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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Generation 1: CDC’s Unpublished Verstraeten Study on Hep B Showed Dramatic Increased Risk of Autism (7.6X), Sleep Disorders (5X), Speech Disorders (2.1X) and Neurodevelopmental Disorders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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Thomas M. Verstraeten, R. Davies, D. Gu, F DeStefano

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

**Background:** Concern has risen on the presence of the ethylmercury containing preservative thimerosal in vaccines. We assessed the risk for neurologic and renal impairment associated with prescription 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 between 1998 and 1997.

**Methods:** We categorized the cumulative ethylmercury exposure from thimerosal-containing vaccines at one month of age and measured the subsequent risk for neuregulative and developmental neuropathologic disorders and renal disorders before the age of six. We applied proportional hazard models adjusting for birth year, birth, and gender, excluding premature babies.

**Results:** We identified 206 children with developmental and 202 with developmental neurologic disorders, and 280 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 disorders, further confirmatory studies are needed.

**CDC UNPUBLISHED DATA OBTAINED BY FOIA**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

Boys Receiving Special Education in Vaccinated vs. Unvaccinated Sample

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

Abstract
Universal hepatitis B vaccination was recommended for U.S. newborns in 1991. However, safety findings are mixed. The association between hepatitis B vaccination of male neonates and parental report of autism diagnosis was determined. This cross-sectional study used weighted probability samples obtained from the National Health Interview Survey 1997-2002 data sets. Vaccination status was determined from the vaccination record. Logistic regression was used to estimate the odds for autism diagnosis associated with neonatal hepatitis B vaccination among boys age 3-17 years, born before 1999, adjusted for race, maternal education, and two-parent household. 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.

“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

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

Published Mar 2012

METHODS

Recruitment and follow-up of participants:
A double-blind randomized controlled trial, we randomly allocated children aged 6-15 years to receive 2008-2009 seasonal trivalent influenza vaccine (TIV) or placebo. Serum samples were obtained from participants before vaccination from November through December 2008, a month after vaccination, in mid-February 2009, and at the end of the study from August through October 2009. Participants were followed up for illness symptoms, pneumonia, and antibiotic use, and data were analyzed for each household member. The influenza respiratory virus infection was confirmed by antigen detection and rapid influenza test kits.

Results:
Vaccinated individuals had a significantly higher risk of non-influenza respiratory virus infection compared to the placebo group. The relative risk of non-flu infections for vaccinated individuals was 4.4X compared to the placebo group, who had a relative risk of 1.0X.

“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."
“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)

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. This study aimed to compare vaccinated and unvaccinated children on a broad range of health outcomes and to determine whether an association was found between vaccination and neurodevelopmental disorders (NDDs) at any or a substantial difference for any measured factor. A cross-sectional study of 52 children aged 6 to 12 years old was conducted in collaboration with homeschool organizations from four states: Florida, Louisiana, Mississippi, and Oregon. Mothers were asked to complete an anonymous online questionnaire on their children’s health status and vaccination history. Vaccinated children were more likely to have a history of allergies and NDDs, particularly if they were a 6 to 12-year-old child. The vaccinated were less likely than the unvaccinated to have been diagnosed with wheezing, eczema, and ADHD. After adjustment, vaccination, male gender, and parental history remained significantly associated with NDDs. However, in a final adjusted model with interactions, vaccination did not interact with birth weight associated with NDDs. The interaction of parent history and vaccination was associated with a 3.6-fold increased odds of NDD (95% CI: 1.2, 10.5). In conclusion, vaccinated, homeschooled children were found to have a higher rate of allergies and NDD than unvaccinated homeschooled children. While vaccination remained significantly associated with NDD even controlling for other factors, parents reported better cooperation with vaccination with an apparent energetic increase in the odds of NDD. Further research involving larger, more heterogeneous samples is needed to confirm the findings.

