

# THE *informed* PARENT

ISSUE THREE 2007

A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

## Chickenpox vaccine is bad for children

BY RICHARD HALVORSEN

9/11/2007, [www.telegraph.co.uk/](http://www.telegraph.co.uk/)

NEWS that doctors are calling for all children to be inoculated against chickenpox causes me concern. During the first half of the 20th-century it made sense to be introducing vaccines against whooping cough, diphtheria and tuberculosis, all of which were killing thousands of children every year. But nowadays, the vogue is to recommend immunisation for diseases that are either relatively harmless, or serious but rare.

Chickenpox falls firmly into the former category; most children suffer only a few uncomfortable days. Yet we are being told that it is a serious disease against which we need to vaccinate. These recommendations are based on research that actively looked for serious complications of chickenpox in all children admitted to hospitals in the UK and Ireland over a 13-month period. The researchers found 112 children who had serious complications of chickenpox, most often a secondary infection treatable with antibiotics. Six deaths were reported. Excluding one baby that died in the womb, four had a chronic health problem, such as HIV or cerebral palsy. Only one previously healthy child died, out of a total population of over 10 million.

Chickenpox causes serious complications in less than 1 in 10,000 children.

We now give our children 25 different vaccines, in various combinations, before the age of 15 months. We are in danger of becoming dependent on immunisation, rather than on our immune systems, for our future health. This may appeal to vaccine manufacturers, which operate in an increasingly profitable market, but should concern the rest of us.

Vaccines have contributed to the eradication of smallpox and to the fall in deaths from diphtheria and polio; though probably rather less to the decline in the mortality rate of measles and whooping cough which was largely a result of improved hygiene and nutrition. There must be an overwhelming case before a decision is made to vaccinate the whole population. Not only has the case not been made for chickenpox, but inoculation will pose particular problems. It will push the disease into older age groups, who will catch the illness as their vaccine-induced immunity wears off, as we have seen happen with mumps. The complications of chickenpox are much greater in older people: an adult over 15 years of age is 10 times, and an adult over 50 is 100 times, more likely to die from the illness than a child.

A second problem is that vaccination is likely to increase the number of people getting shingles, more serious than chickenpox, that already causes 60 deaths a year, mainly among older people. A review in 2003 by government doctors concluded, "Routine infant varicella [chickenpox] vaccination is unlikely to be cost-effective and may produce an overall rise in morbidity [illness]". What has changed since then? A further problem is that the vaccine consists of a live virus, like the measles, mumps and rubella vaccines. However, uniquely, a recipient of the chickenpox vaccine can be infectious; though not common, there have been numerous reports from the US of people catching chickenpox from vaccinated children.

We are introducing vaccines too readily and without regard to the longterm consequences. There has been a huge rise over recent years in immune-related diseases, such as diabetes, asthma and eczema; the possible link to vaccines, though controversial, is plausible. Vaccines, by their nature, are designed to affect the immune system and it is widely accepted that most shift the system in an "allergic" direction. This is not the time to introduce mass vaccination against chickenpox.

*Dr Richard Halvorsen is a GP and author of 'The Truth About Vaccines' (Gibson Square Books)*

## Wrong MMR dose given to 93 pupils

BY DAVID ROSE. TIMES, SEPT 6, 2007.

<http://www.timesonline.co.uk/>

BIRMINGHAM Pupils have been given an overdose of the MMR vaccine at three schools in Birmingham, health chiefs have confirmed.

Ninety-three children at the Holyhead School in Handsworth, Aston Manor School and King Edward VI

School, both in Aston, were affected. They were given an extra vaccination against measles, mumps and rubella after already having received the recommended two doses. The Heart of Birmingham Primary Care Trust said the extra dose was not harmful (*Editor: The usual reassurances based on what I wonder?*) but it had written to parents to inform them. The mistake happened in April

and May when parents were asked to give consent for the second booster injection. More than 280 parents gave their permission and those children were immunised. But after checking records, it was discovered that 93 of the 13 and 14-year-olds, based at three schools, had already had the second dose.

Dr Andrew Rouse, consultant in public health medicine at the trust, said letters had been sent to parents "as it is right that they should be made aware of this".

# Chickenpox vaccine 'will overload children'

BY REBECCA SMITH, MEDICAL EDITOR, THE TELEGRAPH 8/11/2007

THE prospect of another vaccine for children has been criticised by campaigners who say the Government would be "irresponsible" to add a chickenpox jab to an already congested programme of immunisation.

Children need chickenpox jab, say doctors.

If it was to be added it would take the total number of diseases children are protected against from 12 to 13.

They are given in 17 different injections by the age of 18, including the new jab for the human papilloma virus vaccine - a cause of cervical cancer - which is to be introduced next year.

Campaigners say there are already too many jabs in the childhood programme and children's immune systems are being overloaded.

The concerns come after research into the measles, mumps and rubella vaccine linked it to autism and bowel conditions. As a result thousands of worried parents decided not to vaccinate their children.

Dr Andrew Wakefield's study was later withdrawn from *The Lancet* and widely discredited.

He is facing an inquiry by the General Medical Council over the way the research was conducted.

Jackie Fletcher, from the campaign group Jabs, said: "We have to make sure the vaccine is safer than the disease. We need to investigate adverse events.

"There are thousands of families reporting damage to us after the MMR vaccine and some of them have received a Government payment which is a Government acknowledgement that the child's condition or death has been caused by the MMR vaccine.

"For them (the Government) to consider introducing another live

.....  
**"Campaigners say there are already too many jabs in the childhood programme and children's immune systems are being overloaded."**  
.....

vaccine into the MMR is irresponsible.

"If we have to have a vaccine against chickenpox it should be a single vaccine and offered as an option."

Campaigners said data from America suggested 79 deaths had followed vaccination with a four-in-one vaccine containing chickenpox, measles, mumps and rubella and more than 32,000 "adverse events" had been reported.

It is not known whether these deaths and side effects were caused by the vaccine - they were simply recorded as having occurred at some point afterwards.

In the 10 years the vaccine has been used in America more than 10 million doses have been administered.

Dr David Elliman, a consultant in

community child health at Great Ormond Street Hospital, said it was impossible to overload a child's immune system with vaccines and said there is no evidence to support that theory.

He said if the immune system was damaged by vaccines children would catch more infections after having jabs, but they do not. *(Editor: Actually it is possible that a child with a damaged system may not have the ability to develop acute infections, so on the surface it would appear that they have less infections. But in the long run they may go on to develop a chronic condition or worse, simply because they were unable to eliminate any toxic build-up via an acute infections. Sadly doctors, such as Elliman, have such a limited view of disease.)*

He also said vaccination did not increase the risk of developing auto-immune diseases like asthma, diabetes, or arthritis, as some have claimed, and that studies have shown vaccinated children are not more likely to develop these conditions.

Dr Elliman added that although children are given more injections now than 20 years ago, the vaccines in total contained fewer proteins and so are less of a challenge for the immune system to deal with.

He said that because parental confidence was still returning after the MMR scare it would be best to wait a little longer before introducing chicken pox to the jab.

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## The Germ Theory As A Paying Proposition

BRIEF EXTRACT FROM: MEDICINE - RATIONAL AND IRRATIONAL BY CYRIL SCOTT (1946) P.28

IF there are still people who believe in the germ theory of disease in the exact form it is presented to us to-day, the sooner they are enlightened on the subject the better for their health and for their peace of mind "This so-called 'Germ Theory'" wrote Mr C W Forward in *The Golden Calf* has destroyed medicine as an art, and failed to re-establish it as a science.

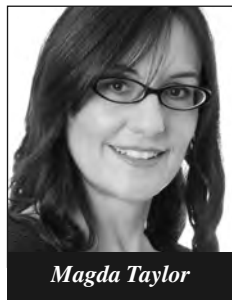
By means of it medicine has become commercialised and sickness and the

fear of sickness are systematically exploited for pecuniary profit." Indeed, so powerfully and disastrously has the germ-theory fired the imagination that "learned idlers" in the shape of researchers have spent years of time and mints of money searching for germs which either do not exist at all or do not behave in the manner in which they are alleged or expected to behave.

In the face of undeniable facts these credulous researchers, as most of us

know, have imagined that if they could only "find the germ" of this, that and the other disease, and subsequently find something to kill it, then the most important step towards curing the disease would have been taken. But all this has turned out to be sheer nonsense, for the simple and inconvenient reason that bacilli have an unpleasant habit of behaving quite differently in a test-tube from the way they behave in the human body.

## Editor's note



Magda Taylor

HERE is the last issue for 2007, which I hope you will find interesting. There has been quite a lot of media coverage on the cervical cancer

vaccine in recent months and now we are hearing talk of the 'deadly' chickenpox so as to justify the introduction of a vaccine for that, so I have included a few articles relating to those.

A few cases of measles have also hit the headlines recently to re-ignite fear amongst many parents, prompting them to consider the MMR or single measles vaccine. Sadly most reports and interviews go unchallenged so the public are being given a very bias stance on the subject, and due to the extreme political correctness in place these days, it is now a rarity for me to be invited to participate in any media discussion.

In the last issue I mentioned a 40-page special edition of The Informed Parent which consists of a selection of, what I consider to be, some of the best articles

featured over the years of this publication. This edition is now available on the website to download, and a paper copy will be available in January 2008, priced at £5.00 including postage and packing. Some of you indicated you would like to buy a larger quantity and there will be discounts available. Details of costs will be available in the new year, so give me a call then, if you are interested.

(01903 212969).

*"I would like to take this opportunity to say a big thank you to all of you for subscribing."*

I would like to take this opportunity to say a big thank you to all of you, I know some of you have been subscribing to the newsletter for many years, and this is greatly appreciated as it is the main reason for The Informed Parent's existence. However, in recent years there has been a falling number of subscribers, mostly due to the enormous amount of information which is now available on the internet, creating a situation where it is becoming increasingly difficult for me to keep The Informed Parent going financially. I am reluctant to make the newsletter only available as an e-

newsletter as I know many subscribers still prefer a paper copy to refer to. So firstly, I am asking you to please continue subscribing to the newsletter. (renewal reminders are sent out). Secondly, to let more people know about the organisation, and thirdly, let me know if you have any suggestions as to keeping The Informed Parent on the map!

Incidentally, I am just completing a booklet on the subject and this should be available early next year, also. This booklet will be a simple guide to questioning the vaccination issue, including: understanding disease, germ theory, frequently asked questions, dealing with childhood acutes, fever, and more. Details will be on the website as soon as it is available, and full details will be included in the next edition of the newsletter.

Regarding talks on the subject, please let me know if you would like to set-up something in your area. Please give me a call to discuss the possibilities. I am in touch with a few speakers on the subject, and also may be available myself to present on the subject.

Wishing you all the best for the year ahead!!

*Magda Taylor, Editor.*

## Obedience the only salvation

BRIEF EXTRACT FROM: PHILOSOPHY OF NATURAL THERAPEUTICS BY DR HENRY LINDLAHR (1975).

ORTHODOX medical science attributes disease largely to accidental causes: to chance infection by disease taints, germs or parasites, or to draughts, chills, wet feet, etc. The religiously inclined frequently attribute disease and other tribulations to the arbitrary rulings of an inscrutable Providence.....

Nature Cure philosophy, on the other hand, presents a more rational concept of evil, it's causes and purpose, namely: that it is brought on by violation of nature's laws; that it is corrective in its purpose; that it can be overcome only by compliance with the law. There is no suffering, disease nor evil of any kind

anywhere unless the law has been transgressed somewhere by someone. These transgressions of the law may be due to ignorance or to wilfulness and viciousness. The effects will always be commensurate with the causes. This places the responsibility for disease and evil in general where it belongs – on ourselves. "We are not punished for our sins but by our sins." The great all-wise and all-loving Father-Mother principle does not impose or enforce suffering on its children. We create it in ourselves through ignorant or wilful violation of the laws of our being. There is no accident, no ill luck nor misfortune, - there is nothing but cause and effect.

The science of natural living and healing shows clearly that what we call disease is primarily nature's effort to eliminate morbid matter and to restore

the normal functions of the body; that the processes of disease are just as orderly in their way as everything else in nature; that we must not check or suppress them, but co-operate with them. Thus we learn slowly and laboriously the all-important lesson that obedience to natural law is the only means of prevention of disease and the only cure.

The fundamental law of cure, the law of action and reaction and the law of crisis, as revealed by Nature Cure philosophy, impress upon us the truth that there is nothing accidental nor arbitrary in the processes of health, disease and cure; that every changing condition is either in harmony or in discord with the laws of our being; that only by complete surrender and obedience to these laws can we attain and maintain perfect physical health.

# Unvaccinated childhood

**O**K so you have done all the research, talked to loads of people, read all the books, joined the organisations and made that difficult decision not to vaccinate. Well done but what now?

It's great not to vaccinate. It gives children the opportunity to develop a healthy immune system, but it's not really enough just to not vaccinate. Children are born with all sorts of inherited weaknesses plus possible acquired susceptibilities from the birth experience and then who knows what can happen to them as they grow.

Very recently a father rang me asking for help with his 2 ½ year old daughter who had developed whooping cough after visiting some cousins in Ireland. She had been ill for 3 weeks but was coping fairly well with the disease. Her two siblings however were not so lucky as the Doctor had advised they go on a preventative course of anti biotics, just in case!

I spoke for some time on the phone to the parents and found a good remedy for the child. Hopefully I will see her in person when she is well enough to come and I will be able to finish the disease and give her general constitutional treatment.

I had never met this family and although not vaccinating any of their children they had no one to support them through this unexpected event and in their panic had no choice but to revert to orthodox medicine.

Not vaccinating and using Homoeopathy instead means that you have the opportunity to put your children in optimum health and then keep them there. It also means you have someone to support you with your decision and to offer appropriate medicines when your children become ill especially if they do get one of the childhood diseases.

All the childhood diseases have a primary and a secondary state. The primary state is well known, has a beginning and end and the child recovers well with no ill effects. In fact the immune system will use that illness to improve itself and develop strategies for the future.

It is only if there is a weakness or susceptibility in one or more of the systems of the body that the disease may go into a secondary state and the child become seriously ill. It is these secondary symptoms that the National Health Service worries about and why they think it's so important that all people should be vaccinated.

So first of all you need to put your child in optimum health. Good diet, homeopathy and cranial osteopathy are the best medicines for children. These are gentle methods, non toxic and all capable of dealing with illness and creating health.

When a child is brought to me unvaccinated I look at how their health is and deal with any problems they may have. For example some unvaccinated

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*"In fact the immune system will use that illness to improve itself & develop strategies for the future."*  
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children still develop eczema or asthma to varying degrees because it is a family weakness that they have inherited.

This or any other problems will need to be dealt with first. Then I will look at any problems with the pregnancy or birth and put the child in optimum health using the tools I have mentioned above.

Where there is an inherited or acquired weakness the immune system will attract the appropriate disease in order to remove that weakness.

For example any child with a family history of TB, asthma, eczema or hay fever will have inherited a weakness in the lungs and the immune system. This child will be more susceptible to whooping cough as a well managed dose of that disease will help the immune system throw off that weakness not only for itself but also for its offspring.

Again, after a well managed childhood disease of any kind, you will see the child take a leap forward in strength and understanding. After any childhood disease it is also then an opportunity to give the child deeper Homoeopathic treatment or

"Miasmatic" treatment when the immune system is in a state of flux and learning. Miasms in the theory of Homoeopathy are the true causes of disease going back many, many generations. It is a very useful way of looking at inherited tendencies to disease and a full recovery in any disease can not be made without using miasmatic remedies.

