The Science (Part 3)

Children's Health Defense

Thimerosal Containing Hepatitis B Vaccines – When Compared to Children Vaccinated Without Thimerosal - Increased Odds of ADHD 1.98X

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J Trace Elem Med Biol. 2018 Mar;46:1-9. doi: 10.1016/j.jtemb.2017.11.001. Epub 2017 Nov 8.

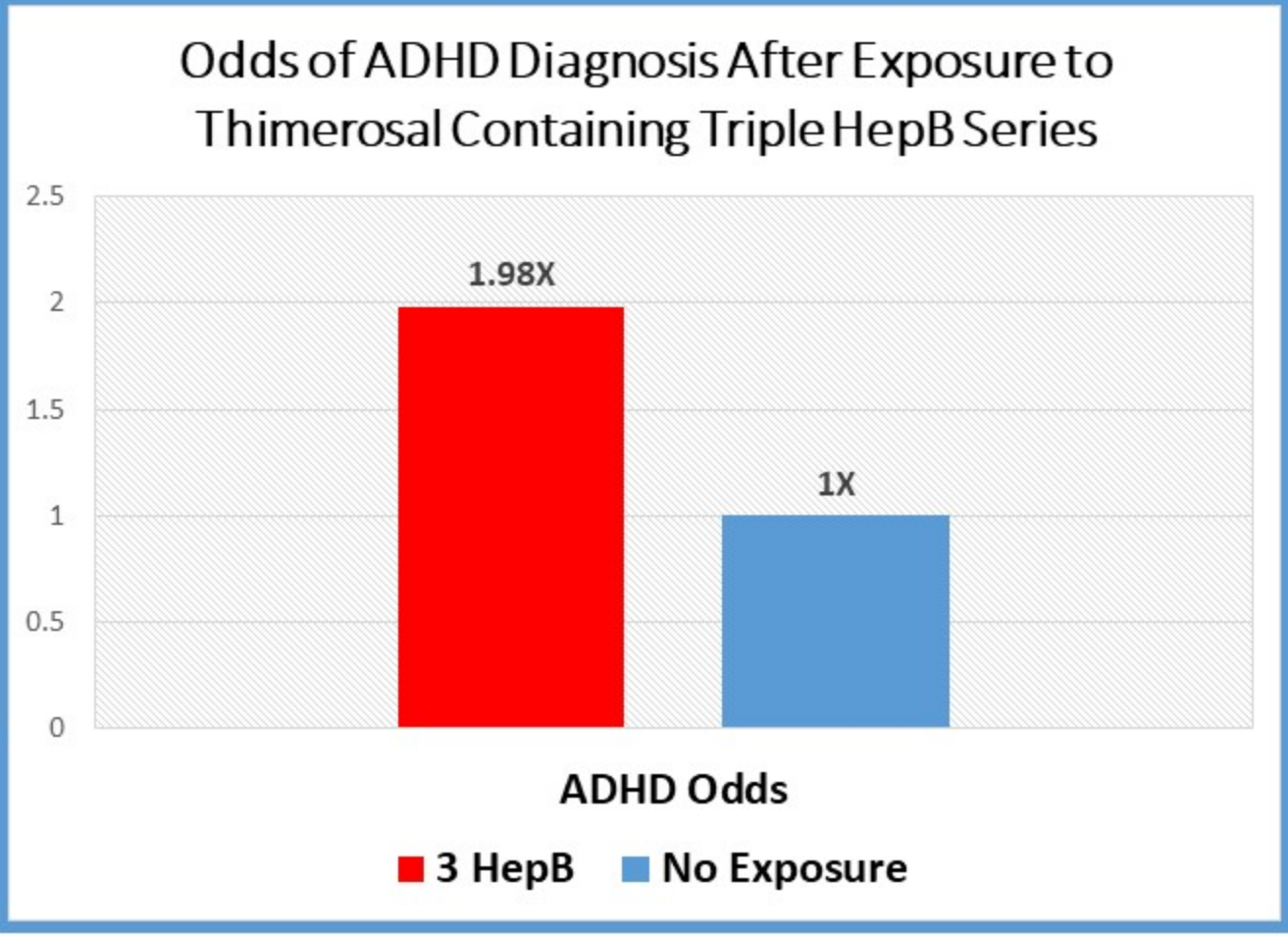
A cross-sectional study of the relationship between infant Thimerosal-containing hepatitis B vaccine exposure and attention-deficit/hyperactivity disorder.

