

Vaccine booster's secret revealed

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ScienceNOW Daily News

<http://scienow.sciencemag.org/>

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FOR DECADES, SCIENTISTS have known that they can make vaccines much more efficacious by adding aluminum compounds, but they never knew why. Now, a study reveals how, on a molecular level, these helpers spur the production of antibodies. The finding may help researchers develop better vaccines.

Many vaccines contain adjuvants, nonspecific agents that help jolt the immune system into action. "Alum," a term referring broadly to aluminum hydroxide and several aluminum salts, has this effect, as was accidentally discovered in the 1920s. It has been widely used in human vaccines since the 1950s, and it's still the only adjuvant allowed in the United States. "But we didn't really have a clue about how it worked," says immunologist Harm HogenEsch of Purdue University's School of Veterinary Medicine in West Lafayette, Indiana. The dominant theory held that alum particles bind the antigen—the vaccine's main ingredient—on their surfaces, presenting them more slowly to the immune system and thus ensuring a more thorough response.

But the situation is more complicated than that. Last year, HogenEsch's team and a group led by Fabio Re at the University of Tennessee Health Science Center in Memphis showed that in macrophages—white blood cells that gobble up pathogens and cellular detritus—alum triggers the production of interleukin 1 and interleukin 18, two key signaling molecules, or cytokines, known to stimulate the production of antibodies. Researchers knew that this duo is often

released after the activation of so-called NOD-like receptors. "So then the race was on," says Re, to pinpoint which NOD-like receptor was involved.

That race was won by a team led by Richard Flavell of Yale University. In this week's issue of *Nature*, Flavell's group reports that aluminum adjuvants trigger a NOD-like receptor called the Nalp3 inflammasome—an intracellular protein structure that plays a key role in immune activation. When the group injected mice lacking Nalp3 with an alum-boosted vaccine, they produced

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almost no antibodies; but a vaccine with another adjuvant called Freund's resulted in the usual, vigorous immune response. Re says he will publish the same result in a paper accepted by the *Journal of Immunology*, which also shows that two other adjuvants—QuilA and chitosan—work in the same way.

The Nalp3 inflammasome is known to be activated by compounds of microbial origin and also by molecules that appear when cells die, such as uric acid. So researchers think that Nalp3 is like a "danger sensor," says Yale

immunologist Stephanie Eisenbarth, the first author on the *Nature* paper. Alum-containing vaccines may simply "hijack" that response.

Knowing how alum works its magic may help researchers design more specific adjuvants that are more effective or have fewer side effects, HogenEsch says. **Alum, for instance, is known to kill muscle cells when injected into muscles, as many vaccines are. (Our emphasis.)**

Editor: An article published in the New Scientist in 1996 entitled 'Dirty Secrets' looked at components used in vaccines, highlighting that toxic substances, such as aluminium products, were there to create a strong immune response from the recipient of the vaccine. This response was, and still is, assumed to be beneficial from the point of view of assumed protection. Here is a brief extract of the New Scientist article:

'This eye of newt, toe of frog approach to vaccine design makes some immunologists uneasy. Not least because if they are honest, they know as much about witches' spells as they do about how adjuvants work.'

Early adjuvants were merely by-products of the vaccine production process. But vaccine developers soon realised that adjuvants caused inflammation, and the worse the inflammation, the more effective the vaccine. The very strongest immune responses—those provoked in laboratory animals by researchers studying immune cells and antibodies—are triggered by an adjuvant called Complete Freund's that is so inflammatory it cannot be used on humans. "It blows a hole in your arm," explains Polly Matzinger, an immunologist at the National Institutes of Health near Washington, DC. Immunologists who accidentally inject themselves with it can need surgery to remove the damaged tissue.'

Editor's note



Magda Taylor

WELCOME TO THE SECOND ISSUE FOR 2008 and thank you for continuing to subscribe to *The Informed Parent*. There is still a great need to increase the number of subscribers, so please let others know about the organisation and what we have to offer. There is also the facility of paying by standing order now so let me know if you would like me to send out the form.

It has been relatively quiet in the media, particularly regarding MMR. Most of the focus has been on the new cervical cancer jab that is being introduced soon in the UK, hence I have included further articles on that vaccine. On June 4th I attended a presentation by David Kirby, an American research journalist, and author of the book

'Evidence of Harm – Mercury in vaccines and the autism epidemic: a medical controversy'. David Kirby gave a one hour presentation at the House of Lords, which had been kindly sponsored by Lord Hodgson of Astley Abbots, entitled: "Thimerosal/MMR/Autism". Kirby focused on the recent case of Hannah Poling (Multi-million pound settlement after US government concedes her autism was triggered by jabs). Hannah had a mitochondrial dysfunction (low cellular energy) and this apparently made her susceptible to the vaccines leading to her autism. Even the head of CDC, Dr Julie Gerberding, has stated that children with this dysfunction may suffer vaccine injury and that we need to keep an open mind. And as one other US doctor said – vaccines have not been exonerated!

See: www.evidenceofharm.com for more info.

Magda Taylor, Editor.

I will be giving a talk - 'Vaccination Dilemma' in Hastings, on 4th Sept - for details tel: 01424 442520 or see our website.

Carry on informing

ONE SUBSCRIBER WROTE EARLIER THIS YEAR TO SAY:

I WAS TRAINED as a nurse and midwife 20 years ago, and once wore rose-tinted glasses for vaccination. You just believe that the manufacturers, doctors, scientists, nurses have your best interest at heart and I'm sure a lot of them do – BUT there are a lot that don't as they don't know enough to give an unbiased opinion.

Over the years I have seen a lot that causes me to worry. I worked in nursing homes, and as soon as the flu jabs were given within a few weeks there was a lot of flu and illnesses and deaths about!

I myself had Hep B vaccination 2 or 3 times, as it wouldn't take and soon afterwards developed chronic fatigue syndrome which is still with me 20

years later.

I also have a cousin, who is very pro-vaccine, who had her young child vaccinated even though she was off colour. Soon afterwards her child developed chickenpox. And then ended up in intensive care but my cousin still believes the vaccines had nothing to do with her child's inability to cope with a usually mild illness.

My brother had a flu vaccine as he couldn't afford to be off work. You've guessed it – a few days later he had the worst bout of flu he had ever had and was off work for quite a while.

Please carry on your good work and keep giving both sides of the story! I really enjoy receiving the *Informed Parent* – long may it continue!

ANOTHER WROTE:

Just wanted to say thank you so much for your hard work on this. I really appreciate it. I am the mother of a very healthy unvaccinated 8 year old boy. However, I work as a homeopath and see children damaged by vaccination all the time. It breaks my heart to see what has already happened, and it is even harder to watch and wait whilst some of them go on to receive further jabs. So many parents are so scared not to!

I work with the children to get them back to good health and it is great to be able to do that, even though it is hard to know that so many children who need help out there do not get it.

So thank you for your work in this difficult climate, and in gathering together all the information and presenting it like you do!

Over 90 hospitalized after measles vaccination in east Ukraine

<http://en.rian.ru/world/20080518/107670116.html> 18/ 05/ 2008

KIEV, MAY 18 (RIA NOVOSTI) - a total of 92 people, including 87 children, were hospitalized in eastern Ukraine as of early Sunday after measles vaccination, Ukraine's emergencies ministry said.

On May 13, a 17-year-old boy died after measles inoculation in the Donetsk Region. Two days later, over 60 people in eastern Ukraine were hospitalized after vaccination. A total of over 20,000 people in the region received the same vaccine.

Ukraine's President Viktor Yushchenko said he was concerned over the teenager's death and demanded from the Ukrainian health ministry to take all measures to prevent such instances in the future.

By now, measles immunization has been halted in Ukraine.

"The anti-MMR mothers who are putting us all in danger"

WRITES NOVELIST JONATHAN MYERSON IN THE DAILY MAIL. 11TH AUG 2008

www.dailymail.co.uk

EDITOR: The following article, in my opinion, is nothing more than a piece of ill-founded fiction (which Myerson should be good at, after all he is a novelist!) which is sadly being presented as a constructive and factual criticism on the MMR situation. Apart from being consistently inaccurate throughout this article, Myerson also uses an extremely sexist and patronising tone, and this, in my opinion, is far more dangerous as it is totally misleading to those readers who have very limited knowledge on the subject! This is what he says:

All parents want to do everything within their power to protect their children. It's hard-wired into us from that first moment we glimpse our newborn, slippery and struggling for breath. But what do we do when most of the diseases which killed our grandparents' siblings have been eradicated and there really isn't much left from which to protect them? (*Editor: These diseases were never eradicated, they declined due to improved living habits. Protection is not the issue - prevention is!*)

It seems that some people go out and find something else. A mother (and I feel this is a 'mother thing') has an urge to invent paper tigers that are slaving for a bite of her precious child, and then she fights them, baby tooth and baby nail. (*Editor: I am not sure what Myerson is basing this statement on. Most mothers I have come across over the years are far too busy to be looking for paper tigers to battle with.*)

It doesn't matter if the threat is non-existent - her evolutionary need to protect her child aggressively has been satisfied, and damn the consequences. Which is exactly what happened when the MMR (measles, mumps, rubella) panic hit Britain in 1998. Suddenly, mothers had something meaty to worry about. Would the MMR triple vaccine give their child autism? Had this thing of routine goodness turned into something malign and dangerous?

They sat in circles and sipped their coffee and made pacts to shun the MMR vaccine at all costs. And that was quite a cost. In the past two years, there have been almost 2,000 confirmed cases of measles in England - as many as in the previous ten years put together. (*Editor: Measles deaths had declined by over 95% before any vaccine for measles was introduced.*

The number of cases have similarly declined, for example, in 1940 there were 407,468 cases whereas in 1968 there were only 236,154 and by 1972 145,916 cases. The measles vaccine was introduced in 1968 but only had less than 30% uptake for the first four years). And it's not just a nasty rash and a fever - one case in ten develops serious complications, occasionally fatal. The Department of Health is having to channel extra money and effort into finding and vaccinating all the unprotected children.

So just how many of these children's mothers read the original paper in The Lancet by Andrew Wakefield, whose suggestions started the MMR scare? (*Editor: Autism is only one of many potential conditions that may occur after MMR and parents have much wider concerns on this subject than one medical paper by Wakefield.*)

How many read Gillberg and Heijbel's 1998 study, which showed that there was no rise in the incidence of autism following the introduction of MMR in Sweden?

And how many knew, for instance, whether the British MMR uses the cheaper Urabe strain or the safer Jeryl Lynn strain of mumps vaccine? I didn't know until I looked it up. And that's the point. I didn't expect to know. (*Editor: Mothers don't expect to know either, they actually make an active effort to study the subject and base their decision on their acquired knowledge.*)

When I knocked a chimney out of my house last year, did I reckon I knew better than my structural engineer? Did I tell him I'd read an article in the Sunday supplements recommending balsa wood instead of steel? I wouldn't be here if I had. So what on earth makes me think I should tell my doctor - who has studied

for at least seven years to get where she is - that I know better. (*Editor: Medical doctors do not study this subject in any great depth and even then they are only presented with a very limited view of the subject. Doctors, who independently study this subject in a much wider and detailed manner often arrive at a very different opinion.*)

The arrogance is stunning, the stupidity is off the scale. But give the mother of a newborn something to fight against and logic is history. Of course, it's not Wakefield's fault. We rely on people like him to test the boundaries of medical orthodoxy. In this instance, he could not have been more wrong, but that doesn't invalidate his intentions. No, we have to blame ourselves. The media gave Wakefield's study coverage well beyond its significance and then we all sat and talked about it like we knew what we were talking about. It was the only study to show a possible link between bowel infections, autism and MMR, based on just 12 children. Yet mothers ran screaming in all directions, taking his word as gospel. Nor is it a personal decision. We're all in this together - it's called herd immunity. Unless 95 per cent of us are immune, an epidemic is all too possible. (*Editor: If that's the case, how come the measles continued to decline dramatically with very low levels of vaccine uptake when first introduced??*) Even the single vaccination option has a risk level beyond anything Wakefield claimed.

What is it about child medical scares that makes them so potent? Of course, a healthy dose of scepticism is no bad thing. More scepticism about Thalidomide or Vioxx - the painkiller allegedly linked to stroke - would have done no harm.

But we also have an unavoidable duty to listen to the people who know more than us. At the time, my wife and I simply asked our doctor if she was triple-vaccinating her own children. Armed with her simple 'Yes', I happily watched her vaccinate each of mine. And shame on all those parents who didn't. (*Editor: Shame on the Daily Mail for publishing this malicious attack on parents who actually take the trouble to study this issue so their decision is based on actual knowledge.*

UPDATE: Recommendations from the Advisory Committee on Immunization Practices (ACIP) regarding administration of combination MMRV Vaccine

BY: NP KLEIN, MD, PHD 14/03/2008

<http://www.cdc.gov:80/MMWR/preview/mmwrhtml/mm5710a3.htm>

ON FEBRUARY 27, 2008, new information was presented to the Advisory Committee on Immunization Practices (ACIP) regarding the risk for febrile seizures among children aged 12-23 months after administration of the combination measles, mumps, rubella, and varicella (MMRV) vaccine (ProQuad®, Merck & Co., Inc., Whitehouse Station, New Jersey). This report summarizes current knowledge regarding the risk for febrile seizures after MMRV vaccination and presents updated ACIP recommendations that were issued after presentation of the new information. These updated recommendations remove ACIP's previous preference for administering combination MMRV vaccine over separate injections of equivalent component vaccines (i.e., measles, mumps, and rubella [MMR] vaccine and varicella vaccine).

The combination tetravalent MMRV vaccine was licensed by the Food and Drug Administration (FDA) on September 6, 2005, for use in children aged 12 months-12 years (1). MMRV vaccine can be used in place of trivalent MMR vaccine and monovalent varicella vaccine to implement the recommended 2-dose vaccine policies for prevention of measles, mumps, rubella, and varicella (1,2). The first vaccine dose is recommended at age 12-15 months and the second at age 4-6 years.

