VAXXED
UNVAXXED

The Science

Children’s Health Defense
Generation 1: CDC’s Unpublished Verstraeten Study on Hep B Showed Dramatic Increased Risk of Autism (7.6X), Sleep Disorders (5X), Speech Disorders (2.1X) and Neurodevelopmental Disorders (1.8X)

**Vaccinated vs. Unvaccinated Risk**

- 7.6X (Autism)
- 5X (Sleep Disorders)
- 2.1X (Speech Disorders)
- 1.8X (NDD)

**CDC UNPUBLISHED DATA OBTAINED BY FOIA**

"The relative risk (RR) of developing a neurologic development disorder was 1.8 (95% confidence intervals [CI] = 1.1-2.8) when comparing the highest exposure group at 1 month of age (cumulative dose > 25 μg) to the unexposed group. Within this group we also found an elevated risk for the following disorders: autism (RR 7.6, 95% CI=1.8-31.5), nonorganic sleep disorder (RR 5.0, 95% CI=1.6-15.9), and speech disorders (RR 2.1, 95% CI=1.1-4.0)."
DTP and Tetanus Vaccinations Increase the Odds of Allergies (1.63X) in Children

"The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects. Conclusions: DTP or tetanus vaccination appears to increase the risk of allergies and related respiratory symptoms in children and adolescents."
Hepatitis B Vaccines Increase the Odds for Special Education by 8.63X

Abstract

This study investigated the association between vaccination with the Hepatitis B triple series vaccine prior to 2000 and developmental disability in children aged 1-9 years (n = 1824), provided by parental report that their child receives early intervention or special education services (EIS). National Health and Nutrition Examination Survey 1999-2000 data were analyzed and adjusted for survey design by Taylor Linearization using SAS version 9.1 software, with SASCallable SUDAAN version 9.0.1. The odds of receiving EIS were approximately nine times as great for vaccinated boys (n = 46) as for unvaccinated boys (n = 7), after adjustment for confounders. This study found statistically significant evidence to suggest that boys in the United States who were vaccinated with the triple series Hepatitis B vaccine, during the time period in which vaccines were manufactured with thimerosal, were more susceptible to developmental disability than were unvaccinated boys.

Proportion Receiving Special Education Services

“The odds of receiving EIS were approximately nine times as great for vaccinated boys (n=46) as for unvaccinated boys (n=7) after adjustment for confounders.”
Hepatitis B Vaccines in Male Newborns Increased the Odds of Autism 3X

Relative Odds Autism Diagnoses in Male Newborns Vaccinated with Hep B vs. Unvaccinated

"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."
Flu Shot Increases Rate of Non-Flu Infection 4.4X

“There was no statistically significant difference in the risk of confirmed seasonal influenza infection between recipients of TIV or placebo.”

“TIV recipients had higher risk of confirmed non-influenza respiratory virus infection.”
DTP Increases Mortality in Girls 10X

Relative Risk for Mortality of Vaccinated vs. Unvaccinated, DTP Vaccine

All Children | Girls | Boys
---|---|---
Vac., 10X | Vac., 5X | Vac., 3.93X

“DTP vaccinations were associated with increased infant mortality even though there was no vaccine-induced herd immunity. When unvaccinated controls were normal children who had not yet been eligible for vaccination, mortality was 5 times higher for DTP-vaccinated children.”

“All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus, or pertussis.”

Table 3: Mortality rate and hazard rate (HR) for children from 3 months of age until first examination without vaccination or 6 months of age. Natural experiment.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Mortality rate (deaths/person-years)</th>
<th>Hazard rate (HR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unvaccinated (N = 651)</td>
<td>4.5 (5/111.4)</td>
<td></td>
</tr>
<tr>
<td>DTP (≥OPV) (N = 462)</td>
<td>17.4 (11/63.1)</td>
<td>5.00 (95% CI: 2.61–16.3)</td>
</tr>
<tr>
<td>DTP only (N = 101)</td>
<td>35.2 (5/14.2)</td>
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</tbody>
</table>

Published Jan 2017
"Vaccination (i.e., receipt of one of more of the recommended vaccines) was significantly associated with NDD, while preterm birth without vaccination was not. Preterm birth coupled with vaccination, however, was associated with a synergistic increase in the odds of NDD, suggesting the possibility that vaccination could precipitate adverse neurodevelopmental outcomes in preterm infants. These results provide clues to the epidemiology and causation of NDD but question the safety of current vaccination programs for preterm infants."
Vaccination Increases Risk of Allergic Rhinitis (30X), Allergy (3.1X), ADHD (4.2X), Autism (4.2X), Eczema (2.9X), Learning Disability (5.2X) and Neurodevelopmental Disorders (3.7X)

Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children

Anthony R. Mossman, Brian D. Ray, Arial R. Bhiyum and Ben Jacob

Abstract

Vaccinations have prevented millions of infectious illnesses, hospitalizations and deaths among U.S. children, yet the long-term health outcomes of the vaccination schedule remains uncertain. Studies have been complicated by the U.S. Institute of Medicine to address this question. Through a study 30 years ago, we compared vaccinated and unvaccinated children over a range of health outcomes to determine whether there was an association found between vaccination and neurodevelopmental disorders (NDD), if so, it was significant after adjustment for other measured factors. A cross-sectional study of children who were vaccinated was carried out in collaboration with school systems in three states: Florida, Louisiana, and 1 bottles. Mothers were asked to complete an anonymous online questionnaire on their 6- to 12-year-old children with respect to pregnancy-related factors, birth history, vaccination, physical development, medications, use, and health services. NDD, a broad category of disorders, was defined as having one or more of the following: a child's development, a learning disability, Attention Deficit Hyperactivity Disorder, and Autism Spectrum Disorder. A significant number of children with NDD were observed, of which 1/10 were unvaccinated. The vaccinated children were less than the unvaccinated to be diagnosed with chickenpox and pertussis, for which there is evidence that the diagnosis is significantly associated with NDD. However, in a study on a large number of children, vaccination and non-vaccination were significantly associated with NDD. The interaction of certain birth and vaccination was associated with a 6.6-fold increased odds of NDD (95% CI: 2.1, 16.6). In conclusion, vaccinated children were found to have a higher rate of allergic and NDD than unvaccinated children. While vaccination remained significantly associated with NDD after controlling for other factors, patterns of birth coupled with vaccination were associated with an apparent increase in the odds of NDD. Further research involving larger groups is necessary to confirm the results. The main findings need to be interpreted with caution in order to optimize the impact of vaccines on health outcomes.

