STUDI, RICERCHE su VACCINI ed AUTISMO e DISORDINI VARI - (English)
Conjugate vaccines may predispose children to autism spectrum disorders.
the potential effects of conjugate vaccines on neural development merit close examination.
Conjugate vaccines fundamentally change the manner in which the immune systems of infants and young children function by deviating their immune responses to the targeted carbohydrate antigens from a state of hypo-responsiveness to a robust B2 B cell mediated response. This period of hypo-responsiveness to carbohydrate antigens coincides with the intense myelination process in infants and young children, and conjugate vaccines may have disrupted evolutionary forces that favored early brain development over the need to protect infants and young children from capsular bacteria.

http://www.ncbi.nlm.nih.gov/pubmed/21993250

Serological association of measles virus and human herpesvirus-6 with brain autoantibodies in autism.
Considering an autoimmunity and autism connection, brain autoantibodies to myelin basic protein (anti-MBP) and neuron-axon filament protein (anti-NAFP) have been found in autistic children. In this current study, we examined associations between virus serology and autoantibody by simultaneous analysis of measles virus antibody (measles-IgG), human herpesvirus-6 antibody (HHV-6-IgG), anti-MBP, and anti-NAFP. We found that measles-IgG and HHV-6-IgG titers were moderately higher in autistic children but they did not significantly differ from normal controls. Moreover, we found that a vast majority of virus serology-positive autistic sera was also positive for brain autoantibody: (i) 90% of measles-IgG-positive autistic sera was also positive for anti-MBP; (ii) 73% of measles-IgG-positive autistic sera was also positive for anti-NAFP; (iii) 84% of HHV-6-IgG-positive autistic sera was also positive for anti-MBP; and (iv) 72% of HHV-6-IgG-positive autistic sera was also positive for anti-NAFP. This study is the first to report an association between virus serology and brain autoantibody in autism; it supports the hypothesis that a virus-induced autoimmune response may play a causal role in autism.

http://www.ncbi.nlm.nih.gov/pubmed/9756729

Effectiveness of pertussis vaccines for adolescents and adults: case-control study
The adjusted estimate of effectiveness of Tdap vaccination against pertussis was 53.0.

http://www.bmj.com/content/347/bmj.f4249

Neurologic Adverse Events Following Vaccination (Progress in Health Sciences Vol. 2(1) 2012•pp 129-141.)
“Conclusions: Despite the assurances of the necessity and safety of vaccinations, there are more and more questions and doubts, which both physicians and parents are waiting to be clarified… It seems that it would be worthwhile to apply the precautionary principle – the ethical principle (from 1988) according to which if there is a probable, although poorly known, risk of adverse effects of new technology, it is better not to implement it rather than risk uncertain but potentially very harmful consequences.”
http://progress.umb.edu.pl/sites/progress.umb.edu.pl/files/129-141.pdf

Abnormal measles-mumps-rubella antibodies and CNS autoimmunity in children with autism.
“Thus the MMR antibody in autistic sera detected measles HA protein, which is unique to the measles subunit of the vaccine. Furthermore, over 90% of MMR antibody-positive autistic sera were also positive for MBP autoantibodies, suggesting a strong association between MMR and CNS autoimmunity in autism. Stemming from this evidence, we suggest that an inappropriate

antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism."

http://www.ncbi.nlm.nih.gov/pubmed/12145534

Influenza: marketing vaccine by marketing disease
Closer examination of influenza vaccine policies shows that although proponents employ the rhetoric of science, the studies underlying the policy are often of low quality, and do not substantiate officials' claims. The vaccine might be less beneficial and less safe than has been claimed, and the threat of influenza appears overstated.

http://www.bmj.com/content/346/bmj.f3037

An unmasking phenomenon in an observational post-licensure safety study of adolescent girls and young women.
Our recent experience in a post-licensure safety study of autoimmune conditions following the quadrivalent human papillomavirus vaccine in 189,629 girls and young women ages 9-26 years led us to question the adequacy of the exclusion of Day 0 events to prevent the erroneous association of prevalent conditions with vaccination. Of the 18 confirmed cases of Graves' disease diagnosed in days 1-60 following vaccination, only 6 cases appeared to be truly new onset. Among the remaining 12 cases, 2 cases had abnormal thyroid stimulating hormone or thyroxine labs drawn prior to or on Day 0 but had no documented pre-existing symptoms. The other 10 cases had mention of symptoms of hyperthyroidism referencing a period prior to first HPV-4 dose. This 'unmasking' phenomenon, due to health care visits that include vaccination and new workups of preexisting symptoms, may not be adequately controlled through the exclusion of Day 0 events.

http://www.ncbi.nlm.nih.gov/m/pubmed/22580356/

How aluminum, an intracellular ROS generator promotes hepatic and neurological diseases: the metabolic tale
Metal pollutants are a global health risk due to their ability to contribute to a variety of diseases. Aluminum (Al), a ubiquitous environmental contaminant is implicated in anemia, osteomalacia, hepatic disorder, and neurological disorder. In this review, we outline how this intracellular generator of reactive oxygen species (ROS) triggers a metabolic shift towards lipogenesis in astrocytes and hepatocytes. This Al-evoked phenomenon is coupled to diminished mitochondrial activity, anerobiosis, and the channeling of α-ketoacids towards anti-oxidant defense. The resulting metabolic reconfiguration leads to fat accumulation and a reduction in ATP synthesis, characteristics that are common to numerous medical disorders. Hence, the ability of Al toxicity to create an oxidative environment promotes dysfunctional metabolic processes in astrocytes and hepatocytes. These molecular events triggered by Al-induced ROS production are the potential mediators of brain and liver disorders."

http://link.springer.com/article/10.1007%2Fs10565-013-9239-0

Waning of Maternal Antibodies Against Measles, Mumps, Rubella, and Varicella in Communities With Contrasting Vaccination Coverage
Conclusions: Children of mothers vaccinated against measles and, possibly, rubella have lower concentrations of maternal antibodies and lose protection by maternal antibodies at an earlier age than children of mothers in communities that oppose vaccination. This increases the risk of disease transmission in highly vaccinated populations.

http://jid.oxfordjournals.org/content/early/2013/04/29/infdis.jit143.full

“vaccine injury is so rare..don’t worry about it!” who has heard this?
“The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program.. A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table… Set forth below is a list of petitions received by HRSA on * March 13, 2013, through April 30, 2013.*”
[take note of #7 and #17..]

1. Tory J. and Sarah E. Moody on behalf of Victorya E. Moody, Bedford, Indiana, Court of Federal Claims No: 13-0190V.
2. Pamela Jean Peguess, Memphis, Tennessee, Court of Federal Claims No: 13-0191V.
3. Eileen Goeschel, Sarasota, Florida, Court of Federal Claims No: 13-0199V.
4. Kearsten Demczuk, Park Ridge, Illinois, Court of Federal Claims No: 13-0205V.
5. Howard Reddy and Hanan Tarabay on behalf of Andrew Howard Reddy, Pensacola, Florida, Court of Federal Claims No: 13-0208V.
6. Mona Marie Troup, Everett, Washington, Court of Federal Claims No: 13-0209V.
7. Angel Blackstone on behalf of S.B., Deceased, Trenton, New Jersey, Court of Federal Claims No: 13-0213V.
8. Isidra Durwin, Sarasota, Florida, Court of Federal Claims No: 13-0214V.
9. Nancy and Sandro Giannetta on behalf of A.M.G., Sarasota, Florida, Court of Federal Claims No: 13-0215V.
10. Kimberly Pedersen, West Allis, Wisconsin, Court of Federal Claims No: 13-0216V.
11. Charles and Jeannie Maikish on behalf of S.M., Nyack, New York,Court of Federal Claims No: 13-0217V.
12. Ina Scanlon, Muncie, Indiana, Court of Federal Claims No: 13-0219V.
13. David Stachlewitz on behalf of H.G.S., Glendale, Arizona, Court of Federal Claims No: 13-0220V.
14. Mary E. Thompson, Brookport, Illinois, Court of Federal Claims No: 13-0222V.
15. Matthew Gorski, Wynnewood, Pennsylvania, Court of Federal Claims No: 13-0224V.
16. Woodrow Coffey, Jr., Irvine, California, Court of Federal Claims No: 13-0225V.
17. Stephen Warren on behalf of Taylor Warren, Deceased, New York, New York, Court of Federal Claims No: 13-0226V.
18. Robert Wiggins, Nashville, North Carolina, Court of Federal Claims No: 13-0228V.
19. Peggy Kalmeyer, Depew, New York, Court of Federal Claims No: 13-0230V.
20. Rosemary and Wayne Trezza on behalf of P.T., West Orange, New Jersey, Court of Federal Claims No: 13-0231V.
21. Jane Tomassetti, Woodbury, Minnesota, Court of Federal Claims No: 13-0234V.
22. Everett Johnson, Sr., Ashland, Kentucky, Court of Federal Claims No: 13-0235V.
23. Edwin W. Fockler, Sarasota, Florida, Court of Federal Claims No: 13-0237V.
24. James Cox, Las Cruces, New Mexico, Court of Federal Claims No: 13-0238V.
25. Chanel and Paul A. Monroe on behalf of Angelina Monroe, Las Vegas, Nevada, Court of Federal Claims No: 13-0239V.
26. Noteel Koss, Houston, Texas, Court of Federal Claims No: 13-0240V.
27. Tamika M. Kratzer on behalf of Ian M. Kratzer, Sacramento, California, Court of Federal Claims No: 13-0243V.
28. Rosalie Peck, Boston, Massachusetts, Court of Federal Claims No: 13-0249V. 29. Shannon Keller, Sacramento, California, Court of Federal Claims No: 13-0250V.
30. Edwina Bradshaw, North Myrtle Beach, North Carolina, Court of Federal Claims No: 13-0252V.

31. William and Brenda Lehann Rodriguez on behalf of C.R., Clayton, Georgia, Court of Federal Claims No: 13-0253V.
32. Corrine K. Ibana, Kamuela, Hawaii, Court of Federal Claims No: 13-0257V.
33. Lorel Cubano, San Juan, Puerto Rico, Court of Federal Claims No: 13-0259V.
34. Brittany and Davey Lambert on behalf of Noah Lambert, Memphis, Tennessee, Court of Federal Claims No: 13-0265V.
35. Scott and Caroline VanScoy on behalf of Alyssa VanScoy, Simi Valley, California, Court of Federal Claims No: 13-0266V.
36. Jane Sprecher, Reading, Pennsylvania, Court of Federal Claims No: 13-0271V.
37. Georgia Murdock, Silver Spring, Maryland, Court of Federal Claims No: 13-0273V.
38. Willie Andre Simmons, Augusta, Georgia, Court of Federal Claims No: 13-0274V.
39. Jung Park, M.D., New York, New York, Court of Federal Claims No: 13-0275V.
40. Allison and Steven Council on behalf of Adam Council, Plainfield, Illinois, Court of Federal Claims No: 13-0276V.
41. Maryann Giordano, Lindenhurst, New York, Court of Federal Claims No: 13-0277V.
42. Laura A. Jones, Greensboro, North Carolina, Court of Federal Claims No: 13-0279V.
43. David D. Griffin, Afghanistan, Court of Federal Claims No: 13-0280V.
44. James Demoski, Endicott, New York, Court of Federal Claims No: 13-0286V.
45. Christina N. Steinat, Seattle, Washington, Court of Federal Claims No: 13-0287V.
46. Jessica L. Stone, Baraboo, Wisconsin, Court of Federal Claims No: 13-0289V.
47. Holly Rhew, Wichita, Kansas, Court of Federal Claims No: 13-0293V.
48. Janet DeYear, Dallas, Texas, Court of Federal Claims No: 13-0299V.
49. Cynthia Adkins, Sarasota, Florida, Court of Federal Claims No: 13-0295V.
50. Saurabh V. and Archana Amin on behalf of Sheaa Amin, Linwood, New Jersey, Court of Federal Claims No: 13-0300V.
51. Juliet and Mohamed Edoo on behalf of Justin Edoo, Miami, Florida, Court of Federal Claims No: 13-0302V.
52. James Boyer, Boston, Massachusetts, Court of Federal Claims No: 13-0303V.

*these are from March 13, 2013 – April 30, 2013. 48 days. what is the true number that these 52 petitions represent? how many don't file claims? think about it..its scary. I wish we could see more about these petitions..more about the injury caused.It is impossible for a parent to make a solid risk/benefit analysis when it comes to vaccinations.. I don't care what anyone may say.. vaccine injury is downplayed and pushed aside, disease rates and risks are over exaggerated and blasted throughout the media via mass scare campaigns (remember those 8 measly cases of the measles in Wales during the month of march 2013?) ..and natural and safe preventative measures and treatments are suppressed. How are we supposed to make an informed medical decision when it comes to our children being injected with almost 50 doses of 16 vaccines before the age of 6?

https://www.federalregister.gov/articles/2013/05/24/2013-12347/national-vaccine-injury-compensation-program-list-of-petitions-received?utm_content=next&utm_medium=PrevNext&utm_source=Article

"In 1990, infants received a total of 15 vaccine doses prior to their first year of life: 3 DPT injections (9 vaccine doses), 3 polio, and 3 Hib vaccines—5 vaccine doses at 2, 4, and 6 months of age. By 2007, the CDC recommended 26 vaccine doses for infants: 3 DTaP, 3 polio, 3 Hib, 3 hepatitis B, 3 pneumococcal, 3 rotavirus, and 2 influenza vaccines. While each childhood vaccine has individually undergone clinical trials to assess safety, studies have not been conducted to determine the safety (or efficacy) of combining vaccines during a single physician visit as recommended by CDC guidelines. For example, 2-, 4-, and 6-month-old infants are expected to receive vaccines for polio, hepatitis B, diphtheria, tetanus, pertussis, rotavirus, Haemophilus

influenzae type B, and pneumococcal, all during a single well-baby visit—even though this combination of 8 vaccine doses was never tested in clinical trials.

