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Generation 1: CDC’s Unpublished Verstraeten Study on Hep B Showed Dramatic Increased Risk of Autism (7.6X), Sleep Disorders (5X), Speech Disorders (2.1X) and Neurodevelopmental Disorders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

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).
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), proxied by parental report that their child receives early intervention or special education services (EIS). National Health and Nutrition Examination Survey 1999-2000 data were analyzed and adjusted for survey design by Taylor Linearization using SAS version 9.1 software, with SAS callable SUDAAN version 9.1.1. The odds of receiving EIS were approximately nine times as great for vaccinated boys (n=46) as for unvaccinated boys (n=7), after adjustment for confounders. This study found statistically significant evidence to suggest that boys in the United States who were vaccinated with the triple series Hepatitis B vaccine, during the time period in which the vaccine was manufactured with thimerosal, were more susceptible to developmental disability than were unvaccinated boys.

Proportion Receiving Special Education Services

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

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

"Boys vaccinated as neonates had threefold greater odds for autism diagnosis compared to boys never vaccinated or vaccinated after the first month of life. Non-Hispanic white boys were 64% less likely to have autism diagnosis relative to nonwhite boys. Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period. Nonwhite boys bore a greater risk."
Flu Shot Increases Rate of Non-Flu Infection 4.4X

**METHODS**

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, Yuen, Chiu, et al.) or placebo [1]. Serum specimens were obtained from participants before vaccination from November through December 2008, 1 month 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 reports to any household member indicated illness 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 vaccination to collection of additional serum samples through nasal swab specimen to the follow-up period from October through December 2008.

“**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

"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. |
|---|---|---|
| Age group | Mortality rate (deaths/person-years) | HR (95% CI) DTP vs unvaccinated |
| All Unvaccinated (N = 651) | 4.5 (5/111.4) | 10.0 (2.61-38.6) |
| DTP (≥ OPV) (N = 462) | 17.4 (11/63.1) |
| DTP only (N = 101) | 35.2 (5/14.2) |

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

- Vac., 10X
- Vac., 5X
- Vac., 3.93X
- Unvac., 1X

All Children | Girls | Boys
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 Manzano, Brian D Ray, Arsal R Bhyani and Ben Jacob

Abstract

Vaccines 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. Thoroughly to evaluate and compare vaccinated and unvaccinated children on a broad range of health outcomes, and to determine whether an association found between vaccination and neurodevelopmental disorders (NDD), if any, is related the adjustment for other measured factors. A cross-sectional study of children aged 6 to 12 years was conducted in collaboration with the University of California, San Francisco. Children aged 6 to 12 years were evaluated for the following results: biological children and selected psychiatric-related factors. Risk analysis was performed using multiple logistic regression analysis. A total of 250 children were included in the study, consisting of 125 vaccinated and 125 unvaccinated children. The vaccinated group was less likely to have been diagnosed with ADHD, autism, and NDD. After adjustment, vaccination, age, gender, and parental birth without significant association with NDD. However, in a final adjusted model with interaction, vaccination but not birth without significant association with NDD, while the interaction of parental birth and vaccination was associated with a 4.6-fold increased odds of NDD (95% CI: 1.2, 16.5). In conclusion, vaccinated homeschool children were found to have a higher rate of allergy and NDD than unvaccinated children. While vaccination remains significantly associated with NDD, other factors, parental birth coupled with vaccination was associated with an apparent increase in the odds of NDD. Further research involving larger, more representative samples is needed to elucidate the impact of vaccination on NDD.

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
- U.K.: 19/100,000
- After Expansion vs. Prior to Expansion

“...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

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

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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 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 (1.00<RR<1.48) and an absolute risk in the general population of three cases/100,000 per year compared to 1.58 (1.06<RR<2.45) 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.

“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

CDC UNPUBLISHED DATA OBTAINED BY FOIA

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

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 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% Hg 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 and 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 I). 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 1000 in the Vaccine Safety Datalink (VSD) database (phase II).

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 morbidity and mortality associated with infectious diseases. 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.