Geier DA[1], Kern JK[2], Homme KG[3], Geier MR[4].

Author information

Abstract

Attention-deficit/hyperactivity disorder (ADHD) is characterized by a marked pattern of inattention and/or hyperactivity-impulsivity that is inconsistent with developmental level and interferes with normal functioning in at least two settings. This study evaluated the hypothesis that infant Thimerosal-containing hepatitis B vaccine (T-HepB) exposure would increase the risk of an ADHD diagnosis. This cross-sectional study examined 4393 persons between 13 and 19 years of age from the combined 1999-2004 National Health and Nutritional Examination Survey (NHANES) by analyzing demographic, immunization, socioeconomic, and health-related variables using the SAS system. Three doses of T-HepB exposure in comparison to no exposure significantly increased the risk of an ADHD diagnosis using logistic regression (adjusted odds ratio=1.980), linear regression (adjusted beta-coefficient=0.04747), Spearman's rank (Rho=0.04807), and 2×2 contingency table (rate ratio=1.8353) statistical modeling even when considering other covariates such as gender, race, and socioeconomic status. Current health status outcomes selected on an a priori basis to not be biologically plausibly linked to T-HepB exposure showed no relationship with T-HepB. The observed study results are biologically plausible and supported by numerous previous epidemiological studies, but because the NHANES data is collected on a cross-sectional basis, it is not possible to ascribe a direct cause-effect relationship between exposure to T-HepB and an ADHD diagnosis. During the decade from 1991 to 2001 that infants were routinely exposed to T-HepB in the United States (US), an estimated 1.3-2.5 million children were diagnosed with ADHD with excess lifetime costs estimated at US $350-$660 billion as a consequence of T-HepB. Although Thimerosal use in the HepB in the US has been discontinued, Thimerosal remains in the HepB in developing countries. Routine vaccination is an important public health tool to prevent infectious diseases, but every effort should be made to eliminate Thimerosal exposure.



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"During the decade from 1991 to 2001 that infants were routinely exposed to T-HepB (thimerosal containing HepB) in the United States (US), an estimated 1.3-2.5 million children were diagnosed with ADHD with excess lifetime costs estimated at US $350-$660 billion as a consequence of T-HepB."

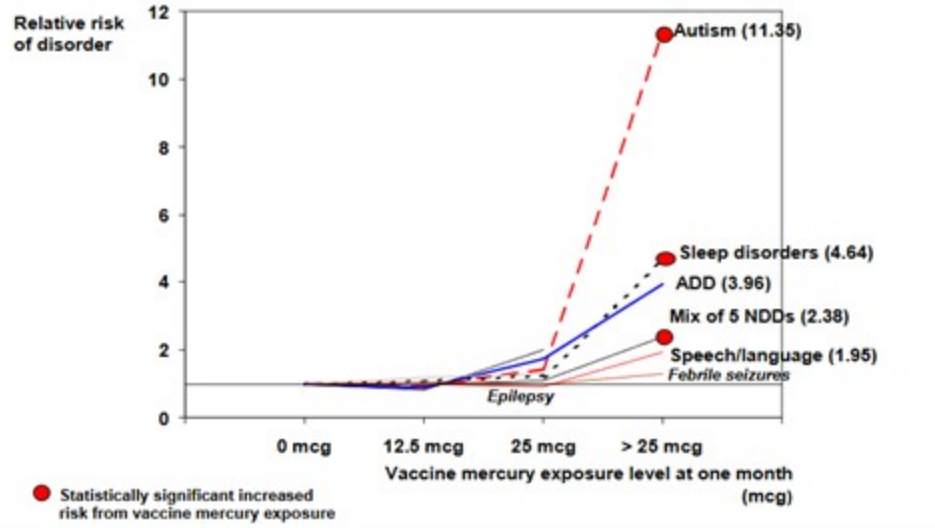
Highest Levels of Thimerosal Exposure Increase Autism Risk 11.35X

