

Citizens concerned with vaccination legislation and safety

CITIZENS SUBMISSION RE. NO JAB NO PAY LEGISLATION 2015 (OCT)

Re: Social Services Legislation Amendment (No Jab, No Pay) Bill 2015, referred on 17th September 2015 to the Senate Community Affairs Legislation Committee for inquiry and report.

OVERVIEW

Although the Australian Government's intention is to protect the health of all Australians through vaccination, legitimate concerns regarding the safety and efficacy of vaccination must be considered. An independent, transparent and extensive inquiry must be carried out ASAP on the safety and efficacy of vaccination, including the short and long term safety of current vaccine ingredients; the ever-increasing vaccination schedule; the prevalence of vaccine injury and appropriate reporting, follow-up and compensation; the extensive conflict of interest influencing pharmaceutical research and government vaccine decision-making committees; and a study on the long term health of vaccinated versus unvaccinated children.

In the meantime, changes should be implemented to the existing Medical Exemption form. As it exists, it fails to protect the health and human rights of the most sensitive and vulnerable members of our community. Please read parts A, B and C for more details on these issues...

ESSENTIAL POINTS FOR CONSIDERATION

A. Medical Exemption form inclusions


See proposed new medical exemption form attached that includes the following points...

To ensure that the legislation includes/protects the sensitive and vulnerable, the following points must be included on the medical exemption form:

1. Evidence of pre-existing immunity
2. Evidence to indicate allergy to any of the vaccine ingredients
3. Evidence of autoimmune disease, e.g. cancer, diabetes, arthritis, endometriosis
4. Inflammatory and allergic disorders, e.g. anaphylaxis, colitis
5. Prior family history or genetic/racial predisposition to any of the above due to compromised immunity and genetics
6. Non response, i.e. some infants are non responders to vaccination and do not develop an antibody response
7. Respect for human rights, e.g. objection to genetically modified ingredients/aborted fetal tissue
8. Option to delay vaccination until after two years of age due to an immature immune system and lack of antibody response

It is currently almost impossible to obtain a medical exemption; the list on the existing medical exemption form is extremely limited, and many doctors have advised their patients that "We are being told that we cannot give a medical exemption unless the patient has suffered a severe and immediate reaction to a vaccine" first. Therefore, the patient must be injured before an exemption is given.

Over the page is a proposed new medical exemption form which includes the sensitive and vulnerable populations not currently protected. All conditions described on the existing form (which is also included) are covered by this proposed new form.

 Australian Government
Department of Human Services

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Australian Childhood Immunisation Register Immunisation exemption conscientious objection form

When to use this form
This form must be completed by a recognised immunisation provider and the parent/guardian of the child.

For more information
For more information about the Australian Childhood Immunisation Register or for assistance completing this form go to our website humanservices.gov.au/healthprofessionals > **Other programs** > **Australian Childhood Immunisation Register** or call 1800 653 809 Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.
Note: Call charges apply from mobile phones.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or ✗

Returning your form
Send the completed and signed form to:
Department of Human Services
GPO Box 295
Hobart TAS 7001
or fax: 03 6281 0555

Privacy notice
Your personal information is protected by law, including the *Privacy Act 1988*, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purpose, depend on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services.
Your information is used for the assessment and administration of payments and services and may also be used within Human Services or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law.
You can get more information about privacy by going to our website humanservices.gov.au/privacy or requesting a copy of the full privacy policy at one of our Service Centres.

Child's details

1 Medicare card number - - Ref

2 Family name
First given name

3 Postal address

 Postcode

4 Date of birth / /


5 Sex Male ☐ Female ☐

Provider declaration

6 I declare that:

- I have explained the benefits and risks associated with immunisation to the parent or guardian of the child named, and have informed him/her of the potential dangers if a child is not immunised.

**Existing
exemption
forms...**

 Australian Government
Department of Human Services

medicare

Australian Childhood Immunisation Register Immunisation Exemption Medical Contraindication

Purpose of this form
Use this form if you are a recognised immunisation provider and would like to notify a child's vaccination exemption due to a medical contraindication.