TB was so common in our great grandparents and grandparents time that nearly everyone has a certain amount of inherited weakness in this way and is one of the causes of the outbreaks of asthma, eczema, hay fever and dairy allergies in our present times. A remedy made from TB called Tuberculinum is one of the most important immune booster remedies for children. I give this remedy to all children at varying times in their childhoods with enormous benefits. Especially in those children who have repeated coughs and colds all winter.

Then I ask the parents to bring the child back every 6 months even if they are well until 7 yrs old. The body complete renews its self every 7yrs and you will see changes take place every 7 years of all your life.

With children at 7 they take a leap forward in their understanding and comprehension of life and become physically and mentally much stronger. Most behavioural patterns are then already set and they will have learnt how to deal with the family dynamics and social pressures. At 14 puberty happens and childhood is really over.

Bringing the child every 6 months allow me to see problems as they come up and even if they seem to be in good health there is always something that can be done to make them even healthier.

Also this keeps me in touch with the child as he or she grows so that should there be an emergency or a childhood disease I still know them and can be there to help with the appropriate Homoeopathic remedies to make sure that the disease does not go into a secondary state. If a childhood disease is well managed with good medicines there is no need for it to go into a secondary more serious state.

Then after 7 yrs old I ask the parents to bring the child back once a year until puberty, roughly 14, then this phase of

life ends and the job of creating a healthy immune system is done.

A child's immune system is not fully developed until they are 6 months old. They are covered by their mother's immune system during this time through the breast milk. Breast is best and all that.

Then their own immune system kicks in and is very active until puberty when the sex hormones take over and the child goes into a completely different type of growth. So what happens to the child's immune system during those 14 or so years is very important.

This is when the immature immune system can learn about its environment, can develop all sorts of regimes and strategies to deal with whatever life may throw at it for the future and build upon what it has been given through the genes by its parents, grand parents, great grandparents and so on.

As the immune system develops over generation after generation the need for certain diseases declines. For example Scarlet Fever was a killer infectious disease up until the first half of the 20th century. Then partly with the improvement in public health, sanitation and diet and partly as a natural evolution of inherited immunity the disease almost completely disappeared. Now it comes up here and there as Scarlatina and is no longer a serious disease.

Also as the environment changes the needs of the immune system develop

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"Allowing your child to develop a normal, healthy immune system in these rapidly changing times along with good, non toxic, medicine and care has to give them the best possible start in life."  
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accordingly. 100 year ago Tetanus was a big problem as children would get cuts and abrasions and no one knew that it was a good thing to wash and disinfect a wound. (Tetanus can not live in oxygen). The main system of transport was horses (tetanus mainly lives in horse's dung) and dirty, infected wounds that were not dealt with caused outbreaks of this disease that commonly led to a nasty death.

These days everyone knows to wash and clean wounds and there is hardly any horses dung on the streets but there is pollution from the cars we now use and radiation from mobile phones and computers.

The modern day immune system has to deal with different environmental problems and the old diseases are no longer so relevant. Allowing your child to develop a normal, healthy immune system in these rapidly changing times along with good, non toxic, medicine and care has to give them the best possible start in life.

In practice the unvaccinated children

are the ones that rarely get ill and are very easy to treat when they do become ill. In fact they are so healthy that parents can become very complacent and jog along with their lives no longer thinking about improving their child's health.

I have often had people ring me up, people I have known in the past who have lost touch because their child is so healthy. Suddenly seemingly out of nowhere their extremely healthy child develops measles or whooping cough.

Then because of the very frightening and negative propaganda that has been put out by the medical profession everyone goes into total panic. I have seen parents revert to old learnt behaviour, become seriously worried and stressed and put the sick child on anti biotics, even though they may have initially been so against them.

So it's always worth while keeping in touch with a practitioner even if your child is really well as its part of the child's natural development to have some illness.

*First published in Juno, issue 11, Spring/Summer 2007*

*Written by Christina Head RsHom MCH DHP*

*Author of "An Educated Decision" One approach to the vaccination problem using Homeopathy"*

*www.aneducateddecision.com*

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## Simple changes – Your 100 ways to a happier, healthier life

BY PHILLIP DAY. (ISBN 1-904015-20-4)

PHILLIP Day 's 'Simple Changes' features 100 useful tips on achieving a healthy life. A great book to dip into, and written in a straightforward, humourous, and common-sense manner. Here is a very brief extract from one of the sections: **33: Exercise Prevention – Don't get sick in the first place.**

Self-evidently, avoiding illness is far better than suffering it. Unfortunately, it's not your doctor's job to stop you getting sick, that's down to you. I aim to convince you you're worth saving,

though the fact that you've made it this far in this book probably means you agree you're worth saving too!

We are fortunate to have well over a century's worth of excellent scientific observation in matters concerning longevity. In 'Health Wars', I cover the Hunzas, Abkhaszians and other long-lived peoples and summarise the Principles of Longevity as follows:

- 1) Live in a toxin-free environment
- 2) Have an alkalised body system
- 3) Be well hydrated
- 4) Eat natural, properly constituted food
- 5) Be active

6) Maintain an optimism and positive outlook for the future.

*Phillip Day heads up the publishing and research organisation Credence.*

*Credence's intention is to work with the establishments and organisations concerned to resolve issues that are barming the public, and to provide the necessary information for citizens to make their own informed choices in these vital matters.*

*For details on this publication visit [www.credence.org](http://www.credence.org)*

# My GMC Experience

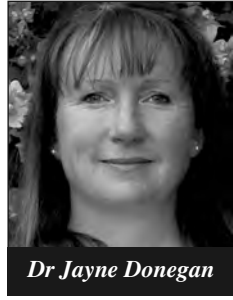
IN 1983, when Jayne Donegan qualified as a medical doctor, Dr Donegan held the opinion that vaccination had been the most important health advance in the twentieth century, and was a strong supporter of the National Childhood Vaccination Program. However, Dr Donegan went on to study the subject of vaccination independently, as well as expanding her knowledge on health via homeopathy and this led her to completely change her opinion as regards to vaccination.

The following texts are extracts from a recently written article by Dr Donegan relating to her encounter with the General Medical Council a few months ago. To read the full text please visit Dr Donegan's website at:

[www.jaynedonegan.co.uk](http://www.jaynedonegan.co.uk)

.....I was shocked to discover that vaccines hadn't made the great impact that I had been lead to believe on people's health, usually with graphs starting a few years before the vaccines were introduced; instead of showing the figures from fifty or a hundred years before, when you would see that 95-99% of the reduction in deaths from, for example, measles and whooping cough had already occurred before the vaccines were introduced.

I approached the vaccination issue anew, my interest in the subject fuelled by my concern for child health safety. I continued my reading of refereed scientific and medical journals, but with a new and more critical eye. I soon began to realise that what is held up as 'science' is not a truthful quest for knowledge on an even playing field, quite the contrary, you get the science you pay for. This is how it works: first of all you have to get someone to pay for your study – so it has to be on a subject they like. Then you have to produce results that they like – or the results may be canned and never see the light of day. Then you have to get a journal to publish it – which they won't if it seems contrary to what they regard as appropriate, and then it has to get



Dr Jayne Donegan

through the review by the referees – people who work in the field in which your study/ paper deals and who do not like what does not support

the status quo, depending on the strength of the status quo, and vaccination is a very strong one.....The path that I was now taking has led me to completely change how I view health and disease and makes my practice of medicine much richer, empowering and, ultimately, more health giving for my patients – and, of course, myself.....

.....I started to write articles for various organisations who give information to parents about vaccination and this led to my being asked by a mother to act as an expert witness in her case. She had been taken to court by the absent father of her child to get a special order from the

*"I was shocked to discover that vaccines hadn't made the great impact that I had been lead to believe on people's health..."*

court to force her daughter to be vaccinated with all of the vaccines in the schedule. Her case was then joined to that of another mother in a similar situation and they were to be heard together.

The mothers had been originally refused public funding by the legal aid board to have an expert as they were told that nobody who was an expert would support their position. However this was overturned by a District Judge who insisted that they have one. Medically qualified experts from abroad were disallowed, as were non medically qualified experts from the UK. Initially I did not want to take on the case as I was under no illusions as to the difficulties involved and of how my expertise would be viewed compared to that of hospital consultants and professors. I also have a very heavy schedule of my own and did not feel that I could put aside the time. Then I realised that if I did not agree to prepare

a report, the Court would have no expert giving the opinion that there were other ways of promoting child health than vaccination and no-one to say that this was a reasonable approach, so I agreed to take on the case.

The expert for the fathers, Dr Stephen Conway, a Consultant Paediatrician and member of the Joint Committee for Vaccination and Immunisation wrote an initial statement for each of the two girls saying that they should both be vaccinated with all the vaccines available, even pertussis vaccine for the nine year old which was not on the recommended schedule of 2002 for that age group. His short report for each child cited no references for his statements regarding either the diseases or their vaccines. Simon Kroll, Professor of Immunology at St Mary's Hospital, advised that every vaccine except pertussis and Hib vaccine in the case of the older child, should be given. If a reduced schedule were more acceptable to the mothers he thought that diphtheria and polio could be omitted. He cited no references nor provided any except for those in his appendix on MMR vaccine, a vaccine which he was very keen should be given.

In both these statements greater claims were made to efficacy and benefits of the vaccines than were justified, whilst downplaying the risks to the individual. Their reports were to a large extent dealing with the concept of 'herd immunity' rather than looking at the best interests of each individual child. Both Dr Conway and Professor Kroll were members of the Joint Committee on Vaccination and Immunisation (JCVI), a conflicting interest which was unexplored in the case. Members of the JCVI are unlikely to draw attention to problems with vaccines because they make the recommendations for their use. And if Dr Conway and Professor Kroll were seen to be recommending, on a clinical basis, that vaccination was not necessary at all for individual children, they would be seen to be contradicting government health policy based on JCVI recommendations and acting counter to the policies aimed at achieving what is called 'herd immunity'. So it is difficult to see how either could reasonably fulfil their briefs without uncritically pursuing the party line on vaccination which is, in

fact, just what they did.

This meant that I was presented with answering a one-sided case for vaccinating the two children concerned. The issue before the Court was whether it was in the interests of the two little girls to be or not to be vaccinated, the clinical issues, the risks and benefits, the family, social and psychological aspects. For the most part, the evidence they presented and to which I was retained to reply, was irrelevant and misled the Court as to the issues.

As experts, Dr Conway and Professor Kroll were under a duty to assess independently the data and results presented in medical papers. They instead uncritically accepted the conclusions of the authors of the papers. Neither Conway nor Kroll gave balanced accounts of the risks and benefits of vaccination. Neither dealt properly with the adverse effects of vaccination and the associated problems. Both of their reports dwelt on the potential severity of childhood illnesses and minimised the side-effects of vaccines. Both promoted the health gains of the 20th Century as being due to vaccination. This is a factually unsustainable and erroneous view (despite being a deeply held view throughout the medical profession). Both erred in failing to acknowledge that the improvements in health overall over the last century to date were attributable substantially to factors having little to do with vaccination. Neither supported the view that a well nourished 21st Century child would cope well or easily with previously common childhood diseases. Both Dr Conway and Professor Kroll gave little weight to the ability of a healthy child to be sufficiently nursed through ordinary childhood infectious diseases and there was no consideration regarding any other health promoting measure than vaccination.

The way the cases were presented by Dr Conway and Professor Kroll meant I had to go back to first principles: to the diseases, their ecology, their changes as a result of improvement in public and municipal health, what had happened to their incidence, morbidity and mortality before the vaccines were introduced and after the vaccines were introduced.

In the absence of any clear, open, objective and well designed studies on vaccine safety, I had to present evidence to show that the vaccines are not so safe or effective as Dr Conway and Professor Kroll's sweeping assertions implied. I specifically did not cite homoeopathic, naturopathic or other holistic literature as I thought that these might have less credibility in a court of law, being regarded as 'fringe' literature, so the evidence that I presented was obtained by carefully sifting through what studies had been published in refereed medical journals, in particular looking at the methods, results and methods of data analysis, rather than just reading the abstracts or the conclusions.

This also meant that I had to write an enormously long report and I had to provide all the references because none, except in Professor Kroll's Appendix regarding MMR, had been provided with either of their reports.

.....  
*"Both erred in failing to acknowledge that the improvements in health overall over the last century to date were attributable substantially to factors having little to do with vaccination."*  
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The enormity of the task presented to me was overwhelming in terms of the scale involved: to give the court a fair picture in the light of what had been submitted by the other two experts, and I had less than three weeks in which to do it. Had the reports of the other experts been balanced, my task would have been substantially less. I would have produced a far shorter report with vastly fewer references.....

.....As I have said previously, in the absence of any clear, open, objective and well designed studies on vaccination safety, the observations and recommendations produced in my reports had been made using information gained by carefully sifting through what studies are published in refereed medical journals and other sources; in particular looking at the methods and the results of studies, rather than the conclusions which often do not reflect their findings. Analysing the data in this way raises

serious questions about the safety and efficacy of vaccination. It is notable, however, that the authors of the papers from which I quoted, almost without exception, conclude by urging vaccination or repeated doses of vaccinations.

From this it can be seen here that Judge Sumner in the High Court was misled, but not by the contents of my reports or by my evidence. Further, the comments in the Court of Appeal by Lord Justice Sedley, which were widely reported in the press, that my reports were "junk science", were inappropriate and made without my having been given any opportunity to be represented and to answer such a serious but misplaced allegation. The Court went on to order that the two girls be given the full range of recommended vaccines.

On the basis of the comments made by Lord Justice Sedley as reported in BBC Online (it is comforting to know that the GMC is monitoring the suitability of doctors to practice in the UK by reading BBC Online!) the General Medical Council accused me of serious professional misconduct which meant they could strike me off the medical register, stop me practising and deprive me of my livelihood if found guilty. It took them more than two years after accusing me in July 2004 to get round to producing any substantive charges. These were served late in September 2006, with a three-week hearing scheduled to start on the 6th of December 2006. The charges - apart from those stating that I am a registered medical practitioner; I was instructed as an expert witness to produce reports which I then did produce and that I was aware that the provision of my report might affect the outcome of the litigation - were that:

6. In the reports provided by you,
  - a. Gave false and/ or misleading impressions of the research which you relied upon,
  - b. Quoted selectively from research, reports and publications and omitted relevant information,
  - c. Allowed your deeply held views on the subject of immunisation to overrule your duty to the court and to the litigants
  - d. Failed to present an objective, independent and unbiased view

7. Your actions in head 6. above were,
  - a. Misleading
  - b. In direct contravention to your duty as an expert witness; unprofessional
  - c. Likely to bring the profession into disrepute

And that in relation to the facts alleged by you have been guilty of serious professional misconduct"

Their own vaccination expert, Dr David Elliman, Consultant in Community Child Health at Great Ormond Street took four and a half months to write his 82 page 61 reference critique of my evidence and I was given less than three months to write a reply to it. His report was a line by line criticism of almost every thing that I had said. My defence team told me that they had never seen one like it. He stated that I had been selective in my choice of references and that my quotations from them and that the conclusions drawn by me from the references frequently did not accord with the conclusions reached by the author and/or researcher. Dr Elliman also criticised my apparent misinterpretation and/or misunderstanding of the references to which I did referred and stated that the type of source material referred to by me in my reports was sometimes not appropriate as a primary source for a report such as I was asked to provide. He said that I had misquoted, taken material out of context, quoted material that did not actually appear in my references and been misleading.

But, for example, I had the Department of Health licensed diphtheria vaccine product information which said that thiomersal could cause kidney damage, I had all the references to the correct edition of the text book which I had used which did show the quotes I had made, I had the Departments of Health's own Handbook, "Immunisation against Infectious Diseases, as well as MMR manufacturer's product information which stated that severe egg allergy is a contraindication to MMR vaccination and I would strongly argue that writing that 'some' people sustain nerve damage after a tetanus vaccine instead of 'a few' is not misleading and so on.....