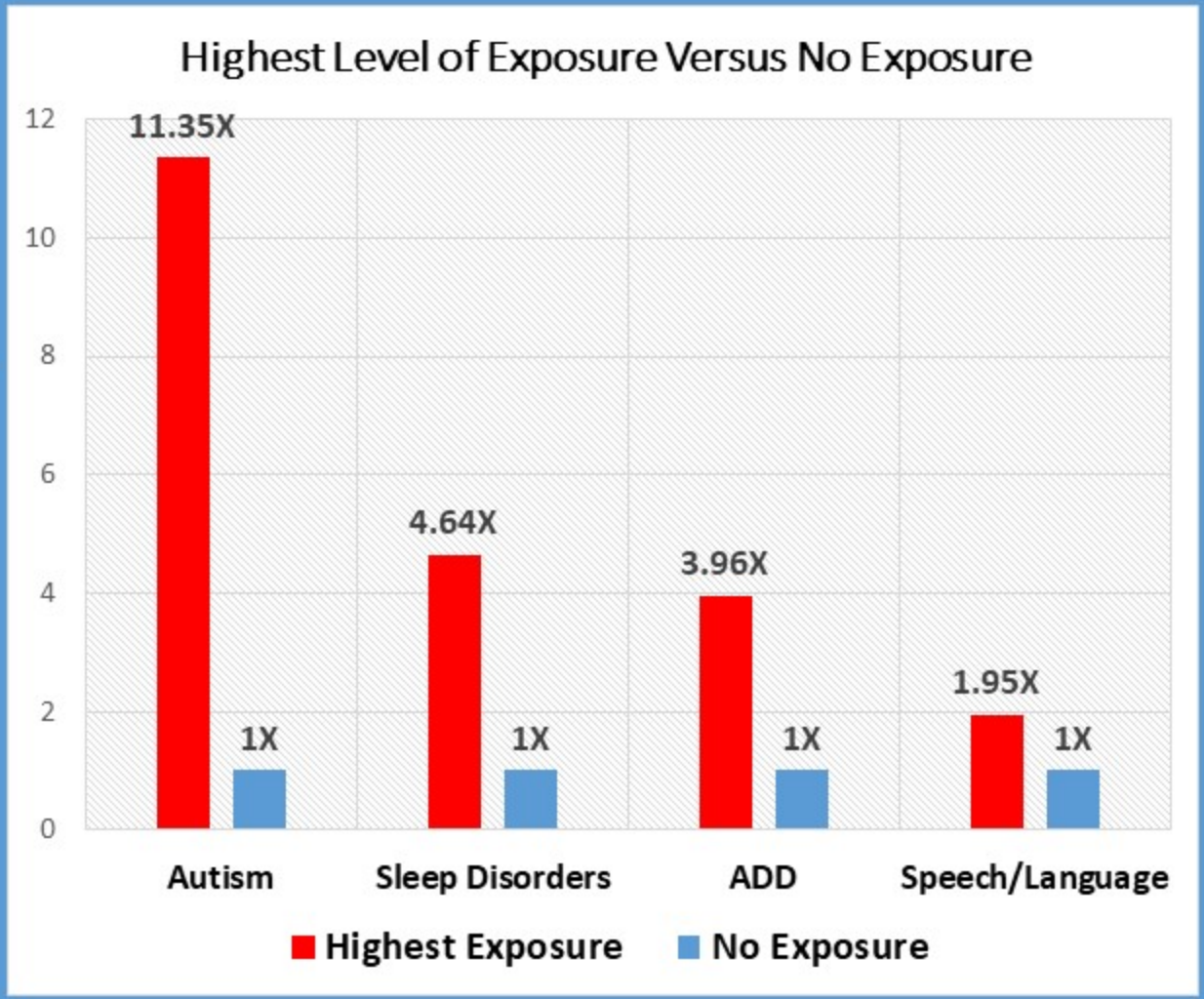
GENERATION ZERO

Thomas Verstraeten's First Analyses of the Link Between Vaccine Mercury Exposure and the Risk of Diagnosis of Selected Neuro-Developmental Disorders Based on Data from the Vaccine Safety Datalink: November-December 1999

Safe Minds
September 2004

ONE MONTH EXPOSURE: SUMMARY ANALYSIS OF FIVE NDDs
Comparison to Control Diagnoses Epilepsy and Febrile Seizures





CDC UNPUBLISHED DATA OBTAINED BY FOIA

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"Autism risks were the highest of all the diagnostic codes, with a relative risk at one month of 11.35 between the high and zero exposure groups."

