The Immunisation Awareness Society Inc. is a voluntary and charitable organisation founded in 1988. Its members include an increasing number of parents, caregivers, health professionals and other adults who have concerns about the safety and efficacy of vaccines, wish to make an informed decision about whether or not to vaccinate themselves or their children; and wish to maintain their right to choose to vaccinate or not.

The Immunisation Awareness Society believes that:

- natural immunity is superior to artificial immunity;
- human milk is the best immune stimulator during the first year of life;
- a healthy diet and lifestyle more effectively prevent disease than artificial immunity;
- most childhood illnesses serve to strengthen and mature the child's immune system and provide lifelong immunity;
- the vast majority of childhood infections are benign and self-limiting in a healthy child.

The Immunisation Awareness Society:

- provides information to people so that they can make informed decisions about vaccination;
- campaigns to ensure continued freedom of choice regarding vaccination;
- debates vaccination issues through symposia, displays, seminars and the media.

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for an informed choice

THE IMMUNISATION AWARENESS SOCIETY

INVESTIGATE BEFORE YOU VACCINATE

making an informed decision about vaccinating your children

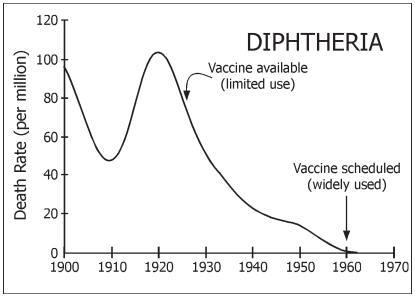
What's all the fuss about

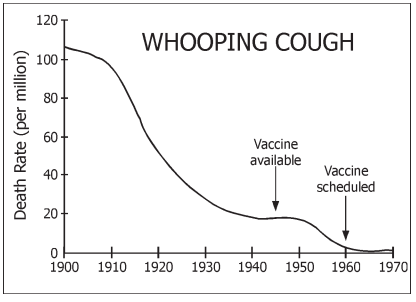
An introduction to the vaccination controversy

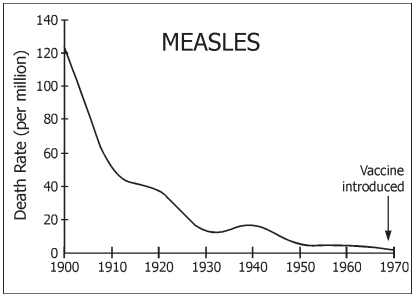
Many people who have contacted us have requested that we send them "all the information on vaccination" so that they can make an informed choice for themselves. It would be great if it was that easy. Unfortunately the issue is complex and it is not a simple task to become informed. However, knowing how to find the information along with a basic understanding of the issues can help you get there more quickly. The aim of this leaflet is to do just that.

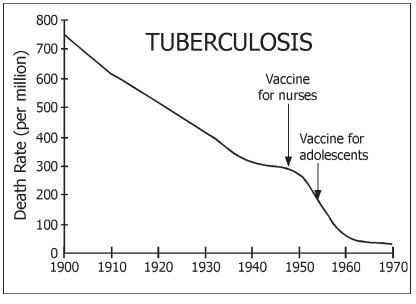
THE DECLINE OF INFECTIOUS DISEASES

Vaccination has not been responsible for the major decline in infectious diseases[1], despite what you may have heard from those promoting vaccines. Improvements in living conditions including improved sanitation, hygiene, water supplies and housing, better nutrition and isolation procedures have been the main reasons for this.[1, 2] In New Zealand the death rate from childhood diseases declined by up to 98% between 1890 and the 1940s before vaccination was introduced.[3] The graphs below illustrate this decline. The death rate from diseases for which no vaccine was used also declined, e.g. Scarlet fever declined steadily throughout the 20th century to the point of being almost eradicated without the use of vaccination. The decline in the death rate from measles, whooping cough, tuberculosis and diphtheria before vaccination is mirrored in other countries such as the United States,[1] England and Wales[4] and Australia.[5] It has been estimated that only 3.5% of the decline in death rate from infectious diseases can be attributed to the combined effect of vaccination and drugs.[1]