An article written by Guess, representing a vaccine manufacturer, claimed that it is "impractical to conduct preapproval studies of all combinations [of vaccines] in clinical practice."1 However, a recent study by Miller and Goldman found that among the developed nations, infant mortality increased with an increase in the number of vaccine doses.2 Similar associations have also been found with respect to other serious adverse outcomes. Delong reported that the higher the proportion of children receiving recommended vaccinations, the higher the prevalence of autism or speech and language impairment.3 A CDC report on mixed exposures to chemical substances and other stressors, including prescribed pharmaceuticals, found that they may produce "increased or unexpected deleterious health effects." In addition, "exposures to mixed stressors can produce health consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures."4 Administering six, seven, or eight vaccine doses to an infant during a single physician visit may certainly be more convenient for parents—rather than making additional trips to the doctor's office—but evidence of a positive association between infant adverse reactions and the number of vaccine doses administered confirms that vaccine safety must remain the highest priority"

http://het.sagepub.com/content/31/10/1012.full

"Maternal transfer of mercury to the developing embryo/fetus: is there a safe level?"
"This study focused on standardized embryonic and fetal Hg exposures via primary exposure to the pregnant mother of two common Hg sources (dietary fish and parenteral vaccines). Data demonstrated that Hg exposures, particularly during the first trimester of pregnancy, at well-established dose/weight ratios produced severe damage to humans including death. . In light of research suggestive of a mercuric risk factor for childhood conditions such as tic disorders, cerebral palsy, and autism, it is essential that Hg advisories account for secondary prenatal human exposures."

http://www.tandfonline.com/doi/full/10.1080/02772248.2012.724574

Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure
"Autism is a condition characterized by impaired cognitive and social skills, associated with compromised immune function. The incidence is alarmingly on the rise, and environmental factors are increasingly suspected to play a role. This paper investigates word frequency patterns in the U.S. CDC Vaccine Adverse Events Reporting System (VAERS) database. Our results provide strong evidence supporting a link between autism and the aluminum in vaccines. A literature review showing toxicity of aluminum in human physiology offers further support. Mentions of autism in VAERS increased steadily at the end of the last century, during a period when mercury was being phased out, while aluminum adjuvant burden was being increased. Using standard log-likelihood ratio techniques, we identify several signs and symptoms that are significantly more prevalent in vaccine reports after 2000, including cellulitis, seizure, depression, fatigue, pain and death, which are also significantly associated with aluminum-containing vaccines. We propose that children with the autism diagnosis are especially vulnerable to toxic metals such as aluminum and mercury due to insufficient serum sulfate and glutathione. A strong correlation between autism and the MMR (Measles, Mumps, Rubella) vaccine is also observed, which may be partially explained via an increased sensitivity to acetaminophen administered to control fever."

http://www.mdpi.com/1099-4300/14/11/2227

full text: http://groups.csail.mit.edu/sls/publications/2012/entropy-14-02227.pdf

Acetaminophen use after measles-mumps-rubella vaccination was SIGNIFICANTLY associated with autistic disorder when considering children 5 years of age or less, after limiting cases to children with regression in development and when considering only children who had post-vaccination sequelae adjusting for age, gender, mother's ethnicity, and the presence of illness concurrent with measles-mumps-rubella vaccination. Ibuprofen use after measles-mumps-rubella vaccination was not associated with autistic disorder. This preliminary study found that acetaminophen use after measles-mumps-rubella vaccination was associated with autistic disorder.

http://www.ncbi.nlm.nih.gov/pubmed/18445737

A 1% increase in vaccination was associated with an additional 680 children having AUT or SLI. Neither parental behavior nor access to care affected the results, since vaccination proportions were not significantly related (statistically) to any other disability or to the number of pediatricians in a U.S. state. The results suggest that although mercury has been removed from many vaccines, other culprits may link vaccines to autism. Further study into the relationship between vaccines and autism is warranted"

http://www.ncbi.nlm.nih.gov/pubmed/21623535

"Furthermore, while India has been polio-free for a year, there has been a huge increase in non-polio acute flaccid paralysis (NPAFP). In 2011, there were an extra 47,500 new cases of NPAFP. Clinically indistinguishable from polio paralysis but twice as deadly, the incidence of NPAFP was directly proportional to doses of oral polio received. Though this data was collected within the polio surveillance system, it was not investigated."

http://www.ncbi.nlm.nih.gov/pubmed/22591873

Detection of fecal shedding of rotavirus vaccine in infants following their first dose of pentavalent rotavirus vaccine. (and how they blame everything on kids that are not vaccinated is beyond me! These vaccines are helping to keep diseases in circulation..)
Studies on rotavirus vaccine shedding and its potential transmission within households including immunocompromised individuals are needed to better define the potential risks and benefits of vaccination. We examined fecal shedding of pentavalent rotavirus vaccine (RV5) for 9 days following the first dose of vaccine in infants between 6 and 12 weeks of age. Rotavirus antigen was detected by enzyme immunoassay (EIA), and vaccine-type rotavirus was identified by nucleotide sequencing based on genetic relatedness to the RV5 VP6 gene. Stool from 22 (21.4%) of 103 children contained rotavirus antigen-positive specimens on ≥ 1 post-vaccination days. Rotavirus antigen was detected as early as post-vaccination day 3 and as late as day 9, with peak numbers of shedding on post-vaccination days 6 through 8. Vaccine-type rotavirus was detected in all 50 antigen-positive specimens and 8 of 8 antigen-negative specimens. Nine (75%) of 12 EIA-positive and 1 EIA-negative samples tested culture-positive for vaccine-type rotavirus. Fecal shedding of rotavirus vaccine virus after the first dose of RV5 occurred over a wide range of post-vaccination days not previously studied. These findings will help better define the potential for horizontal transmission of vaccine virus among immunocompromised household contacts of vaccinated infants for future studies

http://www.ncbi.nlm.nih.gov/pubmed/21477676

“Effectiveness of trivalent inactivated influenza vaccine in influenza-related hospitalization in children: a case-control study.”
“Using the Cochran-Mantel-Haenszel test for asthma status stratification, there was a significant association between hospitalization in asthmatic subjects and TIV (p = 0.001). TIV did not provide any protection against hospitalization in pediatric subjects, especially children with asthma. On the contrary, we found a threefold increased risk of hospitalization in subjects who did get the TIV vaccine. This may be a reflection not only of vaccine effectiveness but also the population of children who are more likely to get the vaccine.”

http://www.ncbi.nlm.nih.gov/pubmed/22525386

The odds of having a history of asthma was twice as great among vaccinated subjects than among unvaccinated subjects (adjusted odds ratio, 2.00; 95% confidence interval, 0.59 to 6.74). The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects (adjusted odds ratio, 1.63; 95% confidence interval, 1.05 to 2.54). The associations between vaccination and subsequent allergies and symptoms were greatest among children aged 5 through 10 years.

DTP or tetanus vaccination appears to increase the risk of allergies and related respiratory symptoms in children and adolescents. Although it is unlikely that these results are entirely because of any sources of bias, the small number of unvaccinated subjects and the study design limit our ability to make firm causal inferences about the true magnitude of effect.

http://www.ncbi.nlm.nih.gov/pubmed/10714532

Four to 12 days post 12 month vaccination, children had a 1.33 (1.29–1.38) increased relative incidence of the combined endpoint compared to the control period, or at least one event during the risk interval for every 168 children vaccinated. Ten to 12 days post 18 month vaccination, the relative incidence was 1.25 (95%, 1.17–1.33) which represented at least one excess event for every 730 children vaccinated. The primary reason for increased events was statistically significant elevations in emergency room visits following all vaccinations. There were non-significant increases in hospital admissions. There were an additional 20 febrile seizures for every 100,000 vaccinated at 12 months.

Conclusions
There are significantly elevated risks of primarily emergency room visits approximately one to two weeks following 12 and 18 month vaccination. Future studies should examine whether these events could be predicted or prevented

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3236196/

“Administration of thimerosal to infant rats increases overflow of glutamate and aspartate in the prefrontal cortex: protective role of dehydroepiandrosterone sulfate. “
In summary, the present study documents that exposure of infant rats to THIM perturbs the balance between excitatory and inhibitory amino acids in the brain, shifting it toward excessive neuroexcitation. Despite of intrinsic limitations, present findings have important clinical implications, as they provide a plausible mechanism, whereby THIM exerts neurotoxic effects in the brain. It is likely that this mercurial—still present in pediatric vaccines in many countries—causes a similar disturbance of excitatory and inhibitory neurotransmitters in the brains of human infants, leading to neurotoxicity, encephalopaties, and in consequence to neurodevelopmental disorders, including autism..*On the whole, the current study provides further empirical evidence

that exposure to THIM leads to neurotoxic changes in the developing brain, arguing for urgent and permanent removal of this preservative from all vaccines for children (and adults) since effective, less toxic and less costly alternatives are available. The stubborn insistence of some vaccine manufacturers and health agencies on continuation of use of this proven neurotoxin in vaccines is testimony of their disregard for both the health of young generations and for the environment.*Ahttp://www.ncbi.nlm.nih.gov/pubmed/22015977

“Thus vaccination DOES NOT account for the impressive declines in mortality seen in the first half of the century”

http://pediatrics.aappublications.org/content/106/6/1307.abstract

Thimerosal, an organomercurial added as a preservative to some vaccines, is a suspected iatrogenic factor, possibly contributing to paediatric neurodevelopmental disorders including autism. We examined the effects of early postnatal administration of thimerosal (four i.m. injections, 12 or 240 μg THIM-Hg/kg, on postnatal days 7, 9, 11 and 15) on brain pathology in Wistar rats. Numerous neuropathological changes were observed in young adult rats which were treated postnatally with thimerosal. They included: ischaemic degeneration of neurons and “dark” neurons in the prefrontal and temporal cortex, the hippocampus and the cerebellum, pathological changes of the blood vessels in the temporal cortex, diminished synaptophysin reaction in the hippocampus, atrophy of astroglia in the hippocampus and cerebellum, and positive caspase-3 reaction in Bergmann astroglia. These findings document neurotoxic effects of thimerosal, at doses equivalent to those used in infant vaccines or higher, in developing rat brain, suggesting likely involvement of this mercurial in neurodevelopmental disorders.

http://www.ncbi.nlm.nih.gov/pubmed/21225508

And it’s the unvaccinated that are spreading pertussis?
“Despite widespread vaccination, whooping cough incidence is on the rise worldwide, making it the only vaccine-preventable disease associated with increasing deaths in the United States. Although this disease is most often attributed to Bordetella pertussis infection, it is also caused by the closely related pathogen, B. parapertussis. However, B. pertussis has remained the center of attention, whereas B. parapertussis has been greatly overlooked in the development of whooping cough vaccines.

Vaccination led to a 40-fold enhancement of B. parapertussis colonization in the lungs of mice.. these data suggest that the vaccine may be contributing to the observed rise in whooping cough incidence over the last decade by promoting B. parapertussis infection.”

http://www.cidd.psu.edu/research/synopses/acellular-vaccine-enhancement-b.-parapertussis

Despite widespread childhood vaccination against Bordetella pertussis, disease remains prevalent. It has been suggested that acellular vaccine may be less effective than previously believed. During a large outbreak, we examined the incidence of pertussis and effectiveness of vaccination in a well-vaccinated, well-defined community.. Our data suggests that the current schedule of acellular pertussis vaccine doses is insufficient to prevent outbreaks of pertussis.

http://cid.oxfordjournals.org/content/early/2012/03/13/cid.cis287.short

In the last 3 decades, there has been an unexplained increase in the prevalence of asthma and hay fever.

OBJECTIVE:
We sought to determine whether there is an association between childhood vaccination and atopic diseases, and we assessed the self-reported prevalence of atopic diseases in a population that included a large number of families not vaccinating their children.

RESULTS:
The data included 515 never vaccinated, 423 partially vaccinated, and 239 completely vaccinated children. 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 refusal was also significantly (P < .005) and negatively associated with self-reported eczema and current wheeze. A sensitivity analysis indicated that substantial biases would be required to overturn the observed associations. CONCLUSION: Parents who refuse vaccinations reported less asthma and allergies in their unvaccinated children. Although this relationship was independent of measured confounders, it could be due to differences in other unmeasured lifestyle factors or systematic bias. Further research is needed to verify these results and investigate which exposures are driving the associations between vaccination refusal and allergic disease. http://www.ncbi.nlm.nih.gov/pubmed/15805992

“Unvaccinated children tended to be white, to have a mother who was married and had a college degree, to live in a household with an annual income exceeding $75,000 dollars, and to have parents who expressed concerns regarding the safety of vaccines and indicated that medical doctors have little influence over vaccination decisions for their children.”

http://www.ncbi.nlm.nih.gov/pubmed/15231927

Although persons often use vaccination and immunization interchangeably in reference to active immunization, the terms are not synonomous because the administration of an immunobiologic cannot be automatically equated with the development of adequate immunity.

http://wonder.cdc.gov/wonder/prevguid/p0000348/p0000348.asp#head002000000000000

“Virus-induced autoimmunity may play a causal role in autism. To examine the etiologic link of viruses in this brain disorder, we conducted a serologic study of measles virus, mumps virus, and rubella virus. Viral antibodies were measured by enzyme-linked immunosorbent assay in the serum of autistic children, normal children, and siblings of autistic children. The level of measles antibody, but not mumps or rubella antibodies, was significantly higher in autistic children as compared with normal children (P = 0.003) or siblings of autistic children (P <or= 0.0001). Furthermore, immunoblotting of measles vaccine virus revealed that the antibody was directed against a protein of approximately 74 kd molecular weight. The antibody to this antigen was found in 83% of autistic children but not in normal children or siblings of autistic children. Thus autistic children have a hyperimmune response to measles virus, which in the absence of a wild type of measles infection might be a sign of an abnormal immune reaction to the vaccine strain or virus reactivation.
http://www.ncbi.nlm.nih.gov/pubmed/12849883

We do not vaccinate against yellow fever in the US but this still is of importance because it shows that things like this can and HAVE happened.
“However, in 2001, the vaccine was found to cause a serious, frequently fatal, multisystemic illness, called yellow fever vaccine–associated viscerotropic disease (YEL-AVD), which resembles the illness it was designed to prevent (1–3). “

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3310656/

Effectiveness of Influenza Vaccine in the Community-Dwelling Elderly
"Most high-risk medical conditions that were measured were more prevalent among vaccinated than among unvaccinated persons."

http://jama.jamanetwork.com/article.aspx?articleid=189023

" The aim of this study was to compare the number of inactivated-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.. 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."

http://het.sagepub.com/content/early/2012/09/12/0960327112455067.abstract

Hepatitis B vaccine might be followed by various rheumatic conditions and might trigger the onset of underlying inflammatory or autoimmune rheumatic diseases.. Further epidemiological studies are needed to establish whether hepatitis B vaccination is associated or not with an incidence of rheumatic disorders higher than normal. A few cases of onset or reactivation of SLE after vaccination against hepatitis B have been described. The onset of symptoms occurred within 5 days–1 month after the immunization. Two patients had a lupus nephritis (associated in one with fever and arthralgia), one patient had pericarditis, one had thrombocytopenic purpura.. We observed four patients with myalgia and polyarthralgia, and, in three of them, fatigue following hepatitis B vaccination. These manifestations can be connected to the chronic fatigue syndrome. A few years ago, an independent working group agreed that there was no evidence of a cause–effect relationship between hepatitis B vaccine and chronic fatigue syndrome [37]. However, the number of patients followed up may have been too small to detect a slight increase in the relative risk.
Various other conditions following hepatitis B vaccination have been described. They include erythema nodosum and polyarthritis [21], erythema nodosum with arthralgia and Takayasu's arteritis [38], vasculitis [39–41], polyarthritis associated with hypercalcaemia and lytic bone lesions [29].

http://rheumatology.oxfordjournals.org/content/38/10/978.long

"Autoimmunity to the central nervous system (CNS), especially to myelin basic protein (MBP), may play a causal role in autism, a neurodevelopmental disorder. Because many autistic children harbor elevated levels of measles antibodies, we conducted a serological study of measles-mumps-rubella (MMR) and MBP autoantibodies. Using serum samples of 125 autistic children and 92 control children, antibodies were assayed by ELISA or immunoblotting methods. ELISA analysis showed a significant increase in the level of MMR antibodies in autistic children. Immunoblotting analysis revealed the presence of an unusual MMR antibody in 75 of 125 (60%) autistic sera but not in control sera. This antibody specifically detected a protein of 73-75 kD of MMR. This protein band, as analyzed with monoclonal anti bodies, was immunopositive for measles hemagglutinin (HA) protein but not for measles nucleoprotein and rubella or mumps viral proteins. Thus the MMR antibody in autistic sera detected measles HA protein, which is unique to the measles subunit of the vaccine. Furthermore, over 90% of MMR antibody-positive autistic sera were also positive for

MBP autoantibodies, suggesting a strong association between MMR and CNS autoimmunity in autism. Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism."

http://www.ncbi.nlm.nih.gov/pubmed/12145534

http://vran.org/wp-content/documents/VRAN-Abnormal%20Measles-Mumps-Rubella-Antibodies-CNS-Autoimmunity-Children-Autism-Singh-Lin-Newell-Nelson.pdf

"Autoimmune hazards of hepatitis B vaccine"
"According to Hippocratic tradition, the safety level of a preventive medicine must be very high, as it is aimed at protecting people against diseases that they may not contract. This paper points out that information on the safety of hepatitis B vaccine (HBV) is biased as compared to classical requirements of evidence-based medicine (EBM), as exemplified by a documented selectivity in the presentation or even publication of available clinical or epidemiological data. Then, a review is made of data suggesting that HBV is remarkable by the frequency, the severity and the variety of its complications, some of them probably related to a mechanism of molecular mimicry leading to demyelinating diseases, and the others reproducing the spectrum of non-hepatic manifestations of natural hepatitis B. To be explained, this unusual spectrum of toxicity requires additional investigations based upon complete release of available data.
-More research is necessary and there is a need that the scientific community exerts pressure on health authorities to obtain that all existing data become available for peer-reviewed debate.
-There is an impressive convergence of data given credibility to a potential of this vaccine to induce severe and irreversible central demyelinating disorders.
-A number of clinical or epidemiological data on the safety hepatitis B vaccine (HBV) have not been published and do not seem to be.
-Modern vaccine research and development does not comply with basic requirements of evidence based medicine (EBM)."

http://www.ncbi.nlm.nih.gov/pubmed/15722255

FULL TEXT http://sanevax.org/wp-content/uploads/2011/02/autoimmune-hazards-hepB-vaccine1.pdf

