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Generation 1: CDC’s Unpublished Verstraeten Study on Hep B Showed Dramatic Increased Risk of Autism (7.6X), Sleep Disorders (5X), Speech Disorders (2.1X) and Neurodevelopmental Disorders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

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EIS Class Year of Entry: 1999
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Strong preference for poster presentation: No

Thomas M. Verstraeten, R. Davies, D. Gu, F DeStefano

Increased risk of developmental neurologic impairment after high exposure to thimerosal-containing vaccine in first month of life.

Background: Concern has risen on the presence of the ethylmercury containing preservative thimerosal in vaccines. We assessed the risk for neurologic and renal impairment associated with past exposure to thimerosal-containing vaccine using automated data from the Vaccine Safety Datalink Project (VSDP). VSDP is a large linked database from four health maintenance organizations in Washington, Oregon and California, containing immunization, medical visit and demographic data on over 35,000 children between 7/1994 and 7/1997.

Methods: We categorized the cumulative ethylmercury exposure from thimerosal-containing vaccines after one month of life and assessed the subsequent risk of degenerative and developmental neurologic disorders and renal disorders before the age of six. We applied proportional hazards models adjusting for sex, year of birth, and gender, excluding premature babies.

Results: We identified 206 children with degenerative and 2702 with developmental neurologic disorders, and 210 with renal disorders. 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 ug) 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).

"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 ug) 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)."

CDC UNPUBLISHED DATA OBTAINED BY FOIA

Children's Health Defense
DTP and Tetanus Vaccinations Increase the Odds of Allergies (1.63X) in Children

Abstract
BACKGROUND: Findings from animal and human studies confirm that diphtheria and tetanus toxoids and pertussis (DTP) and tetanus vaccinations induce allergic responses. Associations between childhood vaccinations and subsequent allergies have been reported recently.

OBJECTIVE: The association of DTP or tetanus vaccination with allergies and allergy-related respiratory symptoms among children and adolescents in the United States was assessed.

METHODS: Data were used from the Third National Health and Nutrition Examination Survey on infants aged 2 months through adolescents aged 16 years. DTP or tetanus vaccination, lifetime allergy history, and allergy symptoms in the past 12 months were based on parental or guardian recall. Logistic regression modeling was performed to estimate the effects of DTP or tetanus vaccination on each allergy.

RESULTS: The odds of having a history of asthma were twice as great among vaccinated subjects than among unvaccinated subjects (adjusted odds ratio: 2.03; 95% confidence interval: 1.09 to 3.84). The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects (adjusted odds ratio: 1.63; 95% confidence interval: 1.05 to 2.54). The associations between vaccination and subsequent allergies and symptoms were greater among children aged 5 through 10 years.

CONCLUSIONS: DTP or tetanus vaccination appears to increase the risk of allergies and related respiratory symptoms in children and adolescents. Although it is unlikely that these results are entirely because of any sources of bias, the small number of unvaccinated subjects and the study design limit our ability to make firm causal inferences about the true magnitude of effect.

“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

“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

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

METHODOLOGY

Recruitment and follow-up of participants

In a double-blind randomized controlled trial, we randomly allocated children aged 6-15 years to receive 2008-2009 seasonal trivalent influenza vaccine (TIV, 0.5 mL, Trivid, Sandeli Park) or placebo [14]. Serum specimens were obtained from participants before vaccination from November through December 2008, 4 months after vaccination, and at the end of the study from August through October 2009. Participants were followed up for illness through symptom diaries and telephone calls, and illness visits in any household member triggered home visits during which nasal and throat swab specimens (NTS) were collected from all household members. We defined the follow-up period for each participant from 14 days after receipt of TIV or placebo to collection of nasal swab specimens in the winter seasons and from collection of mucus samples obtained during a summer season. Written informed consent was obtained for all participants from their parents or legal guardians, with additional written consent from those 18 years of age. The study protocol was approved by the institutional review board of the University of Hong Kong.

