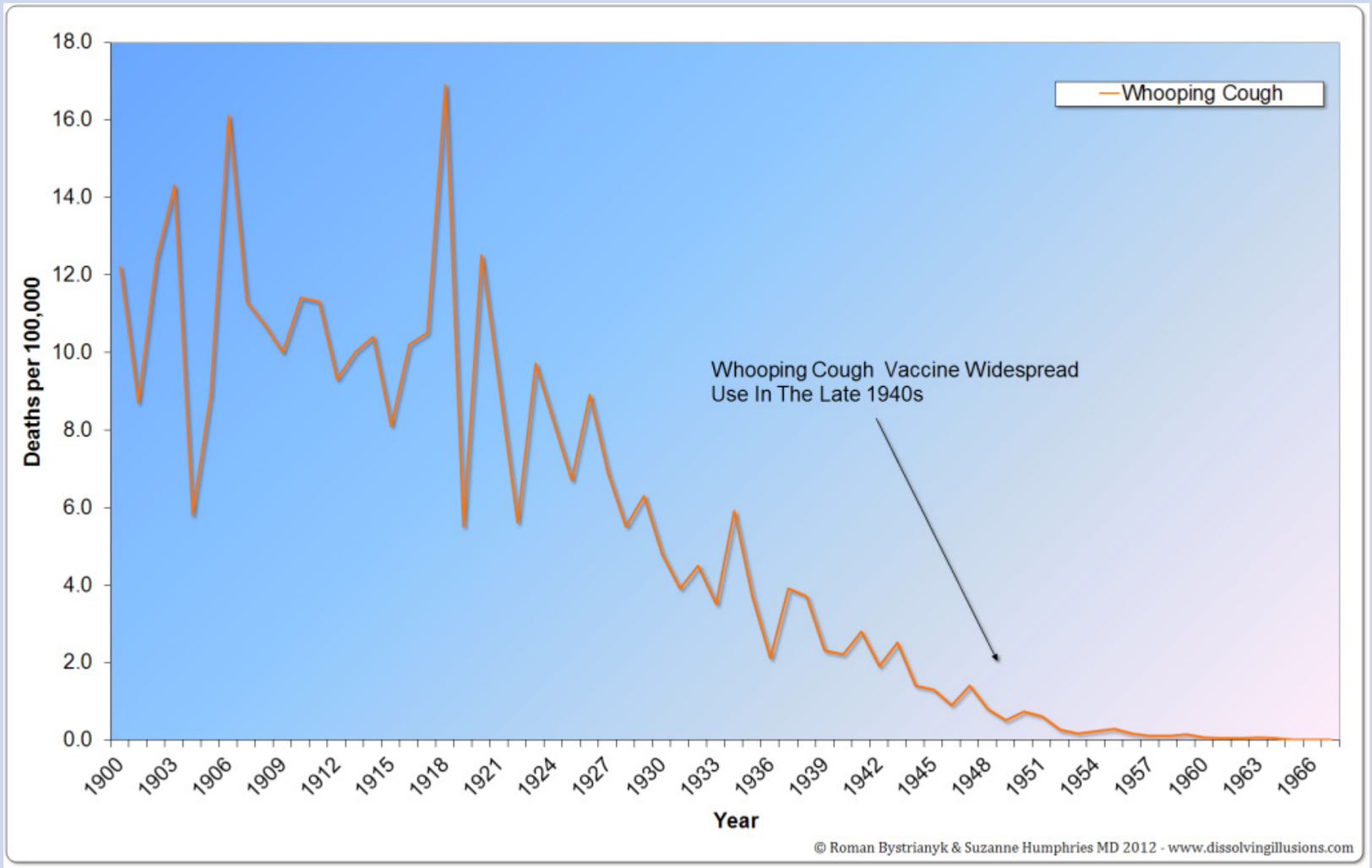

Perussis (Whooping Cough) Vaccine Introduced In the US In 1949,
after the incidence of pertussis had already been reduced by 95% due to improvements in hygiene, lifestyle, housing and nutrition.

THE CHICKEN POX OR VARICELLA VACCINE

by Jeff Prager

Most recently researchers in South Korea have demonstrated what many people, immunologists, medical professionals and medical researchers, have suggested for years: In this instance the chicken pox (varicella) vaccine is both unhealthy and ineffective. It causes a wide variety of illnesses and it simply doesn't work.

The authors state:
"varicella vaccination has not been effective in preventing varicella in South Korea".

The authors also confirm a "greater than 97% vaccination rate" for chicken pox yet they see a "continuing occurrence of varicella [chicken pox] despite increasing vaccine coverage for the past 20 years". The authors further state that a "high proportion" of vaccinated children experience "breakthrough disease" and that there is "almost no amelioration in disease presentation by vaccination, and insufficient immunogenicity".

Here's what the authors found:

"Varicella rashes appeared predominantly on the trunk (91.3%), scalp (89.1%), upper extremities (70.7%), lower extremities (70.1%), and the oral cavity (19.6%) and consisted of vesicles (84.2%), papules (84.2%), macules (83.3%), crust (77.4%), pustules (33.3%), and petechiae (2.2%). The most common clinical presentation other than skin rash was pruritus followed by fever, poor oral intake, cough, and rhinorrhea, but there was no difference between the vaccinated group and the nonvaccinated group. The severity of the disease in vaccinated patients was not statistically different from that in unvaccinated patients for the appearance, duration, extent in distribution, and the number of skin lesions, fever, and the number of parents who had missed work. "
Regarding adverse reactions caused by the vaccine the authors found the following:

"Adverse reactions were analyzed for a total of 126 children. Local adverse reactions were observed in 16 children (12.7%), including 12 cases of erythema, 4 cases of swelling, 6 cases of tenderness, and 3 cases of petechiae. Systemic adverse reactions were observed in 15 children (11.9%), including 12 cases of fever, 2 cases of chills, 3 cases of lassitude, and 3 cases of rash which didn't look like varicella. Serious adverse events occurred in three children (2, rotaviral enteritis; 1, acute pharyngitis) but were not judged to be vaccine related."

