

Questioning the Evidence for Childhood Immunisation

In Australia the Childhood Immunization Schedule is not compulsory but because immunization has been linked to government welfare benefits and school entry parents are led to believe that it is. This has the effect of increasing the vaccination rate. The Government Childhood Immunization Policy recommends that children be vaccinated with twelve vaccines before two years of age in order to obtain the Immunization Allowance Payment from the government (1). Most parents are unaware that if they choose not to vaccinate they can still get this allowance by filling out a conscientious objectors form obtained from a doctor's surgery or social security. Parents are also required to declare their child's immunization status when they enroll in pre-schools and schools. However, children cannot be prevented from attending school because vaccination in Australia is not compulsory. Parents will be informed that if their child is unvaccinated they may be required to keep their child at home during an outbreak of an infectious disease.

Vaccination is a medical intervention that injects weakened pathogens and chemical substances into the tissues of healthy individuals to create immunity. Chemicals in the vaccine carrier include preservatives, antibiotics and adjuvants (aluminium compounds). The Department of Health claims that the risk of the diseases we vaccinate against far outweighs the risk of vaccines to individuals. If governments are implementing coercive immunisation policies they should have convincing knowledge that vaccines are not doing significant harm to any sector of the population. They should be willing to provide this evidence to the public to support the statements they make regarding the efficacy and safety of vaccines. We should also expect health professionals to discuss the ingredients of vaccines with parents and the reasons why particular vaccines have been placed on the recommended schedule of vaccines.

The public is told that diseases on the childhood vaccination schedule are not a public health risk because the vaccines have controlled these diseases (1). This is not supported by historical data. Infectious diseases declined steadily throughout the twentieth century as living standards, sanitation and nutrition improved. This was prior to the introduction of most vaccines in the 50's and 60's (3). It is also important to note that a policy recommending one or two vaccines in infants is different to a policy recommending 12 or 13 vaccines in infants. Chronic illness in Australian children increased dramatically over the past two decades. This includes allergies, anaphylaxis, asthma, ADD/ADHD, autism, autoimmune diseases (eg. diabetes), learning and behavioral difficulties, speech delay, hearing problems and childhood cancer.

It is known that a vaccine (like all drugs) cannot be administered without causing some harm to some individuals. Therefore we must consider the harm we cause by vaccinating versus the harm of the disease. This must include the increased risks involved with using multiple vaccines in infants. In order to do this we need accurate data on the side effects of each vaccine as well as long-term health studies examining the effects of combining 12 vaccines in an infant's body before two years of age. This research has not been done.

An examination of medical journals and policy documents indicates there are many gaps in scientist's knowledge regarding the long-term health effects of vaccines. There are also gaps in scientist's knowledge regarding the functioning of the human immune system. This information has been set out in the brochure below and is designed to ensure that parents are aware of what evidence is available and what evidence is not available to governments when implementing immunization policies for the benefit of the community.

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References:

1) Australian Government, Department of Health and Ageing,
Immunise Australia Program:
www.health.gov.au
Immunise Australia Website: www.immunise.health.gov.au