"We find that ethylmercury not only inhibits mitochondrial respiration leading to a drop in the steady state membrane potential, but also concurrent with these phenomena increases the formation of superoxide, hydrogen peroxide, and Fenton/Haber-Weiss generated hydroxyl radical. These oxidants increase the levels of cellular aldehyde/ketones. Additionally, we find a five-fold increase in the levels of oxidant damaged mitochondrial DNA bases and increases in the levels of mtDNA nicks and blunt-ended breaks.. These mitochondria appear to have undergone a permeability transition, an observation supported by the five-fold increase in Caspase-3 activity observed after Thimerosal treatment."
*the next time someone says that ethylmercury is ok for children ask them to read this article.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395253/

The main route of Al excretion is the urine; therefore, subjects with kidney malfunction or immature kidney, such as nephropathy patients or neonates, might experience toxic accumulation of Al in the body [12]. Infant formula is the primary food source for bottle-fed neonates. The study of Yuan et al reviewed several other studies and reported that most commercial infant formulas contained higher Al (6.5 μM to 87 μM) than human breast milk (0.2 μM to 1.7 μM) [12]. Infants

display rapid growth and their brain-blood-barrier, detoxification system (liver), and excretory system (kidney) are not well-developed [13,14]. Aluminum can cross the blood-brain barrier and accumulate in glial and neural cells [15]. Thus, high intake of Al-containing formula might cause accumulation of Al in the neonatal brain, interfering with appropriate development.
In previous studies, exposure to excess dietary Al during gestation and lactation periods had no toxic effects on the mother, but resulted in persistent neurobehavioral deficits in the pups, such as defects in the sensory motor reflexes, locomotor activity, learning capability, and cognitive behavior [16,17]. These behavioral studies, therefore, suggested that Al exposure might cause developmental changes in neonatal brain. Until recently, a marker with which to effectively detect neonatal brain development was lacking. The group's previous study with Al treatment in neonatal rat hippocampal neurons at concentrations of 37 μM and 74 μM for 14 days significantly reduced NMDAR (N-methyl-D-aspartate receptor) expression which was used as a marker of brain development. This suggested that Al exposure might influence the development of hippocampal neurons in neonatal rats.

http://www.jbiomedsci.com/content/19/1/51

The future of measles in highly immunized population. A modeling approach
However, despite short-term success in eliminating the disease, long-range projections demonstrate that the proportion of susceptibles in the year 2050 may be greater than in the prevaccine era. Present vaccine technology and public health policy must be altered to deal with this eventuality.

http://www.ncbi.nlm.nih.gov/pubmed/6741921

Summary
In conclusion, by apparently prioritizing vaccination policy over vaccine safety, the JCVI, the DH and the Committee on Safety of Medicines (CSM) may have shown a disregard for the safety of children. Through selective data reporting, the JCVI in conjunction with the DH, has promulgated information relating to vaccine safety that may be inaccurate and potentially misleading, thereby making it impossible for the parents to make a fully informed consent regarding vaccination. Furthermore, by 1) apparently misleading patients about the true risks of adverse reactions as to gain their consent for the administration of the treatment and 2) seemingly siding with vaccine manufacturers rather than public health interests, the JCVI and the CSM appear to have signally failed their fiduciary duty to protect individuals from vaccines of questionable safety. If these provisional conclusions are indeed correct, then the information presented here may help us in understanding the UK government's and the JCVI's official position on vaccine damage, that is, one of persistent denial.

http://www.ecomed.org.uk/wp-content/uploads/2011/09/3-tomljenovic.pdf

"One way forward that appears to be favoured by most in the medical establishment is to continue to add more and more vaccines indiscriminately to the immunisation schedule in ever larger combinations. Just to question this policy is to be accused of putting childrenâ€™s lives at risk and of being "anti-vaccine". I have been called "anti-vaccine" even though I actually run a children's immunisation clinic!
The government can't bear any suggestion of lack of safety of vaccines. They will not even discuss it. I think they have a policy of suppression of any discussion on safety. This was said by a leading vaccine expert with the Cochrane Collaboration, a widely respected international not-for-profit and independent organisation, dedicated to making up-to-date and accurate information about the effects of health care readily available worldwide.
I would advocate another way forward: a more cautious approach incorporating honesty about the

true benefits and risks of vaccination to enable parents to make a genuinely informed choice. I would like to see an environment in which parents are able to have a rational discussion without bullying, patronising, condescension and being accused of putting their child at risk."

"Vaccine, Atopy and Allergy: Problems and Solutions"
http://www.ecomed.org.uk/wp-content/uploads/2011/09/2-halvorsen.pdf
Prior to the introduction of vaccines, children who were absent at a village examination had the same mortality as children who were present. During 1984-1987, children receiving DTP at 2-8 months of age had higher mortality over the next 6 months, the mortality rate ratio (MR) being 1.92 (95% CI: 1.04, 3.52) compared with DTP-unvaccinated children, adjusting for age, sex, season, period, BCG, and region. The MR 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. BCG was associated with slightly lower mortality (MR = 0.63, 95% CI: 0.30, 1.33), the MR for DTP and BCG being significantly inversed. Following subsequent visits and further vaccinations with DTP and measles vaccine, there was no difference in vaccination coverage and subsequent mortality between the DTP-vaccinated group and the initially DTP-unvaccinated group (MR = 1.06, 95% CI: 0.78, 1.44).

CONCLUSIONS:
In low-income countries with high mortality, DTP as the last vaccine received may be associated with slightly increased mortality. Since the pattern was inversed for BCG, the effect is unlikely to be due to higher-risk children having received vaccination. The role of DTP in high mortality areas needs to be clarified.
http://www.ncbi.nlm.nih.gov/pubmed/15082643

Aluminium is the most widely distributed metal in the environment and is extensively used in daily life that provides easy exposure to human beings. The exposure to this toxic metal occurs through air, food and water. However, there is no known physiological role for aluminium within the body and hence this metal may produce adverse physiological effects. Chronic exposure of animals to aluminium is associated with behavioural, neuropathological and neurochemical changes. Among them, deficits of learning and behavioural functions are most evident. Some epidemiological studies have shown poor performance in cognitive tests and a higher abundance of neurological symptoms for workers occupationally exposed to aluminium.
http://www.ncbi.nlm.nih.gov/pubmed/19568732

High blood mercury level was associated with ADHD. Whether the relationship is causal requires further studies.
http://www.ncbi.nlm.nih.gov/pubmed/?term=17177150
Attention-deficit hyperactivity disorder and blood mercury level: a case-control study in Chinese children.
CONCLUSION: High blood mercury level was associated with ADHD. Whether the relationship is causal requires further studies.

Conflicts of interest ? Wow..this is from a study that concluded that boys need the HPV vaccine..a vaccine for cervical cancer. You can find this info at the bottom of the article.
"Supported by Merck and by grants (M01-RR-00079 and UL1 RR024131, to Dr. Palefsky) from the National Center for Research Resources and by a grant (RO1 CA098803, to Dr. Giuliano) from the National Institutes of Health.

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from Merck; Dr. Moi reports that his institution has received funding from Merck; Dr. Penny reports having stock or stock options in AstraZeneca; Dr. Palefsky reports receiving consulting fees from GlaxoSmithKline; Drs. Giuliano, Palefsky, Goldstone, Moreira, Moi, and Chang report receiving travel reimbursement from Merck; Dr. Bryan reports having an approved, filed, or pending patent related to subject matter discussed in this article; and Dr. Bryan, Dr. Marshall, Dr. Vuocolo, Dr. Barr, Dr. Haupt, Mr. Radley, and Dr. Guris are employees of Merck and own Merck stock or stock options."

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3495065/

http://www.meerwetenoverfreek.nl/images/stories/Tomljenovic_Shaw-CMC-published.pdf

Abstract: Aluminum is an experimentally demonstrated neurotoxin and the most commonly used vaccine adjuvant. Despite almost 90 years of widespread use of aluminum adjuvants, medical science's understanding about their mechanisms of action is still remarkably poor. There is also a concerning scarcity of data on toxicology and pharmacokinetics of these compounds. In spite of this, the notion that aluminum in vaccines is safe appears to be widely accepted. Experimental research, however, clearly shows that aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences. In our opinion, the possibility that vaccine benefits may have been overrated and the risk of potential adverse effects underestimated, has not been rigorously evaluated in the medical and scientific community. We hope that the present paper will provide a framework for a much needed and long overdue assessment of this highly contentious medical issue.
High reprint orders in medical journals and pharmaceutical industry funding: case-control study

http://www.bmj.com/content/344/bmj.e4212

Conflicts of interest ? Wow..this is from a study that concluded that boys need the HPV vaccine..a vaccine for cervical cancer. You can find this info at the bottom of the article.
about the author: " RS was an editor for the BMJ for 25 years. For the last 13 of those years, he was the editor and chief executive of the BMJ Publishing Group, responsible for the profits of not only the BMJ but of the whole group, which published some 25 other journals. He stepped down in July 2004. He is now a member of the board of the Public Library of Science, a position for which he is not paid."

"Journals have devolved into information laundering operations for the pharmaceutical industry", wrote Richard Horton, editor of the Lancet, in March 2004 [1]. In the same year, Marcia Angell, former editor of the New England Journal of Medicine, lambasted the industry for becoming "primarily a marketing machine" and co-opting "every institution that might stand in its way" [2]. Medical journals were conspicuously absent from her list of co-opted institutions, but she and Horton are not the only editors who have become increasingly queasy about the power and influence of the industry. Jerry Kassirer, another former editor of the New England Journal of Medicine, argues that the industry has deflected the moral compasses of many physicians [3], and the editors of PLoS Medicine have declared that they will not become "part of the cycle of dependency…between journals and the pharmaceutical industry" [4]. Something is clearly up.

The Problem: Less to Do with Advertising, More to Do with Sponsored Trials
The most conspicuous example of medical journals' dependence on the pharmaceutical industry is the substantial income from advertising, but this is, I suggest, the least corrupting form of

dependence. The advertisements may often be misleading [5,6] and the profits worth millions, but the advertisements are there for all to see and criticise. Doctors may not be as uninfluenced by the advertisements as they would like to believe, but in every sphere, the public is used to discounting the claims of advertisers.

The much bigger problem lies with the original studies, particularly the clinical trials, published by journals. Far from discounting these, readers see randomised controlled trials as one of the highest forms of evidence. A large trial published in a major journal has the journal's stamp of approval (unlike the advertising), will be distributed around the world, and may well receive global media coverage, particularly if promoted simultaneously by press releases from both the journal and the expensive public-relations firm hired by the pharmaceutical company that sponsored the trial. For a drug company, a favourable trial is worth thousands of pages of advertising, which is why a company will sometimes spend upwards of a million dollars on reprints of the trial for worldwide distribution. The doctors receiving the reprints may not read them, but they will be impressed by the name of the journal from which they come. The quality of the journal will bless the quality of the drug.

Fortunately from the point of view of the companies funding these trials—but unfortunately for the credibility of the journals who publish them—these trials rarely produce results that are unfavourable to the companies' products [7,8]. Paula Rochon and others examined in 1994 all the trials funded by manufacturers of nonsteroidal anti-inflammatory drugs for arthritis that they could find [7]. They found 56 trials, and not one of the published trials presented results that were unfavourable to the company that sponsored the trial. Every trial showed the company's drug to be as good as or better than the comparison treatment.

By 2003 it was possible to do a systematic review of 30 studies comparing the outcomes of studies funded by the pharmaceutical industry with those of studies funded from other sources [8]. Some 16 of the studies looked at clinical trials or meta-analyses, and 13 had outcomes favourable to the sponsoring companies. Overall, studies funded by a company were four times more likely to have results favourable to the company than studies funded from other sources. In the case of the five studies that looked at economic evaluations, the results were favourable to the sponsoring company in every case.

The evidence is strong that companies are getting the results they want, and this is especially worrisome because between two-thirds and three-quarters of the trials published in the major journals—Annals of Internal Medicine, JAMA, Lancet, and New England Journal of Medicine—are funded by the industry [9]. For the BMJ, it's only one-third—partly, perhaps, because the journal has less influence than the others in North America, which is responsible for half of all the revenue of drug companies, and partly because the journal publishes more cluster-randomised trials (which are usually not drug trials) [9].

Why Do Pharmaceutical Companies Get the Results They Want?

Why are pharmaceutical companies getting the results they want? Why are the peer-review systems of journals not noticing what seem to be biased results? The systematic review of 2003 looked at the technical quality of the studies funded by the industry and found that it was as good—and often better—than that of studies funded by others [8]. This is not surprising as the companies have huge resources and are very familiar with conducting trials to the highest standards.

The companies seem to get the results they want not by fiddling the results, which would be far too crude and possibly detectable by peer review, but rather by asking the "right" questions—and there are many ways to do this [10]. Some of the methods for achieving favourable results are listed in

the Sidebar, but there are many ways to hugely increase the chance of producing favourable results, and there are many hired guns who will think up new ways and stay one jump ahead of peer reviewers.

Then, various publishing strategies are available to ensure maximum exposure of positive results. Companies have resorted to trying to suppress negative studies [11,12], but this is a crude strategy—and one that should rarely be necessary if the company is asking the "right" questions. A much better strategy is to publish positive results more than once, often in supplements to journals, which are highly profitable to the publishers and shown to be of dubious quality [13,14]. Companies will usually conduct multicentre trials, and there is huge scope for publishing different results from different centres at different times in different journals. It's also possible to combine the results from different centres in multiple combinations.

These strategies have been exposed in the cases of risperidone [15] and odansetron [16], but it's a huge amount of work to discover how many trials are truly independent and how many are simply the same results being published more than once. And usually it's impossible to tell from the published studies: it's necessary to go back to the authors and get data on individual patients.

Peer Review Doesn't Solve the Problem

Journal editors are becoming increasingly aware of how they are being manipulated and are fighting back [17,18], but I must confess that it took me almost a quarter of a century editing for the BMJ to wake up to what was happening. Editors work by considering the studies submitted to them. They ask the authors to send them any related studies, but editors have no other mechanism to know what other unpublished studies exist. It's hard even to know about related studies that are published, and it may be impossible to tell that studies are describing results from some of the same patients. Editors may thus be peer reviewing one piece of a gigantic and clever marketing jigsaw—and the piece they have is likely to be of high technical quality. It will probably pass peer review, a process that research has anyway shown to be an ineffective lottery prone to bias and abuse [19].

Furthermore, the editors are likely to favour randomised trials. Many journals publish few such trials and would like to publish more: they are, as I've said, a superior form of evidence. The trials are also likely to be clinically interesting. Other reasons for publishing are less worthy. Publishers know that pharmaceutical companies will often purchase thousands of dollars' worth of reprints, and the profit margin on reprints is likely to be 70%. Editors, too, know that publishing such studies is highly profitable, and editors are increasingly responsible for the budgets of their journals and for producing a profit for the owners. Many owners—including academic societies—depend on profits from their journals. An editor may thus face a frighteningly stark conflict of interest: publish a trial that will bring US$100 000 of profit or meet the end-of-year budget by firing an editor.

Journals Should Critique Trials, Not Publish Them

How might we prevent journals from being an extension of the marketing arm of pharmaceutical companies in publishing trials that favour their products? Editors can review protocols, insist on trials being registered, demand that the role of sponsors be made transparent, and decline to publish trials unless researchers control the decision to publish [17,18]. I doubt, however, that these steps will make much difference. Something more fundamental is needed.

Firstly, we need more public funding of trials, particularly of large head-to-head trials of all the treatments available for treating a condition. Secondly, journals should perhaps stop publishing trials. Instead, the protocols and results should be made available on regulated Web sites. Only such a radical step, I think, will stop journals from being beholden to companies. Instead of publishing trials, journals could concentrate on critically describing them.

Examples of Methods for Pharmaceutical Companies to Get the Results They Want from Clinical Trials
- Conduct a trial of your drug against a treatment known to be inferior.
- Trial your drugs against too low a dose of a competitor drug.
- Conduct a trial of your drug against too high a dose of a competitor drug (making your drug seem less toxic).
- Conduct trials that are too small to show differences from competitor drugs.
- Use multiple endpoints in the trial and select for publication those that give favourable results.
- Do multicentre trials and select for publication results from centres that are favourable.
- Conduct subgroup analyses and select for publication those that are favourable.