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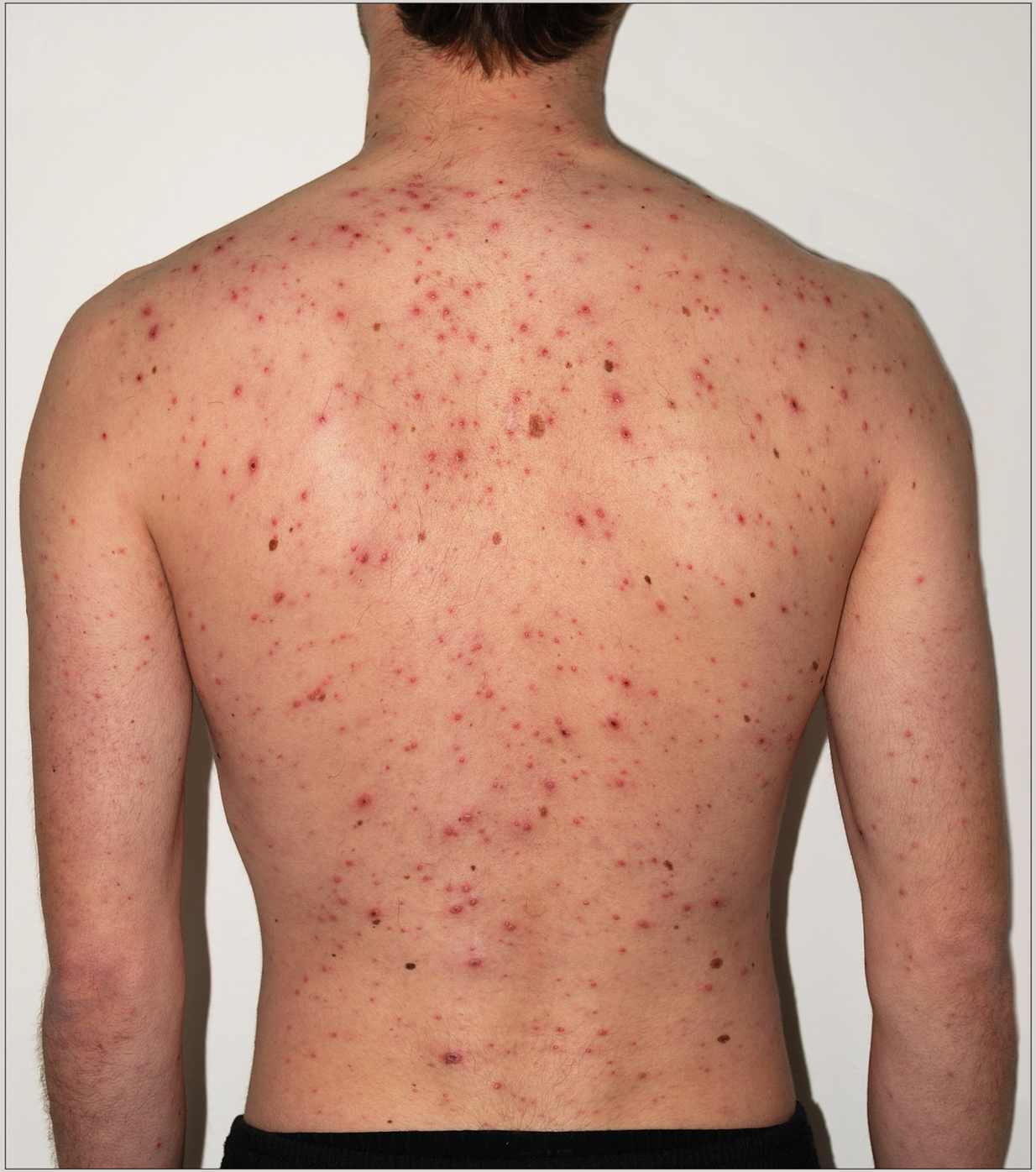


Severe Case Of Chicken Pox

AUTISM
A NOVEL FORM OF MERCURY POISONING

Bernard S, Enayati A, Redwood L, Roger H, Binstock T.
ARC Research, Cranford, New Jersey 07901, USA.

Recent epidemiological studies suggest that autism may affect 1 in 150 US children. Exposure to mercury can cause immune, sensory, neurological, motor, and behavioral dysfunctions similar to traits defining or associated with autism, and the similarities extend to neuroanatomy, neurotransmitters, and biochemistry. Thimerosal, a preservative added to many vaccines, has become a major source of mercury in children who, within their first two years, may have received a quantity of mercury that exceeds safety guidelines. A review of medical literature and US government data suggests that: (i) many cases of idiopathic autism are induced by early mercury exposure from thimerosal; (ii) this type of autism represents an unrecognized mercurial syndrome; and (iii) genetic and non-genetic factors establish a predisposition whereby thimerosal's adverse effects occur only in some children.

http://www.ncbi.nlm.nih.gov/pubmed/11339848

A TWO PHASED POPULATION EPIDEMIOLOGICAL STUDY OF THE SAFETY OF THIMEROSAL CONTAINING VACCINES A FOLLOW UP ANALYSIS

A two phased population-based epidemiological study was undertaken. Phase one showed significantly increased risks for autism, speech disorders, mental retardation, personality disorders, and thinking abnormalities reported to the Vaccine Adverse Events Reporting System (VAERS) following thimerosal-containing DTaP vaccines in comparison to thimerosal-free DTaP vaccines. Phase two showed significant associations between cumulative exposures to thimerosal and the following types of Neurodevelopmental Disorders: unspecified developmental delay, tics, attention deficit disorder (ADD), language delay, speech delay, and neurodevelopmental delays in general.

http://www.ncbi.nlm.nih.gov/pubmed/15795695

THIMEROSAL IN PHARMACEUTICALS REPRESENTS A MEDICAL CRISIS

Journal of Toxicology and Environmental Health B Crit Rev. 2007 Dec;10(8):575-96.