DISEASE, THE IMMUNE SYSTEM & VACCINES

Modern infectious disease treatment, including vaccination, has its theoretic underpinnings in the "germ theory" as attributed to Louis Pasteur. Pasteur said "The microbe causes the illness. Look for the microbe, and you'll understand the illness." His followers today in the medical-industrial complex have conveniently forgotten he also said "I'm convinced that when a wound becomes infected and festers, the course that the wound takes depends upon the patient's general condition and even his mental condition."[6] On his deathbed, Pasteur is alleged to have made a retraction saying "Bechamp is right. The microbe is nothing, the terraine is everything."[7] The idea that the environment of the host (human) is so important in determining the development and progression of disease is unpopular with the pharmaceutical industry who profit from a widespread belief in, and desire for, a quick fix for health problems.

Vaccines are commonly believed to work by producing antibodies. However, a number of researchers have found that the presence of antibodies only indicates that the immune system has come into contact with an antigen. One medical paper said that "it is known that, in many instances, antigen-specific antibody titres do not correlate with protection."[8] For example, it has been established that there is no clear correlation between antibody levels and protection against whooping cough and that there is no generally accepted laboratory measure of immunity.[9, 10] The medical community does not have even a basic understanding of the human new-born immune system.[10] Studies show

that the immune systems of new-born animals can easily be perturbed to ensure that they cannot respond properly later in life.[10]

Two generations of vaccination has made today's babies more vulnerable to disease because vaccinated women pass less antibodies on to their babies than those women who have natural immunity to disease, making the babies of vaccinated women more susceptible to disease in the first year of life.[11, 12]

Vaccination has been proven in medical studies to make children more susceptible to disease for a period afterwards due to its 'overload' effect on the immune system leading to generally lowered resistance.[12, 13] Viral vaccines have been shown to depress cellular immunity, which serves as the body's first line of defence against infection and disease.[14] This suppression of the cellular immune system results not in the prevention of disease but the inability of the body to manifest, to respond to and to overcome disease!

VACCINE MANUFACTURE

Vaccines contain very toxic substances that are poisonous to our bodies. For example, many vaccines contain formaldehyde, an extremely toxic compound and a known carcinogen.[15] Many vaccines also contain aluminium which frequently causes reactions at the injection site[16] and can cause an allergic response to subsequent doses of the vaccine. Aluminium has been associated with Alzheimer's disease and dementia.[17] Some adult vaccines still contain thimerosal (for example, some flu vaccines), an ethyl mercury sodium salt (49% mercury); mercury is a heavy metal that is extremely toxic. Concerns about the toxicity of mercury in vaccines and links between thimerosal and a vast number of illnesses and disabilities led to calls for thimerosal to be removed from childhood vaccines.[18].

In some vaccines 2-phenoxyethanol has replaced thimerosal as a preservative. It is commonly used as a solvent for dyes, inks and resins, in germicides, and in other pharmaceuticals. It is an irritant for the skin, eyes, mucous membranes and respiratory tract and reactions to exposure can include coughing, headache, abdominal pain and nausea.[19]

Vaccines are manufactured using animal and human tissue including foetal calf blood, chick embryo fluid, monkey kidney cells and human diploid cells which are derived from two aborted human foetuses.[20] Vaccines contain DNA derived from the cell culture and may contain other viruses.[21, 22] The presence of contaminating viruses or integrated gene sequences from oncogenic (cancer causing) viruses is a major health concern and total safety requires the complete absence of DNA in the vaccines.[21] Viruses that have contaminated vaccines include avian leukosis virus from chick embryos[23] and bovine viral diarrhoea virus[24] from foetal calf blood. Continuous monkey cell cultures can cause tumours[25] and human foetal cells are also susceptible to malignancy.[26]

The most infamous episode of vaccine contamination is that of polio vaccines with the SV40 virus in the 1950s and 60s. This simian (monkey) virus contaminated both the killed and live virus vaccines that were administered to millions of children. It has been confirmed beyond doubt that the virus has caused a variety of cancers in a large number of vaccinees.[27, 28] SV40 has also been found in the sperm and blood of healthy people[29] indicating that the virus can be transmitted from generation to generation along gene lines.