Two H1N1-Containing Influenza Vaccines Prior to and During Pregnancy Increases Miscarriage Odds by 7.7X

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Vaccine. 2017 Sep 25;35(40):5314-5322. doi: 10.1016/j.vaccine.2017.06.069.

Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010-11 and 2011-12.

Donahue JG[1], Kieke BA[2], King JP[3], DeStefano F[4], Mascola MA[5], Irving SA[6], Cheetham TC[7], Glanz JM[8], Jackson LA[9], Klein NP[10], Naleway AL[11], Weintraub E[12], Belongia EA[13].

Author information

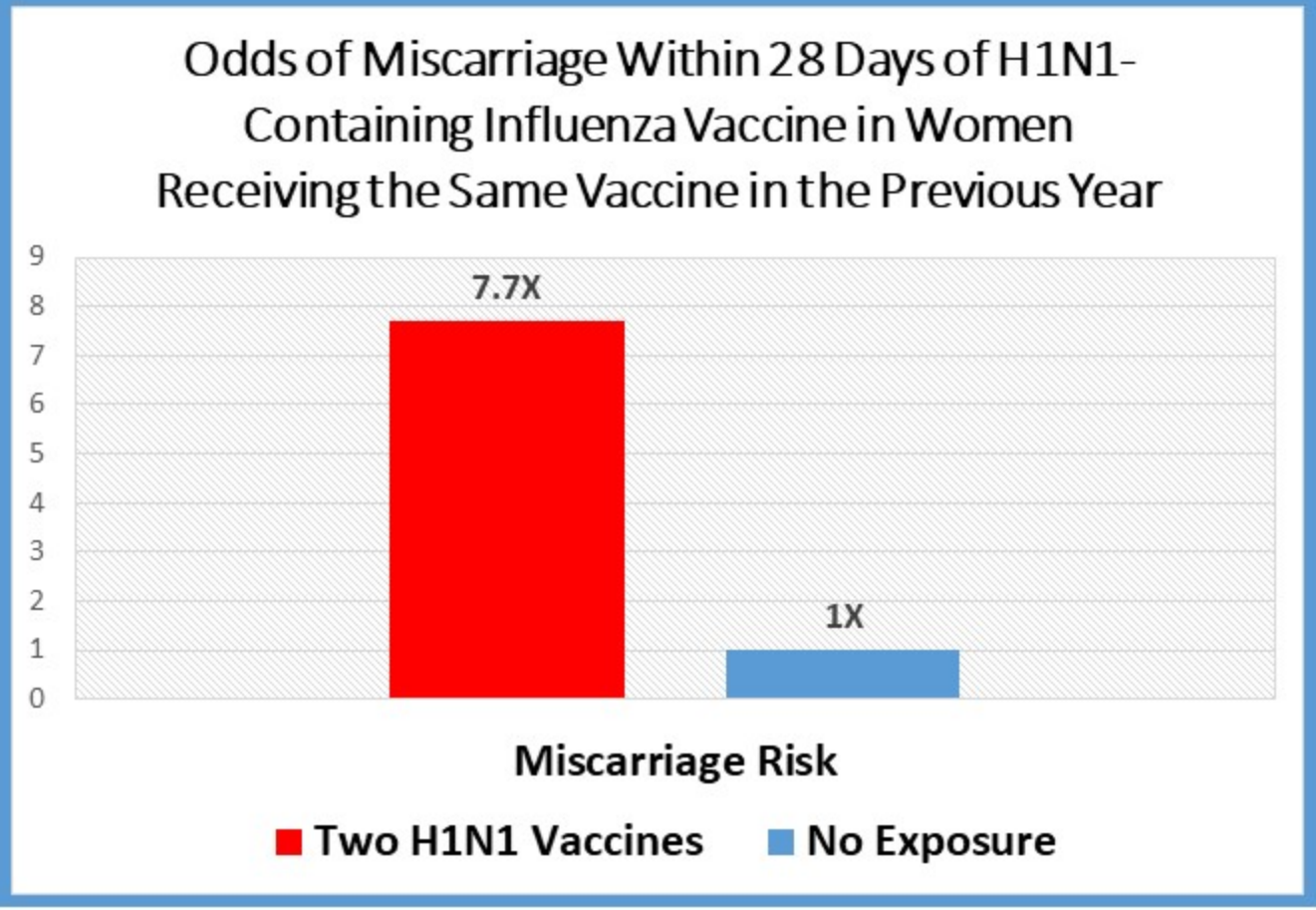
Abstract

INTRODUCTION: Inactivated influenza vaccine is recommended in any stage of pregnancy, but evidence of safety in early pregnancy is limited, including for vaccines containing A/H1N1pdm2009 (pH1N1) antigen. We sought to determine if receipt of vaccine containing pH1N1 was associated with spontaneous abortion (SAB).