METHODS: The 2016-2017 National Health and Nutrition Examination Survey data were examined for a group of 50,034,237 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 segmented 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.”
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) = 1.603), first two months after birth (OR = 1.768), and first six months after birth (OR = 2.0950), 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 = 1.6281 per μg 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: ethylmercury, mercury, merthiolate, premature puberty, thimerosal

“[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. Prevalence of Crohn’s disease, ulcerative colitis, coeliac disease, and peptic ulceration were determined in 3645 people who had received live measles vaccine in 1964 as part of a measles vaccine trial. A longitudinal birth cohort of 11,407 subjects was one unvaccinated comparison cohort, and 2541 partners of those vaccinated was another. Compared with the birth cohort, the relative risk of developing Crohn’s disease in the vaccinated group was 3.01 (95% CI 1.45-6.23) and of developing ulcerative colitis was 2.53 (1.16-5.68). There was no significant difference between these two groups in coeliac disease prevalence. Increased prevalence of inflammatory bowel disease, but not coeliac disease or peptic ulceration, was found in the vaccinated cohort compared with their partners. These findings suggest that measles virus may play a part in the development not only of Crohn’s disease but also of ulcerative colitis.

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 ADHD diagnosis. This cross-sectional study examined 2,393 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 risk of an ADHD diagnosis using logistic regression (adjusted odds ratio = 1.98). Linear regression (adjusted beta-coefficient = 0.0474) and Speraman's rank (Rho 0.04407) and 2x2 contingency table (rate ratio = 1.603) statistical modeling even when considering other covariates such as gender, race, and socioeconomic status. Current health status outcomes selected on as a priori basis 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. 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.

**Odds of ADHD Diagnosis After Exposure to Thimerosal Containing Triple HepB Series**

- **1.98X**
- **1X**

**ADHD Odds**

- **3 HepB**
- **No Exposure**

"During the decade from 1991 to 2001 that infants were routinely exposed to T-HepB (thimerosal containing HepB) in the United States (US), an estimated 1.3-2.5 million children were diagnosed with ADHD with excess lifetime costs estimated at US $350-$660 billion as a consequence of T-HepB."
Highest Levels of Thimerosal Exposure Increase Autism Risk 11.35X

GENERATION ZERO
Thomas Verstraeten’s First Analyses of the Link Between Vaccine Mercury Exposure and the Risk of Diagnosis of Selected Neuro-Developmental Disorders Based on Data from the Vaccine Safety Datalink: November-December 1999
Safe Minds
September 2004

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

Autism
Sleep Disorders
ADD
Speech/Language

Highest Exposures: 11.35X, 4.64X, 3.96X, 1.95X
No Exposures: 1X

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

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?

Gillum CR²

Abstract

The aim of this study was to compare the number of unvaccinated influenza vaccine-related spontaneous abortion and stillbirth (SB) reports in the Vaccine Adverse Event Reporting System (VAERS) database during three consecutive flu seasons beginning 2008/2009 and assess the relative fetal death reports associated with the two-vaccine 2009/2010 season. The VAERS database was searched for reports of fetal demise following administration of the influenza vaccine/vaccines to pregnant women. Utilization of an independent surveillance system and VAERS, two-source capture-recapture analyses estimated the reporting completeness in the 2009/2010 flu season. Capture-recapture demonstrated that the VAERS database captured about 13% of the total 1021 (95% confidence interval (CI): 8.15-27.96) estimated reports, yielding an ascertainment-corrected rate of 36.4 fetal loss reports per million pregnant women vaccinated (or 1 per 1695). The unadjusted fetal-loss report rates for the three consecutive influenza seasons beginning 2008/2009 were 8.6% (95% CI: 0.1-11.3), 77.6% (95% CI: 66.5-88.9), and 12.6% (95% CI: 7.2-19.0) cases per million pregnant women vaccinated, respectively. The observed reporting bias was too low to explain the magnitude increase in fetal demise reporting rates in the VAERS database relative to the reported annual trends. Thus, a synergistic fetal toxicity likely resulted from the administration of both the pandemic (A-H1N1) and seasonal influenza vaccines during the 2009/2010 season.

Keywords: Human toxoplasmosis, Influenza vaccination, Influenza vaccine, Spontaneous abortion, Stillbirth

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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."