“Published April 2017”

“...In this pilot study of vaccinated and unvaccinated homeschool children, reduced odds of chickenpox and whooping cough were found among the vaccinated, as expected, but unexpectedly increased odds were found for many other physician-diagnosed conditions.”
Vaccination Increases Type I Diabetes 3X

Clustering of cases of type 1 diabetes mellitus occurring 2-4 years after vaccination is consistent with clustering after infections and progression to type 1 diabetes mellitus in autoantibody positive individuals.

OBJECTIVE: We previously analyzed data from a hemophilus vaccine trial and identified clusters of extra cases of type 1 diabetes mellitus (T1DM) located by the vaccine that occurred between 36 and 48 months after immunization. Published reports indicate clustering of cases of T1DM occurring approximately 2-4 years after mumps infection. Citizens have reported a 2-4 year delay between the onset of autoimmune diseases and the development of T1DM. We attempted to determine whether similar clustering of cases of T1DM occurred after immunization with vaccines other than hemophilus.

METHODS: We searched MEDLINE and reviewed references from published papers to find databases on the incidence of T1DM and then searched MEDLINE to determine whether changes in immunization occurred in these regions during the times the incidence of T1DM was being recorded.

RESULTS: Distinct peaks in the incidence of T1DM occurred 2-4 years following the introduction of the MMR vaccines. A drop in the incidence of T1DM was detected between 3-4 years following discresiation of pertussis and BCG vaccines.

CONCLUSION: The identification of clusters of cases of T1DM occurring in consistent temporal patterns allowed a link between the hemophilus vaccine and Type I diabetes... there are also clusters of cases of Type I diabetes occurring 2-4 years post-immunization with the pertussis, MMR and BCG vaccines.
Polio Vaccination Increases Type I Diabetes 2.5X

“Pediatric vaccines were associated with a statistically significant increased risk of type 1 diabetes in 12 of 21 endpoints in the general population.”
Raw CDC Data Shows Vaccination on Time with MMR Increased Odds of Autism 3.64X

CDC UNPUBLISHED DATA OBTAINED BY FOIA

Press Release, August 2014: “I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism.” – Dr. William Thompson, CDC senior vaccine safety scientist
Thimerosal-Containing Hepatitis B Series Increases Odds of Autism 3.39X

“It was observed that cases diagnosed with an ASD were significantly more likely than controls to receive increased organic-Hg from Thimerosal-containing hepatitis B vaccine administered within the first, second, and sixth month of life.”
A cross-sectional study of the relationship between reported human papillomavirus vaccine exposure and the incidence of reported asthma in the United States.

OBJECTIVES: Asthma is a chronic disorder that affects persons of all ages impacting the quality of their lives. This cross-sectional hypothesis-testing study evaluated the relationship between human papillomavirus vaccine and the risk of an incident asthma diagnosis in a defined temporal period post-vaccination.

METHODS: The 2015-2016 National Health and Nutrition Examination Survey data were examined for a group of 63,034,237 weighted persons between 0 and 25 years old in Statistical Analysis Software.

RESULTS: Reported incident asthma significantly clustered in the year of reported human papillomavirus vaccination. When the data were separated by gender, the effects observed remained significant for males but not females.

CONCLUSION: The results suggest that human papillomavirus vaccination resulted in an excess of 261,475 asthma cases with an estimated direct excess lifetime cost of such persons being US$42 billion. However, it is unclear what part of the vaccine and/or vaccine medium may have increased an individual’s susceptibility to an asthma episode, whether the asthma diagnosis represented one asthma episode or if it is chronic, and how much therapeutic support was needed (if any) and for how long, which would impact cost. Despite the negative findings in this study, routine vaccination is an important public health tool, and the results observed need to be viewed in this context.

“The results suggest that human papillomavirus vaccination resulted in an excess of 261,475 asthma cases with an estimated direct excess lifetime cost of such persons being US$42 billion.”
Thimerosal-Containing Hepatitis B Series Increases Odds of Premature Puberty 2.1X

Odds of Receiving an Premature Puberty Diagnosis from Receiving Thimerosal-Containing Hepatitis B Vaccines

Vaccinated, 2.1X

Unvaccinated, 1X

Preture Puberty

“The results of this study show a dose-dependent association between increasing organic Hg exposure from Thimerosal-containing hepatitis B vaccines administered within the first six months of life and the long-term risk of the child being diagnosed with premature puberty.”
MMR Vaccine Increases Risk of Crohn’s Disease 3.01X and Ulcerative Colitis 2.53X

Is measles vaccination a risk factor for inflammatory bowel disease?
Thompson NP, Montgomery K, Feurer R, Wexler AJ

Abstract:
Measles virus may persist in intestinal tissue, particularly affected by Crohn’s disease, and early exposure to measles may be a risk factor for the development of Crohn’s disease. Crohn’s disease and ulcerative colitis often occur in the same families and may share a common etiology. In view of the rising incidence of inflammatory bowel disease (Crohn’s disease and ulcerative colitis), we examined the impact of measles vaccination upon these conditions. Prevalences of Crohn’s disease, ulcerative colitis, coeliac disease, and peptic ulceration were determined in 3845 people who had received live measles vaccine in 1964 as part of a measles vaccine trial. A longitudinal birth cohort of 11,407 subjects was one unvaccinated comparison cohort, and 2541 partners of those vaccinated was another. Compared with the birth cohort, the relative risk of developing Crohn’s disease in the vaccinated group was 3.01 (95% CI 1.45-6.23) and of developing ulcerative colitis was 2.53 (1.16-5.68). There was no significant difference between these two groups in coeliac disease prevalence. Increased prevalence of inflammatory bowel disease, but not coeliac disease or peptic ulceration, was found in the vaccinated cohort compared with their partners. These findings suggest that measles virus may play a part in the development not only of Crohn’s disease but also of ulcerative colitis.