In MMRV vaccine prelicensure studies, an increased rate of fever was observed 5-12 and 0-42 days after the first vaccine dose, compared with administration of MMR vaccine and varicella vaccine at the same visit (3,4). Because of the known association between fever and febrile seizures (5), CDC and Merck initiated postlicensure studies to better understand the risk for febrile seizures that might be associated with MMRV vaccination.

The Vaccine Safety Datalink (VSD),* which routinely monitors vaccine safety by

near real-time surveillance using computerized patient data, detected a signal of increased risk for seizures of any etiology among children aged 12-23 months after administration of MMRV vaccine compared with administration of MMR vaccine (many children also received varicella vaccine). When children who received MMRV vaccine were compared with children who received MMR vaccine and varicella vaccine administered at the same visit, statistically significant clustering of seizures was observed 7-10 days after vaccination in both groups. Once the signal was detected, a VSD study was initiated that evaluated the risk for febrile seizures 7-10 days after vaccination among 43,353 children aged 12-23 months who received MMRV vaccine and 314,599 children aged 12-23 months who received MMR vaccine and varicella vaccine administered at the same visit. Medical records were reviewed to validate the diagnosis, and a multivariate logistic regression was used to adjust for age and influenza season. The preliminary results indicated a rate of febrile seizure of nine per 10,000 vaccinations among MMRV vaccine recipients compared with four per 10,000 vaccinations among MMR vaccine and varicella vaccine recipients (adjusted odds ratio = 2.3; 95% confidence interval [CI] = 1.6-3.2; $p < 0.0001$). These results suggest that, in the 7-10 day post-vaccination period, approximately one additional febrile seizure would occur among every 2,000 children vaccinated with MMRV vaccine, compared with children vaccinated with MMR vaccine and varicella vaccine administered at the same visit. Of the 166 children who experienced febrile seizures after vaccination and had hospitalization information available, 26 (16%) were hospitalized. No child who had a febrile seizure died.

At the ACIP meeting, representatives from Merck presented interim results of an

ongoing postlicensure study being conducted among children aged 12-60 months (99% of the children were aged 12-23 months). All potential cases of febrile seizure were reviewed using Brighton Collaboration guidelines (6). This interim analysis found a 2.3 times (CI = 0.6-9.0) higher relative risk for confirmed febrile seizures 5-12 days after MMRV vaccination (14,263 children; rate = five per 10,000 vaccinations) when compared with a historic control group of children (matched on age, sex, and date of vaccination) vaccinated with MMR vaccine and varicella vaccine at the same visit (14,263 children; rate = two per 10,000 vaccinations). Although the relative risk was not statistically significant, it was similar to the adjusted odds ratio reported by the VSD study for the 7-10 days after vaccination. The Merck study also evaluated the risk for febrile seizures during the 0-30 days after vaccination. This risk was not significantly different (relative risk = 0.7; CI = 0.4-1.5) for children who received MMRV vaccine (10 per 10,000) compared with those who received MMR vaccine and varicella vaccine at the same visit (13 per 10,000). The Merck results are considered interim; approximately half of the final sample size needed to investigate the risk for febrile seizures was available for this analysis.

Neither the VSD study nor the Merck study assessed the risk for febrile seizures after MMRV vaccine administered as a second dose at age 4-6 years. However, previous studies have determined that the second dose of MMRV vaccine is less likely to cause fever than the first dose (3), and rates of febrile seizure are lower in the general population of children aged 4-6 years than in the population aged 12-15 months (5).

Febrile seizures are not uncommon in young children and generally have an excellent prognosis (7), although they often are distressing to parents and other family members. Approximately one in 25 (4%) young children will have at least one febrile seizure, usually at age 6-59 months; the peak age for febrile seizures is

14-18 months (5,7). Febrile seizures occur most commonly with the fevers caused by typical childhood illnesses, such as middle ear infections, viral upper respiratory tract infections, and roseola, but can be associated with any condition that results in fever. Febrile seizures can occur after certain vaccinations, although rarely. MMR vaccination has been associated previously with febrile seizures occurring 8-14 days later; approximately one additional febrile seizure occurs among every 3,000-4,000 children vaccinated with MMR vaccine, compared with children not vaccinated during the preceding 30 days (8).

Availability of MMRV vaccine currently is limited in the United States because of manufacturing constraints unrelated to vaccine safety or efficacy (9). MMRV vaccine is not expected to be widely available before 2009; however, some clinics might have MMRV vaccine in stock.

Consistent with ACIP General Recommendations on Immunization (10), the 2007 ACIP recommendations for prevention of varicella included a preference for use of combination MMRV vaccine over separate injections of equivalent component vaccines (i.e., MMR vaccine and varicella vaccine) (2). At its February 27, 2008, meeting, ACIP considered the preliminary results from the VSD and Merck studies, which suggested an increased risk for febrile seizures after the first dose of MMRV vaccine. Given the availability of alternative options for vaccination against measles, mumps, rubella, and varicella and the limited supply of MMRV vaccine, ACIP voted to change the preference language for MMRV vaccine to read as follows: "Combination MMRV vaccine is approved for use among healthy children aged 12 months-12 years. MMRV vaccine is indicated for simultaneous vaccination against measles, mumps, rubella, and varicella. ACIP does not express a preference for use of MMRV vaccine over separate injections of equivalent component vaccines (i.e., MMR vaccine and varicella vaccine)." ACIP also recommended establishing a work group to conduct in-depth evaluation of the findings regarding the increased risk for febrile seizures after the first dose of MMRV vaccine to present for

consideration of future policy options. CDC, FDA, and ACIP will communicate updates and implement further necessary actions based on these evaluations.

Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967. Additional information on MMRV vaccine and febrile seizures is available at: <http://www.cdc.gov/od/science/iso/vsd/mmr.htm> and <http://www.fda.gov/cber/label/proquadinfo.htm>.

Reported by: NP Klein, MD, PhD, Kaiser Permanente Vaccine Study Center, Oakland, California, and Vaccine Safety

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"This report summarizes current knowledge regarding the risk for febrile seizures after MMRV vaccination and presents updated ACIP recommendations that were issued after presentation of the new information."

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Macrophagic myofasciitis in children is a localized reaction to vaccination

BOLESŁAW LACH, MD, PHD, FRCPC1* AND EDWARD J. CUPLER, MD2

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MACROPHAGIC myofasciitis is a novel, "inflammatory myopathy" described after a variety of vaccinations, almost exclusively in adults. We examined the relevance of histological findings of this myopathy to the clinical presentation in pediatric patients. Muscle biopsies from 8 children (7 months to 6 years old) with histological features of macrophagic myofasciitis were reviewed and correlated with the clinical manifestations.

Patients underwent quadriceps muscle biopsy for suspected mitochondrial disease (4 patients), spinal muscular atrophy (2 patients), myoglobinuria (1 patient), and hypotonia with motor delay (1 patient).

All biopsies showed identical granulomas composed of periodic acid-Schiff-positive and CD68-positive macrophages.

Characteristic aluminum hydroxide crystals were identified by electron microscopy in 2 cases. The biopsy established diagnoses other than macrophagic myofasciitis in 5 patients: spinal muscular atrophy (2), Duchenne muscular dystrophy (1), phosphoglycerate kinase deficiency (1), and cytochrome c oxidase deficiency (1). Three children with manifestations and/or a family history of mitochondrial disease had otherwise morphologically normal muscle. All children had routine

vaccinations between 2 months and 1 year before the biopsy, with up to 11 intramuscular injections, including the biopsy sites.

There was no correlation between histological findings of macrophagic myofasciitis in biopsies and the clinical symptoms. We believe that macrophagic myofasciitis represents a localized histological hallmark of previous immunization with the aluminum hydroxide adjuvants contained in vaccines, rather than a primary or distinct inflammatory muscle disease.

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Neonatal pertussis vaccination gives early protection

<http://www.medscape.com/viewarticle/575104>

NEW YORK (Reuters Health) May 27 - Neonatal vaccination with an acellular pertussis (aP) vaccine accelerates pertussis antibody production in infants, according to German and Swiss researchers. Dr. Markus Knuf of Johannes Gutenberg University, Mainz and colleagues randomly assigned 121 neonates to receive at birth either aP vaccine or hepatitis B vaccine (HBV), the control group.

There were few adverse events and all of the infants went on to receive combined DTaP-HBV-IPV/Hib vaccination at 2, 4 and 6 months, the researchers report the May issue of the *Journal of Pediatrics*. After 3 months,

the infants given aP vaccine at birth showed significantly higher responses to the three pertussis antigens, compared with the controls.

By 7 months, the geometric mean concentrations of antibodies to pertussis antigens were similar in both groups. In addition, all of the infants had reached serum antibody concentrations deemed **protective (my emphasis)** against diphtheria, tetanus, and poliovirus types 1, 2, and 3.

However, the team found that the geometric mean concentrations of antibodies to Hemophilus influenzae type b (Hib) and HBV were significantly lower in the aP group.

"A birth dose of aP did not induce immunologic tolerance to pertussis

antigens and it did provide very early protection," Dr. Knuf told Reuters Health. "Nevertheless, it also appeared to dampen responses to Hib and HBV vaccines."

The researchers add that these data are "encouraging" and that aP vaccine of newborns, at 2 to 5 days of age, can safely stimulate antibody response. (*Editor: Article after article, the antibody = protection chant continues.....So those very young babies they experimented on still went on to receive the usual baby doses, also. I wonder if their general health will be monitored for the next few years instead of just focusing on their antibody levels, which may turn out to be meaningless in the end!*)

J Pediatr 2008;152:655-660.

Michael Owen out of England summer squad

BRIEF EXTRACT.

By George Caulkin, The Times, 24/5/08

WHILE THE REST OF THE continent gets feverish about the

European Championship finals, England's summer will comprise two friendly matches against the United States and Trinidad & Tobago, a prospect that has made Michael Owen sick. The

striker will miss both games after picking up a virus from the vaccinations he had to travel to the Caribbean.

It is understood that Owen suffered his illness from a polio injection, but whether it will prove professionally damaging is unclear.

Merck slides on worries over a vaccine's sales

AN EXTRACT BY VAL BRICKATES KENNEDY, MARKETWATCH July 7, 2008

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

BOSTON (MARKETWATCH) Merck & Co. shares fell sharply Monday amid concerns raised in a research note by UBS about how sales of its new vaccine Gardasil are faring. Shares of the Whitehouse Station, N.J.-based drugmaker, a component of the Dow Jones Industrial Average, were down 5% at \$36.51 in afternoon trading volume of more than 19 million.

In his note, UBS analyst Roopesh Patel cut his rating on Merck (MRK:36.35, -2.10, -5.5%) to neutral from buy, in part citing his view that sales of Gardasil, a cervical-cancer vaccine, may be falling short of expectations. He said preliminary data from industry tracker IMS indicates the drug's sales are flattening. The firm shows second-quarter sales of around \$300 million, while Wall Street analysts had been looking for sales of around \$350 million, on average. Patel

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"Approved in 2006, Gardasil is used to prevent a virus called HPV that is believed to be a leading cause of cervical cancer. The vaccine is administered to female patients over the course of several years, with the first shot given as early as age 9."
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added UBS's own estimates called for Gardasil sales of around \$380 million.

Merck is scheduled to issue its second-quarter earnings report on July 21.

Approved in 2006, Gardasil is used to prevent a virus called HPV that is believed to be a leading cause of cervical cancer. The vaccine is administered to female patients over the course of several years, with the first shot given as early as age 9. HPV is primarily contracted through sexual contact.

Currently, Gardasil is approved for administration to females aged 9 to 26. U.S. regulators, however, have delayed approving it for older women. Patel noted that approval for that age-range is now not seen until 2009. Gardasil has been viewed as a significant growth driver for Merck, whose top-line results have been strained in recent quarters by the loss of market exclusivity for such once-hot products as the cholesterol agent Zocor.

Patel added in his note that he sees little upside to Merck earnings growth in the near-term, given sluggish Gardasil sales and manufacturing problems for some of its other vaccines. Merck's future has also been clouded by slowed sales of its cholesterol drugs Vytorin and Zetia, and the failure to get approval of a new cardiac therapy called Cordaptive. Vytorin is a combination of Zetia and Zocor.

Childhood vaccinations suspended at Genesis pediatric clinics

GENESIS SUSPENDS VACCINES FOR CHILDREN. BY KIA CARTER

<http://www.wqad.com/Global/story.asp?S=8613656&nav=1sW7>

July 3, 2008

QUAD CITIES - Wednesday all Genesis Medical Center Pediatric Clinics suspended their use of childhood vaccines. The decision comes after a baby received routine vaccinations on Tuesday, then died several hours later at home. Genesis Health Group says its suspending pediatric vaccinations merely as a precaution until the cause of the baby's death can be determined.

Tuesday morning a 4-month-old baby boy came to the Genesis East Pediatrics Clinic in Silvis for a routine checkup that included several vaccinations. The seemingly healthy baby boy was brought in for a "well baby" visit, that's a check up that

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"The seemingly healthy baby boy was brought in for a "well baby" visit, that's a check up that includes routine vaccinations like pneumonia, and DPT, which is for diphtheria, pertussis (whooping cough) and tetanus. Then Tuesday night his parents found him dead with no obvious cause for his death.."
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includes routine vaccinations like pneumonia, and DPT, which is for diphtheria, pertussis (whooping cough) and tetanus. Then Tuesday night his parents found him dead with no obvious cause for his death.

Now all childhood vaccinations at Genesis clinics in Silvis, Bettendorf and Davenport have been temporarily suspended. A Genesis spokesman says hospital administration have no reason to believe the vaccines caused the baby's death, but they want to be overly cautious.

"They'll be a coroner's examination of the baby and we'll get a report. At that time we'll most likely resume our vaccinations, because we don't think there was a link between them and the child passing," says Craig Cooper, Genesis Health Group spokesman. Genesis has also sent the batch of vaccines the boy received off to the Food and Drug Administration and to the makers of the vaccines for testing. This is the first time Genesis has ever suspended pediatric vaccinations at its clinics. We'll continue to bring you the latest as Genesis finds answers.

Autism and vaccination: evidence of harm

BY JOANNA KARPASEA JONES

www.vaccineriskawareness.com

23/06/2008

When gastroenterologist Andrew Wakefield first suggested a problem with the MMR vaccine, autism and bowel disorder in 12 of his patients, reported in a February 1998 edition of the *Lancet*, it caused an unprecedented wave of panic in the medical profession, which I thought was rather disproportionate for the situation.

