Addition of the Hepatitis B Vaccine in 1988 Increased the Rate of Type 1 Diabetes 1.62X in Children in New Zealand

“The incidence of type 1 diabetes in persons 0-19 years old living in Christchurch rose from 11.2 cases per 100,000 children annually in the years before the immunization program, 1982-1987, to 18.1 cases per 100,000 children annually (P = .0008) in the years following the immunization, 1989-1991.”
DTP Vaccination Increases Mortality by 2.45X in Girls Previously Receiving the BCG (Tuberculosis) Vaccine

**Mortality in BCG-Vaccinated Girls Receiving the DTP Vaccine**

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2.45X
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1X
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Mortality

- With DTP
- Without DTP
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“In seven studies of BCG-vaccinated children, DTP vaccination was associated with a 2.54 (95% CI 1.68–3.86) increase in mortality in girls (with no increase in boys [ratio 0.96, 0.55–1.68]). The ways in which the female and the male immune systems may respond differently to vaccinations in infants are only beginning to be studied.”
Higher Number of Vaccine Doses Prior to One Year of Age Increases Infant Mortality by 1.83X

“Using the Tukey-Kramer test, statistically significant differences in mean IMRs (infant mortality rates) were found between nations giving 12–14 vaccine doses and those giving 21–23, and 24–26 doses.”
One Dose of the DTP Vaccine Increases Infant Mortality by 1.84X

“One dose of diphtheria, tetanus, and pertussis vaccine was associated with a mortality ratio of 1.84 (1.10 to 3.10) and two to three doses with a ratio of 1.38 (0.73 to 2.61) compared with children who had received no dose of these vaccines.”
Early DTP Vaccination in Girls Increased Infant Mortality by 5.68X

“Surprisingly, even though the children with the best nutritional status were vaccinated early, early DTP vaccination was associated with increased mortality.”
Receipt of Both the BCG and DTP Vaccines Increased Infant Mortality in Girls by 2.4X

Infant Mortality in Girls Receiving Both BCG and DTP Vaccines Versus One of the Vaccines Only

“Among girls, those who received both BCG and DTP experienced higher mortality than those who received only one of the two vaccines (hazards ratio 2.4; 95% confidence interval 1.2–5.0).”
The introduction of diphtheria-tetanus-pertussis vaccine and child mortality in rural Guinea-Bissau: an observational study.

Abstract

BACKGROUND: objective Previous studies from areas with high mortality in West Africa have not found diphtheria-tetanus-pertussis (DTP) vaccine to be associated with the expected reduction in mortality, a few studies suggesting increased mortality. We therefore examined mortality when DTP was first introduced in rural areas of Guinea-Bissau in 1994-1995. Setting Twenty villages in four regions have been followed with biannual examinations since 1979.

SUBJECTS: in all, 1567 children aged 2-6 months. Design Children were weighed when attending the bi-annual examinations and they were vaccinated whenever vaccines were available. DTP was introduced in the beginning of 1994.whooping cough later that year. We examined mortality for children aged 2-6 months who had received DTP and compared them with children who had not been vaccinated because they were absent, vaccines were not available, or they were sick.

MAIN OUTCOME MEASURE: Mortality over the next 6 months from the day of examination for vaccinated and unvaccinated children.

RESULTS: Prior to the introduction of vaccines, children who were absent at a village examination had the same mortality as children who were present. During 1994-1995, children receiving DTP at 2-6 months of age had higher mortality over the next 6 months, the mortality rate ratio (MRR) being 1.81 (95% CI: 1.04, 3.45) compared with unvaccinated children, adjusting for age, sex, season, period, ECO, and region. The MRR was 2.08 (95% CI: 1.18, 2.83) for the first dose of DTP and 4.36 (95% CI: 1.28, 14.9) for the second and third dose. DSC was associated with slightly lower mortality (MRR = 0.63, 95% CI: 0.3, 1.13), the risk for DTP and ECO being significantly increased. Following subsequent visits and further vaccinations with DTP and measles vaccine, there was no difference in vaccination coverage and subsequent mortality between the DTP-vaccinated group and the initially DTP-unvaccinated group (MRR = 1.35, 95% CI: 0.78, 1.54).

CONCLUSIONS: in low-income countries with high mortality, DTP as the last vaccine received may be associated with slightly increased mortality. Since the pattern was reversed for ECO, the effect is unlikely to be due to higher-risk children having received vaccination. The role of DTP in high mortality areas needs to be clarified.

Infant Mortality in Children Receiving the First or Second/Third Dose of the DTP Versus Unvaccinated Children

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“The MR (mortality rate) was 1.81 (95% CI: 0.95, 3.45) for the first dose of DTP and 4.36 (95% CI: 1.28, 14.9) for the second and third dose.”
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