

## MMR campaigner from Warrington wins £90,000 payout

BBC NEWS

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THE MOTHER of a Cheshire teenager who was left severely brain damaged by the MMR vaccine has won a compensation award from the government.

Robert Fletcher, 18, from Warrington, suffered a fit 10 days after he had the vaccination when he was 13 months old.

His mother Jackie received the £90,000 payout from a medical assessment panel last week.

The family successfully appealed after their application for compensation was originally turned down in 1997.

They had originally applied through the Government's Vaccine Damage Payment Scheme.

Robert has frequent epileptic fits, is unable to talk, stand unaided or feed himself, but is not autistic.

### 'OUTSTANDING SAFETY RECORD'

Mrs Fletcher always believed that her son's epilepsy was triggered by the combined measles, mumps and rubella vaccine.

The ruling and compensation award was made by a jury made up of a judge and two doctors.

It said the ruling had no relevance to

the question of a link between the vaccine and autism.

Dr Andrew Wakefield was the lead author of the controversial study, published in *The Lancet* in 1998, which suggested there may be a link between MMR and autism and bowel disease.

*"What I'm hoping now is that other parents whose children have suffered a similar reaction to Robert can maybe go down the same route that we've gone down to achieve justice for their children."*

His comments and the subsequent media furore led to a sharp drop in the number of children vaccinated against these diseases.

### ROBERT FLETCHER RECEIVED THE VACCINE WHEN HE WAS 13 MONTHS OLD

The study has since been discredited and *The Lancet* has said it should not have run it.

Mrs Fletcher has campaigned for justice for her son for the past 16 years.

She said: "I feel vindicated by it because over the years I've been labelled anti-vaccine and a scaremonger and all

sorts of things, when all I've been trying to do is highlight what's happened to my son, to help safeguard other parents' children.

"What I'm hoping now is that other parents whose children have suffered a similar reaction to Robert can maybe go down the same route that we've gone down to achieve justice for their children."

A Department of Health spokesperson said: "This decision reflects the opinion of a tribunal on the specific facts of the case and they were clear that it should not be seen as a precedent for any other case.

"The safety of MMR has been endorsed through numerous studies in many countries. Thankfully, more parents are having their children vaccinated with MMR and consider it as safe as other childhood vaccines."

He added: "MMR vaccine has been used extensively and safely around the world for over 30 years. Over 500 million doses have been given in over 100 countries.

*"The World Health Organisation recognises MMR as being a 'highly effective vaccine which has (such) an outstanding safety record'. 'Parents and carers should continue to get their children immunised when called to do so.'"*

## Twin sisters deaths: Doctor still missing

GHAZIABAD

indianexpress.com Sep 19, 2010

THE POLICE are yet to arrest the doctor who had gone absconding following the deaths of nine-month-old twin sisters in Ghaziabad. The twin sisters, Avika and Anika, died on September 15

night, allegedly after the doctor at a private nursing home gave them a measles vaccine.

The samples of vials of vaccines have been handed over to the health department officials for further testing.

According to Sharad Kumar Tyagi, the newly appointed chief medical officer, the samples were provided to the state and

Centre's health department. "Officials have visited the chemist shop from which the vaccines were purchased. Samples from the shop have been taken for testing," Tyagi added.

Investigating officer Ajab Singh said, "We have not been able to record the statement of the chemist who had given the vaccine vials to the hospital staff. We have not received any information on the purchase of vaccines yet."

# Editor's note



Magda Taylor

WELCOME TO THE LAST ISSUE OF THE NEWSLETTER FOR 2010, and a big thank you for your support in keeping *The Informed Parent* up and running! However due to the economic climate and with more and more people just surfing the net for information rather than subscribing to newsletters, I really do need your help in promoting *The Informed Parent* to

make it possible to continue with the newsletter. I would like to preserve the paper edition of the newsletter and avoid the e-newsletter route that other publications have moved over to.

In mid November the Chief Health Minister, Prof. Dame Sally C Davies, announced a change in the immunisation schedule. In order 'to simplify the schedule and reduce the number of visits parents had to make, the schedule should be changed to ensure all practices offered the three vaccines in one visit. Hib/Men C, MMR and PCV should now be offered together at one appointment when a child is between 12 and 13 months of age.'

Prof. Davies's letter to doctors, dated 17 Nov, states regarding the change: 'Whilst there was no direct evidence, the simplification might be expected to increase uptake as parents

would not need to return for a further visit.'

Well, it will be interesting to see how accepting parents are over this. Since the Dr Wakefield GMC verdict the coverage on MMR has become very quiet and presumably the Dept of Health view this as a good time to try and boost the uptake. Naturally parents will prefer fewer visits to the surgery but I do hope they will question the number of vaccines their child will be expected to receive all at the same time!

Changing the subject entirely I would like to give a mention to a book I have been reading by Wayne W Dyer entitled 'Stop The Excuses – How To Change Lifelong Thoughts'. I have read a few of Wayne Dyer's writings and found them to be very useful reminders of how our mind, hence our outlook, has such an impact on our everyday life and the way we deal with things. In this particular book he examines how our thoughts, feelings and behaviours cause us to act as we do and how they can be changed to provide inspiration, encouragement and a vital support system for our self-esteem. This in turn will, hopefully, have a knock on effect on our close family and friends, and as it has been said many a time the mind plays an enormous role on our health and well-being!

WISHING YOU ALL HEALTH AND HAPPINESS!

Magda Taylor, December 2010.

## Calls for vaccine surveillance scheme

THE SYDNEY MORNING HERALD,  
MARK METHERELL

[www.smh.com.au](http://www.smh.com.au)

September 22, 2010

**D**ELAYS IN OFFICIAL responses to an outbreak of convulsions among recently vaccinated infants have exposed differences between federal and state health authorities and prompted experts to call for a national surveillance scheme.

In the face of criticism over the three months it took to clearly identify CSL's Fluvax vaccine as the likely culprit, the federal health department yesterday sought to put some blame on

the West Australian health department.

A spokeswoman for the federal department said WA health officials were aware of the side effects with the flu vaccine three weeks before they provided data to the Therapeutic Goods Administration about the reported febrile convulsions. "This is the responsibility of the WA health department and is of great concern," the spokeswoman said.

Ultimately, 100 cases of febrile convulsions were reported nationally earlier this year, with 53 occurring in Western Australia which has a policy of influenza vaccinations for all infants.

The federal department suspended flu vaccinations for children under five in April and recommended on July 30 not to use CSL vaccines for those under five.

A report commissioned by the West Australian government found there was a "slow response by this state and the Commonwealth to apparent emerging adverse events". It also said it was "disturbing" that neither Western Australia nor the Commonwealth had implemented surveillance measures recommended by the World Health Organisation.

*Vaccination specialists said yesterday the Fluvax experience highlighted the need for a unified, active surveillance scheme.*

"THREE THINGS CANNOT BE LONG HIDDEN:  
THE SUN, THE MOON, AND THE TRUTH." - Buddha

# CHINA MASS MEASLES VACCINATION PLAN SPARKS OUTCRY

BY GILLIAN WONG  
(ASSOCIATED PRESS)

12 September 2010

**B**EIJING — China's plans to vaccinate 100 million children and come a step closer to eradicating measles has set off a popular outcry that highlights widening public distrust of the authoritarian government after repeated health scandals.

Since the Health Ministry announced the World Health Organization-backed measles vaccination plan last week, authorities have been flooded with queries and Internet bulletin boards have been plastered with worried messages. Conspiracy theories saying the vaccines are dangerous have spread by cell phone text messages.

The public skepticism has even been covered by state-run media, which noted the lack of trust was about more than vaccines.

"Behind the public's panic over the rumors is an expression of the citizens' demands for security and a crisis in confidence," a columnist wrote in the Chongqing Daily newspaper.

"The lack of trust toward our food and health products was not formed in one day," said the Global Times newspaper. "Repairing the damage and building credibility will take a very long time. The public health departments need to take immediate action on all fronts."

In recent years, government agencies have dragged their feet or withheld information about the spread of SARS, bird flu and, last month, an outbreak of cholera. China's slow response to SARS, or severe acute respiratory syndrome, was widely blamed for causing the outbreak that swept the globe in 2003, and led to deep mistrust both internally and internationally. Milk products contaminated with industrial chemicals are still found despite mass recalls and several criminal convictions, including executions, after tainted infant formula sickened 300,000 babies and killed at least six two years ago.

Feeding into worries about the measles vaccine were media reports in March that vaccines for encephalitis, hepatitis B and other diseases possibly killed four children and seriously sickened dozens in one province. The health ministry said an investigation showed those vaccines were improperly stored but subsequent illnesses

were unrelated. Many remain unconvinced.

Meanwhile, two Chinese vaccine makers recently said they shut operations after rabies vaccines they produced were found to be substandard. The ministry has tried to calm the public's anxieties about the 10-day measles immunization drive, which started Saturday. It has busily issued statements, refuted rumors and held briefings to emphasize the need for the vaccine as well as its safety. The campaign, likely the world's largest, targets all children ages 8 months to 4 or 14 years, depending on locality, and is intended to include remote areas, migrant communities and other places where previous vaccination coverage has been spotty. Yet the publicity is not likely to easily reassure a public increasingly skeptical of reassurances from a government often seen as opaque and unaccountable, especially where public health is involved.

"This time how could the public have no doubts? They are asking: 'Is there an outbreak of the disease? Are previous vaccinations not working? Are the people in the government trying to make money from this?'" newspaper commentator Wei Yingjie said in an interview. The public push-back marks a turnaround from the mass campaigns in the communist heyday under Mao Zedong and shows how prosperity and greater access to information are creating a more assertive populace.

"This campaign would have been no problem in the Mao era, but today we know with globalization, the Internet, the information explosion, this increasingly assertive civil society, they want to participate in the public policy process," said Yanzhong Huang, senior fellow for global health at the Council on Foreign Relations in New York.

Measles is a highly contagious viral disease that can develop into blindness, pneumonia and encephalitis and lead to death, and health experts say China needs an effective vaccination program.

Despite previous vaccination drives, China recorded 52,000 measles cases last year, including 39 deaths. The infection rates mean China is far from meeting its national pledge from 2005 to eradicate measles by 2012.

Mass drives in other parts of the world have either virtually eliminated measles or

significantly reduced the number of infections. The disease has been nearly nonexistent in the Americas since 2002 and cases in seven countries in southern Africa fell from 60,000 in 1996 to 117 by 2000, according to the WHO.

Dr. Lisa Cairns, head of immunization at WHO China, said many of those infected with measles in China are young children who were likely never vaccinated.

"Because the disease is not as common as it used to be, it is easy to forget how serious it is," she noted.

China's Health Ministry has repeatedly said that the measles vaccine is safe, with random samples tested from stores around the country, and has tried to assure the public that medical personnel are prepared for emergencies, including any adverse reactions. On Friday, a senior ministry official promised that no one would be forced to take the vaccination.

"Vaccination will only proceed after parents sign an agreement," the ministry's deputy director for disease control Hao Yang said. "We heard that some places were linking vaccination with admission to kindergartens and schools. So yesterday we issued a notice that admission to school should never be used to force children to vaccination."

Health care professionals, however, have questioned the immunization drive's broad scope, given that many children have previously been inoculated and thus would be vaccinated again.

A blog posting by a prominent immunization expert, Wang Yuedan of Peking University, urged the government to focus on formerly undeserved groups like the children of rural migrants now living in urban areas, instead of vaccinating some children again. By Friday, Wang withdrew his reservations and backed the campaign, saying he was convinced by the Health Ministry's explanations. Still, Wang said in an interview that he winced at the thought of his 4-year-old daughter suffering a possible fever from the vaccine.

"I'm a man and a father first, who has emotions and who can't watch his child suffer pain blindly," he said.

*Associated Press researcher Xi Yue contributed to this report.*

# Measles in the United Kingdom - The “Wakefield Factor”

BY F. EDWARD YAZBAK MD, FAAP

Dr. Andrew Wakefield has been persecuted and vilified ever since he published an article in Lancet in February 1998 and answered questions about MMR vaccination at a press conference in London.

Of all the insults and accusations levelled against Dr. Wakefield, the most painful must have been that because of his research, children in the United Kingdom and elsewhere were more likely to come down with measles and die.

Dr Wakefield’s recommendation for single measles vaccine in preference to MMR was made after his extensive review of the quality of safety data in relation to measles-containing vaccines and the revelation, by a senior member of the UK Department of Health, about the licensing of knowingly unsafe MMR vaccines by the UK authorities.<sup>[1]</sup> His position on the relative paucity of good safety data for MMR compared with the single measles vaccine has since been endorsed by the Cochrane Collaboration.<sup>[2]</sup> It is important to note that at the time of The Lancet publication and beyond, Dr Wakefield strongly endorsed the use of single measles vaccine. Despite false allegations to the contrary by The Lancet editor, Dr Richard Horton<sup>[3]</sup>, single vaccines were available in the UK when Dr Wakefield made this recommendation.

In order to protect the MMR vaccine programs the option of single vaccines was later removed from parents wishing to vaccinate their children, but concerned, quite reasonably, over the safety of MMR.

In the UK, the government withdrew the importation license for single vaccines

There were 188,483 reported measles cases in the ten years preceding the Wakefield paper compared to 28,289 cases in the following ten years, an 85% decrease.

a few months after Dr Wakefield’s 1998 press conference. Well worth noting is the fact that Merck ceased supplying the single measles, mumps and rubella vaccines in the United States over ten years later, in October 2009<sup>[4]</sup>.

Because of inconsistent testing results and non-availability of pre-1998 data, it is near impossible to define a trend or to draw conclusions regarding confirmed measles cases; yet the relatively few confirmed cases of measles in the UK received an inordinate amount of publicity that always included extensive blame of Dr. Wakefield, particularly as his GMC hearing approached.