Present results that are most likely to impress—for example, reduction in relative rather than absolute risk"

http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0020138

Failure of the excretory system influences elimination of heavy metals and facilitates their accumulation and subsequent manifestation as neurotoxins: the long-term consequences of which would lead to neurodegeneration, cognitive and developmental problems. It may also influence regulation of neural hyperthermia. This article explores the issues and concludes that sensory dysfunction and systemic failure, manifested as autism, is the inevitable consequence arising from subtle DNA alteration and consequently from the overuse of vaccines.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3364648/

The article in the Journal of Immunotoxicology is entitled "Theoretical aspects of autism: Causes–A review." The author is Helen Ratajczak, surprisingly herself a former senior scientist at a pharmaceutical firm. Ratajczak did what nobody else apparently has bothered to do: she reviewed the body of published science since autism was first described in 1943. Not just one theory suggested by research such as the role of MMR shots, or the mercury preservative thimerosal; but all of them.
Ratajczak's article states, in part, that "Documented causes of autism include genetic mutations and/or deletions, viral infections, and encephalitis [brain damage] following vaccination [emphasis added]. Therefore, autism is the result of genetic defects and/or inflammation of the brain."
The article goes on to discuss many potential vaccine-related culprits, including the increasing number of vaccines given in a short period of time. "What I have published is highly concentrated on hypersensitivity, Ratajczak told us in an interview, "the body's immune system being thrown out of balance."
Ratajczak also looks at a factor that hasn't been widely discussed: human DNA contained in vaccines. That's right, human DNA. Ratajczak reports that about the same time vaccine makers took most thimerosal out of most vaccines (with the exception of flu shots which still widely contain thimerosal), they began making some vaccines using human tissue. Ratajczak says human tissue is currently used in 23 vaccines. She discusses the increase in autism incidences corresponding with the introduction of human DNA to MMR vaccine, and suggests the two could be linked. Ratajczak also says an additional increased spike in autism occurred in 1995 when chicken pox vaccine was grown in human fetal tissue.

Why could human DNA potentially cause brain damage? The way Ratajczak explained it to me: "Because it's human DNA and recipients are humans, there's homologous recombinaltion tiniker. That DNA is incorporated into the host DNA. Now it's changed, altered self and body kills it. Where is this most expressed? The neurons of the brain. Now you have body killing the brain cells

and it's an ongoing inflammation. It doesn't stop, it continues through the life of that individual." Dr. Strom said he was unaware that human DNA was contained in vaccines but told us, "It does not matter…Even if human DNA were then found in vaccines, it does not mean that they cause autism." Ratajczak agrees that nobody has proven DNA causes autism; but argues nobody has shown the opposite, and scientifically, the case is still open.
A number of independent scientists have said they've been subjected to orchestrated campaigns to discredit them when their research exposed vaccine safety issues, especially if it veered into the topic of autism. We asked Ratajczak how she came to research the controversial topic. She told us that for years while working in the pharmaceutical industry, she was restricted as to what she was allowed to publish. "I'm retired now," she told CBS News. "I can write what I want."

http://www.cbsnews.com/8301-31727_162-20049118-10391695.html

great summary:
http://danmurphydc.com/wordpress/wp-content/uploads/2011/01/AR-10-12-rata-AUTISM-VACCINE.pdf

abstract: http://informahealthcare.com/doi/abs/10.3109/1547691X.2010.545086
"Vaccines are not subject to double blind clinical trials despite the evidence of vaccine-drug interactions and perhaps also of vaccine-vaccine interactions."
"Whooping cough is becoming increasingly prevalent[168–170]. Although claimed to be 88 per cent effective among children of 7-18 months, during a nationwide epidemic of whooping cough in 1993, a group of researchers discovered that 82 per cent had completed their full complement of DPT vaccines[171]. Others have commented that the whooping cough vaccine is only to be 36% effective[109].

Many studies show that the measles vaccine isn't completely effective[172–175] and that a significant proportion of those infected in measles outbreaks (>60%) had been vaccinated. There is also a lack of consensus concerning the effectiveness of whole or acellular vaccines, each having their own side-effects and effectiveness[176] e.g. vaccine efficacy was estimated at 75.4% for an acellular 5 component vaccine, 42.4% for an acellular two component vaccine and 28% for a whole cell DTP vaccine[177]. The whole-cell vaccine was associated with different levels of side-effects including significantly higher rates of crying, cyanosis, fever, and local reactions than the other three vaccines."

"Aluminum also shares common mechanisms with mercury e.g. it interferes with cellular and metabolic processes in the nervous system. Children given the recommended vaccinations are injected with nearly 5 mg of aluminum by the time they are just 1.5 years old, almost 6 times the safe level. Furthermore the nature of the Aluminium affects the prevailing blood levels and is also increasingly implicated, through their use as vaccine adjuvants, in autism[252]."

"Where is the proof that vaccines are safe? The argument has never been that they are completely safe but that the consequences are less than having the disease. Now it is illustrated that the consequences of intensive vaccination schedules pose a greater risk than could ever have been imagined. This leads to the evolution of new viral strains, an unsurprising development when the environment to which it is exposed is being altered by new proteins, structural variants and ALTERED DNA."

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3364648/

over 600 peer reviewed citations that show a link between vaccines and autism. How is it possible that the majority of society thinks that we are crazy ..? The studies that they based this belief on were funded by companies and affliated with groups that all profit because of vaccines. The saddest part of this all is that these studies were all apart of a strategy to make people feel this way..and it worked. Slowly though, because of the voices that will not stop, people are starting to hear the truth.

warning: do not click on this link if you are on your phone and dont want to upload a 3 mb pdf
http://www.tacanow.org/wp-content/uploads/2011/09/autism-studies-april-2008.pdf

the potential conflicts from this article that, or course, shows no connection:
"Vaccines and Autism: A Tale of Shifting Hypotheses"
"Potential conflicts of interest.P.A.O.[PAO is one of the authors of this paper- Paul Offit.] is a coinventor and patent coholder of the rotavirus vaccine Rotateq and has served on a scientific advisory board to Merck."

http://cid.oxfordjournals.org/content/48/4/456.full

"Repeated immunization with antigen causes systemic autoimmunity in mice otherwise not prone to spontaneous autoimmune diseases. Overstimulation of CD4+ T cells led to the development of autoantibody-inducing CD4+ T (aiCD4+ T) cell which had undergone T cell receptor (TCR) revision and was capable of inducing autoantibodies. The aiCD4+ T cell was induced by de novo TCR revision but not by cross-reaction, and subsequently overstimulated CD8+ T cells, driving them to become antigen-specific cytotoxic T lymphocytes (CTL). These CTLs could be further matured by antigen cross-presentation, after which they caused autoimmune tissue injury akin to systemic lupus erythematosus (SLE).

Conclusions/Significance
Systemic autoimmunity appears to be the inevitable consequence of over-stimulating the host's immune 'system' by repeated immunization with antigen, to the levels that surpass system's self-organized criticality."

http://www.plosone.org/article/info:doi%2F10.1371%2Fjournal.pone.0008382

this talks about aluminum exposure from infant formula..im not sure why they never mention aluminum exposure from vaccines. newborn rats were injected with aluminum chloride..not sure why all the harm done because of this and the "cause for concern" is not ever connected to vaccines. Given the fact that a vaccine with 250mcg of aluminum is recommended for every 1 day old baby born in this country.. and then multiple loads of aluminum at 2,4,6 and 12-18 months and so on..its a surprise to me that they failed to mention vaccines.

"Aluminum overload increases oxidative stress in four functional brain areas of neonatal rats"
Aluminum overload increases oxidative stress (H_2O_2) in the hippocampus, diencephalon, cerebellum, and brain stem in neonatal rats. (In humans, oxidative stress is thought to be involved in the development of cancer, Parkinson's disease, Alzheimer's disease, atherosclerosis, heart failure, myocardial infarction, fragile X syndrome, Sickle Cell Disease,lichen planus, vitiligo, autism, and chronic fatigue syndrome) .

"The main route of Al excretion is the urine; therefore, subjects with kidney malfunction or immature kidney, such as nephropathy patients or neonates, might experience toxic accumulation of Al in the body [12]. Infant formula is the primary food source for bottle-fed neonates. The study of Yuan et al reviewed several other studies and reported that most commercial infant formulas

contained higher Al (6.5 μM to 87 μM) than human breast milk (0.2 μM to 1.7 μM) [12]. Infants display rapid growth and their brain-blood-barrier, detoxification system (liver), and excretory system (kidney) are not well-developed [13,14]. Aluminum can cross the blood-brain barrier and accumulate in glial and neural cells [15]. Thus, high intake of Al-containing formula might cause accumulation of Al in the neonatal brain, interfering with appropriate development.

In previous studies, exposure to excess dietary Al during gestation and lactation periods had no toxic effects on the mother, but resulted in persistent neurobehavioral deficits in the pups, such as defects in the sensory motor reflexes, locomotor activity, learning capability, and cognitive behavior [16,17]. These behavioral studies, therefore, suggested that Al exposure might cause developmental changes in neonatal brain. Until recently, a marker with which to effectively detect neonatal brain development was lacking. The group's previous study with Al treatment in neonatal rat hippocampal neurons at concentrations of 37 μM and 74 μM for 14 days significantly reduced NMDAR (N-methyl-D-aspartate receptor) expression which was used as a marker of brain development. This suggested that Al exposure might influence the development of hippocampal neurons in neonatal rats [12]."

http://www.jbiomedsci.com/content/19/1/51

Lasting neuropathological changes in rat brain after intermittent neonatal administration of thimerosal. "These findings document neurotoxic effects of thimerosal, at doses equivalent to those used in infant vaccines or higher, in developing rat brain, suggesting likely involvement of this mercurial in neurodevelopmental disorders"

http://www.ncbi.nlm.nih.gov/pubmed/21225508

The ACIP policy recommendation of routinely administering influenza vaccine during pregnancy is ill-advised and unsupported by current scientific literature, and it should be withdrawn. Use of thimerosal during pregnancy should be contraindicated.

Adult influenza vaccines contain an equivalent of 25 μg of mercury per dose (Table 1). An average-sized pregnant woman receiving an influenza vaccine will be exposed to organic mercury that exceeds the EPA limit by a factor of 3.5 (Table 4). The fetus could potentially receive a dose of mercury that exceeds EPAlimits by a much larger factor. Furthermore, fetal blood mercury concentrations have been shown to be as much as 4.3 times the maternal level. A larger proportion of ethyl mercury accumulates in fetal tissues relative to maternal tissues, especially in the central nervous system. The observation of a 7.8-15.7% prevalence of elevated umbilical cord mercury in the United States, at levels associated with loss of IQ, adds to the significance of additional mercury exposure from prenatal vaccination.

http://www.jpands.org/vol11no2/ayoub.pdf

Ive heard a lot of people try to discredit this study, and maybe some of the things they are saying are justified…but there is no getting around the solid conclusion of this article. less vaccines = less death

"The US childhood immunization schedule requires 26 vaccine doses for infants aged less than 1 year, the most in the world, yet 33 nations have better IMRs. [infant mortality rate] Using linear regression, the immunization schedules of these 34 nations were examined.. When nations were grouped into five different vaccine dose ranges, 98.3% of the total variance in IMR was explained by the unweighted linear regression model. These findings demonstrate a counter-intuitive

relationship: nations that require more vaccine doses tend to have higher infant mortality rates."
[a part of the study also looks at SIDS]

"Prior to contemporary vaccination programs, 'Crib death' was so infrequent that it was not mentioned in infant mortality statistics. In the United States, national immunization campaigns were initiated in the 1960s when several new vaccines were introduced and actively recommended. For the first time in history, most US infants were required to receive several doses of DPT, polio, measles, mumps, and rubella vaccines.14 Shortly thereafter, in 1969, medical certifiers presented a new medical term—sudden infant death syndrome."

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/#bibr25-0960327111407644
[this article was recently published in the journal, Lupus. The article is heavily-cited, and all factual claims are backed up by citations of studies. this study can also be found on pubmed and sage but you have to pay to see the full text.]

"Immune challenges during early development, including those vaccine-induced, can lead to permanent detrimental alterations of the brain and immune function. Experimental evidence also shows that simultaneous administration of as little as two to three immune adjuvants can overcome genetic resistance to autoimmunity. In some developed countries, by the time children are 4 to 6 years old, they will have received a total of 126 antigenic compounds along with high amounts of aluminum (Al) adjuvants through routine vaccinations. According to the US Food and Drug Administration, safety assessments for vaccines have often not included appropriate toxicity studies because vaccines have not been viewed as inherently toxic.
Taken together, these observations raise plausible concerns about the overall safety of current childhood vaccination programs…infants and children should not be viewed as ''small adults'' with regard to toxicological risk as their unique physiology makes them much more vulnerable to toxic insults; (ii) in adult humans Al vaccine adjuvants have been linked to a variety of serious autoimmune and inflammatory conditions (i.e., ''ASIA''), yet children are regularly exposed to much higher amounts of Al from vaccines than adults; (iii) it is often assumed that peripheral immune responses do not affect brain function. However, it is now clearly established that there is a bidirectional neuro-immune cross-talk that plays crucial roles in immunoregulation as well as brain function. In turn, perturbations of the neuro-immune axis have been demonstrated in many autoimmune diseases encompassed in ''ASIA'' and are thought to be driven by a hyperactive immune response; and (iv) the same components of the neuroimmune axis that play key roles in brain development and immune function are heavily targeted by Al adjuvants."

http://vaccinesafetycouncilminnesota.org/wp-content/uploads/2012/01/Mechanisms-of-aluminum-adjuvant-toxicity-and-autoimmunity-in-pediatric-populations.pdf

Just one example of the great safety measure taken by vaccine researchers (4 day follow up period!! thats it?):
"Pain at the injection site (dTpa-IPV: 63.6%; DTPa-IPV: 63.2%) and fatigue (dTpa-IPV: 26.5%; DTPa-IPV: 23.7%) were the most commonly reported solicited local and general symptoms,* during the 4-d follow-up period.* No SAEs or fatalities were reported."

http://www.landesbioscience.com/journals/vaccines/article/18650/?show_full_text=true&

"One of the challenges of evidence-based evaluation of vaccines is that some effects, e.g. rare adverse effects following immunization (AEFI) or population effects, are usually difficult or impossible to assess in pre-marketing clinical trials due to their limited size and are unknown at the time of recommendation [6] and [7]. The respective evidence arises usually through post-marketing

surveillance. Another challenge is the use of immunogenicity markers in vaccine studies. While these accepted correlates of protection are adequate for regulatory purposes, they are considered indirect evidence and are therefore of lesser quality with regard to the primary question of how effectively a vaccine can prevent the disease. Generating the evidence through randomized controlled trials (RCTs) in the post-marketing phase might be difficult for ethical reasons or logistically challenging and very expensive. Therefore, one often has to rely on epidemiological observational studies to adjust programs. According to the principles of epidemiology and the criteria of evidence-based medicine (EBM), however, observational studies have greater potential for bias and confounding compared to RCTs, and may be attributed a lower score of quality of evidence even though they could have been designed and implemented very well and lead to results that are relevant and more valid (e.g. post-licensure studies on measles vaccine safety [8]). Lower grading from observational studies could potentially lead to a lower public confidence in recommendations and immunization programs "

http://www.sciencedirect.com/science/article/pii/S0264410X1101927X
"Formaldehyde has been classified as a known human carcinogen (cancer-causing substance) by the International Agency for Research on Cancer and as a probable human carcinogen by the U.S. Environmental Protection Agency. Research studies of workers exposed to formaldehyde have suggested an association between formaldehyde exposure and several cancers, including nasopharyngeal cancer and leukemia."

http://www.cancer.gov/cancertopics/factsheet/Risk/formaldehyde
" However, since vaccine preparation involves the use of materials of biological origin, vaccines are subject to contamination by micro-organisms. In fact, vaccine contamination has occurred; a historical example of vaccine contamination, for example, can be found in the early days of development of the smallpox vaccine. The introduction of new techniques of vaccine virus production on cell cultures has lead to safer vaccines, but has not completely removed the risk of virus contamination. There are several examples of vaccine contamination, for example, contamination of human vaccines against poliomyelitis by SV40 virus from the use of monkey primary renal cells. Several veterinary vaccines have been contaminated by pestiviruses from foetal calf serum.

