

Inquiry into allergies and anaphylaxis

The potential and known causes, prevalence, impacts and costs of allergy and anaphylaxis in Australia

Any inquiry into allergy and anaphylaxis must include the issue of childhood vaccination. [According](#) to the Australian Psychological Society the current percentage of children and young people in Australia living with chronic illness is around 10 to 20 per cent of the population. These chronic conditions include asthma and food allergies. (1)

Allergy

Let's focus on allergy for the moment

[Allergy](#) occurs when a person's immune system reacts to substances in the environment that are harmless to most people. (2)

Causes of allergy

The substances are called allergens and are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medications. Most allergic reactions are mild to moderate, and do not cause major problems. However, a small number of people may experience a severe allergic reaction called anaphylaxis, which requires immediate life-saving medication. Allergens which may cause anaphylaxis include foods, insects and medications.

Vaccines and allergy and anaphylaxis

A connection?

It was discovered over 100 years ago that food proteins in vaccines cause the development of food allergies. Nobel Laureate Charles Richet [reported](#) that injecting a protein into animals or humans causes immune system sensitization to that protein. (3)

The Institute of Medicine (IOM) confirmed that food proteins in vaccines cause food allergy, in its 2011 report on vaccine adverse events.

But the epidemic of allergies began in the early 1990s and as the author of *The Peanut Allergy Epidemic*, Heather Fraser [wrote](#)

Tens of thousands of children with severe food allergy arrived for kindergarten at schools across Canada, the UK, Australia and the US. This sudden phenomenon of life threatening allergy just in kids in specific countries occurred simultaneously, without warning and quickly intensified. In the Australian Capital Territory (ACT), hospital admission for food reactions increased by 400% 1993-2004 for children

under five. Allergist Ray Mullins did not hesitate to call it an epidemic. By 2011, in Melbourne, 3% of children or 1 in 33 were peanut allergic. The food allergy epidemic began with the post-millennial generation, the group who received more vaccines during early childhood than previous generations. (4)

Allergists ventured into the fray on the topic of vaccines and allergy when Canadian allergist [Dr. Peter Vadas](#) stated on a television show that featured the subject of severe allergies:

There are factors to do with how we vaccinate our kids very early on in life, how much drugs, antibiotics we give the kids early on in life all of which tend to predispose more towards allergy.

When asked if childhood vaccination wasn't beneficial he defended the practice but cautioned:

...one of the spin offs is that there are a certain proportion of the population that are going to be more prone to developing allergies as a consequence of that. (5)

Of particular note is that since the 1990s vaccines have become stronger including powerful adjuvants, immune stimulators such as aluminium creating allergy in newborns and young children.

It is increasingly common for families to have at least one child who is afflicted with a chronic disease such as asthma and food allergies.

Thomas Cowan, MD writing in [Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness](#) states that

1 in 2.5 children has an allergy

1 in 11 children has asthma

1 in 13 children has severe food allergies (6)

What is going on?

Dr Philip Incao describes how a vaccine [works](#):

A vaccination consists of introducing a disease agent or disease antigen into an individual's body without causing the disease.

A vaccination works by stimulating antibody production (Th2) and by stimulating very little or not at all the acute inflammatory response of the cellular immune system (Th1).

The repeated use of vaccinations tends to shift the functional balance of the immune system toward the antibody producing side (Th2) and away from the acute inflammatory discharging side (the cell-mediated side or Th1).

Adverse effects of vaccination are usually allergic or auto-immune inflammatory reactions caused by the shift of the immune system's reactivity from the Th1 side to the Th2 side. (7)

According to Thomas Cowan MD author of *Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness*

The skyrocketing rates of chronic diseases are, in fact, directly linked to the drop in acute infectious diseases, which 'train' the immune system. Vaccination thwarts this training with an unhealthy immune response, and does so with the addition of toxins including adjuvants.

There are many studies looking into the benefits of childhood illnesses and the likelihood of allergies in those who are vaccinated.

In their study *Is infant immunization a risk factor for childhood asthma or allergy?* Kemp T, Pearce N et al. investigated 1,265 children and discovered that of those who received diphtheria-tetanus-pertussis and polio vaccines, 23% had episodes of asthma while 30% had consultations for other allergic illness.

Children who did not receive these vaccines had no recorded asthma episodes or consultations for allergic illness. (8)

Economic and personal costs of allergies and anaphylaxis

- Australia has among the highest allergy rates in the world
- Life threatening food allergy rates have doubled in ten years
- Allergy deaths have increased by 42% over six years
- Australia has a shortage of allergy specialists and health professionals with allergy expertise, particularly in rural or remote areas
- Children are being sent home from health facilities inadequately treated after severe allergic reactions (anaphylaxis)
- In one state alone there have been close to 1000 cases of anaphylaxis since November 2018

You can read the report [here](#) (9)

Living with a chronic allergic disease is tough on the person affected and the immediate family. Worrying about every morsel of food eaten outside of the home can be extremely stressful. The condition is also a drain on the public purse as frequent admissions to hospital and specialist appointments are unfortunately necessary.

Anaphylaxis

[Anaphylaxis](#) is often life threatening and is the most severe form of allergic reaction. Anaphylaxis is a generalised allergic reaction, which can involve multiple areas of the body including the skin, respiratory, gastro-intestinal and cardiovascular systems. (10)

In honour of *Food Allergy Awareness Week* the team at [Thinking Moms' Revolution](#) reflect on the current situation:

Approximately 1 in 13 children has life-threatening food allergies, or about two children in every classroom. Yet, biochemists will tell you it's very difficult to overcome the natural barriers that prevent allergy. Something must happen to the immune system to push it into overdrive.

That stimulus to the immune system is the adjuvant aluminium which is added to vaccines to produce a very strong immune response. In [Anaphylactic Food Allergy: The Role of Adjuvants and Injection](#), the authors cite a researcher whose goal was to study the process of allergen sensitisation in the mouse model of human food allergy.

What we would do was expose groups of mice to different concentrations of an allergenic food extract (e.g., peanut, walnut, cashew, shrimp) at the same time as an adjuvant (something to stimulate an immune response in the mice—e.g., alum, aluminium hydroxide, pertussis toxin, cholera toxin). We would repeat the process over several weeks and then analyze the mouse's blood to show that we created the food-specific antibody necessary for anaphylaxis. (11)

Aluminium as a vaccine ingredient plays a pivotal role in allergy and anaphylaxis. A Swedish study looked at 64 children with persistent itching nodules after vaccination with aluminium-adsorbed vaccines. Here is their [conclusion](#):

Intensely itching subcutaneous nodules (vaccination granulomas) and contact allergy to aluminium may occur after primary vaccination with the two most commonly used DTP vaccines in Europe. The condition is probably underreported. Symptoms may last for at least 4-5 years but eventually seem to subside. (12)

Aluminium is present in vaccines given against, hepatitis B, diphtheria-tetanus-pertussis (DTPa) Haemophilus influenzae type b (Hib), human papillomavirus (HPV) and pneumococcus infection.

Australian children now receive multiple doses of these vaccines. See: [The Australian Vaccination Schedule](#) (13)

Also read: [The vaccine product information sheets](#) (14)

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