METHODS: We conducted a case-control study over two influenza seasons (2010-11, 2011-12) in the Vaccine Safety Datalink. Cases had SAB and controls had live births or stillbirths and were matched on site, date of last menstrual period, and age. Of 919 potential cases identified using diagnosis codes, 485 were eligible and confirmed by medical record review. Exposure was defined as vaccination with inactivated influenza vaccine before the SAB date; the primary exposure window was the 1-28days before the SAB.

RESULTS: The overall adjusted odds ratio (aOR) was 2.0 (95% CI, 1.1-3.6) for vaccine receipt in the 28-day exposure window; there was no association in other exposure windows. In season-specific analyses, the aOR in the 1-28days was 3.7 (95% CI 1.4-9.4) in 2010-11 and 1.4 (95% CI 0.6-3.3) in 2011-12. The association was modified by influenza vaccination in the prior season (post hoc analysis). Among women who received pH1N1-containing vaccine in the previous influenza season, the aOR in the 1-28days was 7.7 (95% CI 2.2-27.3); the aOR was 1.3 (95% CI 0.7-2.7) among women not vaccinated in the previous season. This effect modification was observed in each season.

CONCLUSION: SAB was associated with influenza vaccination in the preceding 28days. The association was significant only among women vaccinated in the previous influenza season with pH1N1-containing vaccine. This study does not and cannot establish a causal relationship between repeated influenza vaccination and SAB, but further research is warranted.



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"SAB (spontaneous abortion) was associated with influenza vaccination in the preceding 28 days. The association was significant only among women vaccinated in the previous influenza season with pH1N1-containing vaccine."

H1N1 Influenza Vaccine Increases Risks of Bell's Palsy (1.34X), Paraesthesia (1.25X) and Inflammatory Bowel Disease (1.25X) in High Risk Patients

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BMJ. 2011 Oct 12;343:d5956. doi: 10.1136/bmj.d5956.

Neurological and autoimmune disorders after vaccination against pandemic influenza A (H1N1) with a monovalent adjuvanted vaccine: population based cohort study in Stockholm, Sweden.

Bardage C[1], Persson I, Ortqvist A, Bergman U, Ludvigsson JF, Granath F.

