Newsletter 55 Mercury and Other Toxins in Vaccines 9th June 2014

Many of you will be aware that Saba Button, the young girl from Perth, who became mentally and physically disabled after an influenza vaccine in 2010 will receive a multimillion dollar compensation payment for this tragic event. This verdict was announced on Friday (6th June 2014) after the parents took legal action against CSL for the harm caused to their daughter. In turn CSL counter-sued the WA government. These details can be found here http://www.news.com.au/national/western-australia/parents-of-saba-button-who-was-victim-of-flu-vaccine-debacle-receive-payout-from-wa-government/story-fnii5thn-1226945651845

In Australia parents have been told that mercury was removed from childhood vaccines by 2004 but there are still some vaccines with mercury in them. In particular, some brands of influenza vaccines that are administered from a multidose vial. Each dose from a 10 dose vial contains 24.5 micrograms of mercury. Mercury has been in vaccines in a compound called thiomersal (49% mercury) and in 2013 it was still listed in the infant hepatitis B vaccine (given at birth) and the influenza vaccines Fluad and Fluarix (Australian Immunisation Handbook (9th ed) 2013).

CSL's Fluvax 'swine' flu vaccine was thiomersal-free but it did contain beta-propiolactone and antibiotics - neomycin and polymyxin B and detergent (sodium taurodeoxycholate) and egg protein. Individuals with a family history of allergies have a higher risk of reacting to chemicals in vaccines. This is a known contraindication for vaccines. In addition, the new 6 in one shot - Infanrix hexa vaccine - was found to contain 10 ppb of mercury (Austin et al 2010, Journal of Toxicology and Environmental Health). Whilst this may be considered a low dose by some it is a fact that a safe level of mercury in humans has never been established - this would be unethical to test. It also does not consider the increased toxicity that is known to occur when many chemicals are added together. Yet the combined schedule of childhood vaccines given to infants before 1 year of age has never been tested in controlled clinical trials against unvaccinated children - with a true inert (non-active) placebo.

In 2010 I wrote several articles about children's influenza vaccine that was promoted to parents in Perth (through the media) in a 5 year trial funded by the pharmaceutical companies. This WA trial started in 2008. I presented my research on the children's influenza vaccine at the National Health Promotion Association Conference in Perth in May 2009 under the title: Childhood Influenza Immunisation: how is this program promoted and evaluated? Here is the link to the information I presented at this conference to health professionals

http://www.vaccinationdecisions.net/resources/Ethical%20Issues%20of%20Childhood%20Influenza%20Immunisation%20Final%20100423.pdf

Here is another link to my article that describes the serious adverse reactions that occurred to this vaccine in 2010 and the inadequate adverse event reporting system that Professor Bryant Stokes described in his independent report carried out in 2010 http://vactruth.com/2010/11/22/how-government-and-pharmaceutical-companies-gamble-with-your-childs-life/

Australians need to be aware that unlike the US we do not have a Vaccine Injury Compensation Scheme funded by the government to address the damage many individuals experience from vaccines. Vaccination should not be tied to financial incentives, childcare places and employment if governments describe vaccines as 'unavoidably unsafe' for many individuals with a genetic pre-disposition to disease. Governments have not provided quantitative evidence of the harm that vaccines cause in the population yet they are continually adding new vaccines to the childhood schedule for diseases that are not a risk to the majority of children.

Kind regards, Judy Wilyman MSc (Population Health) PhD Candidate www.vaccinationdecisions.net