A review of Thimerosal (Merthiolate) and its ethylmercury breakdown product: specific historical considerations regarding safety and effectiveness. This study states: "Thimerosal in pharmaceuticals … represents a medical crisis"

http://www.ncbi.nlm.nih.gov/pubmed/18049924

NEW YORK TIMES BESTSELLING AUTHOR

ROBERT F. KENNEDY, JR., EDITOR

THIMEROSAL
LET THE SCIENCE SPEAK

The Evidence Supporting the Immediate Removal of Mercury—a Known Neurotoxin—from Vaccines

Preface by **MARK HYMAN, MD**
New York Times bestselling author of *The Blood Sugar Solution* and founder and medical director of the UltraWellness Center

Introduction by **MARTHA R. HERBERT, PHD, MD**
assistant professor of neurology at Harvard Medical School and pediatric neuroscientist at Massachusetts General Hospital

THIMEROSAL AS DISCRIMINATION VACCINE DISPARITY IN THE UN MINAMATA CONVENTION ON MERCURY

Published April 11, 2014 • Indian Journal of Medical Ethics

When addressing toxins, one unmistakable parallel exists between biology and politics: developing children and developing nations are those most vulnerable to toxic exposures. This disturbing parallel is the subject of this critical review, which examines the use and distribution of the mercury (Hg)-based compound, thimerosal, in vaccines. Developed in 1927, thimerosal is 49.55% Hg by weight and breaks down in the body into ethyl-Hg chloride, ethyl-Hg hydroxide and sodium thiosalicylate. Since the early 1930s, there has been evidence indicating that thimerosal poses a hazard to the health of human beings and is ineffective as an antimicrobial agent. While children in the developed and predominantly western nations receive doses of mostly no-thimerosal and reduced-thimerosal vaccines, children in the developing nations receive many doses of several unreduced thimerosal-containing vaccines (TCVs). Thus, thimerosal has continued to be a part of the global vaccine supply and its acceptability as a component of vaccine formulations remained unchallenged until 2010, when the United Nations (UN), through the UN Environment Programme, began negotiations to write the global, legally binding Minamata Convention on Hg. During the negotiations, TCVs were dropped from the list of Hg-containing products to be regulated. Consequently, a double standard in vaccine safety, which previously existed due to ignorance and economic reasons, has now been institutionalised as global policy. Ultimately, the Minamata Convention on Hg has sanctioned the inequitable distribution of thimerosal by specifically exempting TCVs from regulation, condoning a two-tier standard of vaccine safety: a predominantly no-thimerosal and reduced-thimerosal standard for developed nations and a predominantly thimerosal-containing one for developing nations. This disparity must now be evaluated urgently as a potential form of institutionalised discrimination.

*The authors of this report are pro-vaccine and they see the denial of the connection between thimerosal and autism as an impediment to universal vaccination.

Reference: http://www.ncbi.nlm.nih.gov/pubmed/25101548

A CASE SERIES OF CHILDREN WITH APPARENT MERCURY TOXIC ENCEPHALOPATHIES MANIFESTING WITH CLINICAL SYMPTOMS OF REGRESSIVE AUTISTIC DISORDERS

There was a significant dose-response relationship between the severity of the regressive Autistic Spectrum Disorders (ASD) observed and the total mercury dose children received from Thimerosal-containing vaccines/Rho (D)-immune globulin preparations. Based upon differential diagnoses, 8 of 9 patients examined were exposed to significant mercury from Thimerosal-containing biologic/vaccine preparations during their fetal/infant developmental periods, and subsequently, between 12 and 24 mo of age, these previously normally developing children suffered mercury toxic encephalopathies that manifested with clinical symptoms consistent with regressive Autistic Spectrum Disorders. Evidence for mercury intoxication should be considered in the differential diagnosis as contributing to some regressive Autistic Spectrum Disorders.

Journal of Toxicology and Environmental Health 2007 May 15;70(10):837-51.
http://www.ncbi.nlm.nih.gov/pubmed/17454560

THIMEROSAL CAN CAUSE CERTAIN AUTISTIC SPECTRUM DISORDERS A COMPREHENSIVE REVIEW OF MERCURY PROVOKED AUTISM

Emerging evidence supports the theory that some autism spectrum disorders (ASDs) may result from a combination of genetic/biochemical susceptibility, specifically a reduced ability to excrete mercury (Hg), and exposure to Hg at critical developmental periods. Elemental/inorganic Hg is released into the air/water where it becomes methylated and accumulates in animal tissues. The US population is primarily exposed to methyl-Hg by fish consumption. In addition, many pharmaceuticals have been, and some continue to be, a ubiquitous source of danger because they contain mercurials. Mercurials may be found in drugs for the eye, ear, nose, throat, and skin; in bleaching creams; as preservatives in cosmetics, tooth pastes, lens solutions, vaccines, allergy test and immunotherapy solutions; in antiseptics, disinfectants, and contraceptives; in fungicides and herbicides; in dental fillings and thermometers; and many other products. Hg has been found to cause immune, sensory, neurological, motor, and behavioural dysfunctions similar to traits defining/associated with ASDs, and that these similarities extend to neuroanatomy, neurotransmitters, and biochemistry. Furthermore, a review of molecular mechanisms indicates that Hg exposure can induce death, disorganization and/or damage to selected neurons in the brain similar to that seen in recent ASD brain pathology studies, and this alteration may likely produce the symptoms by which ASDs are diagnosed. Finally, a review of treatments suggests that ASD patients who undergo protocols to reduce Hg and/or its effects show significant clinical improvements in some cases. In conclusion, the overwhelming preponderance of the evidence favours acceptance that Hg exposure is capable of causing some Autistic Spectrum Disorders (ASD).

http://www.ncbi.nlm.nih.gov/pubmed/19106436

MECHANISMS OF ALUMINUM ADJUVANT TOXICITY AND AUTOIMMUNITY IN PEDIATRIC POPULATIONS

Immune challenges during early development, including those vaccine-induced, can lead to permanent detrimental alterations of the brain and immune function. Experimental evidence also shows that simultaneous administration of as little as two to three immune adjuvants can overcome genetic resistance to autoimmunity. In some developed countries, by the time children are 4 to 6 years old, they will have received a total of 126 antigenic compounds along with high amounts of aluminum (Al) adjuvants through routine vaccinations. According to the US Food and Drug Administration, safety assessments for vaccines have often not included appropriate toxicity studies because vaccines have not been viewed as inherently toxic. Taken together, these observations raise plausible concerns about the overall safety of current childhood vaccination programs. When assessing adjuvant toxicity in children, several key points ought to be considered: (i) infants and children should not be viewed as "small adults" with regard to toxicological risk as their unique physiology makes them much more vulnerable to toxic insults; (ii) in adult humans Al vaccine adjuvants have been linked to a variety of serious autoimmune and inflammatory conditions (i.e., "ASIA"), yet children are regularly exposed to much higher amounts of Al from vaccines than adults; (iii) it is often assumed that peripheral immune responses do not affect brain function. However, it is now clearly established that there is a bidirectional neuro-immune cross-talk that plays crucial roles in immunoregulation as well as brain function. In turn, perturbations of the neuro-immune axis have been demonstrated in many autoimmune diseases encompassed in "ASIA" and are thought to be driven by a hyperactive immune response; and (iv) the same components of the neuro-immune axis that play key roles in brain development and immune function are heavily targeted by Al adjuvants. In summary, research evidence shows that increasing concerns about current vaccination practices may indeed be warranted. Because children may be most at risk of vaccine-induced complications, a rigorous evaluation of the vaccine-related adverse health impacts in the pediatric population is urgently needed.