Luckily throughout this case I have

had a very supportive family and friends. They told me that I mustn't under any circumstances agree to any such deal, which seems obvious now, but at the time I had been made to feel as if I were some kind of obsessed person who wanted to stand on a soap box and take on the whole world, just because I wanted to defend my own case. It was all the more extraordinary in the light of my having made clear to my team from the outset that I was more concerned about my reputation than my registration. I had said to them that I

.....  
*"I would prefer to be struck off maintaining that I had told the truth, than to keep my registration and be 'that woman who mislead the Court.'"*  
 .....

would prefer to be struck off maintaining that I had told the truth, than to keep my registration and be 'that woman who mislead the Court.'

Two weeks before the case was due to be heard I sent the Medical Defence Union a long letter, listing my grievances and asking for a second opinion. The result of this was that my defence team withdrew! I was left, two weeks before the hearing, unrepresented!!

In a panic I had to find another lawyer which, luckily, I managed to do, in the person of Mr Clifford Miller. Clifford Miller is not a medical claims or medical defence lawyer, he is a patents lawyer with a sharp, incisive mind, an attention to detail second to none and an encyclopaedic knowledge of vaccination, health and disease trends and the statistics regarding these world wide. He is a scientist by training, having a BSc in Physics from Imperial College and an in depth knowledge of the scientific method, what constitutes scientific 'proof' and how this differs from what is accepted as 'proof' in a court of law. Thank God, the Medical Defence Union agreed to pay for his services.

He transformed my case. He engaged Ian Stern QC and immediately got my December case adjourned by the GMC much against their will – having taken over two years to produce substantive

charges, they now started to complain about 'delay'. He saw the facts of the case as they were, realised, unlike my previous lawyer that there is another side of the story regarding health, disease and vaccination and that there is plenty of material in refereed medical journals and official health statistics to show this. He set me to write a detailed rebuttal of Dr Elliman's report which took half of November, and all of December and January, working into the early hours to complete.

.....The whole team arrived in Manchester for the 7th of August, 2007, Tom Kark QC, Counsel for the GMC started by listing my alleged misdemeanours and stating:

"You see, I am going to suggest that the aim that I suggest you had, which was to persuade the judge not to order vaccinations, coloured almost every page that you wrote and that in some areas you misquoted or left material out which was quite subtle. In other ways it was more blatant."

These allegations were widely reported in the media – 'GP accused of misleading court over MMR danger', 'GP 'misled court over MMR jabs'.

However, a week later, after Dr Elliman had finished being cross-examined by Mr Stern, my counsel, his 67 main points of criticism had been shot down to two. I conceded these as genuine mistakes – which, in the context of a 119 page report, particularly one written under such time constraints, was regarded as not unreasonable, and less than those made by other experts in the case. By the time that Mr Kark was summing up at the end of the case, he had changed his tune, every page of my report was no longer 'coloured' in order to persuade the judge not to order vaccines. Now he was saying:

"It is not said by the GMC that the whole of what Dr Donegan wrote in her reports was wrong or unsupported. A good amount of what she wrote was not misleading." (Day Ten)

It is notable that under cross examination on Day Two, Dr Elliman was forced to concede, that there have been no randomised placebo controlled trials of any of the vaccines in use in the last 20 to 30 years where vaccinated



children are compared with unvaccinated children given an inactive placebo (sterile water or normal saline). In the one placebo controlled trial that he cited for MMR, the 'placebo' contained, amongst other ingredients, neomycin and phenol red. Neomycin is listed in the British National Formulary as 'too toxic for parenteral (by injection) use'. (Day Two)

Evidence for the safety and efficacy of all these vaccines come from epidemiological studies which are by nature controversial, and which do not satisfy the criteria for scientific proof.

Dr Elliman, in his report, refused to comment on the sections of my report dealing with Factors Affecting Immunity; Are Childhood Infectious Diseases A Good Thing?; Treatment Of Childhood Infectious Diseases; and The Best Interests Of The Child saying that they had, 'little relevance to the subject in hand.' It is no wonder that the Government relentlessly pursues the vaccine agenda when its own experts regard anything other than vaccination to be of 'little relevance' to health.

How polarised were my views? I wrote in the summary of my first report,

"It is always in the best interests of the child for the parents to make an informed decision themselves as to whether or not to vaccinate their child or not. In the event that the parents are not able to agree, I think that it is in the child's best interests that this difficult decision is made by the parent who has:  
a) day-to-day care of the child in terms of feeding, clothing and nurturing them to support their global well being and their physical, emotional, intellectual and spiritual development.  
b) to nurse and support the child through the diseases that they contract, whether they be diseases for which there are vaccinations available or those for which there are not."

At the end of the case the panel spent two days deliberating in camera before appearing on Thursday the 23rd of August to announce their findings. I was cleared of all substantive charges. I found this quite hard to take in at the time, especially as they had not, at this stage, completely agreed on the satisfactory wording for the reasoning behind their decision. This were not given until 2pm

of the next day (Day Thirteen)

The findings were, in summary that :  
"The Panel were sure that at no stage did you allow any views that you held to overrule your duty to the court and to the litigants."

"You demonstrated to the Panel that your reports did not derive from your deeply held views and your evidence supported this. You explained to the Panel that your approach in your report was to provide the court with a alternative view based on the material you produced in your references. That material was largely drawn from publications that were in fact in favour of immunisation.

.....  
*"Accordingly, the Panel found that you are not guilty of serious professional misconduct."*  
.....

It was clear from your evidence and the evidence of your witness that your aim is to direct parents to sources of information about immunisation and child health safety to help them to make informed choices.

You told us that there are many books by doctors and others in this and other countries who seriously question vaccination and they cite a lot of history, proofs and medical papers to support their arguments. You did not use any of those publications because you did not think that the Court would regard those as satisfactory support or references for your recommendations. You largely used what was available in refereed medical journals."

"the Panel is sure that in the reports you provided you did not fail to be objective, independent and unbiased."

"Accordingly, the Panel found that you are not guilty of serious professional misconduct."

I was and am quite overwhelmed by the degree to which I have been exonerated. It is, in my opinion, the correct result, but one for which I had never even dared to hope.

I then made the mistake of taking the MDU's very strongly worded advice not to talk to the media. As all their cover is discretionary I felt I had no choice but to follow this advice. As a result there was very little coverage or publicity

given to the fact that I was completely exonerated and some of that which was reported was incorrect.

....What was the advice that most helped me during those three long weeks at the hearing in Manchester? The day before I travelled up I was sent an email by Patrick Quanten, a GP who voluntarily deregistered himself from the GMC and gave up practising as a doctor when his local health authority started to investigate him because he was not prescribing 'enough' (!) drugs. He advised:

" You could look at it as "good experience". Through our own experiences we learn how life really is for us. Maybe at some level it is important for you to go through this. Don't see it as a battle. Don't try and win anything. Sit back and enjoy the ride, because this force is much bigger than you and is not concerned with concepts such as "truth" and "fairness". Just let it happen and concentrate on how the system operates. You will learn a lot.

Whatever happens next, you will benefit. That is if you are not too busy fighting. Wait and watch out for the opportunity.

That is what I am truly wishing for you."

And that is just what I did. Thank you, Patrick.

Is there a 'take home message' that can be gained from my experience?

Perhaps it is this:

If a parent says, "I'm worried about the safety of vaccination," they say, "You don't understand, you're not a doctor." However if a doctor says, "I'm worried about the safety of vaccination," they say, "We're charging you with serious professional misconduct."

Be warned!

Levity aside, it has taken an inevitable and heavy toll on my children and our family life.

© *Dr Jayne LM Donegan MBBS  
DRCOG DCH DFFP MRCGP  
MFHom November 2007*

*Dr Donegan may be contacted for vaccination information, homoeopathic consultations, general medical dietary and lifestyle advice or for copies of her vaccination report (£8-00 incl. P&P) 020 8632 1634 (answerphone please leave contact details)*

# Drug company funding appears to influence conclusions of meta-analyses

[www.medscape.com/viewarticle/566069](http://www.medscape.com/viewarticle/566069)

**N**EW YORK (Reuters Health) Nov 16 - Studies have shown that randomized controlled trials funded by drug companies are more likely to generate results and conclusions that favor the sponsor's drug. New research suggests that this is also the case for meta-analyses.

"Our study ... exposes the failure of peer review," Dr. Veronica Yank of Stanford University and colleagues write in *BMJ Online First* for November 16. "Editors and peer reviewers, as well as policymakers, meta-analysts, and readers should closely scrutinize the conclusions of meta-analyses to ensure that they are supported by the data," they conclude.

The researchers investigated financial ties and concordance between results and conclusions in 124 meta-analyses involving anti-hypertensive drugs published through December 2004. Forty-nine (40%) of these meta-analyses

had financial ties to one drug company.

Dr. Yank and colleagues found that meta-analyses with favorable conclusions, but not favorable results, were more likely to have financial ties to one drug company than other ties, even when controlling for other characteristics of meta-analyses.

Specifically, they report that 27 of 49 (55%) meta-analyses funded by a single drug company had favorable results, but 45 of 49 (92%) had favorable conclusions.

In contrast, meta-analyses with financial ties to non-profit groups had "excellent concordance between results and conclusions."

These findings, Dr. Yank and colleagues say, suggest discordance for drug company-sponsored studies between the data that underlie the results and the interpretation or "spin" of these data that constitute the conclusions.

In an editorial, Richard A. Epstein of the

University of Chicago Law School says this study offers "further proof of the potential influence that the drug industry has on the outcomes of the studies they fund."

While original data are apt to be sound, "conclusions should be interpreted with caution," he notes.

However, the suggestion that drug companies should have a more restricted role in financing clinical trials, brings up a dilemma, Mr. Epstein writes. He asks: "Do we want fewer studies of presumably better quality, or do we want more studies whose quality may be more biased? I would opt for the last option."

"Nothing in the work of Yank and colleagues suggests that the raw data from the drug sponsored studies were defective," he explains. "The criticisms are directed to the optimistic inferences. Therefore, Mr. Epstein suggests that a "sensible approach" might be to encourage further dialogue by asking for editorial comment. These editorials might be published in different journals than the original work.

"In all likelihood, these critiques will subtly induce original authors to soften their basic claims."

## Experts raise worries about HPV vaccine

1/08/2007. <http://www.ctv.ca/>

**A** GROUP of Canadian public health professionals says there remain a number of unanswered questions about the HPV vaccine and that a universal vaccination program in Canada "is premature and could have unintended negative consequences."

Abby Lippman, a professor of epidemiology at McGill University, and colleagues, conducted a review of the current literature on the HPV the vaccine and summarize their conclusions in an editorial in the *Canadian Medical Association Journal*.

They found that while it appears that the vaccine is highly effective in preventing infection with HPV types 16 and 18 (currently thought to be the cause of about 70% of cervical cancer cases), it's still not clear whether reducing such infections will translate into fewer cervical cancer deaths in the long run.

They note that rates of deaths from

cervical cancer had been dropping in Canada for years anyway, because of the widespread availability of publicly-funded programs for Pap smear testing.

They also note that there are many gaps in knowledge about the vaccine:

- It's not clear for how long the vaccine will be effective;
- or whether a booster shot will be needed in later years;
- and there is also a lack of data, they say, on the effectiveness of the HPV vaccine when given at the same time as other immunizations.

They also wonder whether a mass HPV vaccination program will lead to reductions in safer sex practices and Pap screening rates.

And they note that relatively few girls aged 9 to 15 years were enrolled in the clinical trials of Gardasil and the youngest of whom were followed for only 18 months. Yet girls in this age group represent the priority target population for mass vaccination.

And, they note, all of the reported HPV vaccine trials, whether of Gardasil or its potential competitor Cervarix, were

funded in whole or in part by the vaccine's manufacturer.

Noting that Gardasil is the most expensive childhood vaccine proposed for mass use (it currently costs \$404 for the 3 required doses), the authors point out that there haven't been any cost-effectiveness analyses to determine whether the proposed vaccination programs will result in fewer cancer deaths.

The authors provide some general recommendations for the development of a mass HPV vaccination program, including a call for government to educate the public about the realities of cervical cancer, HPV infection and HPV vaccinations, and to support unbiased research to collect the data now missing.

"It is time to take a breath and reflect on what we know and what we don't know, and to develop a plan based on solid, reliable evidence that adds value for everyone," the authors write.

"Individual girls and women, as well as policy-makers, can make truly informed decisions about vaccinations only when they have all the evidence, and today, there are more questions than answers."

# Govt allows schools to ban Gardasil jab

Sydney Morning Herald, Australia. 30/05/07

**T**HE federal government will not try to change the minds of two private schools refusing to give their students a cervical cancer vaccine because they think it might encourage promiscuity.

It was also revealed that the federal health department decided to go ahead with the mass vaccinations of school students, even though it had not yet set up a database to review the success of the program. The health department was quizzed on the roll-out of the Gardasil vaccination program in Senate budget estimates hearings in Canberra. The vaccine protects against two strains of the sexually-transmitted human papilloma virus, which are responsible for 70 per cent of cervical cancers. It is being made available free to women aged 12 to 26 through schools and GPs.

But two South Australian Christian schools say they will not offer Gardasil to students because they believe it may make girls promiscuous.

Democrats senator Natasha Stott Despoja asked whether the health department intended to address publicity of the schools' claim.

Chief medical officer Professor John Horvath and health department deputy secretary David Learmonth said they did not intend to take action.

"I don't think we have any plans, no, senator," Mr Learmonth said.

Dr Learmonth said the independent schools association had contacted the schools involved and encouraged them "at a minimum" to notify parents of the vaccine's availability.

Meanwhile, the department said a register was being set up to collect information on all immunisations, which would be used in a formal evaluation of the program.

But legislation that would allow the database to be established has not yet been introduced to parliament.

Department secretary Jane Halton said the government had considered the vaccine "in a very speedy fashion" because a decision was taken it should be rolled out in the present school year.

"The decision was we shouldn't deny these girls access to the product so we will

roll out it out now, knowing full well we will have to play catch-up on this legislation," Ms Halton said.

"It was the prudent public health decision, in my judgment."

Ms Halton said the states were collecting the data but were not yet able to give it to the federal government.

Prof Horvath said officials were closely monitoring any reactions to the vaccine following revelations that five Melbourne schoolgirls were hospitalised following an injection. The students were among more than 20 who reported to their school's sick bay on May 7 after being injected with Gardasil. Prof Horvath said psychological reactions to vaccination campaigns were not uncommon but the responses were being treated with an appropriate degree of caution.

"With the immunisation campaign as for any new product, we need to keep a very close eye on all reactions to ensure we are not in fact missing something that is the beginning of a reaction we are not aware of," Prof Horvath said.

"So we are keeping a very close eye... to ensure there are not any reports of a similar nature coming from the large overseas program."

## Flu-jab alert prompts study to see if vaccines could harm unborn babies

BY DAVID ROSE. THE TIMES, 2/6/07.

**S**CIENTISTS are to investigate how vaccinations given to pregnant women might affect the health of their unborn child, after research suggested that babies' immune systems develop much earlier than thought.

A study published in the US Journal of Clinical Investigation yesterday found that the children of mothers who were given vaccinations against influenza started producing immune cells to combat the illness while still in the womb. It is unclear whether such early production of antibodies has adverse or positive effects on an infant's health. Some researchers have suggested that exposure to vaccines, pollens and other agents during pregnancy may increase a child's chances of developing allergies later in life. Such a hypothesis has been cited as the reason for rising rates of asthma and related illnesses.