For more information
For more information about the Australian Childhood Immunisation Register (ACIR), go to our website humanservices.gov.au/healthprofessionals > **Forms, publications and statistics** > **Other program forms** > **ACIR forms** or email acir@humanservices.gov.au or call 1800 653 809 Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.
Note: Call charges apply from mobile phones.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or ✗

Returning your form
Check that you have answered all the questions you need to answer and that you have signed and dated this form.
Send completed form to:
Department of Human Services
Australian Childhood Immunisation Register
GPO Box 295
HOBART TAS 7001
or fax: 03 6281 0555

Privacy notice
Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

Child's details

1 Medicare card number - - Ref no.

2 Family name
First given name
Other given name(s)

3 Postal address

 Postcode

4 Date of birth / /

5 Sex Male ☐ Female ☐

Vaccines exempt due to medical contraindication

6 Select from the following vaccines: **Tick ANY that apply**

Infanrix Hexa <input type="checkbox"/>	MMRII <input type="checkbox"/>	Priorix-Tetra <input type="checkbox"/>
Infanrix IPV <input type="checkbox"/>	Prevenar 13 <input type="checkbox"/>	RotaTeq <input type="checkbox"/>
Menitorix <input type="checkbox"/>	Priorix <input type="checkbox"/>	Rotarix <input type="checkbox"/>
Other vaccine <input type="checkbox"/> Specify <input type="text"/>		

The latest edition of the Australian Immunisation Handbook contains full details of contraindications to vaccination. Any adverse reaction to an immunisation should be reported to the relevant state or territory Health Authority. A list of telephone numbers is available in the Australian Immunisation Handbook.

Provider declaration

7 I declare that:


- the information I have provided in this form is complete and correct.
- the child identified on this form should have a vaccine exemption due to medical contraindication for a reason that may include one of the following:
 - unstable neurological disease
 - encephalopathy within 7 days after a previous vaccination
 - immediate severe acute allergic or anaphylactic reaction after any previous vaccination
 - malignant disease and/or immunosuppressive therapy and/or immunosuppression
 - allergy to preservative or antibiotic contained in the vaccines
- OR
- the child has other non-permanent contraindication and vaccination is deferred to the following date: / /

I understand that:

- giving false or misleading information is a serious offence.

Medicare provider/ACIR registration number

Provider's signature Date / /


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B. Procedural Requirements

1. As with all other medical procedures, the long and short term risks of vaccination must be explained to all patients prior to administration of the vaccine, and the health care provider must be required to sign that this conversation occurred.
2. Mandatory reporting of all vaccine reactions and adverse events must be required by all health care providers and witnesses (e.g. nurses, teachers, child care workers, parents, grandparents) until the child reaches the age of 18.
3. An appropriate and thorough reporting system needs to be established to create an Australian body of evidence that will inform future decision making.
4. The ability for the medical exemption form to be signed by other degree qualified health care practitioners, e.g. chiropractor, naturopath, Chinese herbalist.

C. Further Recommendations

1. Over the past 35 years the vaccination schedule has increased from 5 vaccines to 41 before the age of five, with plans for this to increase even further. This raises concerns for the accumulative and combined effects of so many vaccines. A review needs to be conducted into the safety of this schedule.
2. As this legislation uses coercion via the removal of financial payments it makes vaccination an enforced medical procedure and therefore exposes the government to ongoing litigation due to vaccine reactions/injury. Consideration must be given to protecting our health budget... The US Government has paid out \$3 billion dollars in vaccine injury claims since 1986, averaging \$100 million a year.
3. That the senate committee recommend an independent, transparent and extensive inquiry on the short and long term safety of current vaccine ingredients; the vaccination schedule; the prevalence of vaccine injury and appropriate reporting, follow-up and compensation; the extensive conflict of interest on government vaccine decision-making committees; and a study on the long term health of vaccinated versus unvaccinated children.

ADDITIONAL MEDICAL REVIEWS AND ARTICLES

Worldwide, there is a growing body of evidence on the medical issues with vaccines that cannot be ignored. The same vaccines we use in Australia. Over the following pages are some of the recent developments, including links...

The delegation has presented a hard copy folder to the Committee containing a hard copy print out of all of the studies listed over the page.

