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The Science (Part 11)
"Hepatitis B vaccinated children had an unadjusted odds ratio of 2.94 and an age-adjusted odds ratio of 2.35 for liver problems compared with non-hepatitis B vaccinated children in the 1993 National Health Interview Survey."
Polio Vaccine Increases the Risk of Crohn’s Disease by 228% and Ulcerative Colitis by 348%

Vaccination and Risk for Developing Inflammatory Bowel Disease: A Meta-Analysis of Case-Control and Cohort Studies

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This article has an accompanying continuing medical education activity on page e130. Learning Objective: Upon completion of this activity, participants will be able to discuss the implications of vaccination and environmental factors in the development of inflammatory bowel disease.

BACKGROUND & AIMS:
Environmental factors may play a role in the pathogenesis of inflammatory bowel disease (IBD). Whether vaccination is associated causally with IBD is controversial. We performed a meta-analysis of case-control and cohort studies on the association between vaccination and the risk for IBD.

METHODS:
Studies and abstracts investigating the relationship between vaccination and subsequent risk for developing IBD were reviewed. Childhood or adult immunizations with any vaccine type, at any dose, and with any vaccine schedule were used as inclusion criteria.

RESULTS:
Eleven studies were included in the systematic review and meta-analysis: 8 case-control studies and 3 cohort studies. Studied vaccines were bacille Calmette-Guérin, vaccines against diphtheria, tetanus, anthrax, poliomyelitis, pertussis, H1N1, measles, rubella, mumps, and the combined measles, mumps, and rubella vaccine. Only a few details about vaccine type or route of administration were found in studies. Overall, there was an association between childhood immunization and risk for developing IBD: bacille Calmette-Guérin, relative risk (RR) of 1.64 (95% confidence interval [CI], 1.08–2.46); diphtheria, RR of 1.38 (95% CI, 1.08–1.79); tetanus, RR of 1.27 (95% CI, 1.09–1.49); smallpox, RR of 1.40 (95% CI, 1.08–1.79); poliomyelitis, RR of 1.79 (95% CI, 1.28–2.51); and mumps, RR of 1.00 (95% CI, 0.72–1.36) in case-control studies. Subgroup analysis for Crohn’s disease (CD) and ulcerative colitis (UC) found an association between the poliomyelitis vaccine and risk for developing CD (RR, 2.28; 95% CI, 1.12–4.63) or UC (RR, 3.48; 95% CI 1.2–9.71). The RR of developing IBD after H1N1 vaccination was 1.34 (95% CI, 0.97–1.82).

CONCLUSIONS:
Results of this meta-analysis show no evidence supporting an association between childhood immunization or H1N1 vaccination in adults and risk of developing IBD. The association between the poliomyelitis vaccine and the risk for CD or UC should be analyzed with caution because of study heterogeneity.

Pineton de Chambrun et al., Clin Gastroenterol Hepatol 2015
http://dx.doi.org/10.1016/j.cgh.2015.04.179

“Subgroup analysis for Crohn’s disease (CD) and ulcerative colitis (UC) found an association between the poliomyelitis vaccine and risk for developing CD (RR, 2.28; 95% CI, 1.12-4.63) or UC (RR, 3.48; 95% CI 1.2-9.71).”
Vaccination in non-Persian Gulf War Veterans Increases Odds of Neurological and Pain Symptoms

Gulf War Illness Symptoms and Vaccination

Steele, Am J Epidemiol 2000

"Gulf War Illness, defined as having chronic symptoms in three of six domains, occurred in 34% of PGW veterans, 12% of non-PGW veterans who reported receiving vaccines during the war and 4% of non-PGW veterans who did not receive vaccines."
Vaccination Increases Odds of Gulf War Illness 260%

Health of UK servicemen who served in Persian Gulf War

Catherine Linwin, Nick Butcher, William Coker, Susan Ferry, Matthew Hosopt, Lisa Hall, Khalida Imanal, Ian Palmer, Anthony David, Simon Neasly

Summary

Background Various symptoms in military personnel in the Persian Gulf War 1990-91 have caused international speculation and concern. We investigated UK servicemen.

Methods We did a cross-sectional postal survey on a random sample of Gulf War veterans (Gulf War cohort, n=4245) and, separately for age and rank, servicemen deployed to the Bosnia conflict (Bosnia cohort, n=4250) and those serving during the Gulf War but not deployed there (ira cohort, n=4280). We asked about deployment, exposures, symptoms, and illnesses. We analysed men only. Our outcome measures were physical health, functional capacity (SF-36), the general health questionnaire, the Centers for Disease Control and Prevention (CDC) multisymptom criteria for Gulf War illness, and post-traumatic stress reactions.

