THE *informed* PARENT

ISSUE THREE - 2004 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

DAD FREED FROM LIFE SENTENCE IN SON'S DEATH

Those of you who have been following the Alan Yurko case will probably already know of his long-awaited release from prison. Here follows one report. For those who would like to read more on Alan's story visit the website: www.freeyurko.bizland.com

28/8/04 Orlando Sentinel, Florida, USA

Alan Yurko, convicted of fatally shaking his baby, wins his release.
By A. Colarossi and P. J. Johnson

Alan Yurko, sentenced to life in 1999 for shaking his baby son to death, is a free man today after a judge ruled a botched autopsy and other new evidence warranted a new trial.

Soon after Circuit Judge C. Alan Lawson's ruling Friday, Yurko reached a deal with prosecutors: He pleaded no contest to manslaughter and was sentenced to the time already served -- six years and 125 days.

Hours later, he was later released from the Orange County Jail into the arms of his wife and to the cheers of about 25 supporters, who have long maintained his innocence.

A broadly smiling Yurko emerged through the jail's glass doors shortly after 8 p.m. with a large white trash bag filled with legal papers and letters slung over one shoulder.

"God, I just want to go home," Yurko said. "I haven't really believed this is real until now."

He immediately thanked those who fought for his release. "I can't begin to describe what the last seven years have been like," he said. "Right now, I'm focused on the amazing love around me. I couldn't have done this -- I didn't do this. It was all these people and thousands of other people."

In court earlier Friday, Yurko, 34, acknowledged some role in the November 1997 death of 10-week-old Alan Ream-Yurko.

"I do admit to an amount of culpable negligence in my son's death," said Yurko, explaining that he allowed the child to receive a series of vaccinations when he knew he was sick.

Yurko said outside the jail that he pleaded no contest because otherwise he would have had to spend two to three more years in prison awaiting the outcome of a new trial.

"I didn't shake my son. I didn't hurt him. I didn't abuse him," he said. "But I was negligent. He was premature, and I should have done research about vaccinations on the Web. I trusted the doctors. I assumed doctors knew what was good for my kid. This is about parents taking an active role in their children's welfare."

The Yurko case had gained international attention from many who thought the child's injuries were the result of poor health, vaccinations and medical mistakes -- not shaken-baby syndrome.

But the thrust of Lawson's ruling dealt with a deeply flawed autopsy conducted by former Orange-Osceola Medical Examiner Shashi Gore.

The report determined the baby was shaken to death, but the report had so many problems that the state Medical Examiner's Commission earlier this year barred Gore from performing autopsies after reviewing the Yurko case.

"I also find that the credible cause and manner of death cannot be gleaned from Mr. Gore's autopsy because of the very serious deficiencies that were found by the medical board and brought to light in this hearing and of course in other places," Lawson said in his ruling.

"Because of that I think it does cast doubt on the entire trial," Lawson continued. "I don't know how you can maintain public trust in a system of justice if you let stand a conviction obtained through reliance on an autopsy that is later so thoroughly discredited."

With what is known now about the autopsy, Lawson said jurors could have reached a different verdict after a second trial.

Gore's autopsy included a description of the baby's inner heart muscle, but Gore never examined the heart because it had already been removed for a transplant.

But evidence presented by Yurko's defense team questioning the baby's vaccinations, which were given nearly two weeks before he was hospitalized, was not a factor in the judge's decision.

"I also find that there is no reliable medical evidence that links the death directly to a vaccine," Lawson said.

Yurko's wife, Francine, wept after witnessing the plea and expressed the mixed emotions of having her husband back, but without a complete exoneration.

"By him taking a plea, he gets to come home," Francine Yurko said through tears. "But we're still victims of the system. We've still spent seven years of our lives to prove his innocence and restore the name of our family. And a plea . . . regardless of no contest, that's not a victory to me.

"We know he's innocent, and . . . that's all that really matters," she said. Assistant State Attorney Robin Wilkinson said the prosecution still came away from the hearing with a conviction.

"For, I believe a week, *Contd. overleaf.*

FORTHCOMING LECTURES LISTED ON BACK PAGE !!

we've heard that this child died of a vaccine reaction," Wilkinson said. "In the judge's ruling in court, he found that there was not credible evidence, that it's not been accepted by medical science, which leads to one explanation left . . . this child was shaken to death." After reviewing the evidence, Wilkinson said she and fellow prosecutor Chris Lerner decided not to proceed with another trial and "end it now."

"That is not that we don't believe that Alan Yurko killed his child," she said. "We would have to put Dr. Gore back on the witness stand, and there's an issue as to errors that he made. . . . What this is, is it's a compromise between both sides."

Gore's career has been marred by several controversies since the late 1990s.

Most recently, Gore's ruling of an accidental overdose in the 1998 death of Jennifer Kairis, a student at Rollins College, was challenged by three current or former associate medical examiners who say it was a homicide.

Last fall, John Creamer, who was charged with murder in his wife's death and held without bail for 10 months, was released when Gore told the court he could not support his autopsy findings that the woman had been poisoned with cadmium.

Gore, who retired in late June, could not be reached for comment Friday, as he is travelling in Europe.

Friday night, Yurko said he would spend time with his wife and supporters, and then celebrate his stepdaughter's 11th birthday at home.

"I've been eating bologna sandwiches five days a week," he said. "I'm looking forward to some really greasy, nasty french fries."

THERE IS A LINK

' There IS a link between the MMR jab and autism, claims new research,' was the headline from The Mail on Sunday, 29/8/04. It highlighted how a key study repeatedly used by the Government to support the MMR vaccine was wrongly carried out and gave inaccurate results. Fresh analysis of this Danish study by 4 experts suggest there is a link. The first new study, by Dr Samy Suissa, an epidemiologist at McGill University, Montreal, concludes that children who received the triple jab were 45% more likely to develop autism than those who were not given it.

A second piece of research by Dr Yazbak, an American paediatrician showed a 400% rise in autism after the introduction of MMR in Denmark, even after taking into account greater awareness of the condition.

And a third study by Dr Andrew Wakefield and Dr Carol Stott shows autism cases in Denmark have increased by 14.8% each year since MMR was introduced.

These studies have been published in the Journal of American Physicians & Surgeons, Volume 9, Number 3 - Fall 2004. *Editor: Thankfully the 'so-called' conclusive data is being analysed more thoroughly by some!*

MEN C SCHEDULE MAY CHANGE

Pulse, 26/7/04

Government advisers will consider changes to the timing of meningitis C immunisation, after Health Protection Agency research suggested the current schedule only gives infants short-term protection.

In those vaccinated under the age of 5 months, effectiveness fell from 93% initially to 66% after one year, according to the study, published in The Lancet (July 24).

Children are currently vaccinated at 2,3, and 4 months, but during the introduction of the men. C programme some received the vaccine at later ages. The study found those vaccinated between 5 months and 18 years retained long-term protection of 90%. *(Editor: Long term protection?? If they are meaning the indication of antibody, let's just remind ourselves that this is not an indication of protection.)*

The Joint Committee for Vaccination and Immunisation will now review the HPA data and decide whether to add a booster dose or redesign the current schedule.

The HPA claimed the vaccine had been a 'great success' as confirmed cases in individuals under 20 fell by 97%.

Editor: When these kind of 'great successes' are announced the first thing we must ask is has there been increases in other invasive infections instead, and also has there been increases in other conditions such as allergies, autism and other debilitating lifelong illnesses since the introduction of these vaccines??

NEW PNEUMOCOCCAL VACCINATION BACKING

Pulse, 2/8/04. Extracts.

Pulse reported that based on new data Government advisers indicated they were on the verge of recommending routine immunisation with the pneumococcal vaccine. How best to insert it into the childhood schedule was the next stage.

Dr Richard Slack, author of the surveillance study and clinical senior lecturer in infectious diseases at the University of Nottingham, said there was enough evidence to justify the immediate introduction of the vaccine.

'It found one in 5 children with pneumococcal meningitis died and one in 4 survivors had some degree of neurological damage. And it showed the 7-valent vaccine, licensed for use in the UK in high-risk groups, would have protected against 84% of the pneumococcal serotypes detected. Unlicensed 9-valent and 11-valent vaccines would have protected against 91 and 95% of strains respectively..... .....'The vaccine should be given in the 2/3/4 month schedule,' Dr Slack said. 'And we may have to give a booster as has been shown recently with meningitis C.'

Prof. Langman, chair of the JCVI, *(he receives 'industrial support' from Merck, Sharp & Dohme - Telegraph 15/8/04)* told Pulse there were still some complex issues to be resolved surrounding the vaccine. But Dr Black, district immunisation co-ordinator for Newcastle, criticised the delay saying: 'There is now ample evidence for the introduction of pneumococcal vaccination but it hasn't been recommended because it's deemed too expensive.'

Editor: As usual there is never any thought on why opportunistic invasive infections are happening. Let's take a close look at which children are developing these conditions, and at what ages. Are they fully vaccinated with the usual baby jabs and are there any patterns of incidence regarding the onset of the illness and time of vaccination? Meningococcal, pneumococcal, what -ococcal will be next, or is it just one big coc-up?

MISCONCEPTIONS ABOUT THE NEW COMBINATION VACCINE

Pentavalent vaccine is better in many ways

BMJ, Vol 329, 21/8/04

Here follows the justification for the introduction of the new 5in one jab for babies from two pro-vaccinators.

