

Rapid response of Initiative Citoyenne to the BMJ article “Belief, not science is behind flu jab promotion, a new report says.”

A lot of risks never investigated...

We fully agree with Dr Hugh Mann. The financial issues obscure the main priorities of safety and public health.

Flu vaccines raise a lot of questions among which the important ones are as follows:

- What about the safety of formaldehyde, that is a well known carcinogen (class I) and that is contained in a majority of flu vaccines **(1)** ? Why is carcinogenesis never required during the evaluation process of vaccines (unlike other drugs)?

- What about the special risks for pregnant women who are vaccinated? An interesting article of Mrs Eileen Dannemann exposes a sharp increase of foetal mortality of more than 4000% following the H1N1 vaccination for pregnant women (based on VAERS data). Officials know it but still recommend this shot to this sensitive public! **(2)**

- How can we explain the mortality statistics derived from the CDC Vital Statistics Reports Covering Years 1999-2003 and the rising influenza deaths rate among children under 5 in 2002, just after that CDC mandated early childhood flu vaccines in USA (passing **from 25 deaths per year in 1999 to over 90 in 2003**, while the implementation of flu vaccination in children occurred in the latter half of 2002) ? **(3)**

The problem is not only about flu vaccines, it is about all of them. The issue of the benefit/risk of these products still remains very sensitive. For example, here in Belgium, the Office of Birth and Childhood (ONE) indicates that vaccines campaigns against pertussis began in Belgium when the incidence of invasive infections was about 44/ 100 000 children **(4)** BUT in 1996, the Swedish study of Gustafsson & al., published in NEJM, showed a very frightening rate of serious side effects with the acellular version of the vaccine: nearly 1 in 200 vaccinated children (48/10000) in a period of 1 to 60 days following the shots **(5)** ! We do have this way a vaccine that is at least 10 times more risky than the hypothetic complications of the natural disease!

And unfortunately, that is just the same with Hib vaccination: in 1999, Dr J. B Classen wrote a letter to the BMJ **(6)** in which he denounced the absence of any long term safety study for vaccines. Here is some parts of his quote: "[...]immunisation starting after the age of 2 months is associated with an increased risk of diabetes. Our analysis is further supported by a similar rise in diabetes after immunisation with *H influenzae* type b vaccine in the United States⁴ and United Kingdom.⁵ Furthermore, the increased risk of diabetes in the vaccinated group exceeds the expected decreased risk of complications of *H influenzae meningitis*. Research into immunisation has been based on the theory that the benefits of immunisation far outweigh the risks from delayed adverse events and so long term safety studies do not need to be performed. When looking at diabetes—only one potential chronic adverse event—we found that the rise in the prevalence of diabetes may more than offset the expected decline in long term complications of *H influenzae meningitis*. Thus diabetes induced by vaccine should not be considered a rare potential adverse event. The incidence of many other chronic immunological diseases, including asthma, allergies, and immune mediated cancers, has risen rapidly and may also be linked to immunisation."

For hepatitis B vaccine, it is one more time the same because there is no real risk of hepatitis B before the age of +/- 15. Thus, the risks appear greater than the potential benefits. A recent research shows that hepatitis B vaccine induces apoptosis of hepatic cells.(7) The study of Tardieu and Mikaeloff in 2008 in Neurology showed an increased risk of multiple sclerosis (2,57) in children vaccinated with all recommended shots, included hepatitis B vaccine.(8) In Belgium, a confidential document of more than 1200 pages about the pharmacovigilance of Infanrix hexa (9) has just been disclosed to us a few days ago by an employee of the National Drug Regulation Agency (AFMPS). This document mentions 36 infant deaths for the 2 years period of 2009-2011 but at least 37 other sudden deaths since launch of the vaccine, in 2000. This document listed 825 various possible side effects and all the systems of the body can be involved. Autism, child abuse syndrom and diabete of SIDS are mentioned for example. At the end of the document, we can see that several comments (of physicians but also of national regulatory agencies like italian one) establish a possible or likely link between the death and the vaccine. We noticed a very abnormal temporal distribution of the deaths, with a clear concentration of the fatal outcomes in the first days (or hours) after vaccination, most often delivered with concomitant others, like Prevenar/Synflorix or Roratrix/Rotateq

This kind of document shows clearly the urgent need of real comparative studies with real placebos. We must dare comparing what it is comparable: vaccinated with completely unvaccinated children, because it is the only method that is really a scientific one! We cannot accept any longer inconsistent pretexts claiming that it is impossible because it would be "unethical". What is the most unethical of all is carry on exposing various generations to insufficiently assessed (=experimental) products!!

References:

- (1) <http://ntp.niehs.nih.gov/ntp/roc/twelfth/profiles/formaldehyde.pdf>
- (2) <http://vactruth.com/2012/11/23/flu-shot-spikes-fetal-death/>
- (3) http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm
- (4) <http://ddata.over-blog.com/3/27/09/71/2012-2013/ONE-on-pertussis-incidence-before-vaccination.pdf> (NB: Extract of The Guide of Preventive Medicine of the ONE, The Birth and Childhood Office in French speaking Belgium)
- (5) Gustafsson L. & al.,” A controlled trial of a two-component of acellular, a five-component acellular, and a whole-cell pertussis vaccine.”, (*The New England Journal of Medicine*, t. 334 [6], p349-355; 1996).
- (6) <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1114674/?tool=pubmed>
- (7) <http://www.ncbi.nlm.nih.gov/pubmed/22249285>
- (8) MIKAELOFF Y, CARIDADE G, SUISSA S, TARDIEU M. “Hepatitis B vaccine and the risk of CSN inflammatory demyelination in childhood” Neurology 2008
<http://www.neurology.org/cgi/content/abstract/01.wnl.0000335762.42177.07v1>
- (9) <http://ddata.over-blog.com/3/27/09/71/2012-2013/confid.pdf>

Direct link to our comment on the BMJ website :

<http://www.bmj.com/content/345/bmj.e7856?tab=responses>