Mr Wakefield's observations were simply initial conclusions drawn from a small sample of his patients and he suggested that a further, large medical study should be undertaken to clarify whether autism and bowel disease was directly implicated with the MMR vaccine. He was not saying that MMR caused autism; he was saying that he had identified a problem which needed investigating, a stance which every responsible doctor should take if he becomes aware of side-effects in those he is charged to care for. Anything less would be negligent. Yet he was immediately pounced on by the Department of Health, stating, in a mantra like fashion, that the MMR was safe and from then on there followed a flurry of MMR studies supposedly proving the MMR was safe, despite the fact that in previous years there had only been a handful of studies on the subject. It seemed obvious to me that they were simply trying to restore the MMR's reputation (as well as their sponsor's bank balance) without having any genuine desire to explore whether there are any problems with the MMR. I also thought it was deeply distasteful of them to behave in such a way when there were sick children out there that needed help.

Mr Wakefield was fired from his long standing position at the Royal Free Hospital and hounded out of the country. He now practices in the USA because he is unable to come back to his own country, has been subject to a smear campaign by journalist Brian

Deer, as well as investigations by the GMC for professional misconduct, when all he was doing was following good medical practice. If a patient was thought to be reacting to any other type of drug, this would be noted and the drug would be stopped or altered for that particular patient. Not so for MMR. No one can report anything about vaccination without putting their career at risk and having their personality slandered.

Now the Department of Health's stance on MMR looks to be blown out of the water, since the vaccine court in the US declared that 9 year old Hannah Poling's autism and learning difficulties were in fact caused by her MMR shot and four other shots she received as a toddler. Immediately after the shots, she became feverish and irritable and she began staring at things and running in circles. Her father, a neurologist, filed a claim with the vaccine compensation programme in 2002, and the court conceded she had been damaged by vaccination. She has a mitochondrial disorder – an impairment of the body's cells ability

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"No one can report anything about vaccination without putting their career at risk and having their personality slandered."
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to use nutrients which can lead to brain damage and developmental delay. The thimerosal (mercury) in the vaccines is thought to be the cause of the disorder. Many people have this condition but are unaware of it, and there may be a specific group of children with it who are at greater risk of mental regression after vaccination.

I have long thought that the term autism is simply a poisoning from mercury or other chemicals. Doctors say that autism has not increased, it is only public awareness of the condition that has, but public awareness would not account for the 1 in 58 children



Joanna Karpasea-Jones

now estimated to have autism by Cambridge University. If you consider that autism was only 'discovered' in 1943, and prior to that did not exist, the awareness argument does not hold up. It is a condition which afflicts children in every country with complex 'immunisation' programmes and came about at about the same time as mass vaccination was introduced.

An interesting case to illustrate this is that of an 11 month old boy, reported in the *European Journal of Pediatrics* 2003; 162(7-8): 559-61. The baby stopped playing or laughing and became restless. He kept hitting himself and other objects and when he was referred to hospital, doctor's suspected regressive autism. They were on the verge of making that diagnosis when it was discovered that a mercury thermometer had broken and although his parents had cleaned up the mess, tiny specks of mercury had remained in the carpet and poisoned their baby, giving him symptoms identical to autism. He has since made a full recovery. I don't know about you, but to me, this journal citation is evidence that autism is mercury poisoning.

Then of course there is the rather inconvenient University of Pittsburgh study, which showed that monkey's given all CDC recommended vaccines develop autistic symptoms. While I understand that we are not similar to animals and therefore any finding is suspect, I believe that any drug capable of causing harm to an animal is not going to be good for anyone, even a

human. Researchers reported, "vaccinated animals exhibited progressively severe chronic active inflammation whereas unexposed animals did not" and found "many significant differences in the GI tissue gene expression profiles between vaccinated and unvaccinated animals." Gastrointestinal issues are a common symptom of children with regressive autism. The unvaccinated animals had no symptoms of autism. (See www.nationalautism.org).

Shockingly, no vaccine given to a child has ever been properly safety tested prior to being released. I don't agree with animal tests but most allopathic doctors do. This is their model of determining the safety of all drugs and all drugs are currently tested on animals – except vaccines, that is. And there are no double-blinded controlled trials of vaccines on people, either, where one group is given the vaccine and another group is completely unvaccinated. The placebo is not the placebo – they would receive something like DPT instead of the control group who got MMR. Basically everyone has been vaccinated so everyone has symptoms and therefore the MMR can't be to blame.

Why such an unprofessional approach to the safety of medicine? The Department of Health say it is because it would be 'unethical' to withhold vaccines from children. My feeling is that if they did a proper double-blinded trial, they would have evidence that autism and other chronic ailments are diseases of the vaccinated, and that is evidence they don't want to find because it would threaten the whole vaccine industry as well as the germ theory of disease which is the basis of modern medicine.

So how do people get evidence of who is healthier if the NHS won't do accurate studies? There is a stack of anecdotal evidence out there that I believe is strong enough to merit investigation. Look at the Amish community, for instance. The Amish are very strict Christians who live quite simply and ride horses rather than drive cars. They live off the land and don't vaccinate any of their

children as they believe it is against their religion. Not only do their children have excellent health, none in the community have autism. There are other groups of unvaccinated children in the States and worldwide who also have no autism. In Chicago, a doctor's organisation called Home First provides physician's to deliver babies at home. They have delivered more than 15,000 babies and continued to provide healthcare for them as they grow. Thousands of these children have never been vaccinated.

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"Dr. Jeff Bradstreet from Florida has also noticed the fact that there is no autism in his patients who home educate and decline vaccination for religious reasons."
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'We have a fairly large practice. We have about 30,000 or 35,000 children that we've taken care of over the years, and I don't think we have a single case of autism in children delivered by us who never received vaccines," said Dr. Mayer Eisenstein, Home First's medical director.

The few autistic children Homefirst sees were vaccinated before their families became patients, Eisenstein said. "I can think of two or three autistic children who we've delivered their mother's next baby, and we aren't really totally taking care of that child - they have special care needs. But they bring the younger children to us. I don't have a single case that I can think of that wasn't vaccinated. All I know is in my practice I don't see autism. There is no striking 1-in-166.'

There are also significantly lower rates of childhood asthma and diabetes than in national rates. Home First has only been aware of one case of severe asthma in an unvaccinated child in the last 17 years. In contrast, Blue Cross's rate for asthma is 10% of their child patients. Parent's of Home First patients are better educated, have healthier diets and breast feed their children a lot longer than the national

average (into the toddler years) and they give their babies far less prescription drugs and less antibiotics than other parents, as well as refusing vaccines. Doctors initially thought that the low asthma rate was due to the mother's breast feeding, but even among the breast fed there were some cases of asthma.

'We have virtually no asthma if you're breast-fed and not vaccinated." Dr. Jeff Bradstreet from Florida has also noticed the fact that there is no autism in his patients who home educate and decline vaccination for religious reasons. He treats both groups of people – those who have accepted and those who have refused shots.

'It's largely non-existent. It's an extremely rare event. There was this whole subculture of folks who went into home-schooling so they would never have to vaccinate their kids," he said. "There's this whole cadre who were never vaccinated for religious reasons."

He said the only case he got of autism in an unvaccinated child was when the mother had had mercury amalgam fillings. Again, pointing to mercury poisoning as the source of autism. When presented with the evidence of the Amish community's zero rate of autism, the CDC said that the reason why they don't have autism is because they are genetically different from the rest of us. They've got that right. The rest of us were vaccinated, and that's what makes them different.

It's a sad state of affairs when the authorities regard mental disability as 'normal' and the outstanding health and clarity of the Amish as 'different.' They have truly lost their grip on reality, or perhaps they are aware they are poisoning people en masse and would rather choose to line their pockets and cover their backs than face up to the truth.

(Details about Home First Sourced from a Dan Olmsted article, 'The Age Of Autism: A Pretty Big Secret', 7 December 2005).

Joanna runs the information website: www.vaccineriskawareness.com

MMR: The debate that won't go away

<http://www.telegraph.co.uk/health/main.jhtml?xml=/health/2008/05/26/autism126.xml>
26/05/2008

IT SEEMED THE MMR controversy had been resolved, but does new research point to another possible connection between autism and vaccinations? Cassandra Jardine reports

Four years ago, it seemed as if the agonising over autism and the measles, mumps and rubella (MMR) triple vaccine had finally been consigned to history. Several large-scale epidemiological studies concluded there was no evidence of a link between the two.

By the age of three, 90 per cent of children have had the MMR vaccine

Taking just one of these studies - involving 4,500 children in Denmark - Sir David King, chief scientific adviser to the Government until the end of 2007, said: "If anything, there was more autism found among the children who weren't vaccinated."

Parents who had claimed that their children had regressed mentally and physically following the MMR vaccination were told it was probably a coincidence. Meanwhile, Dr Andrew Wakefield, the gastroenterologist whose research had triggered the scare, with a study in 1998 of 12 such cases, is currently defending himself in front of the General Medical Council against charges of gross professional misconduct.

So how is it now that the debate has been reignited in the US, with growing concern that an apparent increase in the number of children with autism may have an environmental cause (including MMR and other childhood vaccinations)?

All three presidential candidates have referred to what Republican Senator John McCain calls the "autism epidemic", pledging substantial sums of money for research.

Then, earlier this month, Dr Bernardine Healy, former head of the National Institutes of Health, America's medical research agency, told CBS News: "I think that the public health officials have been too quick to dismiss the [autism link to vaccination]

hypothesis as irrational." She called for detailed studies of children whose parents believe they have been affected. "I have not seen major studies that focus on 300 kids who got autistic symptoms within a period of a few weeks of the vaccines," she said.

Healy's comments are significant because she's the first figure from the mainstream medical establishment not to dismiss the link.

Next month David Kirby, author of

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"Hannah Poling - Initially, her case didn't appear to be of widespread significance because she was found to have a dysfunction of the mitochondria, the "batteries" in our cells that produce energy essential for normal functioning. This abnormality made her an unsuitable test case in any legal proceedings"
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the award-winning book *Evidence of Harm*, will be in London giving a public lecture and addressing the House of Lords about the causes of regressive autism (as opposed to classic autism, which does not involve a sudden loss of speech and other functions).

The focus of his attention is not MMR but thiomersal, a preservative containing mercury (a known neurotoxin) that is used in some vaccines, including those for flu. (The Department of Health is keen to stress that no children's vaccine in this country has contained thiomersal for the past four years, and when it was formerly used in childhood vaccines it was at levels that were lower than those in the US.)

"A convergence of events," Kirby says, "has highlighted the importance of research, treatment and identifying the minority of children who may be susceptible to vaccine damage."

Chief among these convergent events is the case of Hannah Poling, the nine-year-old daughter of neurologist Jon Poling, from Georgia. In July 2000, aged 19 months, she received five different vaccinations, against a total of nine diseases, in one day. Her mother Terry says that when she entered the surgery, she was a bright - even precocious - child. Within 48 hours, she had stopped eating, ceased to respond to speech and become prone to episodes of screaming and fever.

Hannah Poling's case is part of the Omnibus Autism Proceeding - 5,000 cases of regressive autism being looked at by the US Vaccines Court, a body funded by a 75 cent levy on every vaccine given in the US. In February, the US government agreed compensation for her disabilities, having conceded, out of court, that her condition had been "significantly aggravated" by vaccination.

Initially, her case didn't appear to be of widespread significance because she was found to have a dysfunction of the mitochondria, the "batteries" in our cells that produce energy essential for normal functioning. This abnormality made her an unsuitable test case in any legal proceedings.

But then the next child under consideration as a test case was found to have a similar weakness, raising the possibility that a small minority of children may, because of a genetic predisposition, be more susceptible to the damaging side-effects of vaccination.

"It now looks as if 20 per cent of children with regressive autism may have this weakness; some are saying 65 per cent," says Kirby. "The cause of this weakness could be genetic or environmental."

The last point is crucial. Jon Poling, Hannah's father, believes two triggers are needed before a child becomes severely ill: possibly, an early vaccination which might compromise a child's metabolic system, then a later one which results in symptoms. There are various theories why this might be so. According to David Kirby, even trace elements of mercury and aluminium

(also used in vaccines) might damage the mitochondria and could be passed from mother to foetus.

The actor Jim Carrey and his wife Jenny McCarthy believe that McCarthy's son, Evan, was "vaccine-damaged" four years ago, aged two. "In the Eighties, children received only 10 vaccines by age five, whereas today they are given 36 immunisations, most of them by age two," says McCarthy. "With billions of pharmaceutical dollars, could it be possible that the vaccine programme is becoming more of a profit engine than a means of prevention?" On June 4 they will be leading a march in Washington DC, waving banners saying "Too many. Too soon."

To date there has been no successful legal challenge to MMR in the UK. There is a Vaccine Damage Payments Unit which was set up in 1979, following concerns that the whooping cough (pertussis) vaccine could cause brain damage (the vaccine has since been changed).

However, compensation is capped at £120,000 (including legal costs) and disability thresholds are high. Only two out of 53 claims were successful in the year to April 2008 - neither of them for autism.

"Under the US system, a person may receive an award if they can prove the vaccine caused an existing condition to get worse," explains a spokesperson for the Department of Work and Pensions. "This provision doesn't exist in the UK system, where... payments are made when it can be shown that it was more probable than not that someone became severely disabled as a result of vaccination."

In the civil courts, more than 1,000 cases were being prepared for a group MMR action until, in September 2003, legal aid was withdrawn. No reason was given. Following the success of the Poling case in the US, Peter Todd of London solicitors Hodge, Jones & Allen, has 200 clients who want to reapply for legal aid. He believes vaccines could be linked to a whole range of neurological and auto-immune disorders - epilepsy, childhood diabetes, arthritis, and even attention deficit hyperactivity disorder (ADHD).

"Vaccines are designed not to infect

but to stimulate the immune system into making a response, so it would not be surprising if they were implicated in auto-immune disorders," Todd says.

"Even if the condition was underlying, vaccines may have materially affected its onset."