Vaccinating pregnant women against flu

is currently considered safe and the Department of Health is considering whether to implement recommendations made in December, by the Joint Committee on Vaccines and Immunisation (JCVI), the official watchdog, that all pregnant women be given the jabs when elderly and vulnerable patients are vaccinated during the winter flu season. A team of researchers from Columbia University, New York, studied 126 women who were given flu vaccinations, which are already recommended for all mothers-to-be in the United States.

Specific antibodies found in the umbilical cord of their babies suggest that proteins contained in the jabs passed from mother to foetus, and stimulated production of immune cells in the developing child.

Antibodies were found in approximately 40 per cent of the cord blood samples, suggesting that the infants' immune systems were capable of responding to agents passed from mother to child.

Previously, babies were thought to derive antibodies to protect them against illness from their mothers, via the placenta, not developing their own immune responses

until some weeks after birth.

"These results have important implications for determining when immune responses to environmental exposures begin," Rachel Miller, the lead author of the paper, said. "More research now needs to be done on what the effect to the child in later life is." Professor Miller said: "It is possible that the early stimulation of a child's immune system might lead to the child developing asthma, eczema or other illnesses, but it is also possible that the beneficial effect of the vaccine might be conferred from mother to child, and protect the baby in early life."

Donald Peebles, a consultant from University College London, and spokesman for the Royal College of Obstetricians and Gynaecologists, said that it was known that viruses and other agents could pass from mother to a developing baby, but more research was needed to determine the potential health effects.

"This study shows that the foetus is a good deal more sophisticated in developing its own immune responses than previously thought," he said.

# Did Gardasil Vaccine Cause a 12-yr-olds Paralysis?

POSTED BY JANE AKRE

14/11/2007 <http://www.injuryboard.com/>

THERE isn't a single person who watches television that hasn't seen the ads.

"One Less" is the campaign theme created by drug maker Merck to promote Gardasil. Approved by the FDA in June, 2006, Gardasil is being aggressively marketed to parents of pre-teen girls as young as nine, as a way to "guard" against cervical cancer and genital warts caused by Human Papillomavirus (HPV) type 6, 11, 16 and 18.

The Merck campaign has been tremendously effective.

The Centers for Disease Control (CDC) recommends all 11 and 12-year-old girls receive a Gardasil injection.

By September 2006, the state of Michigan approved a measure requiring girls about to enter the sixth grade be vaccinated with Gardasil.

And beginning next fall, all Texas girls ages 11 and 12 will be required to receive the three Gardasil injections according to a February 2007 executive order signed by conservative Republican Texas Gov. Rick Perry.

Parents groups and lawmakers had objected to the order in the belief the mandated vaccine condones premarital sex and supersedes parent's authority in raising their own children.

Christina Bell says she had seen ads for the vaccine so after consulting with her doctor she agreed to have her 12-year-old daughter, Brittany vaccinated.

Two months ago the Florida girl suddenly collapsed.

Her mother says Brittany used to play softball and run cross country.

Now she can't feel her legs.

Kelley Dougherty of Merck tells IB News that paralysis is not one of the recognized side effects of Gardasil use and is not even on the warning label.

Dougherty says, "Over 25,000 individuals have been tested with Gardasil and the majority of problems would occur within the timeline of six years so far."

What Christina Bell didn't know was

the Gardasil has been linked to thousands of adverse reports including paralysis and 11 deaths.

In August, the non-profit Washington, D.C. government watchdog group, Judicial Watch filed a request asking the FDA for all adverse events reports linked to Gardasil injections.

.....  
*"What Christina Bell didn't know was the Gardasil has been linked to thousands of adverse reports including paralysis and 11 deaths."*  
.....

By September, Judicial Watch had an additional 1,800 reports of suspected reactions to Gardasil, bringing the adverse report total to 3,461 and 11 deaths. Among them:

- "20-Jun-2007: Information has been received... concerning a 17 year old female who in June 2007... was vaccinated with a first dose of Gardasil... During the evening of the same day, the patient was found unconscious (lifeless) by the mother. Resuscitation was performed by the emergency physician but was unsuccessful. The patient subsequently died."

- "12-Jun-2007: Information has been received... concerning a 12 year old female with a history of aortic and mitral valve insufficiency... who on 01-MAR-2007 was vaccinated IM into the left arm with a first dose of Gardasil... On 01-MAR-2007 the patient presented to the ED with ventricular tachycardia and died."

- 28-Aug-2007: Initial and follow-up information has been received from a physician concerning an "otherwise healthy" 13 year old female who was vaccinated with her first and second doses of Gardasil. Subsequently, the patient experienced... paralysis from the chest down, lesions of the optic nerve... At the time of the report, the patient had not recovered."

Judicial Watch has sued the FDA for failing to comply with its FOIA on whether lawmakers and drug company

lobbyists for Merck or Glaxo have encouraged the FDA to approve the drug.

Dee Grothe, a project manager at Judicial Watch tells IB News, "our main conclusion is that parents need to be making the decision about whether they should vaccinate their children, the government should not be mandating that because there are numerous concerns about the vaccine."

In August, the National Vaccine Information Center, a clearinghouse for information on vaccines, reported that Gardasil given with the meningococcal vaccine could put patients at risk for Guillain-Barre syndrome (GBS). GBS allows the body's immune system to attack the nervous system causing paralysis and muscle weakness.

There is other information that Christina Bell didn't have.

No one can really say if the drug is effective over time. It is supposed to be given before girls are sexually active. What if that doesn't happen for five or 10 years. Does Gardasil still work? No one knows.

Then there is the moral question- does giving Gardasil send the wrong message to our young girls that they can be promiscuous without consequences? New partners are associated with an increased risk in HPV and Gardasil doesn't protect against HIV.

Numerous studies find that HPV is transmitted through skin contact, not through bodily fluids.

A report in the New England Journal of Medicine finds using condoms is effective in preventing HPV.

Are parents about to discuss condom use with their 12-year-olds? Is getting another inoculation just easier?

Christina Bell didn't hear these arguments. Now she has filed an injury claim with the government, not drug maker Merck.

It turns out that Merck put Gardasil on the National Vaccine Injury Compensation Fund about six months after it hit the market.

Bells' attorney, Sean Cronin tells First Coast News that, "The Federal

government would not put it on the list without medical scientific justification."

Dougherty tells IB News that it is standard practice that all of Merck's new drugs are now put on the list.

What we do know is that there are 100 different strains of HPV. Gardasil protects against four of them.

At \$360 for the three-vaccines its one of the most costly of vaccinations every marketed. Gardasil was added to the Vaccines for Children (VFC) Program on November 1, 2006, providing

coverage for many who do not have private health insurance, according to Merck.

Already about 10 million Gardasil vaccinations have been distributed. At last count 3,461 adverse reports have been sent to the government reporting system, Vaccine Adverse Event Reporting System (VAERS). Brittany's is not among them.

Merck is seeking approval from the FDA for the use of Gardasil for women up to the age of 45, even though studies show about 80 percent of women at that

age already have HPV and in the majority of cases it's kept in check by the body's immune system.

Gardasil is being marketed aggressively to the rest of the world that's approved Gardasil, so far including 85 countries.

GlaxoSmithKline is poised to push its version of the HPV vaccine, Ceravix into the U.S. market. It's already available in Europe. Here Glaxo is confident it will eventually capture half of \$365 million as of June, 2007 for Gardasil.

## NVIC analysis shows greater risk of GBS reports when HPV vaccine is given with meningococcal and other vaccines

<http://www.vaccineawakening.blogspot.com/>  
Washington, August 15, 2007

**T**HE National Vaccine Information Center (NVIC) today issued a new report on HPV vaccine (Gardasil®) safety analyzing adverse event reports to the federal Vaccine Adverse Event Reporting System (VAERS). The analysis gives evidence for a reported association in VAERS between Gardasil and Guillain-Barre Syndrome (GBS), with a statistically significant increased risk of GBS and other serious adverse event reports when Gardasil is co-administered with other vaccines, especially meningococcal vaccine (Menactra®).

NVIC is calling on the Centers for Disease Control (CDC) to issue an Advisory and amend its March 12 policy by alerting the public that Gardasil has been associated with 15 cases of GBS and an increased risk of GBS and other serious adverse event reports made to VAERS when the vaccine is administered simultaneously with Menactra and other vaccines. "The precautionary principle dictates that good science should precede CDC vaccine policy recommendations," said Barbara Loe Fisher, NVIC co-founder and president. "Parents have a right to expect proof of safety and not assumption of safety before new vaccines, like Gardasil, are given simultaneously with other vaccines to

their children.

GBS is a disorder in which the body's immune system attacks part of the peripheral nervous system, and can cause total paralysis. "Our analysis of Gardasil reports to VAERS indicates there was a two to 12 times greater likelihood that serious adverse events, such as GBS, were reported when Gardasil was given in combination with

.....  
*"Parents have a right to expect proof of safety and not assumption of safety before new vaccines, like Gardasil, are given simultaneously with other vaccines to their children.."*  
.....

Menactra rather than given alone," said Vicky Debold, PhD, RN, NVIC director of patient safety. "Accepted scientific standards indicate that these findings are statistically significant and cannot be dismissed as coincidence. In particular, the available VAERS data show there was a more than 1,000 percent increased risk of GBS reports following Gardasil administration when Menactra was given at the same time."

### Reported GBS and Other Serious Adverse Events

NVIC found that, as of May 31, there have been 2,227 Gardasil adverse events filed with VAERS, including 13 suspected or confirmed cases of GBS

(two more GBS reports were made in June for a total of 15) and 239 cases of syncope (fainting with temporary loss of consciousness), many of which resulted in head injuries and fractures. Seven deaths have been reported after receipt of Gardasil. Nearly 10 percent of all Gardasil adverse event reports to VAERS involved avoidable medical errors.

A total of 1,930 reported Gardasil adverse events involved administration of Gardasil alone, and 135 adverse events involved co-administration of Gardasil with Menactra. NVIC's comparative analysis of those two categories of VAERS reports indicates that when Gardasil was given simultaneously with Menactra rather than alone, there was a statistically significant increased risk of reported adverse events:

- respiratory problem reports increased by 114 percent;
- cardiac problems reports increased by 118 percent;
- neuromuscular and coordination problem reports increased by 234 percent;
- convulsions and central nervous system problem reports increased by 301 percent;
- reports of injuries from falls after unconsciousness increased by 674 percent; and
- GBS reports increased by 1,130 percent.

On February 21, NVIC

CONT/

expressed concern about the safety of administering Gardasil simultaneously with other vaccines because the manufacturer (Merck), the FDA and the CDC had not provided evidence to the public that co-administration was safe.

(1) On March 12, the CDC published recommendations for Gardasil use in MMWR that acknowledged there is a lack of evidence that Gardasil can be safely administered with other vaccines, while encouraging physicians to co-administer Menactra and other vaccines with Gardasil based on assumption of safety. (2)

Adverse Event Reports to NVIC: Shannon Nelson Nineteen Gardasil adverse event reports from 12 states have been made to NVIC's Vaccine

Reaction Registry involving unconsciousness and injury, convulsions, numbness, weakness and other neuromuscular and coordination problems and GBS.

Shannon Nelson, 18, a Chicago area athlete, musician and artist entering college reported to NVIC that she received HPV vaccine (Gardasil), meningococcal vaccine (Menactra) and chicken pox vaccine (Varivax ®) simultaneously on June 21. Symptoms of tingling, numbness and muscle weakness began within a week and progressively got worse. By July 3 she could barely walk or raise her arms. She was hospitalized, paralyzed with GBS on July 5, and spent 22 days in the hospital.

"Before the shots, I ran six miles a day," said Nelson. "The doctors told me that I might have been put on a respirator if I hadn't been in such good shape," she said. "I am out of the hospital now and getting a lot of physical therapy. I just want to go to college and do the things I did before, like play the guitar and draw or even just be able to smile. My Mom and I wish we had known about HPV vaccine risks, especially what could happen if I got other vaccines at the same time."

*To view a copy of NVIC's report on HPV vaccine (Gardasil) safety, go to [http://www.nvic.org/Diseases/HPV/HPVH\\_OME.htm](http://www.nvic.org/Diseases/HPV/HPVH_OME.htm). To report a vaccine reaction, go to:*

<https://www.nvic.org/report/reaction.htm>

## Unvaccinated children healthier

**I**N the last Informed Parent newsletter I included details regarding a study comparing vaccinated and unvaccinated with regards to neurological disorders, such as autism and ADHD, that had been undertaken. The study showed that vaccinated group were two and a half times more likely to have these disorders than the unvaccinated group. Here follows comments from Barbara Loe Fisher of the National Vaccination Information Center, USA.

This past week (end of June 2007), the results of two studies were released which supports several decades of mounting evidence that an epidemic of chronic brain and immune system disorders has developed among American children in the past quarter century and that the use of multiple doses of multiple vaccines given to children early in life may play a major role. These two new studies, one conducted by researchers at Harvard University and one conducted by Generation Rescue, reinforce findings of an asthma study conducted by researchers at University of Illinois, Chicago published in 2005. All three studies validate the repeated warnings since the early 1990's by parents of vaccine injured children that over-vaccination of infants and toddlers may

be contributing to increases in learning disabilities, ADD/ADHD, asthma, diabetes and autism among older children.

While the Harvard study confirmed the existence of a chronic disease and disability epidemic among American children, including a prevalence of six percent of all children with ADHD and nine percent with asthma, it was

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*"The study showed that vaccinated group were two and a half times more likely to have these disorders than the unvaccinated group."*  
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the \$200,000 private funding of a west coast telephone survey by Generation Rescue founder JB Handley which revealed a much higher risk of neurological disorders in vaccinated versus unvaccinated children that deserves special attention and immediate follow-up. The survey found that "Among more than 9,000 boys age 4-17, vaccinated boys were 2.5 times (155 percent) more likely to have neurological disorders, 224 percent more likely to have attention deficit hyperactivity disorder, and 61 percent more likely to have autism."

This evidence reinforces information published in the Journal of Allergy and Clinical Immunology in 2005 that there are marked differences between the incidence of self-reported asthma in vaccinated and unvaccinated children by parents, with a finding that parents of unvaccinated children were "11 times less likely to report asthma" and "10 times less likely to report hay fever" among children with no family history of either condition. NVIC staff worked for four years with researchers at the University of Illinois to design and implement the study entitled "The Relationship between Vaccine Refusal and Self-Report of Atopic Disease in Children." The study methodology, which included the formal Institutional Review Board (IRB) process and peer review, involved mailing of surveys to 2,964 randomly selected households of members of NVIC with children aged 3 to 18 years, a database which includes families with highly vaccinated, partially vaccinated and totally unvaccinated children.

These studies follow three congressionally mandated reports in 1991 and 1994 published by the Institute of Medicine (IOM), National Academy of Sciences, which reviewed the medical literature and confirmed

that vaccines can cause brain and immune system dysfunction as well as death. When, at the request of the Centers for Disease Control, the Institute of Medicine convened another committee of physicians to examine scientific evidence that vaccines cause brain and immune system dysfunction, I made the following statement at a January 2001 IOM public workshop:

"There is a compelling argument to be made that the dramatic increase in chronic brain and immune dysfunction in children, especially the rising number of reports of regression in previously healthy children, is due to an early exposure that is being experienced by all children but which is harming an expanding minority of them.... Many biological responses are at least partially under genetic control. If, for example, adverse responses to vaccination are tied to the genes responsible for predisposition to autoimmunity and immune-mediated neurological dysfunction, then it is possible that the addition of more doses of vaccines to the routine schedule in the past two decades has affected more and more children with that genetic predisposition.....