“These findings suggest that measles virus may play a part in the development not only of Crohn’s disease but also of ulcerative colitis.”
A cross-sectional study of the relationship between infant Thimerosal-containing hepatitis B vaccine exposure and attention-deficit/hyperactivity disorder.

Abstract: Attention-deficit/hyperactivity disorder (ADHD) is characterized by a marked pattern of inattention and hyperactivity-impulsivity that is inconsistent with developmental level and interferes with normal functioning in at least two settings. This study evaluated the hypothesis that infant Thimerosal-containing hepatitis B vaccine (T-HepB) exposure would increase the risk of ADHD diagnosis. This cross-sectional study examined 2,963 persons between 3 and 19 years of age from the combined 1999-2000 National Health and Nutrition Examination Survey (NHANES) by analyzing demographic, immunization, socioeconomic, and health-related variables using the SAS system. Three doses of T-HepB exposure in comparison to no exposure significantly increased the risk of an ADHD diagnosis using logistic regression (adjusted odds ratio=1.98), linear regression (adjusted beta-coefficient=0.047), and SAS's glm (Rho=0.04407, 2×2 contingency table (relative risk=1.8033) statistical modeling when considering other covariates such as gender, race, and socioeconomic status. Current health status outcomes are selected as a primary bias to not be biologically plausible linked to T-HepB exposure showed no relationship with T-HepB. The observed study results are biologically plausible and supported by numerous previous epidemiological studies, but because the NHANES data is collected on a cross-sectional basis, it is not possible to ascribe a direct cause-effect relationship between exposure to T-HepB and an ADHD diagnosis. During the decade from 1991 to 2001 that infants were routinely exposed to T-HepB (Thimerosal containing HepB) in the United States (US), an estimated 1.3-2.5 million children were diagnosed with ADHD with excess lifetime costs estimated at US $350-$660 billion as a consequence of T-HepB.
Highest Levels of Thimerosal Exposure Increase Autism Risk 11.35X

**GENERATION ZERO**

*Thomas Verstraeten’s First Analyses of the Link Between Vaccine Mercury Exposure and the Risk of Diagnosis of Selected Neuro-Developmental Disorders Based on Data from the Vaccine Safety Datalink: November-December 1999*

Safe Minds
September 2004

**ONE MONTH EXPOSURE: SUMMARY ANALYSIS OF FIVE NDDs**
Comparison to Control Diagnoses Epilepsy and Febrile Seizures

- **Autism (11.24)**
- **Sleep disorders (4.64)**
- **ADD (3.96)**
- **Mix of 9 NDDs (2.36)**
- **Speech/language (1.95)**

**CDC UNPUBLISHED DATA OBTAINED BY FOIA**

“Autism risks were the highest of all the diagnostic codes, with a relative risk at one month of 11.35 between the high and zero exposure groups.”
Two H1N1-Containing Influenza Vaccines Prior to and During Pregnancy Increases Miscarriage Odds by 7.7X

“SAB (spontaneous abortion) was associated with influenza vaccination in the preceding 28 days. The association was significant only among women vaccinated in the previous influenza season with pH1N1-containing vaccine.”
H1N1 Influenza Vaccine Increases Risks of Bell’s Palsy (1.34X), Paraesthesia (1.25X) and Inflammatory Bowel Disease (1.25X) in High Risk Patients

Risks of Various Disorders Within 45 Days of H1N1 Influenza Vaccine

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<table>
<thead>
<tr>
<th>Disorder</th>
<th>Influenza Vaccine</th>
<th>No Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell's Palsy</td>
<td>1.34X</td>
<td>1X</td>
</tr>
<tr>
<td>Paraesthesia</td>
<td>1.25X</td>
<td>1X</td>
</tr>
<tr>
<td>IBD</td>
<td>1.25X</td>
<td>1X</td>
</tr>
</tbody>
</table>
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“Relative risks were significantly increased for Bell’s palsy, paraesthesia, and inflammatory bowel disease after vaccination, predominantly in the early phase of the vaccination campaign.”
HPV Vaccination Increases Odds of Memory Impairment (1.23X) and Involuntary Movement (1.53X)

Odds of Neurological Disorders After HPV Vaccine

Memory Impairment

- HPV Vaccine: 1.23X
- No Exposure: 1X

Involuntary Movement

- HPV Vaccine: 1.53X
- No Exposure: 1X

“Based on our analysis using data from the Nagoya City surveillance survey, a possible association between HPV vaccination and distinct symptoms such as cognitive impairment or movement disorders exists.”
Thimerosal Containing Triple HepB Series in the First Six Months of Life Increases Odds of Emotional Disturbances by 2.37X

“The results show a significant relationship between mercury exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an emotional disturbances diagnosis.”
HPV Vaccine Increases the Risk of Celiac Disease by 1.56X

“Relative Risks for celiac disease were increased for both the period any time after vaccination (RR 1.56, 1.29–1.89), the first 179 days (1.54, 1.16–2.03) and the more than 180 days after vaccination period (1.58, 1.22–2.05).”
The H1N1 and Seasonal Influenza Vaccines Both Given During Pregnancy Increase Fetal Loss by 11.4X Compared to the Seasonal Influenza Vaccine Only

Comparison of VAERS fetal-loss reports during three consecutive influenza seasons: was there a synergistic fetal toxicity associated with the two-vaccine 2009/2010 season?