Author information

Abstract

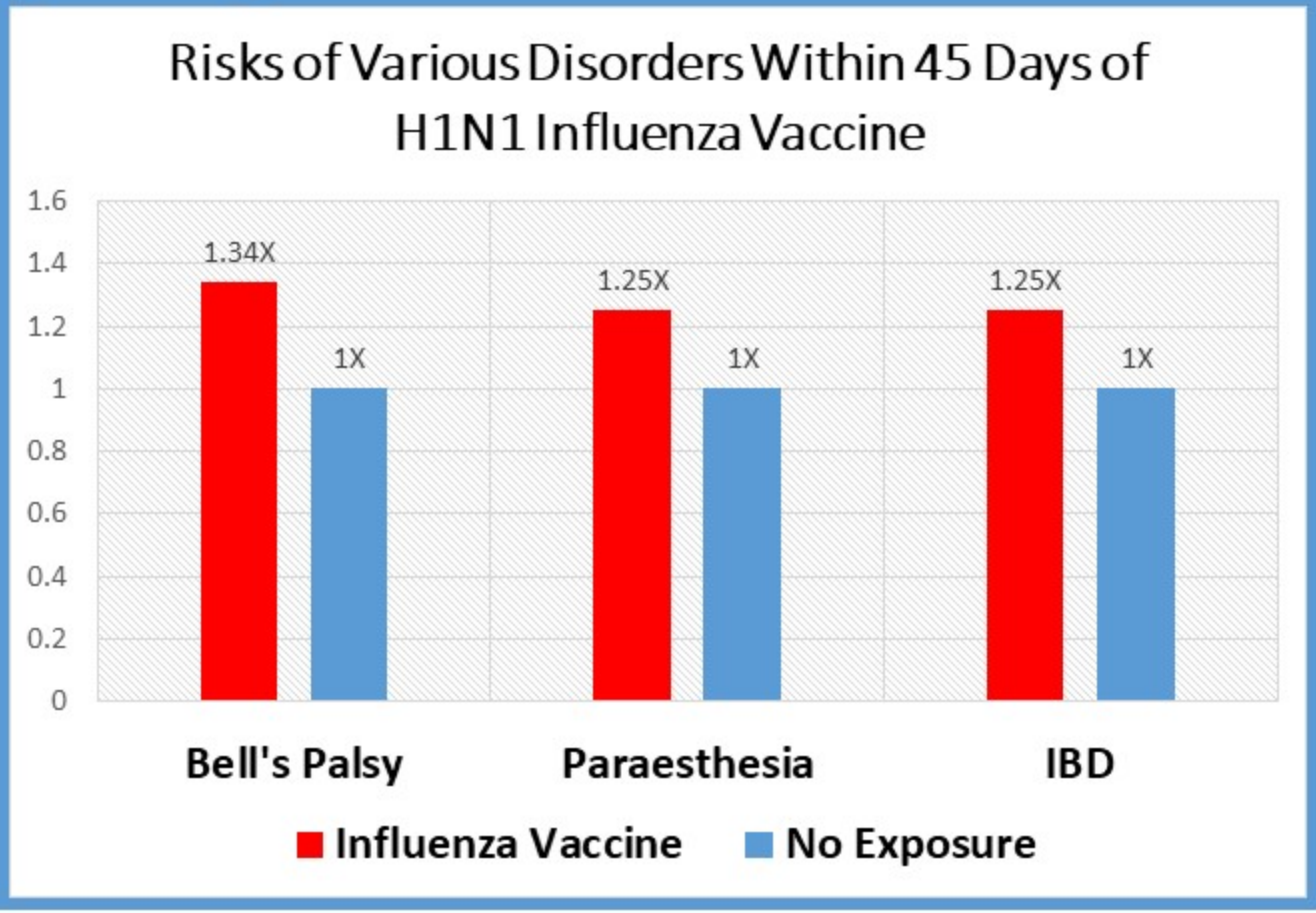
OBJECTIVE: To examine the risk of neurological and autoimmune disorders of special interest in people vaccinated against pandemic influenza A (H1N1) with Pandemrix (GlaxoSmithKline, Middlesex, UK) compared with unvaccinated people over 8-10 months.

DESIGN: Retrospective cohort study linking individualised data on pandemic vaccinations to an inpatient and specialist database on healthcare utilisation in Stockholm county for follow-up during and after the pandemic period.

SETTING: Stockholm county, Sweden. Population All people registered in Stockholm county on 1 October 2009 and who had lived in this region since 1 January 1998; 1,024,019 were vaccinated against H1N1 and 921,005 remained unvaccinated.

MAIN OUTCOME MEASURES: Neurological and autoimmune diagnoses according to the European Medicines Agency strategy for monitoring of adverse events of special interest defined using ICD-10 codes for Guillain-Barré syndrome, Bell's palsy, multiple sclerosis, polyneuropathy, anaesthesia or hypoaesthesia, paraesthesia, narcolepsy (added), and autoimmune conditions such as rheumatoid arthritis, inflammatory bowel disease, and type 1 diabetes; and short term mortality according to vaccination status.

RESULTS: Excess risks among vaccinated compared with unvaccinated people were of low magnitude for Bell's palsy (hazard ratio 1.25, 95% confidence interval 1.06 to 1.48) and paraesthesia (1.11, 1.00 to 1.23) after adjustment for age, sex, socioeconomic status, and healthcare utilisation. Risks for Guillain-Barré syndrome, multiple sclerosis, type 1 diabetes, and rheumatoid arthritis remained unchanged. The risks of paraesthesia and inflammatory bowel disease among those vaccinated in the early phase (within 45 days from 1 October 2009) of the vaccination campaign were significantly increased; the risk being increased within the first six weeks after vaccination. Those vaccinated in the early phase were at a slightly reduced risk of death than those who were unvaccinated (0.94, 0.91 to 0.98), whereas those vaccinated in the late phase had an overall reduced mortality (0.68, 0.64 to 0.71). These associations



"Relative risks were significantly increased for Bell's palsy, paraesthesia, and inflammatory bowel disease after vaccination, predominantly in the early phase of the vaccination campaign.