ADDITIONAL MEDICAL REVIEWS AND ARTICLES

Reviews, reports and articles

Top immunologists say vaccines cause autoimmune disease (attached)

- <http://www.greenmedinfo.com/blog/attacking-ourselves-top-doctors-reveal-vaccines-turn-our-immune-system-against-us>

Vaccine mandates in the US are doing more harm than good (attached)

- <http://www.bmj.com/content/351/bmj.h4576>

The evidence that vaccination was not the reason for reduced deaths from disease in decades past

- <http://www.vaccinationcouncil.org/2013/11/12/vaccines-a-peek-beneath-the-hood-by-roman-bystrianyk-and-suzanne-humphries-md/>

Genetic predisposition for increased susceptibility to vaccine injury / adverse events

- http://www.smartvax.com/index.php?option=com_content&view=article&id=145%3Apotential-genetic-marker-for-susceptibility-to-vaccine-injury
- <http://jid.oxfordjournals.org/content/196/2/176.full>
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2843136/>

Gardasil (HPV) vaccine causing fatal autoimmune/neurological reactions, also reproductive

- <https://web.archive.org/web/20140920231449/http://www.examiner.com/article/scientists-say-hpv-vaccine-may-cause-fatal-autoimmune-or-neurological-reactions>
- <http://nsnbc.me/2013/07/30/gardasil-destroys-girls-ovaries-research-on-ovaries-never-considered/>

Vaccination causing asthma as an autoimmune reaction

- <http://www.ageofautism.com/2008/07/earlier-vaccina.html#more>
- [http://www.jacionline.org/article/S0091-6749\(07\)02379-2/fulltext](http://www.jacionline.org/article/S0091-6749(07)02379-2/fulltext)

The recent whooping cough outbreak is due to the vaccine not working

- <http://newsroom.unsw.edu.au/news/health/sharp-rise-cases-new-strain-whooping-cough>
- <http://www.cdc.gov/pertussis/about/faqs.html>

Increased risk of vaccination for aboriginal and other immune compromised populations

- <http://www.sott.net/article/295624-Could-a-tragic-chapter-of-Australian-history-be-unwittingly-repeated-in-a-seasonal-flu-vaccination-campaign-for-First-Nations-children>
- <http://cid.oxfordjournals.org/content/50/7/970.full>
- <http://www.smh.com.au/comment/obituaries/doctor-prevented-infant-mortality-20120316-1vaj6.html>

The fraudulent behaviours of vaccine manufacturers

- <http://www.australiannationalreview.com/controversial-mmr-vaccine-autism-link-gains-momentum/>
- http://www.huffingtonpost.ca/lawrence-solomon/merck-whistleblowers_b_5881914.html
- <http://vaxtruth.org/2015/07/posey-asks-for-hearings/>
- <http://nsnbc.me/2015/06/19/shocking-report-from-medical-insiders/>

The reality of vaccine injury, including genetic marker for increased susceptibility

- <http://www.theaustralian.com.au/life/weekend-australian-magazine/virus-in-the-system/story-e6frg8h6-1226063484330>
- <http://www.fhfn.org/mother-decides-to-get-a-flu-shot-what-happens-next-will-leave-you-speechless-and-never-get-a-shot-again/>

Why vaccines are far from safe, and in fact, are endangering health

- <http://www.naturalhealth365.com/vaccines-aluminum-neurotoxicity-1536.html>
- <http://www.thelibertybeacon.com/2013/02/24/60-lab-studies-now-confirm-cancer-link-to-a-vaccine-you-probably-had-as-a-child/>
- <http://yournewswire.com/unvaccinated-children-healthier-than-vaccinated-study-proves/>
- <http://www.collective-evolution.com/2015/03/15/the-doctor-who-beat-the-british-general-medical-council-by-proving-that-vaccines-arent-necessary-to-achieve-health/>

Medical Texts / Books

A recent medical textbook edited by leaders in the field who review the literature and explore the role of vaccine ingredients in inducing diverse autoimmune diseases...

Shoenfeld, Y., Agmon-Levin, N. & Tomljenovic, L. (Eds) 2015, ***Vaccines and Autoimmunity***, Wiley-Blackwell, New Jersey USA, Canada.

- <http://au.wiley.com/WileyCDA/WileyTitle/productCd-1118663438.html>

An informative booklet is a succinct summary of government-sourced information...

Kathy Scarborough B.Sc., Grad. Dip. Ed., for Vaccine Information Serving Australia (VISA) 2014,

Investigate before you Vaccinate: A guide for parents [booklet]

- <https://avn.org.au/shop/vaccination/investigate-before-you-vaccinate/>
- http://innerself.com.au/archive/articles/sa/sa009/asa009-investigate_before_you_vaccinate.html

A medical director examines the research and dangers of this common vaccine ingredient...