The publicity surrounding the news of impending changes to the childhood vaccination programme has once again highlighted important misconceptions about combination vaccines. Although changes are being made to vaccines at three different ages,[1] all the attention has focused on the new pentavalent vaccine (DTaP/Hib/IPV), being given in infancy, with headlines of chaos and panic. This is regrettable since the new vaccine offers children protection against the same five diseases as the previous regimen but in a slightly different, more acceptable, formulation. This change is a natural progression in the light of changes in the epidemiology of polio and advances in vaccine technology—developments that were predictable some years ago.

The use of inactivated polio vaccine rather than oral polio vaccine is now possible because of the near elimination of polio worldwide. While wild polio remained a serious threat, the small risk of vaccine associated paralytic polio was outweighed by the superior community protection afforded. Oral polio vaccine is shed from the gut of an immunised individual, providing constant boosting to the community, whilst also preventing carriage of wild virus.[2] These properties are no longer necessary because of the worldwide decrease in cases of polio. Many other European countries, as well as the United States and Canada, have already made this change. It has come later in the United Kingdom because the possibility of importation of polio from endemic areas has been greater owing to different patterns of migration.

The second development is the use of a particular acellular or component pertussis vaccine rather than the current whole cell vaccine. The number of components in acellular vaccines in use varies from two to five. A three component acellular vaccine has been in use in the United Kingdom as part of the preschool booster since 2001. However, it is not sufficiently immunogenic for a primary course.[3]

An as yet unpublished study has shown that the new vaccine Pediacel has the same safety and reactogenicity profile as the standard pentavalent vaccine used successfully in Canada for the past seven years (personal communication, N Kitchin, 2004). A trial in the United Kingdom, to be published later this year, shows that Pediacel produces notably fewer of the common, troublesome but minor side effects such as fever and soreness at the injection site than the current regimen (personal communication, E Miller, 2004). This should prove popular with parents who in one study said that they would prefer a vaccine that causes fewer reactions, even if this meant having an additional injection to offset this problem.[4] Another advantage of the five component pertussis vaccine is that, unlike the three component vaccine, it can be mixed with Haemophilus influenzae type b (Hib) vaccine without reducing the immunogenicity of the latter.[5]

Although research shows that thiomersal in vaccines is not associated with serious neurological problems,[6 7] regulatory bodies have recommended its removal in accordance with the precautionary principle as long as this is not to the detriment of the vaccine programme.[8] In any case it would not be possible to mix inactivated polio vaccine with a thiomersal product and still retain its immunogenicity.[9] The new vaccines are all thiomersal free, and the whole routine childhood programme will therefore be without any mercury containing products.

This is an important advance and generally well received in the United Kingdom, although some parent "advocacy" groups have expressed concern that this combined vaccine could overload the immune system. This is based on two misconceptions. One is that the immune system has a limited and relatively small capacity that is pushed to the limits by multiple vaccines. The other is that the increase in the number of diseases being protected against means an increase in the number of antigens. This vaccine has far fewer antigens than the DTwP/Hib it replaces. Because of the change from whole cell to acellular pertussis, a reduction of almost 3000 antigens has occurred,[10] even though the vaccine protects against five instead of four diseases.

Although this regimen will not increase the number of diseases covered by the programme, it represents an important step forward in the United Kingdom's vaccination programme. However, the benefits of the new vaccine do not outweigh the risks of delaying immunisation until its introduction. Such a delay would leave a child unnecessarily at risk of death and disability from whooping cough and Hib disease. Parents should therefore be encouraged to have their children immunised according to the current schedule, until the new one is introduced.

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COMPETING INTERESTS: HB and DE have in the past received funding from vaccine manufacturers Wyeth, AventisPasteur MSD, GlaxoSmithKline to attend symposiums and conduct research.

Editor: This article caused much debate on the BMJ Rapid Response facility on their website. It makes very interesting reading.
htpp//.bmj.bmjjournals.com/cgi/eletters/329/7463/411
Or you can visit our website noticeboard to access the various bmj responses that have been running.

Featured on page 11 of this issue is Dr Viera Scheibner's response to the above article. Also extracts from Dr Richard Lanigan's response: How Safe is Safe?? Page 8.

GPs REPRIMANDED OVER MMR STRIKE-OFF THREAT

Pulse, 10/5/04,

GPs have been reprimanded for threatening to strike off an entire family after the parents refused to give their daughter the MMR vaccine.

GPs at the World's End Health Centre in Chelsea, west London, sent a letter to the parents of 2 year old Georgina Kellock stating if they did not respond to an MMR reminder, 'deregistration' would 'go ahead within 14 days'.

GPC deputy chair Dr Hamish Meldrum condemned the actions but said he understood the dilemma facing GPs. 'I have a huge amount of sympathy for doctors in this situation, it's intolerable. *(Editor: No mention of sympathy for the parents and the dilemma they face!)*

'But the answer is to get the rules changed, not to do things that the GMC would not approve of. That's really all we can do until this ridiculous rule is changed.'

Dr Orietta Emilliani, a salaried GP who signed the letter to the Kellocks, spoke exclusively to Pulse.

She said meeting vaccine uptake targets was not the motivation for the letter.

'We are removing a lot of ghosts from our list. We are very strict. We sometimes send a patient 6 or 7 letters but they don't even bother to respond to one. We found that if we were blunt we would get a better response.

'It sounds awful that we are threatening, but in our area there are different cultures, refugees and so on, and when they see something from the Government they just bin it'.

Dr Emiliani said she stressed the lifesaving importance of immunisation to parents. 'I come from Italy, where it is not compulsory to have MMR, but the child can't go to school if they're not immunised.'

Kensington and Chelsea PCT stopped the practice deregistering the family.

YELLOW CARD REVIEW SUPPORTS PAY FOR ADVERSE REACTIONS FOLLOW-UP

An article in Pulse, 10/5/04, reported on how GPs should be rewarded for helping with research on adverse drug reactions, according to the Government's review of the yellow card scheme.

A report based on the review stopped short of recommending paying GPs a fee for submitting yellow cards but called for GP payments for helping researchers contact patients who had suffered adverse reactions.....Another key recommendation was to allow patients to report side-effects themselves, a proposal accepted by health minister Lord Warner.....Dr Metters, chair of the review's steering committee, agreed that the yellow card scheme should be included in the quality and outcomes framework but said that GPs had a public duty to fill in the cards.

Dr Fellows, Gloucester GP and current chair of the GPC prescribing sub-committee, said GPs should be paid a fee to 'get the scheme running properly'.

He added: 'The days of GPs working for nothing are gone.' *(Editor: I had not realised those 'days' ever existed.)*

TARGET PAYMENTS FOR VACCINES SHOULD GO

Pulse, 21/6/04

LMC members have voted overwhelmingly in favour of abolishing target payments for immunisations and replacing them with a graded system with exception reporting.

Dr Paul McNeilly, from St Helens LMC, told the conference that target payments 'have had and will continue to have adverse effects on the doctor-patient relationship'.

He said 'Vaccine uptake should not be linked to GP payments. A change is long overdue.'

LMC members expressed anger that exception reporting was not allowed for immunisation services. They argued the contract ignored the views of parents who did not want their children vaccinated.

Dr Chris Walker, from Wolverhampton LMC, told delegates that 70 and 90% targets were 'not acceptable' because small numbers made a big impact on success at achieving targets.

GPC chair Dr John Chisholm urged members to accept the motion to abolish target payments.

LMC members suggested that a graded system could pay fees in proportion to the percentage vaccinated.

MELDRUM TELLS GPs TO BOYCOTT UNPAID STUDENT MMR DRIVE

Extracts. Pulse, 2/8/04

The GPC has told GPs to boycott Government recommendations to vaccinate 16-24 year olds with MMR unless they are properly paid for the extra work.

The instructions come as GPs face a surge in workload for MMR vaccination, with many universities urging their students to visit a doctor for the vaccine.

DoH officials have responded to soaring cases of mumps in young adults by issuing advice that everyone in the age group should be vaccinated.

The department said it considers MMR in this age group as an enhanced service, but that it is up to GPs and PCOs to hammer out arrangements for additional payment.

But many of the PCOs contacted by Pulse had no clear policy on MMR vaccination even in areas where universities were running student awareness campaigns.

GPC chair Dr Hamish Meldrum told Pulse GPs should turn away young people seeking MMR and contact their LMC to find out if they were being offered payment.

'If there is extra work it needs to be resourced through a locally enhanced service,' he said.....

Dr Kassianos, RCGP immunisation spokesperson and a GP in Bracknell, agreed that an immunisation campaign would only succeed if GPs were 'contracted to do it'.....

NON-PARENTERAL VACCINES HAVE NOT LIVED UP TO THEIR INITIAL PROMISE BECAUSE OF SIDE EFFECTS

BMJ, Vol329, 10/7/04

This article looks at the problems with non-parenteral (oral or nasal) vaccines.

Here follows a few extracts *(underlining our emphasis)*:

'Most vacines are administered by injection. Effective non-parenteral vaccines would be more convenient and potentially cheaper to produce and administer. Why then are so few such vaccines available? For example, in the UK, despite intense research, only the Sabin oral polio vaccne is in general use. In a survey of the field nine years ago I was optimistic and foolhardy enough to believe that soon many of the parenteral vaccines would be administered via alternative routes.