Published April 2017

“In this pilot study of vaccinated and unvaccinated homeschool children, reduced odds of chickenpox and whooping cough were found among the vaccinated, as expected, but unexpectedly increased odds were found for many other physician-diagnosed conditions.”
“The identification of clusters of cases of Type I diabetes occurring in consistent temporal patterns allowed a link between the hemophilus vaccine and Type I diabetes... there are also clusters of cases of Type I diabetes occurring 2-4 years post-immunization with the pertussis, MMR and BCG vaccines.”
“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

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

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

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Vaccinated, 3.39X
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Unvaccinated, 1X
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“...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.”
Human Papilloma Virus Vaccine Increases the Odds of Asthma 8.01X

A cross-sectional study of the relationship between reported human papillomavirus vaccine exposure and the incidence of reported asthma in the United States.

**Abstract**

OBJECTIVES: Asthma is a chronic disorder that affects persons of all ages impacting the quality of their lives. This cross-sectional hypothesis-generating 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 2016-2016 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 portion 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) 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.

**Odds of Asthma Diagnosis After HPV Vaccine**

- **Vaccinated, 8.01X**
- **Unvaccinated, 1X**

"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

Odds of Receiving an Premature Puberty Diagnosis from Receiving Thimerosal-Containing Hepatitis B Vaccines

Vaccinated, 2.1X

Unvaccinated, 1X

"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 that affected by Crohn's disease, and early exposure to measles may be a risk factor for the development of Crohn's disease. Crohn's disease and ulcerative colitis occur in the same families and may share a common etiology. In view of the rising incidence of inflammatory bowel disease (Crohn's disease and ulcerative colitis), we examined the impact of measles vaccination upon these conditions. Prevalences of Crohn's disease, ulcerative colitis, coeliac disease, and peptic ulceration were determined in 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 (1.16-5.64). 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

"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, opposition, hyperactivity-impulsivity that is inconsistent with developmental level and interferes with normal functioning in at least two settings. This study evaluated the hypothesis that infant Thimerosal-containing hepatitis B vaccine (T-HepB) exposure would increase the risk of an ADHD diagnosis. This cross-sectional study examined 2,214 persons 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=0.0477), Spearman's rank (Rho=0.0440)), and 2×2 contingency table (odds ratio=1.6023) statistical modeling even when considering other covariates such as gender, race, and socioeconomic status. Current health status outcomes selected or on a prior 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 attribute a direct causal 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. Although Thimerosal use in the HepB in the US 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.

“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**

Relative risk of disorder

Autism (11.24)

Sleep disorders (4.64)
ADD (3.96)
Mild or 9 NDDs (2.36)
Speech/language (1.95)

Vaccine mercury exposure levels at one month (mcg)

0 mcg 12.5 mcg 25 mcg > 25 mcg

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

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? Goldman et al.*

Abstract
The aim of this study was to compare the number of泯vaxinated 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 survey and VAERS two-stage capture-recapture analysis estimated the reporting completeness in the 2006/2007 flu season. Capture-recapture demonstrated that the VAERS database captured about 13% of the total 1021 (95% confidence interval CI: 8.15-27.90%) estimated cases, yielding an ascertainment-correction rate of 3.0 fetal-loss reports per million pregnant women vaccinated (or 1 per 1665). The unadjusted fetal-loss report rates for the three consecutive influenza seasons beginning 2008/2009 were 6.8 (95% CI: 0.1-13.7) per million, 77.8 (95% CI: 66.5-89.4) 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 toxicity; Theriosial immunization; Life vaccine; Spontaneous abortion; Stillbirth

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

Rate of Narcolepsy in Sweden Before and After the Use of the Swine Flu Vaccine

"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

Abstract

BACKGROUND: Because postlicensure surveillance determined that a previous rotavirus vaccine, Rotashield, caused intussusception in 1 of every 10,000 recipients, we assessed the association of the new nonovovirus vaccine (RV1) with intussusception after routine immunization of infants in Mexico and Brazil.

METHODS: We used case-series and case-control methods to assess the association between RV1 and intussusception. Infants with intussusception were identified through active surveillance at 59 hospitals (16 in Mexico and 43 in Brazil), and age-matched infants from the same neighborhood were enrolled as controls. Vaccination dates were verified by review of vaccination cards or clinic records.