Kennedy, R.F. (Ed) 2014, ***Thimerosal: Let the Science Speak***, Skyhorse Publishing, New York USA.

- <http://www.skyhorsepublishing.com/book/?gcoi=60239100356720>

Documentaries

There are many documentaries that explore the dangers related to vaccinations, here are two of the more recent and well produced documentaries that we recommend you take the time to view...

BOUGHT: THE TRUTH BEHIND VACCINES, BIG PHARMA AND YOUR FOOD (2014) Jeff Hayes & Bobby Sheehan. USA.

- <http://www.boughtmovie.com>
- <http://www.boughtmovie.com/partners/fitnessessities>

TRACE AMOUNTS (2015) Eric Gladen. USA

- <http://traceamounts.com>
- <http://traceamounts.com/digital-downloads-rentals/>

Here is a list with links to another eleven documentaries about vaccination...

1. Vaccination - The Silent Epidemic - <http://bit.ly/1vvQJ2W>
2. The Greater Good - <http://bit.ly/1icxh8j>
3. Shots In The Dark - <http://bit.ly/1ObtC8h>
4. Vaccination The Hidden Truth - <http://bit.ly/KEYDUh>
5. Vaccine Nation - <http://bit.ly/1iKNvpU>
6. Vaccination - The Truth About Vaccines - <http://bit.ly/1vlpwvU>
7. Lethal Injection - <http://bit.ly/1URN7BJ>
8. Deadly Immunity - <http://bit.ly/1KUg64Z>
9. Autism - Made in the USA - <http://bit.ly/1J8WQN5>
10. Beyond Treason - <http://bit.ly/1B7kmvt>
11. Why We Don't Vaccinate - <http://bit.ly/1KbXhuf>

Interviews with medical doctors expressing their concerns about vaccines...

1. Dr. Nancy Banks - <http://bit.ly/1Ip0alm>
2. Dr. Russell Blaylock - <http://bit.ly/1BXxQZL>
3. Dr. Shiv Chopra - <http://bit.ly/1gdgh1s>
4. Dr. Sherri Tenpenny - <http://bit.ly/1MPVbjx>
5. Dr. Suzanne Humphries - <http://bit.ly/17sKDbf>
6. Dr. Larry Palevsky - <http://bit.ly/1LLEjf6>
7. Dr. Toni Bark - <http://bit.ly/1CYM9RB>
8. Dr. Andrew Wakefield - <http://bit.ly/1MuyNzo>
9. Dr. Meryl Nass - <http://bit.ly/1DGzJsc>
10. Dr. Raymond Obomsawin - <http://bit.ly/1G9ZXYI>
11. Dr. Ghislaine Lanctot - <http://bit.ly/1MrVeUL>
12. Dr. Robert Rowen - <http://bit.ly/1SIELeF>
13. Dr. David Ayoub - <http://bit.ly/1SIELve>
14. Dr. Boyd Haley PhD - <http://bit.ly/1KsdVby>
15. Dr. Rashid Buttar - <http://bit.ly/1gWOKL6>
16. Dr. Roby Mitchell - <http://bit.ly/1gdgEZU>
17. Dr. Ken Stoller - <http://bit.ly/1MPVqLI>
18. Dr. Mayer Eisenstein - <http://bit.ly/1LLEqHH>
19. Dr. Frank Engley, PhD - <http://bit.ly/1OHbLDI>
20. Dr. David Davis - <http://bit.ly/1gdgJwo>
21. Dr Tetyana Obukhanych - <http://bit.ly/16Z7k6J>
22. Dr. Harold E Buttram - <http://bit.ly/1Kru6Df>
23. Dr. Kelly Brogan - <http://bit.ly/1D31pfQ>
24. Dr. RC Tent - <http://bit.ly/1MPVwmu>
25. Dr. Rebecca Carley - <http://bit.ly/K49F4d>
26. Dr. Andrew Moulden - <http://bit.ly/1fwzKJu>
27. Dr. Jack Wolfson - <http://bit.ly/1wtPHRA>
28. Dr. Michael Elice - <http://bit.ly/1KsdpKA>
29. Dr. Terry Wahls - <http://bit.ly/1gWOBhd>
30. Dr. Stephanie Seneff - <http://bit.ly/1OtWxAY>
31. Dr. Paul Thomas - <http://bit.ly/1DpeXPf>
32. Many doctors talking at once - <http://bit.ly/1MPVHOv>
33. Dr. Richard Moskowitz - <http://bit.ly/1OtWG7D>
34. Dr. Jane Orient - <http://bit.ly/1MXX7pb>
35. Dr. Richard Deth - <http://bit.ly/1GQDL10>
36. Dr. Lucija Tomljenovic - <http://bit.ly/1eqiPr5>
37. Dr Chris Shaw - <http://bit.ly/1lIGiBp>
38. Dr. Susan McCreadie - <http://bit.ly/1CqqN83>
39. Dr. Mary Ann Block - <http://bit.ly/1OHcyUX>
40. Dr. David Brownstein - <http://bit.ly/1EaHI9A>
41. Dr. Jayne Donegan - <http://bit.ly/1wOk4Zz>
42. Dr. Troy Ross - <http://bit.ly/1lIGINH>
43. Dr. Philip Incao - <http://bit.ly/1ghE7sS>
44. Dr. Joseph Mercola - <http://bit.ly/18dE38I>
45. Dr. Jeff Bradstreet - <http://bit.ly/1MaX0cC>
46. Dr. Robert Mendelson - <http://bit.ly/1pAEQr>