These incidents have lead industry to change certain practices and regulatory authorities to develop more stringent and detailed requirements. But the increasing number of target species for vaccines, the diversity of the origin of biological materials and the extremely high number of known and unknown viruses and their constant evolution represent a challenge to vaccine producers and regulatory authorities."

http://www.sciencedirect.com/science/article/pii/S1045105610000734
for a more indepth look see: http://vaccineresearchlibrary.com/weekly-scream-8/ and this may be the scariest of them all..DNA contamination..

Virus-based vaccines are made in living cells (cell substrates). Some manufacturers are investigating the use of new cell lines to make vaccines. The continual growth of cell lines ensures that there is a consistent supply of the same cells that can yield high quantities of the vaccine.
In some cases the cell lines that are used might be tumorigenic, that is, they form tumors when injected into rodents. Some of these tumor-forming cell lines may contain cancer-causing viruses that are not actively reproducing. Such viruses are hard to detect using standard methods. These latent, or "quiet," viruses pose a potential threat, since they might become active under vaccine manufacturing conditions. Therefore, to ensure the safety of vaccines, our laboratory is investigating ways to activate latent viruses in cell lines and to detect the activated viruses, as well

as other unknown viruses, using new technologies. [they are investigating it..so that means everyone getting vaccines now is in danger of the silent viruses..fun..umm..no.]

http://www.fda.gov/biologicsbloodvaccines/scienceresearch/biologicsresearchareas/ucm127327.htm ..some more about contamination..
Porcine circovirus type 1 (PCV1) is highly prevalent in swine and was recently reported in some rotavirus vaccines. Since animal-derived raw materials, such as cells, trypsin, and serum, can be a major source of introducing virus contamination in biological products, we have investigated PCV1 in several cell lines obtained from ATCC that have broad use in research, diagnostics, or vaccine development. It is expected that these cell lines have been exposed to bovine and porcine viruses during their establishment and passage history due to the use of serum and trypsin that was not qualified according to current testing guidances or processed using new virus-inactivation methods. This study showed that Vero, MRC-5, and CEFs, which represent cell substrates used in some U.S. licensed vaccines, and other cell lines used in investigational vaccines, such as MDCK, HEK-293, HeLa, and A549, were negative for PCV1 using a nested PCR assay; some were also confirmed negative by infectivity analysis. However, MDBK cells, which are used for some animal vaccines, contained PCV1 sequences, although no virus was isolated. Although the results showed that PCV infection may not have occurred under previous culture conditions, the recent cases of vaccine contamination emphasizes the need for continued efforts to reduce the likelihood of introducing viruses from animal-derived materials used in product manufacture.

http://www.ncbi.nlm.nih.gov/pubmed/21835219?dopt=Abstract
The National Cancer Institute owned patents for the HPV vaccine. Mmm…

http://vaccineresearchlibrary.com/scream-13-nci-owned-hpv-vaccine-patents/

Autism: a novel form of mercury poisoning
“Thimerosal, a preservative added to many vaccines, has become a major source of mercury in children who, within their first two years, may have received a quantity of mercury that exceeds safety guidelines. A review of medical literature and US government data suggests that: (i) many cases of idiopathic autism are induced by early mercury exposure from thimerosal; (ii) this type of autism represents an unrecognized mercurial syndrome; and (iii) genetic and non-genetic factors establish a predisposition whereby thimerosal’s adverse effects occur only in some children.”

http://www.ncbi.nlm.nih.gov/pubmed/11339848

“Aluminum hydroxide injections lead to motor deficits and motor neuron degeneration.”
“Possible causes of GWS include several of the adjuvants in the anthrax vaccine and others. The most likely culprit appears to be aluminum hydroxide. In an initial series of experiments, we examined the potential toxicity of aluminum hydroxide in male, outbred CD-1 mice injected subcutaneously in two equivalent-to-human doses. After sacrifice, spinal cord and motor cortex samples were examined by immunohistochemistry. Aluminum-treated mice showed significantly increased apoptosis of motor neurons and increases in reactive astrocytes and microglial proliferation within the spinal cord and cortex. Morin stain detected the presence of aluminum in the cytoplasm of motor neurons with some neurons also testing positive for the presence of hyper-phosphorylated tau protein, a pathological hallmark of various neurological diseases, including Alzheimer’s disease and frontotemporal dementia. A second series of experiments was conducted on mice injected with six doses of aluminum hydroxide. Behavioural analyses in these mice revealed significant impairments in a number of motor functions as well as diminished spatial memory capacity. The demonstrated neurotoxicity of aluminum hydroxide and its relative ubiquity as an adjuvant suggest that greater scrutiny by the scientific community is warranted.”

http://www.ncbi.nlm.nih.gov/pubmed/19740540

“These findings are consistent with the hypothesis that immunization with the recombinant hepatitis B vaccine is associated with an increased risk of MS, and challenge the idea that the relation between hepatitis B vaccination and risk of MS is well understood. “

http://www.neurology.org/content/63/5/838.abstract

“Hepatitis B vaccination does not generally increase the risk of CNS inflammatory demyelination in childhood. However, the Engerix B vaccine appears to increase this risk, particularly for confirmed multiple sclerosis, in the longer term.”

http://www.ncbi.nlm.nih.gov/pubmed/18843097

Influence of pediatric vaccines on amygdala growth and opioid ligand binding in rhesus macaque infants: A pilot study

“In this pilot study, infant macaques receiving the recommended pediatric vaccine regimen from the 1990’s displayed a different pattern of maturational changes in amygdala volume and differences in amygdala-binding of [11C]DPN following the MMR/DTaP/Hib vaccinations between T1 and T2 compared with non-exposed animals. There was also evidence of greater total brain volume in the exposed group prior to these vaccinations suggesting a possible effect of previous vaccinations to which these animals had been exposed. Because primate testing is an important aspect of pre-clinical vaccine safety assessment prior to approval for human use (Kennedy et al. 1997), the results of this pilot study warrant additional research into the potential impact of an interaction between the MMR and thimerosal-containing vaccines on brain structure and function.”

http://www.ane.pl/pdf/7020.pdf

“A majority of the ophthalmological complications seen following hepatitis B vaccination consist of vision loss, optic neuritis, papillary edema, uveitis, acute placoid pigment epitheliopathy and central vein occlusion. We present a 9-year-old girl who was referred to our hospital with decrease in vision and pain in the left eye a week after hepatitis B vaccination. A diagnosis of vaccine induced optic neuritis was made.”

http://www.ncbi.nlm.nih.gov/pubmed/19948437

full text here:
http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&ved=0CDwQFjAB&url=http%3A%2F%2Fwww.researchgate.net%2Fpublication%2F40041573_Optic_neuritis_following_hepatitis_B_vaccination_in_a_9-year-old_girl%2Ffile%2F79e4150bf76c1906e2.pdf&ei=7cpyUd-GN8XE0QHXwIC4Ag&usg=AFQjCNF3MZiGq3-dLgVVZUo27Urs2BYxIA&sig2=FxRKYvDGPdzJ3EUQqwdv7A (click open to view)

Acute Fulminant Myocarditis after Diphtheria, Polio, and Tetanus Vaccination
A previously healthy 8-month-old female baby, body height 67cm and body weight 8.0kg, suffered from fever (38.3°C) 12 hours after she received triple vaccination against diphtheria, polio, and tetanus. Dyspnea occurred 3 days later. She presented with poor activity, persistent dyspnea with subcostal retraction and skin mottling 5 days later. There was no prior history of adverse reactions to previous diphtheria, polio, and tetanus vaccinations, or other vaccinations.

poor ventricular contractility recurred 2 months Cardiac catheterization showed patent coronary arteries and a left ventricular ejection fraction of 14%. Endomyocardial biopsy was still not attempted due to poor general condition. The patient died while waiting for heart transplantation.

http://www.ncbi.nlm.nih.gov/pubmed/17130313

full text: http://asianannals.ctsnetjournals.org/cgi/reprint/14/6/e111.pdf

Myocarditis after triple immunisation.
"We describe a 3 month old infant who developed myocarditis several hours after diphtheria, tetanus, and pertussis vaccination. The time of occurrence of symptoms, the clinical course, and the negative virological studies suggest a possible cardiogenic adverse reaction to the vaccine.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1777748/

A case series of children with apparent mercury toxic encephalopathies manifesting with clinical symptoms of regressive autistic disorders.
Impairments in social relatedness and communication, repetitive behaviors, and stereotypic abnormal movement patterns characterize autism spectrum disorders (ASDs). It is clear that while genetic factors are important to the pathogenesis of ASDs, mercury exposure can induce immune, sensory, neurological, motor, and behavioral dysfunctions similar to traits defining or associated with ASDs. The Institutional Review Board of the Institute for Chronic Illnesses (Office for Human Research Protections, U.S. Department of Health and Human Services, IRB number IRB00005375) approved the present study. A case series of nine patients who presented to the Genetic Centers of America for a genetic/developmental evaluation are discussed. Eight of nine patients (one patient was found to have an ASD due to Rett's syndrome) (a) had regressive ASDs; (b) had elevated levels of androgens; (c) excreted significant amounts of mercury post chelation challenge; (d) had biochemical evidence of decreased function in their glutathione pathways; (e) had no known significant mercury exposure except from Thimerosal-containing vaccines/Rho(D)-immune globulin preparations; and (f) had alternate causes for their regressive ASDs ruled out. There was a significant dose-response relationship between the severity of the regressive ASDs observed and the total mercury dose children received from Thimerosal-containing vaccines/Rho (D)-immune globulin preparations. Based upon differential diagnoses, 8 of 9 patients examined were exposed to significant mercury from Thimerosal-containing biologic/vaccine preparations during their fetal/infant developmental periods, and subsequently, between 12 and 24 mo of age, these previously normally developing children suffered mercury toxic encephalopathies that manifested with clinical symptoms consistent with regressive ASDs. Evidence for mercury intoxication should be considered in the differential diagnosis as contributing to some regressive ASDs.

http://www.ncbi.nlm.nih.gov/pubmed/17454560

" Inflammation, platelet reactivity and cardiac autonomic dysfunction increase the risk of cardiovascular events, but the relationships between these prognostic markers are poorly defined. In this study, we investigated the effect of an inflammatory stimulus (influenza A vaccine) on platelet activation and cardiac autonomic function.. Together with an inflammatory reaction, influenza A vaccine induced platelet activation and sympathovagal imbalance towards adrenergic predominance. Significant correlations were found between CRP levels and HRV parameters, suggesting a pathophysiological link between inflammation and cardiac autonomic regulation. The vaccine-related platelet activation and cardiac autonomic dysfunction may transiently increase the risk of cardiovascular events."

http://www.ncbi.nlm.nih.gov/pubmed/20964738

“Narcolepsy is a chronic disorder presenting with excessive daytime sleepiness, often accompanied by a transient loss of muscle tone triggered by strong emotion (cataplexy). Diagnosis is based on clinical criteria and can be confirmed by polysomnography followed by a multiple sleep latency test.1 Estimates of prevalence generally range between 25 and 50 per 100 000, though might be less in some populations, possibly because of differences in genetic susceptibility or exposure to aetiological risk factors.2 Information on incidence is more limited. Onset can occur at any age2 but is commonest in those aged 10-19, in whom an incidence of 3.84 per 100 000 person years has been reported.3 The interval between onset and diagnosis can be long, with a median of 10.5 years in one study.4 Diagnostic delay is less in those with cataplexy and in younger patients.5 There is a strong association with human leucocyte antigen (HLA) DQB1*0602 and reported associations with environmental factors such as streptococcal infection,6 seasonal influenza,7 and more recently pandemic A/H1N1 2009 influenza.8
In August 2010 concerns were raised in Finland and Sweden about a possible association between narcolepsy and Pandemrix.13 A subsequent cohort study in Finland reported a 13-fold increased risk of narcolepsy after vaccination in children and young people aged 4-19, most of whom had onset within three months after vaccination and almost all within six months.14 To evaluate the risk of narcolepsy after vaccination in England we identified cases in those aged under 19 with onset since 1 January 2008 and compared the proportion vaccinated with that in the age matched English population after adjusting for clinical conditions that were indications for pandemic vaccination.

The increased risk of narcolepsy after vaccination with ASO3 adjuvanted pandemic A/H1N1 2009 vaccine indicates a causal association, consistent with findings from Finland.”

http://www.bmj.com/content/346/bmj.f794

Detection of Measles Virus Genomic RNA in Cerebrospinal Fluid of Children with Regressive Autism: a Report of Three Cases.
In light of encephalopathy presenting as autistic regression (autistic encephalopathy, AE) closely following measles-mumps- rubella (MMR) vaccination, three children underwent cerebrospinal fluid(CSF) assessments including studies for measles virus(MV). All three children had concomitant onset of gastrointestinal (GI) symptoms and had already had MV genomic RNA detected in biopsies ofileal lymphoid nodular hyperplasia(LNH). Presence of MV Fusion(F) gene was examined by TaqMan real- time quantitative polymerase chain reaction (RT-PCR) in cases and control CSF samples. The latter were obtained from three non- autistic MMR-vaccinated children with indwelling shunts for hydrocephalus. None of the cases or controls had a history of measles exposure other than MMR vaccination. Serum and CSF samples were also evaluated for antibodies to MV and myelin basic protein(MBP). MV F gene was present in CSF from all three cases, but not in controls. Genome copy number ranged from 3.7×10 to 2.42×10 per ng of RNA total. Serum anti-MBP autoantibodies were detected in all children with AE. Anti-MBP and MV antibodies were detected in the CSF of two cases, while the third child had neither anti-MBP nor MV antibodies detected in his CSF. Findings are consistent with both an MV (measles virus) etiology for the AE (autistic encephalopathy) and active viral replication in these children. They further indicate the possibility of a virally driven cerebral immunopathology in some cases of regressive autism.

www.jpands.org/vol9no2/bradstreet.pdf

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).

CONCLUSION: We found a negative association between delay in administration of the first dose of whole-cell DPT immunization in childhood and the development of asthma; the association was greater with delays in all of the first 3 doses. The mechanism for this phenomenon requires further research.

http://www.ncbi.nlm.nih.gov/pubmed/18207561

“Macrophagic myofasciitis and chronic fatigue syndrome are severely disabling conditions which may be caused by adverse reactions to aluminium-containing adjuvants in vaccines. While a little is known of disease aetiology both conditions are characterised by an aberrant immune response, have a number of prominent symptoms in common and are coincident in many individuals. Herein, we have described a case of vaccine-associated chronic fatigue syndrome and macrophagic myofasciitis in an individual demonstrating aluminium overload. This is the first report linking the latter with either of these two conditions and the possibility is considered that the coincident aluminium overload contributed significantly to the severity of these conditions in this individual. This case has highlighted potential dangers associated with aluminium-containing adjuvants and we have elucidated a possible mechanism whereby vaccination involving aluminium-containing adjuvants could trigger the cascade of immunological events which are associated with autoimmune conditions including chronic fatigue syndrome and macrophagic myofasciitis.

http://www.ncbi.nlm.nih.gov/pubmed/19004564

full text here:
http://www.theoneclickgroup.co.uk/documents/vaccines/Vaccine%20Aluminium%20In%20CFS.pdf

“Our case highlights the fact that pediatricians should be aware of the often-dramatic presentation of postvaccination myopericarditis and its usually benign clinical course. The diagnosis of myocarditis should be entertained when acute-onset chest pain is accompanied by ECG changes and elevated cardiac enzyme levels. In cases in which the above-described presentation is temporally related to routine immunizations, the immunizations should be considered as a possible underlying etiology. “

http://pediatrics.aappublications.org/content/119/6/e1400.full

Conclusion: Susceptibility to ASD has moderate genetic heritability and a substantial shared twin environmental component.

http://www.ncbi.nlm.nih.gov/pubmed/21727249

full text here: http://cirge.stanford.edu/Hallmayer%202011.pdf

. ASDs disproportionately affect male children. Mercury (Hg) a heavy metal, is widespread and persistent in the environment. Mercury is a ubiquitous source of danger in fish, drugs, fungicides/herbicides, dental fillings, thermometers, and many other products. Elevated Hg concentrations may remain in the brain from several years to decades following exposure. This is important because investigators have long recognized that Hg is a neurodevelopmental poison; it can cause problems in neuronal cell migration and division, and can ultimately cause cell degeneration and death. Case-reports of patients have described developmental regressions with ASD symptoms following fetal and/or early childhood Hg exposure (flu shots for pregnant women are good says the CDC?), and epidemiological studies have linked exposure to Hg with an elevated

risk of a patient being diagnosed with an ASD. Immune, sensory, neurological, motor, and behavioral dysfunctions similar to traits defining or associated with ASDs were reported following Hg (mercury) intoxication with similarities extending to neuroanatomy, neurotransmitters, and biochemistry. The sexual dimorphism of ASDs may result from synergistic neurotoxicity caused by the interaction of testosterone and Hg; in contrast, estrogen is protective, mitigating the toxicity of Hg.

http://www.ncbi.nlm.nih.gov/pubmed/16264412

"Starting in 2000, HZ (herpes zoster – or shingles) surveillance was added to the project. By 2002, notable increases in HZ incidence rates were reported among both children and adults with a prior history of natural varicella. However, CDC authorities still claimed that no increase in HZ had occurred in any US surveillance site. The basic assumptions inherent to the varicella cost-benefit analysis ignored the significance of exogenous boosting caused by those shedding wild-type VZV. Also ignored was the morbidity associated with even rare serious events following varicella vaccination as well as the morbidity from increasing cases of HZ among adults. Vaccine efficacy declined below 80% in 2001. By 2006, because 20% of vaccinees were experiencing breakthrough varicella and vaccine-induced protection was waning, the CDC recommended a booster dose for children and, in 2007, a shingles vaccination was approved for adults aged 60 years and older. In the prelicensure era, 95% of adults experienced natural chickenpox (usually as children)-these cases were usually benign and resulted in long-term immunity. Varicella vaccination is less effective than the natural immunity that existed in prevaccine communities. Universal varicella vaccination has not proven to be cost-effective as increased HZ morbidity has disproportionately offset cost savings associated with reductions in varicella disease. Universal varicella vaccination has failed to provide long-term protection from VZV disease."