While this was happening in England, multiple measles outbreaks were being reported worldwide, sometimes in highly vaccinated populations.

Official statistics from the United Kingdom Health Protection Agency show that:

- The number of reported measles cases kept dropping after 1998 and only exceeded the 1998 figures ten years later, when there were outbreaks worldwide
- There were strikingly far fewer reported measles cases in the UK in the 10 years that followed Wakefield’s paper than in the 10 years that preceded its publication

The reporting of measles cases in the

United Kingdom was not affected by Dr. Andrew Wakefield’s research.

## MEASLES IN THE UNITED KINGDOM

The role of the Health Protection Agency (HPA)<sup>[5]</sup> is “to provide an integrated approach to protecting UK public health through the provision of support and advice to the NHS ... The Centre for Infections at Colindale is the base for communicable disease surveillance and specialist microbiology ...”

According to the HPA, “After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting good health.”<sup>[6]</sup>

The HPA lists in a single master table<sup>[7]</sup>, the annual totals from 1982 to 2009 for England and Wales, of all “Statutory Notifications of Infectious Diseases (NOIDs)”.

Selected measles information for the years 1988-2007 from that particular HPA Master Table is listed in Table I - HPA: Measles Reported Cases – England and Wales.

The MMR vaccine was licensed and the MMR vaccination program was launched in the United Kingdom in 1988.

There were 188,483 reported measles cases in the ten years preceding the Wakefield paper compared to 28,289 cases in the following ten years, an 85% decrease.

Although increasing uptake of the MMR vaccine could account for much of the early decline, the fact that there were 43,010 reported measles cases in the five years preceding the publication compared to 13,981 cases in the following 5 years, a decrease of 67%, suggests that there was

TABLE 1 - HPA: MEASLES REPORTED CASES – ENGLAND AND WALES: TOTALS

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	LAST 5	ALL
10 YEARS PRE-WAKEFIELD	86,001	26,222	13,302	9,680	10,268	9,612	16,375	7,447	5,614	3,962	43,010	188,483
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	FIRST 5	ALL
10 YEARS POST-WAKEFIELD	3,728	2,438	2,378	2,250	3,187	2,488	2,356	2,089	3,705	3,670	13,981	28,289

**TABLE 2 - WHO: MEASLES REPORTED CASES – UK AND NORTHERN IRELAND: TOTALS**

10 YEARS PRE-WAKEFIELD	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	LAST 5	ALL
	86,259	30,160	28,228	11,727	12,317	12,018	23,525	9,017	6,866	4,844	56,270	226,961
10 YEARS POST-WAKEFIELD	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	FIRST 5	ALL
	74	-	104	73	314	460	189	79	764	1022	565	3,079

no “Wakefield Factor”, at least insofar as an impact on reported measles cases is concerned.

If one postulated that the UK MMR vaccination rates near-reached targeted levels 3 years after the launch of the vaccination program and compared the 7-year periods before and after the Wakefield paper, the following would also be obvious: There were only 18,825 measles notifications in the 7 years following the publication of the paper in early 1998 compared to 62,950 measles notifications in the previous 7 years.

The fact that the number of notified measles cases decreased from 1998 to 1999 to 2000 to 2001, the 4 years immediately after the Wakefield publication and press conference, when maximal impact should have been noted clearly speaks for itself.

The same holds true when calculated as cases per 100,000 of population.

Dr. Elizabeth Miller, Head of the Immunization Department at the Health Protection Agency, Center for infections, and a member of the WHO Global Advisory Committee on Vaccine Safety, was never a fan of Dr. Wakefield. A staunch defender of the MMR vaccination program and the author / co-author of eight publications on MMR vaccination and autism between 2002 and 2005, she never once revealed in her many addresses that reported measles cases had decreased after The Lancet paper.

Neither did Sir Liam Donaldson, the Chief Medical Officer nor Professor David Salisbury, Director of Immunization at the UK Department of Health.

The World Health Organization (WHO) lists infectious diseases reported by all nations.

The following table lists that data <sup>[8]</sup>

for the ten years before and after the Wakefield paper as reported by the UK Health Authorities, possibly the HPA.

An attempt at explaining the above somewhat inconsistent numbers will follow. The fact remains that the reported cases of measles in the United Kingdom and Northern Ireland did not increase and actually decreased in the years immediately following the 1998 publication by Wakefield et al in The Lancet.

This is further supported by Jick and Hagberg of the Boston University School of Medicine Collaborative Drug Surveillance Program <sup>[9]</sup> who identified all children in the UK General Practice Research Database diagnosed with measles from 1990 to 2008 and recently reported (June 2010) that “...Since 1996, the incidence of measles has fallen ...”

Reported cases of measles <sup>[10]</sup> decreased 15 to 44% in England and Wales between 1998 and 2007. They also decreased from year to year during 5 of the 6 years that followed the Wakefield paper in spite of the frenzied publicity.

Trying to make sense of the number and percentage of confirmed measles cases in the UK since 1998 is a challenge. As evident in the following table, the number and percentage of confirmed cases spiked in 2002 and again in 2006-2007.

A comparison of the data for the 2002 and 2007 spikes illustrates the difficulty to draw conclusions. While reported cases rose from 3,187 to 3,670, an increase of 15%, confirmed cases jumped disproportionately from 319 to 990, an increase of 210%.

Looking at the 2002 spike and comparing 2001 with 2002, reported cases increased by 42% from 2,250 to 3,187 while confirmed cases increased by 355% from 70 to 319.

Comparing the first quarters of both years was also helpful.

There were 741 notified measles cases and 569 (72%) tested. Only 3 had a positive saliva test, a yield of 0.5% from weeks 1 to 13 of 2001. <sup>[11]</sup>

During the same weeks of 2002, <sup>[12]</sup> there were 1,199 notified cases and 1,386 (116%) tested cases. The following explanation was provided by the Public Health Laboratory Services (PHLS) for this strange situation: “due to the increase in confirmed measles in this quarter many oral fluid tests were submitted early for detection of IgM antibody for suspected cases, some of which were not subsequently notified, thus more samples were submitted than notified in this period.”

[No lucid comment on the above statement is possible.]

In any case, of the 1,386 tested cases, 91 or 6.6% were positive, a yield 13 times greater than in the first quarter of 2001. Because 9 cases had recently been vaccinated, PHLS recorded the confirmed saliva-tested cases as 82. Unlike in Q1 of 2001, PHLS then added 44 “other lab confirmed cases” to push the number of confirmed cases to 126 for the quarter.

In spite of all the changes and lack in conformity, there were fewer confirmed cases of measles <sup>[13]</sup> in England and Wales in 2005 than in 1999. Also noteworthy is the fact that the percentages of confirmed cases remained low during the four years that immediately followed the publication of the Wakefield study.

The fact that there were only 2,089 notified cases and 78 confirmed measles cases in 2005, while the same diagnostic modalities as in 2002-2004 were in use, strongly suggests that seven years after the Lancet publication, the so-called Wakefield Factor was still not much of a factor.

**TABLE 3 - HPA: MEASLES REPORTED AND CONFIRMED CASES – ENGLAND AND WALES**

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	TOTAL
<b>REPORTED</b>	3,728	2,438	2,378	2,250	3,187	2,488	2,356	2,089	3,705	3,670	<b>28,289</b>
<b>CONFIRMED</b>	56	92	100	70	319	437	188	78	740	990	<b>3,070</b>
<b>% CONFIRMED</b>	1.5	3.8	4.2	3.1	10.0	17.6	8.0	3.7	20.0	27.0	10.9

A careful look at the first quarter of 2005 <sup>[14]</sup> may help shed some light on the issue of case confirmation in the United Kingdom by saliva testing. In week 1 to 13, 2005 there were 591 reported cases of measles of which 575 (97.3%) were tested. In only 20 (3.5%) the saliva test was positive.

The same was true for rubella: Of 299 cases of clinical rubella reported by physicians during the quarter, 220 had a saliva test performed and only 2 (0.9%) of the 220 tests were positive.

The results for mumps testing were not much different. During the same quarter, 5,945 cases of mumps were reported, 3,356 or 56.5% were tested and 1,381 (41%) were positive by the saliva test.

Clearly, the validity of measles, rubella and even mumps reporting is suspect.

A similar picture was also evident in the second and third quarters of 2005. <sup>[15]</sup> <sup>[16]</sup>

Oral fluid testing (saliva) for measles, mumps and rubella began in the UK in 1995. <sup>[17]</sup> It is worth noting that until 1998, the health authorities continued to provide counts of reported and not of confirmed measles cases to the World Health Organization. (See WHO table above).

It is important to point out that the increases in reported and confirmed cases of measles during 2006 and 2007 were part of the global increase in measles activity still going on and will be discussed in the next section.

Considering measles-related deaths in the UK and according to information provided by HPA <sup>[18]</sup> and updated April 13, 2010: “In 2006 there was one measles death in a 13 years old male who had an underlying lung condition and was taking immunosuppressive drugs. Another death in 2008 was also due to acute measles in unvaccinated child with

.....  
*Even a single confirmed case of measles in an unvaccinated or under-vaccinated English child always signaled an avalanche of blame by many who should have remembered that it was not Andrew Wakefield who banned the importation of the single vaccines in 1999.*  
 .....

congenital immunodeficiency whose condition did not require treatment with immunoglobulin. Prior to 2006, the last death from acute measles was in 1992. All other measles deaths, since 1992, shown above are in older individuals and were caused by the late effects of measles. These infections were acquired during the 1980s or earlier, when epidemics of measles occurred.”

**MEASLES OUTBREAKS WORLDWIDE**

Measles outbreaks have been occurring worldwide since 2006 even in highly vaccinated countries.

In Saudi Arabia <sup>[19]</sup>, where infants routinely receive a monovalent measles vaccine at age 9 months and two MMR vaccines, at age 1 and again at age 4-6 years and where vaccination rates with measles-containing vaccines have consistently been between 95 and 98% during the last 6 years, there were 4,648 cases of measles in 2007 compared to 373 cases in 2005, 807 in 2006, 157 in 2008 and 82 in 2009.

So in 2007, in spite of the superior

vaccination rates in Saudi Arabia, there were 4,648 reported cases of measles in an estimated population of 27.6 million. In the same year, there were 3,670 reported cases of measles, of which 990 were confirmed, in the United Kingdom, estimated population 61 million. <sup>[20]</sup>

In Switzerland, the MMR vaccine has been licensed and used since 1985 when a catch-up vaccination was also recommended for teenagers aged 12 - 15 years. A second dose of MMR was recommended in 1996. Vaccination coverage for at least one dose by age 2 remained stable at around 82% during the decade of the nineties. It increased to around 87% in 2005 - 2007. For eight-year olds, the MMR vaccination rate was 90% while for adolescents, it was at 94%. Full vaccination with two doses of MMR reached 71 to 76% in Switzerland.

There were on average 50 notified cases of measles a year in Switzerland (population 7.5 million) from 1999 to 2006 except for 2003, when there was an outbreak of 612 cases.

From November 2006 to September 2009, Switzerland experienced a full scale epidemic with 4415 reported measles cases. The incidence rates of 15 per 100,000 in 2007 and 29 per 100,000 in 2008 were reportedly the highest in Europe. <sup>[21]</sup>

Switzerland and Saudi Arabia use serum and not saliva testing to confirm measles cases.

Measles outbreaks are still going on worldwide regardless of vaccination rates as evidenced by a CDC Update to Travellers dated September 9, 2010 <sup>[22]</sup> stating: “Measles remains a common disease in many parts of the world. An estimated 10 million cases and 164,000 deaths from measles occur worldwide each year... Measles outbreaks are common in many areas including Europe ...”

In England, any report of a small cluster of measles was an opportunity to blame Dr. Wakefield and his research, particularly as the much advertised GMC hearings got underway. [23] [24] [25]

Even a single confirmed case of measles in an unvaccinated or under-vaccinated English child always signalled an avalanche of blame by many who should have remembered that it was not Andrew Wakefield who banned the importation of the single vaccines in 1999.

Meanwhile, Autism Spectrum Disorders have increased in Great Britain at an alarming rate. As described in an article on March 2, 2006, there were 3,484 schoolchildren with autism in Scotland in 2005, compared to only 820 in 1998, a four-fold increase. [26]

More recently, (June 2009), Professor Baron-Cohen et al [27] estimated the prevalence of autism-spectrum conditions in the UK to be 157 per 10 000.

## CONCLUSIONS

For the last 12 years, Andrew Wakefield has been abused and attacked for having dared say that research was needed to rule out an MMR vaccine-autism connection in a small subset of genetically predisposed children. His suggestion to have single vaccines available until such research was done was also harshly and consistently criticized.

Wakefield accusers have never mentioned the fact that the UK Department of Health stopped the importation of the monovalent measles, mumps and rubella vaccines in order to force parents to accept the MMR, giving those who were concerned about its safety and unwilling to go the triple-vaccine route, difficult choices: To buy the single vaccines at private clinics in England, to take a train ride to France to get them a little cheaper or ... to do nothing.

The most painful insult hurled against Dr. Wakefield must have been the allegation that his research caused measles epidemics and killed children.

The unrelenting press coverage, the explosion in the number of autism cases in the UK and the reports by some parents that their children regressed after MMR vaccination were in all likelihood more responsible for the drop in MMR vaccination rates than an article in The

“The evidence presented here is clear: According to official UK Government reports, the number of notified measles cases decreased from 1998 to 1999 to 2000 to 2001 and there were fewer cases of the disease during the ten years that followed the Wakefield paper than in the previous ten years.”

Lancet and a statement at a press conference in 1998.

