Generation 1: CDC’s Unpublished Verstraeten Study on Hep B Showed Dramatic Increased Risk of Autism (7.6X), Sleep Disorders (5X), Speech Disorders (2.1X) and Neurodevelopmental Disorders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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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 pertussis to thimerosal-containing vaccine using automated data from the Vaccine Safety Datalink (VSD). VSD is a large linked database from four health maintenance organizations in Washington, Oregon and California containing immunization, medical visit and demographic data on over 40,000 infants born between 1994-1997.

Methods: We correlated 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 VSD year of birth, and gender, excluding premature babies.

Results: We identified 206 children with degenerative and 2702 with developmental neurologic disorders, and 310 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 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). For the neurologic degenerative

CDC UNPUBLISHED DATA OBTAINED BY FOIA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).”
Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the United States.

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 as among unvaccinated subjects (adjusted odds ratio, 2.95; 95% confidence interval, 1.50 to 5.45). The odds of having 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.

Published Feb 2000

“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

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

Autism in Males

“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.”
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 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."
Vaccination of Preemies Increased Odds of Neurodevelopmental Disorders 6.6X

“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. Manson, Brian D. Ray, Arul R. Bhuyan 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 remain uncertain. Studies have been commissioned by the U.S. Institute of Medicine to address this question. The study aimed to compare vaccinated and unvaccinated children on a broad range of health outcomes, to determine whether an association between vaccination and neurodevelopmental disorders (NDD), if any, revealed significant risk factors compared to unvaccinated children. A cross-sectional study of children attending a public school was conducted in collaboration with the school system. The study was conducted using anonymous online questionnaires on 6- to 12-year-old children in 2017-2018. A total of 106 children were included, of which 53 (50%) were vaccinated and 53 (50%) were unvaccinated. The vaccinated were less likely than the unvaccinated to have been diagnosed with allergies and perinatal infants with hearing loss. Vaccination, maternal education, and paternal birth were significantly associated with NDD. However, a final adjusted model with interaction, vaccination and birth order and serum levels of NDD showed no significant associations. The interaction of paternal birth and vaccination was associated with a 4.6-fold increased odds of NDD. In conclusion, vaccinated children were found to have a higher risk of allergies and NDD compared to unvaccinated children. While vaccination remained significantly associated with NDD after controlling for other factors, paternal birth coupled with vaccination was associated with a more significant increase in the odds of NDD. Further research is needed to understand the impact of vaccination on NDD.

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“"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

![Graph showing Type I Diabetes Incidence per 100,000 Prior to and After Expansion of Vaccination Schedules]

- Finland: Post-vaccination, incidence drops from 14/100,000 to 12/100,000.
- U.K.: Post-vaccination, incidence drops from 41/100,000 to 19/100,000.

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.
“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

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 etiological pathogenic basis occurring after birth. To date, the etiology of ASD remains unclear. 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 (40-55% Hg 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 Pneumococcal (DTaP) vaccine in comparison to a Thimerosal-free DTaP vaccine administered, from 1998 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 2000 in the Vaccine Safety Databank (VSD) database (phase 2).

**RESULTS:** In phase 1, it was observed that there was a 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 mortality and morbidity associated with infectious diseases. However, the present study provides new epidemiological evidence supporting an association between increased organic-Hg exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an ASD diagnosis.

**Graph:**

- **Vaccinated, 3.39X**
- **Unvaccinated, 1X**

**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.**
**Abstract**

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 was 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.”
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