Attacking Ourselves: Top Doctors Reveal Vaccines Turn Our Immune System Against Us

Posted on: Tuesday, February 24th 2015 at 6:45 pm

Written By: [Celeste McGovern](#)



The research is hard to ignore, vaccines can trigger autoimmunity with a laundry list of diseases to follow. With harmful and toxic metals as some vaccine ingredients, who is susceptible and which individuals are more at risk?

No one would accuse Yehuda Shoenfeld of being a quack. The Israeli clinician has spent more than three decades studying the human immune system and is at the pinnacle of his profession. You might say he is more foundation than fringe in his specialty; he wrote the textbooks. *The Mosaic of Autoimmunity*, *Autoantibodies*, *Diagnostic Criteria in Autoimmune Diseases*, *Infection and Autoimmunity*, *Cancer and Autoimmunity* – the list is 25 titles long and some of them are cornerstones of clinical practice. Hardly surprising that Shoenfeld has been called the "Godfather of Autoimmunology" – the study of the immune system turned on itself in a wide array of diseases from type 1 diabetes to ulcerative colitis and multiple sclerosis.

But something strange is happening in the world of immunology lately and a small evidence of it is

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Why 80% of Us Are Deficient In Magnesium

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that the Godfather of Autoimmunology is pointing to **vaccines** – specifically, some of their ingredients including the toxic metal aluminum – as a significant contributor to the growing global epidemic of autoimmune diseases. The bigger evidence is a huge body of research that's poured in in the past 15 years, and particularly in the past five years. Take for example, a recent **article** published in the journal *Pharmacological Research* in which Shoenfeld and colleagues issue unprecedented guidelines naming four categories of people who are most at risk for vaccine-induced autoimmunity.

"On one hand," vaccines prevent infections which can trigger autoimmunity, say the paper's authors, Alessandra Soriano, of the Department of Clinical Medicine and Rheumatology at the Campus Bio-Medico University in Rome, Gideon Neshet, of the Hebrew University Medical School in Jerusalem and Shoenfeld, founder and head of the Zabludowicz Center of Autoimmune Diseases in the Sheba Medical Center at Tel Hashomer. He is also editor of three medical journals and author of more than 1,500 research papers across the spectrum of medical journalism and founder of the International Congress on Autoimmunology. "On the other hand, many reports that describe post-vaccination autoimmunity strongly suggest that **vaccines can indeed trigger autoimmunity**. Defined autoimmune diseases that may occur following vaccinations include arthritis, lupus (systemic lupus erythematosus, SLE) diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain-Barre syndrome and demyelinating disorders. Almost all types of vaccines have been reported to be associated with the onset of ASIA."

