

Government Information about Vaccines

The Australian Government is misusing the words *vaccination*, *immunisation* and *vaccine-preventable diseases* on the Immunise Australia Program (IAP) website (www.immunise.health.gov.au). This is resulting in misinformation about the benefits and safety of vaccines. It is essential that the public has a good understanding of the difference between vaccination and immunisation because current vaccination policies in Australia include coercive strategies that pressure healthy individuals into using multiple vaccines. This includes financial incentives for parents and discrimination in the workplace for health students.

The public also needs to consider whether it is appropriate to call infectious diseases ‘*vaccine-preventable diseases*’. This term suggests that vaccines controlled infectious diseases and are capable of preventing these diseases yet the government has not provided any evidence to support these claims. I will clarify the meanings of these three terms below and how they should be used in the promotion of vaccines to the public:

Definition of Vaccination, Immunisation and Vaccine-Preventable Diseases:

Vaccination is a medical intervention that injects weakened viruses/bacteria (antigens) and chemical substances into the tissues of healthy individuals to stimulate the production of antibodies (DHA 2012). This is different to *immunisation* which is the immunity that is believed to be gained from the artificial stimulation of antibodies against an antigen by receiving a vaccine (DHA 2012). These two words are often used interchangeably but they have different meanings. Individuals can obtain immunity to a disease by either natural exposure to the pathogen or by receiving a vaccine. Sometimes individuals get vaccinated but do not get immunity to the disease (DHA 2012, Behrman and Kliegman (eds) 1998). This can be a result of

the vaccine not working or because an individual is exposed to a strain of the disease that is not covered by the vaccine (DHA 2012). Conversely individuals can have immunity to a disease but not be vaccinated. This is because exposure to the agent results in natural immunity and this immunity is of longer duration (often life-long) than that gained from a vaccine e.g. whooping cough, hepatitis B and measles (Friis and Sellers 2004, Cromar et al 2002, DHA 2012).

The Australian Government defines vaccination and immunization on the *Immunise Australia Program* (IAP) website. It states:

- *‘Vaccination means having a vaccine - that is actually getting the injection.*
- *Immunisation means both receiving a vaccine and becoming immune to a disease, as a result of being vaccinated.*

Most people use the terms 'vaccination' and 'immunisation' interchangeably but their meanings are not exactly the same. The term 'immunisation' is used in this website, as it is most commonly used in the community' (DHA 2012).

Analysis: This statement is incorrect. The government is misusing the word immunisation. On the website the government only refers to the physical act of receiving a vaccine and does not provide evidence that immunity has been achieved. Therefore the correct word for the government to use on the website is vaccination. The government is only *assuming* that individuals who are vaccinated have gained immunity – and this is not always the case.

In addition, the US Centres for Disease Control and Prevention (CDC) and governments globally are now referring to common infectious diseases as **vaccine-preventable diseases** (CDC 2012).

Again this terminology has been based upon the *assumption* that vaccines create immunity in all

individuals. This is creating an allusion about the benefits of vaccines that is unproven. It is not accurate to use this term because many conventional vaccines have never been demonstrated to protect against disease in controlled clinical trials (MPA 2007). The effectiveness of vaccines is measured by demonstrating seroconversion. This is the level of antibody titre in the blood and it is a surrogate for disease protection (DHA 2012). Empirical models from controlled clinical trials demonstrating the required antibody titre that is needed to induce protection against a specific infectious disease are not provided to the public as evidence of effectiveness (DHA 2012).

Consequently, when a child gets a vaccine against a disease and does not get sick, it is *assumed* that the child was protected by the vaccine. There is no empirical proof that the vaccine provided protection against the disease because there are other vaccinated children who still get the disease (DHA 2012). It may have been the strength of the child's immune system or lack of exposure to the wild virus that resulted in protection from disease. Proof that a vaccine provides protection needs to be obtained from controlled clinical trials with statistically significant numbers of vaccinated and unvaccinated participants to compare the percentage that contract the disease after exposure. These studies have never been presented by governments as evidence that vaccines are effective (DHA 2012).

Hospitalization statistics are another method of evaluating the effectiveness of vaccines. The vaccination status of individuals hospitalized with infectious diseases would demonstrate whether the most serious cases are vaccinated or unvaccinated. But this data, presented from a transparent source, is not used in the promotion of vaccines to the public. When epidemics do not occur there are many factors that could play a role, including the vaccine, but without proof, the term 'vaccine-preventable disease' is inappropriate. This is a misleading term because some

vaccinated individuals still get the diseases they are vaccinated against (DHA 2012). The government could demonstrate the effectiveness of vaccines by providing transparent data on the number of vaccinated and unvaccinated children that are hospitalized with cases of disease.