http://www.ncbi.nlm.nih.gov/pubmed/22235057

ALUMINUM VACCINE ADJUVANTS ARE THEY SAFE

Aluminum is an experimentally demonstrated neurotoxin and the most commonly used vaccine adjuvant. Despite almost 90 years of widespread use of aluminum adjuvants, medical science's understanding about their mechanisms of action is still remarkably poor. There is also a concerning scarcity of data on toxicology and pharmacokinetics of these compounds. In spite of this, the notion that aluminum in vaccines is safe appears to be widely accepted. Experimental research, however, clearly shows that aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences. ***In our opinion, the possibility that vaccine benefits may have been overrated and the risk of potential adverse effects underestimated, has not been rigorously evaluated in the medical and scientific community.*** We hope that the present paper will provide a framework for a much needed and long overdue assessment of this highly contentious medical issue.

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

MERCURY AND AUTISM ACCELERATING EVIDENCE

The causes of autism and neurodevelopmental disorders are unknown. Genetic and environmental risk factors seem to be involved. ***Because of an observed increase in autism in the last decades, which parallels cumulative mercury exposure, it was proposed that autism may be in part caused by mercury.*** We review the evidence for this proposal. Several epidemiological studies failed to find a correlation between mercury exposure through thimerosal, a preservative used in vaccines, and the risk of autism. Recently, it was found that autistic children had a higher mercury exposure during pregnancy due to maternal dental amalgam and thimerosal-containing immunoglobulin shots. It was hypothesized that children with autism have a decreased detoxification capacity due to genetic polymorphism. In vitro, mercury and thimerosal in levels found several days after vaccination inhibit methionine synthetase (MS) by 50%. Normal function of MS is crucial in biochemical steps necessary for brain development, attention and production of glutathione, an important antioxidative and detoxifying agent. Repetitive doses of thimerosal leads to neurobehavioral deteriorations in autoimmune susceptible mice, increased oxidative stress and decreased intracellular levels of glutathione in vitro. Subsequently, autistic children have significantly decreased level of reduced glutathione. Promising treatments of autism involve detoxification of mercury, and supplementation of deficient metabolites.

http://www.ncbi.nlm.nih.gov/pubmed/16264412

IMMUNOLOGICAL FINDINGS IN AUTISM

The immunopathogenesis of autism is presented schematically in Fig. 1. Two main immune dysfunctions in autism are immune regulation involving pro-inflammatory cytokines and autoimmunity. Mercury and an infectious agent like the measles virus are currently two main candidate environmental triggers for immune dysfunction in autism. Genetically immune dysfunction in autism involves the MHC region, as this is an immunologic gene cluster whose gene products are Class I, II, and III molecules. Class I and II molecules are associated with antigen presentation. The antigen in virus infection initiated by the virus particle itself while the cytokine production and inflammatory mediators are due to the response to the putative antigen in question. The cell-mediated immunity is impaired as evidenced by low numbers of CD4 cells and a concomitant T-cell polarity with an imbalance of Th1/Th2 subsets toward Th2. Impaired humoral immunity on the other hand is evidenced by decreased IgA causing poor gut protection. Studies showing elevated brain specific antibodies in autism support an autoimmune mechanism. Viruses may initiate the process but the subsequent activation of cytokines is the damaging factor associated with autism. Virus specific antibodies associated with measles virus have been demonstrated in autistic subjects. Environmental exposure to mercury is believed to harm human health possibly through modulation of immune homeostasis. A mercury link with the immune system has been postulated due to the involvement of postnatal exposure to thimerosal, a preservative added in the MMR vaccines.

The occupational hazard exposure to mercury causes edema in astrocytes and, at the molecular level, the CD95/Fas apoptotic signaling pathway is disrupted by Hg2+. Inflammatory mediators in autism usually involve activation of astrocytes and microglial cells. Proinflammatory chemokines (MCP-1 and TARC), and an anti-inflammatory and modulatory cytokine, TGF-beta1, are consistently elevated in autistic brains. In measles virus infection, it has been postulated that there is immune suppression by inhibiting T-cell proliferation and maturation and downregulation MHC class II expression. Cytokine alteration of TNF-alpha is increased in autistic populations. Toll-like-receptors are also involved in autistic development. High NO levels are associated with autism. Maternal antibodies may trigger autism as a mechanism of autoimmunity. 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

IMMUNIZATION SAFETY REVIEW SV FORTY CONTAMINATION OF POLIO VACCINE AND CANCER

Institute of Medicine (US) Immunization Safety Review Committee
Stratton K, Almario DA, McCormick MC, editors

Washington (DC): National Academies Press (US); 2002.