Abstract
The aim of this study was to compare the number of miscalculated influenza vaccine-related spontaneous abortion and stillbirth (SB) reports in the Vaccine Adverse Event Reporting System (VAERS) database during three consecutive flu seasons beginning 2000/2001 and assess the relative fetal death reports associated with the two-vaccine 2009/2010 season. The VAERS database was searched for reports of fetal demise following administration of the influenza vaccine/vaccines to pregnant women. Utilization of an independent surveillance system and VAERS, two-source capture-recapture analyses estimated the reporting completeness in the 2006/2010 flu season. Capture-recapture demonstrated that the VAERS database captured about 13.2% of the total 1021 (95% confidence interval CI): 815-2796) estimated reports, yielding an accurate/corrected rate of 396 fetal-loss reports per million pregnant women vaccinated (or 1 per 1695). The unadjusted fetal-loss report rates for the three consecutive influenza seasons beginning 2000/2009 were 6.8 (95% CI: 0.1-13.3), 77.6 (95% CI: 69.5-85.4), and 12.6 (95% CI: 7.2-18.6) per million pregnant women vaccinated, respectively. The observed reporting bias was too low to explain the magnitude increase in fetal demise reporting rates in the VAERS database relative to the expected annual trends. Thus, a synergistic fetal toxicity likely resulted from the administration of both the pandemic (A-H1N1) and seasonal influenza vaccines during the 2009/2010 season.

Keywords: Human Toxicology; Therapeutic use; Influenza vaccine; Spontaneous abortion; Stillbirth

“Because of the order of magnitude increase in fetal-loss report rates, from 6.8 fetal-loss reports per million pregnant women vaccinated in the single-dose 2008/2009 season to 77.8 in the two-dose 2009/2010 season, further long-term studies are needed to assess adverse outcomes in the surviving children.”
Swine Flu Vaccine (Pandemrix) Increases Rate of Narcolepsy in Swedish Children by 25X

Increased childhood incidence of narcolepsy in western Sweden after H1N1 influenza vaccination.

Abstract

OBJECTIVE: To assess the incidence of narcolepsy between January 2000 and December 2010 in children in western Sweden and its relationship to the Pandemrix vaccination, and to compare the clinical and laboratory features of these children.

METHODS: The children were identified from all local and regional pediatric hospitals, child rehabilitation centers, outpatient pediatric clinics, and regional departments of neurophysiology. Data collection was performed with the aid of a standardized data collection form, from medical records and telephone interviews with patients and parents. The laboratory and investigational data were carefully scrutinized.

RESULTS: We identified 37 children with narcolepsy. Nine of them had onset of symptoms before the H1N1 vaccination and 28 had onset of symptoms in relationship to the vaccination. The median age at onset was 10 years. All patients in the postvaccination group were positive for human leukocyte antigen (HLA)-DQB1*0602. Nine patients in the postvaccination group, compared with one in the prevaccination group, had a clinical onset that could be dated within 12 weeks.

CONCLUSION: Pandemrix vaccination is precipitating factor for narcolepsy, especially in combination with HLA-DQB1*0602. The incidence of narcolepsy was 25 times higher after the vaccination compared with the time period before. The children in the postvaccination group had a lower age at onset and a more sudden onset than that generally seen.

"The incidence of narcolepsy was 25 times higher after the vaccination compared with the time period before. The children in the postvaccination group had a lower age at onset and a more sudden onset than that generally seen."
“Among women who received Tdap at anytime during pregnancy, 6.1% were diagnosed with chorioamnionitis compared with 5.5% of unexposed women. After adjusting for site, receipt of 1 or more other vaccines in pregnancy and the propensity score, the adjusted relative risk (RR) was 1.19 (95% CI, 1.13–1.26).”
First Dose of Rotavirus Vaccine (Rotarix) Increases Intussusception Odds by 5.8X

An increased risk of intussusception 1 to 7 days after the first dose of RV1 was identified among infants in Mexico with the use of both the case-series method (incidence ratio, 5.3; 95% confidence interval [CI], 3.0 to 9.3) and the case-control method (odds ratio, 5.8; 95% CI, 2.6 to 13.0).
Measles Vaccination Versus Measles Infection Increases the Odds of Atopy (Allergy) by 2.8X

“17 (12.8%) of 133 participants who had had measles infection were atopic compared with 33 (25.6%) of 129 of those who had been vaccinated and not had measles”
Among boys, higher exposure to mercury from birth to 7 months was associated with ... a higher likelihood of motor and phonic tics, as reported by the children’s evaluators.
“Among 11,531 children who received at least 4 doses of DPT, the risk of asthma was reduced to (1/2) in children whose first dose of DPT was delayed by more than 2 months. The likelihood of asthma in children with delays in all 3 doses was 0.39 (95% CI, 0.18-0.86).”
Exposure to Higher Levels of Thimerosal in Infant Vaccines Before 13 Months of Age Increases the Rate of Premature Puberty by 6.45X

Thimerosal exposure & increasing trends of premature puberty in the vaccine safety datalink

David A. Geier MD, Heather A. Young & Mark R. Geier

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Received December 12, 2008

Background & objective: The U.S. Agency for Toxic Substances and Disease Registry (ATSDR) reports that mercury (Hg) is a known endocrine disruptor and it adversely affects the sexual system pathway in animals and humans, and may interact to enhance the risk for a child developing premature puberty. An association between premature puberty and exposure to Hg from thimerosal-containing vaccines (TCVs) was evaluated in uncontrolled medical records within the Vaccine Safety Datalink (VSD).

Methods: A total of 278,641 subjects were identified in birth cohorts from 1990-1996. The birth cohort prevalence rates of medically diagnosed International Classification of Diseases, 9th revision (ICD-9) premature puberty and control outcomes were calculated. Exposures to Hg from TCVs were calculated by birth cohort for specific exposure windows from birth-7 months and birth-13 months of age. Poisson regression analysis was used to model the association between the prevalence of outcomes and Hg dose from TCVs.

Results: Significantly increased (P<0.0001) rate ratios were observed for premature puberty for a 100 μg difference in Hg exposure from TCVs in the birth-7 months (rate ratio=5.58) and birth-13 months (rate ratio=6.45) of age exposure windows. By contrast, none of the control outcomes had significantly increased rate ratios with Hg exposure from TCVs.