ASIA – or Autoimmune/inflammatory Syndrome Induced by Adjuvants (also known as Shoenfeld's syndrome) -- first appeared in the **Journal of Autoimmunology** four years ago. It is an umbrella term for a collection of similar symptoms, including Chronic Fatigue Syndrome, that result after exposure to an adjuvant – an environmental agent including common vaccine ingredients that stimulate the immune system. Since then an enormous body of research, using ASIA as a paradigm, has begun to unravel the mystery of how environmental toxins, particularly the metal aluminum used in vaccines, can trigger an immune system chain reaction in susceptible individuals and may lead to overt autoimmune disease.

Autoimmune disease results when the body's system meant to attack foreign invaders turns instead to attack part of the body it belongs to (*auto* is Greek for self). If the immune system is like a national defence system, antibodies are like drones programmed to recognize a certain type of invader (a bacteria say) and to destroy them or mark them for destruction by other special forces.

Autoantibodies are like drones that are misidentifying a component of the human body and have launched a sustained attack on it. If they mistakenly target a component of the conductive sheath around neurons, for example, nerve impulses stop conducting properly, muscles go into spasm and coordination fails; multiple sclerosis results. If autoantibodies erroneously focus on joint tissue; rheumatoid arthritis results. If they target the islets of Langerhans in the pancreas, Type 1 diabetes, and so on

"Throughout our lifetime the normal immune system walks a fine line between preserving normal immune reactions and developing autoimmune diseases," says the paper. "The healthy immune system is tolerant to self-antigens. When self-tolerance is disturbed, dysregulation of the immune system follows, resulting in emergence of an autoimmune disease. Vaccination is one of the conditions that may disturb this homeostasis in susceptible individuals, resulting in autoimmune phenomena and ASIA."

Who is "susceptible" is the subject of the paper entitled, "Predicting post-vaccination autoimmunity: Who might be at risk?" It lists four categories of people: 1) those who have had a previous autoimmune reaction to a vaccine, 2) anyone with a medical history of autoimmunity, 3) patients with a history of allergic reactions, 4) anyone at high risk of developing autoimmune disease including anyone with a family history of autoimmunity, presence of autoantibodies which are detectable by blood tests and other factors including low vitamin D and smoking.

PREVIOUS REACTION

Regarding those who have had a previous adverse reaction to vaccines, the paper cites five relevant studies including the case of a death of a teenage girl six months following her third **Gardasil** injection against HPV virus. She had experienced a range of symptoms shortly after her first dose,

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including dizziness, numbness and tingling in her hands, and memory lapses. After her second injection, she developed "intermittent arm weakness, frequent tiredness requiring daytime naps," worse tingling, night sweats, chest pain and palpitations. A full autopsy was unrevealing but blood and spleen tissue analysis revealed HPV-16 L1 gene DNA fragments – matching the DNA found in vials of the Gardasil vaccine against cervical cancer – "thus implicating the vaccine as a causal factor." The DNA fragments had also been found to be "complexed with the aluminum adjuvant" which, according to the report, have been shown to persist for up to 8 to 10 years causing chronic immune system stimulation.

"Although data is limited," Shoenfeld and his colleagues concluded, "it seems preferable that individuals with prior autoimmune or autoimmune-like reactions to vaccinations, should not be immunized, at least not with the same type of vaccine."

ESTABLISHED AUTOIMMUNE CONDITION

The second group which the paper cites for vaccine exemption is patients with "established autoimmune conditions." Vaccines don't work so well in them, say Shoenfeld and his colleagues, and they are at "risk for flares following vaccination." Inoculations that contain live viruses including chickenpox, yellow fever and the measles, mumps and rubella triple vaccine (MMR) are "generally contraindicated" for people with autoimmune conditions because of the risk of "uncontrolled viral replication." But inactivated vaccines are not such a good idea either because they usually contain the added ingredient aluminum, linked to autoimmunity.

The immunologists describe recent studies in which patients with autoimmune rheumatic disease given the influenza vaccine (without aluminum) suffered more joint pain and fever than controls and whose levels of autoantibodies (the drones that attack self) increased after receiving the flu vaccine. What's more, they developed new types of autoantibodies that weren't present before the vaccines, and those persisted. As the presence of autoantibodies can be **predictive of developing autoimmune disease** in patients without symptoms, even years ahead of disease onset, this is troubling to those who understand immunology.

A number of studies claim vaccines are safe for the "overwhelming majority of patients with established autoimmune diseases," the study allows, but they only looked at rheumatoid arthritis and lupus and not at severe and active cases so "the potential benefit of vaccination should be weighed against its potential risk," they cautioned.

