Vaccination increases the risk of asthma (11.4X) and hay fever (10X) in children with no family history of those disorders.

"In multiple regression analyses there were significant (P<.0005) and dose dependent negative relationships between vaccination refusal and self-reported asthma or hay fever only in children with no family history of the condition and, for asthma, in children with no exposure to antibiotics during infancy."
Vaccination with DTP simultaneously with measles vaccine or DTP after measles vaccine increased risk of death (2.59X)

“Children who had received DTP simultaneously with MV or DTP after MV had significantly higher mortality (MRR=2.59 [1.32–5.07]) compared with children having MV-only as their most recent vaccination.”
Hepatitis B Vaccination Increases the Odds (3.1X) of a Multiple Sclerosis Diagnosis

“The OR of MS for vaccination within 3 years before the index date compared to no vaccination was 3.1 (95% CI 1.5, 6.3). No increased risk of MS was associated with tetanus and influenza vaccinations.”
Diphtheria-Pertussis-Tetanus (DPT) Immunization: A Potential Cause of the Sudden Infant Death Syndrome (SIDS)

WILLIAM C. TORCH, Reno, NV

A recent report of eight DPT-associated infant deaths in Tennessee, and knowledge of four sudden deaths within 3% to 9% hours of inoculation in Nevada (in three infants and one 3-year-old child) stimulated a study on the relationship of SIDS to DPT immunization in over 200 randomly selected SIDS cases. Preliminary data on the first 70 cases studied shows that 5% 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, 5.8% died within 12 hours of inoculation; 13% within 24 hours; 25% 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 9 months to 3 years (mean age, 3 months); for the non-DPT group, 17 to 72 months (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 0.11:1:4:1). Males and females were equally affected. Cot death occurred maximally in the fall/winter season in the non-DPT group, but was nonsensical in the DPT group. Deaths occurred most often in sleep in healthy allergy-free infants following brief periods of irritability, crying, lethargy, upper respiratory tract symptoms, and sleep disturbances. Autopsy findings in both groups were typical of SIDS, e.g., petechiae of lung, pleura, pericardium, and thymus, vascular congestion, pulmonary edema, meningeal, and brain edema. In conclusion, these data show that DPT vaccination may be a generally unrecognized major cause of sudden infant and early childhood death, and that the risks of immunization may outweigh its potential benefits. A need for reevaluation and possible modification of current immunization procedures is indicated by this study.

April 1982. NEUROLOGY (NY) 21:221-222. A109

SIDSS in Patients Receiving DPT versus No DPT

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

“70% of SIDS Deaths Occur Within Three Weeks of DPT Vaccination”

“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.”