Therefore, when all children only were exposed to DPT and polio vaccine in the early 1960's, a tiny fraction of the genetically susceptible responded adversely. But with the addition of measles, mumps and rubella to the routine schedule in 1979, and then HIB, hepatitis B and chicken pox in the late 1980's and 1990's, far more of the genetically susceptible have been brought into the adverse responder group."  
([http://www.nvic.org/Loe\\_Fisher/blftesimony\\_iom\\_safety.htm](http://www.nvic.org/Loe_Fisher/blftesimony_iom_safety.htm))

.....  
*"The stubborn reluctance of government, industry and medicine to acknowledge the validity of reports by parents that children are getting sicker not healthier."*  
.....

In their 2002 published report on "Multiple Immunizations and Immune Dysfunction" the Institute of Medicine stated:

"The committee was unable to address the concern that repeated exposure of a susceptible child to multiple immunizations over the developmental period may also produce atypical or non-specific immune or nervous system injury that could lead to severe disability or death. (Fisher, 2001) There are no epidemiological studies to address this. Thus, the committee recognizes with some discomfort that this report addresses only part of the overall set of concerns of some of those most wary about the safety of childhood immunization." (<http://www.iom.edu/CMS/3793/4705/4432.aspx>)

Scientifically confirming that the repeated atypical manipulation of the immune system with multiple vaccines in early childhood is contributing to chronic disease and disability increases would require additional methodologically sound epidemiological studies as well as basic science research into the different biological mechanisms involved in vaccine induced brain and immune system dysfunction. Future studies comparing groups of vaccinated to groups of unvaccinated children and adults should include not only

evaluation of all morbidity and mortality outcomes but also identify genetic variability and measure pathological changes at the cellular and molecular level in the vaccinated and unvaccinated, including changes in immune function (blood tests), brain function (EEG, MRI) and chromosomal integrity over a 10 to 20 year period. In 1982, parents of DPT vaccine injured children began urging federal health agencies, vaccine manufacturers and doctors to take seriously the reports of health deterioration after vaccination. We begged them to responsibly investigate the persistent reports by parents that healthy children were regressing physically, mentally and emotionally and being left with a variety of brain and immune system problems. Those warnings, which became more urgent in the 1990's, were ignored. Now the child chronic illness epidemic, which we predicted would occur if our warnings were ignored is here. It is a sad commentary on the state of the public health that so many American children are so sick and there are still so many gaps in scientific knowledge about the ways that vaccines act in the human body to stimulate long term immunity or cause injury and death. The stubborn reluctance of government, industry and medicine to acknowledge the validity of reports by parents that children are getting sicker not healthier, despite using so many vaccines, may turn out to be the greatest medical scandal and human tragedy of the past century.

National Vaccine Information Center.  
email: [news@nvic.org](mailto:news@nvic.org)  
web: <http://www.nvic.org>

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## Cervical vaccine trial on babies

<http://www.theage.com.au/news/National/Cervical-vaccine-trial-on-babies-report/2007/08/27/1188066978713.html> August 27, 2007

**A** DOCTOR who played a key role in trials of a cervical cancer vaccine is proposing testing it on babies.

Suzanne Garland, the director of microbiology and infectious diseases at the Royal Women's Hospital in

Melbourne, is flying to the US to meet with drug companies and will discuss trialling the vaccine on babies up to a few months old, Fairfax newspapers report.

Professor Garland said there were benefits to immunising babies instead

of schoolgirls, but one of the questions that would need to be answered was how long the vaccine would last, and whether a booster shot would be necessary years later.

The vaccine has been tested in children only over the age of 10.

# Vaccines – why fear sells

BY SHERRI TENPENNY, DO

IT'S interesting how a discussion about vaccination can quickly become heated and sometimes even hostile. Would the same debate rage over an antibiotic or an antihypertensive medicine if there was evidence the drug was causing harm? When it becomes obvious that thousands have been injured by a drug such as Vioxx, it is removed from the market. We stop the use of drugs until they are proven safe. And we sue.

Not so with vaccines. Vaccines are promoted with fanfare until they are statistically proven to cause harm to a large number of persons. The thousands of individuals who suffer from vaccine reactions in proportion to the millions who have been vaccinated are not considered to be a mathematically significant statistic. However, the more than \$1 billion that has been paid to vaccine-injured persons shows that safety is not all that is it promoted to be. Why the double standard?

Vaccination is built around a "belief system." We believe vaccines are safe; we believe vaccines are important to health; we believe the stories that vaccines are solely responsible for the elimination of smallpox and polio. And we really want to believe that our doctors have read all the available information on vaccines--pro and con--and are telling us the complete truth about vaccines.

However, belief is based on faith, not necessarily on fact. For example, we want to believe that vaccinating our children will keep them from getting sick with measles or chickenpox. However, there is a plethora of information documenting this is not necessarily so.

Why is there an almost desperate need to defend the current belief--and trust--in vaccines? The public's view of disease seems to be similar to our current view on terrorism: Random attacks that are potentially deadly. The media hawks this view of childhood illnesses and the need for vaccines. Pharma sells it, doctors push it, and

educational institutions reinforce it. They keep selling it because most readily buy into it, without question. There is a "just in case" or "better be safe than sorry" mentality when it comes to vaccination and illness with children.\* After nearly 200 years of use, fear still sells vaccination.

What do we really know about vaccines? A review of the literature and the CDC documents reveals the following:

1. Vaccine safety studies are relatively small and include only healthy children. However when a vaccine trial has been completed, vaccines are given to ALL children, regardless of the condition of their health, family history or genetics.
2. Vaccine safety studies are short. Most clinical trials monitor for side effects a paltry 21 days, sometimes, it is only for 5 days. It can take months before immune system complications appear. This arbitrary deadline, established by the FDA, precludes associating vaccines with chronic health disorders. "Safe" is a designation given based on limited information.
3. Vaccine safety studies do not use a true placebo. One of the Gold Standards in medical research is the "placebo-controlled" trial. An inactive substance such as a sugar pill is given as a placebo to one group of participants, while the treatment group is given the new drug. The data is analyzed to compare the number of side effects that occurred in those given the drug compared to the numbers of side effects that occurred in those given the placebo. However, the "placebo" used in vaccine research is not an inert substance such as sterile water; it is another vaccine. Inert, sterile water doesn't cause a reaction; as substitute vaccine can. If both groups of babies in a trial have the same number of reactions, the study reports that the vaccine "is as safe as a placebo." This is deceptive science.
4. Vaccine-induced antibodies do not correlate with protection. In fact, the esteemed journal, *Vaccine* stated this clearly ".It is known that, in many instances, antigen-specific antibody titers do not correlate with protection." The full reference can be found at PMID: 11587808

Vaccination has been accepted as safe, effective and protective. The shots can

be described as a medical "sacred cow," by definition, "a medical procedure unreasonably immune to criticism." The strong response is the reaction to a suggestion that the "cow" should be "sacrificed." It is heresy to suggest that the status quo is wrong.

When Copernicus insisted that the sun, not the earth, was the center of the solar system, it went against the philosophical and religious beliefs held during the medieval times. When two other Italian scientists of the time, Galileo and Bruno, embraced Copernican theory their comments were considered blasphemous. Bruno was tried before the Inquisition, condemned and burned at the stake in 1600. Thirty years later, Galileo was brought forward and in front of his "Betters," was forced to renounce his beliefs under the threat of torture and death. Even after his confession, he was sentenced to imprisonment for the remainder of his days.

The more one investigates vaccination and studies the adverse effects that have been attributed to vaccines, the more one becomes a Copernican heretic, speaking out against the status quo can have deadly consequences. I have personally invested more than 8,000 hours in revealing the truth about vaccines. If the result of this inquiry and exposure is to be called a heretic, than I am in wonderful company.

*Dr. Sherri J. Tenpenny is respected as one of the USA's most knowledgeable and outspoken physicians regarding the negative impacts of vaccines on health. Through her education company, NMA Media Press, she spreads her vision of retaining freedom of choice in healthcare, including the freedom to refuse vaccination. Her three hour DVD, Vaccines: The Risk, The Benefits and The Choices, her new book FOWL! Bird flu: It's Not What You Think, and many other books, tapes and materials are available at*

<http://www.nmaseminars.com/VaccineInfo-Home.html>

Information about her medical clinic can be found at <http://www.osteomed2.com>

ARTICLE SOURCE:

[http://EzineArticles.com/?expert=Sherri\\_Tenpenny,\\_DO](http://EzineArticles.com/?expert=Sherri_Tenpenny,_DO)



# Mum says MMR jab made son autistic

BY SAMANTHA CASTLE

North Wales Weekly News, 7/6/07.

**A** CONWY Valley mum is fighting a controversial decision which has stopped funding her case against the makers of an MMR vaccine which she claims caused her son's autism.

Donna, 33, whose son, now 13, wishes to remain anonymous, was denied funding to seek compensation from the manufacturer of the vaccine, Glaxo SmithKline. Donna, along with other affected families, were originally granted funding to seek compensation, but it was suddenly withdrawn by the Legal Services Commission.

"My son had the MMR jab a week after his first birthday and suffered the normal side effects connected with the vaccine. However, his symptoms persisted and got dangerously worse.

"Within a week he had a purple rash and his whole body had swollen up like the Michelin Man. He wouldn't stop screaming, it was quite clear he wasn't well.

"It did die down but all his normal

functions, like eye contact and dialogue he knew before, had gone since the jabs. While in Alder Hey Children's Hospital with his older sister, I noticed a poster on the wall about autism which listed the symptoms, and he had seven of the 10. It was then I made the connection between the MMR jab and autism."

Donna was referred to Rhuddlan Children's Centre and a consultant psychologist confirmed her son was autistic.

"He was diagnosed then and there. I thought I was doing the best for my son, but it took his life away from him and the family," added Donna.

"Some years later I was put in touch with solicitors supporting over 1,500 other parents in a similar situation, and the support group Justice, Awareness and Basic Support (JABS), and that's when we started legal proceedings."

Sir Nigel Davis was the presiding judge who, three years ago, rejected an appeal by MMR vaccine litigants against the decision not to award legal aid for their fight for compensation. But

he failed to declare his interests.

Campaigners have now discovered that Mr Justice Davis' brother, Sir Crispin Davis, was appointed a non-executive director of drugs multinational Glaxo SmithKline in 2003, a year before the appeal came to court.

Also, since 1999 Sir Crispin had been chief executive of Reed Elsevier, publisher of The Lancet magazine which originally published research into the links between autism and MMR in 1998. But by 2004 the magazine had changed its mind, and announced its change of heart only the week before Sir Nigel was due to make his decision on the MMR litigants' appeal.

Sir Crispin Davis was knighted by Blair's government in June 2004, four months after the Lancet article was published.

Now, complaints against him are being filed to the Office for Judicial Complaints, which investigates allegations of questionable conduct by judges, coroners and magistrates. The inquiry continues.

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## China should have probed "bad vaccine" cases – WHO

<http://www.reutershealth.com/>  
27/7/2007 - Reuters Health

**H**ONG KONG (Reuters) - China should have investigated why some children suffered severe brain damage after being vaccinated against Japanese encephalitis a few years ago, a World Health Organisation official said on Friday.

While rare severe adverse reactions are known to occur with any kind of vaccine, such mishaps must be closely examined to ensure the safety of vaccines, said Stephen Hadler, WHO's medical officer in China.

"These cases should have been investigated to determine which vaccine was used, and information collected about clinical illness, timing following vaccination, other medical conditions, etc.," Hadler said in an e-mail reply to Reuters from Beijing.

"That would help determine whether these adverse events could have resulted from vaccine itself, from handling of the vaccine, were due to another underlying medical condition, or were coincidental."

WHO was unaware whether such an investigation had been carried out, he said.

His comments came as three children who suffered severe brain damage after being vaccinated against Japanese encephalitis in 2003 and 2005 had their case heard in a Chinese court in southern Guangdong province this week.

Ordinary citizens suing powerful state companies are rare in China and this case is especially sensitive as it calls into question the standards of Chinese medicines at a time of mounting safety concerns following a string of scandals.

The children developed a very high fever hours after being injected. One fell into a coma and became paralysed when

she regained consciousness. She has since remained in a vegetative state. The other two children only regained their ability to walk recently but are mentally retarded.

China manufactures and uses two types of Japanese encephalitis vaccines - killed vaccine made in cell culture and live attenuated vaccine, the WHO said.

"The live attenuated vaccine has been used extensively within China and outside China (including South Korea, India, Nepal), through licensing for use in the recipient country. This vaccine has not been associated with serious brain damage," the WHO said.

Passed by mosquitoes, Japanese encephalitis can result in paralysis, seizures, coma and death. It is endemic in most parts of Asia, while China, India, South Korea, Japan, Taiwan and Thailand control the disease with vaccines.

# Vaccines and their promise are roaring back

BY G. PASCAL ZACHARY

The New York Times, 26/08/2007

<http://www.nytimes.com/>

**T**HE prospect of profit drives innovators, perhaps as much as solving the technical problems that make innovation possible.

This truism is gaining new currency among innovators in the once-legendary field of vaccines. In the 1950s, vaccine inventors were the stars of American innovation, celebrated the way Steve Jobs of Apple and the pair who founded Google are today. In 1955, Jonas Salk virtually wiped out polio with a vaccine, becoming the most celebrated scientist in America. In a phenomenal run starting in the late 1950s, Maurice Hilleman created vaccines for flu, measles, mumps, rubella and other illnesses, getting credit for saving more lives than any medical innovator in history.

By the mid-1990s, however, innovation in vaccines had virtually come to a halt. Only a handful of companies even tried to develop new ones, compared with 25 in 1955.

But in a stunning reversal, innovators today are chasing dozens of vaccines, stimulated by some recent high-profile successes. 'People see vaccines as money makers, says Paul A. Offit, chief of the infectious diseases section at the Children's Hospital of Philadelphia and the author of 'Vaccinated', a new book on Hilleman's career.

As wealthy countries spend much more on health care, and as poorer countries put new emphasis on disease prevention, many companies are jumping into vaccine innovation, including major pharmaceutical makers like Astra Zeneca, Novartis and Pfizer. Two separate teams, one involving Dr. Offit at GlaxoSmithKline, and the other at Merck, created in recent years rotavirus vaccines for childhood diarrhea, a big killer in less developed countries.

'Vaccine makers are tackling major public-health problems again, says Adel Mahmoud, a vaccine expert and a professor in the department of molecular

biology at Princeton. 'The size of the market is incredible, both in America and around the world. Dr. Mahmoud was previously president of Merck's vaccines unit.

To date, the biggest winner in the revival is Merck, which in the first six months of 2007 posted revenue of nearly \$2 billion from vaccines alone, more than the company's vaccine sales for all of 2006. As recently as 2005, Merck's vaccine sales totaled barely \$1.1 billion and were essentially flat over the prior three years. But last year, Merck received permission to sell three new vaccines, including a breakthrough preventive treatment for cervical cancer, and another for shingles.

'We're realizing in recent years that if you have strong vaccines, customers are willing to pay for the value delivered, says Margaret McGlynn, president of Merck's vaccine business.

Across the industry, the research pipeline is bulging. Companies are spending billions trying to develop vaccines for various cancers, staph infections and malaria. 'We are entering a new golden era of vaccinology, says Gregory A. Poland, a vaccine expert at the Mayo Clinic in Rochester, Minn.

In addition to traditional one-size-fits-all vaccines, Dr. Poland foresees a new class of personalized vaccines tuned toward the particular genetics and biology of the individual. Personalized vaccines will be more cost-effective; today everyone gets the same series of three hepatitis B shots over six months, for instance, though researchers know that one in five people, on average, could get the same protection with fewer.

