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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Generation 1: CDC’s Unpublished Verstraeten Study on Hep B Showed Dramatic Increased Risk of Autism (7.6X), Sleep Disorders (5X), Speech Disorders (2.1X) and Neurodevelopmental Disorders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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Strong preference for poster presentation: No

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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 parent exposure 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 1,000,000 infants born between 1998 and 2017.

Methods: We compared the cumulative ethylmercury exposure from thimerosal-containing vaccines in the first 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 among 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 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).

Vaccinated vs. Unvaccinated Risk

CDC UNPUBLISHED DATA OBTAINED BY FOIA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), proved by parental report that their child receives early intervention 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 SAS callable SUDAAN version 10.1. 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 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.

“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.”

Proportion Receiving Special Education Services

Boys Receiving Special Education in Vaccinated vs. Unvaccinated Sample
"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.”
DPT 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 (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)

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

Type I Diabetes Incidence per 100,000 Prior to and After Expansion of Vaccination Schedules

Finland
- 41/100,000
- 14/100,000

U.K.
- 19/100,000
- 12/100,000

"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."
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."

**The Open Pediatric Medicine Journal, 2000, 2, 7-40**

**Risk of Vaccine Induced Diabetes in Children with a Family History of Type 1 Diabetes**

John Barthelow Classen

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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 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 (1.05 < RR < 1.43) and an absolute risk in the general population of three cases/100,000 per year compared to 1.58 (1.06 < RR < 2.31) and an absolute risk of 2885 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 2.3% (2.2%) in the subgroup.

Keywords: Type 1 diabetes mellitus, vaccines, hemophilus, pertussis, polio.
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 under discussion; 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% by weight) in childhood vaccines by conducting a two-phase hypothesis-generating/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 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 1996 in the Vaccine Safety Datalink (VSD) database (phase 2).

**RESULTS:** In phase I, 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 II, 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, 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.

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**Odds of Receiving an Autism Diagnosis from Receiving Thimerosal-Containing Hepatitis B Vaccines**

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

**Autism**

“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.

OBJECTIVE: 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.

METHOD: The 2016-2016 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 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

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 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 3545 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 1.45-6.25) 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
Unvaccinated, 1X

Vaccinated, 2.53X
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.”
Thimerosal Containing Hepatitis B Vaccines – When Compared to Children Vaccinated Without Thimerosal - Increased Odds of ADHD 1.98X

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 2563 persons between 15 and 19 years of age from the combined 1999-2003 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). Sensitivity analysis revealed that ADHD Odds remained similar when considering other covariates such as gender, race, and socioeconomic status. Current health status outcomes selected as a prior 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 describe 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

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

"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.”
“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.”
Delaying the First Three DPT Vaccine Doses Reduces Asthma Risk by 61%

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).
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 reproductive disruptor and it adversely affects the sexual development 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 computerized medical records within the Vaccine Safety Datalink (VSD).

**Methods:** A total of 27,864 subjects were identified in birth cohorts from 1999-2006. 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 dosage 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.

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

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

Mortality in BCG-Vaccinated Girls Receiving the DTP Vaccine

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"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

Infant Mortality in Girls Receiving 1 Early DTP Vaccine Versus No DTP Vaccines

“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

"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

"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

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 3% to 19 hours of inoculation in Nevada (six of 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 15% had been immunized prior to death. DPT #1, 2, and 3 were administered on the average at age 2, 4, and 6 months, respectively. In the DPT SIDS group, 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. 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 (ratio 0.11:4.1). Males and females were equally affected. Cot death occurred maximally in the fall/winter season in the non-DPT group, but was nonexistent in the DPT group. Deaths occurred most often in infants who developed respiratory symptoms following brief periods of irritability, crying, lethargy, upper respiratory tract symptoms, and sleep disturbances. Autopsy findings in both groups were typical of SIDS, e.g., petechiae of lung, pleura, pericardium, and thymus; vascular congestion.

April 1982 NEUROLOGY (NY) 22: 1 A169

SIDS in Patients Receiving DPT versus No DPT

70% 30%

SIDs Deaths

- Associated with DPT
- 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.”
Netherlands Fully Vaccinated Versus Unvaccinated Study, 2004

The NVKP (Nederlandse Vereniging Kritisch Prikken) [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 Programme (RVP) – and questionnaires from the parents of children that were not entirely unvaccinated were also excluded from this survey.

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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 NVKP (Nederlandse Vereniging Kritisch Prikken) [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.

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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 are not included in this survey.

Absolute Incidence of Various Disorders Per 312 Children in Each Group

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

Patients per 312 Children