Excerpt

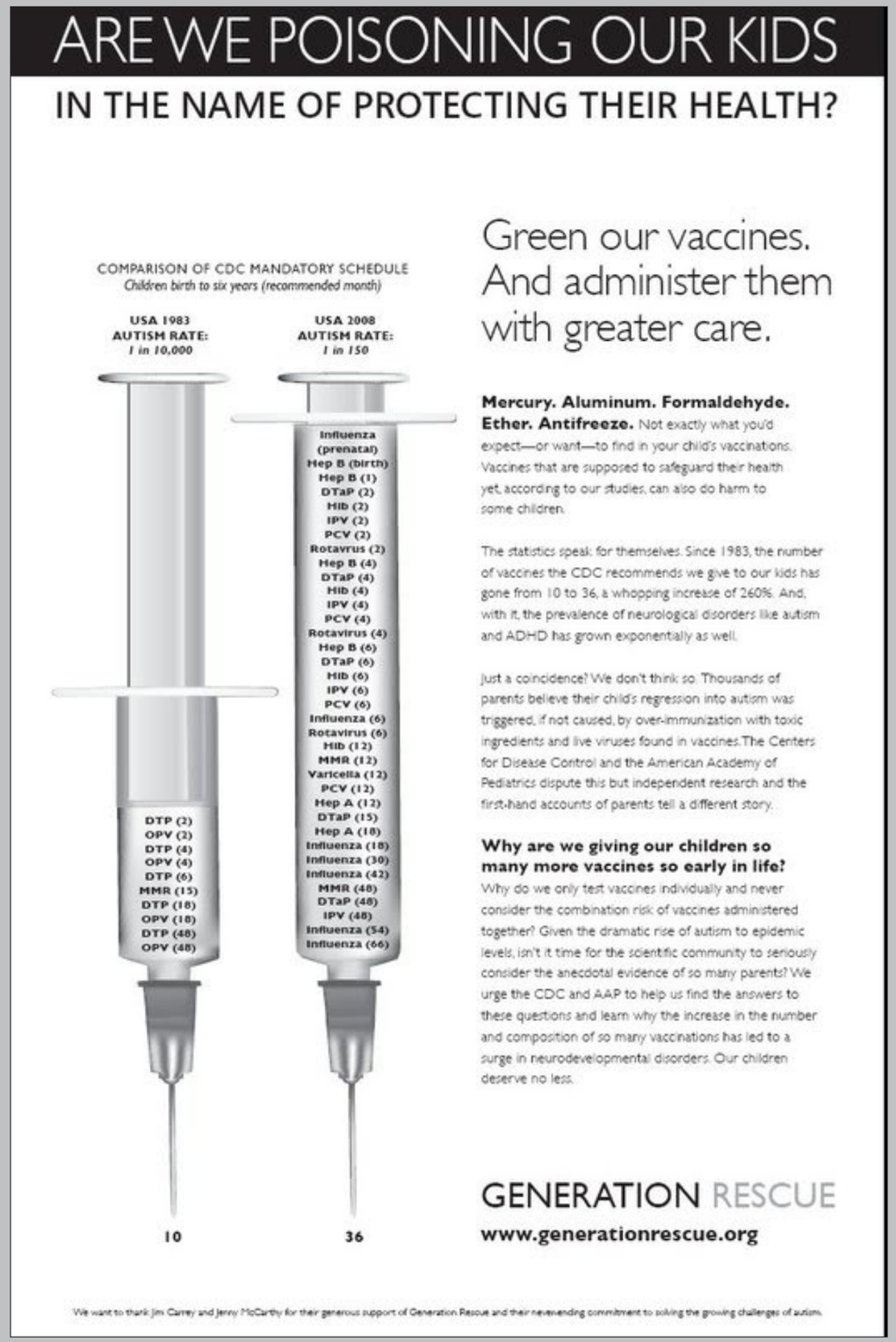
Some of the polio vaccine administered from 1955–1963 was contaminated with a virus, called simian virus 40 (SV40). The virus came from the monkey kidney cell cultures used to produce the vaccine. Most, but not all, of the contamination was in the inactivated polio vaccine (IPV). Once the contamination was recognized, steps were taken to eliminate it from future vaccines. Researchers have long wondered about the effects of the contaminated vaccine on people who received it. Although SV40 has biological properties consistent with a cancer-causing virus, it has not been conclusively established whether it might have caused cancer in humans. Studies of groups of people who received polio vaccine during 1955–1963 provide evidence of no increased cancer risk. ***However, because these epidemiologic studies are sufficiently flawed, the Institute of Medicine's Immunization Safety Review Committee concluded that the evidence was inadequate to conclude whether or not the contaminated polio vaccine caused cancer.*** In light of the biological evidence supporting the theory that SV40-contamination of polio vaccines could contribute to human cancers, the committee recommends continued public health attention in the form of policy analysis, communication, and targeted biological research.

http://www.ncbi.nlm.nih.gov/pubmed/25057632

SIMIAN VIRUS TRANSFORMATION MALIGNANT MESOTHELIOMA AND BRAIN TUMORS

Simian virus 40 (SV40) is a DNA virus isolated in 1960 from contaminated polio vaccines, that induces mesotheliomas, lymphomas, brain and bone tumors, and sarcomas, including osteosarcomas, in hamsters. These same tumor types have been found to contain SV40 DNA and proteins in humans. Mesotheliomas and brain tumors are the two tumor types that have been most consistently associated with SV40, and the range of positivity has varied about from 6 to 60%, although a few reported 100% of positivity and a few reported 0%. It appears unlikely that SV40 infection alone is sufficient to cause human malignancy, as we did not observe an epidemic of cancers following the administration of SV40-contaminated vaccines. ***However, it seems possible that SV40 may act as a cofactor in the pathogenesis of some tumors.*** In vitro and animal experiments showing cocarcinogenicity between SV40 and asbestos support this hypothesis.

http://www.ncbi.nlm.nih.gov/pubmed/21955238



CANCER RISK ASSOCIATED WITH SIMIAN VIRUS FORTY CONTAMINATED POLIO VACCINE

Background

The presence of SV40 in monkey cell cultures used in the preparation of the polio vaccine from 1955 through 1961 is well documented. Investigations have consistently demonstrated the oncogenic behavior of SV40 in animal models. Early epidemiologic studies were inadequate in demonstrating an increase in cancer incidence associated with contaminated vaccine. Recently, investigators have provided persuasive evidence that SV40 is present in human ependymomas, choroid plexus tumors, bone tumors, and mesotheliomas, however, the etiologic role of the virus in tumorigenesis has not been established.

Materials and Methods

Using data from SEER, we analyzed the incidence of brain tumors, bone tumors, and mesotheliomas from 1973-1993 and the possible relationship of these tumors with the administration of the SV40 contaminated vaccine.

Results

Our analysis indicates increased rates of ependymomas (37%), osteogenic sarcomas (26%), other bone tumors (34%) and mesothelioma (90%) among those in the exposed as compared to the unexposed birth cohort.

Conclusions

These data suggest that there may be an increased incidence of certain cancers among the 98 million persons exposed to contaminated polio vaccine in the U.S.; further investigations are clearly justified.

http://www.ncbi.nlm.nih.gov/pubmed/10472327

IMPACT OF ENVIRONMENTAL FACTORS ON THE PREVALENCE OF AUTISTIC DISORDER AFTER NINETEEN SEVENTY NINE

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Received 13 May, 2014; Accepted 9 July, 2014

The aim of this study was to investigate a previously overlooked, universally introduced environmental factor, fetal and retroviral contaminants in childhood vaccines, absent prior to change points (CPs) in autistic disorder (AD) prevalence with subsequent dose-effect evidence and known pathologic mechanisms of action.