Conclusion: Premature puberty diagnosis after exposure to 100 additional micrograms mercury in thimerosal-containing vaccines (TCVs) significantly increases by 6.45X compared to baseline.高Hg暴露与低Hg暴露的比率

Premature Puberty Rate

- High Hg Exposure
- Low Hg Exposure

“Significantly increased (P<0.0001) rate ratios were observed for premature puberty for a 100 μg difference in Hg exposure from TCVs in the birth-7 months (rate ratio=5.58) and birth-13 months (rate ratio=6.45) of age exposure windows. By contrast, none of the control outcomes had significantly increased rate ratios with Hg exposure from TCVs.”
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

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

“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: and 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 1984-1987. Setting Twenty villages in four regions have been followed by biannual examinations since 1979.

SUBJECTS: all 1,057 children aged 2-6 months. Design Children were weighed at the biannual examinations and they were vaccinated whenever vaccines were available. DTP was introduced in the beginning of 1984, the oral polio vaccine 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 MEASURES: Mortality over the next 6 months from the day of examination for vaccinated and unvaccinated children.

RESULTS: Prior to introduction of vaccines, children who were absent at a village examination had the same mortality as children who were present. During 1984-1987, children receiving DTP at 2-6 months of age had higher mortality over the next 6 months, the mortality rate ratio (MRR) being 1.82 (95% CI: 1.04, 3.16) compared with DTP-unvaccinated children, adjusting for age, sex, season, period, BCG, and region. The MRR was 1.81 (95% CI: 0.85, 3.40) for the first dose of DTP and 4.36 (95% CI: 1.28, 14.9) for the second and third doses. BCG was associated with slightly lower mortality (MRR = 0.83, 95% CI: 0.36, 1.71), the MRR for DTP and BCG being significantly increased. Among 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 = 1.96, 95% CI: 0.76, 4.94).

CONCLUSION: 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 BCG, 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.

“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.”
Vaccination increases the risk of asthma (11.4X) and hay fever (10X) in children with no family history of those disorders.

In multiple regression analyses there were significant (P<.0005) and dose dependent negative relationships between vaccination refusal and self-reported asthma or hay fever only in children with no family history of the condition and, for asthma, in children with no exposure to antibiotics during infancy.
Vaccination with DTP simultaneously with measles vaccine or DTP after measles vaccine increased risk of death (2.59X)

Mortality with Vaccination with DTP and MV either Simultaneously or Sequentially versus MV Alone

- **2.59X**
- **1X**

**Mortality**
- DTP with MV or After MV
- MV alone

"Children who had received DTP simultaneously with MV or DTP after MV had significantly higher mortality (MRR=2.59 [1.32–5.07]) compared with children having MV-only as their most recent vaccination."
Hepatitis B Vaccination Increases the Odds (3.1X) of a Multiple Sclerosis Diagnosis

“The OR of MS for vaccination within 3 years before the index date compared to no vaccination was 3.1 (95% CI 1.5, 6.3). No increased risk of MS was associated with tetanus and influenza vaccinations.”
70% of SIDS Deaths Occur Within Three Weeks of DPT Vaccination

“In the DPT SIDS group, 6.5% died within 12 hours of inoculation; 13% within 24 hours, 26% within 3 days, and 37%, 61%, and 70% within 1, 2, and 3 weeks, respectively.”
Netherlands Fully Vaccinated Versus Unvaccinated Study, 2004

The NVKP (Nederlandse Vereniging Kritisch Priekken) [in English: Dutch Association for Conscientious Vaccination] is an independent association made up of therapists, doctors and parents, amongst others. The NVKP’s aim is freedom of choice for parents when it comes to vaccinating their children, based on honest, comprehensive and independent information. We view the current ‘one size fits all’ vaccination policy with great concern. The NVKP is therefore urging the adoption of more thorough independent research by representatives from different disciplines.

NVKP
PO Box 1106
4700 BC Roosendaal
The Netherlands

Information number: 0900 - 2020171
Email: info@nvkp.nl
Website: www.nvkp.nl

The survey:
The NVKP survey was conducted in the Netherlands in the latter half of 2004 with the parents of 635 children, and involved both members and non-members of the NVKP. The survey was geographically distributed over the entire country, and the postal codes of the respondents are known. We asked the parents to fill in a questionnaire with questions about the health of their child or children. All parents were subsequently approached for supplementary information and were asked to answer control questions. The personal details of all the participating parents and children are known. Questionnaires that were not filled out properly or questionnaires from parents who did not react to our request for supplementary information and/or control questions were not included in the results.

Questionnaires from the parents of children that were not vaccinated in the normal way — that is, not entirely in accordance with Dutch Vaccination Program (RVP) — and questionnaires from the parents of children that were not entirely unvaccinated were also excluded from this survey.

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Questionnaires from the parents of children that were not vaccinated in the normal way – that is, not entirely in accordance with Dutch Vaccination Programmes (RVVP) – and questionnaires from the parents of children that were not entirely unvaccinated were also excluded from this survey.

Absolute Incidence of Various Disorders Per 312 Children in Each Group

- **Allergic Reactions**: 89 (Fully Vaccinated), 61.5 (Unvaccinated)
- **Aggressive Behavior**: 20 (Fully Vaccinated), 10.3 (Unvaccinated)
- **Difficulty Sleeping**: 81 (Fully Vaccinated), 51.3 (Unvaccinated)

“The NVKP survey was conducted in the Netherlands in the latter half of 2004 with the parents of 635 children, and involved both members and non-members of the NVKP.”
January 2020 Pentagon Study Shows Influenza Vaccination Increases Risk of Coronavirus by 36%

ABSTRACT

Purpose: Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as virus interference. Test-negative study designs are often utilized to calculate influenza vaccine effectiveness. The virus interference phenomenon goes against the basic assumption of the test-negative vaccine effectiveness study that vaccination does not change the risk of infection with other respiratory illness, thus potentially biasing vaccine effectiveness results in the positive direction. This study aimed to investigate virus interference by comparing respiratory virus status among Department of Defense personnel based on their influenza vaccination status. Furthermore, individual respiratory viruses and their association with influenza vaccination were examined.