With better understanding of the immune system, notably at mucosal portals of entry, recognition of the common mucosal immune system, rapid development of genetic engineering techniques, and the human genome project, increasing political pressure for methods to control the HIV, and the excitement of the researchers involved, one could easily be mesmerised. Yet, the debates about the relative merits of the oral and parenteral polio vaccines should have tempered our excitement. For non- parenteral vaccines to work, the antigen or vaccine has to breach the defensive mucosal barriers, rich in proteolytic enzymes and resistant to the passive diffusion of proteins. This can be done by identifying active carrier systems or, more practically by damaging the barrier membranes through use of either erosive formulation additives or invasive attenuated bacteria or viruses. Both approaches are potentially toxic. Mutation of attenuated micro-organisms back to pathogenic variants, including the wild type, may have devastating effects, outbreaks of iatrogenic poliomyelitis associated with the use of the oral polio vaccine, for example, are well known.

Recognition that traces of novel adjuvants, notably enterotoxins improved the immune response to mucosal vaccines to an extent that implied clinical effectiveness, created considerable opitmism. This optimism was partly justified as 2 non-parenteral vaccines, an oral vaccine against the rotavirus and an intranasal vaccine against influenza were subsequently marketed. Both vaccines, however, were withdrawn soon after as a result of adverse effects - Bell's palsy in the case of the anti-flu vaccine and intussusception *(the telescoping of one part of the bowel into another leading to obstruction of the bowel)* in the case of the anti-diarrhoeal vaccine.....What lessons can then be learnt from those vaccine withdrawals? Firstly, all vaccines carry with them some risk of adverse effect that needs to be balanced against their potential benefits.

Secondly, for diseases for which current safe alternatives are available, stricter validation should be required before marketing of alternative formulations, particularly when premarketing studies imply a substantial risk.

Thirdly, postmarketing surveillance should be intense, given the limited premarketing testing of new vaccines. This could take the form of a mandatory register of all recipients until a sufficient number of vaccinated people has accrued to identify potentially serious adverse effects. Low reporting rates make spontaneous reporting inadequate. Manufacturers need to be asked *(surely 'compelled')* to undertake more controlled monitoring as part of the grant of marketing authorisations. Access to case notes also needs to be improved.....The crisis surrounding the MMR vaccine shows that consumers are intensely averse to risk, and the challenge for regulators and manufacturers is to restore confidence in vaccination. Both false alarms and postmarketing withdrawals of the vaccine make this more difficult.

Fourthly, more research is required on the mechanisms by which poorly understood adverse effects of non-parenteral vaccines, such as Bell's palsy and intussusception, develop. This will require funding, probably by charities and government agencies. *(Editor: Why not the drug companies themselves?? As they are the ones who will make all the profit.)*

Given increasing microbial resistance to antibiotics, research on vaccines needs to be increased. The once intense debate initiated over 4 decades ago about the relative merits of the oral and parenteral polio vaccine continues. A decade ago, Howson and Fineberg discussed the ricochet of magic bullets in their commentary on the adverse effects of pertussis and rubella vaccines. We have yet to achieve Paul Erhlich's dream of the magic bullet. We have an intense dislike of friendly fire, particularly resulting from pre-emptive action about dangers that we cannot perceive clearly. Tradeoffs between risks and benefits will always be necessary. Ironically, with concerns about bioterrorism, research into smallpox vaccination is restarting. Any collateral benefits from such research are to be welcome.

Alain Li Wan Po, Director, Prof. of Clinical Pharmaceutics, Aston University, Birmingham.

CONCERN OVER BCG BABIES

Pulse, 23/8/04

Mounting reports of adverse events in babies immunisd with BCG have prompted the DoH to develop a training video on vaccination technique, to be circulated to all GP practices.

The current vaccine has to be given intradermally and can cause problems when used incorrectly. According to yellow card data, there have been 229 general disorders and injection site reactions, 120 infectious and 99 skin and subcutaneous *(beneath the skin)* tissue disorders.

The Committee on Safety of Medicines, reviewed the vaccine in response to the reports, but concluded that improved training on vaccination technique was needed rather than any additional safety signals.

MY SON'S WHOOPING COUGH

When my five year old unvaccinated son started to show what my homoeopath considered to be the early signs of whooping cough - a week of sporadic coughing and sneezing ending in a gasp for breath - I decided to take him along for a rare trip to my GP for a diagnosis. I wanted to confirm the disease for his records and also to find out about the need for isolation.

I requested a side room as I thought it sensible not to sit in the waiting room with him coughing and sneezing.

The young female doctor entered the room rather perplexed saying that she was sorry to be meeting me 'in such strange surroundings' and she asked the purpose of this request. When I said I thought he was developing whooping cough, she was very dismissive saying she thought he was 'too old to get it' and that it was far more likely to be the onset of asthma or an allergy - this without examining him in any way at all. I asked whether there was any diagnostic test for whooping cough that could be done. She claimed that she had no idea what test would be necessary. I had to ask her if she could then please find out. She seemed exasperated and left the room saying that she would have to ring the paediatricians at the hospital to find out.

We were left waiting for fifteen minutes before she returned announcing, quite triumphantly it seemed to me, that my son would have to be taken to the children's ward, have a general anaesthetic, a tube placed up his nostril and down into the back of his throat to get an unadulterated swab, and even then the accuracy of the results would be only 50%. This I, of course, refused and made to leave. Despite the fact that she had not diagnosed whooping cough, she nevertheless told me I was to collect a course of anti-biotics from the dispensary on my way out, just in case he was infectious. I told her that I wasn't in the business of administering anti-biotics on a 'just in case' basis, and that, in fact, my son had only ever received anti-biotics once (intravenously during a 4-day stay in hospital for a severe ear infection earlier that year for which the wrong diagnosis had been made, not only by herself, but by two other doctors as well, one of whom was a senior ENT consultant. The result wasmastoiditis. But that is another story).

Her response was that, unless I gave him anti-biotics he would be infectious for up to 3 weeks to anyone with whom he had contact, whooping cough being spread by droplets. Despite the fact that my son had had a severe reaction, vomiting and foaming diarrhoea, to Erythromycin which had been originally prescribed for the ear infection, she still wanted him to have it, saying that he could have half the dose, if necessary. I said that I was quite prepared to isolate him for three weeks. She said that this wouldn't work. I said that I failed to see how it couldn't. I was quite prepared to look after him properly, having shelved my career as a sculptor to raise our children until they were both at school, I was ready to nurture them through any of the childhood illnesses for which we have not had them vaccinated. She said that his younger brother was at risk and if he were to contract whooping cough would have a much worse time of it, being only two and a half. She also said that it wasn't too late to have either of them vaccinated! I said that, knowing my younger son was out of the danger zone for whooping cough (whooping cough is rarely dangerous in children over the age of one) and in a good state of health that we would take it as it comes and that we would isolate him too. I also questioned the logic of over-loading a child's immune system with anti-biotics if they are on the cusp of developing whooping cough. Who is it for? At this point I felt that there was nothing else to say as I could sense that a chasm was opening up between us and we were getting away from the point of our visit, which was for diagnosis. I calmly said that I thought it was time for us to go. She said that what she found far more worrying than the prospect of the damage any anti-biotics could cause, was the fact that my son was unvaccinated and would I please sit down and tell her my thinking behind this.

I knew at this point I had a choice: to politely decline and leave this discussion for another time, or to stay and embrace the debate. I simply said that I believed that to introduce a cocktail of vaccines, each with their own toxins and side effects, directly into the bloodstream of an eight week old baby, whose response could not be known, was a risk that I had decided I was not prepared to take. I am very aware of the responsibility that goes hand-in-hand with not vaccinating - good organic home-cooked food, plenty of fresh air, good sleep, breast-feeding for as long as possible, avoiding large groups of children at nursery etc. until 2-3 years old and that I was not afraid of nursing childhood illnesses. I in no way underestimate the potential seriousness of them; I see them as the body's way of eliminating toxins and bringing the child on, emotionally and physically.

Her response was to sneer. She became progressively more angry as she spat out the words, 'Well I'm very pleased that you believe that you can protect your children from everything. What a responsibility! You must be exhausted!' I responded that having children came with responsibilities and that I wasn't afraid to acknowledge them and that I was sorry to see that she was losing her temper. She responded that she wasn't angry, but felt that, in trying to understand my point of view, she was frustrated that I wouldn't take her seriously. I decided then that it was time to leave. My son was tugging at my sleeve and anxious to return home. To stay would benefit neither him nor me. I thanked her for listening to me and left with the growing feeling of being alone and unsupported.

Later that night my husband and I found what we could about whooping cough on the internet. Informed Parent provided additional information about naturopathic care, which has been invaluable to me over the past few weeks.

This was eight weeks ago. My son

did indeed have whooping cough and his younger brother went on to develop it. I am fortunate in having found an excellent Homoeopath within three miles of where we live, who steered us through every stage of the disease. I combined the Homoeopathy with the best nutritional advice I could find, ie a very light diet limiting protein to simple chicken broths, cutting out completely red meat, dairy products and limiting complex carbohydrates. The boys seemed to find a daily diet of vegetables, fruit, fruit juices, lots of water, brown rice, rice cakes, home-made fruity lollies and goats' yoghurt with jam or manuka honey very acceptable. They didnít actually want anything heavier than that. Of course, seeing your child uncomfortable during a coughing fit can be distressing, but I found that once the children had vomited the mucus they were trying to get rid of, they would simply settle down to sleep again. I became adept at leaning them forward over my knee, or putting them on their hands and knees in the bed (over a bathtowel) during a coughing bout, which helped them to cough it all up. Whooping cough is an illness that tends to be worse at night and can go on for some weeks. I feel reassured that the boys will now be immune to whooping cough for life and I have seen that they have both come up a notch, emotionally and physically. Proof of the idea that children mature when coming through such a childhood disease. They have certainly grown taller, so no worries about lack of calorific intake! The body takes what it needs and, certainly in the case of whooping cough, should not be overfed.

