

Comment on “Epidemic Pertussis in 2012 – The Resurgence of a Vaccine-Preventable Disease”, James D. Cherry, M.D., N Engl J Med 2012; 376:785-787 August 30, 2012.

As an independent European vaccine vigilance forum and a Belgian health watchdog, we were shocked and disappointed by Dr. James D. Cherry’s article on the resurgence of pertussis and the rather simplistic solutions he suggests.

We have noticed, as have the many European doctors and groups who support us, that a large number of authors claiming to be scientists, regularly overlook scientific data and facts which are nonetheless relevant. Could there be a link between this selective approach and their conflicts of interest? According to a 2007 editorial in the Belgian journal *Evidence-Based Medicine Minerva*¹, this would seem to be the case! The article explains that any conflict of interest, no matter how small, “**interferes with clinical judgment and goes against patients’ interests**”. It also states clearly that a declaration of an author’s conflicts of interest is NOT enough to eliminate his bias.

So what do we feel are the relevant data and facts Dr. Cherry has peculiarly ‘forgotten’ to mention?

- First of all the fact that avoiding any possible complications from the disease is far more important than going to great lengths to avoid whooping cough itself and as authors P. Grenet and F Verliac stated back in 1975 in their *Précis de Médecine Infantile* (Manual of Paediatric Medicine), “*The considerable drop in [Pertussis] mortality rate over the last few years cannot be attributed to vaccination. The rate had already dropped to a very low level before pertussis vaccination became widespread.*”²
- Dr. Cherry also seems not to be aware of the conclusions of the recent study by De Serres et al.³ on the total failure of the ‘cocooning’ strategy: it is estimated in this study that “*10,000 adults in close contact with young children would have to be vaccinated to prevent a single pertussis-induced hospitalization and one million would have to be vaccinated to avoid a single death*”. The costs of this strategy clearly outweigh the benefits.
- There was no mention in the article of a study revealing an approximate 40-fold increase in *B. parapertussis* lung colony-forming units (CFUs) in mice vaccinated with the acellular Pertussis vaccine⁴, a result which should really incite some humble re-thinking rather than the constant heralding of ‘past victories’ we hear from the scientific camp.
- Lastly, Dr. Cherry omits a series of relevant scientific data regarding the safety of the vaccine schemes he advises:
 - **Pregnant women:** ever since the ‘swine-flu’ pseudo-pandemic, this traditionally ‘protected’ category of people has become a regular target for vaccine recommendations. We feel that this is a particularly risky approach due to the blatant lack of teratogenicity studies on vaccination. In addition, on the 17th of May this year, an article in the French newspaper *Le Monde*⁵ contained a serious warning from a number of French researchers, including Robert Barouki of INSERM, on the under-estimated toxicity of the chemical substances to which children are exposed in the very delicate prenatal and perinatal periods. According to Mr. Barouki, these chemical substances (whose real toxicity level is in fact never tested but simply theoretically extrapolated⁶) can trigger epigenetic modifications potentially resulting in serious diseases, the manifestation of which can sometimes be delayed until adulthood. It is now common knowledge that vaccines contain a variety of chemical ingredients whose toxicological effects have already been abundantly demonstrated while at the same time, no official **long-term** safety studies have ever been performed on vaccines.⁷
 - **Young children:** a young child’s immune system is not yet fully mature, nor is his neurological development complete. The study by Shaw and Tomljenovic in the January 2012 edition of *Lupus*⁸, a review of nearly 100 scientific studies on the risks of aluminium (used as an adjuvant in this vaccine), highlights the neurotoxicity of this substance, all the more worrisome in a growth period when the child will necessarily be more delicate. According to the authors of this article, it is particularly inappropriate from a toxicological standpoint to treat these children as ‘miniature adults’! Prof. Gherardi’s team at the *Henri Mondor* hospital in Créteil, France, has demonstrated that the aluminium in vaccines can migrate to the brain (with all the unknown long-term consequences this can cause)⁹ and even the French Academy of Medicine acknowledges that the aluminium in vaccines impregnates the body’s vital organs in the following order: **kidney > spleen > liver > heart**

> lymph > brain.¹⁰ What ever happened to the basic precautionary principle and the founding principle of all medicine “primum non nocere”?