Findings There were 8130 (65.1%) valid responses. The Gulf War cohort reported symptoms and disorders significantly more frequently than those in the Bosnia and ira cohorts, which were similar. Perception of physical health and ability were significantly worse in the Gulf War cohort than in the other cohorts, even after adjustment for confounders. Gulf War veterans were more likely the Bosnia cohort to have subclinical fatigue (odds ratio 2.2, 95% CI 1.5-3.2).

were found in all cohorts; however, they may not be unique and causally implicated in Gulf War-related illness. A specific mechanism may link vaccination against biological warfare agents and later illness, but the risks of illness must be considered against the necessity of protection of serviceperson. Lancet 1999; 353: 169-78

Introduction

From late 1990, the UK deployed 53462 military personnel in the Persian Gulf War. In the months after the end of the war, anecdotal reports emerged in the USA of various disorders affecting Gulf War veterans. In the UK, similar observations surfaced in 1991, after a television broadcast in June. Some UK Gulf War veterans have experienced health problems since then. Such anecdotal reports cannot, however, establish whether these complaints have any particular pattern, nor whether they are related to Gulf War service.

Previous studies of the health of Gulf War veterans have had limitations. Comparisons with non-military populations may be misleading, since military recruitment involves medical screening. Clinical assessment programmes for non-randomly selected veterans with complaints cannot provide epidemiological information or

Unwin et al., The Lancet 1999

“Vaccination against biological warfare and multiple routine vaccinations were associated with CDC multisymptom syndrome in the Gulf War cohort.”
Multiple Vaccination During Deployment Increases Odds of Gulf War Illness 500% and Fatigue 340%

Role of vaccinations as risk factors for ill health in veterans of the Gulf war: cross sectional study
Matthew Hotopf, Anthony David, Lisa Hull, Khadija Ismail, Catherine Unwin, Simon Wessely

Abstract
Objectives: To explore the relation between ill health after the Gulf war and vaccines received before or during the conflict. To test the hypothesis that each ill-health is limited to military personnel who received multiple vaccines during deployment and that pesticide use modifies any effect.
Design: Cross sectional study of Gulf war veterans followed for six to eight years after deployment.
Setting: UK armed forces.
Participants: Military personnel who served in the Gulf and who still had their vaccine records.
Main outcome measures: Multi-symptom illness as classified by the Centers for Disease Control and Prevention; fatigue; psychological distress; post-traumatic stress reaction; health perception; and physical functioning.
Results: The response rate for the original survey was 20.4% (n=3284). Of these, 28% (923) had vaccine records. Receipt of multiple vaccines before deployment was associated with only one of the six health outcomes (post-traumatic stress reaction), by contrast four of the six outcomes (all but post-traumatic stress reaction) were associated with multiple vaccines received during deployment. The strongest association was for the multi-symptom illness increase the likelihood that they suffered long term health consequences. The first was that for UK (but not US) service personnel pentamidine was used as an adjuvant to stimulate the immune response to anthrax vaccine. The second was that multiple vaccines were given simultaneously. This reflected the need to keep the personnel up to date with routine vaccines; to protect them from infectious diseases such as cholera and typhoid, which were potential health hazards during deployment; and to protect them from the threat of biological warfare agents—namely plague and anthrax. The third aspect was that many of the vaccines were given after the personnel were deployed. Rosk and Zunela suggested that deployment was a stress which would in itself lead to increased circulating corticosteroids, and this too would influence cytokine profiles. Finally, they speculated that there might have been an interaction between the vaccine regimen and pesticides—especially organophosphate pesticides—used in the Gulf to cause a T2k promoting effect.
We have previously reported on a large (n=3284) cohort study of male Gulf war veterans who were compared with non-deployed service personnel and veterans of peacekeeping duties in Bosnia. We found increased rates of ill health for all health outcomes in those who served in the Gulf. Among many other topics.

Incidence of Gulf War Illness and Fatigue for Multiple Vaccines Received During Deployment

- Gulf War Illness: 500% for Greater than 5 Vaccines vs. 100% Unvaccinated
- Fatigue: 340% for Greater than 5 Vaccines vs. 100% Unvaccinated

Hotopf et al., BMJ 2000

“Among veterans of the Gulf war there is a specific relation between multiple vaccinations given during deployment and later ill health.”