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"Earlier this month Labour MP, Mary Creagh, proposed that children should not be allowed to attend school if they haven't had all their jabs; last week it emerged that doctors in the south-east of England were giving children two doses of MMR in a three-month interval (the usual regime is at 13 months and then aged 3) to prevent a measles outbreak spreading beyond the capital."
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The vaccine hypothesis was bolstered recently by a five-year study in monkeys who were given the same vaccinations that American children are routinely given. Last week, Dr Laura Hewitson, a specialist in obstetrics, gynaecology and reproductive sciences at the University of Pittsburgh, told the International Meeting for Autism Research in London that in the double-blind placebo-controlled study, 13 vaccinated animals showed increased aggression, impaired cognitive skills and developmental delay. The three unvaccinated animals in the study developed normally.

"There was a significant difference between the two groups," said Hewitson. "The vaccinated group had trouble developing reflexes?... They also became more insular and more aggressive. There was an increase in aggressive behaviour after they had their MMR vaccines, and they stopped exploring their surroundings as much."

Abnormal brain activity was found in the monkeys, and higher sensitivity to a naturally occurring brain chemical linked to sleeplessness, hallucinations, lack of social skills and a high pain threshold - all symptoms found in children on the autistic spectrum. The monkeys also exhibited abnormalities of the amygdala, the part of the brain

which regulates emotions.

"We can't conclude that vaccines cause autism from this study," said Hewitson, "What we can conclude is that the vaccinated monkeys showed significant negative behavioural differences before and after the MMR."

Certainly autism appears to have increased dramatically. In the early Nineties prevalence in the UK was put at four or five per 10,000. In 2006, The Lancet put it at one in 86 and, last year, Cambridge University's Autism Research Centre estimated that some 210,000 children - one in 58 - suffer from an autistic spectrum disorder.

Few people believe that vaccination programmes should cease. (*Editor: There's a few more than that, and I am sure if the general public were made fully aware of the reality surrounding this procedure, then vaccination could become a thing of the past!*) The vast majority of children benefit from being protected against a range of diseases, but there are concerns that some may be paying a high price for immunity. Already there is a sense of panic coming from Government circles about the future of the immunisation programme.

Earlier this month Labour MP, Mary Creagh, proposed that children should not be allowed to attend school if they haven't had all their jabs; last week it emerged that doctors in the south-east of England were giving children two doses of MMR in a three-month interval (the usual regime is at 13 months and then aged 3) to prevent a measles outbreak spreading beyond the capital.

Of course further research is needed into the early identification of autism and its causes. However the new evidence from the US suggests that screening children for mitochondrial dysfunction (there are "markers" in the blood of affected children) may also be beneficial.

Delays in vaccinating children who display asthma, eczema, food allergies and other signs of a compromised immune system should also be considered, as well as a ban on "catching up" - children who have missed immunisation being given vaccines in a shorter time period - which could overload a young system.

The natural medical bag

BY "ANNA WATSON"

annawatson66@hotmail.co.uk

I TOOK MY TODDLER daughter to the GP recently as she had suffered a persistent cough for months. Strangely, I still find myself going to the doctor occasionally...old habits die hard. No infection was found yet the GP prescribed antibiotics! I understand that GPs have such a huge remit of bad health to cover but how can these bright professionals operate with such a small 'medical bag'. My GP thought that perhaps with the weekend I may want to give them if my daughter's cough worsened. Perhaps to save a call out, perhaps to cover herself from a possible complaint if it had been something serious, who knows, but not necessarily in my child's best interests.

In the past I would have taken the prescription, feeling somewhat reassured that I could always cash it in if I needed, like many I know. Then it occurred to me that so many patients must have false records. Also, I hadn't wanted to offend the GP in refusing advice, but now I feel that it is important that the medical profession experiences another type of patient, that is one who declines a prescription. Perhaps the healthy need to visit the GP to present a fuller picture of health in society!

Over the last 5 years of motherhood, I have continued to become frustrated at the advice and 'support' offered by the 'GP' (along with the 'research' promoted by interested parties and how health issues are reported on in the Press - but that is a different matter). Other examples of such narrow treatment offered. Antibiotics were prescribed for a friend's daughter's urinary tract infection, with no mention of drinking lots of water or unsweetened cranberry juice. (She recovered naturally with Homeopathy.) Antibiotics were prescribed over and over again for another friend's son's ear infection, despite research that shows that the risk of re-infection is far higher after antibiotics. He is now having grommets fitted. Another teenage

friend was prescribed steroids for mild Bronchiolitis along with antibiotics, in case the steroids didn't work. No mention of rest, extra water and no sugar. No suggestion that fruit like pineapple is good as a natural anti-inflammatory or that strawberries contain ellagic acid which can protect lung membranes, also present in raspberries and grapes...and that post recovery some exercise, like swimming or blowing up a balloon daily, may help increase lung function.

Of course, I realise that medical drugs can be useful on occasions, however, with doctors investigated for not prescribing enough drugs (see Dr Jayne Donegan's site) even though deaths from pharmaceutical drugs rank in the top 5 in the US, (more deaths each month than 9/11) it makes many of

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"Many families have gone years and years without antibiotics (to the amazement of their GPs) and many will never use products like Calpol."
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us wonder whether a GP's role is becoming more like that of a drug representative. What saddens me is that the majority of people will use the prescribed lotions and potions without question, when there are natural, safe, cheap alternatives for so many ailments. This kind of information should be common knowledge - like the importance of probiotics at certain times, especially after antibiotics. Like the effect that sugar has on the immune system (a slab of chocolate will compromise your immune system for up to 5 hours).

Many families have gone years and years without antibiotics (to the amazement of their GPs) and many will never use products like Calpol. This illustrates that knowledge, confidence and support are part of your own 'medical bag'. Doctors surgeries are part of the community, and drugs part of our society but they don't need to be the centre. You are the key player in your children's health. You are the



Anna Watson

responsible adult who knows more about your child than anyone else and can research what you need to help keep your children healthy, hopefully to avoid chronic illness, which is when the medical profession may be brought in.

I have learned so much and felt so supported by the families I have met over the past 18 months who have decided not to vaccinate, and subsequently have empowered themselves to develop an interest and faith in a natural approach. Now my Medical Bag includes chopped onions in a sock tied to the bed during a cough or cold, being able to diagnose and treat Measles (or knowing where to ask), a Homeopathic Remedy Kit, being aware of how emotions can affect our health, looking at ways to reduce toxins in the home and reduce sugar in our diet, etc etc....

Arnica aims to foster positive and respectful discussion around Natural Immunity. There are 15 groups around the country, started by mums like you! Informal small meetings with children and larger formal talks. Please visit our web site to see if there is a group near you or contact me if you would like to start your own. Also, please sign up to our Yahoo group which is a lively forum for Mums and Complimentary Therapists to share information when we or our children are ill, and discuss issues which this column will raise.

Anna Watson, July 2008.

Please note, I do not have a medical background. Please seek advice from a GP if you are worried about your child. www.arnica.org.uk

<http://groups.yahoo.com/group/arnicaparents>

New study: vaccines produce autism symptoms in new primate study

FINDINGS RELEASED TODAY showed that infant monkeys given vaccines officially recommended by the CDC and the American Academy of Pediatrics (AAP) exhibited autism-like symptoms.

From Safeminds.org 7th July 2008
ROUTINE SAFETY STUDY THAT GOVERNMENT SCIENTISTS REFUSED TO DO ILLUSTRATES VACCINE PROGRAM AND MERCURY HEALTH RISKS
ATLANTA, GA – Findings released today showed that infant monkeys given vaccines officially recommended by the CDC and the American Academy of Pediatrics (AAP) exhibited autism-like symptoms.

Lead investigator Laura Hewitson of the University of Pittsburgh and colleagues presented study results at the International Meeting for Autism Research (IMFAR) in London. Safety studies of medicines are typically conducted in monkeys prior to use in humans, yet such basic research on the

current childhood vaccination regimen has never before been done.

The abstracts presented at IMFAR, the world's top autism science conference, describe biological changes and altered behavior in vaccinated macaques that are similar to those observed in children with autism. Unvaccinated animals showed no such adverse outcomes. The vaccines given were those recommended for U.S. infants in the 1990s, including several with the mercury preservative thimerosal and the Measles-Mumps-Rubella vaccine. Rates of autism spectrum disorder among children born in the 1990s surged dramatically, from about 1 in 5,000 to 1 in 150 children.

"This research underscores the critical need for more investigation into immunizations, mercury, and the alterations seen in autistic children," stated Lyn Redwood, director of SafeMinds. "SafeMinds calls for large scale, unbiased studies that look at autism medical conditions and the effects of vaccines given as a regimen."

The group's request for research echoes that of Dr. Bernadine Healy, Former NIH Director, in a CBS interview earlier this week. She asserted that public health officials have been too quick to dismiss an autism-vaccine connection when the research has been insufficient. The government recently conceded a federal vaccine court case which agreed that a child regressed into autism as a result of 9 vaccines given on one day.

"The full implications of this primate study await publication of the research in a scientific journal," noted Theresa Wrangham, president of SafeMinds. "But we can say that it demonstrates how the CDC evaded their responsibility to investigate vaccine safety questions. Vaccine safety oversight should be removed from the CDC and given to an independent agency."

The Coalition for SafeMinds is a nonprofit organization founded to investigate and raise awareness of the risks to infants and children of exposure to mercury from the environment and medical products, including thimerosal in vaccines.

Should parents worry about HPV vaccine?

<http://www.cnn.com/2008/HEALTH/conditions/07/07/cervical.cancer.vaccine/index.html>

STORY HIGHLIGHTS 7,802 "adverse event" reports to CDC since Gardasil was approved 7th July 2008
Reports claim drug caused nausea and paralysis - even death
Vaccine manufacturer: Reports don't mean illnesses were caused by drug
Two girls allege in court that the vaccine made them sick
(CNN) - A vaccine designed to prevent cervical cancer is coming under fresh scrutiny amid thousands of complaints linking it to a range of health problems. Gardasil has been the subject of 7,802 "adverse event" reports from the time the Food and Drug Administration approved its use two years ago, according to the Centers for Disease Control and Prevention.

Girls and women have blamed the vaccine for causing ailments from nausea

to paralysis - even death. Fifteen deaths were reported to the FDA, and 10 were confirmed, but the CDC says none of the 10 were linked to the vaccine. The CDC says it continues to study the reports of illness. Gardasil prevents the spread of human papillomavirus, known as HPV - a sexually transmitted virus that can cause cervical cancer in a relatively small number of girls and women.

The vaccine's manufacturer, Merck & Co. Inc., says it has distributed more than 26 million Gardasil vaccines worldwide, including nearly 16 million in the United States. It estimates that 8 million girls and women have received the vaccine in the United States since June 2006. Watch more on complications linked to Gardasil

Two girls allege in court that the vaccine made them sick. One - Jesalee Parsons of Broken Bow, Oklahoma - got

the shot at age 13. Jesalee's lawyer, Michael McLaren, said she got the shot on February 27, 2007 and soon developed a fever and felt pain. The next day, he said, Jesalee felt pain in her chest and abdomen. Her mother, Laura Parsons, said Jesalee spent weeks in the hospital and underwent two surgeries after developing pancreatitis. She says the federal government should have studied the drug more before approving its use.

"I just feel let down by the government," Parsons said. Merck says it could be a coincidence that the girls got sick after receiving the vaccine. The company said in a statement that an adverse event report "does not mean that a causal relationship between an event and vaccination has been established - just that the event occurred after vaccination." Merck said it would continue to evaluate reports of adverse reactions. It said it "updates product labels with new safety information as appropriate."

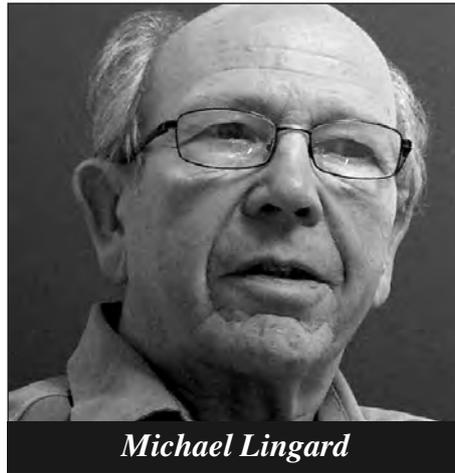
Boost your oxygen uptake for a healthier life

THE LIFE SAVING POWERS of oxygen, its everyday use in emergency medical centres, the thousands of people reliant on the delivery to their home of the vital oxygen cylinder which enables them to get on with their lives, its early history and the discovery of its life enhancing properties, its essential life support on space missions, all this makes us regard this simple gas as the symbol of the very essence of life.

Despite this understanding, how many of us even consider how well we tap into this amazing invisible, tasteless, odourless, life giving air all around us?

In contrast consider the millions of words written and spoken about how we can improve our nutrition with this diet or that food or drink. Today eating has become a complex science we all have to study in order to survive. We are daily made aware of the minefields of foods that may be cancer stimulating, obesity risky, toxic, lacking essential nutrients, damaging to this or that organ, or the governmental advice that we must have our five fruit & vegetables each day or perish, or the news on Monday that a glass of wine will give long life, yet on Wednesday it may damage your health. All this leaves most of us bewildered and deaf to the barrage of advice about a subject that used to be based on common sense and the enduring joy of eating and sharing food together in family or social gathering, the delight of company (from the Latin "Companionem," which was, "one with whom you would eat bread" - "Con" (with) and "Pan" (bread) - presumably, your "companion" was someone with whom you would "break bread.")

Why, I must now ask, has not the question of good respiration or breathing been a subject worthy of at least a mention in our daily news or journals? There is no more sociable activity than breathing from the same air around us all, and if, as we all agree, the uptake of air is so vital for life, is it not astounding that it has received so



Michael Lingard

"One of the joys of being a Buteyko practitioner is to see young children learn to manage their asthma without medication."

little attention?

Until, I would suggest, now!