Worldwide population based cohort study was used for the design of this study. The United States, Western Australia, United Kingdom and Denmark settings were used. All live born infants who later developed autistic disorder delivered after 1 January 1970, whose redacted vaccination and autistic disorder diagnosis information is publicly available in databases maintained by the US Federal Government, Western Australia, UK, and Denmark. The live births, grouped by father's age, were from the US and Australia. The children vaccinated with MMRII, Varicella and Hepatitis A vaccines varied from 19 to 35 months of age at the time of vaccination. Autistic disorder birth year change points were identified as 1980.9, 1988.4 and 1996 for the US, 1987 for UK, 1990.4 for Western Australia, and 1987.5 for Denmark. Change points in these countries corresponded to introduction of or increased doses of human fetal cell line-manufactured vaccines, while no relationship was found between paternal age or Diagnostic and Statistical Manual (DSM) revisions and autistic disorder diagnosis. Further, linear regression revealed that Varicella and Hepatitis A immunization coverage was significantly correlated to autistic disorder cases. R software was used to calculate change points. Autistic disorder change points years are coincident with introduction of vaccines manufactured using human fetal cell lines, containing fetal and retroviral contaminants, into childhood vaccine regimens. This pattern was repeated in the US, UK, Western Australia and Denmark. ***Thus, rising autistic disorder prevalence is directly related to vaccines manufactured utilizing human fetal cells.*** Increased paternal age and DSM revisions were not related to rising autistic disorder prevalence.

http://www.soundchoice.org/scpiJournalPubHealthEpidem092014.pdf

NEW STUDIES LINK MULTIPLE INFANT VACCINES TO INCREASED DEATH RATES

From birth, children are bombarded with a variety of different vaccinations, just take a look at the immunization schedule for children in the United States. A new study published in the journal Vaccine has linked multiple infant vaccines to an increased rate of infant mortality.

http://www.ncbi.nlm.nih.gov/pubmed/24325827

The vaccines in question are the DTP, MV and YF vaccines. The DTP vaccine refers to a combination of vaccines against three diseases; diptheria, pertussis (whooping cough) and tetanus. MV refers to the measles vaccine and YF refers to the yellow fever vaccine. Studies from low-income countries have indicated that the co-administration of these vaccines is associated with increased mortality. Studies also indicate similar negative effects when the Pentavalent and YF vaccines are co-administrered.

http://www.ncbi.nlm.nih.gov/pubmed/24325827

This is on par with other studies that have already created much cause for concern pointing to the fact that the co-administration of the DTP vaccine and the MV vaccine increases infant mortality.

http://www.ncbi.nlm.nih.gov/pubmed/21093496

http://www.ncbi.nlm.nih.gov/pubmed/17092614

One great example is a study that uncovered the fact that the UK government in conjunction with multiple pharmaceutical companies knew about the potential dangers of vaccinations over 30 years ago. It comes out of the University of British Colombia, dept. of Ophthalmology. The belief that vaccines are extremely safe and effective comes from mass marketing and media. These studies are done by experts, for experts, by researchers and universities all across the world.

http://www.ecomed.org.uk/wp-content/uploads/2011/09/3-tomljenovic.pdf

Orthomolecular Medicine News Service

HEALTH AUTHORITIES NOW ADMIT SEVERE SIDE EFFECTS OF VACCINATION

Swine Flu, Pandemrix and Narcolepsy
by Karin Munsterhjelm-Ahumada, M.D.

The swine flu pandemic of 2009 was caused by a type A influenza (H1N1) virus. This virus was originally referred to as “swine flu” because many of the genes of this new virus were very similar to influenza viruses that normally occur in pigs in North America. The H1N1 virus is genetically similar to the 1918 pandemic virus, as determined from victimes of the latter who were buried, and later disinterred, in Svalbard. It was responsible for most of the outbreaks up until 1956 and then disappeared.

However, this new virus was actually quite different from the typical swine flu viruses. This virus first caused illness in Mexico and the United States in March and April, 2009. This novel H1N1 flu spread from person to person, unlike typical swine flu. In 2009 vaccines were being developed for the prevention of swine flu in humans.

http://www.medterms.com/script/main/art.asp?articlekey=99584

On 11 June 2009, the World Health Organization (WHO) declared that the swine flu had developed into a full scale world epidemic - a pandemic alert to Phase 6. Margaret Chan, the Director-General of WHO, commented on the situation in a somewhat ambiguous way. While stressing that the swine flu had reached a serious pandemic level, she declared later in the same statement that the illness seemed to be mild and that most of the patients would recover without medical intervention.

http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html

The world chose to listen to the first part of her message.

Two pharmaceutical companies GlaxoSmithKline (GSK) and Novartis had, under considerable time pressure, developed a vaccine against the swine flu. Since the cultivation of an adequate amount of virus to generate the vaccine requires time, GSK and Novartis decided to formulate a weaker vaccine but strenghten it with an adjuvant that contains squalene. Immunologic adjuvants are substances, administered in conjunction with a vaccine, that stimulate the immune system and increase the response to the vaccine.

http://www.who.int/vaccine_safety/topics/adjuvants/squalene/questions_and_answers/en/

The most clearly related symptom to narcolepsy, cataplexy, is found in 75% of narcolepsy patients and is a dead give away. Cataplexy occurs when the patient experiences a strong emotion which causes them to lose muscle control and go limp, often causing them to fall onto the ground. This symptom is often thought of as sporadically falling asleep but during a cataplexy episode the patient is in fact awake the entire time. The most common emotion associated with these types of episodes is laughter but embarrassment, anger and any other strong emotion can trigger this response.

Although squalene is a natural substance found in methabolic pathways of the body, its inclusion in a vaccine is controversial and it is not in use in the USA. On 25 September 2009, the European Medicines Agency (EMEA) approved Pandemrix, the swine flu vaccine produced by GSK and Focetria produced by Novartis.

http://justthevax.blogspot.com/2009/09/eu-approves-gsk-pandemrix-and-novartis.html

The vaccine would be ready for use that October. In Sweden, Finland, Norway and Iceland, the authorities explicitly set the goal of vaccinating the entire population.

http://www.svd.se/nyheter/inrikes/massvaccinering-raddade-sex-liv_6851143.svd

In this respect, it is of interest that the governments of these countries, already before the outbreak of the swine flu, had concluded an agreement with GSK, according to which they were assured the delivery of pandemic vaccines, if needed. In addition, the contract stipulated that, in a situation characterized as a pandemic by the WHO, the same Nordic countries would have ten days to decide whether or not to accept delivery of the vaccine in question. Hence, the purpose of the agreement was to assure that the entire populations of these countries would receive vaccinations. Finally, the contract protected GSK from any claim for financial compensation in case the delivered vaccine would have any side effects.