PATIENTS WITH A HISTORY OF ALLERGY

Vaccine trials have usually excluded "vulnerable" individuals -- only extremely healthy individuals with no allergies are recruited. It's a "selection bias," say Soriano and Shoenfeld, and has likely resulted in serious adverse events being "considerably underestimated" in "real life where vaccines are mandated to all individuals regardless of their susceptibility." The true incidence of allergic reactions to vaccines, normally estimated at between one in 50,000 to one in a million doses, is probably much higher and particularly where gelatin or egg proteins are on the ingredients list, they say.

There's a long list of vaccine ingredients that are potential allergens: besides the infectious agents themselves, there are those from hen's egg, horse serum, baker's yeast, numerous antibiotics, formaldehyde and lactose, as well "inadvertent" ingredients such as latex. People's allergic histories have to be taken before vaccination say the researchers. But some signs of reaction don't show up until after the shot.

The public health nurse or GP might tell patients that a long-lasting swelling around the injection site after a vaccine is a normal reaction, for example. But that is not what the immunologists say. "[A]luminum sensitization manifests as nodules [hard lumps] at the injection site that often regress after weeks or months, but may persist for years." In such cases, they say, a patch test can be done to confirm sensitivity and to avoid vaccination.

According to a growing body of research, though, allergy may be only the beginning of many dangerous aluminum-induced phenomena.

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THE TROUBLE WITH ALUMINUM


Aluminum has been added to vaccines since about 1926 when Alexander Glenny and colleagues noticed it would produce better antibody responses in vaccines than the antigen alone. Glenny figured the alum was inducing what he called a "depot effect" – slowing the release of the antigen and heightening the immune response. For 60 years his theory was accepted dogma. And over the same time, the vaccine schedule grew decade on decade, but few ever questioned the effects of injecting aluminum into the body, which is strange considering its known toxicity.

A PubMed search on aluminum and "toxicity" turns up 4,258 entries. Its neurotoxicity is well documented. It affects memory, cognition, psychomotor control; it damages the blood brain barrier, activates brain inflammation, depresses mitochondrial function and plenty of research suggests it is a key player in the formation of the amyloid "plaques" and tangles in the brains of Alzheimer's patients. It's been implicated in [Amyotrophic Lateral Sclerosis and autism](#) and demonstrated to [induce allergy](#).

When kidney dialysis patients were accidentally infused with aluminum, the ["dialysis-induced encephalopathy"](#) (DAE) they developed neurological symptoms: speech abnormalities, tremors, memory loss, impaired concentration and behavioural changes. Many of the patients eventually went into comas and died. The lucky ones survived: when the source of toxicity, aluminum, was removed from their dialysis they recovered rapidly.

With these new observations, researchers began investigating the adjuvant effects of aluminum and in the past decade there has been a flurry of [research](#). Far from being a sandbag that holds the antigen for a while and then gets excreted, it turns out that aluminum salts trigger a storm of defence action. Within hours of injection of the same aluminum oxyhydroxide in vaccines into mice, for example, armies of specialized immune cells are on the move, calling in grid coordinates for more specialist assault forces. Within a day, a whole host of immune system commandos are in play -- neutrophils, eosinophils, inflammatory monocytes, myeloid and dendritic cells, activating lymphocytes and secreting proteins called cytokines. The cytokines themselves cause collateral damage but they send out signals, directing cell-to-cell communication and recruiting other cells into action. If the next phase of the attack is launched: fibroblast growth factor, interferons, interleukins, platelet derived growth factor, transforming growth factor and tumour necrosis factor might all be engaged. There's evidence that poorly understood and pesky inflammasomes, (currently a topic of cutting- edge [cancer causation research](#)) such as the Nod-like receptor 3(NLRP) are activated too, but it's all still too early to say exactly what they're doing.

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Views & Reviews Personal View

Vaccine mandates in the US are doing more harm than good

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Tightening the rules for non-medical exemptions is not justified and will increase parental mistrust and resistance, argues **Allan S Cunningham**

Since my medical career began in 1962 I have seen the harmful effects of nearly all of the vaccine preventable diseases on the US immunization schedule. I have enthusiastically administered many thousands of vaccine doses and am glad that my children and grandchildren are well vaccinated. However, the current attitudes of public health officials about vaccine mandates and exemptions are arrogant and patronizing.