Results: We compared vaccination status of 2880 people with non-influenza respiratory viruses to 3240 people with pan-negative results. Comparing vaccinated to non-vaccinated patients, the adjusted odds ratio for non-flu viruses was 0.97 (95% confidence interval (CI): 0.86, 1.09; p = 0.60). Additionally, the vaccination status of 3349 cases of influenza were compared to three different control groups: all controls (N = 6120), non-influenza positive controls (N = 2880), and pan-negative controls (N = 3240). The adjusted ORs for the comparisons among the three control groups did not vary much (range: 0.46–0.51).

Conclusions: Receipt of influenza vaccination was not associated with virus interference among our population. Examining virus interference by specific respiratory viruses showed mixed results. Vaccine derived virus interference was significantly associated with coronavirus and human metapneumovirus; however, significant protection with vaccination was associated not only with most influenza viruses, but also parainfluenza, RSV, and non-influenza virus infections.

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Wolff 2020 Vaccine
https://doi.org/10.1016/j.vaccine.2019.10.005

“Vaccine derived virus interference was significantly associated with coronavirus and human metapneumovirus.”
Influenza Vaccination Increases the Risk of Non-Influenza Viral Respiratory Infections by 4.4X

Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine

Benjamin J. Cowling,1 Vicky J. Fang,3 Hiroshi Nishiura,1,2 Kwok-Hung Chan,2 Sophia Ng,1 Dennis K. M. Ip,1 Susan S. Chiu,4 Gabriel M. Leung,1 and J. S. Malik Peiris1,5

1School of Public Health, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Pokfulam, Hong Kong SAR, China; 2PRESTO, Japan Science and Technology Agency, Saitama; 3Department of Microbiology, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Queen Mary Hospital; 4Department of Pediatrics and Adolescent Medicine, The University of Hong Kong, Queen Mary Hospital, and 5Centre for Influenza Research, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Pokfulam, Hong Kong SAR, China

We randomized 115 children to trivalent inactivated influenza vaccine (TIV) or placebo. Over the following 9 months, TIV recipients had an increased risk of virologically confirmed non-influenza infections (relative risk: 4.40; 95% confidence interval: 1.31-14.8). Being protected against influenza, TIV recipients may lack temporary non-specific immunity that protected against other respiratory viruses.

Cowling et al. 2012 Clinical Infectious Diseases DOI: 10.1093/cid/cis307

“Over the following 9 months, TIV recipients had an increased risk of virologically confirmed non-influenza infections (relative risk: 4.40; 95% confidence).” “In TIV recipients there were 4 detections with both rhinovirus and coxsackie/echovirus, and 1 detection with both coxsackie/echovirus and coronavirus NL63.”
Influenza Vaccination Increases Risk of Acute Viral Respiratory Infections by 4.8X

**ABSTRACT**

Background: A barrier to influenza vaccination is the misperception that the inactivated vaccine can cause influenza. Previous studies have investigated the risk of acute respiratory illness (ARI) after influenza vaccination with conflicting results. We assessed whether there is an increased rate of laboratory-confirmed ARI in post-influenza vaccination periods.

Methods: We conducted a cohort sub-analysis of children and adults in the MeSAIC community surveillance study from 2013 to 2016. Influenza vaccination was confirmed through city or hospital registries. Cases of ARI were ascertained by twice-weekly text messages to household to identify members with ARI symptoms. Nasal swabs were obtained from all participants and analyzed for respiratory pathogens using multiplex PCR. The primary outcome measure was the hazard ratio of laboratory-confirmed ARI in individuals post-vaccination compared to other time periods during three influenza seasons.

Results: Of the 559 participants, 68.8% were children, 30.2% were adults. Each study season, approximately half received influenza vaccine and one third experienced ≥1 ARI. The hazard of influenza in individuals during the 14-day post-vaccination period was similar to unvaccinated individuals during the same period (HR 0.96, 95% CI [0.69, 1.35]). The hazard of non-influenza respiratory pathogens was higher during the same period (HR 1.65, 95% CI [1.14, 2.38]); when stratified by age the hazard remained higher for children (HR 1.71, 95% CI [1.16, 2.53]) but not for adults (HR 0.88, 95% CI [0.21, 3.69]).

Conclusion: Among children there was an increase in the hazard of ARI caused by non-influenza respiratory pathogens post-influenza vaccination compared to unvaccinated children during the same period. Potential mechanisms for this association warrant further investigation. Future research could investigate whether medical decision-making surrounding influenza vaccination may be improved by acknowledging patient experiences, counseling regarding different types of ARI, and correcting the misperception that all ARI occurring after vaccination are caused by influenza.

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Rikin et al. 2018 Vaccine
https://doi.org/10.1016/j.vaccine.2018.02.105

“Among children there was an increase in the hazard of ARI caused by non-influenza respiratory pathogens post-influenza vaccination compared to unvaccinated children during the same period.”
Influenza Vaccination Increases the Risk of Non-Influenza Viral Lung Infections in Children by 55%

Background: The Western Australian Influenza Vaccine Effectiveness study commenced in 2008 to evaluate a new program to provide free influenza vaccine to all children aged 6 to 59 months. We aimed to assess the protective effect of inactivated influenza vaccination in these children.

Methods: We conducted a prospective case-control study in general practices and a hospital emergency department, testing all eligible patients for influenza and a range of other common respiratory viruses. Influenza vaccine effectiveness (VE) against laboratory-confirmed influenza was estimated with cases defined as children with an influenza-like illness who tested positive and controls as those with an influenza-like illness who tested negative for influenza virus. We calculated VE using the adjusted odds ratio from multivariate logistic regression. As a surrogate marker for adequate specimen collection, we explored the difference in VE point estimates defining controls as children in whom another respiratory virus was detected.