RESULTS: We enrolled 615 case patients (285 in Mexico and 330 in Brazil) and 2065 controls. 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, 5.2; 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). No significant risk was found after the first dose among infants in Brazil, but an increased risk, albeit smaller than that seen after the first dose in Mexico—an increase by a factor of 1.9 to 2.6—was seen 1 to 7 days after the second dose. A combined annual excess of 90 cases of intussusception in Mexico (approximately 1 per 51,000 infants) and in Brazil (approximately 1 per 50,000 infants) and of 5 deaths due to intussusception was attributable to RV1. However, RV1 prevented approximately 80,000 hospitalizations and 1300 deaths from diarrhea each year in these two countries.

CONCLUSION: RV1 was associated with a short-term risk of intussusception in approximately 1 of every 5,000 to 80,000 vaccinated infants. The absolute number of deaths and hospitalizations averted because of vaccination far exceeded the number of intussusception cases that may have been associated with vaccination. (Funded in part by the GAVI Alliance and the U.S. Department of Health and Human Services.)
Measles Vaccination Versus Measles Infection Increases the Odds of Atopy (Allergy) by 2.8X

“The 17 (12.8%) of 133 participants who had had measles infection were atopic compared with 33 (25.6%) of those who had been vaccinated and not had measles”
Higher Exposure to Thimerosal from Infant Vaccines Increases the Odds of Motor Tics (2.19X) and Phonic Tics (2.44X) in Boys

“Among boys, higher exposure to mercury from birth to 7 months was associated with ... a higher likelihood of motor and phonic tics, as reported by the children’s evaluators.”
“Among 11,531 children who received at least 4 doses of DPT, the risk of asthma was reduced to (1/2) in children whose first dose of DPT was delayed by more than 2 months. The likelihood of asthma in children with delays in all 3 doses was 0.39 (95% CI, 0.18-0.86).”
Exposure to Higher Levels of Thimerosal in Infant Vaccines Before 13 Months of Age Increases the Rate of Premature Puberty by 6.45X

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

“Significantly increased (P<0.0001) rate ratios were observed for premature puberty for a 100 µg difference in Hg exposure from TCVs in the birth-7 months (rate ratio=5.58) and birth-13 months (rate ratio=6.45) of age exposure windows. By contrast, none of the control outcomes had significantly increased rate ratios with Hg exposure from TCVs.”
“The incidence of type 1 diabetes in persons 0-19 years old living in Christchurch rose from 11.2 cases per 100,000 children annually in the years before the immunization program, 1982-1987, to 18.1 cases per 100,000 children annually (P = .0008) in the years following the immunization, 1989-1991.”
DTP Vaccination Increases Mortality by 2.45X in Girls Previously Receiving the BCG (Tuberculosis) Vaccine

"In seven studies of BCG-vaccinated children, DTP vaccination was associated with a 2.54 (95% CI 1.68–3.86) increase in mortality in girls (with no increase in boys [ratio 0.96, 0.55–1.68]). The ways in which the female and the male immune systems may respond differently to vaccinations in infants are only beginning to be studied."
Higher Number of Vaccine Doses Prior to One Year of Age Increases Infant Mortality by 1.83X

Infant mortality rates regressed against number of vaccine doses routinely given: is there a biochemical or synergistic toxicity?

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Abstract
The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 30 nations have lower IMRs. Using linear regression, the immunization schedules of these 30 nations were examined and a correlation coefficient of r = 0.76 (p = 0.001) was found between IMRs and the number of vaccine doses routinely given to infants. Nations were also grouped into five different vaccine dose ranges: 12–14, 15–17, 18–20, 21–23, and 24–26. The mean IMRs of all nations within each group were then calculated. Linear regression analysis of unweighted mean IMRs showed a significant negative correlation between increasing number of vaccine doses and increasing infant mortality rates, with r = 0.992 (p = 0.0000). Using the Tukey-Kramer test, statistically significant differences in mean IMRs were found between nations giving 12–14 vaccine doses and those giving 21–23, and 24–26 doses. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs is essential.

“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

"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.”
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 Priksen) [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
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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 – 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.