Once in a while society is enriched and enlightened by a great philosopher or thinker. Sadly it usually takes a few generations for society to recognize their wisdom. Our mind set or habitual behaviour makes it difficult for most of us to raise ourselves to a new level of consciousness necessary to embrace new ideas that challenge our old thinking and behaviour. In a small village near Kiev in the Ukraine one such man was born on January 27th 1923 Konstantin Pavlovich Buteyko. This simple yet extraordinary man devoted his life to studying breathing and made one of the most profound discoveries in the history of medicine.

After forty years of dedicated medical research and constant struggles with the Soviet Communist system and the medical establishment Professor Buteyko eventually prevailed and gained full approbation from his native country for his work on breathing. This work became known in the West when Professor Buteyko and his associate Sasha Stalmatski were invited to Australia to give training courses for asthmatics and others suffering from breathing related problems. These

courses had such amazing results that caused a great impact on the public and medical profession there, leading eventually to a major clinical trial at the Mater Hospital in Brisbane that clearly demonstrated the effectiveness of what had become known as "the Buteyko Method".

The Buteyko Method teaches normalization of breathing which gives a multitude of beneficial effects on health. The central tenet of Buteyko's work is that most modern diseases are associated with poor oxygen delivery to tissue, along with impaired biochemistry and the body's protective reactions of smooth muscle spasm, increased histamine and mucus production all arising from dysfunctional breathing. The most common problem being chronic hidden hyperventilation (CHVS) that he claimed was the main cause of asthma and over a hundred other modern diseases.

The science underpinning Buteyko's work is sound and is based on standard medical research and teachings of Western medicine. The simplest scientific concepts are often behind major leaps forward; Einstein's "e=mc²" is a perfect example. Buteyko looked, questioned and revealed what was really already there for all to see, but few, if any, had the conceptual eyes to see what was really so obvious.

The practical application of his work takes the form of Buteyko Method courses that are taught throughout the world by Buteyko Practitioners, they benefit everyone who has developed CHVS. Sufferers from asthma, hypertension, anxiety panic attacks, sleep apnoea, IBS, chronic fatigue syndrome, hay fever, eczema, breathlessness, or a myriad other conditions associated with poor oxygen uptake and biochemical dysfunction arising from CHVS and also those without any significant health problems who just want better sports performance or health, can all improve with the Buteyko Method training.

One of the joys of being a Buteyko

practitioner is to see young children learn to manage their asthma without medication, and be safer than before; they usually find the exercises fun, and as soon as they start to feel the benefit and realize they can manage without the "dreaded inhaler", they redouble their efforts. No parent wants their child on drugs for the rest of its life,

Buteyko has shown us the proven safe alternative. Ask your doctor whether he has read about the Buteyko Method, if not I can send you a booklet designed to inform doctors with all research references.

Do you want to know how well you breathe? Either send for a free introductory leaflet on the Buteyko

Method which includes two simple breathing tests or visit our website at www.buteykokent.co.uk to test yourself.

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Gardasil vaccine - the facts and the reactions

AUSTRALIAN VACCINATION NETWORK

Sunday, July 6th, 2008

THE SUNDAY TELEGRAPH today released a story about the large number of Australian women and girls who are reporting serious reactions to the new Gardasil vaccine. (Cancer vaccine linked to illness in women, Sydney Sunday Telegraph, 06/07/08.)

The Australian Vaccination Network (AVN), a national non-profit health lobby group which has received approval from ADRAC (the Adverse Drug Reactions Advisory Committee) to report vaccine reactions on behalf of individuals, is not surprised at the release of this information. Meryl Dorey, National President of the AVN, has said for the last 12 months that from the experience of the AVN, Gardasil is the most dangerous vaccine released to date. "We have received more reaction reports from Gardasil than from any other vaccine over the very short space of time since it was released."

According to information obtained by Channel 7 under a Freedom of Information claim, 681 reactions to Gardasil were reported to ADRAC as of January 30, 2008. Of these reported reactions, more than one-third had not yet recovered.

In the Telegraph article, Dr Jeremy McAnulty, NSW Health's director of communicable diseases, stated that none of the reported reactions were life-threatening. This statement contradicts the facts contained within the ADRAC report.

In the same article, Federal Health Minister Nicola Roxon has stated that all vaccines in Australia undergo stringent safety testing by experts. Unfortunately, according to our own TGA (the Therapeutic Goods Administration), vaccines are not

tested in Australia for either safety or effectiveness and Gardasil is no exception. Gardasil's pre-licensure tests were performed overseas and were funded by the manufacturer of the drug. During this testing, 17 deaths were reported and a very large number of reactions (more than 90% of those tested reported at least one systemic reaction). Despite this, the vaccine was registered for use in Australia.

Below is a brief recap of some of the reactions contained within the ADRAC summary describing a range of potentially life-threatening reactions:

Guillaine-Barre Paralysis, Cranial Nerve Paralysis, Anaphylactic (severe, life-threatening allergic) reactions, Paralysis, Encephalitis, Haemorrhage, Deep-Vein Thrombosis and Arterial Thrombosis, reactions involving the heart such as tachycardia, chest pain and uncontrolled seizures.

"The Health Department has been playing fast and loose with people's lives," Ms Dorey continued. "They have not released this information to the public but have forced the filing of FOI claims in order

to obtain it. They have ignored, downplayed and minimised the effect that this vaccine is having on Australian women and girls and, what's worse, there are government plans to bring this vaccine into the childhood vaccination schedule for both girls AND boys!"

The AVN believes that it is time to err on the side of caution when it comes to vaccination.

Whilst Australian women and girls are reporting record numbers of reactions (and bear in mind that ADRAC admits that only between 1 and 10 percent of reactions ever actually get reported), we need to take a step back, stop using this vaccine until it's proven to be safe.

About Australian Vaccination Network, Inc.

The AVN is a non-profit, volunteer-run charitable association. Since 1994, the AVN has provided information and support to the general community who are trying to make informed choices about vaccination and health. Their lobbying in Federal Parliament has ensured that compulsory vaccination for children has not come to pass and they are the major reporters of vaccine adverse reactions to ADRAC (The Adverse Drug Reactions Advisory Committee).



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Boss of drug firm behind cervical cancer jabs for schoolgirls is on board of Ofsted

BY EILEEN FAIRWEATHER, THE MAIL ON SUNDAY

Sunday, July 06 2008

PAUL BLACKBURN, a senior vice president at GlaxoSmithKline, has been appointed to the board of Ofsted Schools Secretary Ed Balls is at the centre of a controversy over the appointment of a top executive with a drugs company to the board of education watchdog Ofsted. Paul Blackburn, 53, is a senior vice-president at GlaxoSmithKline, which is being sued by hundreds of parents and patients who claim its drugs have caused suicide and psychosis.

His appointment came two weeks before the company won a reported £100million contract to vaccinate all schoolgirls of 12 and 13 against the sexually transmitted virus linked to cervical cancer. Family campaigners argued that the jabs would 'normalise' childhood sex.

Mr Blackburn's new role has been met with such disquiet that one childcare expert boycotted an Ofsted conference on Friday, and urged others to make a similar stand. Announcing the appointment, Mr Balls, one of Gordon Brown's closest advisers, said Mr Blackburn had a 'passion' for helping children.

But critics fear GSK's place on the Ofsted board has given it instant moral authority and has commercially strengthened its position at a time when children are being targeted by the pharmaceutical industry.

They point to the rise in the use of prescription pills to improve behaviour and aid memory and concentration. Some have been linked to depression and violence in children.

Labour MP Graham Stringer said: 'It (GSK) is looking at new markets to create and I am disturbed that someone from Glaxo is considered appropriate for a position with Ofsted.'

Others said the appointment demonstrated an unhealthy cosy relationship between the Government and GSK, the world's second biggest

pharmaceutical company, formerly known as Glaxo Wellcome.

Last year its chief executive Jean Pierre Garnier was appointed by Gordon Brown to his new Business Council, while Children's Minister Margaret Hodge made the company's chairman a member of the Higher Education Funding Council. But the latest appointment places the drugs multinational at the heart of childcare.

GlaxoSmithKline has the £100million contract to vaccinate all schoolgirls aged 12 and 13.

Labour and GSK are also linked

.....
"Labour MP Graham Stringer said: 'It (GSK) is looking at new markets to create and I am disturbed that someone from Glaxo is considered appropriate for a position with Ofsted.'"
.....

through the cash-for-honours controversy. Although GSK stresses it does not make donations to political parties, it has invested heavily in a firm run by a man who has. In 2004 Labour awarded a peerage to party donor Dr Paul Drayson, founder of vaccine firm PowderJect pharmaceuticals, and made him Minister for Defence Procurement. It later emerged that Glaxo Wellcome had invested £175million in PowderJect.

Mr Blackburn was one of four businessmen installed on the Ofsted board last month. 'They bring with them a breadth of private sector experience and a passion to help improve the lives of children and learners,' said Mr Balls. As well as setting Ofsted's 'strategic priorities', the 12-strong non-executive board is required to 'safeguard and promote the rights and welfare of children'. Mr Blackburn is financial controller at GSK. Mr Balls's department insisted he was appointed to Ofsted on merit and was not representing GSK,

but questions were last night raised about his suitability. Child protection expert Liz Davies asked whether he would understand 'key childcare issues such as why new systems are failing to keep children safe from harm.'

Schools Secretary Ed Balls made the controversial decision to appoint Mr Blackburn to the board of Ofsted. As well as regulating education, Ofsted is responsible for monitoring children in care. Outlining his reasons for pulling out of the Ofsted conference he was due to address, childcare expert Phil Frampton blamed GSK's history of testing drugs on children in care.

The New York health authority recently investigated claims that drugs were tested on 100 babies and toddlers with HIV at the city's Incarnation Children's Centre. GSK was one of the firms that supplied the drugs. At the time it insisted that all trials followed stringent standards and complied with local laws and regulations. But Mr Frampton – who called Mr Blackburn's appointment 'really outrageous' – said: 'Drug trials using children in care are a modern form of child slavery, only more insidious.'

'Do we want the modern Bodysnatchers at the heart of the care system using their position on Ofsted as a cover for their global exploitation of children in care?' In 2000 Glaxo Wellcome was accused of extraordinary 'obfuscation' by Ireland's senate after a commission unsuccessfully sought files concerning vaccine trials it conducted in the Sixties and Seventies on children in care homes. At the time the firm said: 'Glaxo Wellcome regrets any distress that may have been caused to individuals involved in these trials.'

Last night GSK rejected criticism of Mr Blackburn's appointment and described Mr Frampton's comments as 'without foundation'. It added: 'GSK acts properly and responsibly in the conduct of all its clinical trials, including those related to children.' GSK faces class actions in Britain and the US by hundreds of families whose children

allegedly became suicidal, psychotic or addicted after taking its anti-depressant Seroxat. The company was accused of concealing its adverse effects on children for more than a decade.

Legal action in the US recently forced GSK to publish studies showing that children on Seroxat are twice as likely to have suicidal thoughts as those on a dummy pill. Although GSK says: 'Seroxat has never been approved by EU or US regulators as a medicine for those under 18,' many doctors legally give it to children in a practice known as 'off label' prescribing. Schools and the state childcare boom present a lucrative market for drugs including those to treat obesity, unplanned pregnancies, sexually

transmitted diseases and Attention Deficit Hyperactivity Disorder (ADHD).

GSK markets an anti-ADHD drug in the United States – amphetamine Dexedrine – and may yet try to market it or a similar drug in Britain. It recommends Dexedrine for 'stabilising' patients from three years to 16 who exhibit 'distractibility, short attention span and hyperactivity'. Critics say this could describe any normal toddler or hormonal teen, and drugs should be a last resort. Since 2006, the US Food and Drug Administration has made ADHD drugs manufacturers provide warnings of potentially fatal reactions in those with weak hearts, and the risk of 'psychotic or manic symptoms, for example

hallucinations, delusional thinking, or mania in children and adolescents without a prior history'. The FDA has linked ADHD drugs to 25 deaths in the US, and they are allegedly linked to the deaths of seven in Britain.

Ofsted said in a statement: 'The Ofsted Board determines the strategic direction for Ofsted and ensures that its functions are performed efficiently and effectively, but has no operational responsibilities.' Paul Blackburn was selected to become a non-executive member of the Ofsted Board for his financial expertise and experience. He is appointed as an individual and does not represent GlaxoSmithKline.'

Irish Minister to announce vaccine changes

BY NIALL HUNTER, EDITOR

www.irishhealth.com/

18/07/2008

Major changes to Ireland's immunisation schedule will be launched by Health Minister Mary Harney next week. New vaccinations for infants and small children are to be introduced as part of the new vaccine guidelines from the National Immunisation Advisory Committee, along with changes in the timing of vaccinations.

A new vaccination for hepatitis B is to be introduced, and babies will in future receive a 6-in-1 vaccination at two, four and six months.

They will also receive another new vaccine, the pneumococcal conjugate vaccine (PCV), at 12 months along with the measles, mumps and rubella (MMR) vaccine.

There will also be changes to the timing of the booster Hib and meningococcal C vaccines and these will now be given at 13 months. The changes will be introduced in the autumn.

The latest changes have been recommended by a national committee of medical experts who assess the latest medical evidence, trends in diseases and developments in vaccines. The HSE has details of the changes on <http://www.immunisation.ie>

The decision to include the hepatitis B vaccine in the childhood immunisation scheme follows an increase in the incidence of the disease, which can cause liver damage, mainly due to more international travel.

The new pneumococcal vaccine protects against a bacterial infection which is a major cause of illness and even death in the very young, very old or people who have weakened immunity.

Streptococcus pneumoniae ('pneumococcus') is the most common bacterial cause of community-acquired pneumonia and a common cause of conditions such as bronchitis, blood poisoning, ear infections, and meningitis in children and adults.

Previously this vaccine was available for older and at-risk people, but it is now to be given to all infants.

Some of the childhood vaccines will be combined into a single injection. The advantage of the new 6-in-1 is that babies will get added protection without having to have an extra jab.

See also [www.irishhealth.com's](http://www.irishhealth.com/) vaccination tracker at... www.irishhealth.com/cvt/main.html

This service will be updated when the changes in the schedule come on-stream shortly.

The new schedule with the additional vaccines and timings, which will fully come into operation in September, applies to children born on or before July 1.

Children born between September 2006 and June 2008 will also require the new PCV vaccine.