Another important but rarely mentioned factor, was that young parents who saw how shabbily families who had children with MMR-related regression and GI disorders were treated by the authorities, how their legal aid was curtailed and how thousands went uncompensated, decided to forgo the vaccination altogether rather than take a chance.

However, whatever the reasons for the drop in vaccination rates in England, it appears that when measles outbreaks occurred in the United Kingdom in the last twelve years they also occurred in Europe and elsewhere in the world, often in well vaccinated populations.

The evidence presented here is clear: According to official UK Government reports, the number of notified measles cases decreased from 1998 to 1999 to 2000 to 2001 and there were fewer cases of the disease during the ten years that followed the Wakefield paper than in the previous ten years.

It is impossible to draw reasonable conclusions concerning the number of confirmed measles cases in the United Kingdom during the last twelve years. What seems clear is that increases coincided with worldwide measles activities or sudden changes in diagnostic techniques and classification.

According to HPA statistics, there was no “Wakefield Factor”.

It is time to stop blaming Andrew Wakefield and start putting the blame where it belongs.

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F. Edward Yazbak MD, FAAP  
Falmouth, Massachusetts*

# Measles deaths in Lucknow: Health Ministry orders an inquiry

www.ndtv.com August 22, 2010

**L**UCKNOW: The Health Ministry has ordered a probe after four infants, all below nine months, died near Lucknow on Sunday after they were vaccinated for measles. But the inquiry team is yet to reach Uttar Pradesh. While the Uttar Pradesh government has announced compensation for the families of the victims.

All of them showed symptoms of a serious allergic reaction which probably caused their deaths.

Minutes after they were given the measles vaccine, four infants - Kumari, Sanya, Rekha and Sahil fell acutely ill. They became breathless, began to sweat and their pulse fell rapidly - all symptoms of anaphylactic shock or a serious allergic reaction to the vaccine, and before they could get medical help at the local

hospital, all four had died.

"These ANM's had injected them with the measles vaccine, then some minutes later they became unconscious," said Rani, parent of a victim.

Such measles vaccine related deaths are rare but have been reported in the past. In 2008, four children died under similar circumstances in Tamil Nadu. The measles vaccination programme was suspended and the entire batch of vaccines was recalled.

Clearly, inoculation drives involving injections need strict controls and better supervision. This case raises a host of questions:

Why were the four children given the vaccine when they were all below nine months old? Measles vaccine is given at nine months.

Was there proper supervision to monitor the delivery of the vaccine? Four auxiliary nurse midwives gave the shots but were

not trained to provide emergency support to the infants

The crucial question is was the vial which contained the vaccine contaminated?

"We will take strict action if it is found that these were wrongly administered, we have collected samples of these doses and have sent them for testing to find out if they were genuine or spurious," said Anil Sagar, District Magistrate, Lucknow.

Paediatricians say that an immediate inquiry should begin and the entire batch be pulled out of the programme to establish the cause of death or else the vaccination programme which is doing poorly in states like Uttar Pradesh can suffer a serious setback.

*The three auxiliary nurse midwives, the medical officer and the person responsible for maintaining the vaccines have also been suspended.*

## Canadian Surveillance of H1N1 swine flu cases/Medscape and PLOS

September 21, 2010

www.medscape.com/viewarticle/721219

- Like all flu seasons, mortality in the elderly was highest from swine flu during the 2009-10 season
- Preexisting antibodies were common in the elderly: present in 88% of those aged 90-99, present in 27% of those aged 79, and present in 4-5% in those younger than 60.
- Six studies from Canada consistently found that prior year vaccination in 2008/09 for seasonal influenza was associated with a

1.4- to 2.5-fold increased risk for hospitalization for H1N1 infection, said Naveed Z. Janjua, MD, also from the British Columbia Centre for Disease Control.

"As for the mechanism behind those differences, studies in swine flu suggest that a vaccine that induces "nonneutralizing or subneutralizing concentrations of antibody can enhance the infection rather than protect from that infection," Dr. Janjua said.

Dr. Skowronski acknowledged the limitations of case-controlled studies. She suggested that the Canadian findings might

be more rigorous than similar studies from the United States and Mexico that reached different conclusions on the effect of vaccination for seasonal influenza on H1N1 infection.

Good immunization records and the use of a single brand of vaccine within a geographic region also are factors contributing to the rigor of the Canadian analysis, she pointed out.

The studies were conducted with funding from various Canadian government agencies. None of the presenters disclosed no relevant financial relationships."



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# Fever – Friend or Foe?

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**F**EVER, along with loss of appetite and maybe diarrhoea, vomiting and a rash, is one of the processes that is set in action when a child with a healthy system initiates a 'clean out' so that they can rid themselves of toxins. If this process is allowed to continue unhindered, at the end of it your child will do something new, depending on their age: a baby may produce a new tooth, a six year old who isn't reading may suddenly start to read, a small child will suddenly have a growth spurt or develop new vocabulary. In order to take a developmental step forward, the child needs clean out their system first. This takes the form of a crisis, rather like snakes, which have to crack off their old, too small skins before they can slither out with their shiny new ones. The commonest way of producing a fever is with the help of a virus. Your child is not ill because they have a virus, they are 'ill' or have an overload of rubbish, that is why they 'get' the virus which is actually their helper, not their enemy.

Treating a child without giving them medicines to suppress their symptoms does not mean doing nothing - it means supporting the body's processes of elimination by making sure that there is plenty of fresh air and fluids. This will allow the liver, the major detoxifier, the kidneys and lungs to work efficiently. A child's ability to regulate their temperature is immature. If the room is hot, the child cannot radiate their excess heat into their surroundings. So keep the room temperature low enough to provide a temperature gradient that will allow this to happen. While this elimination is occurring, it makes sense not to fill your child with food that they then need to process.

Exposure to micro-organisms and at an appropriate age helps our immune systems to properly mature and learn what it is, and is not, supposed to produce antibodies against. Lack of or



*Dr Jayne L.M. Donegan*

*“Treating a child without giving them medicines to suppress their symptoms does not mean doing nothing - it means supporting the body's processes of elimination by making sure that there is plenty of fresh air and fluids.”*

inappropriate exposure to micro-organisms can lead to the body's never learning the vital lessons of 'self' and 'non-self,' and may lead to the body's turning on itself in the form of allergic and autoimmune diseases, such as asthma, eczema, hay fever, diabetes, rheumatoid disease and cancer.

Exposure to a micro-organism is no guarantee of getting the disease. One can be exposed and have: no infection, subclinical (no symptoms) infection, mild disease, moderate disease, severe disease, disability or death. For example, exposure to poliovirus can cause undetectable infection, mild symptoms of gastric 'flu or summer diarrhoea through to temporary or permanent paralysis; exposure to the meningococcus can lead to no obvious symptoms other than persistent carriage of the bacterium in the nose to severe illness causing disability or death.

## **WHAT DETERMINES WHICH ONE OF THESE OPTIONS IS LIKELY TO OCCUR IN YOUR CHILD?**

Firstly, the state of your child's immune system when they meet the organism and their developmental needs.

Secondly, how the disease is treated – suppressively or supportively.

Supporting the body through illness, as opposed to suppressing the body's own self defence mechanisms (eg fever with paracetamol), is crucial so as to avoid complications and in order to come out of the illness stronger rather than weaker.

Ear infections, urinary tract infections, pneumonia and meningitis are just some of the many 'complications' that occur when early symptoms of childhood illness are suppressed, pushing the organism further into the body. Management which supports the child's body in the process of elimination, whether by production of mucus, fever, diarrhoea, vomiting, or rash, helps to externalise the disease process making such internalisation of symptoms unlikely.

This is all very well, but why does every NHS and Department of Health publication, as well as GP, practice nurse and health visitor tell us to give paracetamol, or ibuprofen (antipyretic or fever-lowering treatment) or both to children with fevers?

## **IS THERE ANY SUPPORT IN THE SCIENTIFIC LITERATURE AND NATIONAL GUIDELINES FOR THE HOLISTIC PRACTITIONERS WHO TELL US NOT TO SUPPRESS FEVERS?**

Well let's have a look. A 1993 World Health Organization (WHO) <sup>(1)</sup> paper looking at the management of fever in young children with acute respiratory infection is a wealth of information and can be accessed at the link referenced at the end.

It states, “Harmful effects of fever alone are rare and are found mainly in very ill and compromised children (with very severe pneumonia, for example) or in children with very high fever (above 42 degrees C).

High fevers or rapid rise in temperature in young children are associated with febrile convulsions but these generally resolve spontaneously and are not associated with long-term neurological complications. In addition there is no evidence that they can be prevented with antipyretic treatment.

High fevers may also be associated with listlessness and reduced appetite in children.”

They go on to say that the safest way to lower the temperature is with paracetamol but add, "there is in most circumstances no indication to give antipyretic treatment for fever below 39 degrees C (rectal)."

### IS FEVER ACTUALLY BENEFICIAL?

"Considerable in vitro (testube) evidence indicates that a variety of human immunological defences function better at febrile temperatures than at normal ones." The release of lactoferrin by the white blood cells called neutrophils leads to a decrease in serum iron, which inhibits the growth of "many micro-organisms". Fever makes B lymphocytes, the ones that make antibodies, increase in number and activates T lymphocytes. "Moreover, the growth of some organisms, including the polio virus, pneumococcus, gonococcus, and syphilis treponeme, are inhibited at febrile temperatures. In fact, induction of fever by deliberate malarial infection was used to treat tertiary syphilis in the pre-antibiotic era."

### BUT WHAT ABOUT THE HARMFUL EFFECTS OF FEVER?

Surely there must be some. The authors say that there are three circumstances in which a fever can be problematic in a child with an acute respiratory infection:

1. Children who are extremely debilitated or who have severe pulmonary or cardiovascular disease can be compromised by the increased oxygen consumption and cardiac output that occur at febrile temperatures.
2. Fever above 42°C can lead to neurological damage, this is a very rare event. There is no evidence the fevers below 42°C cause neurological damage, even in young infants.
3. Children under the age of 5 years, and especially those between 6 months and 3 years, are at risk of febrile convulsions, particularly at rectal temperatures of 40°C or above. Many such convulsions, however, occur early in the course of the febrile illness, while the temperature is rising and in many cases before the parents are even aware of the presence of the fever. These febrile convulsions usually resolve spontaneously and are not associated with long-term neurological complications.



"Medical opinion is divided as to whether antipyretic treatment can prevent febrile convulsions from occurring. One controlled trial has shown that even aggressive antipyretic treatment of fevers was associated with very high recurrence rates of febrile convulsions and suggests that antipyretic treatment is unlikely to be of major preventive benefit."

### BUT DOES GIVING A BIT OF PARACETAMOL REALLY DO ANY HARM?

"One study reported that adult volunteers experimentally infected with rhinovirus (one (a common cold virus) and treated with therapeutic doses of aspirin were more likely to exhibit nasal viral shedding than those receiving placebo." This means that the person produced more virus particles for spreading around.

A study of 147 children who were in hospital with bacterial infections showed that those who had one to two doses of a temperature lowering agent left hospital no sooner than those who had none. Children with chicken pox treated with antipyretics took a longer time for their vesicles to crust over – you are infectious until the crusts form.

Another study of children with viral infections found that those treated with paracetamol were more active and alert during their viral illness. To me this is not an advantage as rest is one of the cornerstones of managing acute illnesses and the last thing I would

want is for a child to be more active. It is hard enough getting them to rest as it is!

The authors recommend extra fluids as, "fever is accompanied by an increased metabolic rate and insensible water losses, increased fluid intake should be encouraged. Correct hydration is considered to act as an expectorant (something that makes you cough up mucus) by loosening respiratory secretions."

They don't recommend removing clothes or tepid sponging (of which more later) and they say, "If a febrile child remains alert, active and playful despite a high temperature, health workers should seek to relieve any excessive parental anxiety concerning the child's fever and attempt to play down the dangers of the fever itself. It has been demonstrated that interventions such as teaching parents about the definition of fever, measurement of a child's temperature, and appropriate antipyretic treatment can be effective in changing parents' knowledge and behaviour."

### WHEN WAS THE LAST TIME YOUR DOCTOR, HEALTH VISITOR OR NHS, DEPARTMENT OF HEALTH PUBLICATION ATTEMPTED TO 'PLAY DOWN' THE DANGERS OF FEVER?

And they conclude: Right up till a century ago, society's attitude towards fever was in complete contrast to the "modern" view: fever was considered a healthy response to disease and was

deliberately encouraged. When one contrasts our current practice of aggressive treatment of even minor fevers with the available scientific evidence, one is left to conclude that the principal rationale for antipyretic therapy is to soothe worried parents and health care workers and to give them the sense that they are controlling the child's illness, rather than it controlling them.... Parents and health care workers should not, as is often the case at present, automatically give antipyretic treatment to all children with fever. They should "treat the child, not the thermometer"

I have been telling my patients this for years. In fact, I tell them not to use a thermometer at all as it is often more worrying than useful. Of course you need to know whether or not your child has a fever – so that you can keep them at home, cancel the trip to the Isle of Wight, stop dairy products, open the window, give them lots of fluids and only feed them if hungry and then only a light diet. You also need to know whether or not their temperature is very high, as you will then give them only fluids and make sure that they are in bed or tucked up on the sofa, even better, if the weather is nice, nurse them outside. I recommend that parents assess the temperature with the back of their hand on the back of their child's neck.