Results: A total of 75 children were enrolled from general practices and 214 through the emergency department, with 12 (27%) and 36 (17%), respectively, having laboratory-confirmed influenza. Using all the influenza-negative controls, the adjusted VE was 58% (95% confidence interval, 9–81). When controls were limited to those with another virus present, the adjusted VE was 68% (95% confidence interval, 26–86).

Conclusions: VE estimates were higher when controls included only those children with another respiratory virus detected. Testing for other common respiratory viruses enables the control group to be restricted to those for whom an adequate sample is likely.

"Within the control group, there was a higher percentage of full vaccination among children who tested positive for another respiratory virus compared with those who tested negative."

Kelly et al. 2011 Pediatric Infectious Disease Journal DOI: 10.1097/INF.0b013e318201811c
Influenza Vaccination Increases the Rate of Non-Influenza “Influenza-Like Infections” in Children by 1.6X

Epidemiology of respiratory viral infections in children enrolled in a study of influenza vaccine effectiveness

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Accepted 24 November 2013. Published Online 31 January 2014.

Background: Influenza-like illness (ILI) causes a high annual morbidity in young children. We report the epidemiology of ILIs in children who participated in an influenza vaccine effectiveness study during the 2010 Southern Hemisphere influenza season in Sydney, Australia.

Methods: Children aged 6–59 months were prospectively recruited from child care centers (CCC). We classified them as fully vaccinated, partially vaccinated and unvaccinated according to their receipt of unadjuvanted vaccines containing influenza A (H1N1)pdm09. For 13 weeks commencing 30 July 2010, parents reported when their children developed an ILI (fever ≥37.5°C, one or more respiratory symptoms) and collected nose/throat swabs for multiple respiratory virus polymerase chain reaction (PCR) testing. Health impacts were assessed by telephone interview at enrolment and two weeks after each ILI.

Results: There were 124 ILIs reported in 105 of 381 enrolled children. Swabs were taken in 107 ILIs. 179 viruses were identified from 103 swabs. Adenoviruses were the most frequently identified. 41% of swabs yielded multiple viruses. No virus was associated with more severe symptoms. Although rhinovirus-associated ILI lasted longer. Nose swabs had a higher virus detection rate than throat swabs. Influenza-vaccinated children were 1.6 times (P = 0.001) more likely than unvaccinated children to have a non-influenza ILI.

Conclusion: Adenovirus and rhinovirus were the most common viruses causing ILI. Swabs taken by parents are an effective method for sample collection. Influenza-like illness was more common in children vaccinated against influenza in this observational study, but prior health-seeking behavior may have contributed to this difference.

Keywords: Children, influenza, respiratory viral infections

“Influenza-vaccinated children were 1.6 times (P = 0.001) more likely than unvaccinated children to have a non-influenza ILI.”

Dierig et al. 2014 Influenza and Other Respiratory Viruses DOI:10.1111/irv.12229
Vaccinated Children Have a 5.9X Greater Risk of Pneumonia and a 3.8X Greater Risk of Ear Infections

Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children

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Abstract

Vaccinations have presented millions of infectious illness, hospitalizations and deaths among U.S. children, yet the long-term health outcomes of the vaccination schedule remain uncertain. Several have been recommended by the U.S. Institute of Medicine to address this question. This study aimed to compare vaccinated and unvaccinated children on a broad range of health outcomes, and to determine whether an association found between vaccination and neurodevelopmental disorders (NDD), if any, remained significant after adjustment for other measured factors. A cross-sectional study of cohorts of children educated at home was carried out in collaboration with home-based organizations in four U.S. states: Florida, Louisiana, Mississippi and Oregon. Mothers were asked to complete an anonymous online questionnaire on their 6- to 12-year-old children with respect to pregnancy-related factors, birth history, vaccinations, physician-diagnosed illnesses, medications used, and health services. NDD, a defined diagnostic measure, was defined as having one or more of the following: (1) a closely-related diagnosis: a learning disability, Attention Deficit Hyperactivity Disorder, or Autism Spectrum Disorder; (2) a history of a neurological condition or condition, of which 361 (9%) were unvaccinated. The vaccinated were less likely to have been diagnosed withEE gastrointestinal, or pulmonary, but more likely to have been diagnosed with pneumonia, otitis media, allergies and NDD. After adjustment, vaccination, age, gender, and age at birth remained significantly associated with NDD. However, in a final adjusted model with interactions, vaccination but not previous birth remained associated with NDD, while the interactions of previous birth and vaccination was associated with a 4.6-fold increased odds of NDD 99.9% CI: 2.4, 8.5). In conclusion, vaccinated household children were found to have a higher rate of allergies and NDD than unvaccinated household children. While vaccination remained significantly associated with NDD after controlling for other factors, previous birth coupled with vaccination was associated with an apparent negative increase in the odds of NDD. Further research involving larger, independent samples and stronger research designs is needed to verify and understand these unexpected findings in order to optimize the impact of vaccines on children's health.


“However, the vaccinated were significantly more likely than the unvaccinated to have been diagnosed with otitis media (19.8% vs. 5.8%, p < 0.001; OR 3.8, 95% CI: 2.1, 6.6) and pneumonia (6.4% vs. 1.2%, p = 0.001; OR 5.9, 95% CI: 1.8, 19.7).”
Pandemrix Flu Shot Increases Odds of Narcolepsy by 14.4X in Children and Adolescents

Miller et al. 2013 British Medical Journal
doi: 10.1136/bmj.f794

“The increased risk of narcolepsy after vaccination with ASO3 adjuvanted pandemic A/H1N1 2009 vaccine indicates a causal association, consistent with findings from Finland.”
Influenza Vaccination Increases Inflammatory Response by 39% in Pregnant Women

“...this study demonstrates that trivalent influenza virus vaccine (TIV) elicits a measurable inflammatory response during pregnancy, and that considerable variability is seen between women in the magnitude of this response.”
Influenza Vaccination Increases Inflammatory Response by 173% and Induces Platelet Activation and Cardiac Imbalance