The Government's statement on Natural Immunity on the IAP website:

Natural immunity and vaccine-induced immunity are both natural responses of the body's immune system. The body's immune response in both circumstances is the same. In some cases, vaccine-induced immunity may diminish with time; natural immunity, acquired by catching the disease is usually life-long. The problem is that the wild or natural disease has a high risk of serious illness and occasionally death. Children or adults can be re-immunised (required with some vaccines but not all) if their immunity falls to a low level. It is important to remember that vaccines are many times safer than the diseases they prevent.

Analysis: This information does not address the differences between natural and artificial immunity. Firstly it states that 'the body's immune response in both circumstances is the same'. This is clearly not true as the Government states that the natural response is of longer duration. It is also an assumption because vaccines have never been demonstrated to prevent disease in controlled clinical trials (MPA 2007). They have also never been tested for safety against a genuine placebo (Downing D, 2011).

The placebos in safety trials always contain *all the adjuvants and neomycin (a known neurotoxin and allergan)* (Virtanen M et al, 2000). Neomycin is an antibiotic that is used in many of the vaccines recommended by the Australian Government yet the medical facts on this component state that it causes allergies, Parkinson's disease and kidney damage (extremely nephrotoxic) and

should not be given to pregnant women: it could harm the unborn baby (Medical Facts). Neomycin can have long-lasting effects on your body (Medical Facts). It is known to cause delayed allergic reactions and it is contained in MMR, varicella, influenza and poliovirus vaccines (Heidary and Cohen 2005). Whilst each vaccine is stated to contain less than 25 ug of neomycin per dose there is no evaluation of the cumulative amount that children/adults might receive through the recommended schedule of 16 vaccines. This risk will also vary with individual genetics which predispose some people to a higher risk of hypersensitivity (Pifferi and Restani 2003, NHMRC). Antibiotics have also been linked with the possibility of causing autism (ABC 2012).

The Australian Government recommends the influenza vaccine to pregnant women yet this vaccine may contain neomycin and thiomersal – a mercury compound and neurotoxin (FDA, DHA IH Appendix 4). Depending on the brand some influenza vaccines will contain formaldehyde (a carcinogen) and there are known synergistic effects when chemicals are combined in a substance (Gilbert 2004). Whilst these amounts are described as ‘trace’ amounts meaning extremely small it is known that even very small amounts of toxins can have serious adverse effects (Gilbert 2004). Therefore if the long-term health effects of vaccines have not been studied there is *no evidence* that ‘trace’ amounts of toxins in the vaccines are safe. The Australian Government also recommends many vaccines to children between the ages of 2-18 months of age that contain aluminium adjuvant and they are receiving up to 50 times the FDA safety limit for aluminium from vaccines alone (Tomljenovic 2010).

The government states that *‘there is a high risk of serious disease and complications from natural infection’*. This is untrue in developed nations. Childhood diseases are a low risk to the

majority of children in developed nations and in many cases herd immunity is established through sub-clinical infections or mild cases of the disease (Friis and Sellers 2004 p.409). There is scientific evidence of the benefits of acquiring these diseases in childhood because they prime the immune system to function effectively to produce long-term immunity. Secondly, the other *assumption* in current vaccination policies is that the chemicals used to treat the pathogens and those in the vaccine carrier (excipients) do not cause long-term harm to the vaccinated individuals. Research has not been done to support this assumption (DHA 2012).

Excipients in the vaccine carrier are required to be inert (non-toxic) substances yet it is known that many excipients in vaccines today are not inert and some are known neurotoxins (FDA, Downing 2011, Shoenfeld and Agmon-Levin 2011). There is no mention of this risk to children in government statements or evidence to demonstrate that this procedure is not causing the significant increase in chronic illness that is being observed in children. The statement that ‘vaccines are many times safer than the diseases they prevent’ is an *opinion* that the government repeats many times on the IAP website.

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Australian Government, Department of Health and Ageing (DHA), Immunise Australia Program, www.immunise.health.gov.au updated 25 November 2011 (visited December 2012)

a) About the Program

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/home>

visited December 2012

b) Frequently Asked Questions (FAQ), last modified September 2010

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/faq#1>

visited 19.10.11

c) [The list of vaccines required to be 'fully immunised'](#)

d) Strengthening Immunisation for Children

<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/factsheet-strengthening-immunisation>

e) Immunisation Handbook, Appendix 4, Components of Vaccines

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/handbook-appendix4> visited March 2013

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