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HPV Vaccination Increases Odds of Memory Impairment (1.23X) and Involuntary Movement (1.53X)

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Jpn J Nurs Sci. 2019 Jan 28. doi: 10.1111/jjns.12252. [Epub ahead of print]

Safety concerns with human papilloma virus immunization in Japan: Analysis and evaluation of Nagoya City's surveillance data for adverse events.

Yaju Y[1], Tsubaki H[2].

Author information

Abstract

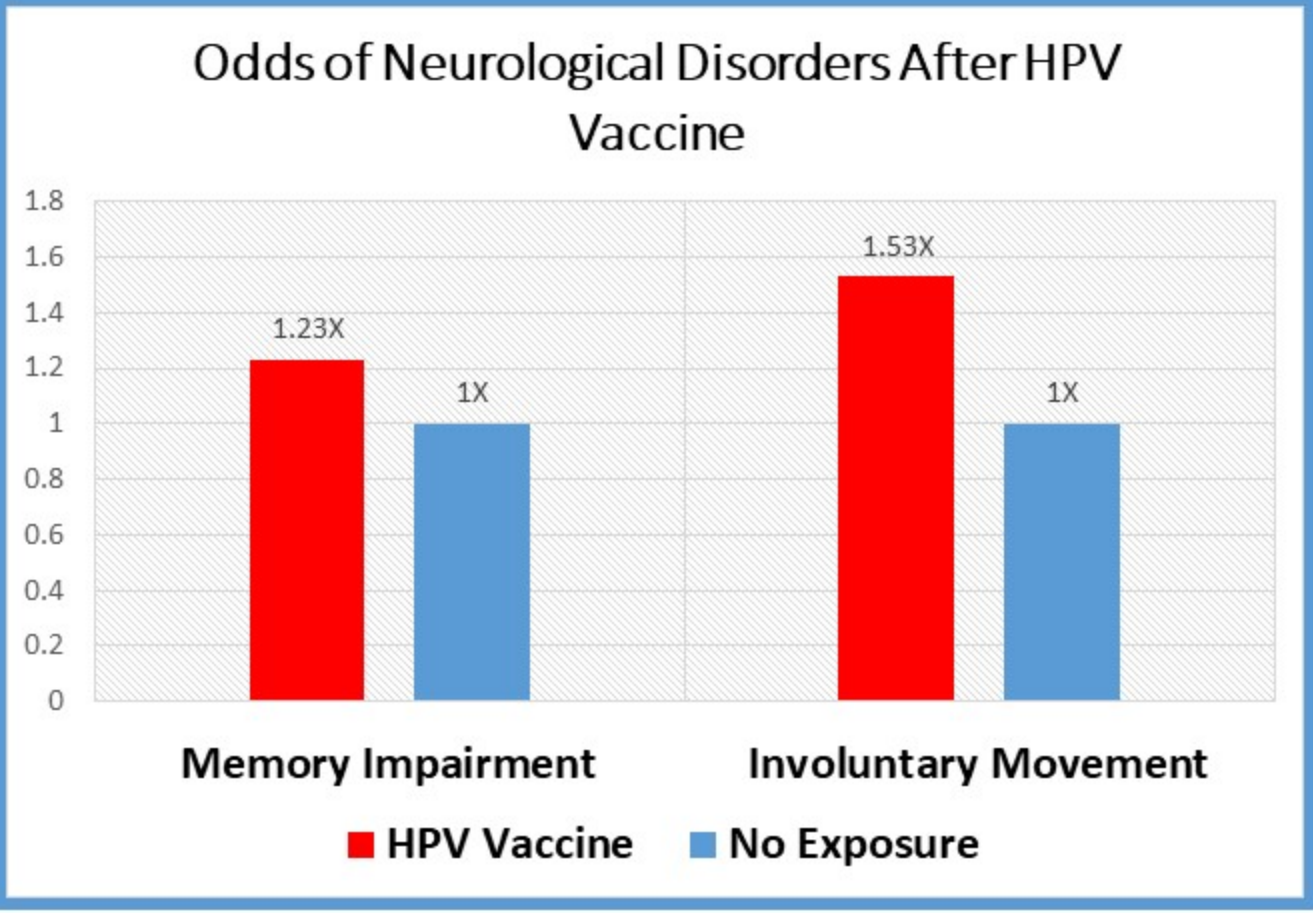
AIM: To assess the safety of human papilloma virus (HPV) vaccines by using data from the "Nagoya City Cervical Cancer Immunization Program Survey".