### WHY WOULD YOU NOT WANT TO KNOW THE TEMPERATURE IN FIGURES?

Because you can have a child about whom you are fairly happy, even though they are at times hot, screaming, crying, raging, loud, thrashing about or bad tempered, but at least they have enough energy to produce a fever and be angry. They may be drinking well, have lots of wet nappies and sleep well. Then you take their temperature, it is 39.5°C and suddenly you start to panic, to doubt your ability to cope and to feel that what you are doing is not enough. On the other hand, you may have a child about whom you are really worried. They may be floppy, silent, sunken-eyed with poor feeding and weak 'kitten-like' mewling in a baby. Your gut feeling is that something bad is going on, then you take their

temperature and it is normal, or even low so you push down your fears and think that everything is really alright, when this is the child who may very well have meningitis, and is so weak that they can't even produce a fever. This is the child you should be taking to your GP or hospital for a professional assessment.

### IS THERE ANY ADVICE MORE RECENT THAN 1993?

A paper by Heinz Eichenwald, <sup>(2)</sup> Professor of Paediatrics at the South Western Medical School, University of Texas, published in the Bulletin of the World Health Organization states, "Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any demonstrable benefits. On the other hand, some harmful effects have

.....  
*"So even when holistic advice is backed up by evidence based medicine doctors still don't take any notice."*  
 .....

been shown to occur as a result of suppressing fever: in most individuals these are slight, but when translated to millions of people, they may result in an increase in morbidity and perhaps the occurrence of occasional mortality. It is clear, therefore, that the widespread use of antipyretics should not be encouraged either in developing countries or in industrial society." (Eichenwald, 2003)

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. The 2007 Guidelines on the assessment and initial management of feverish illness in children younger than 5 years state: "Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose."(page 8) <sup>(3)</sup>

- Tepid sponging is not recommended for the treatment of fever.
- Children with fever should not be under dressed or over wrapped.
- The use of antipyretic agents should be considered in children with fever who appear distressed or unwell. Antipyretic

agents should not routinely be used with the sole aim of reducing body temperature in children with fever who are otherwise well. The views and wishes of parents and carers should be taken into consideration.

- Either paracetamol or ibuprofen can be used to reduce temperature in children with fever.
- Paracetamol and ibuprofen should not be administered at the same time to children with fever.
- Paracetamol and ibuprofen should not routinely be given alternately to children with fever. However, use of the alternative drug may be considered if the child does not respond to the first agent. (p27)

I was at a conference of over 2000 GPs when these guidelines were discussed. Everyone just laughed. The speaker joked that the NICE people didn't understand what it was like at the 'coal face' and that he for one would be taking no notice of them. There was thunderous applause. So even when holistic advice is backed up by evidence based medicine doctors still don't take any notice.

Regarding tepid sponging. If a child is highly distressed at being so hot and a bit of sponging helps them to feel more clean and comfortable, then I think it still has a place. If it is used solely to lower a temperature when the child is otherwise OK, then it is not necessary.

Febrile convulsions: In my experience it is not the height of the temperature but the speed with which it rises that determines whether a child will convulse or not. It is also my experience that it is the children whose fevers have been repeatedly suppressed that have these spiking temperatures, as the body makes an effort to burst through the paracetamol barrier, so to speak. Therefore I think that the figure of 4% incidence applies to children treated conventionally/suppressively.

### WHAT SHOULD YOU DO IF YOUR CHILD HAS A FEBRILE CONVULSION?

Speak in a calm, slow, reassuring voice - Remove clothes to nappy - Reduce room temperature to 15°C - Tepid sponge as necessary - Consider calling doctor if first convulsion ever for assessment - If child is unconscious or remains

unconscious, put into recovery position - If convulsion lasts for more than 10 minutes or any abnormality persists, call a doctor.

Of children who have a febrile convulsion, two thirds never have another and one third do. Of those who have a second febrile convulsion, only one third will have a third convulsion. Those who have a third convulsion or recurrent convulsions are more likely to go on to have epilepsy later in life. The consensus among experts seems to be that this is not due to brain damage caused by the convulsion, but to the child's having a tendency towards epilepsy, and that is why they convulse with a fever.

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<http://guidance.nice.org.uk/nicemedia/live/11010/30523/30523.pdf>

#### FURTHER INFORMATION

To book a telephone or in person consultation to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area, please call: T/F 0044 (0)20 8632 1634 (and leave a clear message)

or email: [jaynelmdonegan@yahoo.com](mailto:jaynelmdonegan@yahoo.com)

Dr Donegan is planning a series of lectures in North West London from January or March 2011. Places will be limited to 20 to allow time for discussion. Please email her if you would be interested in attending and say whether you would prefer evenings or Sunday afternoon/ evening ideal start times and an indication of topics:

- 'Vaccination – the Question'
- 'Vaccination – the Science' (for practitioners and very interested parents)
- 'Vaccination and Travel Medicine'

• *Physical methods versus drug placebo or no treatment for managing fever in children*  
Cochrane Review 2005, 2009  
<http://onlinelibrary.wiley.com/olcochrane/clsysrev/articles/CD004264/frame.html>

- 'Supportive treatment of Childhood Illnesses' - What do you do if you don't Vaccinate (and even more so if you do)?
- Practical advice on supportive treatment of childhood illnesses: Specific Conditions 'Mumps, Measles, Rubella – Which is better: The Disease or the Vaccine?'
- 'Tetanus and Treatment of Cuts, Grazes and Minor Injuries'
- Focus on Meningitis – How Can You Avoid It?
- 'How to Raise a Healthy Child (and Parent!)'
- 'Homeopathy for Children – An Introduction'
- 'Oh Happy Days! Food Refusal, Bed Times and other
- 'Parental Learning Opportunities'

## Ties between big pharma and THL draw complaints

[www.yle.fi/](http://www.yle.fi/) (Finland)  
17/11/2010

THE CHANCELLOR of Justice has received 14 complaints regarding ties between GlaxoSmithKline (GSK), the manufacturer of the swine flu vaccine, and the National Institute for Health and Welfare (THL).

The Chancellor has been asked to assess if the THL was biased when it recommended that Finland purchase the H1N1 vaccine from GSK, according to YLE current affairs TV programme Ajankohtainen Kakkonen. The institute

had received significant research grants from the pharma giant.

Complainants also requested the Chancellor to look into whether a panel assigned by the THL to investigate a possible link between the H1N1 vaccine and narcolepsy is biased for the same reason. They want a clear answer on whether Finland's highest health authority, the THL, may work in close cooperation with pharmaceutical companies.

**CHILDREN DEVELOP NARCOLEPSY**  
Thirty-seven children in Finland came

down with narcolepsy soon after being injected with the vaccine against swine flu.

Some of the children have sustained serious brain damage that has made it impossible for them to attend school. They suffer from symptoms including hallucinations, personality changes and cataplexy, which is a severe muscle weakness that can lead to a complete collapse up to 20 -30 times a day.

The THL maintains that cooperation with pharmaceutical companies is standard practice for professional organisations.

# READER, I VACCINATED HER...

BY LINDA LAZARIDES, NOV 2010.

**L**IKE THE REST of my generation, I did not receive any vaccinations when I was a baby in 1954. I developed measles at age 9, did not feel ill at all, and was kept in bed in a darkened room for a week or so to protect my eyesight and to isolate me in case I infected others.

As the vaccination cult has spread considerably since those days, it's understandable that modern parents who feel instinctively that we should not interfere with nature, are finding it hard to resist pressure from their GP. I was saddened when I read Victoria Lambert's story in the Daily Telegraph about four years ago. Journalist Victoria was very aware of the dangers of vaccination, and wrote extensively about them. But when faced with the dilemma of using the MMR vaccine on her new baby daughter, she decided to ignore the risk of potential brain damage. "When it came to the crunch, she says I realised I wanted to increase the protection of the herd. So, bearing in mind the words of ... eminent paediatricians and feeling somewhat chastened, shall I tell you what I did when it was time to stand up and be counted? Reader, I vaccinated her."

<http://how2.cc/mmr-dilemma>

I don't know Victoria's baby daughter, but, in the hope of saving other children whose parents only pay lip service to the vaccine awareness movement, a little later on in this article I'd like to describe what happened in her body as a result of this decision. My information comes from doctors who are a little better informed about the risks than the paediatricians whom Victoria consulted.

## AUTISM WAS VIRTUALLY UNHEARD OF BEFORE VACCINATIONS

In the words of eminent US medical campaigner Dr Joseph Mercola, "Brain damage, at any age, is by far the most common adverse reaction associated with vaccinations. Autism was virtually unheard of before vaccinations; its emergence precisely parallels mass vaccination programs."

<http://how2.cc/mercolavaccinations>.

The big stumbling block which prevents the authorities from banning vaccinations for causing brain damage is that not all individuals are affected. Using normal research criteria, it is difficult to prove cause and effect. The other stumbling block is the belief that vaccines are quite natural and simply contain

*"Yet, as I recently read to my horror, in the developed world young babies are getting up to 25 vaccinations in the first 15 months of their life. Do we have a right to do this to the next generation without their informed consent?"*

harmless, mild strains of infectious organisms—a bit like the original idea of catching cowpox to prevent infection with the much more dangerous smallpox. Neurologist (doctor specialising in diseases of the brain and nervous system) Dr Russell Blaylock can explain why we should look beyond both these barriers. Here is a summary of what he says.

Stimulating your immune system with a vaccine is very different from contracting an infectious illness naturally. Vaccines are made of two components—the agent you wish to vaccinate against—for example, the measles virus) and an immune system booster called an immune adjuvant. These adjuvants are composed of such things as aluminium compounds, MSG and even mercury—a brain-toxic heavy metal that is very difficult to excrete. Their job is to stimulate the immune system to react as intensely as possible, for as long as possible. Studies have shown that these adjuvants, from a single vaccine, can cause immune overstimulation for as long as two years. Immune stimulation or activation makes the body produce large amounts of proteins such as cytokines, which are involved in inflammatory processes.

When inflammatory cytokines are elevated in the brain, brain cells become much more vulnerable to a number of environmental toxins. Using a series of

sophisticated techniques, one study demonstrated that healthy brain cells exposed to low levels of pesticide suffered little toxicity. Similarly, when these same brain cells were exposed to immune stimulants alone, little damage occurred. But when the brain cells were first exposed to the immune stimulants and then the pesticide, the same low dose of pesticide could destroy a great number of brain cells. Dr Blaylock believes this research provides the explanation for why some children develop brain damage such as autism after vaccination, and others do not. Pesticide is widespread in our society. It forms clouds when crops, parks etc. are sprayed, and the clouds drift with the wind over the whole country.

## OTHER DISEASES

To give you an idea of how harmful elevated levels of cytokines can be, it is now known that in older individuals, their levels of certain cytokines can precisely predict their risk of heart disease, cancer, diabetes and Alzheimer's disease. In other words, the higher your levels of cytokines, the closer you are to getting symptoms of these diseases. Yet, as I recently read to my horror, in the developed world young babies are getting up to 25 vaccinations in the first 15 months of their life. Do we have a right to do this to the next generation without their informed consent? Since their brains are undergoing the most rapid development at the very time they receive the greatest number of vaccinations, babies and small children are at a higher risk than anyone else of suffering vaccine-related brain and nerve damage.

The same research quoted by Blaylock shows that elderly people who receive vaccinations have a higher risk of contracting Parkinson's disease. There is now considerable research showing a link between pesticide exposure and parkinsonism. Vaccinations considerably increase the risk of pesticide-related brain damage. You can read more about Dr Blaylock's discoveries at [www.vaccinetruth.org/dr\\_blaylock.htm](http://www.vaccinetruth.org/dr_blaylock.htm)

## HOMEOPATHIC VACCINATIONS

We are told that pharmaceutical vaccinations are 'proved' to prevent diseases and that homeopathic vaccinations are not. Homeopathic

vaccinations are little pills, drops or powders taken by mouth. They do not contain any bacteria, just water or sugar imprinted with the electromagnetic 'frequency' of the bacteria they are intended to protect against. This imprint is obtained by shaking the bacterial matter in water and then diluting the water many times until no bacteria remain. All matter vibrates at its own special rate and the explanation for the use of homeopathic vaccines is that the body will recognise the vibration imprinted into the remedy, and develop the same protection against the vibration as if it had been exposed to the original bacteria.

If you have ever had a sore throat or headache instantly melt away on discovering and taking the correct homeopathic remedy, you will already be a fan of homeopathy. But the owner (let's call her Sue) of a cattery near my home recently told me an amazing story which has reinforced my faith in this mode of treatment. As you may know, the insurance for owners of catteries or kennels in the UK requires that all animal boarded there must have certificates of vaccination and boosters from a veterinary surgeon. But for the last 10 years, Sue has also surreptitiously accepted homeopathic vaccination certificates. She adopted this policy after an outbreak of cat flu occurred in her cattery. Every single cat succumbed to the flu, which is a life-threatening disease for cats. Yet all the cats had been conventionally vaccinated and had all the

required certificates. The only cat who never caught the flu during the outbreak was the owner's own cat, Daisy, who remained healthy despite wandering freely around the cattery. Daisy had never received a single conventional vaccination, only homeopathic vaccination pills taken by mouth, obtained from a local homeopathic vet. I will leave you to draw your own conclusions.

### DEALING WITH PEER PRESSURE

Returning to Victoria Lambert's dilemma, the most difficult peer pressure issue for parents to deal with does seem to be the worry that your unvaccinated child may infect others if he or she develops measles or other infections. Apart from the obvious question of how can your child get measles if everyone else has been vaccinated? a further reassurance is that there is an awful lot you can do to minimise the chances of your child developing an infection. Apart from a healthy, balanced diet, the most important health protection you can give your child is a daily capsule of cod liver oil. This is a rich source of vitamins A and D, both of which have been shown to help prevent measles. In fact vitamin A is such an important protector against infection that since 1987 the World Health Organization (WHO) has advocated the routine administration of vitamin A together with measles vaccine in countries where vitamin A deficiency is a problem. Nowadays mild vitamin A deficiency is a problem for children and adults in most

western countries, due to junk food diets. Contrary to popular belief, there is no vitamin A in carrots or other vegetables, only beta carotene, which may or may not be converted to vitamin A, depending on whether you have enough of the right enzymes.