When WHO declared the swine flu to be a Phase 6 pandemic the agreement referred to above was automatically activated. Mass vaccination started in Finland and Sweden in October 2009. In order to cover the largest possible percentage of the population, the authorities initiated an enormous public relations campaign, which could be described in terms of a “moral persuasion.” Solidarity became the slogan: “Be vaccinated to protect your fellow citizens.” Those who questioned the vaccination program (small groups of vaccine opponents or just people who were hesitant) were looked upon with disapproval.

In contrast to these vaccine - enthusiastic countries, the politics of vaccination within the rest of the European Union varied immensely among its member states. Poland, for example, decided not to buy vaccines at all due to the strict agreement conditions required by the pharmaceutical companies. Denmark’s order covered only “risk groups”.

http://www.svd.se/nyheter/inrikes/svd-granskar-sveriges-vaccinering-mot-svininfluensan_6843475.svd

The expected second wave of the influenza never appeared. The epidemic gradually declined during the first half of 2010. The same year, on 10 August, WHO officially declared the end of the epidemic. The European Center for Disease Prevention and Control (ECDC) stated that the swine flu was less dangerous and had a lower mortality rate than the seasonal influenza. Thus, apparently the swine flu would not have been a dangerous epidemic even without the mass vaccination. Interestingly, also that same year, vitamin D was shown to prevent influenza in children. (1)

In Sweden, 60% of the population had been vaccinated, while in Finland 50% was covered. In contrast, the figures in Germany and Poland were only 8 and 0% respectively. In the history of Swedish health care this pandemic campaign amounted to one of the most expensive ever. Enormous amounts of taxpayer money were at stake.

http://www.svd.se/nyheter/inrikes/svd-granskar-sveriges-vaccinering-mot-svininfluensan_6843475.svd

Meanwhile, the media had become silent on this issue ; there was no further discussion about the swine flu anymore. Then the blow came: “The absolutely worst thing that could happen,” commented Richard Bergström, the Director - General of the European Federation of Pharmaceutical Industries and Associations, EFPIA. “The worst nightmare of both the industry and the health authorities is an illness that turns out to be mild, while the vaccine that was supposed to prevent a dangerous epidemic causes a severe side effect that was previously unknown.”

http://www.kostdemokrati.se/nyheter/files/2012/02/SvD-sid-14-19.pdf

In August 2010, Finland reported an increased occurrence of narcolepsy in children and youngsters vaccinated with Pandemrix. On 1 September 2010, Finland stopped all Pandemrix vaccinations.

http://articles.mercola.com/sites/articles/archive/2010/09/10/swine-flu-vaccine-may-have-caused-narcolepsy.aspx

Narcolepsy is a severe chronic neurologic disease that not only results in a disabling fatigue, which typically results in the patient falling asleep anywhere and at any time. It might also lead to panic attacks and a state of exhaustion. For many, the worst consequences are the symptoms of cataplexy. This condition causes the narcolepsy patient, when expressing strong feelings such as laughter or crying, to suddenly lose muscular control. The legs give way, speech gets slurred, the gaze goes unfocused and the person gives the impression of being drunk. In some patients, frightening hallucinations appear when falling asleep or waking up.

On 1 September 2011, the Finnish National Institute for Health and Welfare (THL) admitted, that for Finnish children and youngsters age 4-19, there was a new and obvious connection between Pandemrix and narcolepsy. As stated in THL’s press release, “The increased risk associated with vaccination amounted to six cases of narcolepsy per 100,000 persons vaccinated in the 4-19 age group during the eight months following vaccination. This was 12.7 times the risk of a person in the same age group who had not been vaccinated.”

http://www.thl.fi/en_US/web/en/pressrelease?id=26352

This statement was made almost exactly two years after the THL’s earlier statement made in the midst of the swine flu hysteria that everyone should be vaccinated with Pandemrix and that it would be safe. In that original statement, the director of the THL emphasized that the squalene adjuvant could increase the side effects of the vaccine to some extent. However, he stated, these side effects would not be dangerous.

http://www.tohtori.fi/?page=5833192&id=0169960

In Sweden, at least 150 children are now suffering from narcolepsy caused by Pandemrix vaccine. In Finland, the number is approximately 100. In both countries the number is probably growing. Narcolepsy is a disease with lifetime consequences, and the risk that Pandremix may have caused other neurological illnesses has not yet been excluded. Many have already began to compare this tragedy with the thalidomide catastrophe.

http://www.svd.se/nyheter/inrikes/medicinsk-tragedi-med-ett-absurt-slut_6861775.svd

No European countries had a particularly high rate of deaths due to the swine flue. Germany had the same death rate as Sweden, which was 0.31/100 000, although Sweden vaccinated 60% and Germany only 8%. This implies that the vaccine did little to prevent deaths. The responsible authorities have not yet commented on this matter of fact.

http://www.svd.se/nyheter/inrikes/massvaccinering-raddade-sex-liv_6851143.svd

Last year the Finnish government promised full compensation for those who have developed narcolepsy as a consequence of the vaccination. http://www.bloomberg.com/news/2011-10-05/finnish-government-to-compensate-pandemrix-narcolepsy-victims.html. While Sweden did, indeed, follow the Finnish THL in admitting the connection between the vaccine and the disease, the Swedish authorities have not yet decided whether and how to provide appropriate compensation.

In February 2012, Svenska Dagbladet, a widely read newspaper in Sweden, presented an informative and accurate series of articles on this theme. They describe some of the affected children narrating how difficult it is to live with narcolepsy

http://www.svd.se/nyheter/multimedia/artikel_6840743.svd

According to the authorities, much research is still underway concerning the details of the vaccine injury. Taking the pressure from the public and the affected families into account, it will be difficult for them to avoid carrying out a thorough investigation. Let’s hope so.

Additional References:

1. Urashima M, Segawa T, Okazaki M, Kurihara M, Wada Y, Ida H. Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren. Am J Clin Nutr. 2010 May;91(5):1255-60.

VACCINATING SMALL DOGS RISKS VETS ARENT REVEALING

by Jan Rasmusen
September 30, 2009

At last, a smoking gun ... discovered pointing directly at Chihuahuas, Dachshunds, Maltese, Yorkies and other small dogs ... in fact, pointed at all dogs receiving multiple vaccines during one clinic visit.