“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

“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>All Unvaccinated (N = 651)</th>
<th>DTP (≤OPV) (N = 462)</th>
<th>DTP only (N = 101)</th>
<th>HR (95% CI) DTP vs unvaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–5 months</td>
<td>4.5 (5/111.4)</td>
<td>17.4 (11/63.1)</td>
<td>35.2 (5/14.2)</td>
<td>5.00 (16.3)</td>
</tr>
</tbody>
</table>

10X
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)

**Research Article**

Journal of Translational Science

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 prevented millions of infectious illnesses, hospitalizations and deaths among U.S. children, yet the long-term health outcomes of the vaccination schedule remain uncertain. Studies have been commissioned by the U.S. Institute of Medicine to address this gap. This study aimed to compare vaccinated and unvaccinated children on a broad range of health outcomes and determine whether an association found between vaccination and neurodevelopmental disorders (NDD), if any, was of significant clinical importance for the vaccinated population. A cross-sectional study of children enrolled in a local vaccination program was conducted. The study included 30X vaccinated and 3.7X unvaccinated children. The vaccinated group was less likely than the unvaccinated to have been diagnosed with chickenpox and whooping cough, but more likely to be diagnosed with pneumonia, asthma, allergies and NDD. After adjustment, vaccination, male gender, and parents’ birth order was significantly associated with NDD. In a final adjusted model with interactions, vaccination did not reduce the risk of NDD, while the interaction of parent birth and vaccination was associated with a 3.7-fold increased odds of NDD (95% CI 2.4 – 10.3). In conclusion, vaccinated children reported fewer episodes of illness than nonvaccinated children. While vaccination remained significantly associated with NDD when controlling for other factors, parents’ birth coupled with vaccination was associated with an apparent energetic increase in the odds of NDD. Further research involving larger, more sensitive measures of disease activity is necessary to understand the true impact of vaccines on children's health.

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.”
“The identification of clusters of cases of Type I diabetes 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.”
Risk of Vaccine Induced Diabetes in Children with a Family History of Type 1 Diabetes

John Barthelow Classen

Abstract: Cohort data from Denmark in all children born from January 1, 1990 to December 31, 2000 was analyzed to assess the association between immunization and type 1 diabetes in all Danish children and in a subgroup where children had a sibling with type 1 diabetes. Pediatric vaccines were associated with a statistically significant increased risk of type 1 diabetes in 12 of 21 endpoints in the general population. The rate ratios in children who received at least one dose of a specific vaccine were also elevated in the subgroup and were statistically the same as in the general population. Three doses of the hemophilus vaccine were associated with a rate ratio of 1.23 (1.06<RR<1.48) and an absolute risk in the general population of three cases/100,000 per year compared to 1.38 (1.06<RR<2.15) and an absolute risk of 2.85 cases/100,000 per year in the subgroup with a sibling with type 1 diabetes. The hemophilus immunization is associated with a cumulative attributable risk of 2.32/100 (2.3%) in the subgroup.

Keywords: Type 1 diabetes mellitus, vaccines, hemophilus, pertussis, polio.

Type I Diabetes Incidence per 100,000 Children Vaccinated or Unvaccinated with All 3 Recommended Polio Vaccines

20.86/100,000

8.27/100,000

Type I Diabetes
- Vaccinated
- Unvaccinated

“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

**Odds of Autism for MMR Vaccine Before and After 36 Months of Age**

- All: 1.49X
- Boys: 1.67X
- African Americans: 2.52X
- African American Boys: 3.64X

**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
A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States.

**Abstract**

**BACKGROUND:** Autism spectrum disorder (ASD) is defined by standardized criteria of qualitative impairments in social interaction, qualitative impairments in communication, and restricted and stereotyped patterns of behavior, interests, and activities. A significant number of children diagnosed with ASD suffer a loss of previously acquired skills, which is suggestive of neurodegeneration or a type of progressive encephalopathy with an idiopathic pathogenic basis occurring after birth. To date, the etiology of ASD remains under debate; however, many studies suggest toxicity, especially from mercury (Hg), in individuals diagnosed with an ASD. The present study evaluated concerns about the toxic effects of organic Hg exposure from Thimerosal (43.55 mg by weight) in childhood vaccines by conducting a two-phased (hypothesis generation/hypothesis testing) study with documented exposure to varying levels of Thimerosal from vaccinations.

**METHODS:** A hypothesis-generating cohort study was undertaken to evaluate the relationship between exposure to organic-Hg from a Thimerosal-containing Diphtheria-Tetanus-acellular-Pertussis (DTaP) vaccine compared to a Thimerosal-free DTaP vaccine administered, from 1996 through 2000, for the risk of ASD as reported in the Vaccine Adverse Event Reporting System (VAERS) database (phase 1). A hypothesis-testing case-control study was undertaken to evaluate the relationship between organic-Hg exposure from Thimerosal-containing hepatitis B vaccines administered at specific intervals in the first six months of life among cases diagnosed with an ASD and controls born between 1991 through 1996 in the Vaccine Safety Databank (VSD) database (phase 2).

**RESULTS:** In phase 1, it was observed that there was significantly increased risk ratio for the incidence of ASD reported following the Thimerosal-containing DTaP vaccine in comparison to the Thimerosal-free DTaP vaccine. In phase 2, 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.