Adequate vitamin D and selenium are also important to help fight and prevent all kinds of virus infections, including both flu and measles. You can read more on these two websites:

<http://how2.cc/mercolacolds>, and  
<http://how2.cc/seleniumfluvirus>

Recent widely publicised research reveals that 85 per cent of Americans are deficient in vitamin D, so the figures for Britain must be similar or worse, considering that we are a more northern climate and get comparatively little sunshine—an important source of vitamin D. The risk of vitamin D deficiency is increased by covering our bodies with sunscreen and reducing our consumption of butter and cream, which are some of the very few food sources of vitamin D.

*Linda Lazarides is a naturopathic nutritionist and author of eight books, including the Waterfall Diet and Treat Yourself with Nutritional Therapy. Her latest book is A Textbook of Modern Naturopathy. Linda has recently launched an internet based 1-year training course to train naturopathic nutrition practitioners. More information at [www.naturostudy.org](http://www.naturostudy.org).*

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## Hepatitis B vaccination of male neonates and autism diagnosis

NHIS 1997-2002

GALLAGHER CM, GOODMAN MS.

J TOXICOL ENVIRON HEALTH A.

2010 JAN;73(24):1665-77

<http://www.ncbi.nlm.nih.gov/pubmed/21058170>

### ABSTRACT

Universal hepatitis B vaccination was recommended for U.S. newborns in 1991; however, safety findings are mixed. The association between hepatitis B vaccination of male neonates and parental report of autism

diagnosis was determined.

This cross-sectional study used weighted probability samples obtained from National Health Interview Survey 1997-2002 data sets. Vaccination status was determined from the vaccination record.

Logistic regression was used to estimate the odds for autism diagnosis associated with neonatal hepatitis B vaccination among boys age 3-17 years, born before 1999, adjusted for race, maternal education, and two-parent household.

Boys vaccinated as neonates had

threefold greater odds for autism diagnosis compared to boys never vaccinated or vaccinated after the first month of life. Non-Hispanic white boys were 64% less likely to have autism diagnosis relative to nonwhite boys.

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

# BOOK NEWS: Virus Mania - How the medical industry continually invents epidemics, making billion-dollar profits at our expense

AVIAN FLU (H5N1), CERVICAL CANCER (HPV), SARS, BSE, HEPATITIS C, AIDS, POLIO. WITH ROBERT F. KENNEDY JR. ON THE VACCINE SCANDAL LINKING MERCURY & AUTISM. FOREWORDS BY ETIENNE DE HARVEN, MD, JOACHIM MUTTER, MD

<http://www.amazon.com/exec/obidos/ISBN=1425114679/wellwithinA/>

<http://www.amazon.co.uk/Virus-Mania-Continually-Epidemics-Billion-dollar/sim/1425114679/2>

## ABOUT THE BOOK

A daily scan through the newspapers and TV news gives the impression that the entire world is constantly invaded by new and horrible virus epidemics. The latest headlines feature the human papillomavirus (HPV) alleged to cause cervical cancer and the avian flu virus, H5N1.

The public is also continually terrorized by reports about SARS, BSE, Hepatitis C, AIDS, Ebola, and Polio. However, this virus mayhem ignores very basic scientific facts: the existence, the pathogenicity and the deadly effects of these agents have never been proven. The medical establishment and its loyal media acolytes claim that this evidence has been produced.

But these claims are highly suspect because modern medicine has pushed direct virus proof methods aside and uses dubious indirect tools to "prove" the existence of viruses such as antibody tests and the polymerase chain reaction (PCR).

The authors of Virus Mania, journalist Torsten Engelbrecht and doctor of internal medicine Claus Köhnlein, show that these alleged contagious viruses are, in fact, particles produced by the cells themselves as a consequence of certain stress factors such as drugs. These particles are then identified by antibody and PCR tests and interpreted as epidemic-causing viruses by doctors who have been inoculated for over 100 years by the theory that microbes are deadly and only modern medications and vaccines will protect us from virus pandemics.

The central aim of this book is to steer the discussion back to a real scientific debate and put medicine back on the path of an impartial analysis of the facts. It will put medical experiments, clinical trials, statistics

and government policies under the microscope, revealing that the people charged with protecting our health and safety have deviated from this path. Along the way, Engelbrecht and Köhnlein will analyze all possible causes of illness such as pharmaceuticals, lifestyle drugs, pesticides, heavy metals, pollution, stress and processed (and sometimes genetically modified) foods.

.....  
*"The central aim of this book is to steer the discussion back to a real scientific debate and put medicine back on the path of an impartial analysis of the facts. It will put medical experiments, clinical trials, statistics and government policies under the microscope, revealing that the people charged with protecting our health and safety have deviated from this path."*  
.....

All of these can heavily damage the body of humans and animals and even kill them. And precisely these factors typically prevail where the victims of alleged viruses live and work. To substantiate these claims, the authors cite dozens of highly renowned scientists, among them the Nobel laureates Kary Mullis, Barbara McClintock, Walter Gilbert, Sir Frank Macfarlane Burnet and microbiologist and Pulitzer Prize winner René Dubos. The book presents approximately 1,100 pertinent scientific references, the majority of which have been published recently.

The topic of this book is of pivotal significance. The pharmaceutical companies and top scientists rake in enormous sums of money by attacking germs and the media boosts its audience ratings and circulations with sensationalized reporting (the coverage of the New York Times and Der Spiegel are specifically analyzed).

Individuals pay the highest price of all, without getting what they deserve and need most to maintain health: enlightenment about the real causes and true necessities for prevention and cure of their illnesses. "The first step is to give up the illusion that the primary purpose of modern medical research is to improve people's health most effectively and efficiently," advises John Abramson of Harvard Medical School. "The primary purpose of commercially-funded clinical research is to maximize financial return on investment, not health."

Virus Mania will inform you on how such an environment took root—and how to empower yourself for a healthy life.

## ABOUT THE AUTHORS:

Torsten Engelbrecht works as a freelance journalist in Hamburg. He has written articles for publications such as Medical Hypotheses, British Medical Journal (online), Süddeutsche Zeitung, Neue Zürcher Zeitung, and The Ecologist. From 2000 to 2004, he worked as business editor of the Financial Times Deutschland.

Claus Köhnlein is a medical specialist of internal diseases. He completed his residency in the Oncology Department at the University of Kiel. Since 1993, he has worked in his own medical practice, treating Hepatitis C and AIDS patients who are skeptical of antiviral medications.

# WHOOPING COUGH EPIDEMICS AND THE ROLE OF VACCINES

BY JOANNA KARPESEA JONES

A RECENT WHOOPING cough epidemic in California has affected 4,223 people and sadly resulted in the deaths of nine young babies. But while some pediatricians are keen to blame parents who don't vaccinate, the issue is far more complicated than that.

The California epidemic is not the first time a whooping cough epidemic has occurred in recent years and the problem of vaccine waning has been discussed in medical journals for decades.

## VACCINE WANING

Vaccinations don't last for a lifetime. In fact, the duration of the whooping cough vaccine is thought to be only about five years. A Polish study found that only 45 percent of vaccinated eight year olds still had any detectable antibodies to pertussis: "Protective antibody levels were detected in 70%, 58%, and 45% children aged 6, 7, and 8, respectively. It shows that decrease of immunity may cause increasing number of pertussis in children above 5."

This study and others like it led to the introduction of a pre-school booster dose of the vaccine. Given its limited time span, even the booster will have worn off by the time the child is 10 or 12. This is why large numbers of cases are now occurring in previously vaccinated teenagers and parents. They can then spread the infection to newborn babies. Babies aren't considered immune to whooping cough until they have had three or four doses of vaccine (depending on what country you're from and what schedule you're working to). The third dose is given at six months old. The higher danger period is in the first six months of life with the majority of deaths occurring before then, so in fact even if a parent has chosen to vaccinate, which most do, their baby isn't considered immunized in that riskier period.



Joanna Karpesea-Jones

*"Another issue is those people who have had all the recommended boosters of vaccine and still get whooping cough. Many people affected in epidemics are already fully vaccinated. For instance, the Star Ledger Newspaper reported on February 11, 2009 that in an epidemic of 21 cases of whooping cough, all had been vaccinated.."*

## VACCINATING OLDER PEOPLE

To counter this problem, medical policy makers have begun to advise that new parents be vaccinated with DtaP to protect their babies, in addition to introducing more boosters for teenagers. This is a new policy with the theory of minimizing an infant's exposure to pertussis by vaccinating those around him.

However, the makers of one such vaccine, Adacel, say they don't know if this approach will work: "It is unknown whether immunizing adolescents and adults against pertussis will reduce the risk of transmission to infants."

## VACCINE FAILURE

Another issue is those people who have had all the recommended boosters of vaccine and still get whooping cough. Many people affected in epidemics are already fully vaccinated. For instance, the Star Ledger Newspaper reported on February 11, 2009 that in an epidemic of 21 cases of whooping cough, all had been vaccinated. Another cluster of cases at an Elementary school in which 18 young people got whooping cough,

17 of them had had the five recommended doses of vaccine. In a similar outbreak in England, reported in the British Medical Journal, 85.9 percent of the sufferers had been fully vaccinated with all the recommended injections: "64 children had serological evidence of a recent Bordetella pertussis infection; 55 of these children had been fully immunised. At presentation, children with whooping cough were more likely than others to have whooping, vomiting, and sputum production. Children with whooping cough were also more likely to still be coughing two months after the start of their illness continue to have more than five coughing episodes a day and cause sleep disturbance for their parents.

"Conclusions: For school age children presenting to primary care with a cough lasting two weeks or more, a diagnosis of whooping cough should be considered even if the child has been immunized. Making a secure diagnosis of whooping cough may prevent inappropriate investigations and treatment."

Dr. Kari Simonsen, a pediatrician from University of Nebraska Medical Center, said that the vaccine doesn't work for one in five people vaccinated and that one in five people who have had the shot still go on to develop whooping cough.

"The efficacy of the vaccine is comparatively low", she said, "but it's the best vaccine we can build to date."

## SUB-CLINICAL INFECTION

In addition to not working, or waning, the vaccination has changed the clinical presentation of the illness, adding to the risk of transmission.

In full whooping cough with its range of symptoms, parents would know to keep their children away from other children and to seek prompt treatment, but vaccinated children can have whooping cough without the symptoms and be capable of spreading it to newborn babies without even knowing it.

A study in Israel, mentioned in a CDC document, found that vaccinated people were "silent reservoirs for infection":

"Vaccinated adolescents and adults

may serve as reservoirs for silent infection and become potential transmitters to unprotected infants. The whole-cell vaccine for pertussis is protective only against clinical disease, not against infection. Therefore, even young, recently vaccinated children may serve as reservoirs and potential transmitters of infection."

Although they referred to the whole cell vaccine, the new acellular version is known to be less effective.

## A NEW TYPE OF WHOOPING COUGH

Another reason for epidemics is the fact that pertussis has mutated into another form of the illness, just like bacteria evolve to combat antibiotics and lice become resistant to insecticide head lotions. The Journal of Microbiology reported that a new, stronger, resistant type of pertussis was developing in a highly vaccinated population.

The Journal Vaccine also reported a new form of pertussis:

"Bordetella pertussis isolates not expressing Pertussis Toxin (PT) or Pertactin (PRN) have been collected, for the first time in 2007, in France, a highly vaccinated country with acellular vaccines."

So the problem of pertussis in very young infants is clearly much more complex than whether or not we have all had our boosters.

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*This article was originally published on [www.empowher.com](http://www.empowher.com), a women's health website.*

*Editor: Of course some researchers on this subject would challenge the idea that the whooping cough ever offers any kind of protection against whooping cough after any number of doses!*

# 40 deaths linked to child vaccines over seven years

THE SUNDAY TIMES, SARAH-KATE TEMPLETON, HEALTH EDITOR

24 October 2010

CHILDHOOD VACCINATIONS are suspected to have left two children with brain injuries and caused 1,500 other neurological reactions

Forty children are suspected to have died as a result of receiving routine vaccines in the past seven years.

Childhood vaccinations are also suspected of having left two young children with brain injuries and caused more than 1,500 other neurological reactions, including 11 cases of inflammation of the brain, 13 cases of epilepsy and a coma.

The data, disclosed by the Medicines and Healthcare products Regulatory Authority (MHRA) following a request by The Sunday Times under the Freedom of Information Act, shows that, since 2003, there have been more than 2,100 serious adverse reactions to childhood vaccines, some of which were life-threatening.

Fifteen injections are given routinely to young children as part of

the government's vaccination programme. They offer protection against diseases such as polio, diphtheria, mumps and measles.

The MHRA says the deaths and neurological reactions should be seen in the context of the 90m doses of childhood vaccines which have been given since 2003.

Details of the suspected deaths and neurological problems have been released just two months after a legal ruling forced the government to accept that its vaccination programme had left a baby severely brain damaged.

Thirteen years after first refusing to acknowledge that Robert Fletcher, now 18, had been left severely brain damaged by the MMR vaccine for measles, mumps and rubella, the government was forced to pay him compensation.

Robert's mother, Jackie, who founded Jabs, a support group for families with vaccine-damaged children, said: "It is generally accepted within the medical profession that only about 10% of suspected adverse reactions get put forward in the correct way. It is accepted by the Department

of Health that the full scale of the problem is far greater than these statistics show."