“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.”
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Questionnaires from the parents of children that were not vaccinated in the normal way – that is, not entirely in accordance with Dutch Vaccination Programmes (RVP) – and questionnaires from the parents of children that were not entirely unvaccinated were also excluded from this 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 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 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.
January 2020 Pentagon Study Shows Influenza Vaccination Increases Risk of Coronavirus by 36%

ABSTRACT

Purpose: Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as virus interference. Test-negative study designs are often utilized to calculate influenza vaccine effectiveness. The virus interference phenomenon goes against the basic assumption of the test-negative vaccine effectiveness study that vaccination does not change the risk of infection with other respiratory illness, thus potentially biasing vaccine effectiveness results in the positive direction. This study aimed to investigate virus interference by comparing respiratory virus status among Department of Defense personnel based on their influenza vaccination status. Furthermore, individual respiratory viruses and their association with influenza vaccination were examined.

Results: We compared vaccination status of 2880 people without influenza vaccination status to 3240 people with pan-negative results. Comparing vaccinated to non-vaccinated patients, the adjusted odds ratio for non-flu viruses was 0.97 (95% confidence interval (CI): 0.88, 1.09; p = 0.60). Additionally, the vaccination status of 3349 cases of influenza were compared to three different control groups: all controls (N = 6120), non-influenza positive controls (N = 2880), and pan-negative controls (N = 3240). The adjusted ORs for the comparisons among the three control groups did not vary much (range: 0.46-0.51).

Conclusions: Receipt of influenza vaccination was not associated with virus interference among our population. Examining virus interference by specific respiratory viruses showed mixed results. Vaccine derived virus interference was significantly associated with coronavirus and human metapneumovirus; however, significant protection with vaccination was associated not only with most influenza viruses, but also parainfluenza, RSV, and non-influenza virus infections.

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Wolff 2020 Vaccine
https://doi.org/10.1016/j.vaccine.2019.10.005

“Vaccine derived virus interference was significantly associated with coronavirus and human metapneumovirus.”
Influenza Vaccination Increases the Risk of Non-Influenza Viral Respiratory Infections by 4.4X

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

Cowling et al. 2012 Clinical Infectious Diseases DOI: 10.1093/cid/cis307

"Over the following 9 months, TIV recipients had an increased risk of virologically confirmed non-influenza infections (relative risk: 4.40; 95% confidence).” “In TIV recipients there were 4 detections with both rhinovirus and coxsackie/echovirus, and 1 detection with both coxsackie/echovirus and coronavirus NL63.”
Influenza Vaccination Increases Risk of Acute Viral Respiratory Infections by 4.8X

ABSTRACT

Background: A barrier to influenza vaccination is the misperception that the inactivated vaccine can cause influenza. Previous studies have investigated the risk of acute respiratory illness (ARI) after influenza vaccination with conflicting results. We assessed whether there is an increased rate of laboratory-confirmed ARI in post-influenza vaccination periods.

Methods: We conducted a cohort sub-analysis of children and adults in the MeSAIC community surveillance study from 2013 to 2016. Influenza vaccination was confirmed through city or hospital registries. Cases of ARI were ascertained by twice-weekly text messages to household to identify members with ARI symptoms. Nasal swabs were obtained from all participants and analyzed for respiratory pathogens using multiplex PCR. The primary outcome measure was the hazard ratio of laboratory-confirmed ARI in individuals post-vaccination compared to other time periods during three influenza seasons.

Results: Of the 559 participants, 68.8% were children, 30.2% were adults. Each study season, approximately half received influenza vaccine and one third experienced ≥1 ARI. The hazard of influenza in individuals during the 14-day post-vaccination period was similar to unvaccinated individuals during the same period (HR 0.96, 95% CI [0.60, 1.52]). The hazard of non-influenza respiratory pathogens was higher during the same period (HR 1.65, 95% CI [1.14, 2.38]); when stratified by age the hazard remained higher for children [HR 1.71, 95% CI [1.16, 2.53]] but not for adults [HR 0.88, 95% CI [0.21, 3.69]].