The boys are noticeably kinder to each other, get on better and seem more mature.

We live in a very small, parochial, picturesque Norfolk village, where my eldest son goes to school and, now that I am out and about again and bumping into other mothers at the playground/village shop, they ask me how my son is and where he has been. I tell them he has had whooping cough and three mothers from the school have separately said to me that their (vaccinated) children have had terrible coughs for weeks, 'and sometimes he coughs so much at night that he is sick. I've taken him to the doctors and they've said, Oh it's asthma, and put him on ventilin - but it's not working.'

There are many issues at play here, both social and political. My children have both caught and developed a recognised childhood disease, which is notifiable, but have been left officially undiagnosed. Other vaccinated children developed the same symptoms, but were told it was something else and were put on medication - a handy income for the drugs companies. Are doctors now calling whooping cough asthma? Whooping cough used to be diagnosed by competent doctors who knew what they were looking at and mothers had a network of support - from their GP, from the school, from the community. In contrast, the secretary of my son's school took it upon herself to ring me every Monday morning to question when he would be back in school, regardless of any update I had given the school in the week. I found these calls intrusive and unhelpful in the extreme. Apparently, whooping cough does not now exist and, according to GPs and schools alike, is a figment of the imagination of anyone who says it does. This could make a weaker person paranoid and at times over the past eight weeks, despite knowing that I am doing the right thing, I have even questioned my own judgement, which momentarily weakens my confidence in steering my children through this. I fear that our children's health is not the priority at all - more to do with boosting the drugs companies' profits, not to mention conscripting women back to work - who can afford to take eight weeks off to properly nurse a sick child? *LC, an informed parent.*

FLU SHOTS LINKED TO ASTHMA ATTACKS

By Michael Bradley, 23/7/04, Sydney Morning Herald, Australia

Vaccinating asthmatic children against influenza is unlikely to protect them from attacks and may even worsen their condition, say researchers who have found asthma-related emergency department visits are significantly more likely among children who have received a flu shot.

The US study comes a week after Australian authorities said they would consider whether local immunisation recommendations should be brought into line with America's.

Asthmatic children in the US are told to use the vaccine but from September the recommendation will be extended to all children aged between six months and two years. In Australia, influenza immunisation is not recommended for all children; however, a universal program is being considered by the Federal Government's vaccine advisory panel.

Professor David Isaacs, a specialist in immunology and infectious diseases at the Children's Hospital at Westmead and the chairman of the Australian Technical Advisory Group on Immunisation's committee on influenza, said: "In the United States they say children with asthma should be given a vaccine against the flu because getting the flu could make their asthma worse, but the evidence supporting this idea is far from brilliant."

Professor Isaacs said previous studies had failed to show different rates of asthma attack between groups of children given either the vaccine or a placebo.

"People seem to assume the vaccine will be good [for asthmatics] but the evidence does not show that it is," he said.

"In fact, there are lots of studies now suggesting it does not offer much benefit at all."

The American researchers compared two groups of 400 asthmatic children. One group received the vaccine. Those who were vaccinated were found to be almost twice as likely to seek assistance at an emergency department because of their asthma.

However, one specialist says doctors and parents should not read too much into the research. A medical virologist at Prince of Wales Hospital, Associate Professor Bill Rawlinson, said the findings might only reflect the higher use of the vaccine among children with severe asthma.

"If you are a more severe asthmatic, you are more likely to get the vaccine," he said.

SEIZURE RISK WITH MMR VACCINE SLIGHT, TEMPORARY

21/7/04, (Reuters Health)
NEW YORK (Reuters Health) -

Vaccination with the measles, mumps, and rubella (MMR) vaccine appears to increase a child's risk of having a seizure from a high fever -- a usually harmless event. However, the increased risk appears to be small and short-lived, Danish researchers report.

Moreover, like other febrile seizures, those arising after vaccination were not associated with an increased risk of developing epilepsy.

The findings, which appear in the Journal of the American Medical Association, are based on a study of all children born in Denmark between 1991 and 1998 who survived at least 3 months. More than 535,000 children were followed through 1999.

A total of 439,251 children (82 percent) were given the MMR vaccine, lead author Dr. Mogens Vestergaard, from Aarhus University, and colleagues note. Of all children studied, 17,986 experienced febrile seizures at least once.

Within two weeks of vaccination, immunized children were nearly three times more likely to develop febrile seizures than children who were not vaccinated. Beyond this point, however, the risk of seizures in each group was comparable.

A personal or sibling history of febrile seizures greatly increased the risk of seizures following MMR vaccination, but the actual risk was still small.

Specifically, at 15 to 17 months, the overall rate of seizures within 2 weeks of vaccination was 1.6 per 1000 children. With a personal or sibling history of seizures, the corresponding rates were 19.5 and 4.0 per 1000 children.

Experiencing a febrile seizure after vaccination slightly increased the risk of a repeat seizure, but had no effect on the risk of epilepsy compared with other febrile seizures.

"MMR vaccination is an effective health intervention," the authors emphasize, "and the transient increased rate of febrile seizures was restricted to 2 weeks following vaccination."
SOURCE: JAMA, July 21, 2004.

EARLY MEASLES VACCINATION PROTECTS YOUNGER INFANTS

www.medscape.com

NEW YORK (Reuters Health) Jul 07, 2004 - With a shift in the peak incidence of measles to infants less than 12 months of age, an early 2-dose measles vaccine regimen is likely to have clinical benefits, according to a report in the July 1st issue of the Journal of Infectious Diseases.

Dr. Hayley A. Gans of the Stanford University School of Medicine in Palo Alto, California, and colleagues there and elsewhere, explain in the article that most infants in the United States are born to mothers who have only vaccine-induced immunity to measles, which is associated with lower antibody titers than immunity induced by natural disease.

"Therefore," the authors write, "more infants less than 12 months old are unprotected by maternal measles antibodies and lack active immunity, because routine vaccination is scheduled for age 12-15 months."

The investigators vaccinated 55 infants, either 6 or 9 months old, with measles vaccine, followed by measles-mumps-rubella vaccine when the babies were 12 months old.

Measles-specific T cell proliferation was similar after both doses, regardless of age or the presence of passive antibodies. Regardless of the presence of passive antibodies, the infants vaccinated at 6 months of age had lower seroconversion rates and lower geometric mean titers.

Also, a smaller percentage of the babies vaccinated at 6 months had antibody titers above 120 mIU after the first vaccine. Whether initially vaccinated at 6 or 9 months, however, all babies had increased measles humoral responses after administration of the measles-mumps-rubella vaccine.

"Measles vaccination elicits T cell responses in infants as young as 6 months old, which may prime the humoral response to the second dose," the researchers conclude. "Initiating measles vaccination as an early 2-dose regimen results in an immunologic response that is likely to have clinical benefits in developed and developing countries."

J Infect Dis 2004;190:83-90.

Editor: The shift in incidence of measles in the under-1s has occurred BECAUSE of the vaccination, and antibody titers whatever the level are not a sign of immunity. MMR, Hib and menigitis C jabs all started as just one-off schedules and now booster shots are being announced regularly for various age groups. School leavers will soon be leaving school with more booster jabs than exam results!!

HOW SAFE IS SAFE?

Extracts from a bmj rapid response:
By Dr Richard Lanigan BSc (chiropractor) MSc Public Health and Health Promotion.
(See page 3 Misconceptions article.)

Sir, Helen Bedford and David Elliman state "The Five in one jab is safe".The DPT vaccine of the 80s was "safe", even though 1 in 110,000 vaccines caused a serious reaction and 1 in 300,000 resulted in permanent brain damage (The National Childhood Encephalopathy Study 1981). DPT was replaced with a "safer" DTaP in 1996 (this had been available in Japan since 1981 but was more expensive). The DTwP/Hib is now being withdrawn, because of "The precautionary principle" regarding thiomersal and being replaced by the five in one to "reduce side effects." The impression given is these side effects are merely "fever and soreness at the injection site".

In the United States doctors are legally obliged to inform parents of potential risks from vaccines using Vaccine Information Sheets (Centers for Disease Control and Prevention). The DTaP sheet states there is a small risk of "long term seizures, coma, or permanent brain damage".

Parents are told very little in this country in fact in a survey on "Informed" Consent for my masters dissertation of 200 parents who had vaccinated their children with DTwP/Hip, 61% did not even know what DTP stood for. 65% of respondees were not warned of possible side effects and of those that were only fever and rash were mentioned. 35% experienced side effects 21.6% reported fever while 13.5% had more serious reactions which they believed were caused by the vaccine, 7 children were hospitalised.....
.....During a measles epidemic in 1959 (51000 cases), the British Medical Journal (Feb 6 1959) reported that measles was "the commonest disease in the world and normally a mild infection, complications are rare". Now we are warned that children are in mortal danger from this disease. Either this claim is not true or in recent years, despite improvements in living conditions etc, a generation of children's immune systems have been compromised. Could it be the excessive use use of antibiotics and the number of vaccinations being administered to young children which has played a role in the massive increase in autoimmune illness.....

BE TRUTHFUL ABOUT VACCINES OR KEEP AWAY FROM MY CHILDREN

Scotland on Sunday, 15/8/04
CARMEN REID

OK, I thought I would be able to write something calm and balanced, drawing on both sides of the arguments for and against childhood vaccinations. But I'm so furious at being LIED to time after time by the government that nothing very calm comes to mind.

I made sure my children's vaccinations did not include the mercury- based preservative thiomersal, despite assurance from the Glasgow public health doctor himself, on the phone, that it was "perfectly safe".