Live virus vaccines have been proven to cause the disease that they are supposed to prevent in vaccine recipients and their close contacts. The most well known of these is the oral polio vaccine in which the polio virus can be excreted in the faeces of the vaccine recipient for six to eight weeks after vaccination and can infect non-immune people. This is the main reason that many countries have reverted to use of the killed viruis polio vaccine. Measles,[30] mumps,[31] hepatitis A[32] and chickenpox[33] vaccines have all been documented to have caused the disease in vaccinees and close contacts who have no immunity.

VACCINE EFFICACY

Vaccines are not very effective in preventing the disease that they are supposed to protect against. There are many, many medical studies documenting outbreaks of disease in highly vaccinated populations; some outbreaks have occurred in 100% vaccinated communities. In New Zealand in 1999, 68% of the notified cases of whooping cough were fully vaccinated.[34] In the 1984-85 New Zealand measles epidemic in children over 15 months old 40% of the cases of measles occurred in vaccinated children.[35] In the US there are frequent measles outbreaks in 98% to 100% vaccinated communities.[36, 37]

Outbreaks of mumps[38] rubella[39] and polio[40] have also occurred in highly vaccinated populations. Numerous studies have found that immunity to hepatitis B lasts only five to ten years after vaccination. One study found that only 50% of vaccinated people had any immunity after four years[41] and in another 61% of teenagers had no immunity only 14 years after vaccination.[42]

One large World Health Organisation trial involving 260,000 people, that was done on the BCG vaccine for tuberculosis, found more cases of TB in the vaccinated group than the unvaccinated and concluded that there was no evidence of a protective effect from the vaccine.[43]

VACCINE SAFETY

All vaccines can cause adverse reactions and most vaccines can be extremely dangerous for many children. There is no way of knowing beforehand whether your child's reaction will be of a minor and short lived nature, or a life-threatening, debilitating or ultimately lethal adverse effect. In addition, there is no way of knowing whether or not the vaccine will go on to cause an autoimmune condition years later.

There have been **no** long-term safety studies conducted on vaccines in which the health of vaccinated children is compared with a group of unvaccinated 'control' children! Vaccine safety tests are based on poor scientific methodology, the studies are too small, too short, and too limited in populations represented, and are not subject to independent criticism.[44, 45, 46]

As more and more children in the world are vaccinated, it is becoming increasingly difficult to compare the health of unvaccinated with vaccinated children.[45] The incidence of side-effects of vaccination is often compared to what is called the 'background incidence' of such a disease or condition. This 'background incidence' is the usual incidence of this occurring over the whole population. The use of vaccinated children as controls in vaccine safety studies is unscientific.

The peer reviewed medical journals publish hundreds of reports of serious adverse reactions to all vaccines including many, many reports of permanent disability and death. Adverse reactions to vaccines can occur soon after administration of a vaccine or progress slowly over the following weeks or months. The list below details some of the reactions that the manufacturers of vaccines used in New Zealand admit to. The information has been collated from the datasheets for individual vaccines.

- pain, hardness, redness and swelling at the injection site.
- fever, unusual crying, restlessness, irritability, sleeping more or less than usual, vomiting, diarrhoea, headache, sweating, chills.
- difficulty in breathing, convulsions, inconsolable screaming, encephalitis.
- Guillain-Barre syndrome, multiple sclerosis, arthritis, myalgia, loss of vision or loss of hearing, thrombocytopenia, vasculitis, swelling of the lymph nodes.
- collapse or shock-like state, brain damage, anaphylactic reactions, death.

In addition vaccines have been linked with or shown to cause autism,[47, 48] meningitis,[49] diabetes,[50] SIDS,[51] and degenerative brain diseases leading to death.[52]

Many countries have a vaccine adverse reaction reporting system. In New Zealand it is the Centre for Adverse Reaction Monitoring, or CARM, in Dunedin. Like many similar systems, such as the Vaccine Adverse Event Reporting System (VAERS) in the US, CARM is a passive surveillance system that relies on health professionals and vaccinees voluntarily reporting adverse reactions. In the US between January 1990 and December 2010, 326,296 vaccine adverse reactions were reported to VAERS.[53] Interestingly, following the licencing of the Human Papilloma Virus (HPV) vaccine in 2006, adverse reaction reports to VAERS increased by more than 10,000 per year. Between 1989 and 2007 the US government had paid out US$1.18 billion dollars to the families of vaccine damaged children.