Conclusion: Among children there was an increase in the hazard of ARI caused by non-influenza respiratory pathogens post-influenza vaccination compared to unvaccinated children during the same period. Potential mechanisms for this association warrant further investigation. Future research could investigate whether medical decision-making surrounding influenza vaccination may be improved by acknowledging patient experiences, counseling regarding different types of ARI, and correcting the misperception that all ARI occurring after vaccination are caused by influenza.

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Rikin et al. 2018 Vaccine
https://doi.org/10.1016/j.vaccine.2018.02.105

"Among children there was an increase in the hazard of ARI caused by non-influenza respiratory pathogens post-influenza vaccination compared to unvaccinated children during the same period."
Influenza Vaccination Increases the Risk of Non-Influenza Viral Lung Infections in Children by 55%

Background: The Western Australian Influenza Vaccine Effectiveness study commenced in 2008 to evaluate a new program to provide free influenza vaccine to all children aged 6 to 59 months. We aimed to assess the protective effect of inactivated influenza vaccination in these children.

Methods: We conducted a prospective case–control study in general practices and a hospital emergency department, testing all eligible patients for influenza and a range of other common respiratory viruses. Influenza vaccine effectiveness (VE) against laboratory-confirmed influenza was estimated with cases defined as children with an influenza-like illness who tested positive and controls as those with an influenza-like illness who tested negative for influenza virus. We calculated VE using the adjusted odds ratio from multivariate logistic regression. As a surrogate marker for adequate specimen collection, we explored the difference in VE point estimates defining controls as children in whom another respiratory virus was detected.

Results: A total of 75 children were enrolled from general practices and 214 through the emergency department, with 12 (27%) and 36 (17%), respectively, having laboratory-confirmed influenza. Using all the influenza-negative controls, the adjusted VE was 58% (95% confidence interval, 9–81). When controls were limited to those with another virus present, the adjusted VE was 68% (95% confidence interval, 26–86).

Conclusions: VE estimates were higher when controls included only those children with another respiratory virus detected. Testing for other common respiratory viruses enables the control group to be restricted to those for whom an adequate sample is likely.

“Within the control group, there was a higher percentage of full vaccination among children who tested positive for another respiratory virus compared with those who tested negative.”

Kelly et al. 2011 Pediatric Infectious Disease Journal DOI: 10.1097/INF.0b013e318201811c
Influenza Vaccination Increases the Rate of Non-Influenza “Influenza-Like Infections” in Children by 1.6X

**Epidemiology of respiratory viral infections in children enrolled in a study of influenza vaccine effectiveness**


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**Background**

Influenza-like illness (ILI) poses a high annual morbidity in young children. We report the epidemiology of ILIs in children who participated in an influenza vaccine effectiveness study during the 2016 Southern Hemispheric influenza season in Sydney, Australia.

**Methods**

Children aged 6–59 months were prospectively recruited from child care centers (CCCs). We classified them as fully vaccinated, partially vaccinated, and unvaccinated according to their receipt of unadjuvanted vaccines containing influenza a (H1N1)pdm09. For 13 weeks commencing 30 July 2016, parents reported when their children developed an ILI (fever ≥ 37.5°C or respiratory illness ± 2 respiratory symptoms) and collected nose and/or throat swabs for multiplex respiratory virus polymerase chain reaction (PCR) testing. Health impacts were assessed by telephone interview at enrollment and two weeks after each ILI.

**Results**

There were 124 ILIs reported in 105 of 301 enrolled children. Swabs were taken in 117 ILIs. 179 viruses were identified from 138 swabs. Adenoviruses and rhinoviruses were most frequently identified. 11% of swabs yielded multiple viruses. No virus was associated with more severe symptoms, although rhinovirus-related ILIs lasted longer. Nasal swabs had a higher virus detection rate than throat swabs. Influenza-vaccinated children were 1.6 times (P = 0.001) more likely than unvaccinated children to have a non-influenza ILI.

**Conclusion**

Adenoviruses and rhinoviruses were the most common viruses causing ILI. Swabs taken by parents are an effective method for sample collection. Influenza-like illness was more common in children vaccinated against influenza in this observational study, but prior health-seeking behavior may have contributed to this difference.

**Keywords**

Children, influenza, respiratory viral infections.

