

CHILDHOOD VACCINATION

What you need to know to make an informed decision

Investigate the ingredients, duration and effectiveness of vaccines before blindly trusting unsupported information. Discuss this brochure with your local GP.

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Some Questions and Answers

Did vaccines control childhood diseases?

No. Childhood diseases are still present in developing countries (and aboriginal populations) with poor living conditions. These countries have had vaccine programs for more than thirty years but the diseases are still rife (1) (2).

Do prominent Australian public health authorities of the twentieth century claim vaccines controlled these diseases?

No. By 1950, prior to the use of most vaccines, infectious diseases were considered to be very low risk in Australia (3). Prominent Public Health officials claimed improvements in sanitation, hygiene, nutrition, smaller families and improved living standards were the main reason for the decline of infectious diseases (4) (5) (6) (7) (8) (9).

What is in a vaccine?

Ingredients include preservatives such as thiomersal (an organic mercury compound), formaldehyde and phenoxyethanol. Antibiotics such as neomycin and polymyxin B. Adjuvants such as aluminium hydroxide and aluminium phosphate. Foreign proteins from the manufacturing process such as human diploid cells, calf, bovine and monkey kidney cells. These substances are known causes of allergies, anaphylaxis and autoimmune diseases (10) (11).

Is there an increased risk of reactions when multiple vaccines are used in individuals?

Yes because there are increased amounts of chemicals injected into the tissues. Furthermore the effects of chemicals can be synergistic. They react together to become more potent. The current schedule recommends 12 vaccines by 18 months of age (12).

When do reactions to vaccines occur?

They can occur immediately after the injection and later on. Animal studies show delayed reactions to the ingredients of vaccines. A reaction may occur days, weeks, months or years after an animal/human is exposed to the chemical (13).

Are there any human studies that have investigated the long-term health effects of 12 vaccines in vaccinated and unvaccinated children?

No.

Are there any animal studies that have investigated the long-term health effects of the 12 vaccines recommended on the childhood schedule?

No.

Does the Health Department publicise the vaccination status of cases of infectious diseases that are admitted to hospital?

No. This would be the strongest evidence for the effectiveness of vaccines. This information is not collected and publicized in the media.

Can vaccinated children get the diseases they are vaccinated against?

Yes. Viruses/bacteria can revert to virulence and also the antibody response is not stimulated in 100% of individuals (14).

Does the Health Department publicise the socioeconomic status of cases of infectious diseases?

No. Yet it is known that disease incidence is higher in communities with lower living standards.

Do genetics and the environment play a role in the expression of disease?

Yes (15)

Is there a link between vaccines and diseases which are increasing in children such as asthma, allergies anaphylaxis, autism, ADHD, learning difficulties, diabetes, speech delay, cancer and other chronic illness?

It is possible there is a link because the studies mentioned above have not been done. In Australia in 2001 chronic illness affected 44% of 0-14year olds (Dept. Health, 2005). This is a huge cost to parents and the health system. However, scientists are not seriously looking to see if vaccines could be the cause of these diseases.

Do pharmaceutical companies influence the areas of research and funding of vaccine safety and efficacy studies?

Yes. The majority of vaccine safety and efficacy studies are funded by pharmaceutical companies. They also control the areas of research. Practices within these companies are designed to sell drugs and the methods they are using have been described as 'institutionalized deception' (16).

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