**personal note : many say that the rise in shingles that we are experiencing is because children are not catching chickenpox anymore. For adults who had the chickenpox as children, coming into contact with a child that has the chickenpox acts as an immunity boost against shingles (kinda like the immune system saying, "hey I remember that..let me send out some reinforcements..") but since adults aren't getting that boost anymore..shingles is on the rise. Shingles is more dangerous than chickenpox. We have traded a mild childhood disease, that was described as a mild disease that runs its course and is completed between 5 to 10 days and, "never, of itself, proves fatal." (see here for reference: http://archive.org/stream/variolavacciniah00newe#page/20/mode/2up) for a disease that is much more serious and claims more lives. But hey..now you can just buy a shingles vaccine! The reason above is why in the UK, there is no recommendation for the chickenpox vaccine.

Or as Dr Phillip Welsby, an infectious diseases expert, explains it, "Every time adults come into contact with children who've just caught chicken pox, they get the natural equivalent of a booster shot of the virus which strengthens their resistance. In the past, when a child got chicken pox their mother would invite neighbours' children to a 'chicken pox party' so they, too, could become infected and get it over with. 'What the parents usually didn't realize was they were benefiting as well. GPs, for instance, are less likely to develop shingles, because they are regularly exposed to children with chicken pox."
(http://www.dailymail.co.uk/health/article-1158655/Why-giving-children-chicken-pox-jab-YOU-shingles.html

Another great article to read is, "chickenpox: why do children die ?"
http://articles.mercola.com/sites/articles/archive/2001/03/17/chicken-pox.aspx

source for main article: http://www.ncbi.nlm.nih.gov/pubmed/22659447

“Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after hemophilus influenza B (HiB) immunization support causal relationship between immunization and IDDM (insulin depedent diabetes).”

http://www.ncbi.nlm.nih.gov/pubmed/12911277

“We initiated and funded a collaborative study with Tuomilehto on the effect of the Haemophilus influenzae type b vaccine on type 1 diabetes and found that the data support a causal relation (paper submitted for publication). Furthermore, the potential risk of the vaccine exceeds the potential benefit. We compared a group that received four doses of the vaccine, a group that received one dose, and a group that was not vaccinated. The cumulative incidence of diabetes per 100000 in the three groups receiving four, one, and no doses of the vaccine was 261, 237, and 207 at age 7 and 398, 376, and 340 at age 10 respectively.

Karvonen et al’s analysis is not rational, and their conclusion is not supported by our data.
1 Their calculations of relative risk are also misleadingly low, and we urge readers to check them. Most researchers would compare the group who received four doses with the group that was not vaccinated or the two vaccinated groups with the group that was not vaccinated.
The results of both comparisons reach significance. The cumulative difference in cases of type 1 diabetes per 100000 between those receiving four doses and those who were not vaccinated is 54 cases (P=0.013) at 7 years and 58 cases at 10 years (P=0.029; single tail Fisher test). The relative risk is 1.26 at 7 years. The cumulative difference between those receiving four doses or one dose of the vaccine and those who were not vaccinated is 42 cases (P=0.016) at 7 years and 47 cases at 10 years (P=0.028).
The rise in diabetes, just one potential adverse effect, exceeds the benefit of the vaccine, which has been estimated to prevent seven deaths and 7-26 cases of severe disability per 100000 children immunised.2 Even the difference in cases of diabetes between the groups receiving four doses and one dose exceeds the mean expected benefit. Temporal changes in the incidence of diabetes do not explain the differences since there were an extra 31 cases of type 1 diabetes per 100000 children aged 5-10, and the incidence of diabetes in this group had been stable for about 10 years before this.3 Furthermore, sharp rises in diabetes have been recorded in the United States4 and the United Kingdom5 after the introduction of the haemophilus vaccine.”

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1116914/

Published research shows that personal benefit from vaccinating healthy nonelderly adults is small and there is no evidence that it is any different for HCWs. The studies aiming to prove the widespread belief that healthcare worker vaccination decreases patient morbidity and mortality are heavily flawed and the recommendations for vaccination biased. No reliable published evidence shows that healthcare workers’ vaccination has substantial benefit for their patients—not in reducing patient morbidity or mortality and not even in increasing patient vaccination rates. Conclusion. The arguments for uniform healthcare worker influenza vaccination are not supported by existing literature. The decision whether to get vaccinated should, except possibly in extreme situations, be that of the individual healthcare worker, without legal, institutional, or peer coercion.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3502850/

The association between sudden infant death syndrome and immunization is frequently discussed. Serious adverse events following vaccination have generally been defined as those adverse events that result in permanent disability, hospitalization or prolongation of hospitalization, life threatening illness, congenital anomaly or death. They are generally referred to the inherent properties of the

vaccine (vaccine reaction) or some error in the immunization process (programme error). The event could also be totally unrelated but only temporally linked to immunization (coincidental event). A fatal case of a 3-month-old female infant, who died within 24 h of vaccination with hexavalent vaccine is presented. Clinical data, post-mortem findings (acute pulmonary oedema, acute pulmonary emphysema), quali-quantitative data collected from immunohistochemical staining (degranulating mast cells) and laboratory analysis with a high level of beta-tryptase in serum, 43.3 microg/l, allows us to conclude that acute respiratory failure likely due to post hexavalent immunization-related shock was the cause of death.

http://www.ncbi.nlm.nih.gov/pubmed/18538957

Despite wide use of the influenza vaccine, relatively little is known about its effect on the measurement of inflammatory markers. Because inflammatory markers such as C-reactive protein (CRP) are increasingly being used in conjunction with lipids for the clinical assessment of cardiovascular disease and in epidemiologic studies, we evaluated the effect of influenza vaccination on markers of inflammation and plasma lipid concentrations. We drew blood from 22 healthy individuals 1 to 6 hours before they were given an influenza vaccination and 1, 3, and 7 days after the vaccination. Plasma CRP, interleukin (IL)-6, monocyte chemotactic protein 1, tumor necrosis factor alpha, IL-2 soluble receptor alpha, and serum amyloid A were measured, and differences in mean concentrations of absolute and normalized values on days 1, 3, and 7 were compared with mean baseline values. There was a significant increase in mean IL-6 ($P < .01$ absolute values, $P < .001$ normalized values) on day 1 after receiving the influenza vaccine. The mean increases in normalized high sensitivity CRP values were significant on day 1 ($P < .01$) and day 3 ($P = .05$), whereas the mean increase in normalized serum amyloid A was significant only on day 1 ($P < .05$). No significant changes were seen in mean concentrations of IL-2 soluble receptor alpha, monocyte chemotactic protein-1, or tumor necrosis factor-alpha. Of the lipids, significant decreases in mean concentrations of normalized triglyceride values were seen on days 1 ($P < .05$), 3 ($P < .001$), and 7 ($P < .05$) after vaccination. Our findings show that the influenza vaccination causes transient changes in select markers of inflammation and lipids. Consequently, clinical and epidemiologic interpretation of the biomarkers affected should take into account the possible effects of influenza vaccination. http://www.ncbi.nlm.nih.gov/pubmed/15976761

“A continuous breeding reproduction study design was utilized to examine the reproductive toxicity of ethylene glycol monobutyl ether (EGBE) and ethylene glycol monophenyl ether (EGPE)(EGPE = vaccine ingredient). continuous breeding reproduction study design was utilized to examine the reproductive toxicity of ethylene glycol monobutyl ether (EGBE) and ethylene glycol monophenyl ether (EGPE).. Both male and female mice were dosed for 7 days prior to and during a 98-day cohabitation period. EGBE was toxic at the high (2%) and mid dose (1%) to adult F0 female mice: 13 out of 22 females at the high dose and 6 out of 20 at the mid dose died during the cohabitation period. Both the high- and mid-dose animals produced fewer litters/pair, fewer pups/litter, with decreased pup weight. These effects occurred in the presence of decreased body weight, decreased water consumption, and increased kidney weight. A crossover mating trial indicated that the reproductive effects could be attributed primarily to an effect on the female. This was substantiated at necropsy where testes and epididymis weights were normal as were sperm number and motility. Fertility of the offspring of the 0.5% group was normal in the presence of increased liver weights. With respect to EGPE, there was no change in the ability to produce five litters during the continuous breeding period. There was, however, a significant but small (10-15%) decrease in the number of pups/litter and in pup weight in the high-dose group. A crossover mating trial suggested a female component of the reproductive toxicity of EGPE. While fertility was only minimally compromised, severe neonatal toxicity was observed. By Day 21 there were only 8 out of 40 litters in the mid- and high-dose groups which had at least one male and female/litter. Second generation

reproductive performance of the mid-dose group (1.25%) was unaffected except for a small decrease in live pup weight. In summary the reproductive toxicity of EGBE and EGPE was only evident in the female and occurred at doses which elicited general toxicity. EGBE was particularly toxic to adult female mice while EGPE was particularly toxic to immature mice of both sexes." (10)

** I had to read this about ten times just to make sure that I was reading it right. Did that really just say what I thought it did? Does anyone else notice how the authors try their hardest to play down the results in the group that received EGPE? But if you read it a few times..you will quickly realize that the results for the group that received 2-phenoxyethanol are not good.

•there was a slow decline in fertility that caused a drop in the weight and health of the next generation.

• severe neonatal (infants) toxicity was observed.

•the abstract never gave the information needed to know how many in the EGPE group died..but it seems more died in the EGPE group than in the EGBE group. Since it never gave the orginal number of pups/liter there is no way to know.

• the other ether in the study caused deaths and toxic events to happen to the adult female mice. The glysol ether that is in several pediatric vaccines, 2-phenoxyethanol, was particularly toxic and caused death in the baby and children mice of both sexes.

•and these results were what happened after the mice ate 2-phenoxyethanol..infants and children are injected with this substance. (17 times before the age of 18, as i mentioned above)

http://www.ncbi.nlm.nih.gov/pubmed/2086313

"In summary, ethylene glycol monophenyl ether produced significant reproductive and developmental toxicity..Ethylene glycol monophenyl ether caused significant toxicity in growing animals, as evidenced by the reduced body weight in neonates in Tasks 2, 3, and 4, and the large increase in postnatal lethality as the animals grew to the age of mating." (11)

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470243/pdf/envhper00326-0221.pdf

"Neonatal female rats were injected ip (0.1 ml/rat) with Tween 80 in 1, 5 or 10% aqueous solution on days 4-7 after birth. Treatment with Tween 80 accelerated maturation, prolonged the oestrus cycle, and induced persistent vaginal oestrus. The relative weight of the uterus and ovaries was decreased relative to the untreated controls. Squamous cell metaplasia of the epithelial lining of the uterus and cytological changes in the uterus were indicative of chronic oestrogenic stimulation. Ovaries were without corpora lutea, and had degenerative follicles"

http://www.ncbi.nlm.nih.gov/pubmed/8473002?dopt=Abstract

"Acquired autoimmunity syndromes occur after viral vaccinations. Molecular mimicry is involved in these phenomena as is the necessity for the presence of two chemically complimentary antigens and an immunologic adjuvant. The HLA pattern of the host is also an important factor. The example used to explain these phenomena is demyelinating disease that follows hepatitis B vaccination. The somatic antigen of the hepatitis B virus in the vaccine has chemical complimentarity with the Epstein-Barr virus antigen in the vaccine recipient. The Epstein-Barr virus shows molecular mimicry with human myelin. The immunologic adjuvant is either present in the vaccine or muramyl

peptides in the individual who is vaccinated. Why more than one type of autoimmune disease occurs is explained by the fact that specific autoimmune T-cells have been shown to develop clones that attack multiple human tissues."

http://www.ncbi.nlm.nih.gov/pubmed/17630224

"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. 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."

http://www.ncbi.nlm.nih.gov/pubmed/21058170

"Vaccine-type rotavirus was detected in all 50 antigen-positive specimens and 8 of 8 antigen-negative specimens. Nine (75%) of 12 EIA-positive and 1 EIA-negative samples tested culture-positive for vaccine-type rotavirus. Fecal shedding of rotavirus vaccine virus after the first dose of RV5 occurred over a wide range of post-vaccination days not previously studied."

http://www.ncbi.nlm.nih.gov/pubmed/21477676

"The FluMist influenza vaccine strains replicate in the nasopharynx and can be recovered and cultured from respiratory secretions of vaccinated individuals (shed). The pattern and duration of shedding is important to understand because with prolonged shedding at high titer there is a theoretical risk of loss of attenuated phenotype, reassortment with wild-type influenza virus during influenza season, and transmission of vaccine virus to unvaccinated people, some of whom may be immuno-compromised and/or at risk for complications of live viral infections. " "additional shedding samples collected every 7 days … though some individuals shed vaccine strain virus as late as day 28"

www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM259175.pdf

"The RotaTeq vaccine contains five live, attenuated strains derived through laboratory reassortment of human rotavirus strains with a bovine rotavirus strain. Three RotaTeq strains each contain a single human rotavirus gene segment and ten bovine rotavirus segments, and two strains contain two human strain segments and nine bovine strain segments. In the study, RotaTeq was detected in 16 stool samples. Ten of these contained between one and four individual vaccine component strains. Six samples were found to contain a vaccine-derived G1P[8] (vdG1P[8]) strain. vdG1P[8] is believed to be the product of a genetic reassortment event in which the G1 gene segment of strain WI79-9 is inserted into strain WI79-4, as evidenced by the association of G1-VP7 and P[8]-VP4 human rotavirus genes with the M2-VP3 and I2-VP6 of the bovine rotavirus. Donato et al. observed that approximately a fifth of the infants having diarrhea within 2 weeks of rotavirus vaccination were shedding vaccine strain components exclusive of any detectable enteric pathogen."

http://www.ncbi.nlm.nih.gov/pubmed/23249230

FULL TEXT http://www.expert-reviews.com/doi/full/10.1586/erv.12.114

“Analysis of 36 individuals over age 60 years who were immunized with Zostavax revealed varicella zoster virus DNA in swabs of skin inoculation sites obtained immediately after immunization in 18 (50%) of 36 subjects and in saliva collected over 28 days in 21 (58%) of 36 subjects. Genotypic analysis of DNA extracted from 9 random saliva samples identified vaccine virus in ALL instances. In some immunized individuals over age 60, vaccine virus DNA is shed in saliva up to 4 weeks.”