**Non-Influenza “Influenza-Like Infections”**

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“**Influenza-vaccinated children were 1.6 times (P = 0.001) more likely than unvaccinated children to have a non-influenza ILI.**”

Dierig et al. 2014 Influenza and Other Respiratory Viruses DOI:10.1111/irv.12229
Vaccinated Children Have a 5.9X Greater Risk of Pneumonia and a 3.8X Greater Risk of Ear Infections

Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children

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Abstract

Vaccinations have prevented millions of infectious illnesses, hospitalizations and deaths among children, yet the long-term health outcomes of the vaccination schedule remains unclear. Results have been recommended by the U.S. Institute of Medicine to address this question. This study aimed to compare vaccinated and unvaccinated children on a broad range of health outcomes, and to determine whether an association found between vaccinations and neurodevelopmental disorders (NDDs) if any, remained significant after adjusting for other measured factors. A cross-sectional study of records of children educated at home was carried out in collaboration with home school organizations in five U.S. states: Florida, Louisiana, Mississippi and Oregon. Mothers were asked to complete an anonymous online questionnaire on their 12-20 year-old children with respect to pregnancy-related factors, birth history, vaccinations, physicians diagnosed illnesses, medications used, and health services. NDD, a defined diagnostic measure, was defined as having one or more of the following: 1) a clearly-related diagnosis; 2) learning disability; 3) Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder. A convenience sample of 66 children was obtained, of which 30 (45%) were vaccinated. The vaccinated were less likely than the unvaccinated to have been diagnosed with attention deficit and persistence, but more likely to have been diagnosed with pneumonia, otitis media, allergies and NDD. After adjustments, vaccination, age groups, and preterm birth remained significantly associated with NDD. However, in a final adjusted model with interactions, vaccination, but not preterm birth remained associated with NDD, while the interaction of preterm birth and vaccination was associated with a 6.5-fold increased odds of NDD (95% CI: 2.4, 17.6). In conclusion, vaccinated household children were found to have a higher rate of allergies and NDD than unvaccinated household children. While vaccination remained significantly associated with NDD after controlling for other factors, preterm birth coupled with vaccination was associated with an apparent synergistic increase in the odds of NDD. Further research involving larger, independent samples and stronger research designs is needed to verify and understand these unexpected findings in order to optimise the impact of vaccines on children’s health.


“However, the vaccinated were significantly more likely than the unvaccinated to have been diagnosed with otitis media (19.8% vs. 5.8%, p <0.001; OR 3.8, 95% CI: 2.1, 6.6) and pneumonia (6.4% vs. 1.2%, p = 0.001; OR 5.9, 95% CI: 1.8, 19.7).”
Pandemrix Flu Shot Increases Odds of Narcolepsy by 14.4X in Children and Adolescents

Miller et al. 2013 British Medical Journal
doi: 10.1136/bmj.f794

“The increased risk of narcolepsy after vaccination with ASO3 adjuvanted pandemic A/H1N1 2009 vaccine indicates a causal association, consistent with findings from Finland.”
Influenza Vaccination Increases Inflammatory Response by 39% in Pregnant Women

Inflammatory responses to trivalent influenza virus vaccine among pregnant women.

Christian et al. Vaccine 2011

“...this study demonstrates that trivalent influenza virus vaccine (TIV) elicits a measurable inflammatory response during pregnancy, and that considerable variability is seen between women in the magnitude of this response.”
Influenza Vaccination Increases Inflammatory Response by 173% and Induces Platelet Activation and Cardiac Imbalance

Lanza et al. 2011 J Intern Med
doi: 10.1111/j.1365-2796.2010.02285.x

“Together with an inflammatory reaction, influenza A vaccine induced platelet activation and sympathovagal imbalance towards adrenergic predominance... The vaccine-related platelet activation and cardiac autonomic dysfunction may transiently increase the risk of cardiovascular events.”
Influenza Vaccination Increases Susceptibility to and Damage Caused by Non-Target Flu Strains

Vaccine-Induced Anti-HA2 Antibodies Promote Virus Fusion and Enhance Influenza Virus Respiratory Disease