**CONCLUSIONS:** Routine childhood vaccination is an important public health tool to reduce the morbidity and mortality associated with infectious diseases. But the present study provides new epidemiological evidence supporting an association between increasing organic-Hg exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an ASD diagnosis.

"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.

METHODOLOGY: The 2015-2016 National Health and Nutrition Examination Survey data were examined for a group of 63,634,237 weighted persons between 9 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 an asthma episode or if it chronic, and how much therapeutic support was needed (if any) and for how long, which would impact cost.

“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

Abstract
Studies suggest a relationship between exposure to endocrine disruptors, such as mercury (Hg), and premature puberty. Hg exposure from Thimerosal-containing hepatitis B vaccine, administered at specific intervals within the first six months of life, and the child’s long-term risk of being diagnosed with premature puberty (ICD-9 code: 256.1) was retrospectively examined using a hypothesis-testing longitudinal case-control design on prospectively collected data, in the Vaccine Safety Datalink (VSD). Cases diagnosed with premature puberty were significantly more likely to have received increased exposure to Hg from hepatitis B vaccines preserved with Thimerosal given in the first month after birth (Odds ratio (OR) = 1.609), first two months after birth (OR = 1.768), and first six months after birth (OR = 2.095), compared to control subjects. When the data were separated by gender, the effects remained among females but not males. Female cases, as compared to female controls, were significantly more likely in a dose-dependent manner to have received a greater exposure to Hg from hepatitis B vaccines preserved with Thimerosal, given in the first six months after birth (OR = 1.6261 per pg Hg). 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.

Keywords: ethimizicourt, mercury, merthiolate, premature puberty, thimerosal

Children’s Health Defense

“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

Abstract:
Measles viruses may persist in intestinal tissue, particularly that 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 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 7545 people who had received live measles vaccine in 1964 as part of a measles vaccine trial. A longitudinal birth cohort of 11,427 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.

Risk of Crohn’s Disease and Ulcerative Colitis After MMR Vaccine

Vaccinated, 3.01X
Vaccinated, 2.53X
Unvaccinated, 1x
Unvaccinated, 1x

Crohn’s Disease
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 an ADHD diagnosis. This cross-sectional study examined 2,961 persons between 5 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 = 1.98X). The odds ratio (OR) was 1.51 (95% CI = 1.11, 2.06), and 2×2 contingency table (statistical modeling even when considering other covariates such as gender, race, and socioeconomic status). Current health status outcomes selected as a priori basis to not be biologically or epidemiologically 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. Therefore, the thimerosal data is collected on a cross-sectional basis. It is not possible to ascribe a direct causation 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**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Highest Exposure</th>
<th>No Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>11.35X</td>
<td>1X</td>
</tr>
<tr>
<td>Sleep Disorders</td>
<td>4.64X</td>
<td>1X</td>
</tr>
<tr>
<td>ADD</td>
<td>3.96X</td>
<td>1X</td>
</tr>
<tr>
<td>Speech/Language</td>
<td>1.95X</td>
<td>1X</td>
</tr>
</tbody>
</table>

* 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

Odds of Miscarriage Within 28 Days of H1N1-Containing Influenza Vaccine in Women Receiving the Same Vaccine in the Previous Year

“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

"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)

"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

**Rate of Fetal Loss in Women Receiving Both the H1N1 and Seasonal Flu Vaccines**

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Fetal Loss Rate

- **H1N1 and Seasonal Flu**: 11.4X
- **Seasonal Flu Only**: 1X
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"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."

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*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?*
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

OBJECTIVES: 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 invasional data were carefully scrutinized.

RESULTS: We identified 37 children with narcolepsy. Nine of them had onset of symptoms before the H1N1 vaccination and 20 had onset of symptoms in relationship to the vaccination. The median age at onset was 10.8 years. All patients in the postvaccination group were positive for human leukocyte antigen (HLA)-DQB1*0602. Nineteen 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 a 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.

Comment

Association between H1N1 vaccination and narcolepsy-cataplexy: fit to sleep [Neurology 2013]

"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"
Higher Exposure to Thimerosal from Infant Vaccines Increases the Odds of Motor Tics (2.19X) and Phonic Tics (2.44X) in Boys

“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

Rate of Premature Puberty Diagnosis After Exposure to 100 Additional Micrograms Mercury in Thimerosal Containing Vaccines (TCVs)

“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.”
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

Infant Mortality in Children Receiving 1 DTP Vaccine Versus No DTP Vaccines

“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.”
“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).”
Receipt of the Second and Third Dose of the DTP Vaccine Increases Infant Mortality by 4.36X

“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.”