HPV vaccine adverse events worrisome says key investigator

BY ALLISON GANDEY. JULY 26, 2008

<http://www.medscape.com/viewarticle/578110>

SERIOUS neurologic, thromboembolic, and autoimmune complications have been reported in patients who received human papillomavirus (HPV) vaccines. Although not the norm, experts suggest that the events are grave enough to encourage caution. "The side effects that have been reported are real and they cannot be brushed aside," Diane Harper, MD, from the Dartmouth Medical School, in Hanover, New Hampshire, told Medscape Oncology.

Dr. Harper was a principal investigator of clinical vaccine trials for both Merck and GlaxoSmithKline. News reports of adverse events, teen paralysis, and death have fueled public concern.

Back-to-school immunization clinics are stocking up on Merck's Gardasil and more than 16 million doses have reportedly already been distributed in the United States alone. But many parents are questioning whether their children should be vaccinated. And many women are wondering whether they should be vaccinated too.

According to the US Food and Drug Administration (FDA), as of June 30, 2008, more than 9700 adverse events have been reported. Of these, 94% were classified as nonserious events and 6% as severe.

Serious Adverse Events

- Nervous system disorders, such as Guillain-Barré syndrome and headache
- Thromboembolic events
- Musculoskeletal and connective tissue problems
- Lymphatic system disorders
- Gastrointestinal problems
- General disorders and administration site conditions
- Immune system problems, including hypersensitivity reactions, bronchospasm, and urticaria.

Most Commonly Reported Events

- Fainting
- Pain at the injection site
- Headache
- Nausea
- Fever

To prevent fainting, which can sometimes cause serious harm and lead to head injuries, Dr. Harper recommends that patients receive vaccines on a full stomach and be seated when the shots are administered. The FDA recommends that patients remain seated for up to 15 minutes after vaccination. Dr. Harper also suggests that physicians not vaccinate patients with personal or family histories of the more serious conditions outlined in recent adverse-event reports. "Physicians have a responsibility to communicate risks to patients and if patients and families are concerned, it is reasonable to hold off on vaccinating," Dr. Harper said. It is a sentiment that is echoed by others, such as Abby Lippman, PhD, from McGill University, in Montreal, Quebec, who is chair of the policy committee at the Canadian Women's Health Network. In this month's issue of the *Journal of Epidemiology and Community Health*, she expresses concern about public policies that have seemingly rushed to embrace HPV vaccination. "Why the hurry," Dr. Lippman asks. Especially in developed countries where there is no epidemic of infection and mortality rates from cervical cancer have been in decline.

What is Causing Adverse Events?

The cause of recent complications remains a mystery and it is difficult to know whether they are linked to vaccines. "Nobody knows why we are seeing adverse events," Dr. Harper said. Members of the antivaccine movement point to a number of potential perils, including the presence of aluminum in injections. Like many vaccines, Gardasil

contains aluminum salts. Each 0.5-mL dose contains approximately 225g of aluminum, 9.56 mg of sodium chloride, 0.78 mg of L-histidine, 50cg of polysorbate 80, 35g of sodium borate, and water.

"The scientific work to date seems to suggest that aluminum salts in vaccines are safe," Dr. Harper said. But she told Medscape Oncology that she heard that 1 lot of Gardasil might have had an accidentally high yeast concentration, and this might be why there are problems. "No one knows for sure," Dr. Harper said. The manufacturer was not available to comment about product yeast concentrations, but directed Medscape Oncology to an online statement responding to questions about recent adverse effects. "Merck has analyzed the adverse events reported for Gardasil relating to the recent reports of death and paralysis, and based on the data available to Merck, believes that no safety issue related to the vaccine has been identified. These types of events are events that could also be seen in the general population." Richard Haupt, MD, executive director of clinical research at Merck's research laboratories added: "We remain confident in the safety profile of Gardasil." FDA and CDC Issues Joint Statement Reassuring Doctors and Patients Responding to public concern, the FDA and the Centers for Disease Control and Prevention (CDC) issued a joint statement on Tuesday reassuring doctors and patients about the safety of Gardasil. A second vaccine, GlaxoSmithKline's Cervarix, is already available in some countries, but is still being assessed by the FDA.

Despite company and regulatory assurances, some doctors, who are also parents, say they are less confident about the safety of the vaccines. After reviewing the information, Scott Ratner, MD, a cardiologist with a practice in Franklin Square, New York, and his wife, a rheumatologist, opted to have their 17-year-old daughter vaccinated. It is a decision they say they now regret. Following vaccination, their teenage daughter began showing signs and symptoms of autoimmune disease. "She went from being a healthy, active teen running, playing lacrosse, and

participating on swim team to becoming a chronically ill patient," Dr. Ratner said.

"I worry about the kids who may be having problems, are perhaps struggling with immune damage, and are feeling generally achy and unwell, but are probably going unreported and undiagnosed," he said. Dr. Ratner has 2 younger daughters and he says he definitely won't be encouraging either of them to be vaccinated.

Gynecologist Christiane Northrup, MD, told Medscape Oncology that she won't be advocating that her daughters be vaccinated either. Dr. Northrup appeared on a recent episode of the Oprah Winfrey Show, a television program with an estimated 20 million viewers per week, most of them women. She told viewers that healthcare dollars would be better invested elsewhere.

Questioning the Safety

Dr. Northrup recommended that the money going toward vaccines and related programs be allocated to general health and wellness initiatives and proper nutrition. This harkens back to the age-old debate between Louis Pasteur and Antoine Beauchamp, Dr. Northrup suggests. For most of his career, Pasteur subscribed to germ theory, while Beauchamp backed the more unpopular theory of biological terrain.

The question: Is it the germs themselves that make us sick or a weakened state of immunity that allows germs to take root? "Pasteur was widely supported, but on his death bed conceded that Beauchamp was right," Dr. Northrup said during an interview. She suggests that this is what experts should be concentrating on now. Instead of focusing on germ theory by pouring efforts into HPV vaccines, she says more resources should be dedicated to fostering the overall health of the host.

Dr. Lippman makes a similar argument and points to the capacity of healthy, immunocompetent women to spontaneously clear up to 90% of HPV infections almost everyone will one day acquire within 1 to 2 years. When Gardasil was approved in the United States in June 2006, it was hailed as an important day for public health and for women's health. Dr.

Harper was quoted as saying that the vaccine is the biggest advance since the Pap smear. Dr. Harper told Medscape Oncology that she still thinks this is the case, but enthusiasm must be tempered with caution.

Dr. Harper noted that we shouldn't be calling the new immunizations cervical cancer vaccines. "Even if everyone was vaccinated, we would still have cervical cancer," she said. "I don't want people to be lulled into thinking this will prevent cancer. If Pap screening rates decline, cervical cancer rates will rise," she emphasized.

"She went from being a healthy, active teen running, playing lacrosse, and participating on swim team to becoming a chronically ill patient."

If Pap Screening Rates Decline, Cervical Cancer Rates Will Rise

The decline in cervical cancer in developed countries has been largely attributed to regular Pap screening something Dr. Harper believes has done a superb job. Women who haven't received an HPV vaccine, and even those who have, are still encouraged to undergo regular screening. At the 2006 American Society of Clinical Oncology annual meeting, delegates were enthusiastic. One presenter showed a series of cervical cancer photos and told observers that "these types of pictures will soon disappear in clinical oncology."

Unfortunately, that utopian prediction is unlikely. "Cervical cancer is not a vaccine-preventable disease," Dr. Lippman said during an interview. And in her recent editorial, she points out that surrogate end points not cervical cancer were used to measure the efficacy in the clinical trials.

"No one would want to wait to see cervical cancer develop in participants," she writes. "But the general failure to mention that the precancerous lesions chosen for study are not only potentially removable, most (those that are CIN 2) would probably have resolved on their own without any intervention, is arguable."

Many Questions Remain

As previously reported by Medscape Oncology, Sharmila Makhija, MD, from the University of Alabama School of Medicine, in Birmingham, pointed to other limitations of HPV vaccines.

Dr. Makhija is the principal investigator on Merck's FUTURE III trial, looking at the vaccine's efficacy in women 24 to 45 years old, and is a coinvestigator on GlaxoSmithKline's vaccine trials.

Dr. Makhija noted that the bulk of the work to date has focused on just 2 types of HPV 16 and 18. She added that, going forward, more virulent cancer-causing strains could emerge, making it difficult to eliminate disease. And other important questions remain: How long does the vaccine last? Will it require a booster? Who should be vaccinated and at what age?

"While vaccine proponents emphasize the many thousands of women who participated in clinical trials of the product, they gloss over how few young girls in the 9 to 13 year age range, targeted specifically for school-based immunizations, were included," Dr. Lippman argues. She said that only the very short-term immunogenicity and safety, and not the efficacy, of Gardasil was studied. "It is a good vaccine," Dr. Harper said. "We are simply still in the early stages of investigation."

The World Health Organization (WHO) has weighed in on the vaccines and is recommending that they be considered only 1 component of any successful strategy. Immunization will have to be added to the other aspects of cervical cancer control, Andreas Ullrich, MD, medical officer at WHO's department of chronic diseases and health promotion, said in a news release. "There is no question that early detection will continue to be a key element".

Merck is encouraging healthcare providers and consumers to report any adverse events associated with Gardasil to the company and to the US Vaccine Adverse Event Reporting System at 1-800-822-7967.

Protecting public trust in immunization

COOPER L Z ET AL.

PEDIATRICS VOLUME 122, NUMBER 1, JULY 2008. ABSTRACT

PUBLIC TRUST IN THE SAFETY and efficacy of vaccines is one key to the remarkable success of immunization programs within the United States and globally. Allegations of harm from vaccination have raised parental, political, and clinical anxiety to a level that now threatens the ability of children to receive timely, full immunization. Multiple factors have contributed to current concerns, including the interdependent issues of an evolving communications environment and shortfalls in structure and resources that constrain research on immunization safety (immunization-safety science).

Prompt attention by public health leadership to spreading concern about the safety of immunization is essential for protecting deserved public trust in immunization.

Pediatrics 2008;122:149–153

Editor: This paper looks at ways of ensuring that the vaccination uptake is not threatened in any way. The authors, who are pro-vaccination, voice their concerns as regards to the amount of information that is circulated globally these days which, in their eyes, creates

mistrust and questioning from parents. Here follows are some of the suggestions made by the authors as regards to dealing with the potential threat to the vaccination program.

- Invest more in public awareness and genuine public engagement around immunization issues. Recognize the number and heterogeneity of publics to be served and the diversity and legitimacy of their questions and concerns.
- Educate the public on the elaborate, already existing US system for research and testing of vaccines, including the responsibilities of the vaccine industry and, particularly, the independent and interdependent functions of industry, the US Food and Drug Administration (FDA), the CDC, the Health Resources and Services Administration, and all their advisory bodies for prelicensure and postlicensure evaluation.
- Educate the public on the function, membership, and selection process for members of key advisory bodies.
- Increase the number and diversity of citizen members on advisory bodies without reducing scientific expertise.

- Give the public sufficient information and adequate time to understand the rationale for any new vaccines before embarking on immunization campaigns, which can be done without delaying protection.

- Engage local communities and parent groups as advocates of new vaccines.

Avoid the hyperbolic marketing practices of overselling.

- Improve the communication skills of public and private health leaders to present information in perspective, including benefits, risks, and gaps in knowledge. Avoid obfuscation, admit gaps in knowledge, and be available and candid in answering the questions asked, building comfort even when the circumstances are uncomfortable. Take the time to explain changes in recommendations/policy. Such explanations are essential for reducing charges of waffling, indecision, and hidden agendas.

- Invest in research on what is truly driving parents' questions and concerns and what may be needed to earn/keep their trust in vaccines.

- Decrease reliance on state mandates and in no case push for mandates before evaluating the results of voluntary immunization programs.

Homeless people die after bird flu vaccine trial in Poland

BY MATTHEW DAY IN WARSAW. 00/00/2008. 02/07/2008

<http://www.telegraph.co.uk/news/>

THREE POLISH DOCTORS and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus. 21 people died after being given the vaccine. The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus. Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a

conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight. Although authorities have yet to prove a direct link between the deaths and the activities of the medical staff, Poland's health minister, Ewa Kopacz, has said that the doctors and nurses involved should not return to their profession.

"It is in the interests of all doctors

that those who are responsible for this are punished," the minister added. Investigators are also probing the possibility that the medical staff may have also have deceived the pharmaceutical companies that commissioned the trials. The suspects said that the all those involved knew that the trial involved an anti-H5N1 drug and willingly participated. The news of the investigation will come as another blow to the reputation of Poland's beleaguered and poverty-stricken national health service. In 2002, a number of ambulance medics were found guilty of killing their patients for commissions from funeral companies.

Leeds project to boost parents' confidence in MMR choices

WEDNESDAY 9TH JULY 2008

<http://www.nursinginpractice.com>

WITH SEVERAL HUNDRED thousand unvaccinated children across the UK, health protection experts are hoping that new research at the University of Leeds will give parents better information about the MMR vaccine and lead to an increase in immunisation. The latest figures from the Health Protection Agency (HPA) show that cases of measles in London reached a new peak in May and a teenage boy from West Yorkshire became the first person in the UK to die from measles for two years. Last year there was a record 971 reported cases of measles a rise of 30% on the previous year making MMR an urgent priority for the medical profession.

A collaboration between health experts at Leeds and Sydney universities is the fourth MMR research project undertaken by the School of Healthcare after parents confidence was knocked following controversy over the safety of

the triple vaccine. Previous research by the Leeds team showed that parents feel isolated when making their decision. The new project will use interactive software developed at Sydney University to help identify parents' concerns and to provide the information needed to answer their questions on the combined measles, mumps and rubella vaccine.

Dr Martin Schweiger, consultant in communicable disease control at the West Yorkshire Health Protection Unit, said: "Health professionals need to have credible and appropriate information to give to those parents about to make a decision about immunising their children."

Simon Balmer, Head of Health Protection for the Leeds Primary Care Trust, who are also supporting the research project, said: "With the right information we believe that most parents will choose to vaccinate their children against these serious illnesses."