Lanza et al. 2011 J Intern Med
doi: 10.1111/j.1365-2796.2010.02285.x

"Together with an inflammatory reaction, influenza A vaccine induced platelet activation and sympathovagal imbalance towards adrenergic predominance... The vaccine-related platelet activation and cardiac autonomic dysfunction may transiently increase the risk of cardiovascular events."
Vaccine-Induced Anti-HA2 Antibodies Promote Virus Fusion and Enhance Influenza Virus Respiratory Disease

Surender Khurana, Crystal L. Loving, Jody Marischewitz, Lisa R. King, Phillip C. Gauger, Jamie Hennisong, Amy L. Vincent, Hana Golding

Vaccine-induced disease enhancement has been described in connection with several viral vaccines in animal models and in humans. We investigated a swine model to evaluate mismatched influenza vaccine-associated enhanced respiratory disease (VAIRD) after pH1N1 infection. Vaccinating pigs with whole inactivated H1N2 (human-like) virus vaccine (WIV-H1N2) resulted in enhanced pneumonia and disease after pH1N1 infection. WIV-H1N2 immune sera contained high titers of cross-reactive anti-pH1N1 hemagglutinin (HA) antibodies that bound exclusively to the HA2 domain but not to the HA1 globular head. No hemagglutination inhibition titers against pH1N1 (challenge virus) were measured. Epitope mapping using phage display library identified the immunodominant epitope recognized by WIV-H1N2 immune sera as amino acids 22 to 77 of pH1N1-HA2 domain, close to the fusion peptide. These cross-reactive anti-HA2 antibodies enhanced pH1N1 infection of Maci-Darby canine kidney cells by promoting virus membrane fusion activity. The enhanced fusion activity correlated with lung pathology in pigs. This study suggests a role for fusion-enhancing anti-HA2 antibodies in VAIRD, in the absence of receptor-blocking virus-neutralizing antibodies. These findings should be considered during the evaluation of universal influenza vaccines designed to elicit HA2 stem-targeting antibodies.

Khurana et al. 2013 Sci Translational Med DOI: 10.1126/scitranslmed.3006366

“Vaccinating pigs with whole inactivated H1N2 (human-like) virus vaccine (WIV-H1N2) resulted in enhanced pneumonia and disease after pH1N1 infection.”
Influenza Vaccination Increases Hospitalizations in Asthmatic Patients by 2.97X

"In assessing the effectiveness of the TIV for preventing hospitalization with influenza in all subjects, there was an overall trend towards higher rates of hospitalization in subjects who got the TIV as compared to the ones who did not get the TIV (OR: 2.97, CI: 1.3, 6.7). "

Joshi et al. 2009 American Thoracic Society Conference Abstract
Multiple Vaccinations Given Simultaneously Increases Odds of Cardiac Events in Premature Infants by 3.62X

Primary Immunization of Premature Infants with Gestational Age <35 Weeks: Cardiorespiratory Complications and C-Reactive Protein Responses Associated with Administration of Single and Multiple Separate Vaccines Simultaneously

**Objective** To determine the incidence of cardiorespiratory events and abnormal C-reactive protein (CRP) level associated with administration of a single vaccine or multiple separate vaccines simultaneously.

**Study design** Prospective observational study on 239 preterm infants at ≥2 months of age in the neonatal intensive care unit (NICU). Each infant received either a single vaccine or multiple vaccines on one day. CRP levels and cardiorespiratory manifestations were monitored for 3 days following immunization.

**Results** Abnormal elevation of CRP level occurred in 98% of infants administered multiple vaccines and up to 72% of those given a single vaccine. Overall, 16% of infants had vaccine-associated cardiorespiratory events within 48 hours postimmunization. In logistic regression analysis, abnormal CRP values were associated with multiple vaccines (OR 18.77; 95% CI 5.10-68.77) and severe intraventricular hemorrhage (IVH) (OR 2.86; 95% CI 1.02-8.13). Cardiorespiratory events were associated marginally with receipt of multiple injections (OR 3.62; 95% CI 0.99-13.25) and significantly with gastroesophageal reflux (GER) (OR 4.76; 95% CI 1.22-18.52).

**Conclusion** CRP level is expected to be elevated in the 48 hours following immunization. In a minority of infants immunized, cardiorespiratory events were associated with presumed need for intervention. Underlying medical conditions and possibly multiple injections are associated with cardiorespiratory events. Precautionary monitoring following immunizations is warranted. (J Pediatr 2007;151:167-72)


“Cardiorespiratory events were associated marginally with receipt of multiple injections (OR, 3.62; 95% CI 0.99-13.25) and significantly with gastroesophageal reflux (GER) (OR, 4.76; 95% CI 1.22-18.52).”
Vaccination before 1 year of age was associated with increased odds of developmental delays (odds ratio, OR= 2.18, 95% CI 1.47–3.24), asthma (OR = 4.49, 95% CI 2.04–9.88) and ear infections (OR=2.13, 95% CI 1.63–2.78).
Vaccination before 1 year of age was associated with increased odds of developmental delays (odds ratio, OR= 2.18, 95% CI 1.47–3.24), asthma (OR = 4.49, 95% CI 2.04–9.88) and ear infections (OR=2.13, 95% CI 1.63–2.78).
Vaccination Before 1 Year of Age was Associated With Increased Odds of Developmental Delays (odds ratio, OR= 2.18, 95% CI 1.47–3.24), Asthma (OR = 4.49, 95% CI 2.04–9.88) and Ear Infections (OR=2.13, 95% CI 1.63–2.78).
Vaccination During the First Year of Life Increases the Odds of Gastrointestinal Disorder by 2.48X

Hooker and Miller, SAGE Open Medicine 2020
https://doi.org/10.1177/2050312120925344

“Statistical significance was seen for gastrointestinal disorders when... additional time was permitted for a diagnosis.”