In the US all 50 states and the District of Columbia require children and adolescents to be vaccinated before they attend school, college, or preschool programs.¹ Rhode Island has the most extensive requirements, including mandates for vaccination against hepatitis A and B, *Haemophilus influenzae* type B, rotavirus, human papillomavirus, and influenza.² Medical exemptions are granted in all jurisdictions, and religious exemptions are granted everywhere but Mississippi and West Virginia. Only 20 states grant personal exemptions.

The recent US measles outbreak has given rise to a lot of media hyperventilation about vaccine exemptions. There have been calls for outright bans on non-medical exemptions and financial penalties for parents whose children are not up to date with the immunization schedule. Some of the rhetoric directed against parents who obtain non-medical exemptions has been venomous.¹

Vaccines are among the greatest medical advances of modern times,³ but public health officials have become intoxicated by success and have lost their sense of perspective. A case can be made for mandating vaccination against measles, which used to infect 3-4 million US children a year,⁴ but it is over-reach to mandate vaccination against hepatitis B, which was reported to infect only 300 children aged 1-9 years annually in the US.⁵

It may seem invidious to suggest that anything but humanitarian motives drive vaccine policy, but it is hard not to notice the professional and financial incentives that encourage strict adherence to the standard immunization schedule, and the tendency for officialdom to report the good news about vaccines but not the bad news. Most vaccine research is sponsored by the manufacturers and consists mainly of studies to establish short term efficacy with little real effort to look for rare but serious adverse effects. Our Vaccine Adverse Events Reporting System (VAERS) is passive and records only a tiny percentage of adverse events after vaccination.

Natasha Crowcroft and her public health colleagues in Toronto have been concerned about the safety, effectiveness, and cost of some of the newer vaccines, and they worry that expanding vaccine schedules threatens children's uptake of truly life saving and cost effective vaccines such as the measles vaccine.⁶ Furthermore, they perceive serious ethical problems in the vaccine approval process and suggest that public trust has been undermined by allowing manufacturers and professionals with close links to industry to be involved in lobbying and decision making. I share their concern. We have forgotten that children given the DPT vaccine during the 1949 British polio epidemic had a 20-fold risk of developing paralytic polio,⁷ and there have been other unpleasant vaccine surprises since then, such as intussusception with the first rotavirus vaccine.⁸

In retirement, I am still asked questions about vaccine safety and effectiveness by parents and grandparents; they are not "vaccine skeptics" and they are not given to "free riding" at the expense of their neighbors. They simply want to protect the health of their children and grandchildren. Nevertheless, vaccine hardliners have lumped them together, mostly in the name of "herd immunity."

Herd immunity is an important concept, but it has been used to bully parents into rigid adherence to the immunization schedule. It is commonly suggested that 90-95% of children should be vaccinated to maintain herd immunity and prevent the spread of infections to vulnerable individuals. These numbers come mainly from mathematical models pertaining to measles, but their estimates actually range from 55% to 96%.⁹ The numbers are irrelevant to other vaccine preventable diseases. Nevertheless, they have been used to foster public disapproval of parents who decline any vaccine—and to enforce mandates.

Public health and pediatric officials in the US want to reduce the number of non-medical exemptions by increasing the cost and inconvenience to families who request them.¹ This is a mistake and will only increase mistrust and resistance. In general, Canada has better vaccine coverage than the US, mostly without mandates. Without mandates 96% of 2 year olds in Newfoundland and Labrador receive the MMR vaccine¹⁰; the figure is only 86% in West Virginia, which has rigid mandates and no non-medical exemptions.¹¹ A case can be made for mandating vaccines with a long record of safety and broad protection against highly contagious diseases. Even for these vaccines, however, knowledge is incomplete and some flexibility must be allowed for non-medical exemptions. In any case, we should not force parents and children into a procrustean bed of rigid mandates for every vaccine on the immunization schedule.

Canadian scientists recently published data suggesting that this season's flu vaccine doubled the risk of illness from influenza in children (crude odds ratio 2.18, 95% confidence interval 1.03 to 4.61, calculated from their table 3A).¹² This is unpleasant news, particularly for jurisdictions that mandate flu vaccine for children, but it is not likely to be publicized in the US.

Notes

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Footnotes

- Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.
- Provenance and peer review: Not commissioned; not externally peer reviewed.

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