Zostavax contains live attenuated VZV, and the package insert warns newly vaccinated individuals to avoid contact for an unspecified time with newborn infants, immunosuppressed individuals, and pregnant women who have not had chicken pox or have not been immunized for chicken pox. Because VZV DNA is present in saliva of zoster patients for at least 2 weeks [5] and VZV in saliva can also be infectious [6], we examined the inoculation site and saliva of Zostavax-vaccinated subjects for the presence of VZV DNA for 4 weeks after immunization”

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096786/

“The US childhood immunization schedule requires 26 vaccine doses for infants aged less than 1 year, THE MOST IN THE WORLD, yet 33 nations have better Infant Mortality Rates (IMR). Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of 0.70 ($p < 0.0001$) was found between IMRs and the number of vaccine doses routinely given to infants. When nations were grouped into five different vaccine dose ranges (12–14, 15–17, 18–20, 21–23, and 24–26), 98.3% of the total variance in IMR was explained by the unweighted linear regression model. These findings demonstrate a counter-intuitive relationship: nations that require more vaccine doses tend to have higher infant mortality rates. Efforts to reduce the relatively high UNITED STATES INFANT MORTALITY RATE have been elusive. Finding ways to lower preterm birth rates should be a high priority. However, preventing premature births is just a partial solution to reduce infant deaths. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs, is essential. All nations—rich and poor, advanced and developing—have an obligation to determine whether their immunization schedules are achieving their desired goals.”
http://het.sagepub.com/content/early/2011/05/04/0960327111407644.full.pdf

“Repeated immunization with antigen causes systemic autoimmunity in mice otherwise not prone to spontaneous autoimmune diseases. Overstimulation of CD4+ T cells led to the development of autoantibody-inducing CD4+ T (aiCD4+ T) cell which had undergone T cell receptor (TCR) revision and was capable of inducing autoantibodies.” “Systemic autoimmunity appears to be the inevitable consequence of over-stimulating the host’s immune ‘system’ by repeated immunization with antigen, to the levels that surpass system’s self-organized criticality.”

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2795160/

“Vaccine-type rotavirus was detected in all 50 antigen-positive specimens and 8 of 8 antigen-negative specimens. Nine (75%) of 12 EIA-positive and 1 EIA-negative samples tested culture-positive for vaccine-type rotavirus. Fecal shedding of rotavirus vaccine virus after the first dose of RV5 occurred over a wide range of post-vaccination days not previously studied.”

http://www.ncbi.nlm.nih.gov/pubmed/21477676

“ Effectiveness of trivalent inactivated influenza vaccine in influenza-related hospitalization in children: a case-control study.”

“Using the Cochran-Mantel-Haenszel test for asthma status stratification, there was a significant association between hospitalization in asthmatic subjects and TIV ($p = 0.001$). TIV did not provide any protection against hospitalization in pediatric subjects, especially children with asthma. On the contrary, we found a threefold increased risk of hospitalization in subjects who did get the TIV vaccine. This may be a reflection not only of vaccine effectiveness but also the population of children who are more likely to get the vaccine.” Allergy Asthma Proc. 2012 Mar-Apr;33(2):e23-7.

http://www.ncbi.nlm.nih.gov/pubmed/22525386

“There are significantly elevated risks of primarily emergency room visits approximately one to two weeks following 12 and 18 month vaccination. Future studies should examine whether these events could be predicted or prevented.”

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3236196/

Administration of thimerosal to infant rats increases overflow of glutamate and aspartate in the prefrontal cortex: protective role of dehydroepiandrosterone sulfate.

http://www.ncbi.nlm.nih.gov/pubmed/22015977

“Our data suggests that the current schedule of acellular pertussis vaccine doses is insufficient to prevent outbreaks of pertussis.”

http://cid.oxfordjournals.org/content/early/2012/03/13/cid.cis287.short

“Our unvaccinated and under-vaccinated population did not appear to contribute significantly to the increased rate of clinical pertussis. Surprisingly, the highest incidence of disease was among previously vaccinated children in the eight to twelve year age group.”

http://www.ncbi.nlm.nih.gov/pubmed/22423127

“In some cases the cell lines (aborted babycells) that are used might be tumorigenic, that is, they form tumors when injected into rodents. Some of these tumor-forming cell lines may contain cancer-causing viruses that are not actively reproducing. Such viruses are hard to detect using standard methods. These latent, or “quiet,” viruses pose a potential threat, since they might become active under vaccine manufacturing conditions.”

Xenotropic murine leukemia virus-related virus (XMRV) is a recently discovered human retrovirus that has been found in both chronic fatigue syndrome & prostate cancer patients. There is a potential safety concern regarding XMRV in cell substrates used in vaccines

http://www.fda.gov/biologicsbloodvaccines/scienceresearch/biologicsresearchareas/ucm127327.htm

“Unvaccinated children tended to be white, to have a mother who was married and had a college degree, to live in a household with an annual income exceeding $75,000 dollars, and to have parents who expressed concerns regarding the safety of vaccines and indicated that medical doctors have little influence over vaccination decisions for their children.”

http://www.ncbi.nlm.nih.gov/pubmed/15231927

“Although persons often use vaccination and immunization interchangeably in reference to active immunization (VACCINES), the terms are not synonomous because the administration of an immunobiologic cannot be automatically equated with the development of adequate immunity.”

http://www.cdc.gov/mmwr/PDF/rr/rr4301.pdf

“Hib immunization contributed to an increased risk for H. influenzae type a meningitis through selection of circulating H. influenzae type a clones. the incidence for H. influenzae type a meningitis increased 8-fold”

http://jid.oxfordjournals.org/content/187/1/109.full.pdf+html

“Virus-induced autoimmunity may play a causal role in autism. To examine the etiologic link of viruses in this brain disorder, we conducted a serologic study of measles virus, mumps virus, and rubella virus. Viral antibodies were measured by enzyme-linked immunosorbent assay in the serum of autistic children, normal children, and siblings of autistic children. The level of measles antibody, but not mumps or rubella antibodies, was significantly higher in autistic children as compared with normal children (P = 0.003) or siblings of autistic children (P
http://www.ncbi.nlm.nih.gov/pubmed/12849883

“Our findings show a positive correlation between the number of vaccine doses administered and the percentage of hospitalizations and deaths. Since vaccines are given to millions of infants annually, it is imperative that health authorities have scientific data from synergistic toxicity studies on all combinations of vaccines that infants might receive.
“http://het.sagepub.com/content/31/10/1012.abstract?maxtoshow&HITS=10&hits=10&RESULTFORMAT&fulltext=vaccine+&andorexactfulltext=and&searchid=1&FIRSTINDEX=10&resourcetype=HWCIT

Maternal transfer of mercury to the developing embryo/fetus: is there a safe level?
“This study focused on standardized embryonic and fetal Hg exposures via primary exposure to the pregnant mother of two common Hg sources (dietary fish and parenteral vaccines). Data demonstrated that Hg exposures, particularly during the first trimester of pregnancy, at well-established dose/weight ratios produced severe damage to humans including death. “ Toxicological & Environmental Chemistry Vol 94 2012

http://www.tandfonline.com/doi/full/10.1080/02772248.2012.724574

“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.”

http://www.ncbi.nlm.nih.gov/pubmed/23023030

“Hepatitis B vaccine might be followed by various rheumatic conditions and might trigger the onset of underlying inflammatory or autoimmune rheumatic diseases. “

http://www.ncbi.nlm.nih.gov/pubmed/10534549

“Autoimmunity to the central nervous system (CNS), especially to myelin basic protein (MBP), may play a causal role in autism, a neurodevelopmental disorder. Because many autistic children harbor elevated levels of measles antibodies, we conducted a serological study of measles-mumps-rubella (MMR) and MBP autoantibodies. Using serum samples of 125 autistic children and 92 control children, antibodies were assayed by ELISA or immunoblotting methods. ELISA analysis showed a significant increase in the level of MMR antibodies in autistic children. Immunoblotting analysis revealed the presence of an unusual MMR antibody in 75 of 125 (60%) autistic sera but not in control sera. This antibody specifically detected a protein of 73-75 kD of MMR. This protein band, as analyzed with monoclonal anti bodies, was immunopositive for measles hemagglutinin (HA) protein but not for measles nucleoprotein and rubella or mumps viral proteins. Thus the MMR antibody in autistic sera detected measles HA protein, which is unique to the measles subunit of the vaccine. Furthermore, over 90% of MMR antibody-positive autistic sera were also positive for MBP autoantibodies, suggesting a strong association between MMR and CNS autoimmunity in autism. Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism.”

http://www.ncbi.nlm.nih.gov/pubmed/12145534

Conclusions: Children vaccinated in infancy are at increased risk of hepatitis B virus infection in the late teens. The risk of chronic carriage after sexual exposure needs further assessment to determine if booster vaccines are necessary.

http://www.bmj.com/content/325/7364/569

Abstract
A traditional infectious disease vaccine is a preparation of live attenuated, inactivated or killed pathogen that stimulates immunity. Vaccine immunologic adjuvants are compounds incorporated into vaccines to enhance immunogenicity. Adjuvants have recently been implicated in the new syndrome named ASIA autoimmune/inflammatory syndrome induced by adjuvants. The objective describes the frequencies of post-vaccination clinical syndrome induced by adjuvants. We performed a cross-sectional study; adverse event following immunization was defined as any untoward medical occurrence that follows immunization 54 days prior to the event. Data on vaccinations and other risk factors were obtained from daily epidemiologic surveillance. Descriptive statistics were done using means and standard deviation, and odds ratio adjusted for potential confounding variables was calculated with SPSS 17 software. Forty-three out of 120 patients with moderate or severe manifestations following immunization were hospitalized from 2008 to 2011. All patients fulfilled at least 2 major and 1 minor criteria suggested by Shoenfeld and Agmon-Levin for ASIA diagnosis. The most frequent clinical findings were pyrexia 68 %, arthralgias 47 %, cutaneous disorders 33 %, muscle weakness 16 % and myalgias 14 %. Three patients had diagnosis of Guillain-Barre syndrome, one patient had Adult-Still’s disease 3 days after vaccination. A total of 76 % of the events occurred in the first 3 days post-vaccination. Two patients with previous autoimmune disease showed severe adverse reactions with the reactivation of their illness. Minor local reactions were present in 49 % of patients. Vaccines containing adjuvants may be associated with an increased risk of autoimmune/inflammatory adverse events following immunization

http://www.ncbi.nlm.nih.gov/pubmed/23576057

Autoimmunity following hepatitis B vaccine as part of the spectrum of ‘Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants’ (ASIA): analysis of 93 cases.

OBJECTIVES:
In this study we analyzed the clinical and demographic manifestations among patients diagnosed with immune/autoimmune-mediated diseases post-hepatitis B vaccination. We aimed to find common denominators for all patients, regardless of different diagnosed diseases, as well as the correlation to the criteria of Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants (ASIA).

PATIENTS AND METHODS:
We have retrospectively analyzed the medical records of 114 patients, from different centers in the USA, diagnosed with immune-mediated diseases following immunization with hepatitis-B vaccine (HBVv). All patients in this cohort sought legal consultation. Of these, 93/114 patients diagnosed with disease before applying for legal consultation were included in the study. All medical records were evaluated for demographics, medical history, number of vaccine doses, peri-immunization adverse events and clinical manifestations of diseases. In addition, available blood tests, imaging results, treatments and outcomes were recorded. Signs and symptoms of the different immune-mediated diseases were grouped according to the organ or system involved. ASIA criteria were applied to all patients.

RESULTS:
The mean age of 93 patients was 26.5 ± 15 years; 69.2% were female and 21% were considered autoimmune susceptible. The mean latency period from the last dose of HBVv and onset of symptoms was 43.2 days. Of note, 47% of patients continued with the immunization program despite experiencing adverse events. Manifestations that were commonly reported included neuro-psychiatric (70%), fatigue (42%) mucocutaneous (30%), musculoskeletal (59%) and gastrointestinal (50%) complaints. Elevated titers of autoantibodies were documented in 80% of sera tested. In this cohort 80/93 patients (86%), comprising 57/59 (96%) adults and 23/34 (68%) children, fulfilled the required criteria for ASIA.

CONCLUSIONS:
Common clinical characteristics were observed among 93 patients diagnosed with immune-mediated conditions post-HBVv, suggesting a common denominator in these diseases. In addition, risk factors such as history of autoimmune diseases and the appearance of adverse event(s) during immunization may serve to predict the risk of post-immunization diseases. The ASIA criteria were found to be very useful among adults with post-vaccination events. The application of the ASIA criteria to pediatric populations requires further study.

http://www.ncbi.nlm.nih.gov/pubmed/22235045

vaccination may be associated with autoimmune disease (title of article press link to read)

http://www.feingold.org/Research/PDFstudies/Tishler2004-open.pdf

Antigen-presenting Cell Activation: a Link Between Infection and Autoimmunity ?
The onset of autoimmune diseases such as type I diabetes and multiple sclerosis is often thought to be associated with infection. This has led to studies of molecular mimicry between infectious agents and the self-antigens associated with autoimmunity. Despite many claims, however, a single causative infectious agent for autoimmunity has not been found. An alternative possibility is that many infectious agents are capable of non-specifically enhancing the likelihood of an autoimmune attack. Here we show how infectious agents may activate antigen-presenting cells leading to the activation of autoreactive T cells by otherwise innocuous antigens. The mechanism of activation involves upregulation of co-stimulatory molecules on the antigen-presenting cell resulting in a

lowering of the threshold required for activation. These results help explain how diverse infectious agents could cause autoimmune disease in susceptible individuals.

http://www.sciencedirect.com/science/article/pii/S0896841100904980

Pemphigus is an autoimmune blistering disease caused by autoantibodies against epithelial intercellular components. Its etiology is unknown, and neoplasms, antecedent infections or medications are considered possible triggering factors for the disease in some cases. We describe the first case of pemphigus following a hepatitis B virus vaccination. We suggest that in some cases vaccination may be the triggering factor for pemphigus in genetically predisposed individuals and physicians should be aware of this possible association.

Read More: http://informahealthcare.com/doi/abs/10.1080/08916930400027078

Discussion
There is increasing evidence that GBS is an autoimmune disease. Various autoantibodies to gangliosides were described in GBS patients (4,5), and T cells with cross-reactivity to nervesheath components (4). The disease is related in most cases to respiratory or gastrointestinal infections and vaccines, resulting in demyelination or axonal degeneration (2). The target of the immune attack differs with the clinical subtypes of GBS (3). Rarely is GBS related to Hodgkin's lymphoma (6) or autoimmune disease such as systemic lupus erythematosus (7). Infection with the following microorganisms can cause GBS: Campylobacter jejuni, in 25-41% of GBS patients, Epstein-Barr virus, cytomegalovirus (2), HIV infection, Mycoplasma pneumoniae, shigella, clostridium (8), and Haemophilus influenzae (9).

Vaccines reportedly related to the appearance of GBS include influenza, tetanus toxoid, BCG, rabies, smallpox, mumps, rubella, oral poliovirus vaccine, hepatitis B vaccines, either plasma derived or recombinant vaccine and diphtheria vaccine (10). The influenza vaccine in 1976 ("swine flue" or New Jersey 76) caused a 4- to 8-fold increase in the rate of GBS occurring 6-8 weeks after vaccination (11,12). Subsequent studies of influenza-vaccinated patients showed no increase in the GBS rate (13).

In a review of the English literature another 19 cases of hepatitis B vaccination were reported to precede the symptoms of GBS (14-22) (Table I). The plasma-derived hepatitis B vaccine became commercially available in June 1982. Shaw et al. (15) documented the first 3 years of postmarketing surveillance for neurologic adverse events after vaccination among 850,000 persons, mostly health workers, who received the HBV vaccine. Nine cases of GBS were reported up to 7 weeks after vaccination. One case was reported as atypical and 5 cases were compatible with a viral infection before the appearance of the neurological symptoms. GBS was reported as occurring significantly more often then expected when compared with the Center of Disease Control GBS background rate (11), but not when compared with the Olmsted County rate (23). The authors calculated that, taking into account age, sex and under-reporting, the rate of GBS was slightly higher in the vaccinated group, but concluded that no definite epidemiologic association could be made.

Mcmahon et al. (17) determined the incidence of adverse reactions from the plasma-derived hepatitis B vaccine in Alaska. Out of 43,618 subjects who received 101,360 injections, 2 patients developed GBS 3 and 9 months after the last injection. Their conclusion was that the vaccine was safe and that the incidence of GBS was not increased. The authors claimed that the adverse events caused by the plasma-derived HBV vaccine are due to the preservative material thimerosal, a mercurial compound that was found to be neurotoxic and is not included in the HBV

vaccines since 1999 and to aluminium hydroxide, used as an adjuvant. Both compounds were also used in the recombinant vaccine.