- **As for shorter intervals between injections:** given the Kobe research study published in late 2009 in the Plos One Open Journal¹¹ we should really adopt a great deal more prudence. This study demonstrated that autoimmunity is the ‘inevitable consequence’ of over-stimulating the immune system through repeated injection of antigens. It revealed that after the eighth injection of antigens into a mouse, its immune system was simply unable to cope and that only sufficiently long intervals of time between jabs could prevent the onset of an autoimmune condition. In Dr. Cherry’s article however, he is advising the exact opposite, virtually ignoring the many other antigens and vaccines in the already over-burdened children’s vaccination schedule. It is important to note that the Kobe study focused only on the injection of antigens, without even taking into consideration any of the chemical additives or adjuvants in vaccines, substances which for a number of years have been the subject of much controversy as to whether they may trigger or exacerbate autoimmune conditions.¹²

In conclusion, we feel that it is both essential and urgent to return to a more rigorous, objective and responsible but also more humble and ethical form of Science. A growing number of individuals and doctors no longer subscribe to the concept of “full vaccine cover” and are becoming very tired of the virtuous and unrealistic refrain on the purported positive benefit/risk ratio of vaccines. The studies mentioned here reveal without any question that basic information relevant to the calculation of this ratio is never sufficiently taken into account.

Signatures – EFVV, Initiative Citoyenne

The European Forum for Vaccine Vigilance (EFVV) is a coalition of groups and persons in Europe that wish to inform the general public, politicians and the press about vaccination adverse effects. <http://www.efvv.maverickwebhosting.co.uk/>

Initiative Citoyenne is a Belgian Health Watchdog, an independent citizens’ association including a number of doctors and other health professionals in different countries. It was created during the swine-flu pseudo-pandemic and conducts independent investigations and analyses of both domestic and international vaccination policy. *Initiative Citoyenne* also campaigns for freedom of vaccine choice, the right to informed consent based on uncensored, clear and reliable information on vaccines and also the freedom to choose a preferred form of medicine. <http://www.initiativecitoyenne.be>

References:

¹ http://www.minerva-ebm.be/articles/fr/2007/5-2007/5-2007_editorial.PDF

² P. Grenet et F. Verliac, Précis de Médecine infantile, Paris, Masson, 1975, p. 185.

³ <http://www.ncbi.nlm.nih.gov/pubmed?term=de%20serres%20et%20al%20pertussis%20cocoon>

⁴ <http://rspb.royalsocietypublishing.org/content/early/2010/02/26/rspb.2010.0010.abstract>

⁵ <http://ddata.over-blog.com/xxxyyy/3/27/09/71/dec-2011/Le-Monde-17-mai-2012--exposition-precoce-aux-polluants.pdf>

⁶ Statements of researchers Laura Vandenberg and Daniel Zalko in *Le Monde* and on the *RTBF* website : http://www.rtf.be/info/societe/detail_on-sous-evaluerait-la-toxicite-de-certaines-molecules?id=7738747

⁷ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1114674/?tool=pubmed>

⁸ <http://ddata.over-blog.com/xxxyyy/3/27/09/71/dec-2011/LT-Shaw-Lupus-2012--Mechanism-of-adjuvant-toxicity-in-pedia.pdf>

⁹ CADUSSEAU J, KHAN Z, ITIER V, CHRÉTIEN F, BRIGITTE M, GHERARDI RK. Nanoparticle Translocation from Muscle to Brain, presentation on 20th October 2009, Neuroscience Meeting, Chicago.

¹⁰ <http://ddata.over-blog.com/xxxyyy/3/27/09/71/dec-2011/Acad.-Medecine-aluminium.pdf>

¹¹ <http://www.plosone.org/article/info:doi%2F10.1371%2Fjournal.pone.0008382>

¹² Shoenfeld, Y.; Agmon-Levin, N. 'ASIA' - Autoimmune/inflammatory syndrome induced by adjuvants. *J Autoimmun.* 2011, 36(1), 4-8.