Now, lo and behold, a new five-in-one injection is being spun as "good news, it's mercury-free" - so that we don't ask any questions about what else is in it or whether our babies should be injected with five diseases in one day.

According to the Department of Health, this is not because thiomersal isn't safe, it's about "reducing mercury in the environment". What total horse manure! What about banning mercury fillings for children then, as they do in Canada and other enlightened countries - wouldn't that help reduce mercury "in the environment" as well as in our children's brains and bloodstreams?

Instead of mercury, the new vaccination contains aluminium and formaldehyde, both known neurological toxins, held by some experts as equally responsible for autism. Just thought you'd like to know.

Formaldehyde - banned from cot mattresses because of a link to cot death - is going to be injected directly into our babies' bloodstreams at two, three and four months of age. I can't be the only parent who thinks this might be risky.

Inventing new vaccine cocktails is mega business, of course. Anyone heard of the patenting system? New vaccines are patented for 10 or 15 years, during which time maximum money is made from them. After that, the profits fall off. Unless, of course, you can come up with a new version to patent.

The MMR vaccine was introduced in the late 1980s - after some heavy sales pitching by the drug companies, no doubt - because the patents had expired on the highly safe and successful single Measles and Rubella injections in use in Britain for 20 years. Don't believe me? Just wait a year or two. The MMR patent is due to expire, but not to worry - the lovely new MMRV (which includes added chickenpox protection) will probably be snapped up by our gullible Department of Health instead.

Parents will be inundated with stories of 'How Chickenpox Kills' to help us make up our minds.

It may be the goal of the medical establishment, or at least the vaccination manufacturers, to inoculate every illness out of existence, but new diseases, new mutations keep emerging. Our only true insurance policy is a fantastic immune system, and that's just what vaccinations stand accused of threatening.

Autism? ME? Asthma? Allergies? All extremely rare 30 years ago. You can find plenty of immunologists who will express concern at the links to mass vaccination.

When you catch, say, rubella, the virus enters your respiratory system first, so your immune system is on the alert before the disease hits your bloodstream. Your temperature goes up as your body fights back, finally your skin breaks out as the toxins are thrown off. The vast majority of children recover and have a lifelong immunity, passed on through the placenta and breast milk to babies.

Vaccinating a mutated or dead version of a virus directly into the bloodstream may not have the same effect. It may not be thrown off in the same way, it may not protect you for as long, it may not protect your baby.

Mumps used to be a childhood illness, but currently Strathclyde is suffering from a teen epidemic, although all these teenagers will have had MMR. Measles, mumps, rubella and chickenpox can all be far more serious if you contract them as an adult.

It is extraordinary to think that my parents' generation were taken to measles parties as children, yet this illness is now being touted as a 'killer'. One set of statistics I unearthed on an internet trawl claimed a child under five has a 0.01% chance of catching measles, a 0.3% chance of dying from it, yet a 0.2% chance of being autistic as a result of vaccine damage.

Yes, the Department of Health knows perfectly well that vaccines can damage children, the possible side-effects come listed on the box. But in the past, I have interviewed parents who have told me with tears in their eyes and certainty in their hearts that their children were fine before vaccination, yet their own doctors, the health board and the government will not accept their evidence.

I'm not anti-doctor, I'm not anti-medicine (usually). But I am extremely anti-hogwash, propaganda, blackmail and misinformation. How can any parent expect to be given both sides of the argument from a GP paid a bonus to keep vaccination levels up?

Just tell us the truth. Let us make our well-informed minds up. Until then, anyone coming near my children with a new improved vaccination can take a running jump.

FLU VACCINATION CAMPAIGN TO BE WIDENED

Extracts. Pulse, 26/7/04

Government immunisation advisers are set to revise their recommendations on this autumn's influenza vaccination campaign, extending the number of high-risk children who will be eligible.

The JCVI has decided to expand the immunisation programme to include all children admitted to hospital for respiratory infection in the past year.....All children with moderate or severe asthma are already eligible for annual vaccination..... But GPs and respiratory experts reacted with surprise to the proposals, with opinion divided about whether flu vaccination in children is worthwhile. Dr David Elliman, consultant in community child health at Gt Ormond Street Hospital in London, said he would be interested to see the new evidence.

And Dr Mike Thomas, a GP in Stroud and clinical researh fellow at the University of Aberdeen, said he was a long-standing sceptic on flu vaccination and thought it should only be done 'in very severe and brittle asthma'

A new study in Archives of Disease in Childhood (Aug) has added to the controversy finding no evidence that flu vaccination prevents asthma exacerbations in children.

But the US has just altered its influenza vaccination policy to include all children aged from 6 months to 23 months and their parents and carers. Dr Fleming said the JCVI had no plans to follow suit in the UK, where rates of hospitalisation were lower than in the US.

'After the MMR controversy we have to be careful not to do anything to damage vaccine uptake,' he said, explaining that parents were sceptical about flu vaccination because it failed to prevent other respiratory infections.

MERCURY-LACED VACCINES ARE A DANGER TO OUR CHILDREN'S HEALTH

San Francisco Chronicle, CA, 7/9/04
Protecting Against the Protectors
Mercury-laced vaccines are a danger to our children's health. By Dan Hamburg

A commonsense bill to rid childhood vaccines of the mercury-laced preservative thimerosal now sits on the governor's desk awaiting his signature. While the bill appears to be a no-brainer, the pharmaceutical industry and the state Department of Health Services are urging a veto.

Thimerosal, a preservative that is 49 percent ethyl mercury by weight, is present in many vaccines today, and will be in most of the flu vaccines given to babies, toddlers and pregnant women in 2005. Ethyl mercury, a mercury compound, and thimerosal are known neurotoxins, considered by the state of California as chemicals known to cause reproductive and developmental harm. Because of thimerosal's toxicity, the American Academy of Pediatrics and the U.S. Public Health Service urged vaccine manufacturers in 1999 to remove it from all regular childhood vaccines, and the vaccine manufacturers appear to have done so. However, thimerosal is still added to pediatric doses of flu vaccine. Next year, as many as 800,000 California infants and toddlers could receive a mercury-containing flu shot because the Centers for Disease Control and Prevention is now recommending that all children between the ages of 6 and 24 months receive flu vaccines.

It is common knowledge that mercury and ethyl mercury can damage developing nervous systems in fetuses, infants and toddlers. The California Environmental Protection Agency recently reported that the scientific evidence that thimerosal causes reproductive and developmental toxicity is "clear and voluminous." The U.S. House of Representatives' Government Reform Committee found that "thimerosal used as a preservative in vaccines is likely related to the autism epidemic" and charged that the federal Food and Drug Administration has been "asleep at the switch" with respect to thimerosal. A 2003 study published in the Journal of American Physicians and Surgeons found "strong epidemiological evidence for a link between mercury exposure from thimerosal- containing childhood vaccines and neuro-development disorders."

So why does the governor appear hesitant to sign AB2943, the Mercury-Free Vaccine Act of 2004? Drug companies, led by the Bayer Corporation and Aventis Pasteur, claim that the bill is unnecessary, that it may cause thousands of children to contract influenza, that it will undermine public confidence about vaccine safety and that it is too costly. Let's briefly dispense with these specious arguments.

Despite the FDA's and the vaccine manufacturer's assurances, California children are still receiving vaccines that contain mercury. As the U.S. House committee pointed out, the FDA has never required industry to conduct extensive safety studies on thimerosal. Vaccine manufacturers have the capacity to produce sufficient doses of mercury-free flu vaccines by the date the bill takes effect (July 2006). AB2943 will actually increase public confidence in vaccine safety by giving parents certainty that their infants and toddlers will not be injected with mercury. According to the state Department of Finance, the bill would cost the state of California $40,000 and save untold dollars by decreasing the possibility that California's children develop autism and related disorders.

Between late 1999 and late 2002, thimerosal was removed from most childhood vaccines. Because of this, California now has a population of children nearing age 3 and 4 who received a significantly lower dose of mercury than children born before 2000. Preliminary studies show that the rate of increase in the number of children over age 3 with autism has been in decline for nine months now. This is the first time autism rates have fallen in the entire 35 years California has been collecting this data in the Department of Developmental Services.

Perhaps the reason that the drug companies want thimerosal-containing vaccines to be used up rather than destroyed has more to do with potential legal liability than it does with safety. More than 5,000 American families are seeking compensation in the U.S. Court of Claims for damage to their children allegedly caused by mercury-containing vaccines. If drug companies are found to have knowingly participated in risking the health of our children, these parents could become just the head of the line and damage awards could reach into the billions.

The question is: Will Gov. Arnold Schwarzenegger listen to the well-founded concerns of thousands of parents with developmentally disabled children? Or will he bend to the powerful pharmaceutical lobby? This is an opportunity for the governor to prove that he's a real hero, not just acting. Parents for generations to come will thank him for his leadership.

Dan Hamburg, a former U.S. representative from Northern California, is executive director of Voice of the Environment (www.voiceoftheenvironment.org), *a nonprofit based in Marin.*

ANOTHER INTERESTING COMMENT FROM W.H.O. EXPERT

Scientific Review of Vaccine Safety Datalink Information By The US Centre for Disease Control, Simpsonwood Retreat Center, Norcross, Georgia, June 7th-8th 2000.

In issue 1 -2004, page 14, of our newsletter we reproduced a few remarks by an expert panel on the potential problems of mercury-containing vaccines.