In addition to our patient, 8 case reports of GBS after hepatitis B vaccine have been reported (14,16,18-22), 3 of them after receiving the yeast derived recombinant DNA hepatitis B vaccine. One of the patients died after a multiorgan failure, septic shock and adult respiratory distress syndrome. Aneuropathologic examination revealed an inflammatory cell infiltrate in the gray matter especially in the anterior horn of the spinal cord, and small foci of macrophages in the long tracts. Most of the cells appeared around blood vessels, but were also found in the parenchyma, close to nerve cells (21).

The pathogenesis of hepatitis B vaccine associated with GBS is not clear. The following mechanisms are suggested:

1) Molecular mimicry: As in other autoimmune disorders appearing after vaccination, molecular mimicry is suspected. Hepatitis B surface protein may provoke an autoimmune attack on a similar protein present in the nerve cells. In molecular mimicry involving T lymphocytes these cells recognize their antigen as peptide-bound to MHC molecule. The microbial antigen has the same shape as a self antigenic epitope bound to the same MHC molecule. The DNA sequence of HBV was found to be homologous to myelin basic protein (23).

2) Another coincidental infection: Most of the vaccine recipients are at high risk for infection with EBV, C M V and HTLV 3, that also can cause demyelinating disease (18).

3) Immune complex disease: Five cases of GBS have been reported in patients suffering from infection with HBV. In the acute phase of GBS, immune complexes containing hepatitis B surface antigen were found in the serum and cerebrospinal fluid, but not in the sural nerve. Those immune complexes were not present when the hepatitis was first detected, but only after the appearance of neurological symptoms, and disappeared when the inflammatory phase of the disease had ended (24, 25).

Immune complexes without a known antigen were found in other cases of GBS in various organs. The immune complexes can transfer through the blood-nerve barrier and may be deposited in the endonerium and injure nerve fibers (25). Treatment with plasmapheresis or IVIG may eliminate those immune complexes.

Recently, the presence of glycolipid (ganglioside) specific antibodies has been found to be associated with neurological disease, in particular with GBS. The pathogenic potential of these antibodies has remained unclear. Several mechanisms by which anti-ganglioside antibodies may exert their potential pathogenic effect have been proposed. Direct binding of anti-ganglioside antibodies to axon or Schwann cells might disturb ion fluxes and cause partial nerve conduction block (26).

Naturally occurring antibodies cross reacting with gangliosides may become pathogenic after affinity maturation and class switching initiated by preceding infection.

The hepatitis B vaccine has been used routinely for almost 20 years. Most of the side effects are local or transient minor reactions. The rate of the adverseevents is 1 in 15,500 doses. Major reactions are rare and include variable autoimmune phenomena: erythema nodosum, lichen planus, acute urticaria, polyarthritis, including rheumatoid arthritis and reactive arthritis, vasculitis, glomerulonephritis, Evan’s syndrome and thrombocytopenic purpura.

Neurological complications include acute cerebellar ataxia and autoimmune demyelinating disorders including multiple sclerosis, transverse myelitis and GBS (27). These reactions are sporadic and there is no clear evidence that the rate of GBS or multiple sclerosis is more common among the vaccinated population.

Hepatitis B vaccine is important and, according to the available data, the prevention of hepatitis B outweighs the rare incidence of diseases reported after vaccination. Further animal studies and evaluation of the risk factors for these adverse effects are indicated.

http://www.clinexprheumatol.org/article.asp?a=2492

Guillain-Barre Syndrome after Vaccination in United States: Data From the Centers for Disease Control and Prevention/Food and Drug Administration Vaccine Adverse Event Reporting System (1990-2005)

Methods: We used data for 1990 to 2005 from the Vaccine Adverse Event Reporting System, which is a cooperative program of the Centers for Disease Control and Prevention and the US Food and Drug Administration.

Results: There were 1000 cases (mean age, 47 years) of GBS reported after vaccination in the United States between 1990 and 2005. The onset of GBS was within 6 weeks in 774 cases, >6 weeks in 101, and unknown in 125. Death and disability after the event occurred in 32 (3.2%) and 167 (16.7%) subjects, respectively. The highest number (n = 632) of GBS cases was observed in subjects receiving influenza vaccine followed by hepatitis B vaccine (n = 94). Other vaccines or combinations of vaccines were associated with 274 cases of GBS. The incidence of GBS after influenza vaccination was marginally higher in subjects <65 years compared with those ≥65 years ($P = 0.09$); for hepatitis vaccine, the incidence was significantly higher ($P < 0.0001$) in the <65 group. Death was more frequent in subjects ≥65 years compared with those <65 years ($P < 0.0001$). Conclusions: Our results suggest that vaccines other than influenza vaccine can be associated with GBS. Vaccination-related GBS results in death or disability in one fifth of affected individuals, which is comparable to the reported rates in the general GBS population
http://journals.lww.com/jcnmd/Abstract/2009/09000/Guillain_Barre_Syndrome_after_Vaccination_in.1.aspx

Autoimmune reactions to vaccinations may rarely be induced in predisposed individuals by molecular mimicry or bystander activation mechanisms. Autoimmune reactions reliably considered vaccine-associated, include Guillain-Barré syndrome after 1976 swine influenza vaccine, immune thrombocytopenic purpura after measles/mumps/rubella vaccine, and myopericarditis after smallpox vaccination, whereas the suspected association between hepatitis B vaccine and multiple sclerosis has not been further confirmed, even though it has been recently reconsidered, and the one between childhood immunization and type 1 diabetes seems by now to be definitively gone down. Larger epidemiological studies are needed to obtain more reliable data in most suggested associations.

Read More: http://informahealthcare.com/doi/abs/10.3109/08830181003746304

Vaccines, in several reports were found to be temporally followed by a new onset of autoimmune diseases. The same mechanisms that act in infectious invasion of the host, apply equally to the host response to vaccination. It has been accepted for diphtheria and tetanus toxoid, polio and measles vaccines and GBS. Also this theory has been accepted for MMR vaccination and development of autoimmune thrombocytopenia, MS has been associated with HBV vaccination.

Read More: http://informahealthcare.com/doi/abs/10.1080/08916930500050277

Hepatitis B infection is one of the most important causes of acute and chronic liver disease. During the 1980s, genetically engineered hepatitis B vaccines (HBVs) were introduced in the United States. A large-series of serious autoimmune conditions have been reported following HBVs, despite the fact that HBVs have been reported to be "generally well-tolerated." A case-control epidemiological study was conducted to evaluate serious autoimmune adverse events prospectively reported to the vaccine adverse events reporting system (VAERS) database following HBVs, in comparison to an age, sex, and vaccine year matched unexposed tetanus-containing vaccine (TCV) group for conditions that have been previously identified on an a priori basis from case-reports. Adults receiving HBV had significantly increased odds ratios (OR) for multiple sclerosis (OR = 5.2, $p < 0.0003$, 95% Confidence Interval (CI) = 1.9 – 20), optic neuritis (OR = 14, $p < 0.0002$, 95% CI = 2.3 – 560), vasculitis (OR = 2.6, $p < 0.04$, 95% CI = 1.03 – 8.7), arthritis (OR = 2.01, $p < 0.0003$, 95% CI = 1.3 – 3.1), alopecia (OR = 7.2, $p < 0.0001$, 95% CI = 3.2 – 20), lupus erythematosus (OR = 9.1, $p < 0.0001$, 95% CI = 2.3 – 76), rheumatoid arthritis (OR = 18, $p < 0.0001$, 95% CI = 3.1 – 740), and thrombocytopenia (OR = 2.3, $p < 0.04$, 95% CI = 1.02 – 6.2) in comparison to the TCV group. Minimal confounding or systematic error was observed. Despite the negative findings of the present study regarding the rare serious adverse effects of HBVs, it is clear that HBV does, indeed, offer significant benefits, but it is also clear that chances of exposure to hepatitis B virus in adults is largely life-style dependent. Adults should make an informed consent decision, weighing the risks and benefits of HBV, as to whether or not to be immunized
http://www.ncbi.nlm.nih.gov/pubmed/16206512

HBV was associated with a number of serious conditions and positive re-challenge or significant exacerbation of symptoms following immunization. There were 415 arthritis, 166 rheumatoid arthritis, 130 myelitis, 4 SLE, 100 optic neuritis, 101 GBS, 29 glomerulonephritis, 283 pancytopenia/thrombocytopenia, and 183 MS events reportedfollowing HBV A total of 465 positive re-challenge adverse events were observed following adult HBV that occurred sooner and with more severity than initial adverse event reports. A case-report of arthritis occurring in identical twins was also identified. [personal note: between 1 and 10 percent of adverse events are actually reported according to the FDAs David Kessler)

http://www.ncbi.nlm.nih.gov/pubmed/15638050

Viral proteins having molecular mimicry with self-proteins in the CNS can prime genetically susceptible individuals. Once this priming has occurred, an immunologic challenge could result in disease through bystander activation by cytokines.

Read More: http://informahealthcare.com/doi/abs/10.1080/08916930500484799

Nevertheless, allergy and, to a lesser extent, autoimmunity have repeatedly been described or suspected as rare adverse consequences of human vaccines. The mechanisms of these adverse reactions are ill-elucidated, if at all. No animal models have been adequately standardized and validated to predict the risk of allergy and autoimmunity associated with vaccines. However, a number of existing models can be considered for use, but need refinement to be applied to vaccine evaluation. Finally, because the preclinical safety evaluation has not received much attention in the past, efforts should be paid to design specific and cost-effective procedures to meet the current expectations.

http://www.sciencedirect.com/science/article/pii/S0300483X02000562

After reviewing the 27 cases of vasculitis after hepatitis B vaccination reported in the current literature, the authors suggest that, in some cases, vaccination may be the triggering factor for vasculitis in individuals with a genetic predisposition. Physicians should be aware of this possible association.

http://www.sciencedirect.com/science/article/pii/S0953620508000770

Mumps resurgences in the United States: A historical perspective on unexpected elements.
. The 2006 epidemic followed this pattern, with two unique variations: it was preceded by a period of very high vaccination rates and very low disease incidence and was characterized by two-dose failure rates among adults vaccinated in childhood. Data from the past 80 years suggest that preventing future mumps epidemics will depend on innovative measures to detect and eliminate build-up of susceptibles among highly vaccinated populations

http://www.ncbi.nlm.nih.gov/pubmed/19815120

Subacute thyroiditis and dyserythropoesis after influenza vaccination suggesting immune dysregulation.

http://www.ncbi.nlm.nih.gov/pubmed/22111471

However, a 2006 epidemic involved >5700 cases nationwide, with many reported among fully vaccinated college students.. A large mumps outbreak occurred despite high two-dose vaccination coverage in a population most of whom had received the second dose >10 years before. Two-dose vaccine effectiveness was similar to previous one-dose estimates. Further studies are needed to examine the persistence of two-dose mumps vaccine-induced immunity and to determine whether US mumps elimination can be achieved with the current vaccination strategy.

http://www.ncbi.nlm.nih.gov/pubmed/18539365

The first outbreak involved 13 high-school students (median age 14 yr): 9 who had previously received 2 doses of measles-mumps-rubella vaccine (MMR) and 4 who received a single dose. The second outbreak comprised 19 cases of mumps among students and some staff at a local university (median age 23 yr), of whom 18 had received only 1 dose of MMR (the other received a second dose). The viruses identified in the outbreaks were phylogenetically similar and belonged to a genotype commonly reported in the UK. The virus from the second outbreak is identical to the strain currently circulating in the UK and United States.

INTERPRETATION:
The predominance in these outbreaks of infected people of university age not only highlights an environment with potential for increased transmission but also raises questions about the efficacy of the MMR vaccine. The people affected may represent a “lost cohort” who do not have immunity from natural mumps infection and were not offered a 2-dose schedule. Given the current level of mumps activity around the world, clinicians should remain vigilant for symptoms of mumps.

http://www.ncbi.nlm.nih.gov/pubmed/16940266

Persistence of maternal antibody in infants beyond 12 months: Mechanism of measles vaccine failure
A serologic study was made in 34 children immunized against measles at the age of 12 months. Using a sensitive virus neutralization test, it was found that many of the children had pre-existing

maternal antibody to measles virus. (this was written in 1977 back when mothers were actually passing immunity to their children..this is just an example of natural immunity being passed from mother to child..something that vaccination cannot and will not ever do.)

http://www.sciencedirect.com/science/article/pii/S0022347677810214

The study, which analyzed data from 2009-2011, found that white, college-educated mothers over the age of 35 were most likely to report that they had delayed or skipped immunizations for their children. There's no consensus as to why that is the case, Young said. [hmmm..lets try to help them come to a clear consensus.. could intellence level be a factor? could age play a role because mothers over 35 have had more time to witness what vaccination can do?]

Read more here: http://www.adn.com/2013/04/22/2875131/more-alaskans-hesitant-about-vaccines.html#storylink=cpy

"A Positive Association found between Autism Prevalence and Childhood Vaccination uptake across the U.S. Population"

The reason for the rapid rise of autism in the United States that began in the 1990s is a mystery. Although individuals probably have a genetic predisposition to develop autism, researchers suspect that one or more environmental triggers are also needed. One of those triggers might be the battery of vaccinations that young children receive. Using regression analysis and controlling for family income and ethnicity, the relationship between the proportion of children who received the recommended vaccines by age 2 years and the prevalence of autism (AUT) or speech or language impairment (SLI) in each U.S. state from 2001 and 2007 was determined. A positive and statistically significant relationship was found: The higher the proportion of children receiving recommended vaccinations, the higher was the prevalence of AUT or SLI. A 1% increase in vaccination was associated with an additional 680 children having AUT or SLI. Neither parental behavior nor access to care affected the results, since vaccination proportions were not significantly related (statistically) to any other disability or to the number of pediatricians in a U.S. state. The results suggest that although mercury has been removed from many vaccines, other culprits may link vaccines to autism. Further study into the relationship between vaccines and autism is warranted

full text:
http://www.theoneclickgroup.co.uk/documents/vaccines/Vaccine%20and%20Autism%20correlation%20US%202011%20J%20Tox%20Env%20Health.pdf

"CDC officials discuss neurological damage from vaccines in secret meeting – Simpsonwood" You can read this clearly for yourself if you access the pdf transcript that was obtained via FOIA

http://therefusers.com/refusers-newsroom/cdc-officials-discuss-neurological-damage-from-vaccines-in-secret-meeting-simpsonwood/#.UYM4l07D_IV

"The odds of having a history of asthma was twice as great among vaccinated subjects than among unvaccinated subjects The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects"

http://www.ncbi.nlm.nih.gov/pubmed/10714532

Nanomaterials can be transported by monocyte-lineage cells to DLNs, blood and spleen, and, similarly to HIV, may use CCL2-dependent mechanisms to penetrate the brain. This occurs at a very low rate in normal conditions explaining good overall tolerance of alum despite its strong neurotoxic potential. However, continuously escalating doses of this poorly biodegradable adjuvant in the population may become insidiously unsafe, especially in the case of overimmunization or immature/altered blood brain barrier or high constitutive CCL-2 production.

http://www.biomedcentral.com/1741-7015/11/99

Autism is a condition characterized by impaired cognitive and social skills, associated with compromised immune function. The incidence is alarmingly on the rise, and environmental factors are increasingly suspected to play a role. This paper investigates word frequency patterns in the U.S. CDC Vaccine Adverse Events Reporting System (VAERS) database. Our results provide strong evidence supporting a link between autism and the aluminum in vaccines. A literature review showing toxicity of aluminum in human physiology offers further support. Mentions of autism in VAERS increased steadily at the end of the last century, during a period when mercury was being phased out, while aluminum adjuvant burden was being increased. Using standard log-likelihood ratio techniques, we identify several signs and symptoms that are significantly more prevalent in vaccine reports after 2000, including cellulitis, seizure, depression, fatigue, pain and death, which are also significantly associated with aluminum-containing vaccines. We propose that children with the autism diagnosis are especially vulnerable to toxic metals such as aluminum and mercury due to insufficient serum sulfate and glutathione. A strong correlation between autism and the MMR (Measles, Mumps, Rubella) vaccine is also observed, which may be partially explained via an increased sensitivity to acetaminophen administered to control fever.
Tratto da: http://treasoncast.com/2014/04/05/anti-vaccination-peer-reviewd-research-list/