Jake Dukes, 18, from Weymouth, Dorset, was left severely brain damaged by the whooping cough vaccine, which he received when he was two months old. He has the mental age of a toddler, is incontinent and uses a wheelchair. He was awarded £91,500 under the government's vaccine damage payment scheme.

The family of George Fisher are convinced that the MMR vaccine contributed to the death of their 18-month-old son. He died 10 days after being inoculated in January 2006.

His mother, Sarah, a hotel receptionist from Cheltenham, Gloucestershire, believes that an existing illness made him susceptible to an adverse reaction to the vaccine. Four months before receiving the jab, George had suffered a fit brought on by a high fever. Sarah said: "George had had a bad virus. He had been very ill and had suffered a convulsion due to his high temperature. I don't think it was just the MMR, but I think it was a factor in his death."

# NAMING TRUTHS: THE FUTURE OF LANGUAGE

ANNA WATSON

annawatson66@hotmail.co.uk

Just one line in a children's picture book. But it shone out like a beacon. "Always use pond water for growing frogs at home. Tap water has chemicals like fluoride in it which might poison them." Growing Frogs by Vivian French, Walker Books. I have emailed the author to congratulate her, of course... and to ask if she uses fluoride toothpaste! We need more informed people sharing this information in their every day places of work and in their every day language.

If we used phrases more often like "Over a million children in the UK are unvaccinated against measles but the mortality rate is nearly zero," will it counter balance phrases like "The risks outweigh the benefits" or "Non-vaccinators are putting others at risk"? These marketing phrases are so part of our language that they are taken as the truth and they need to be challenged with the reality.

Children are the best when it comes to using black and white ethics. For example, a friend's young daughter gave a chocolate back while trick or treating, explaining "sorry, I can't have that – it's made by Nestle." An Arnica mum's son asked a banana company, when they visited the school, if the bananas were sprayed with chemicals. And I had the most amazing conversation with my 6 year old recently. We were reading a non-fiction book about kittens that stated kittens had to get their vaccinations at 9 weeks old. Well, he talked for an hour with passion and insight like never before. I didn't realize how much he had picked up!

For example: "...That's wrong, people (and cats) don't have to be vaccinated, they have a choice.... They should read the label and the instructions, and shouldn't just believe the doctors because the doctors only believe what the scientists tell them and scientists are often wrong... I need to make sure my



*"Always use pond water for growing frogs at home. Tap water has chemicals like fluoride in it which might poison them."*  
*Growing Frogs by Vivian French, Walker Books*

wife doesn't want to vaccinate our children and if she did I would say, "Wait, let's talk about it." I would never vaccinate my children because it may give them other diseases that are very difficult to get better from. I must be the best scientist in the world. Perhaps we could work together mum. We could share ideas".

WOW. Then he said that he was going to ask his friends at school if they were vaccinated, and, if so, he must tell them how bad it is for them. I started to warn him against doing this and then stopped. My generation's way was certainly not the model. My culture has not got this right! Most parents choosing natural immunity feel on such a back foot, when it comes to justifying what they do and why they do it. We often hide or compromise our true beliefs and passions to others.

This is understandable on one level. We are showing consideration towards other parents, other mothers. We understand the difficult choices and we do not want to judge others or alienate ourselves from our peers in our society. But we are hiding, and hiding will not bring about change. Perhaps we can afford to be a little child-like, a little cheeky, a little passionate, a little innocent. Surely we will be forgiven if we get our language and attitude right. So how do we use our language to

discuss the issues of health with our peers?

I felt so pleased on an occasion when I said to a health visitor, with a smile, "Vaccines, oh no, our family doesn't use those products." I felt so normal. It put me as the legitimate decision maker and, in my opinion, it put vaccines in their proper place. There was no reply. Another Arnica mum told of how she walked into a conversation that her nursery school parents were having. They were discussing how bad they felt when they bought medicines from the chemist for their children... and then asked her what her feelings were. She said, "I don't know as I don't use medicines – I use Homeopathy instead." Again there was no reply.

Sometimes a 'no' reply is OK. Perhaps they are thinking? Caught unawares certainly. Slightly embarrassed. Shocked. Angry. We may never know. But a statement is often followed by no reply and that means that discussion will be stopped in its tracks. I wonder what those parents would have answered if she had asked, "Would you like to use less medicines?" Or how the health visitor would have responded if I had asked, "Does your family use vaccines?"

I have sometimes sent emails to friends or family about vaccine choices but they have never replied and then it is difficult to raise the subject again. However, when someone is going to have a baby, Joanna Karpasea-Jones gives a vaccine book as a 'congratulations on your new baby.' She says she has more success this way. Perhaps the reason could be that published words have more authority compared to one's own opinion. Furthermore, the active process of reading and reaching one's own conclusions is very important. At least a book is a gift that needs some acknowledgement.

Joanna's teenage daughter is doing a power point presentation on vaccines at school and how bad they are for you. "I'm so proud. I'm hoping she'll be an activist like me" says Joanna. And The Autism Trusts Polly Tommey's daughter, Bella, is running her own campaign for Autism on Channel 4.

<http://www.battlefront.co.uk/the-campaigns/give-autism-a-chance/>

Our children are their future but we

need to give them the confidence and the language to challenge health beliefs and bring about change. When they are ready and ask us about vaccine choices, our response needs to be ready too. Children will be able to say far more than adults so perhaps we shouldn't pass down our habits of avoidance techniques. Furthermore, children learn from example. Perhaps we should ask ourselves what examples are we showing to our children? Hopefully the next generation will use their voices... and my son will be that great scientist he dreams of being.

This year one of our Arnica meetings will focus on dealing with challenging conversations and developing the confidence of our children. There are 50 Arnica groups in the UK where parents

.....  
"However, when someone is going to have a baby, Joanna Karpasea-Jones gives a vaccine book as a 'congratulations on your new baby.' She says she has more success this way. Perhaps the reason could be that published words have more authority compared to one's own opinion."  
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and health professionals support and learn from each other, face to face. I hope you make use of this resource and join your local group or start a new one!

Anna Watson, November 2010.

#### FURTHER INFORMATION

Please join Arnica, the UK Natural Health Network for parents and practitioners. Be supported in your health choices and let your voice be heard. We are celebrating 50 groups – see if there is one near to you!

Anna Watson  
[www.arnica.org.uk](http://www.arnica.org.uk)

[www.arnica.org.uk](http://www.arnica.org.uk)

Join our Yaboo group and sign up for the free newsletter from the website. See the home page for the Yaboo and Facebook links.

## Polio vaccine side effects case could serve as a precedent for narcolepsy lawsuits linked with swine flu vaccine

[www.hs.fi](http://www.hs.fi)  
23/11/2010

AT THE AGE OF ONE, Johanna Junttila was one of thousands of children in Finland who were given a drop of juice in 1985. The liquid was an orally-administered vaccine against an outbreak of polio that threatened Finland at the time.

After the vaccine something unexpected happened. Junttila came down with Guillain-Barré syndrome, causing paralysis in the lower part of her body.

After a number of diagnoses and treatments, parents Maritta and Terho Halonen started looking for ways to be compensated.

A legal battle lasting several years ensued, concluding with a decision in 1995, in which the Supreme Court ordered the state to pay damages.

The polio case could prove useful if court cases emerge from a recent rise in cases of narcolepsy, which coincided with last winter's vaccination campaign against the H1N1, or swine flu virus.

"Undoubtedly the lawyers will dig this one up", says Kaarlo Tuori, Professor of Law at the University of Helsinki.

As many as 40 children in Finland have been diagnosed in Finland after the

vaccinations. Normally, about three children or young people a year are diagnosed with the disease.

The Chancellor of Justice has received a total of 23 complaints linked with the swine flu virus. Most of the complaints involve inadequate information. A few focus on the acquisitions process of the National Institute for Health and Welfare (THL).

In the 1980s the number of Guillain-Barré cases increased. Nine children came down with the syndrome a few days or weeks after the vaccines were administered.

Tuori says that no direct comparisons can be made yet, even though there are many similarities in the vaccination campaigns.

"It is not possible to draw legal conclusions about this case because studies are still going on, and evidence of a causal relationship needs to be evaluated separately. It can never be one to one", he says.

The possible link between narcolepsy and the swine flu vaccine is being examined in extensive studies, but whether or not there is a connection could remain a mystery.

In the case of Guillain-Barré and the polio vaccine, the Supreme Court ruled that no causal link was proven, but

it decided to award the family compensation anyway.

The parents of the children who came down with Narcolepsy this year want compensation because many of them have had to quit their jobs to take care of their children. Many have also applied for disability compensation from the Social Insurance Institution (KELA).

"Money would certainly not compensate for making a child's life more difficult, but it makes it easier. The child will live with the disease as an adult as well", one mother says.

She believes that there may be court cases over the issue.

The children who came down with narcolepsy have also been on the mind of Juhanna Junttila, who is now 27 years old. The disease still limits her life. She has had to undergo a number of surgeries on her legs, and she is also affected by neurological pain.

"I am grateful to be able to stand on my own legs, even though they are not much.

Junttila has little faith in vaccines.

"We have only given our children the mandatory vaccines.", she says.

(Narcolepsy: A neurological disorder marked by a sudden recurrent uncontrollable compulsion to sleep.)

# The Quanten Theory

## WHAT DOES "ALIVE" MEAN?

by Patrick Quanten MD

HERE IS A BIG difference between two identical chemical structures when one is made in a laboratory and the other occurs naturally. That difference we call: "Being alive." But what exactly is that? First of all, we should try and show that there is a difference.

Water is a common media and very flexible and accessible. This makes it a relatively easy subject to study. Also, man has had a long-standing relationship with water and we are well aware of the life-giving properties that water can hold, whilst on the other hand we know that water can spread diseases. It seems that this is a perfect media to examine the relationship between water and life, and water and death.

Mr Masaru Emoto, a creative and visionary Japanese researcher, has published an important book, *The Message from Water*. He started from the very premise that water is the very source of all life on this planet. Its quality and integrity are vitally important to all forms of life. The body is very much like a sponge and is composed of trillions of chambers called cells that hold liquid. The quality of our life is directly connected to the quality of the body water.

Water is a very malleable substance. Its physical shape easily adapts to whatever environment is present. But its physical appearance is not the only thing that changes; its molecular shape also changes. The energy or vibrations of the environment will change the molecular shape of water. In this sense water not only has the ability to visually reflect the environment but it also molecularly reflects the environment.

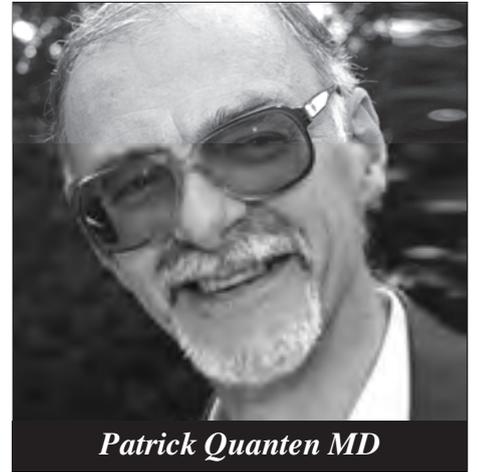
Mr. Emoto has been visually documenting the molecular changes in water, in response to environmental changes, by means of his photographic techniques. He freezes droplets of water

and then examines them under a dark field microscope that has photographic capabilities. His work clearly demonstrates the diversity of the molecular structure of water and the effect of the environment upon the structure of the water.

Mr. Emoto has discovered many fascinating differences in the crystalline structures of water taken from many different sources and different conditions around the planet. Water from pristine mountain streams and springs show beautifully formed geometric designs in their crystalline patterns. Polluted and toxic water from industrial and populated areas and stagnated water from water pipes and storage dams show definitively distorted and randomly formed crystalline structures.

The way the water looks, reacts, and lives, is the way it is going to "feed" its surroundings or pass on the information to its environment. For example, if the water is highly polluted then the "nourishment" it will give to its surroundings will be toxic. Plants and animals will become ill and may die. More broadly speaking, we can say that no two water sources will be the same. No two springs will produce the same water as the waters have been in contact with, have "matured" and "lived" in different environment of rocks, minerals, light and plants.

Water is among the most mysterious of substances, because it is a compound formed from two gases, yet it is liquid at normal temperatures and pressures. In their studies, Del Giudice and Preparata have demonstrated mathematically that when closely packed together, atoms and molecules exhibit a collective behaviour, forming what they have termed "coherent domains". They are particularly interested in this phenomenon as it occurs in water. In a paper published in



Patrick Quanten MD

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*"Absorbing the juice of one piece of fresh unadulterated fruit or vegetable will refresh the body's memory about the format of living energy and keep you alive for a long time."*

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Physical Review Letters, Preparata and Del Giudice demonstrated that water molecules create coherent domains, much as a laser does. Light is normally composed of photons of many wavelengths, like colours in a rainbow, but photons in a laser have a high degree of coherence, a high concentration of almost identical wavelengths. The single wavelengths of water molecules that create these coherent domains appear to become "informed" in the presence of other molecules. They tend to polarise around any charged molecule, store and carry its frequency so that it may be read at a distance. This would mean that water is like a tape recorder, imprinting and carrying information whether the original molecule is still there or not. The shaking of the containers, as is done in homoeopathy, appears to act as a method of speeding up this process.

So vital is water to the transmission of energy and information that Dr Benevise's studies actually demonstrated that molecular signals cannot be transmitted in the body unless you do so in the medium of water. In Japan, a physicist called Kunio Yasue of the Research Institute for Information and Science, Notre Dame Seishin University in Okayama, also found that water molecules have

some role to play in organising discordant energy into coherent photons.

Now then, back to where we started from. What do we mean, when we talk about "living food", "living water" and "natural vibration"?