This Simpsonwood meeting was convened by the US CDC to discuss the findingsof Dr. Verstraeten in relation to the positive statistical association between thiomersal-containing vaccines and neurodevelopmental disorders (thiomersal is a mercury-based preservative that has been extensively used in the UK and US, and elsewhere). Another comment which readers may find revealing is by Dr. John Clements of the World Health Organisation, who was the WHO delegate to the meeting:

'I really want to risk offending everyone in the room by saying that perhaps this study should not have been done at all, because the outcome of it could have , to some extent, been predicted, and we have all reached this point now where we are left hanging, even though I hear the majority of consultants say to the Board that they are not convinced there is a causality direct link between thimerosal and various neurological outcomes. I know how we handle it from here is extremely problematic.'

BMJ RESPONSE TO MISCONCEPTIONS

Here follows Dr Viera Scheibner's response to Elliman and Bedford's 'Misconceptions' paper.

Provaccinators have short memories and they always come back to their past disasters. Once upon a time, there was a tetravalent vaccine. It had to be abandoned because straight from the start, many babies died from it, meaning many more than died from the individual vaccines or DPT (three in one).

Then came another three in one: the MMR vaccine. It caused an enormous upsurge in autism and mumps meningitis all over the world in the countries that used this vaccine. In the UK the mumps component had to be replaced with a different mumps virus in the UK - the Urabe virus with the Jeryl-Lynn virus. However, the frugal manufacturers of the Urabe strain vaccine sold the MMR containing it to unsuspecting Brazil where it caused an enormous upsurge of meningitis in the recipients: they used it within a short span of time (days) in a mass vaccination programme. This time there was no choice but to admit that the meningitis outbreak was caused by the offending vaccine (Dourado et al. Am J Epidemiology 2000; 151 [5]).

The logistics behind the switch to the injectable polio vaccine has been quoted as its inability to cause paralysis. Wrong again! Provaccinators forgot (or probably have never heard of) the Cutter incident. Within days of the first mass trial of the Salk injectable polio vaccine in 1.8 million children the United States in 1955, hundreds of its recipients and their contacts developed paralysis. The US Surgeon General stopped the trial and instead of proclaiming the vaccine not only useless but also causing polio, the provaccinators redefined the polio disease: the classical definition of polio as a disease with residual paralysis which resolves within 60 days changed into a new definition of polio as a disease with residual paralysis persisting for more then 60 days. The cases of paralysis which resolve within 60 days are then classified as viral or aseptic meningitis, Guillain-Barre Syndrome, lower motor neuron disease, infective polyneuritis, symmetrical paralysis and other names. According to MMWR 1997 (Vol. 46, No. 10:221-222), the incidence of aseptic meningitis in the United States amounts to 30,000 to 50,000 cases per year. When one considers that that many cases had occurred only occasionally in the pre-vaccine era, vaccination actually increased the incidence of polio; these days it is 30,000 to 50,000 cases every year, year by year and not just twenty years apart. This explanation is feasible also because 99% of polio cases were not paralytic and even the paralytic cases mostly resolved within days and certainly within 60 days.

Another major problem with polio vaccines is the contamination with monkey viruses (of which SV40 is just the one best known and researched) which typically cause brain tumours in their recipients. It is hardly surprising that Sweden has one of the highest incidences of these brain tumours in the world: they have been using the injectable variety of the polio vaccine, which bypasses the body's vital defences more effectively (than does the oral vaccine), improving the chance of the virus taking hold.

Provaccinators , spare yourself a breath: polio vaccines are contaminated with monkey viruses to this day; the problem has not been resolved by the 14-day treatment with 1:4000 solution of formaldehyde: according to Gerber et al. 1961 (Proc. Soc. Exp. Bio. Med:108: 205-209) this treatment does not just result in inactivation of SV40 (and polio viruses) which then revert back to the original virulence in the recipients of such vaccines, but also is subject to asymptotic factor, meaning within about 40 hours most of such viruses are inactivated, but after that time there remains a viable residue of live virulent viruses in the vaccine brew indefinitely. ("The results obtained in this study indicate that the course of treatment of SV40 with 1:4000 formaldehyde was characterized by a biphasic reaction. The major portion of the viral population was inactivated progressively at a slightly slower rate than polio virus. The second phase of the curve indicated the persistence of a residual fraction which resisted inactivation.")

Moreover, there is no benefit from the replacement of the wild polio virus with the modified, exotic vaccine polio viruses; according to data published by van Nierkerk et al. (Lancet 1994; 344: 661-664) and Biellik et al. (Lancet 1994; 344: 1776) in Namibia vaccination not only caused an outbreak of polio in the vaccinated, it also prevented the development of natural immunity to the wild virus as shown by the lack of an outbreak in the north health region: there was no vaccination in this region and no outbreak of polio. ("The outbreak was limited to the south health region; at least 80% of infants in this region have received four doses of oral polio vaccine (OPV) by the age of 1 year" and "...a higher proportion of northern children might have been protected, at least from type 1, by natural immunity, thus suppressing epidemics. In 1993 OPV coverage among infants aged less than 1 year was higher in the south than in the north. However, evidence suggests that a substantial pool of susceptibles especially among children ages 1-3, was created when coverage was low, and the apparent interruption of wild poliovirus circulation limited the acquisition of natural immunity.").

Drs Elliman and Bedford: yes the new vaccine Pediacel would have the same safety and reactogenicity as the standard pentavalent vaccine used in Canada (both statements unsupported by published facts): miserable. You only write about the "troublesome but minor side effects such as fever and soreness at the injection site". What about serious effects such as convulsions, epilepsy, encephalopathy and death? Just because you don't mention these reactions it does not mean that there are none.

Only irrelevant and flawed epidemiological research "showed" that thiomersal in vaccines is not associated with serious neurological problems. Serious and honest research has demonstrated that mercury is harmful to the young developing brains of children. Medicos happily warn pregnant mothers not to eat too much fish containing mercury. Mercury does not change into a pussycat in vaccines.

Moreover, the mercury-containing preservative in vaccines has been in some circumstances claimed to have been replaced, the substitute being phenol which is just as toxic if not more toxic than thiomersal. Vaccines still contain aluminium compounds and other toxic substances, and, of course, the foreign proteins (antigens) which are toxic in themselves.

Vaccines not just could, they do overload the immune system of the recipients. Even one vaccine "can" and "does" kill babies as witnessed by cot deaths occurring within days of birth after hepatitis B vaccine.

Whether administered individually or together, a variety of vaccines cause serious reactions which can be summed up as anaphylaxis, sensitisation, increased susceptibility to the diseases which the vaccines are supposed to prevent and also to a host of unrelated viral and bacterial infections. This is totally undesirable, considering that unvaccinated children as

a rule do not suffer ear infections, tonsillitis, pneumonia, bronchiolitis, ADD, ADHD, autism and other modern scourges of children, which are a result of immunological injury caused by Vaccines. You do not improve health by destroying the immune system. Modern immunological research keeps demonstrating the harmful effects of vaccines (Jefferys,Lancet 2001;357:1451). There is only one immunity, natural immunity, which is achieved by going through the diseases, provided they are not mismanaged by over- and inappropriate medication, such as antipyretics and antibiotics which are prescribed indiscriminately whether there is any need for them or not. That's quackery and iatrogenesis, not science (Scheibner: "Study first, judge later." Australian Doctor, 2nd May 2003: Letter to the Editor).

Vaccines and other medical interventions actually stop the body developing natural immunity.

There is no need to try to "protect" children from natural infectious diseases, there is only a great and urgent need to protect children against the toxic orthodox medicine.

The last paragraph in Bedford and Elliman's article reflects the outrageous claims of vaccinators about "depriving children of the benefits of vaccines". What benefits? What risks of delaying vaccination? Both are nonexistent.

This is where parents should step in and start to use their common sense and learn the truth about health and sickness and, importantly, about their legal rights. Vaccination is not mandatory; even in the totalitarian US parents call legally avoid vaccinations.

Competing interests: None declared

'VACCINATING ALL CHILDREN WOULD CURB FLU SPREAD'

Pulse, 13/9/04 reports on flu. 'Universal influenza vaccination in children would prevent nearly half of secondary household cases of flu, according to a new study confirming children's key role in the spread of the disease.

The research has prompted fierce debate on the merits of immunising all children against flu, with experts claiming a universal programme was rising up the agenda.'.....

Editor: So now children are getting the blame for spreading the flu. And is this the influenza vaccine that contains the mercury product???

PARENTS ANGRY AT VACCINE PRESSURE

1/8/2004, Star Times, New Zealand
By EMILY WATT

Angry parents say their children are being terrified and bribed into having the meningococcal vaccine with what one father described as "sneaky and nasty" tactics.

Some schools are giving children chocolate and morning tea as a reward for returning consent forms. One mother said her eight-year-old burst into tears saying "I don't want my limbs to fall off" when told he could not have the vaccine.

The boy told his mother two teachers had come to his Clayton Park School classroom in Manurewa, south Auckland and warned him of the threats of the disease. "They're using scare tactics on the children," the parent told the Sunday Star-Times. Clayton Park School principal Bernard Barradell denied teachers told children they would lose their limbs and said children were probably scaring each other. "I'd be flabbergasted if one of my staff said that," he said.

But the parent said her child had been very clear the warning came from the teachers. She said such tactics frightened children and manipulated parents. "He's making me feel terrible that I'm not letting him have this 'life saving' thing."

Immunisation Awareness Society researcher Sue Claridge said the organisation had received a number of complaints from parents concerned their children were being manipulated by schools into having the vaccine.

One parent said her five-year-old was shown photos of a baby with amputated arms on her first day of school and came home afraid she was going to die.