'Technology will eventually allow us to do immuno-genetic profiles to tell me which viruses pose the most risks to a person, says Dr. Poland, who works in this nascent field.

Personalized vaccines are likely many years away. So are vaccines for such vexing diseases as AIDS, a big killer whose variety and rapid mutations pose hard problems for vaccine makers.

Even so, potential markets look strong. Governments are more interested in funding vaccination

programs after years of neglect, and public fears that vaccines cause harmful side effects are subsiding. Those fears are now largely discounted by medical experts. The specter of bioterrorism has also heightened interest in new vaccines, spawning new funding sources.

'There are a lot of targets that have not been tackled, says Dr. Mahmoud at Princeton.

The willingness to try makes a big difference. The history of vaccine development is uneven, says Louis Galambos, a historian at Johns Hopkins University who wrote a book on the subject, 'Networks of Innovation', with Jane Eliot Sewell.

'There are waves of optimism in medical science that encourage investment, Mr. Galambos says, 'We're in one of those waves now.'

The story of Merck's Gardasil vaccine to prevent cervical cancer - a \$360 series with sales of \$723 million in the first half of this year - shows why optimism is important. The basic engineering on the vaccine occurred in the late 1990s, and extensive field trials consumed years more and hundreds of millions of dollars.

Merck started Gardasil development when the climate was really sour and negative, recalls Eliav Barr, one of the leaders of the company's Gardasil program. 'Many people said it's not worth creating vaccines. Regulatory approval is not guaranteed, and production is difficult. Vaccines are grown in living organisms, and 'there is an art to making them', Dr. Barr says.

The allure of the silver bullet - of wiping out an entire class of related diseases with a single injection - remains a powerful symbol of technological advance. Fifty years ago, vaccine creators captivated the world's imagination. With the return of vaccine-making to the center of the pharmaceutical business, new sources of profits are emerging, and new heroes of innovation.

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# Vaccine tied to 'superbug' ear infection

BY MARILYNN MARCHIONE

AP Medical Writer, 17/09/07

www.boston.com/

**C**HICAGO --A vaccine that has dramatically curbed pneumonia and other serious illnesses in children is also having an unfortunate effect: promoting new superbugs that cause ear infections.

On Monday, doctors reported discovering the first such germ that is resistant to all drugs approved to treat childhood ear infections. Nine toddlers in Rochester, N.Y., have had the bug and researchers say it may be turning up elsewhere, too.

It is a strain of strep bacteria not included in the pneumococcal vaccine, Wyeth's Prevnar, which came on the market in 2000. It is recommended for children under age 2.

Doctors say parents should continue to have their toddlers get the shots because the vaccine prevents serious illness and even saves lives. But the new resistant strep is a worry.

"The best way to prevent these resistant infections from spreading is to be careful about how we use antibiotics," said Dr. Cynthia Whitney, chief of respiratory diseases at the federal Centers for Disease Control and Prevention.

Avoiding antibiotics when they are not needed is the best way to ensure they will work when they are, she said.

Prevnar prevents seven strains responsible for most cases of pneumonia, meningitis and deadly bloodstream infections. But dozens more strep strains exist, and some have flourished and become impervious to antibiotics since the vaccine combats the more common strains.

If the new strains continue to spread, "it tells us the vaccine is becoming less effective" and needs to be revised, said Dr. Dennis Maki, infectious diseases chief at the University of Wisconsin-Madison Hospitals and Clinics.

Wyeth anticipated this and is testing a second-generation vaccine. But it is at least two years from reaching the market, and the new strains could become a public health problem in the meantime if they spread hard-to-treat infections

through day care centers and schools.

"I don't think the new strains are moving fast enough to call it a race, but the fact is that certain strains are increasing," said Peter Paradiso, a scientist at Wyeth Vaccines, the Collegeville, Pa., division that makes Prevnar.

"It is very worrying," said Dr. Keith Klugman, an infectious diseases specialist at Emory University. "With the eradication of all the other types in the vaccine, this one is emerging."

Several research teams reported on the situation Monday at microbiologists meeting.

A different pneumonia vaccine has long been available for adults but it doesn't work in children, so Prevnar was hailed as a breakthrough. It is used in dozens of countries and had sales of more than \$1.5 billion last year. In the United States, it is given as four shots between 2 months and 15 months.

Before the vaccine, many babies and toddlers developed pneumonia, meningitis and serious blood infections that led to hearing loss, brain damage and even death. Drug-resistant ear infections also were a problem.

"Prevnar has done a remarkable job. Over the last seven years, it's prevented thousands and thousands of infections," not just in vaccinated kids but also in unvaccinated family members, said the CDC's Whitney.

But it is a unique vaccine because it covers only seven of the 90-odd strains of the germ. By contrast, measles is caused by one type of virus.

Booster shots are needed for chickenpox, mumps and measles because immunity wanes, not because the germ changed.

Prevnar, however, is losing its punch because strains not covered by the vaccine are filling the biological niche that the vaccine strains used to occupy, and they are causing disease.

One strain in particular, called 19A, is big trouble. A new subtype of it caused ear infections in the nine Rochester children, ages 6 months to 18 months, that were resistant to all pediatric medications, said Dr. Michael Pichichero, a microbiologist at the University of

Rochester Medical Center.

The children had been unsuccessfully treated with two or more antibiotics, including high-dose amoxicillin and multiple shots of another drug. Many needed surgery to place ear tubes to drain the infection, and some recovered only after treatment with a newer, powerful antibiotic whose safety in children has not been established.

Pichichero refused further comment because he has submitted a report to a medical journal. His work was paid for by antibiotic maker Abbott Laboratories and the Thrasher Foundation, which funds projects related to child health.

All 19A strep subtypes tend to be resistant to some drugs and have been growing in prevalence:

- Scientists from a drug company and two labs analyzed more than 21,000 bacterial samples from around the nation and found 19A increasing. Among children 2 and under, the portion of samples that were this strain rose to 15 percent in 2005-2006, from 4 percent in the previous three years.
- A British lab tracking respiratory infections in U.S. kids found that the 19A strain accounted for 40 percent of drug-resistant cases.
- University of Iowa researchers found 19A accounted for 35 percent of penicillin-resistant infections in 2004-05, compared with less than 2 percent the year before the new vaccine came out.

Because these bacteria easily swap gene components to become even more hardy, "new types may emerge that can both escape containment by vaccine and spread throughout the world," Dr. Daniel Musher of Baylor College of Medicine wrote in the *New England Journal of Medicine* last year.

Some think Prevnar might be destined to be like flu shots that must be periodically updated to reflect new strains causing illness. But each tweak requires new safety studies and more expense.

Wyeth expects to finish testing its updated vaccine next year and to seek federal approval in early 2009. Review can take a year or more, Paradiso said.

British-based GlaxoSmithKline has a similar vaccine in final-phase testing that targets 10 strains common in Europe and other regions.

# Dangers of the MMR jab 'covered up'.

EXCLUSIVE BY LUCY JOHNSTON,  
HEALTH EDITOR, SUNDAY EXPRESS  
15/7/2007

**H**EALTH officials were yesterday accused of covering up serious risks linked with the controversial MMR jab before it was introduced.

According to a secret dossier, five cases were reported of potentially deadly brain inflammation following the use of MMR in Canada before it became part of standard childhood vaccinations in Britain.

The internal documents from the Government's Joint Committee on Vaccination and Immunisation also reveal reports that another brand of MMR had caused "neurological complications" from the measles component of the vaccine in the US.

Despite this, from 1988 both brands were administered routinely without any warnings of serious risk until they were withdrawn four years later - because of health fears.

The revelation comes on the eve of a major court battle over the safety of the controversial vaccine. Dr Andrew Wakefield and two colleagues will tomorrow face charges before the General Medical Council relating to research

published in 1998 linking the MMR vaccine with autism and inflammatory bowel disease.

In an interview with the Sunday Express, Dr Wakefield said the Government played down the risks of vaccines and questioned critics.

He said: "The Government vigorously defends the vaccination programme and those who challenge it have been questioned throughout history. But I wouldn't have taken my position if I didn't believe there were genuine concerns about MMR."

Last night, on the eve of his case, he told the Sunday Express he stood by all his claims, adding that he was determined to help the families of affected children.

Dr Peter Fletcher, former Chief Scientific Officer at the Department of Health, is also sceptical of the Government's position and the safety of the jab.

He is due to testify at the GMC hearing and was unable to speak for legal reasons.

But in an earlier interview he said: "The refusal by governments to evaluate the risks properly will make this one of the greatest scandals in medical history."

But he added: "There are very powerful people in positions of great authority who have staked their reputations on the safety of MMR and they are willing to do almost anything to protect themselves."

The minutes of the committee on vaccination meeting in 1988, released

under the Freedom of Information Act, blame the mumps component of the vaccine, called Urabe, for five cases of brain inflammation.

The minutes state: "Four of these cases definitely followed the use of vaccine containing Urabe mumps virus and the fifth probably did."

The report added: "In the United States many of the reported neurological complications were clearly related to the measles component." But despite these reports, experts at the meeting decided the rate of adverse reactions to the mumps element from Canada was "in keeping with that expected". They also concluded that a study of the US measles component should be carried out.

Seven months later both brands of MMR were introduced. But the MMR vaccines containing Urabe were withdrawn in 1992 because it caused potentially deadly meningitis. This was two years after it had already been withdrawn in Canada for the same reason.

A spokeswoman for the Department of Health said: "MMR is the safest and most effective way of protecting children against measles, mumps and rubella."

"The Urabe MMR was stopped when the risk of aseptic meningitis was higher than previously thought."

She added that experts still considered the use of MMR "outweighed the risks of not vaccinating."

## GP in MMR row cleared by GMC

BY CHRISTIAN DUFFIN  
Pulse, 5 Sep 07

**A** GP who was at the centre of a storm of controversy for her views on the MMR vaccine has been cleared of professional misconduct by the GMC.

Dr Jayne Donegan, a locum from Herne Hill, south London, had been accused by a High Court judge of purveying 'junk science' in her opposition to childhood immunisation, which she expressed while giving expert evidence.

The GMC initiated a case against Dr Donegan and considered four counts of alleged serious professional misconduct. They dated to a 2003 High Court case

when she appeared as an expert witness on behalf of two mothers, who were resisting attempts by their partners to force their children to have the MMR vaccine.

Last week she was cleared of all charges.

Dr Donegan said of her battle: 'It was terrible. It took thousands of hours away from my professional and family life. I have been living under stress for three-and-a-half years, worried that I could lose my livelihood. I have tried to help patients with ways to reduce stress but now I know how hard it is.'

The GMC panel said: 'It was clear from your evidence that your aim is to direct parents to sources of information about immunisation and child health safety to help them make informed choices.'

The mothers she gave evidence for lost their case in 2003 and a subsequent appeal.

The GMC's ruling last week came in the same week as the Health Protection Agency announced the number of measles cases this year could be even greater than last year's 12-year high of 756.

The HPA said that from 10 June to 24 August this year alone there were 346 cases.

*Editor: If a reasonably healthy child needs to develop measles and that process is not suppressed or mismanaged then a beneficial elimination will take place. This concept however is not understood by the likes of the Health Protection Agency, and I feel that rather than protecting our health they may actually be protecting us from health!*

# Two mumps vaccinations better than one

17/10/07, REUTERS HEALTH

[www.reutershealth.com/](http://www.reutershealth.com/)

**N**EW YORK (Reuters Health) - During outbreaks of mumps, vaccine effectiveness is better when two mumps vaccinations are given rather than one, according to findings published in the current journal *Pediatrics*.

Despite high vaccination rates, an outbreak of mumps occurred in July 2005 among 541 children from the United States and abroad who attended a 4- or 7-week overnight summer camp in upstate New York.

Dr. Joshua K. Schaffzin, of New York State Department of Health, Albany, and colleagues conducted a study of this outbreak.

Of the 541 children, 31 were diagnosed with mumps, for an overall attack rate of 5.7 percent.

Of the 507 children who had their immunization history available, 440, including 16 who became ill, had received two doses of the mumps vaccine, for an attack rate of 3.6 percent.

Forty-six children, including 4 who became ill, had received one dose, for an attack rate of 8.7 percent. Of the 21 children who were not vaccinated, 9 became ill, for an attack rate of 42.9 percent.

The researchers calculated the vaccine effectiveness to be 91.6 percent after two doses and 79.7 percent after one dose.

The two-dose vaccination, combined with correct diagnosis and strict control measures, is the best way to prevent and control outbreaks of mumps, Schaffzin commented in an interview with Reuters Health.

"These findings confirm that mumps disease is still prevalent and

transmissible, and that the mumps vaccine continues to be effective," Schaffzin added. "Specific attention must be paid by medical professionals to correctly identify mumps infection when it occurs in their patients so as to curb spread of the virus."

*SOURCE: Pediatrics, October 2007.*

*Editor: Hard to believe that they are talking about a benign childhood disease, which rarely results in complications, and from a holistic viewpoint is simply a beneficial elimination process if needed. In my opinion the cases occurring in the vaccinated were fortunate that they still had the vitality to go through this de-tox, and that the vaccine had not sufficiently suppressed this ability. Looking at the figures above from a different perspective you could say that there may be a suppressed rate of 91.3 percent for those who had one-dose, and a suppressed rate of 96.4 percent in those receiving two doses.*

## Flu jab may not work for oldest patients

SARAH BOSELEY

Health Editor, The Guardian. Sept 25 2007.

- Studies have exaggerated benefits, say scientists
- Review calls into question mass vaccine programme

**F**LU vaccination, which costs the government around £150m a year, may not after all save the lives of the older people who are the target of intensive annual campaigns, according to scientists.

A major review published online today concludes that flaws in the studies of the flu vaccine have led them to "greatly exaggerate vaccine benefits". The authors of the report, in the medical journal the *Lancet Infectious Diseases*, add that there is not enough other evidence to work out to what extent flu jabs cut the death toll, if indeed they reduce it at all.

The annual flu vaccination campaign, which begins this month, targets people over 65 and those who have long-term health problems. Flu deaths usually peak in January or February.

It is usually claimed that flu jabs halve

winter deaths among older people. But Lone Simonsen from George Washington University in Washington DC and colleagues write today that this statistic cannot possibly be correct. Flu is only responsible for 5% of winter deaths in older people.

"We find it peculiar that the claims that influenza vaccination can prevent half - or more - of all winter deaths in elderly people have not been more vigorously debated," they write. "That influenza vaccination can prevent 10 times as many deaths as the disease itself causes is not plausible."

The biggest problem with the flu vaccine studies, they say, is that they have not been carried out on large numbers of the frailer and older members of the population. Those over 70 and in poor health are most at risk. They account for three-quarters of flu deaths.

But most of the studies carried out to discover whether the vaccine worked "by giving equal numbers of people either the vaccine or a dummy vaccine" enrolled only relatively healthy people under the age of 70. The largest and best of these trials, in the Netherlands in the early 1990s, found that among the oldest patients the vaccine's

efficacy dropped to just 23%.

Dr Simonsen and colleagues suggest this may be due to a decline in immune response late in life.

A further piece of research found that over-65s produced only half or a quarter of the antibodies to flu vaccines that younger people did. Vaccination coverage has risen steeply in the US, from 15% of the target population in 1980 to 65% today, they write. But there has been no matching drop in influenza deaths.

The review authors say more evidence is needed to determine whether flu jabs are beneficial for older people, but in the meantime the jabs should continue because "even a partly effective vaccine would be better than no vaccine at all".