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

"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/or 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. The cross-sectional study examined 2,931 infants between 13 and 19 years of age from the combined 1999-2004 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 rate of an ADHD diagnosis using logistic regression (adjusted odds ratio = 1.98). Spasm's test (Rho = 0.0496), linear regression (adjusted beta-coefficient = 0.0417), and the F test (f = 5.13) statistical modeling even when considering other covariates such as gender, race, and socioeconomic status. Current health status outcomes selected on as a prior basis not to be biologically plausible linked to T-HepB exposure showed no relationship with ADHD. 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 attribute a direct cause-effect relationship between exposure to ADHD and an ADHD diagnosis. During the decade from 1991 to 2001 that infants were routinely exposed to T-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. Although Thimerosal use in the HepB has been discontinued, Thimerosal remains in the HepB in developing countries. Routine vaccination is an important public health tool to prevent infectious diseases, but every effort should be made to eliminate Thimerosal exposure.
“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.”
"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>Risk Ratio</th>
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<tr>
<td>Bell's Palsy</td>
<td>1.34X</td>
</tr>
<tr>
<td>Paraesthesia</td>
<td>1.25X</td>
</tr>
<tr>
<td>IBD</td>
<td>1.25X</td>
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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)

“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

“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

"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 Phonics Tics (2.44X) in Boys

Odds of Tics in Boys Exposed to High Versus Low Levels of Thimerosal in Infant Vaccines

“Among boys, higher exposure to mercury from birth to 7 months was associated with ... a higher likelihood of motor and phonics 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

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Background & objectives: 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 steroid synthesis pathway in animals and humans, and may interact to enhance the risk for a child developing premature puberty. An association between mercury exposure and puberty in Hg from thimerosal-containing vaccines (TCVs) was evaluated in a prospective medical record study within the Vaccine Safety Datalink (VSD). Methods: A total of 27,575 subjects were identified in birth cohorts from 1999-2006. The birth cohort prevalence rates of medically diagnosed International Classification of Disease, 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.

Interpretation & conclusions: Routine childhood vaccination should be continued to help reduce the morbidity and mortality associated with infectious diseases, but efforts should be undertaken to remove Hg from vaccines. Additional studies should be done to evaluate the relationship between Hg exposure and premature puberty.

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

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

"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)

“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."
Diphtheria-Pertussis-Tetanus (DPT) Immunization: A Potential Cause of the Sudden Infant Death Syndrome (SIDS)

WILLIAM C. TORCH, Reno, NV

A recent report of eight DPT-associated cot deaths in Tennessee, and knowledge of four sudden deaths within 31% to 19 hours of inoculation in Nevada (in three infants and one 3-year-old child) stimulated a study on the relationship of SIDS to DPT immunization in over 200 randomly reported SIDS cases. Preliminary data on the first 70 cases studied shows that ½ had been immunized prior to death. DPT #1, 2, and 3 were administered on average at age 2, 4, and 6 months, respectively. In the DPT SIDS group, 0.6% died within 12 hours of inoculation; 13% within 24 hours, 26% within 3 days, and 57%, 61%, and 79% within 1, 2, and 3 weeks, respectively. Significant SIDS clustering occurred within the first 2 to 3 weeks of DPT #1, 2, 3, or 4. The age range of the DPT group was 59 days to 3 years (mean age, 3 months); for the non-DPT group, 17 to 172 days (mean age, 2 months). SIDS frequencies peaked at age 2 months in the non-DPT group, and had a bimodal peak occurrence at 2 and 4 months in the DPT group. DPT #1 and 2 were associated with more SIDS than #3 or #4 (90:11:4:1). Males and females were equally affected. Cot death occurred maximally in the fall winter season in the non-DPT group, but was nonsensous in the DPT group. Deaths occurred most often in sleep in healthy allergy-free infants following brief periods of irritability, crying, lethargy, upper respiratory tract syndromes, and sleep disturbances. Autopsy findings in both groups were typical of SIDS, (e.g. petechiae of lung, pleura, pericardium, and thymus; vascular congestion; pulmonary edema, myocardial, and brain edema). In conclusion, these data show that DPT vaccination may be a generally unrecognized major cause of sudden infant and early childhood death, and that the risks of immunization may outweigh its potential benefits. A need for reevaluation and possible modification of current vaccination procedures is indicated by this study.

April 1982. NEUROLOGY (NY) 1982; A109

SIDSand Patients Receiving DPT versus No DPT

SIDIS Deaths

- 70% Associated with DPT
- 30% Not Associated with DPT

“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.”