Dr Cath Jackson, a member of the research team led by Professor Francine

Cheater, said: "Parents criticise the literature and information currently available. They don't feel confident about saying yes to the vaccine when they don't know enough. "Our previous research shows that many parents were unconvinced that the MMR vaccine is safe and 62% did not consider that their MMR decision was informed. However, there was little opportunity to talk about reaching a decision because GPs and nurses simply don't have the time. We found that some parents feel pressured into making an instant decision about MMR with health professionals assuming they will vaccinate their children."

This new project, funded with £242,252 by the National Institute for Health Research, will see researchers at the University of Leeds recruit hundreds of new parents about to make their first decision on vaccinating their children. They will test out different ways of helping parents make their MMR choices.

University of Leeds.

Aluminum adjuvant linked to Gulf War illness induces motor neuron death in mice

NEUROMOLECULAR MEDICINE, VOLUME 9 2007

MICHAEL S. PETRIK ET AL. ABSTRACT

Gulf War illness (GWI) affects a significant percentage of veterans of the 1991 conflict, but its origin remains unknown. Associated with some cases of GWI are increased incidences of amyotrophic lateral sclerosis and other neurological disorders. Whereas many environmental factors have been linked to GWI, the role of the anthrax vaccine has come under increasing scrutiny. Among the vaccine's potentially toxic components are the adjuvants aluminum hydroxide and squalene.

To examine whether these compounds might contribute to neuronal deficits associated with GWI, an animal model for examining the

potential neurological impact of aluminum hydroxide, squalene, or aluminum hydroxide combined with squalene was developed. Young, male colony CD-1 mice were injected with the adjuvants at doses equivalent to those given to US military service personnel.

All mice were subjected to a battery of motor and cognitive-behavioral tests over a 6-mo period postinjections. Following sacrifice, central nervous system tissues were examined using immunohistochemistry for evidence of inflammation and cell death. Behavioral testing showed motor deficits in the aluminum treatment group that expressed as a progressive decrease in

strength measured by the wire-mesh hang test (final deficit at 24 wk; about 50%). Significant cognitive deficits in water-maze learning were observed in the combined aluminum and squalene group (4.3 errors per trial) compared with the controls (0.2 errors per trial) after 20 wk.

Apoptotic neurons were identified in aluminum-injected animals that showed significantly increased activated caspase-3 labeling in lumbar spinal cord (255%) and primary motor cortex (192%) compared with the controls.

Aluminum-treated groups also showed significant motor neuron loss (35%) and increased numbers of astrocytes (350%) in the lumbar spinal cord. **The findings suggest a possible role for the aluminum adjuvant in some neurological features. (Our emphasis)**

'FEAR'

DR JAYNE LM DONEGAN

MBBS DRCOG DCH DFFP MRCP MFHom

IN MY OPINION, the biggest barrier to intelligent management of childhood illnesses is fear which comes in many forms:

- Fear of trusting our own judgement and intuition because we have been led to believe that only the 'professionals' are qualified to make decisions about our children.
- Fear that diseases that were once regarded as part of growing up are now 'killers';
- Fear that without high tech interventions our children will suffer disability or death;
- Fear of symptoms such as fever, cough or rash;
- Fear that without paracetamol or ibuprofen, our children will all have febrile convulsions;
- Fear of every rash, that it might be meningitis;
- Fear of allowing cough and mucus to run its natural course (out of the body);
- Fear that the world outside is full of random bacteria and viruses that are just waiting to strike our children down;
- Fear that without antibiotics, no child will come through an illness;
- Fear that without 99% bactericidal soap our children will be infected by dangerous germs in their environment;
- Fear that without vaccination, no child will reach adulthood.

We even seem to be afraid nowadays that our children cannot cope with fresh air, so we keep them cooped up in over heated houses instead of putting them out to play in all weathers as our grandparents and great grandparents were.

It is not surprising that there is so much fear in the realm of healthcare, or more accurately, disease care. If you feel this way, it is because that is how your doctor, health visitor and practice nurse feel too. Unless they have studied an alternative health philosophy, all they know about infectious disease is 'The Germ Theory of Disease' - all those bugs are out there waiting to get you, and if you don't have the latest antibiotic/ vaccine/ antiseptic/ bleach your child's



"Common sense tells us that stressed mothers cause stress in their babies, and this has been confirmed in studies. Stress causes outpourings of steroid hormones which, after an initial boost, cause a lowering of the effectiveness of the immune system."

toys three times a week, you will contract a hideous disease that may be mild in some cases, but could, without doubt, attack and harm your child, leaving them disabled or dead. No wonder so many of us reach for the bottle of paracetamol, sterilise our houses, don't allow our children to pick up food they have dropped on the floor, and vaccinate with 25 different vaccines by the time they are 13 months, according to the latest schedule (29, if your child gets the BCG and Hepatitis B vaccine)

We are also encouraged to fear by the sensationalist handling of disease in the media. We hear horror stories about an increase in cases of measles as if it were the black death. If a child can be found who has died, the story is paraded four times an hour on news bulletins and splashed across all the newspapers with the savage delight of a pack of hounds pulling apart a fox at a hunt. Any attempts at finding out the circumstances of the case, the prior state of health of the child, details about their treatment before or after reaching hospital are met with absolute silence – the idea seems to be to promote fear, not understanding. Even a visit to a farm is clouded with dire warnings of 'Deadly E.coli risk'!

Does this fear matter? Yes it certainly does, because a frightened parent is a

stressed parent. The immune system is a delicate, sensitive and wonderfully intelligent apparatus. A child, and even more so, an infant, sees the outside world through the lense of their parents feelings and understanding. It is only later that they take their first independent steps along the path of self knowledge.

Common sense tells us that stressed mothers cause stress in their babies, and this has been confirmed in studies. Stress causes outpourings of steroid hormones which, after an initial boost, cause a lowering of the effectiveness of the immune system. So you enter a vicious cycle; you fear that the worst will happen to your child, this lowers you child's ability to cope with their day to day life, and when they get ill, lowers their ability to cope with the illness, then they go on to get complications and there you have it: a self fulfilling prophecy.

So what can we do?

We can put our feet back firmly on the ground, take a nice calm deep breath in, and an even longer one out and look at the facts. If it were really that difficult to reach adulthood, none of the human race would have reached the twenty first century. And if you look back at recorded history, the real killers throughout the ages have always been: war leading to famine causing pestilence and then death – the three horsemen of the apocalypse.

Worldwide, clean water has saved more lives than any other single intervention.

I believe that every parent inherits the ability to care for their child, in much the same way as we inherit the colour of our eyes, hair or skin. All the tools we need are inside us already, all we need is practice in their practical application.

The great American naturopath Herbert Shelton was fond of saying: "happiness, contentment and cheer should be cultivated with as much care and persistency as the gardener exercises in the cultivation of his plants."

So cultivate self confidence, optimism and faith. Faith in yourself that you have been endowed with everything necessary for your present task, and faith that you and you children have been born into a supportive world where there are many more good people than bad, and abundance of what we need rather than lack.

Dr Jayne L.M. Donegan - Further Information:

Tetanus

More detailed information about tetanus, the disease and the vaccine may be obtained in Dr Donegan's report: 'Vaccinatable Diseases & Their Vaccines' at:

<http://www.jayne-donegan.co.uk/LinkClick.aspx?fileticket=d%2ffky2flvwv4%3d&tabid=826>

<http://www.jayne-donegan.co.uk/Articles/JunkJustice/tabid/454/ctl/Edit/mid/822/Default.aspx>

e-booklet

Excerpts from Dr Donegan's e-booklet, 'Nursing Children Through Acute illness' available to download (£3-50) at:

<http://www.jaynedonegan.co.uk/LinkClick.aspx?fileticket=nyTbBCrb5fo%3d&tabid=989>

Information

For vaccination information, homeopathic and medical consultations or to book lectures, workshops,

Dr Donegan can be contacted on 020 8632 1634 or via her website:

<http://www.jayne-donegan.co.uk/'FEAR'/>

Dr Donegan runs a series of workshops on:

- How to Raise a Healthy Child (and Parent!)
- Nursing Children Supportively through Acute Illness
- Homeopathy for Children - An Introduction
- The Vaccination Question and other health related topics

If you are interested in hosting one of these workshops, please contact Dr Donegan as above.

<http://www.jayne-donegan.co.uk/Articles/JunkJustice/tabid/454/ctl/Edit/mid/822/Default.aspx>

Dr Donegan is also giving lectures about her GMC Experience:

What exactly was the 'Junk Science' that she was accused of presenting to the court? Why did the GMC panel completely exonerate her of all substantive charges after hearing three weeks of evidence from her, and the UK Government and GMC's expert, Dr David Elliman, Consultant in Community Child Health at Great Ormond Street?

Tour

A tour is being coordinated by Magda Taylor of The Informed Parent

Dates: 02-07 November 2008 UK

If you are interested in hosting such an event, please contact Magda:

tel/ fax 0044 (0)1903 212969 or email at: magda@informedparent.co.uk

Carriers of disease?

Was there not the tragic case of "Typhoid Mary," of USA, who because she harboured the "typhoid bacillus," was banished to an island where she was virtually incarcerated (although in good health) until her death thirty-one years later?

This tragic case shows what a danger to the public are exponents of bogus science who collect what they think to be facts but have not the brains to reason correctly about them.

Considering that thousands of people, to say nothing of the air in

theatres, churches, underground railways, etc. must be "carriers" of every sort of germs, why, if we listened to our pseudo-scientists, we would lock ourselves up in our rooms and never go anywhere or see anybody in case we contracted typhoid, measles, mumps, scarlet-fever, pneumonia, or any other acute disease one cared to mention.

Were the theory to fit the facts, then after the typhoid epidemics during 1898-1900 there ought to have been an increase instead of a decline of the disease, seeing that these epidemics would have produced hundreds of "carriers" to be a menace

to the community; a matter which was pointed out long ago by more than one doctor.

In short, the whole carrier theory is based on a false assumption like its parent the germ theory, which proves not only profitable to vaccine vendors but likewise to those Chemical Combines which make huge profits from the sale of antiseptics and germicides, every newly invented one being proclaimed to be superior to those preceding it.

Extract taken from 'Medicine-Rational and Irrational' (1946) by Cyril Scott, p30.

Call for vaccine opt-out penalty

MAY 10 2008 BBC.CO.UK

TOUGH SANCTIONS are being proposed for parents who refuse routine vaccinations, such as MMR. In an article for the Fabian Society, leading public health expert Sir Sandy Macara called for child benefit to be linked with vaccination uptake. And Labour MP Mary Creagh said children should have to prove they are vaccinated before they start school to improve uptake of MMR. The Department of Health said vaccination was voluntary.

Public confidence in vaccination, and in MMR particularly, fell after research raised the possibility that the jab may be linked to an increased risk of autism. The research has since been debunked, and a string of studies have concluded that the triple vaccine - which protects against rubella and mumps as well as measles - is perfectly safe.

But immunisation rates are still well below the 95% needed for herd immunity and are particularly low in London. As a result there have been several outbreaks of measles.

'Blasé'

Sir Sandy Macara, ex-chairman of the British Medical Association, said in many developing countries immunisation rates were higher than in the UK even though they had poorer access to healthcare. "People here have become a bit blasé and they worry more about rare possible risks of vaccination rather than the diseases they prevent.

"One ought to recognise that mothers have a responsibility for ensuring their children are protected." He said linking vaccination to child benefit would ensure full vaccine coverage and make the argument that it was being done for the public good rather than for the benefit of individuals.

"Politicians are much more anxious than they would admit about 'nanny state' accusations but they should be more worried about being accused of negligence," he said.

Ms Creagh said proof of vaccination before school attendance had been used in the US.

"The MMR vaccination rate is at 85% and the target figure is 95% so it's about catching children who may have moved or lost contact with their health visitor but also saying to parents your child has a right to live free from vaccine preventable diseases."

She said there would be exceptions where children could not be vaccinated for medical or religious reasons.

"In lots of cities now they are offering catch up MMR for five-year olds and

"In an article for the Fabian Society, leading public health expert Sir Sandy Macara called for child benefit to be linked with vaccination uptake."

there's a high take-up - a lot of anxiety has gone away and it offers parents another opportunity."

But Jackie Fletcher of pressure group Jabs was against both proposals. "It's only six months since a big public consultation by the Nuffield Council on Bioethics which we contributed to and they concluded there was no reason to change the voluntary system.

"At the same time as this was published in the UK there was a huge furore in the US as parents were threatened with hefty fines and jail unless they vaccinated their children before entry into school. "Is this really the direction we want to go in," she said.

A spokesperson for the Department of Health said they wanted to see a continued improvement in the uptake of the MMR vaccine. "Vaccination in this country is voluntary. "PCTs need to identify what approaches will work best to meet the need of their communities in order to ensure that all children and at-risk groups can benefit from vaccines."

EDITOR: When this article hit the media headlines it triggered a number of radio programmes to cover the 'story', which according to the

individual parents that phoned me, were extremely biased presentations. Also, the TV programme 'The Wright Stuff' featured this issue and I was appalled at how they used celebrities to give their opinions on subjects they know very little about.

I did write to my local MP, Tim Loughton, and he stated that: 'I strongly agree with your opposition to such proposals if they were to go ahead, which have been described as 'Stalinist' by the head of the BMA. I gather that the stories result from briefings by a Labour backbench MP who is responsible for drawing up the Government's manifesto on health for the next election so it may well only be 'kite-flying' at this stage but I will of course monitor the situation closely.'

A number of people contacted me - all concerned by the Labour MP's comments. They had all individually written to Ms Creagh only to receive the very same standard reply.

THE REPLY READ:

From: CREAGHM@parliament.uk
Dear

Thank you for your comments on my proposal to give local education authorities a duty to check children have been properly vaccinated before they start school.

My proposals are not official Labour Party or Government policy. They are the product of my passion to improve child health, and are designed to stimulate debate. They are the result of conversations with senior doctors and public health officials in the UK, USA and France.

The proposal was in the wider context of an article I wrote for Fabian Review, on the need to narrow health inequalities across the UK. I have attached a copy of the article, as you may not have read it in its entirety.