In a statement the Department of Health did not dispute the findings. It said: "The aim of our influenza policy is to protect those who are most at risk of serious illness or death should they develop influenza ... UK policy is constantly under review to take into consideration all available evidence.

"This study acknowledges that whilst awaiting for an improved evidence base vaccination with flu vaccine in this group should continue." [guardian.co.uk/health](http://guardian.co.uk/health)

# Flu Vaccine Mortality Benefits For Elderly Vastly Overstated

BY CHRISTIAN NORDQVIST.

From: Medical News Today, 5 Sep 2007.

THE mortality benefits of giving elderly people the flu vaccine have been vastly overstated, according to a Review published in *The Lancet Infectious Diseases*, October edition. Vaccinating people over 65 against influenza in developed countries is aimed at reducing the flu mortality burden.

Dr Lone Simonsen, George Washington University, Washington, DC, USA and team say that vaccinating not-so-frail elderly people more frequently than their frail peers, plus the use of non-specific endpoints, such as all-cause mortality, are the reasons for this exaggeration.

"The remaining evidence base is currently insufficient to indicate the magnitude of the mortality benefit, if any, that elderly people derive from the vaccination program," say the authors.

Although placebo-controlled randomized trials have demonstrated that the flu vaccine is effective in younger adults, a small number of trials never included the elderly, especially those aged over 70. About 75% of influenza related

deaths occur among people aged 70 and over, point out the authors.

These trials suggest that clinical gains and antibody responses in the elderly fall with age after the age of 70.

Even though vaccination coverage rose from 15% in 1980 to 65% today, there has been no confirmation of any influenza-related mortality improvement since 1980, say the authors. "Paradoxically, whereas those studies attribute about 5% of all winter deaths to influenza, many cohort studies report a 50% reduction in the total risk of death in winter - a benefit ten times greater than the estimated influenza mortality burden."

The authors say that any future trial should use more precise endpoints, for example, vaccine effectiveness against the highly specific outcome of laboratory-confirmed influenza virus. Even though such a trial would be more expensive and labor intensive, the vaccine efficacy estimates are more likely to be reliable. Rather than use the current arbitrary 4-month period, any future trial should also identify the epidemic period for each season through utilization of actual virus surveillance data.

The writers caution "While awaiting an improved evidence base for influenza vaccine mortality benefits in elderly people, we suggest that this group should continue to be vaccinated against influenza. Influenza causes many deaths each year, and even a partly effective vaccine would be better than no vaccine at all. But the evidence base concerning influenza vaccine benefits in elderly people does need to be strengthened."

"If current evidence points to substantial uncertainty, then what next? Simonsen and colleagues suggest that 'refocusing on the likely complications of immune senescence would require vigorous pursuit of other options'. They also confront the ultimate taboo that drew so much scorn in the evidence overview: doing randomized trials in elderly people to settle the issue conclusively. That suggestion, which seems to fly in the face of current policies, is in our opinion the only ethical and scientific way to have definitive answer to the question of whether or not current influenza vaccines protect elderly people," Dr Tom Jefferson and Dr Carlo Di Pietrantonj, Cochrane Vaccines Field, Alessandria, Italy, write in an accompanying Comment.

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## Duration of Humoral Immunity

BY LARRY M. BADDOUR, MD. NOVEMBER 2007

<http://infectious-diseases.jwatch.org/cgi/content/full/2007/1107/3>

FOR some antigens, the duration of humoral immunity after infection or vaccination is measured in decades, rather than in months or years.

How long does humoral immunity last after infection or vaccination? This question is germane, considering the ever-increasing number of novel vaccines and the ongoing occurrence of vaccine-preventable diseases in both developed and developing countries,

To explore this issue, researchers performed a longitudinal analysis of serum antibody titers specific for eight antigens, using 630 serum samples collected over an extended period (up to 26 years) from 45 Oregon National Primate Research Center workers. Samples were retrieved from the center's serum bank or taken from

scheduled blood draws. (Employees had at least 1 sample drawn annually as part of the center's program to test humans who work in close proximity to nonhuman primates.) In addition, participants completed a detailed medical-history questionnaire. Most had received a smallpox vaccination during childhood and had experienced a variety of viral infections; the average age was 52.

The half-lives of antibody responses to six viruses (vaccinia, measles, mumps, rubella, varicella-zoster, and Epstein-Barr) were 50 years.

Moreover, many of the antibody titers to viral antigens did not decrease over time. The estimated half-lives of antibody responses to two other antigens (tetanus and diphtheria) were <20 years.

COMMENT: These findings suggest that antigen-specific mechanisms are largely responsible for the duration of humoral immunity. The longevity of antibody responses varied among the participants, however, suggesting that other factors (perhaps including presentation of the antigen) also affect response to viral antigens. Because participants' average age was 52, immunity to many of the viral antigens was induced by natural infection. Whether vaccine-induced immunity is as long-lived as natural infection-induced immunity remains unknown.

**Larry M. Baddour, MD**

*Dr. Baddour is a Professor of Medicine at the Mayo Clinic College of Medicine, Rochester, Minnesota. Published in Journal Watch Infectious Diseases November 7, 2007 Citation(s): Amanna IJ et al. Duration of humoral immunity to common viral and vaccine antigens. N Engl J Med 2007 Nov 8; 357:1903.*

# Despite vaccine, Meningitis takes teen's life

BY TANIA DELUZURIAGA.

Globe Staff 10/10/07

Extracts from: [www.boston.com/](http://www.boston.com/)

**W**HEN Bentley College freshman Erin M. Ortiz went home sick last weekend, her mother did what any mother might do. She cooked comfort foods - corned beef, rice, and plantains - reflecting her daughter's Puerto Rican and Irish heritage.

"It was her favorite meal," said Brenda Rivera, a family friend.

But just hours after complaining of a headache and going to bed to sleep it off, Ortiz, 18, was dead of bacterial meningitis, a disease against which she had been vaccinated. Now, Ortiz's family hopes others will learn from their story.

"I'm all cried out," said her father, Raymond Ortiz. "I've got a hole in my heart. I don't think I'll ever be the same."

"We thought she'd be covered," he said. "They don't tell you that even if you get the vaccine, you're still susceptible."

Like most incoming freshmen, Ortiz was vaccinated last summer.

Massachusetts law requires all college students to receive the vaccine. But it protects only about 85 percent of recipients and is not effective against all strains of the bacteria that cause infection in the brain and spinal fluid, which can result in brain damage, hearing loss, learning disability, or death.

"I wish we had a vaccine that worked 100 percent of the time," said Dr. Moriarty, a professor of clinical pediatrics at the University of Massachusetts Medical School. "But this is certainly better than not being immunized."

Doctors aren't sure yet what strain of meningitis Ortiz contracted or if she was one of the rare people the vaccine does not protect.

Ortiz first complained of feeling sick on Friday when she arrived home in New Hampton, N.Y., to see her family for the long weekend. She went to bed early and slept until the next afternoon.

On Saturday, her mother, Cathy, cooked her favorite dinner. That night, she woke with a terrible headache and her parents decided to take her to the hospital.

"She got dressed and walked down to the car," Raymond Ortiz said. "She walked into the emergency room."

Not long after, though, Ortiz's condition went downhill and she developed a fever of nearly 105 degrees. A spinal tap revealed meningitis, something the family had thought was not possible.

Though she initially appeared to respond to antibiotics, by 7 p.m. Sunday, Ortiz had taken a final turn for the worse, the pressure on her brain causing irreversible damage.

In response to the case, Bentley College officials have been in touch with more than 50 students who had contact with Ortiz.

About 30 of them have been given preventive antibiotics, said Gerri Taylor, the director of health services at the college.

"We are working day and night to identify students who may have had contact with her," she said. "It's a health service's worst nightmare. It's a college's worst nightmare."

Massachusetts recorded 21 cases of bacterial meningitis last year.

*deluzuriaga@globe.com.*

## BBC Radio 4 Flu Jab report

THE FOLLOWING IS AN EXTRACT FROM THE TRANSCRIPT OF A RADIO 4 REPORT ON THE FLU JAB. 24/10/2007 @ 5pm

**Reporter:** 'The debate continues as to the effectiveness of the annual £150 million vaccine programme as studied by the HPC which has concluded that the vaccine doesn't cut the chances of those aged 65 to 89 attending hospital for conditions like bronchitis, pneumonia and chest infections and it (HPC) advises ministers not to rely solely on flu jabs to have a large effect to take the pressure off hospitals during the winter months from infections. So is it worth getting a jab or not?'

I began by asking Dr Jefferson of the Cochrane centre why he doubted the efficacy of the jab

**Dr J:** 'The evidence of effects of things like death and hospitalisations is generally of poor quality and what there is, is controversial, some of it is highly implausible. There were studies and

debates earlier on this month, because an American team found, like we did; that claims of effectiveness of the vaccine against mortality in the elderly were over-estimated. In some cases considerably so.'

'When we looked at the evidence we looked at 64 studies covering 96 seasons and as I said before the main problem was good quality evidence, there isn't any!'

**Reporter:** 'Well isn't it about time somebody did get some then?'

**Dr J:** 'Well I would agree with you there is a problem there though and that as we suggested on the Lancet a couple of weeks ago we should be carrying out a series of randomised controlled trials against placebo. The problem with that is that those who have made the policy in the first place say that it is unethical because the vaccination 'protects' they don't accept the argument that there is uncertainty on the evidence and that the trial would be unnecessary.'

**Reporter:** 'Alright well look in the absence of the evidence, you would say is needed, would you say that it is dangerous to have a flu jab? Would you say to people that they

shouldn't have the jabs?'

**Dr J:** 'No, That's not my role as a researcher'

**Reporter:** 'Let me put the question to you differently then. You say there is not enough evidence but you are an expert in this field, you know more than the average person, are you saying that it's a waste of time for people to go and get a flu jab, could it even be dangerous to get a flu jab?'

**Dr J:** 'There is no evidence that getting or having a flu jab is dangerous other than to the exchequer of course, and to the NHS resources but that is another issue. The main issue is that there is uncertainty and I think that the only reasonable way forward is to get an answer out of this impasse, in other words to conduct some high quality research on this. Prospective high quality research.'

**Reporter:** 'But you have made that point and you have said it clearly but there are going to be people listening to this that are going to be wondering what on earth they should do.'

**Dr J:** 'They should press decision makers to try and solve this uncertainty that there is on the effects of the vaccine.'

# Mutated live vaccine polioviruses pollute water, paralyze

BY BARBARA LOE FISHER, NVIC.

[www.nvic.org](http://www.nvic.org)

**I**N yet another stunning example of arrogant and immoral behavior, doctors at the World Health Organization (WHO) and Centers for Disease Control (CDC) admitted last week that they deliberately did not tell "the public" that neurovirulent mutated vaccine strain live polio viruses are polluting world water supplies and are responsible for polio outbreaks among children in Nigeria and other countries.

Dr. David Heymann, a leader in WHO's polio eradication effort, reportedly explained that WHO "considered the [Nigerian] outbreak to be a problem for scientists and not something that would change global vaccination practices" so WHO didn't share the information with the public until now.

[http://news.yahoo.com/s/ap/20071005/ap\\_on\\_he\\_me/nigeria\\_polio\\_paradox](http://news.yahoo.com/s/ap/20071005/ap_on_he_me/nigeria_polio_paradox)

There is a lot of information that WHO and CDC officials have not shared with the public about what forcing worldwide use of a live oral polio for 40 years has done. The Sabin live polio vaccine - which is the public health community's main claim to fame and fortune in the 20th century - may not only have unleashed the most feared autoimmune disorder to plague man in two centuries

([http://www.lrb.co.uk/v25/n07/hoop01\\_.html](http://www.lrb.co.uk/v25/n07/hoop01_.html)) as well as caused increases in brain, bone and lung cancers

(<http://jnci.oxfordjournals.org/cgi/reprint/jnci%3b94/3/229-a.pdf>) but also has created mutant paralytic viruses that could cripple many more humans than would have been crippled if the live virus polio vaccine had never been used at all.

The US abandoned the Sabin live polio vaccine in 1999 and switched to the inactivated Salk vaccine that cannot cause vaccine strain polio. So why are billions of dollars being spent to pour the risky live virus polio vaccine into the mouths of the poorest babies in the most underprivileged countries in the world where sanitation and water supplies are already compromised?

The worst part of this deception is that WHO and CDC spin doctors are trying to convince parents in Africa, India and

elsewhere that it is the "unvaccinated" who are causing vaccine strain polio outbreaks even though many of these children are getting 9 or 10 polio vaccinations.

<http://vaccineawakening.blogspot.com/search?q=India%2C+polio+vaccine>

Although public health officials are trying to blame polio outbreaks on the 'unvaccinated,' the medical literature documents that assertion to be false.

Here is just a sampling of articles from the medical literature about mutated vaccine strain polio viruses causing paralytic disease in vaccinated populations: (1) In 1999, Paul Fine took information from a WHO document and published an article in the American Journal of Epidemiology on the transmissibility and persistence of oral polio viruses. He concluded that "the findings indicate that OPV viruses could persist under various plausible circumstances" after mass vaccination with live OPV around the world is stopped.

(<http://pt.wkhealth.com/pt/re/ajep/abstract.0000429-1999111500001.htm;jsessionid=HKgZjMMTjTzWZ9fW5wGr0wThFLHL2JPG2DxRvKgywb2NL11TyvJ!-656639706!181195629!80911-1>)

(2) In 2000, Israeli and CDC researchers reported in the Journal of Clinical Microbiology that a "highly evolved derivative of the Type 2 oral poliovaccine strain" was isolated from sewage in Israel. They concluded that "the presence in the environment of a highly evolved, neurovirulent OPV- derived poliovirus in the absence of polio cases has important implications for strategies for the cessation of immunization with OPV following global polio eradication."

(<http://jcm.asm.org/cgi/content/abstract/38/10/3729>)

(3) In 2002, Japanese researchers reported in the Journal of General Virology on a 1993-1995 survey of poliovirus in river and sewage water. They concluded that "The prevalence of virulent type vaccine derived polioviruses (VDPV's) in river and sewage water suggested that the oral poliovaccine itself had led to wide environmental pollution in nature."

(<http://vir.sgmjournals.org/cgi/content/abstract/83/5/1107>)

(4) In 2002, Russian and FDA researchers

reported in the Journal of Virology on the "Long Term Circulation of Vaccine-Derived Poliovirus That Causes Paralytic Disease" after finding a highly evolved derivative of the Sabin vaccine strain isolated in a case of paralytic poliomyelitis from a healthy 7 month old baby "in an apparently adequately immunized population." When the researchers analyzed the genome of the isolate, they found it was a double (type1-type2) vaccine-derived recombinant and that the number of mutations suggested "both had diverged from their vaccine predecessors." They concluded that "The reported data indicate that vaccine-derived viruses may make their way through narrow breaches and evolve into transmissible pathogens even in adequately immunized populations."

(<http://jvi.asm.org/cgi/content/full/76/13/6791>)

(5) In 2003, Russian and FDA researchers published in the Proceedings of the National Academy of Sciences a "Microarray analysis of evolution of RNA viruses: Evidence of circulation of virulent highly divergent vaccine-derived polioviruses." They said "We identified a type-3 VDPV (vaccine derived polio virus) isolated from a healthy person and missed by conventional methods of screening. The mutational profile of the polio strain was consistent with less than 1 year circulation in human population and was highly virulent in transgenic mice, confirming the ability of VDPV to persist in communities despite high levels of immunity."