Claridge pointed out there were also graphic images on the consent forms of children scarred with the disease and those would frighten children. Carol Mallard, a school principal who helped develop the schools' training programme and information pack, said the resources were designed to inform children about the disease and it was up to schools to use them appropriately.

"We were mindful of the fact that the Meningococcal B can have devastating effects but we didn't want to frighten the children," she said.

Claridge said showing graphic images to young children was unprofessional and unethical as it did not help early diagnosis and children did not need to be persuaded as they were not required to consent. Other parents reported they were being pressured into deciding whether to have their child vaccinated.

One father complained to the Sunday Star-Times his daughter's school was offering children chocolate to return their vaccine consent forms the next day.

When he did not return the form the next day, he said the school telephoned him and asked him to bring it in.

The school also promised a free morning tea to the first class to return all their forms and his daughter felt she was letting the class down when he was unwilling to sign the form immediately.

But the principal of Waiuku's View Bay School, Trevor Guthrie, said the school had put pressure on to get the consent forms returned but they had not encouraged children or parents to consent to the vaccine.

He said he had "no issues" with parents taking more time to consider the vaccination but the school was trying to target those who might not otherwise bother to return the form.

Kidz First public health nurse Elizabeth Farrell praised schools in getting the consent forms returned quickly. There was some pressure to begin vaccinations so the rest of the country's vaccines would not be delayed, she said.

HALF-PRICE BOOKS

Due to a printing error we have a number of copies of the book by Greg Beattie: 'Vaccination - A Parent's Dilemma' on special offer.

6 graphs were ommitted, however, the graphs have been printed on sticky-back paper and added by hand to each copy. We are offering these copies at £4 instead of £8 (RRP). You can purchase them online at our website or by post to the address below. Cheques made payable to ' The Informed Parent.'

MINISTERS HAVE ONLY THEMSELVES TO BLAME FOR THE LATEST FURORE

Sunday Telegraph 15/8/04

Dr Andrew Wakefield, who raised fears about the safety of the MMR vaccine, argues that patronising parents with spin simply alienates them.

Each time the Department of Health announces a change in the childhood vaccine programme, one minor consequence is a rash of telephone calls from concerned parents to the charity Visceral for which I work.

Last week's announcement of the likely introduction of the new five-in-one combined diphtheria, pertussis (whooping cough), tetanus, haemophilus influenza (Hib) and polio vaccine was been no exception. In spite of assurances from Whitehall officials and ministers responsible for public health, a large proportion of the British public is apparently unconvinced of either the safety of, or the necessity for, this change.

Why is it that the Department of Health seems unable to persuade the public that it is doing the right thing?

First, stop treating the British people like idiots. They are not; the people to whom we speak at Visceral have usually conducted their own internet inquiries, have spoken to friends and colleagues and not only ask sophisticated questions but are perfectly capable of understanding a complex answer.

Second, don't over-simplify and don't tell lies or "spin" the facts, however good the motive.

The first rule of public relations is to tell the truth; it seems this has been forgotten. Dr David Salisbury, the head of immunisation at the Department of Health, speaking on television on Tuesday, said the new combination vaccine was completely safe. This was a mistake. Everyone accepts that no medical intervention is without some risk. Furthermore, a summary of the adverse reactions experienced with this vaccine in Canada is already circulating widely on the internet.

Instead of issuing blanket assurances, public health officials should explain and quantify the risks within the context and limitations of the safety studies that have been performed. Parents understand risk. Instinctively, they weigh risk every time they send their children to an adventure playground, or consent to their participation in a contact sport.

Notably, Dr Salisbury was instrumental in the introduction of the Immravax and Pluserix brands of MMR in this country in 1988. No doubt he was equally reassuring about their safety then. The fact that these vaccines were subsequently withdrawn due to an unacceptably high rate of meningitis does not inspire confidence.

Alarmingly, Dr Salisbury went on to state in his television interviews, without any medical or scientific basis in fact, that children could safely be given 1,000 vaccines at once. The Times followed up with the headline on Wednesday, "Experts call for six-in-one jabs". Meanwhile, in a sobering article by Michael Smith of The Daily Telegraph, Professor Simon Wesseley - previously a sceptic on the existence of a Gulf War illness - confirmed to the public inquiry on Gulf War Syndrome that not only were vaccines the culprit, but also that "the more vaccines you received, the more likely you were to suffer ill health".

Dr Salisbury's transparent confusion of fact with personal opinion reflects a failure to grasp that for adverse reactions with combination vaccines, the risk of the whole is likely to be greater than the sum of the parts. This is particularly the case with live viral vaccines where interference between viruses has the potential to alter risk profoundly.

Also, during his interviews, Dr Salisbury claimed that the shift to mercury-free vaccines was almost irrelevant, as the amount of mercury present was so small as to present no danger. By contrast, one of Dr Salisbury's American colleagues, Dr Neal Halsey - upon the belated realisation of the true quantity of mercury in many childhood vaccines - was refreshingly honest, if also alarming in his exposure of unacceptable regulatory incompetence. "From the beginning, I saw thimerosal as something different," he said in 2002. "It was the first strong evidence of a causal association with neurological impairment. I was very concerned."

Dr Halsey, who is one of the architects of US vaccine policy, then explained the failure to calculate the total mercury burden to which a baby was exposed as more vaccines were introduced. "My first reaction was simply disbelief, which was the reaction of almost everybody involved in vaccines," he said. "In most vaccine containers, thimerosal is listed as a mercury derivative, a hundredth of a per cent.

"And what I believed, and what everybody else believed, was that it was truly a trace, a biologically insignificant amount. My honest belief is that if the labels had had the mercury content in micrograms, this would have been uncovered years ago. But the fact is, no one did the calculation."

The next few years are likely to see the introduction of ever greater numbers of vaccines and the possibility of using combination vaccines containing up to 16 different infectious diseases, is already being discussed in the US. In such a fast-changing environment, public confidence in public healthcare policy is crucial. Yet in the eyes of many, the system is fatally flawed.

There is a widespread perception that this policy is compromised by commercial interests; vaccines are a multi-billion pound business and drug companies, with their powerful political connections, are perceived by many as pursuing vaccine development in the private, and not the public interest.

Unfortunately there is no way of reassuring the public on this point, since the system of checks and balances that should operate has failed, and the organs of vaccine development, safety, licensing and promotion, are hopelessly intertwined. These functions are separate responsibilities that should never be compromised by fuzzy boundaries, overlapping memberships and close, even financial, relations with the pharmaceutical companies.

Until this situation is corrected, there is a very grave danger that the Department of Health will succeed in completely destroying the nation's confidence in the public health system. The consequences of this are likely to be grave. Those of us involved in directly addressing parental concerns and researching possible vaccine adverse reactions are affirmed in our resolve by the often dogmatic, high-handed and alarmingly unscientific response of those in public health, to genuine issues of safety

Andrew Wakefield is employed by Visceral, the medical research charity that supports research into autism and bowel disease.

COMPANY IS INVESTIGATING POSSIBLE VACCINE PROBLEMS IN BRAZIL

www.nytimes.com
By LAWRENCE K. ALTMAN
28/8/2004

A day after the Chiron Corporation said it was delaying release of its influenza vaccine in this country because some lots were contaminated, the company confirmed that it was investigating possible problems with use of a different vaccine in Brazil.

Brazilian health officials stopped the use of Chiron's triple vaccine against measles, mumps and rubella, often referred to as MMR, after an unexpectedly high number of children who received it experienced serious allergic reactions in an immunization program last week. The reactions included rashes and anaphylactic shock, a potentially fatal allergic condition. There were no deaths reported.

Chiron and Brazilian health officials are investigating the cases of at least 125 children who experienced the reactions.

The vaccine problems raise concern because Chiron, the world's fifth-largest vaccine manufacturer, is under contract with the United States government to produce pilot supplies of human vaccines against two strains of avian influenza, which has spread widely in Asia. The pilot vaccines are needed because health officials around the world have expressed fears that in a worst-case scenario, the avian strains could mutate to cause a human pandemic.

The rates of adverse reactions were significantly higher among the children receiving the Chiron vaccine, which is made in Italy, than among children who received a vaccine made by another company, the Brazilian representative of the Pan American Health Organization said. The organization, part of the World Health Organization, supplies the vaccine.

"But the situation remains unclear," said a spokeswoman for Chiron, Alison Marquiss, because full information was not available to determine whether the reactions were due to the vaccine, to monitoring or to other issues.

Chiron's vaccine against the three childhood diseases is sold in Italy, Asia and South America, but not in the United States, said Ms. Marquiss. She said the episode in Brazil was the first time any problems had been reported from Chiron's MMR vaccine.

Although a link between Chiron's vaccine and the reactions has not been proved, Ms. Marquiss said that "generally speaking, when a vaccine is quarantined in this fashion it is unlikely to return to the Brazilian market."

In recent years, health officials in the United States and elsewhere have had to deal with delays in distributing influenza vaccines and shortages in the amount that could be manufactured because of production problems. Safety tests of the pilot human avian flu vaccines are expected to begin in this country next winter, said Dr. Anthony S. Fauci, the director of the National Institute of Allergy and Infectious Diseases, the federal agency in Bethesda, Md. It has contracted with Chiron, which is based in Emeryville, Calif., and another company, Aventis, for the pilot vaccines.

Making vaccines "is a very tenuous field and these kinds of things come up all the time," Dr. Fauci said. How the company involved responds in such situations is crucial, Dr. Fauci said, adding that he believes Chiron "is one of the groups that can respond" because they are forthcoming and have the technological and scientific skills to overcome such obstacles.