Vaccine reactions are grossly under-reported and it is widely accepted that only 1 – 10% of all reactions are reported.[54, 55]

THE MONEY TRAIL AND BIG BUSINESS

The vaccine industry earns billions of dollars annually. In 1989 –99 in New Zealand the Health Funding Authority expenditure on vaccination was almost $11.8 million dollars, $6.3 million of which was just to buy the vaccines.[56] The manufacturers all have to provide a return on their shareholders' investment and have been known to place profit before safety, placing people receiving the vaccines at greater risk. Shares in pharmaceutical companies are some of the most profitable in the world.[57]

A large number of the studies conducted and subsequently published in peer reviewed medical journals are funded by big pharmaceutical companies. Many of the supposedly independent people involved in research into the safety of vaccines, and those involved in licensing vaccines have financial ties to the pharmaceutical companies (shares, research funding, etc.).[58, 59, 60]

Doctors and health professionals worldwide who speak out against vaccination have been known to lose funding for research, be ostracised by their peers and in some cases lose their jobs. In New

Zealand, for example, in 2002 the Director of Public Health made thinly veiled threats against the job security of midwives who disseminated information on vaccination that was not sanctioned by the Ministry of Health, suggesting that they were in breach of their contracts and stating that he was seeking legal advice on the matter.

CHOOSING NOT TO VACCINATE

In New Zealand vaccinating your children is not compulsory. There is no penalty for choosing not to vaccinate. However, the Health (Immunisation) Regulations 1995 require parents of children born since January 1995 to show their "Immunisation Certificate" when they enrol at an early childhood centre or school. If you do not show this form, your child will be registered as unvaccinated. No institution can force you to present a certificate, or to have your child vaccinated in order to enrol. In the event of an outbreak of measles or whooping cough the Medical Officer of Health may order that healthy, unvaccinated children be excluded from school for a period of up to two weeks.

While some vaccines are recommended for adults, e.g. 10-yearly DT boosters and annual flu vaccine, none are compulsory. However, if you are considering employment in any health sector which involves working with the public, your contract may be conditional on vaccination with any or all vaccines, as directed. In our opinion, this constitutes mandatory vaccination and is a breach of your right to choose your own medical care.

CHOOSING TO VACCINATE

If you choose to proceed with any vaccinations you should obtain the package insert of the vaccine(s) and read it thoroughly. Do not accept "Patient Information" which omits important information including side-effects. Request New Zealand Physicians Circulars, or Professional Data Sheets. Many of these are on the internet at http://www.medsafe.govt.nz/Profs/datasheet/DataSheet.htm. Note contraindications, warnings, precautions and adverse reactions. Ask your doctor to explain the signs and symptoms of all adverse reactions so that you may recognise them should they occur.

Factors that can **increase** the risk of adverse reactions are:

- a child not well at the time of vaccination;
- a family history of allergies, vaccine reactions, convulsions, epilepsy or any other neurological or immunological problems;
- a bad reaction to a previous vaccine;
- an allergy to one of the ingredients in the vaccine;
- vaccinating a premature infant according to chronological not gestational age.

Prior to vaccination obtain the following information for your records, verified and signed by the vaccine administrator:

- evidence that you (or your child) are healthy;
- if for a child, evidence that the child is developing normally;
- time and date of administration;
- name of vaccine administrator and credentials;
- name and manufacturer of the vaccine;
- the lot and batch number of the vaccine;
- written verification that the vaccine has been stored correctly at all times.

This information is critical for obtaining Accident Compensation coverage in the event of compensatable injury. Any vaccine reaction should be reported on a H1574 form by your doctor, yourself or the person who administered the vaccine. Send the completed form to:

The National Toxicology Groups
Centre for Adverse Reaction Monitoring
PO Box 913,
Dunedin,
New Zealand.