We are and we live water! So, the quality of our own water, the water that makes up our body, will determine the quality of life the body is having. And more, it will also determine the quality of "mind" the body is having, as shown by the experiments regarding the memory function of the water molecule.

As water has the great capability of absorbing the quality of its environment and making that available to the body, we need to take a careful look at the quality of water that makes up our environment. Water in the soil, in the air, in the plants and animals is of vital importance to our own life. It is not a matter of having "clean" water, as in disease-free; it is a matter of whether or not the water carries "happy" memories or "destructive" ones. What destroys the natural happy memories are all the non-natural influences, and these range from our chemical pollution, to radiation pollution, to sound pollution, to our

negative feelings such as hatred, jealousy and envy. The water in our body is as much influenced by the quality of the physical contact (food and drink) as it is by the quality of "air" that surrounds us. Love/hate, encouragement/criticism and confidence/fear changes the water of our body, which is the physical manifestation of the way our environment changes us. The two are inseparable: when you feel bad, the water in your body does not show magnificent crystals; when you are happy, you are filled with the crown jewels.

On top of that, when we destroy the natural vibration of the water in our fruits and vegetables in order to prolong their life span, we almost totally destroy the water's ability to absorb and transmit the life-vibrational energy. In other words, the water becomes dead. It even no longer is capable of absorbing life-diminishing energies, let alone giving out life-enhancing ones. This may initially appear as an improvement, and it certainly is when the only alternative water that is available is disease riddled, but the fact that water no longer is capable of bringing us new living energy does mean that in the

long run we will be unable to replenish our own. The direct result of this is that the body will slowly become diseased, as it has no way of re-imprinting a fresh copy of living energy

Drinking massive amounts of dead water (bottled and tap) will contribute to your demise.

Food that has lost its naturalness, through the killing of the natural processes within (driven by profit making in the Food Industry), will drain your body's life-energy. When food no longer has the capacity to rot, it also no longer has a living energy to distribute.

Absorbing the juice of one piece of fresh unadulterated fruit or vegetable will refresh the body's memory about the format of living energy and keep you alive for a long time. Eating good fruits and vegetables that have been stopped in their natural cycle will disperse that "dead" information into your system; it will rapidly become malnourished and diseased.

*The secret of "Living" is all in the energy patterns and the only real guide we have to Life is Nature.*

September 2009

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## Protecting children's welfare support protecting freedom of choice: A landmark policy shift in Israel with regard to non-vaccinating parents

### WHAT HAPPENED?

A new law is imminent in Israel by which monthly child-welfare payments to each family with children will be reduced while any child in the family is not fully vaccinated in conformity with the national recommended vaccination schedule or is in non-recognized education facilities (e.g. home schooling)

The cut in child allowances will range between ~\$30 to ~\$90 per month, depending on the number of children in the family. A typical monthly allowance for a family with three children, is ~\$160, and will be ~\$100 with this new law in effect.

This new law is, for the first time in history, an attempt to use the child-allowance support, embedded in a wide social philosophy very typical of Israel

in its first years, to discriminate specific groups based on their choices.

It is even more dramatic considering that the immunization schedule in Israel is in par with the U.S, Australia and Germany - the leading programs in terms of number of vaccines given - 30 in a baby's first year. Israel will take the lead in 2012 when the HPV vaccine is also pushed in. In Israel, HepB vaccine in ages 0 (at birth), 1 and 6 months to all babies is also part of the program

### WHAT DO WE DO?

Hasson - The Israeli National Vaccine Information Center, is preparing a petition to the Supreme Court of Justice, to try and cancel this law. We've already sent, through our lawyer, a letter to the Minister of Health, Minister of Welfare, Minister of finance,

the Knesset and the Legal Advisor to the Government, a letter demanding some answers as to this new law and its legislation process

### WHAT CAN YOU DO?

As a modest organization based on donations only, Hasson has taken a significant financial risk. A Supreme Court action is costly, with unknown costs until the final ruling. We call upon our friends and partners to support us the best they can, so that we can demonstrate one victory in the fight for the freedom of choice.

### MOR SAGMON

Chair, Hasson - The Israeli National Vaccine Information Center

For Support and Donations, please contact us at: [hisunim@gmail.com](mailto:hisunim@gmail.com)

# INFLUENZA VACCINE: SAFE, EFFECTIVE AND MISTRUSTED

THE NEW ENGLAND JOURNAL OF MEDICINE. KATHERINE M. HARRIS, PH.D., JÜRGEN MAURER, PH.D., AND ARTHUR L. KELLERMANN M.D., M.PH.

www.nejm.org

November 24 2010

## EXTRACT:

The second lesson of the pandemic may be less obvious, but it is just as important as the first. Accelerating vaccine production is necessary but insufficient to counter a future pandemic. For no matter how quickly a safe and effective vaccine is produced, it will do little good if large numbers of people refuse to be vaccinated. In other words, any increase in supply must be matched by an equally substantial increase in demand — and the earlier during the course of an evolving pandemic, the better.

Increasing the public's acceptance of vaccination may be more difficult than addressing the technical and scientific challenges involved in quickly producing large quantities of a safe and effective vaccine. Consider that despite an unprecedented public education campaign and a worldwide pandemic, only about 20% of U.S. adults were vaccinated against pandemic influenza. Most striking of all, less than half of health care workers were vaccinated against it, despite the fact that they could inadvertently pass the infection on to medically vulnerable patients.

There is little doubt that uptake of pandemic vaccine would have been greater had shipments reached the public earlier. However, quicker delivery might not have made as big a difference as some assume. Survey data collected by RAND and others indicate that even at the outset of the pandemic, when fear of H1N1 influenza was widespread, less than half of all adults were willing to get vaccinated against it. It is also likely that vaccination uptake would have been higher had the pandemic been more deadly than it turned out to be. Yet almost 20% of adults said they would not consider

getting vaccinated, even if people in their community were sick or dying from pandemic influenza.

It is tempting to lay blame for the lack of public enthusiasm at the feet of a small but highly vocal minority who are convinced that vaccines cause a variety of global ills, including autism. Although their effect on public confidence must be taken seriously, it should not distract attention from more comprehensive efforts to understand the full range of factors that motivate people to get vaccinated or discourage them from doing so.

Data from RAND's influenza

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*“Consider that despite an unprecedented public education campaign and a worldwide pandemic, only about 20% of U.S. adults were vaccinated against pandemic influenza..”*  
.....

vaccination tracking surveys suggest that a person's willingness to accept pandemic vaccination strongly depends on past experience with being vaccinated against seasonal influenza. Data collected during the early stages of the pandemic showed that the intention to be vaccinated against H1N1 was strongly associated with past uptake of seasonal vaccine. At later stages of the pandemic, regular users of seasonal influenza vaccine were nearly four times as likely as irregular users or nonusers of seasonal vaccine to be vaccinated against H1N1. Regular users of seasonal vaccine were significantly more likely to consider H1N1 a serious disease and were twice as likely as irregular users or nonusers to hold favorable attitudes about the safety and value of vaccination.

These data underscore the need to step up efforts to convince skeptics that influenza vaccination is a good idea - not only as an annual exercise in disease control but also as a way of strengthening public health preparedness. We hope that the new recommendations promulgated by the Advisory Committee on Immunization Practices (ACIP) will help.

Rather than focus on “high-risk groups,” as has been done in the past, the ACIP now recommends annual influenza vaccination for everyone 6 months of age or older, except in cases of medical contraindications, such as a severe allergy to the vaccine. This change in position was inspired, in part, by two long-understood truths that were driven home by the pandemic: novel strains of influenza can cause severe illness in otherwise healthy, “low-risk” people, and vaccinating large numbers of healthy people protects others who are highly vulnerable to influenza and its complications.

Despite the importance of public acceptance, the science that would clarify the best ways of informing and motivating the public is severely underdeveloped. How can indifferent or negative attitudes toward vaccination be changed? A quick look at publicly funded research on the topic of influenza and influenza vaccination, made possible by the Research Portfolio Online Reporting Tool from the National Institutes of Health, indicates that over the past decade more than 95% of funding has been devoted to biomedical topics rather than to social and behavioural science. Clearly, cutting-edge laboratory science to enhance the safety and effectiveness of vaccines is vital to public health. But it is equally important to understand the forces that shape public views about the risks and benefits of vaccination. Without this knowledge, it will be impossible to translate biomedical advances into effective action.

*Investments that enhance public acceptance of vaccination will yield substantial returns, in the form of reduced incidence and severity of disease as well as enhanced pandemic preparedness. A more balanced research portfolio is likely to be more successful than one that is heavily weighted toward biomedical research alone. We are fortunate that the pandemic that just passed was milder than expected. Next time, we may not be so lucky.*

# NOT A GOOD YEAR TO GET THE FLU SHOT



DR TIM O'SHEA - AUTHOR OF 'VACCINATION IS NOT IMMUNIZATION'  
TAKEN FROM DR O'SHEA'S DECEMBER 2010 NEWSLETTER

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

**F**OR THOSE OF YOU who followed the swine flu vaccine hoax of 2009 very carefully through to its demise this past year, there were some important lessons.

Inconsistency followed indiscretion in the media steamroller that tried to shove this imaginary threat through the skin of the American people in the past 2 years. And will all that is said about the dumbing down of Americans, etc., we still resist being oversold on anything. We were simply oversold on the threat of swine flu and the necessity for the vaccine. And so Americans rejected the H1N1 vaccine, with the exception of a few thousand ignorants who would probably inject Drano if the CDC told them they needed it.

## A FEW OF THE THINGS THAT DIDN'T ADD UP IN THE PUBLIC MIND:

- The threat of swine flu was never proven real
- No single causative virus was ever identified
- There was no screening test to

identify cases; no lab tests, no culturing

- Figures were irresponsibly conjured up
- The spokesmen for FDA, CDC, NIH, and WHO all made hysterical predictions for over a year, none of which ever came true
- Clinical trials only lasted 5 weeks before the vaccine was approved and licensed, when testing for any new vaccine takes at least a year
- Unlimited amounts of mercury were allowed in the new vaccine
- Cases were diagnosed on the telephone
- Cases of regular flu were artificially re-categorized for the obvious purpose of marketing an untested vaccine
- The last ditch effort in the summer of 2010 to sell the vaccine out of every drugstore in the US was too shrill to be credible
- The economic entanglements between the regulators and the vaccine companies became public knowledge

All these facts are chronicled and referenced in detail in the 4 chapters on

swine flu that appear at [www.thedoctorwithin.com](http://www.thedoctorwithin.com) And though most people don't have all these details at their fingertips, still the public got the general impression that the vaccine was at least unnecessary, if not outright dangerous, despite the unrelenting media hysteria that lasted the better part of 2 years. And so they declined.

Then on 2 July 2010 the New York Daily News reported an unprecedented event, on page A8. For the first time in memory, stockpiles of unused H1N1 vaccine were being returned and burned. Why this is notable is that even though batches of vaccine, known as lots, do have expiration dates, in actual practice they are virtually never thrown out, but stored and stockpiled indefinitely. The marketplace claim is that a similar microbial threat may occur in the future, for which the vaccine can be trotted back out, tweaked a little, and then given rubber stamp re-approval for use into the general population, even though it has been sitting on the shelf for decades.

There are many examples of this, the most famous one in recent years certainly being the post 9/11 smallpox vaccine hoax. At that time 3 vaccine manufacturers were given contracts to produce millions of doses of smallpox

vaccine, you may remember, to protect the American public from the imaginary bioterrorist threat. They were under the gun, since the threat was 'imminent.' Serendipitously, one of the companies – Aventis – suddenly discovered 90 million 'lost' doses of smallpox vaccine which had been stockpiled for 30 years, sitting there in their freezers. "Testing" took place and it was soon asserted that the old vaccine was 'still good' and the FDA approved the entire lot for use as smallpox vaccine for the American population. This story is told in detail in the chapter "Smallpox: Bringing a Dead Disease Back To Life" .

So back to July 2010 – why was this particular unused H1N1 vaccine being burned instead of stored? Very suspicious.

### THERE ARE TWO LIKELY REASONS:

In Sept 2009, which was only one month after clinical trials for the new H1N1 vaccine had begun, the announcement went out that there were to be no limits on the amount of mercury that could be added to the new vaccine! [1] This was very suspicious, because if it were a brand new vaccine now being formulated for the first time, why couldn't they regulate the amount of thimerosal, or indeed leave it out entirely since it is the third most toxic substance known to man, not to mention the most likely cause of the autism epidemic.

This raised the spectre of the vaccine being not new at all but some other unused experimental vaccine that had been sitting around in storage now being re-labeled as H1N1 vaccine and sent to market. This theory actually was verified in a batch sent to Czechoslovakia when millions of H1N1 doses made by the Baxter company were returned after Czech scientists discovered a toxic old Avian flu component present in the new H1N1 stock, which vaccine killed every single ferret in animal experiments. [1]

So the second reason is just that: the likelihood that some untested very toxic vaccine had been rushed onto the market to take advantage of the momentum of media hysteria, they



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 .....

found out how bad it really was in the real world, and they wanted to destroy all evidence by burning. That is the most likely scenario. Not conspiracy theory by any stretch — this is the way the world works. There are precedents, and evidence.

Although they burned the last summer's H1N1 vaccine with its undisclosed amounts of mercury, the new current flu shot has a specified amount of mercury per shot: 25 micrograms. [5] That is 30 times the EPA safe level for an adult, and we're giving it to children of 6 months.

This past summer also brought a new precedent: remember when you went into any Walgreen's or Long's anywhere in the country and you'd see those pop-out signs every 10 feet down both sides of every aisle in the store urging people to Get Your H1N1 Shots Here." Remember that? Most of these stores

didn't have resident nurses. For the first time now the pharmacists are allowed to give the shots! That's how desperate they were to push the vaccine. Wasn't that a little suspicious?