Many scientific studies and taskforce reports have altered my view of vaccination over the years, but none have stunned me as much as "Adverse events diagnosed within three days of vaccine administration in dogs" by Drs. Moore, Guptill, Ward, et al. This two-year study of vaccine reactions (from data gathered at 360 Banfield clinics in 2002 and 2003) concluded: "Young adult small-breed neutered dogs that received multiple vaccines per office visit were at greatest risk of a VAAE [Vaccine Associated Adverse Event] within 72 hours after vaccination." And that's not all the report revealed.

In the study (published in JAVMA, the Journal of American Veterinary Medical Association in October, 2005), 1.2 million dogs received almost 3.5 million vaccine doses. Reactions reported within 3 days (as designated by computer codes) included nonspecific vaccine reactions, allergic reactions, urticaria (hives), anaphylaxis (severe, whole-body allergic reaction), cardiac arrest, cardiovascular shock and sudden death. For each 10,000 dogs vaccinating, 38 adverse reactions were reported.

You're probably thinking: just 38 reactions per 10,000 dogs? That's not too bad. But bear in mind that this study did NOT include:

• Reactions reported more than 72 hours after vaccination (thus eliminating reactions taking longer to develop or be discovered, such as injection site cancers, autoimmune diseases, skin diseases and other major conditions);

• Reactions that occurred but were never reported by clients;

• Conditions not recognized by the vet as vaccine reactions;

• Conditions not selected for this study (seizures weren't on the list, nor were countless other common reactions);

• Conditions not recorded by the vet.

The 2007 World Small Animal Veterinary Association (WSAVA) Vaccine Guidelines reports "gross under-reporting of vaccine-associated adverse events...";

Reactions in dogs also getting a heartworm shot, presumably because of the increased risk of reaction (currently, vets are warned not to give Proheart 6 with a vaccination).

The study's researchers (6 of 7 were vets) recommended that veterinarians should communicate the increased risk of multiple vaccines to clients before obtaining their consent to vaccinate. At this writing, a full four years after the study's publication, I suspect few clients have actually been warned about the risk of multiples vaccines at one visit or about special risks to smaller dogs. Were you ever warned?

Factors Increasing the Risk of the Vaccine Adverse Reaction

Body Weight. The reaction rate increased significantly as body weight decreased. That is, small dogs were at greatest risk for a reaction. Risk for dogs weighing 11 pounds or less was four times greater than the risk for dogs weighing 99+ pounds. Medium-sized dogs also had increased risk over larger dogs.

For all vaccines and for the rabies vaccine given alone, the reaction rate for dogs weighing 22.2 to 99 lbs. was approximately half the rate of dogs weighing less than 22.0 lbs. Little dogs had 32+ reactions per 10,000; medium-sized dogs, 15+; large dogs, none.

Neutered dogs had a 27% to 38% greater risk versus sexually intact dogs.

Dogs 1.5 to 2.5 years of age had a 35% to 64% greater risk of reactions (with rates increasing up to two years and declining thereafter) than puppies 2 to 9 months old. The risk was least for dogs six years of age and older.

Number of vaccines per office visit: The risk significantly increased as the number of vaccines given at each visit increased. In little dogs (under 10 lbs.) each dose increased risks by 27%; in dogs weighing more, each dose increased risk by 12%.

Taking all dogs into consideration, each additional vaccine given at each office visit increased the rate of vaccine reaction by 24.2%. All three dogs in the study with recorded deaths had each received four or more vaccines at their last office visit.

Three or more vaccines given at once increase the risk of a vaccine reaction 50% over the risk of a single shot. Giving five simultaneous vaccines doubles the risk!

Breed: Among breeds with 5,000 or more dogs vaccinated during the study period, the most vaccine reactions per 10,000 dogs were found, in order: in Dachshunds, Pugs, Boston Terriers, Miniature Pinschers and Chihuahuas. Next came Maltese, Miniature Schnausers, Jack Russells, Toy Poodles and Yorkshire Terriers. Mid-size dogs (like Lhasa Apsos, Bichons and Beagles) followed. At the bottom of the list was Chow Chows, German Shepherds and Rottweilers.

Purebred Status. The vaccination reaction rate for mixed-breed dogs was in the bottom fifth of all rates. The researchers state: "safety trials that use such dogs may underestimate the reaction rates that would occur in purebred dogs."

Why Does a Dog's Weight Have Such a Big Impact?

The researchers report: "Vaccines, in contrast to virtually all veterinary pharmaceuticals, are prescribed on a one-dose-fits-all basis, rather than by body weight."

I have always been shocked that a Chihuahua puppy and an adult Great Dane are given the same dose shot: 1 ml. They get the same volume of virus or bacteria plus the same volume of adjuvants (boosting agents like aluminum), preservatives (like mercury), antibiotics, stabilizers and foreign tissue cultures (like fetal calf serum). All these ingredients are known to cause vaccine reactions. (Learn more about vaccine ingredients at the CDC.)

The study's researchers go on to say that during a vaccine's pre-licensing trial, manufacturers investigate the safety of excessive doses of vaccines "but only in a limited number of dogs. The results of this study suggest that trials in dogs that weigh [22 lbs.] underestimate the expected VAAE rate in smaller dogs."

The risk of a vaccine reaction in this study population was inversely related to a dog's weight. This weight/response relationship was also suggested by a study in which toy breeds had significantly more reactions than other dogs, although body weight was not evaluated.

How Do You Avoid Reactions to Vaccines?

The study detailed here reports the problems, but not the remedy. They only recommend that veterinarians advise clients of the risks.

Regrettably, I have been unable to find you a link to the study on-line. Your vet may have on-line access if he/she subscribes to JAVMA (J Am Vet Med Assoc. 2005 Oct 1;227(7):1102-8). You can read a short summary or have your non-subscribing vet request the article for a small fee at http://www.ncbi.nlm.nih.gov/pubmed/16220670 or http://avmajournals.avma.org/doi/abs/10.2460/javma.2005.227.1102?journalCode=javma.

Note: A smaller study for cats entitled "Adverse events after vaccine administration in cats" turned up similar results to the dog study.

If your vet gives multiple shots in a visit, you should insist that he/she read this study. If your vet has already read it, he/she should explain to you why you weren't informed of the risks to your dog of multiple shots, especially if your dog was small or medium sized.

Jan Rasmusen, national award-winning author of Scared Poopless: The Straight Scoop on Dog Care and consumer advocate for dog lovers. She organized The Safer Pet Vaccination Benefit Seminar featuring world-renowned experts Jean Dodds, DVM and Ron Schultz, PhD, and has her articles republished in DogsNaturallyMagazine and on Web sites throughout the world.

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