MORE CHILDREN SUFFER FROM AUTISM

www.chinaview.cn 11/8/04
Extracts.

WUHAN, Aug. 11 (Xinhuanet) -- Children suffering from autism, a brain disorder, have been rising rapidly in China and now there are altogether 1.8 million children with autism across the country.

Bai Xueguang, a professor of neurology with the People's Hospital of Hubei Province, based in Wuhan City, the provincial capital, said on average he had five to six children seeking medical treatment with him a month. During summer vacation the number has been higher, he said.

Bai, who is also vice-chairman of the Association of Rehabilitation for Children with Autism of Wuhan City, estimated the number of children with autism was growing at an annual rate of 20 percent in the country, even higher than the world average of 14 percent.

Also, according to:
nationalmultimedia.com - 12/9/04
5 out of every 10,000 Thai children may from suffer from autism

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5 IN 1 JAB - COMMENTS FROM CANADA

Edda West from VRAN (Canada). Good for the folks in the UK who are protesting the new 5 in 1 vaccine being foisted on them. Here in Canada, we didn't hear a peep in the media when Aventis Pasteur's 5 in 1 vaccine (Pentacel) was introduced across the board and injected into most Canadian babies starting in 1997.

Although we can be grateful that thimerosal is no longer in the vaccine (except perhaps for trace amounts used in the manufacturing process which apparently they don't have to disclose), it has been replaced with 2-phenoxyethanol, a main ingredient in anti-freeze. You'd need to check the ingredients list to determine whether this is also being used in the U.K.version of the 5 in 1 vaccine. We've not been able to find any data showing that it is safe to inject infants with 2-phenoxyethanol or anti-freeze for that matter. Our understanding is that they were unable to continue using thimerosal, not because of safety concerns to babies, but because the inactivated polio viruses in Pentacel vaccine are altered by thimerosal, hence the need to switch to another preservative. Some sources state that 2-phenoxyethanol is a 'protoplasmic poison'. No matter how many vaccines your David Salisbury and Paul Offit in the U.S. think babies can handle, the bottom line is they are still being injected with toxic substances. Canadian infants have been the main test market for this vaccine these past 7 years, and based on this large experiment, Aventis is aiming to have it licensed for use in the U.S. either in 2004 or 05. Undoubtedly licensing in other countries is pending as well.

Canada is the perfect test market for pharmaceutical companies testing new vaccines because:

a) There is no mandatory reporting of vaccine reactions in this country, with the result that only a small fraction (between 1-10%) of adverse reactions are reported.

b) Reporting of adverse reactions hinges solely on the individual doctor's 'opinion' as to whether a reaction is vaccine related. Most physicians refuse to entertain the possibility of vaccine involvement when a child presents with any range of collapse, seizures, neurological injurty post vaccination. Hence, the vast majority of vaccine reactions are discounted as 'coincidental' and reports are not filed.

c) To the best of our knowledge the original trials did not monitor reactions in chilren beyond 72 hours (see attached pdf medscape report), and prelicensure testing was only done in healthy children.

d) Testing on children with existing or evolving neurological or other health problems was not undertaken until after the vaccine was already in widespread use. (we have not seen the results of this additional post licensure evaluation) We suspect that parents whose children suffered existing health problems and who were vaccinated with Pentacel were not informed their children were included in a test group. (see Marina's story, attached)

e) Although reporting of adverse reactions in the first 72 hours are substantially less than with the old whole cell vaccine that contained thimerosal, the pattern we have observed from parents who have contacted us, is that serious reactions to this 5 in 1 vaccine are delayed often by10 or 12 days, way beyond a time frame that any physician will consider the seizures or collapse to be vaccine related.

f) No public access to govenment or pharmaceutical data bases for independent inquiries into reactions that are being reported. Without independent evaluation of reactions and in the absence of mandatory reporting of vaccine reactions, sweeping statements claiming that the 5 in 1 vaccine has been proven safe after 7 years of injection into Canadian children are fraudulent.

The following is from Scott Hunter, (parent of vaccine injured child) who has been investigating Pentacel:

"I have not been able to unearth any clinical trials used to license the product in 1996 that used the products exact ingredients. To the contrary I've been able to find several references pointing in the opposite direction. The accellular component was added in 1997 post-licensure and the preservative Thimerosal was replaced with 2-phenoxyethanol seemingly without the product being retrialed. Most clinical trials references in the monograph utilize component trials not the DTaPP -ActHib all in one combination with the one mention of Quadracel trials in Canada not dated.

Any change in the product ingredients should have constituted a reason for retrial given the potential immunologic sensitivities to the new elements."

Additional writes Scott "VAESS (canadian reporting system) requires that physicians and health professionals NOT make causal assessments prior to reporting. Kirk's neurologist refused to entertain vaccine injury to such an extent, he informed us after 6 months of intensive testing which confirmed a diagnosis of idiopathic seizures, he would"never" reconsider vaccine as a possible trigger. This, I presume, contributed to the reason it took us over a year of constant parental shoving to get this "possible" injury recorded. As a matter of fact Kirk's only official documenting of the our suspicions was recorded at the MAYO Clinic in Rochester, despite repeated attempts with several health professionals here."

Additionally, the way in which they report/monitor injury is flawed. ie:

1. It's a completely volunteer system - health professionals are left to decide what constitutes injury even though the guidelines clearly state causal determinations are not to be made.
2. The manufacturer (Aventis) says Health Canada isn't legally bound to report injury claims to them therefore what piecemeal data do the trials represent.
3. Aventis said they encourage reporting through their monograph - which no one in this province recieves. Just the one pager Sask Health gives to parents which says the benefit outweighs risk.
4. It took almost two years for my sons possible injury (intractable seizures) to be reported when it should have taken 15 days.
5. By their own admission trial data is so small (as few as 250 kids) they rely on post-market data tracking to reveal anomolies and trends in injury. "

VRAN - Vaccination Risk Awareness Network. www.vran.org

2-DAY VACCINATION SYMPOSIUM IN LONDON

VACCINATION

A medical miracle to prevent diseases? Or something that can destroy lives and families and have people suffering without any recourse? Sometimes instantly, noticeably, sometimes more slowly, in a much more subtle way.

WHICH ANSWER IS TRUE?

How do you know? Do you know all the facts? Are the medical professionals who get paid for jabbing your children doing what's right?
Are those speaking out against it and who get paid nothing right?

HOW DO YOU KNOW? MAYBE YOU DON'T

So come and find out, find out what it means to have your children 'immunized', what is safe and what is unsafe. Why are governments and the medical profession covering up (or are they?). How come the companies that make vaccines are showing profits of trillions of dollars? How much does it cost to buy someone's conscience?
The UK's First International Symposium on Vaccination will be held on

November 12th & 13th, 2004

at Friends' House, Euston Road, London NW1.

Speakers are: Dr Viera Scheibner, Dr Sherri Tenpenny, Dr Andrew Wakefield, Dr Kris Gaublomme, Lisa Blakemore-Brown, Paul Shattock, Anita Petek-Dimmer, Ingri Cassel, Alan Yurkoand Dr Peter Mansfield

For more information, see:
www.internationalsymposium.co.uk
Phone: 0700 580 0892

Make this event happen and buy tickets NOW. We have not accepted any sponsorship as these usually have certain conditions attached and we aim to provide the entire truth. Find out what is what before you decide to let doctors inject your baby with something packaged in a shiny wrapper that you know nothing about. Find out the questions you need to ask your doctor before you get your child vaccinated

BUY TICKETS NOW AND SUPPORT THE FUTURE OF YOUR CHILDREN

We are also looking for people who can accommodate some of the volunteers/speakers as well as those who are working to make this event happen.
If you have a spare room and live near Central London, please let us know. Thank you.

VIERA SCHEIBNER'S LECTURE DATES

A UK lecture tour for Dr Scheibner is in the process of being organised during November. For full details please visit the events page of our website or phone for details during October. Additionally if anyone is interested in helping to organise a talk for Dr Scheibner in their area please contact Magda a.s.a.p. on: 01903 212969

COMPARING NATURAL IMMUNITY WITH VACCINES

with TREVOR GUNN, *BSc. LCH RSHom, graduate in biochemistry and author of 'Mass immunisation - A Point in Question'*

Would you like to know whether vaccines work? Would you like to know how to avoid serious illness? Would you like to live feeling safe, knowing what treatments work?

Topics covered: Short and long term effects of childhood and travel vaccines - evidence from orthodox & complementary sources - information that the authorities don't tell you - making sense of statistics - childhood illnesses - dealing with fear- avoiding future problems - increasing health NOW

BRIGHTON
6th Oct 2004 •19th Jan 2005
16 Mar 2005 • 8 Jun 2005
Contact Karel on: 01273 277309

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LONDON
1st November 2004, 7.15-9.30pm
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For bookings contact Magda on:
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PLEASE HELP PROMOTE THE INFORMED PARENT

You can send off for leaflets to pass on to friends, relatives or patients.
Just send a large sae and state quantity needed.
THANK YOU
FOR YOUR SUPPORT!

The views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.

AIMS AND OBJECTIVES OF THE GROUP

1. To promote awareness and understanding about vaccination in order to preserve the freedom of an informed choice.

2. To offer support to parents regardless of the decisions they make.

3. To inform parents of the alternatives to vaccinations.

4. To accumulate historical and current information about vaccination and to make it available to members and interested parties.

5. To arrange and facilitate local talks, discussions and seminars on vaccination and preventative medicine for childhood illnesses.

6. To establish a nationwide support network and register (subject to members permission).

7. To publish a newsletter for members.

8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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