(<http://www.pnas.org/cgi/content/abstract/100/16/9398>)

(6) In 2005, Russian and FDA researchers published an article in Journal of Virology in which they reported on results of a study of vaccine-derived isolates from "an immunocompromised poliomyelitis patient, the contacts, and the local sewage." They acknowledged that "The increased neurovirulence of vaccine derivatives has been known since the beginning of OPV use, but their ability to establish circulation in communities has been recognized only recently during the latest stages of the polio eradication campaign." They go on to discuss the new recombinant type



2/type1 genome that has developed as a result of mass use of live polio vaccine as well as "another mutation in the VP3 protein" that may facilitate "virus spread in immunized populations." Their conclusion: "The patterns and rates of the accumulation of synonymous mutations in isolates collected from the patient over the extended period of [vaccine strain poliovirus] excretion suggest either a substantially nonuniform rate of mutagenesis throughout the genome, or, more likely, the strains may have been intratypic recombinants between coevolving derivatives with different

degrees of divergence from the vaccine parent. This study provides insight into the early stages of the establishment of circulation by runaway vaccine strains." (<http://jvi.asm.org/cgi/content/abstract/79/2/1062>)

For too long, vaccine-wielding doctors employed by the U.S. government and worldwide medical organizations, like the WHO, have joined with pharmaceutical companies and conned politicians and populations around the world into accepting forced use of vaccines that have not been properly tested and regulated. When doctors and

scientists think they are entitled to experiment on people and keep those medical experiments secret, it is no wonder that iatrogenic diseases like cancers, AIDS and mutated vaccine strain viral diseases soon follow.

It is time to take the holy robes off of doctors and scientists who are tinkering with the biological integrity of the human race and the ecological balance on earth. The parents in Africa and India, who are fleeing from the vaccine-wielding doctors hunting their children down, are not ignorant or crazy. They are exercising common sense.

## Officials say drug caused Nigeria polio

BY MARIA CHENG, ASSOCIATED PRESS  
5/10/07 [www.washingtonpost.com/](http://www.washingtonpost.com/)

**A** POLIO outbreak in Nigeria was caused by the vaccine designed to stop it, international health officials say, leaving at least 69 children paralyzed.

It is a frightening paradox in a part of the world that already distrusts western vaccines, making it even tougher to stamp out age-old diseases.

The outbreak was caused by the live polio virus that is used in vaccines given orally - the preferred method in developing countries because it is cheaper and doesn't require medical training to dispense.

"This vaccine is the most effective tool we have against the virus, but it's like fighting fire with fire," said Olen Kew, a virologist at the U.S. Centers for Disease Control and Prevention.

The CDC and the World Health Organization announced the cause of the polio outbreak last week, even though they knew about it last year.

Outbreaks caused by the oral vaccine's live virus have happened before. But the continuing Nigerian outbreak is the biggest ever caused by the vaccine.

It also follows a nearly yearlong boycott of the vaccine in Africa's most populous country because of unfounded fears the vaccine was a Western plot to sterilize Muslims.

Officials now worry that the latest vaccine-caused Nigerian outbreak could trigger another vaccine scare.

Experts say such outbreaks only happen when too few children are vaccinated. In northern Nigeria, only about 39 percent of children are fully protected against polio.

The oral polio vaccine contains a weakened version of polio virus. Children who have been vaccinated excrete the virus, and in unsanitary conditions it can end up in the water supply, spreading to unvaccinated children.

In rare instances, as the virus passes through unimmunized children, it can mutate into a form that is dangerous enough to spark new outbreaks.

In 2001, officials reported that 22 children were paralyzed from polio in the Dominican Republic and Haiti in this way. Subsequent vaccine-caused polio outbreaks have occurred in the Philippines, Madagascar, China and Indonesia.

In the West, the polio vaccine is given as a shot and uses an inactivated virus, but that method is more expensive and requires training.

In Nigeria, the outbreak comes "in the wake of all the other problems they've had in," said Dr. Donald A. Henderson, who led WHO's smallpox eradication campaign in the 1970s.

In 2003, politicians in northern Nigeria canceled vaccination campaigns for nearly a year, claiming the vaccine was a Western plot to sterilize Muslims. That led to an explosion of polio, and the virus jumped to about two dozen countries.

Now, health officials' decision to keep quiet about the cause of the outbreak for so long may look suspicious.

Dr. David Heymann, WHO's top polio official, said that because the organization

considered the outbreak to be a problem for scientists and not something that would change global vaccination practices, they thought it was unnecessary to immediately share publicly.

CDC's Kew added: "The people who are against immunization may seize on anything that could strengthen their position, even if it's scientifically untenable."

Rumors are still rife among Nigerians that the vaccine is unsafe, and several religious leaders continue to lecture on its dangers. Another mass vaccine boycott could lead to further polio spread, derailing long-standing eradication efforts for good.

Nigerian health officials contacted by The Associated Press declined to comment on the situation.

"Convincing the Nigerians to take even more of this vaccine will be a tough sell," said Dr. Samuel Katz, an infectious diseases specialist at Duke University and co-inventor of the measles vaccine.

More than 10 billion polio doses have been given to children worldwide, and the vaccine has been credited with cutting polio incidence by more than 99 percent since 1988. Far more children are paralyzed by the wild polio virus than the virus spread by the oral vaccine. But no vaccine is risk-free.

WHO said that changing the vaccination strategy is unnecessary. "It would be nice if we had a more stable oral polio vaccine, but that's not the way it is today," Heymann said. "We will continue working the way we have been working because we don't want children to be paralyzed anywhere."

# Sunflower Therapy – a positive transformation

**S**UNFLOWER THERAPY is a combination of natural validated individual disciplines for the treatment of not only learning, health and behavioural difficulties but also partial 'performance disorders in a holistic practice.

## Positive Outcomes

Thousands of adults and children from all works of life have enjoyed the benefits of Sunflower Therapy.

'Sunflower Therapy treatment protocol is so powerful, economical, efficient and beneficial. Sunflower Practitioners work from their heart for the well-being of children with health, learning and behavioural difficulties.'  
*Dr Gerhard Otto MD, Allergy Medicine, Naturopath, Homeopath, Chemist, Sunflower-Therapist*

For the children and adults, learning, health and behavioural disorders strongly impair everyday life. Disorders such as dyslexia, dyspraxia, autism, depression, hyper-activity, allergies, lethargy are among thousands of labelled conditions in the modern world which lead to a constant feeling of inadequacy and already low self-esteem is further weakened with each experience of 'failure'.

'I have referred children to Sunflower Trust Childrens Charity for over 11 years and I am constantly amazed at the positive outcomes. A three year research programme from 1999- 2001 confirmed that on average benefits of treatments are to:

- Raise IQ by 12 points on average
- Improve behaviour/study skills by 60% on average

• Improve health by 60% on average  
Positive outcomes for private patients and bursary children which are so vital in schools and communities.

Neurologically balanced children are naturally more responsive to remedial help. And balanced, well-integrated children are able to build relationships, deal with day-to-day challenges and succeed in the classroom - they blossom with confidence, self esteem and fulfilment.'  
*Elizabeth Thomas is an*



## *Educational Psychologist and Dyslexia Consultant*

'In my opinion there is no separation between the physical, chemical and psychological aspects of a patient. All of these aspects work together and interact. What happens on one level reflects on another and for me it is a question of which is most appropriate to work with, at what time. I see a cross section of all kinds of people who come for all sorts of reason and my job really is to help them to make the most of themselves.'

*Sunflower Therapy Founder Mark Mathews BSc (Hons) DO MICAK*

Disorders relating to mental and physical health, learning and behavioural difficulties in adults and children are all a multi-factor event. There are a whole host of therapy approaches that are successful to a degree but so far, no single method has shown itself to be successful with lasting effect. Not so for the concept known as Sunflower Therapy for children, which combines the examination and treatment methods of Applied Kinesiology (AK) Neuro-Linguistic Programming (NLP) and manual medicine. They are supplemented by cranio-sacral techniques and nutritional therapy. The concept developed over the last two

decades has shown itself to be the most successful treatment method for all ages.

'Sunflower Therapy has had a profound effect on my practice. The techniques of AK and NLP give a means of approaching treatment of each person in a more holistic way. It brings together all sorts of techniques into powerful systems that really makes a real difference.'

*Dr Richard Stenning BSc DC*

## Treatment Process

For over a decade Sunflower Therapy has assisted in transforming patients lives enabling them to achieve increased success, health and happiness which has very positive outcomes with the family, workplace and society in general.

The treatment process starts with a complete assessment and examination of the adult or child, investigating 78 impacts areas throughout the body. A report of findings charting areas of imbalance and weakness is prepared and any deficits found are discussed with the parents or patient and the therapy is planned. Existing medical opinions, external findings and teachers assessments are included in the discussion.

Any disorders in adequate response to stimulus found are treated with the above-mentioned techniques. During

the course of the treatment, the network of the body's adaptation systems and their coordination are checked. If necessary the adaptive systems are also treated with Applied Kinesiology (AK). After that the fine reflex systems of the body are tested with regards to eyes, ears, balance, co-ordination and ambulatory mechanism and treated. This includes a systematic and very thorough examination and treatment of the cranio-sacral system.

As the treatment progresses, neurological and mental response patterns, which cause negative stress and hence impair motor and mechanical abilities are also treated. These negative response patterns can be hidden deep within the subconscious and impair development. NLP methods are used to improve the child or adult's performance

and change their negative belief about their own abilities.

The neurotransmission metabolism and the balance of the autonomous nervous system are examined using AK. The treatment finishes with nutritional advice and if need be orthomolecular nutritional supplements. The functioning of the digestive and detoxifying organs as well as of the hormonal glands is checked. Chemical imbalances, such as allergies, Candida infection, parasites and heavy metal poisoning are another focal area of the treatment. Regular control examinations are undertaken in order to observe and assure the future development of the child, so that, for example, severe illness



or periods of great stress do not worsen the results achieved.

*For further information\*  
http://www.sunflowertrust.com  
or telephone Sunflower Trust  
Children's Charity  
Tel: 0845 054 7509*

*\*Sunflower Trust Children's Charity award places on Assisted Funding Programme in May and November each year. To apply for a place please complete form available on download section of Sunflower Trust website. Mark Mathews BSc (Hons.) DO MIAK Founder Sunflower Therapy, Founder and Director Sunflower Trust Children's Charity Founder Reve Pavilion Natural health Clinic, Guildford, Surrey.*

## TB vaccine sickens HIV-infected children

BY MAGGIE FOX

Health and Science Editor 2/11/2007.

[www.reuters.com/](http://www.reuters.com/)

WASHINGTON (Reuters) - A vaccine aimed at protecting children in developing countries from deadly tuberculosis may be killing and sickening some vulnerable infants infected with the AIDS virus, researchers said on Friday.

They said the Bacille Calmette-Guerin or BCG vaccine, which is made using a bovine version of tuberculosis, appeared to be causing serious infections in some babies and young children who are HIV-infected.

"One study found a 75-percent mortality rate in children with BCG disease, and 70 percent of those children were HIV-infected. Clearly, this is a problem in need of immediate attention," said Dr. Mark Cotton, a pediatrician and HIV researcher at Stellenbosch University in South Africa.

Cotton's findings are part of a report issued on Friday about the health emergency caused globally by the double whammy of HIV and TB.

The AIDS virus destroys the immune system, and tuberculosis has made a return globally because of this. Usually a

latent infection, activated TB can kill quickly.

"Now the eye of the storm is in sub-Saharan Africa, where half of new TB cases are HIV co-infected, and where drug-resistant TB is silently spreading," said Veronica Miller, director of The Forum for Collaborative HIV Research, a global independent public-private group that includes researchers, patient advocates, and government and industry.

"It is here now. But the science and coordination needed to stop it are utterly insufficient."

The human immunodeficiency virus infects an estimated 40 million people globally. There is no cure and when untreated, it steadily destroys the immune system. Patients are vulnerable to a range of infections including TB.

### Billions Infected

TB infects one-third of the world's population. Without proper treatment, 90 percent of people infected with both die within months.

Usually, tuberculosis only becomes an active infection in one out of 10 people over a lifetime. But 10 percent of HIV patients who also have TB develop activated tuberculosis every year.

The BCG vaccine is given at birth in

most developing countries. But because it uses a live microbe, in people with weakened immune systems it can itself cause disease.

"It is especially a problem where they have delayed access to diagnosis of HIV or delayed access to antiretroviral therapy," Cotton said in a telephone interview.

"It also is quite hard to diagnose it," he added. "We don't know how widespread it is across Africa."

Cotton said an estimated 400 per 100,000 HIV-infected infants in the Western Cape of South Africa had become sick from the BCG vaccine.

"The problem is the vaccine is usually given within the first few days of life," Cotton said. But babies are not tested for HIV infection until about 6 weeks of age, meaning many infants are unknowingly being given a vaccine that is dangerous for them.

Cotton said it might be possible to simply vaccinate children with BCG after it is known whether they are HIV-infected.

"But once you interfere with a program and make it a bit complicated, it can have repercussions as well, so it is a bit of a dilemma," he said.

The best result would be to have earlier diagnosis and treatment of HIV. Children infected with HIV can be given an antibiotic, isoniazid, to prevent TB infection, Cotton said.

# DEFEND YOUR CHOICE IN MEDICINE!

TO COUNTER the vitriolic attacks in the media and the Government decision to close the homeopathic hospitals, **hmc21** (Homeopathy: Medicine for the 21st Century), has published a website ([www.hmc21.org](http://www.hmc21.org)) and a declaration that states **HOMEOPATHY WORKED FOR ME** (just follow the links). Our aim is to get 250,000 signatures by next June and march them to Number 10, Downing Street, with the demand that the NHS honours its commitment to homeopathy as enshrined in its charter...

IF YOU HAVE EVER BENEFITED BY A HOMEOPATHIC REMEDY, WHETHER SELF-PRESCRIBED OR OTHERWISE, THEN YOU ARE ELIGIBLE TO SIGN. IT WILL TAKE YOU VERY LITTLE TIME AND WILL BE A GREAT CONTRIBUTION TO THE SUCCESS OF THIS PROJECT. ONE FORM PER FAMILY MEMBER PLEASE. *Thanks, Michelle Shine, RSHom.*

 [www.hmc21.org](http://www.hmc21.org)

## Comparing Natural Immunity with vaccines

with Trevor Gunn, BSc. LCH RSHom, Graduate in Biochemistry

### TOPICS COVERED INCLUDE:

- 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

For those who have previously attended Trevor's presentation and would like to hear more there is now a Part 2.

**BRIGHTON** Part 1: 06 Feb 2008 • 04 June 2008  
Part 2: 27 Feb 2008 • 18 June 2008

For details contact Karel on: 01273 277309

## Informed Discussion Group for Parents

Set up for parents to meet for informed discussion about health, immunity & supporting parents decisions about their children & themselves.

THIS IS CURRENTLY TAKING PLACE NORTH-WEST OF LONDON NEAR WATFORD, RICKMANSWORTH & HARROW, ACCESSIBLE TRAINS, UNDERGROUND, MOTORWAYS INCL. M25.

IT RUNS ON THE 2ND TUESDAY OF EACH MONTH IN THE MORNINGS, BUT CAN BE ADAPTED TO SUIT PEOPLE. WE HAVE 3 KNOWLEDGABLE PEOPLE ON HAND AND WELCOME ANYONE TO COME.

CONTACT DIANA ON TEL: 01923 823 105  
OR E-MAIL: [dianarustam@hotmail.co.uk](mailto:dianarustam@hotmail.co.uk)

## AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & understanding about vaccination in order to preserve the freedom of an informed choice
2. To offer support to parents regardless of their decisions
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & the promotion of health.
6. To establish a nationwide support network and register (subject to members permission).
7. To publish a newsletter for members.
8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

THE INFORMED PARENT COMPANY LIMITED. REG.NO. 3845731 (ENGLAND)

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.

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