Surender Khurana,1 Crystal L. Loving,2 Jody Marischewitz,1 Lisa R. King,1 Phillip C. Gauger,3 Jamie Henningson,4 Amy L. Vincent,5,6 Hana Golding1

Vaccine-induced disease enhancement has been described in connection with several viral vaccines in animal models and in humans. We investigated a swine model to evaluate mismatched influenza vaccine-associated enhanced respiratory disease (YARED) after pH1N1 infection. Vaccinating pigs with whole inactivated H1N2 (human-like) virus vaccine (WIV-H1N2) resulted in enhanced pneumonia and disease after pH1N1 infection. WIV-H1N2 immune sera contained high titers of cross-reactive anti-pH1N1 hemagglutinin (HA) antibodies that bound exclusively to the HA2 domain but not to the HA1 globular head. No hemagglutination inhibition titers against pH1N1 (challenge virus) were measured. Epitope mapping using phage display library identified the immunodominant epitope recognized by WIV-H1N2 immune sera as amino acids 22 to 77 of pH1N1-HA2 domain, close to the fusion peptide. These cross-reactive anti-HA2 antibodies enhanced pH1N1 infection of MacIn-Darby canine kidney cells by promoting virus membrane fusion activity. The enhanced fusion activity correlated with lung pathology in pigs. This study suggests a role for fusion-enhancing anti-HA2 antibodies in YARED, in the absence of receptor-blocking virus-neutralizing antibodies. These findings should be considered during the evaluation of universal influenza vaccines designed to elicit HA2 stem-targeting antibodies.

Khurana et al. 2013 Sci Translational Med
DOI: 10.1126/scitranslmed.3006366

“Vaccinating pigs with whole inactivated H1N2 (human-like) virus vaccine (WIV-H1N2) resulted in enhanced pneumonia and disease after pH1N1 infection.”
Influenza Vaccination Increases Hospitalizations in Asthmatic Patients by 2.97X

Joshi et al. 2009 American Thoracic Society Conference Abstract

"In assessing the effectiveness of the TIV for preventing hospitalization with influenza in all subjects, there was an overall trend towards higher rates of hospitalization in subjects who got the TIV as compared to the ones who did not get the TIV (OR: 2.97, CI: 1.3, 6.7). "
Multiple Vaccinations Given Simultaneously Increases Odds of Cardiac Events in Premature Infants by 3.62X

Objective: To determine the incidence of cardiorespiratory events and abnormal C-reactive protein (CRP) level associated with administration of a single vaccine or multiple separate vaccines simultaneously.

Study design: Prospective observational study on 2,399 preterm infants at ≥2 months of age in the neonatal intensive care unit (NICU). Each infant received either a single vaccine or multiple vaccines on one day. CRP levels and cardiorespiratory manifestations were monitored for 3 days following immunization.

Results: Abnormal elevation of CRP level occurred in 98% of infants administered multiple vaccines and up to 70% of those given a single vaccine. Overall, 16% of infants had vaccine-associated cardiorespiratory events within 48 hours postimmunization. In logistic regression analysis, abnormal CRP values were associated with multiple vaccines (OR, 18.17; 95% CI 5.10-61.77) and severe intraventricular hemorrhage (IVH) (OR, 2.28; 95% CI 1.02-5.13). Cardiorespiratory events were associated marginally with receipt of multiple injections (OR, 3.62; 95% CI 0.99-13.25) and significantly with gastroesophageal reflux (GER) (OR, 4.76; 95% CI 1.22-18.52).

Conclusion: CRP level is expected to be elevated in the 48 hours following immunization. In a minority of infants immunized, cardiorespiratory events were associated with presumed need for intervention. Underlying medical conditions and possibly multiple injections are associated with cardiorespiratory events. Precautionary monitoring following immunizations is warranted. (J Pediatr 2007;151:167-72)

Pourcyrous et al. 2007 J Pediatr
DOI 10.1016/j.jpeds.2007.02.059

“Cardiorespiratory events were associated marginally with receipt of multiple injections (OR, 3.62; 95% CI 0.99-13.25) and significantly with gastroesophageal reflux (GER) (OR, 4.76; 95% CI 1.22-18.52).”