In August of 2010 Australia banned the flu shot for young children after 250 hospitalizations for convulsion and one death. [6] Finland then outlawed the current flu shot for all children for the same reason: convulsions.

Here's why. The seasonal flu vaccine that is currently on the market now that all these other countries are outlawing contains the unproven, untested H1N1 as one of the strains. [CDC.gov]

Amazingly, the makers of the vaccine themselves don't have much confidence in it: a quote from the insert of the current 2010 flu vaccine Fluzone:

"There have been no clinical studies demonstrating a decrease in influenza after vaccination with Fluzone." [5]

By June of 2010 the collusion between the vaccine industry and the WHO for creating the false H1N1 epidemic was public knowledge, verified by a group of top European scientists and doctors, quoted by every legitimate EU medical journal, including the 3 Jun 10 British Medical Journal:

"... dramatic: distortion of priorities of public health services all over Europe, waste of huge sums of public money, provocation of unjustified fear amongst Europeans, creation of health risks through vaccines and medications

which .. have not been sufficiently tested..." – Parliamentary Assembly of the Council of Europe

This very conservative group of scientists and lawyers – PACE – have now corroborated virtually every assertion we saw in the 4 chapters on swine flu {[www.thedoctorwithin.com](http://www.thedoctorwithin.com)} during the past year regarding the conjuring up of a nonexistent epidemic. They have proof of the very specific quid pro quo arrangements between the executives of the WHO who fueled the fire of hysteria by constantly making inflammatory statements about the virulence of a disease that was never proven to exist and the vaccine companies who stood to make the profits.

Most startling of all is that local pediatricians and clinics are completely ignoring the recommendations of the FDA's own advisory committee (ACIP) who on August 12, 2010 came out and said the current flu vaccine should not be used in any child under 9 years old!

Read it: <sup>14</sup>

All things considered, there is no support for the sales mantras coming from the drugstores and clinics hawking this year's flu shot, especially for kids. These are the same people who just tried to sell our kids the swine flu vaccine. Remember? Why on earth would we trust them with the regular flu shot after what they just did this past year? At the very least learn enough to protect our kids. Perhaps we might not base our decision on the people selling the vaccine with their insipid line about "it's really important this year." That cover's blown, but we won't be reading about it on Fox news or CNN.

It may be prudent to keep our children's bloodstream out of the political arena. If you're going to take your child in for any vaccination, make sure the vaccine has been proven absolutely safe – no possibility of side effects – and also that it is really

effective for a disease that actually exists. This season's flu shot meets none of these criteria.

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## Convenience ahead of safety

DR RICHARD HALVORSEN

<http://web.me.com/richardhalvorsen1/index.html>  
23/11/10

THE GOVERNMENT'S announcement that toddlers are to be given six vaccines in three injections all at once between 12 and 13 months of age confirms my fear that expediency is more important to policymakers than safety. The MMR vaccine will now be given to young children in the UK

alongside the pneumococcal and Hib-Men C boosters. This 6-in-1 combination is approaching the 9-in-1 combination, which also included an MMR, that caused 19 month old Hannah Poling to descend into an autistic regression. I would be reluctant to recommend the MMR vaccine, with its high incidence of side-effects, to anyone, but if it is going to be given, it should not be in conjunction with any other vaccines. The tendency to give more and more vaccines at one go may increase uptake, though it

may equally well put parents off. It undoubtedly saves time and resources and is therefore cheaper. The trouble is that, in susceptible children, it may be more dangerous. The problem, as is too often the case, is that there is no long-term research on giving all the vaccines together – so we just don't know. Yet again, convenience wins over safety.

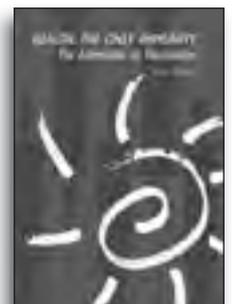
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# Message from Martin Walker

MARTIN WALKER one Britain's few independent investigative writers and author of Dirty Medicine, and books about ME and HRT, has been deeply committed to the campaign against vaccine damage denial, being waged by thousands of parents in Britain and the US. He attended, almost every single day of the General Medical Council (GMC) fitness to practice hearing, against Dr Wakefield, Professor Murch and Professor Walker-Smith keeping the public up to date with the case on almost a daily basis.

Martin Walker recently emailed out to various contacts to circulate the following message. If you can help then I am sure Martin would be pleased to hear from you.

Following the result of the GMC hearing the 'campaign' specifically around vaccine damage lost some of its energy. Dr Wakefield went on the campaign trail for his book Callous Disregard (<http://www.callous-disregard.com/>) with considerable gusto. Although initially he considered appealing the GMC verdict I understand that he is now not doing this. After having been abused and attacked by the government, the pharmaceutical companies and much of the world's press and having been dragged through one of the longest trials in history, one can't really blame him.

In November, he spoke to the European Parliament in an attempt to garner support (<http://www.autismfile.com/.../andrew-wakefield-speaks-to-parliament-on-autism/>). While some organisations like the Autism File have continued with their redoubtable and very public work and even developed it the AF has a new expansive web-site, Autism File Global (<http://autismfile.com/>), and although Dr Wakefield is still talking vaccine damage, the campaigning around this specific subject is now much quieter than during the GMC hearing.

I personally am convinced that the only campaign that could now be successful is a radical one organised by the parents of vaccine damaged children

themselves. Similar to that organised by Rosemary Fox with the help of the magnificent Jack Ashley MP - My! hasn't the quality of members of parliament, now termed 'law makers' suggesting wise men with white beards changed in the last 30 years? Rosemary's campaign with others led to the setting up of the Vaccine Damage Payment Unit, a victory of sorts, at the time.

.....  
*"These two books are the only detailed public evidence of the parents difficult struggle to get diagnosis, help, support and mount a campaign on behalf of their vaccine damaged children, 16 exceptionally well written accounts of having to live with the results of vaccine damage are set against a background to the GMC case against Dr Wakefield."*  
.....

However, what I am really writing to everyone about today, is the problems that I, as the publisher still have with the two volumes of Silenced Witnesses. As most of you will know these books were organised, edited, and their introductions written by me and then published by my imprint. The total bill from the printers and the DVD manufacturers ( a DVD by Alan Golding, Selective Hearing) accompanies the book) came to £5,500 pounds, all this money has now been paid, but unfortunately I am still left with a debt of £1,500 owing to Cry Shame the parents group who covered a first payment to the printers and the cost of the DVD.

Of course the book cost far more than is apparent, myself and others worked for nothing over the two years, editing, producing and distributing the two books, and there were many incidental expenses that had to be paid and this is

where the £1,500 overspend comes from. These two books are the only detailed public evidence of the parents difficult struggle to get diagnosis, help, support and mount a campaign on behalf of their vaccine damaged children, 16 exceptionally well written accounts of having to live with the results of vaccine damage are set against a background to the GMC case against Dr Wakefield.

In time of course, our debt to CryShame would be paid back through everyday sales of the remaining books but this could take a while and Cry Shame will be without funds during this time. 200 copies of the first volume and 700 copies of the second volume still remain unsold. It would be a considerable relief to me and CryShame if we could find some way of distributing these last copies and earning the £1,500 to fully settle the account with CryShame. If we were to sell the last 700 copies of volume II for £5 each, for people buying more than 5 copies and £9 plus postage and packing for single copies, this would raise, in theory, quite enough to cover our debt. Ideally it would be great if groups or organisations could buy copies in bulk to sell or send to their members cheaply, this way our debt could be covered quickly. Anyone interested in buying single copies, should order from the Slingshot website,

<http://slingshotpublications.com> while anyone wanting to discuss bulk orders should write to me at [fraka@arrakis.es](mailto:fraka@arrakis.es)

I have one very important project a book plus coming to fruition, perhaps the high point of my campaigning and writing life. I am going to need a lot of help to distribute this work and I am looking forward to working with those who want to take part in it. So please get in touch with me if you would like to know more.

*In the meantime, I hope that everyone will do their best to clear the stocks of Silenced Witnesses. If you could pass this message on to any contacts you have, I would be most grateful.  
Best Wishes, Martin*

# Vaccines for preventing influenza in healthy adults

COCHRANE DATABASE SYST REV. 2010 JUL 7;(7):CD001269.

JEFFERSON T, DI PIETRANTONJ C, RIVETTI A, BAWAZEER GA, AL-ANSARY LA, FERRONI E. VACCINES FIELD, THE COCHRANE COLLABORATION, VIA ADIGE 28A, ANGUILLARA SABAZIA, ROMA, ITALY, 00061.

## ABSTRACT

**BACKGROUND:** Different types of influenza vaccines are currently produced worldwide. Healthy adults are presently targeted mainly in North America.

**OBJECTIVES:** Identify, retrieve and assess all studies evaluating the effects of vaccines against influenza in healthy adults.

**SEARCH STRATEGY:** We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, 2010, issue 2), MEDLINE (January 1966 to June 2010) and EMBASE (1990 to June 2010).

**MAIN RESULTS:** We included 50 reports. Forty (59 sub-studies) were clinical trials of over 70,000 people. Eight were comparative non-RCTs and

assessed serious harms. Two were reports of harms which could not be introduced in the data analysis. In the relatively uncommon circumstance of vaccine matching the viral circulating strain and high circulation, 4% of unvaccinated people versus 1% of vaccinated people developed influenza symptoms (risk difference (RD) 3%, 95% confidence interval (CI) 2% to 5%). The corresponding figures for poor vaccine matching were 2% and 1% (RD 1, 95% CI 0% to 3%). These differences were not likely to be due to chance. Vaccination had a modest effect on time off work and had no effect on hospital admissions or complication rates. Inactivated vaccines caused local harms and an estimated 1.6 additional cases of Guillain-Barré Syndrome per million vaccinations. The harms evidence base is limited.

## AUTHORS' CONCLUSIONS:

Influenza vaccines have a modest effect in reducing influenza symptoms and working days lost. There is no evidence that they affect complications, such as pneumonia, or transmission.

**WARNING:** This review includes 15 out of 36 trials funded by industry (four had no funding declaration). An earlier systematic review of 274 influenza vaccine studies published up to 2007 found industry funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size. Studies funded from public sources were significantly less likely to report conclusions favorable to the vaccines. The review showed that reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies. The content and conclusions of this review should be interpreted in light of this finding.

## MEDICAL VOICES VACCINE INFORMATION CENTER

**MEDICAL VOICES VACCINE INFORMATION CENTER** brings awareness of vaccine issues to the forefront via medical doctors. Newly under development as of July 2009, the site will quickly become a massive library of articles, videos and presentations by doctors speaking out on the dangers of vaccines. The aim is to be an educational site for doctors who are beginning to question and become aware of the problems caused by vaccines and, additionally, a go-to resource for the public at large.

**VISION STATEMENT:** MEDICAL VOICES VACCINE INFORMATION CENTER will become the most comprehensive educational center on the internet for physicians seeking the truth about vaccines. This will change healthcare as we know it.

**MISSION STATEMENT:** MEDICAL VOICES VACCINE INFORMATION CENTER will provide educational tools through media including articles, videos, podcasts and webinars to everyone seeking the truth about vaccines. Are you aware that an organization called Medical Voices Vaccine Information Center has been recently formed? Please consider helping spread the word about an absolutely historic set of webinars hosted by medical doctors. Most of the presenters are medical doctors as well! The link to provide people is: [www.medicalvoices.org/en/events.html](http://www.medicalvoices.org/en/events.html)

**A MULTI-LANGUAGE WEBSITE:** If you're able to assist us with providing a multi-language website, to make the information accessible for a wider spectrum of interested parties, we would like to hear from you!

**NETWORKING WITH DOCTORS INTERNATIONALLY:** Regardless of the location, if you are a medical professional or you know of any who may wish to participate with information or presentations, please contact us here at Medical Voices.

Also, we would hugely appreciate any media; video, articles, books done by medical doctors (whether in the original language or translated) that speak on the real issues regarding vaccines.

**SPREAD THE WORD:** We welcome any help, however small, to spread the word on this highly contentious issue! We thank you in advance.



**WEBSITE LAUNCH:** Due to all the coverage on Swine Flu in recent months we have launched this new website immediately. The MEDICAL VOICES VACCINE INFORMATION CENTER is still in its infancy, but we aim to bring to you a vast amount of information and webinars very shortly!

Please contact Nick Haas at: [nickhaas@medicalvoices.org](mailto:nickhaas@medicalvoices.org)

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

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**Wishing you all good health, happiness  
and strength for the forthcoming year!**

A very big thank you to all the subscribers and all the contributors of **The Informed Parent** — your support has enabled **TIP** to continue trying to create and spread awareness in an area that is of prime importance to each and every one of us — our health! I look forward to your continued support. Many thanks, **Magda Taylor**

## Comparing Natural Immunity with vaccines

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

TOPICS COVERED INCLUDE:

- SHORT & LONG TERM EFFECTS OF CHILDHOOD & TRAVEL VACCINES
- EVIDENCE FROM ORTHODOX & COMPLEMENTARY SOURCES
- INFORMATION THAT THE AUTHORITIES DON'T TELL YOU
- MAKING SENSE OF STATISTICS ● CHILDHOOD ILLNESSES
- DEALING WITH FEAR ● AVOIDING FUTURE PROBLEMS
- INCREASING HEALTH NOW

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

BRIGHTON, EAST SUSSEX

(Talks start 7.30pm):

WED 02 MAR 2011 - PART ONE  
WED 16 MAR 2011 - PART TWO

Please contact Karel on: 01273 277309  
for further details / bookings

### 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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