Measles is a serious, highly contagious disease which can cause encephalitis, pneumonia and, rarely, death. It can leave survivors deaf, blind or brain damaged. In 2007 there were 971 cases of measles in the UK, a thirteen-fold increase from just 77 in 2005. Doctors have told me that the figures are just the tip of the iceberg - that many more cases are going

unreported. The vaccination rate is 85% in the UK - and much lower in inner London. To halt the inexorable rise we need to reach the World Health Organisation target of 95%. My article suggested one way of doing that.

Anecdotally, it appears that measles outbreaks in London, the East of England and South and West Yorkshire often occur in travelling communities, religious communities, and in asylum seekers. These are groups that have high mobility, low incomes and life expectancy, and poor access to medical care.

My proposals are designed to address these inequalities. I want to find a better way to help the vast majority of parents who want their children protected to keep up to date with vaccination schedules. Schools are places where children are in constant contact with each other and are, generally, the places where children pick up infections. Many nurseries already ask to see a child's red book health record before they can take up a place to ensure that workers and other children are not put at risk of infection. The NHS insists its staff are vaccinated against transmissible diseases to protect vulnerable patients.

Not all children would be vaccinated. There would, of course, be medical exemptions for children with conditions such as cancer, leukaemia, or who are HIV positive, as well as children whose parents have strong religious or philosophical objections. Such school based schemes already operate in the USA and France, countries that have a strong tradition of individual choice and freedom from government intervention. The results speak for themselves. In the USA last year, there were just 70 cases of measles, compared with our 971 cases, despite a population that is five times larger than the UK. In the USA, most exemptions are given on medical grounds. It is important to stress that parental choice not to vaccinate a child can only take place because there is what scientists call 'herd immunity' in the wider community - a level of vaccination (normally between 85%-95%) that means diseases cannot easily spread. Parents who choose not

to vaccinate their children can thereby do so, safe in the knowledge that their children are unlikely to come into contact with the disease. This choice is only possible because other parents choose to vaccinate. I also believe that children and their schoolfriends have the right to be protected from vaccine preventable disease. In Colorado, the US state with the highest number of philosophical exemptions, a qualitative study was conducted over 11 years on non-vaccinated children. It found that unvaccinated children aged 3 to 10 were 60 times more likely to get measles than vaccinated children. Unvaccinated children also

.....
"Unvaccinated children also present risks to vaccinated children, as a vaccine is never 100% effective, as well as to younger unvaccinated siblings and to expectant mothers and their unborn children. I am not advocating the exclusion of children from school. Indeed, the US experience shows that, in practice, this does not happen."

.....
present risks to vaccinated children, as a vaccine is never 100% effective, as well as to younger unvaccinated siblings and to expectant mothers and their unborn children.

I am not advocating the exclusion of children from school. Indeed, the US experience shows that, in practice, this does not happen. I have a longstanding interest in the improvement of our children's health. My Children's Food Bill, containing measures such as removing junk food from schools, improving school dinners, and reintroducing cooking lessons, all eventually adopted by the Government. I also campaign to reduce child scalding incidents which claim the lives of more than 20 people each year, and cause serious injury to more than 400, young children every year.

It is disappointing that they have been sensationalised by certain sections of the media. I am

disappointed that Dr Hamish Meldrum, the Chairman of the BMA GP Committee, (and not a public health expert) called them "Stalinist". I know that several of the BMA Council members are unhappy with his comments. The medical professionals that I have spoken to are anxious to increase the vaccination rate and stem the recent rises in measles rates and the suffering they see. I look forward to receiving his ideas as to how this can be achieved.

Thank you again for your comments,
Kind Regards
Mary Creagh MP

HERE FOLLOWS a copy of the email I sent to Mary Creagh on 19/05/08, after reading the standard reply that those contacting me had received. Interestingly enough, I did not receive any kind of response at all!

IT READ:

Dear Mary,
I am writing in relation to an email response you sent to regarding your proposals on vaccination status. I run the organisation The Informed Parent, which I helped set up back in 1992. On reading your comments I realised that it may be useful for you to gain a much better understanding as regards to parents who decline vaccination. You say in your letter: 'Parents who choose not to vaccinate their children can thereby do so, safe in the knowledge that their children are unlikely to come into contact with the disease. This choice is only possible because other parents choose to vaccinate.'

I am not sure what you have based your comments on, as in the seventeen years of being involved in this issue, I have had a lot of experience communicating with many parents, and they look at this issue with a completely different mind-set to the way you are thinking. There may be a few parents who behave in the way you comment but these are not typical of the 'informed' parents I have communicated with. I assume they are parents who are making their decision based on fear and have actually not really studied the subject in any depth. Parents who make

the decision not to allow their children to be vaccinated have a completely different view on disease and health. On studying the subject in depth they come to the conclusion that vaccination is actually totally inappropriate and will not enhance their child's, or anyone else's child's health. Vaccination is based on Pasteur's Germ Theory, and this theory was even rejected by Pasteur himself, at the end of his life. Everyday of our lives we are exposed to microbial life, and not just from the outside, as within our internal environment we are teeming with other life forms. Germs can evolve from within an individual depending on the internal soil of that child/person, it doesn't have to be 'caught' from outside. Also many can be 'exposed' to, say for example, measles and not develop the condition.

As you have referred to measles, I will continue using this acute infection to illustrate further points. The present established view of measles is not generally held by parents who do not vaccinate. Interestingly enough in 1959, when there had been 51,000 cases of measles in the UK, a report in the BMJ referred to measles as 'the most commonest disease in the world and normally a mild infection, complications are rare.' This is a far cry from the descriptions we hear now, and I can't help thinking it is more to do with the fact that back in 1959 there was no measles vaccine to promote and so a more realistic image of this childhood infection was being portrayed.

During the 1800s the mortality rates for measles, whooping cough, scarlet fever, and so on, were indeed high. This was a reflection of the general health of the population. If one studies the epidemiology of these diseases it is clear that vaccination did not have a huge impact in the decline of these diseases. Cases, and deaths started to fall dramatically before any kind of vaccination. In the case of measles it was over 95% in decline before the vaccine was introduced in 1968. A vaccine was never introduced for scarlet fever, and that disease fell dramatically also, and we do not witness huge epidemics and deaths from this disease nowadays. I would be happy to send

you numerous graphs that highlight these declines, in case you are unfamiliar with these data.

So why the declines? The more healthy a population becomes the less likely they will develop dis-ease. In countries, such as, Britain, USA, Australia and Europe similar changes were taking place as regards to living conditions, clean water, sanitation, better nutrition etc. and these changes had a great impact on the health of the population. Death rates and secondary complications fell as well as the number of cases. These declines can be seen quite clearly from the mid 1800s to the

.....
"This is a far cry from the descriptions we hear now, and I can't help thinking it is more to do with the fact that back in 1959 there was no measles vaccine to promote and so a more realistic image of this childhood infection was being portrayed."
.....

1950s before the introduction of vaccination programmes.

Many informed parents also hold a different view of measles, and I shall try and describe this to you in simple terms. An acute disease, such as measles, is seen as an opportunity for the body to eliminate toxins that have built up in that individual's body. If there is an amount of toxic build-up in the body which is too great for the usual eliminative organs to cope with, the body will initiate an elimination process. Starting with a fever the body will push the unwanted build-up to the surface of the skin, hence the rash, with the aim to externalise the problem. A reasonably healthy child will sail through measles, if this process is not suppressed or mismanaged, resulting in a much cleaner internal environment. Indeed it has been observed that after a properly managed case of measles a child may experience a growth spurt physically and mentally. These concepts are not some fad amongst certain parents of today, they are concepts going way back

to the time of Hippocrates, and before. It is a great pity that doctors are not familiar with this understanding of disease. Rather than swearing on the oath of Hippocrates, they should spend more time studying basic concepts. Doctors only study symptoms of disease, and generally have little understanding of health. Doctors view symptoms as the body going wrong and proceed in suppressing the symptoms, with either medications or removing the problem by operations. I believe that this is purely down to the limited curriculum given to the medical students leading them on to having a very limited view on disease. I am only touching on this area, but if you are curious to know more on these unfamiliar concepts I would be happy to help.

A case of measles that resulted in secondary complications would not occur randomly, it would indicate a compromised system and/or mismanagement of disease. For example, if you suppress the early stages of measles and suppress the elimination process then the 'rubbish' the body is trying to throw out may be internalised instead. This could lead to, for example, pneumonia. The problem has been internalised instead of being externalised through the skin. You comment that in the USA there have only been 70 cases of measles compared to 971 in the UK last year. Again I would like to highlight another angle on this. Let's say those figures are accurate (as many cases of measles in the vaccinated are diagnosed as a non-specific viral infection due to the vaccination status). If we look at the general health of the US we do not see an exceptionally healthy nation, quite the opposite. There are huge problems out there despite all the technology they may have. American babies/children have been receiving a greater number of vaccinations than British children, for a number of years. (Although we do seem to be catching up with them in recent times.) Maybe with all these jabs, other medicines, such as, antibiotics, and junk food diets etc, it may be that American children are in such a suppressed state of health, that they haven't even got the vitality to develop measles! Absence of

disease does not equate health. If a child has a compromised system then instead of the body being able to eliminate via an acute childhood disease, the 'rubbish' will accumulate resulting in a chronic disease at a later date. If in turn this is suppressed then they could be heading for a degenerative disease instead. If 971 cases of measles occurred in the UK then that shouldn't be an issue. If they were all straightforward cases, then what is the problem? It may result in them being healthier adults. If there were some complicated cases then they should be studied and understood, as it would not have been because they were just 'unlucky'.

I probably held similar beliefs as you once, because I hadn't studied the subject. I listened to my health professionals and, indeed allowed my two daughters to receive the early vaccinations on offer. I was under the impression that vaccination was a procedure that had been thoroughly tested and that, more importantly, that the body was fully understood. I now know very differently that much of the present medical mindset is full of ifs, buts, maybes, and a great area of the unknown. Germs are not the cause of disease, and equally, levels of antibody

"You say that it is necessary to reach a 95% uptake and yet when the measles vaccine was introduced in 1968 there was a very low level of uptake initially and yet still the measles cases were falling."

are not an indication of immunity. (Some individuals may have high levels of antibody circulating and still develop a disease, whilst others who have low or no levels do not develop a disease.) As for 'herd immunity' this is another questionable concept, especially when 'immunity' itself is not understood. You say that it is necessary to reach a 95% uptake and yet when the measles vaccine was introduced in 1968 there was a very low level of uptake initially and yet still the measles cases were falling. There was only around a 25% uptake the first four years of use and then slowly the uptake increased over the following years and by 1980 there was around 60% uptake - and still measles had been going down. Why wasn't there epidemics then? And ultimately, if measles is a beneficial

eliminative disease that can enhance our future health, why would we be trying to prevent that happening?

I don't expect you to read this letter and immediately take it on board, but I do hope that you will become more curious about other angles on this subject. I have just tried to give you a little more understanding of a completely different viewpoint on the subject that some people hold. I would encourage you to also communicate with other health professionals, as talking with 'senior doctors and public health officials' are only coming from one viewpoint. Yes, it may be the established viewpoint at this time but that does not mean it is the correct one.

We all share a common goal, that is, we want to improve the health of our children and the health of others, now, and for the future generations. I urge you to look at this more carefully and broadly, rather than discriminating against those who have actually taken a lot of time and study to make a very informed decision in a responsible manner.

*Yours sincerely
Magda Taylor
Director of The Informed Parent*

Protecting your pet: over-vaccination

<http://www3.whdh.com>
26/05/2008

PET OWNERS have long been told that their animals need to get shots... But some vets are questioning the safety and necessity of those vaccinations.

In the summer of 2004, integrated veterinarian Dr. Marty Goldstein received an emergency visit from a nine-month-old Boston terrier named Cleatis.

Dr. Marty Goldstein, veterinarian: "One of my technicians said we have a dog in critical shape in the waiting room. He was hemorrhaging from his rectum, and he was literally going into shock and dying."

Although he was able to reverse the condition, Dr. Goldstein believes

Cleatis' illness was caused by the vaccines he received as a puppy.

Dr. Marty Goldstein, veterinarian: "I see animals come to me young with tragic illnesses, terminal illnesses. I go back into their history and I see that they have received a series of multiple multi-dose vaccinations."

Citing examples from his own patients, Dr. Goldstein believes that too many vaccines causes a weakening of an animal's immune system.

Dr. Marty Goldstein, veterinarian: "If vaccines didn't have any side effects, I wouldn't have a problem, but I think indirectly over-vaccination attributes to the incredible rise we've seen in cancer since I graduated vet school.

But many vets still say the benefits of vaccinations far outweigh the potential side effects that vaccines may have.

Dr. Ann Hohenhaus, veterinarian: "Vaccinations have done a tremendous amount to extend the life span of our companion dogs and cats and now we can prevent them from ever getting diseases that forty to fifty years ago they died from. There's a small risk, that a vaccination may provoke disease but the risk is very small"

And research has shown that vaccines are lasting longer in pets than originally thought, making the traditional yearly booster shot a thing of the past.

Dr. Ann Hohenhaus, veterinarian: "We still need to vaccinate puppies and kittens frequently as babies so that their immune system gets built up, but now in the adult animal I'm pretty much in all my patients recommending a vaccine interval of every three years."

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.

FOREST ROW, EAST SUSSEX:

Monday 22 Sept 2008 - PART 1

and

Monday 29 Sept 2008 - PART 2

Talks start at 8pm

in Forest Row Community Centre,
Hartfield Road, Forest Row East Sussex.

Tickets £8 per person or £12 per couple.

Contact Sheereen at: sheereen@live.co.uk

BRIGHTON, EAST SUSSEX:

22 Oct 2008 / 11 Feb 2009 / 10 June 2009

PART 1

5 Nov 2008 / 25 Feb 2009 / 1 July 2009

PART 2

Talks start at 7.30pm

Contact Karel on 01273 277309

for further details/bookings.

For details contact Karel on: 01273 277309

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Vaccination

From 200 years of experience,
what have we learned so far?

Monday October 6th 2008

Venue: Bonded Warehouse,
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Doors open 7.30pm

£4.00 Early bird booking, £5 on the door.

For further details please contact

Kate on: 01746 767952

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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