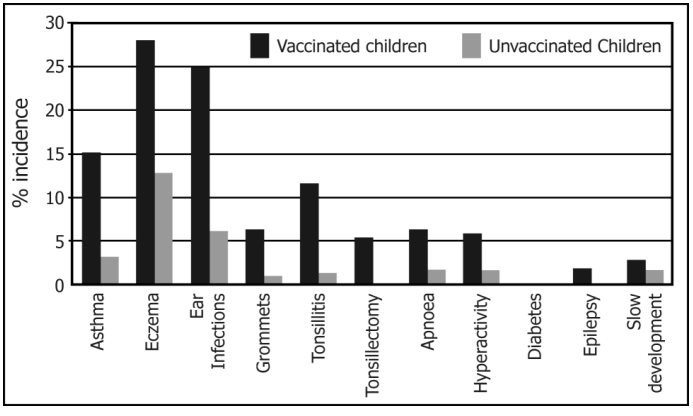
Ensure that ALL symptoms are recorded on the form and retain a copy for your own records. Request verification in writing that the data has been entered into their computer. The form should be available from your doctor but can be obtained by writing to the Toxicology Centre for Adverse Reactions, or at www.medsafe.govt.nz/regulatory/forms.htm.

"The only safe vaccine is a vaccine that is never used"
Dr. James A. Shannon, National Institute of Health

UNVACCINATED CHILDREN ARE HEALTHIER

Unvaccinated children are generally healthier than their vaccinated siblings, cousins and schoolmates. A 1992 IAS survey on the incidence of chronic conditions showed that vaccinated children suffer significantly more from asthma, eczema, ear infections, tonsillitis, ADHD and apnoea attacks than unvaccinated children. There were 269 unvaccinated children and 226 vaccinated children surveyed from throughout New Zealand. The results are summarised in the graph below. A 1997 study of 1265 Christchurch children born in 1977 found that 23% of the children vaccinated with DTP and polio had asthma episodes and 30% had had doctor consultations for allergies by the age of ten. None of the unvaccinated children had asthma or had had doctors consultations for asthma or allergic conditions.[61]

The incidence of each of eleven chronic childhood conditions in vaccinated and unvaccinated children expressed as a percentage of the total vaccinated and unvaccinated children surveyed.



In a healthy well-nourished child with a healthy immune system, the vast majority of childhood diseases are mild and self-limiting.[63, 64] In fact, these diseases serve to strengthen and mature a child's immune system, enabling it to function better when facing more serious challenges later in life.[64, 65, 66]

"I cannot see how it is justifiable to promote mass vaccination of children everywhere against diseases which are generally mild, which confer lasting immunity, and which most children escape or overcome easily without being vaccinated."[62]

Professor Gordon Stewart, Department of Community Medicine, University of Glasgow.

INFORMED CONSENT

In New Zealand health professionals have a legal obligation to obtain informed consent before vaccinating a child or adult. Informed consent can only be provided by a patient or caregiver (parent) when the patient or caregiver has considered **all** the information pertaining to the risks and benefits of vaccination.

There is pressure on health professionals to provide only information that is sanctioned by the Ministry of Health. However, "official" information is incomplete and it is recognised by New Zealand consumer advocacy and health organisations that further information is necessary in order for people to be able to make an informed decision.[67]

For more detailed information...

become a member of The Immunisation Awareness Society and/or purchase the book **Investigate before you vaccinate: making an informed decision about vaccination in New Zealand** from the Immunisation Awareness Society (see subscription form).

THE IMMUNISATION AWARENESS SOCIETY

The Immunisation Awareness Society liaises with similar overseas organisations and provides information for members through its website. Membership includes free access to a range of articles on numerous topics. The articles available are added to on a regular basis and include:

- *information that encourages parents to make informed decisions and take full responsibility for their family's health regarding vaccinations;*
- *warnings about vaccine expectations;*
- *parents' experiences of vaccine reactions, childhood diseases and how they managed the illness, including the health options available to them;*
- *information from overseas about legal/medical problems relating to vaccines.*

Members also have free access to a comprehensive library of books, and can be put in touch with a contact support person in their area (NZ only).

The Immunisation Awareness Society is a voluntary society, funded by membership subscriptions, or on a "user-pays" basis. We can be contacted by email at info@ias.org.nz or by answer-phone: (09) 303 0187 (cleared daily).

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