METHODS: Unadjusted odds ratios (OR) were calculated between HPV-vaccinated cases and un-vaccinated controls. Age-stratified analyses were performed to evaluate the interaction between age and events. Adjusted ORs were also estimated with multiple logistic regression models.

RESULTS: In the 15-16-year-old group, the unadjusted ORs were significantly higher for symptoms of memory impairment, dyscalculia, and involuntary movement. The age-adjusted multivariate analyses demonstrated that the vaccinated cases were less likely than the unvaccinated controls to have experienced symptoms in almost all symptoms, except for two symptoms such as involuntary movement and weakness. However, study period-adjusted multivariate analyses demonstrated that the vaccinated cases were significantly more likely than un-vaccinated controls to have experienced symptoms of memory impairment and involuntary movement.

CONCLUSIONS: Based on our analysis using data from the Nagoya City surveillance survey, a possible association between HPV vaccination and distinct symptoms such as cognitive impairment or movement disorders exists. A consistent causal relationship between HPV vaccination and these symptoms remains uncertain. However, given the seriousness of symptoms, we believe that a more comprehensive and large-scale study is essential to confirm the safety of HPV vaccination.

KEYWORDS: adverse events; human papilloma virus; surveillance; vaccine



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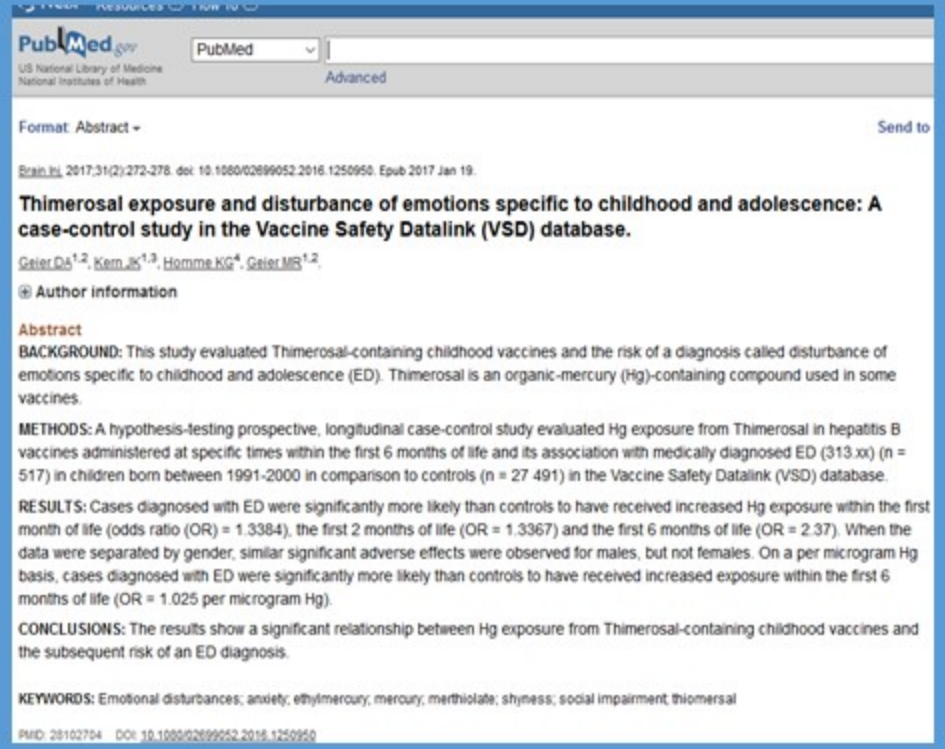
"Based on our analysis using data from the Nagoya City surveillance survey, a possible association between HPV vaccination and distinct symptoms such as cognitive impairment or movement disorders exists."

Thimerosal Containing Triple HepB Series in the First Six Months of Life Increases Odds of Emotional Disturbances by 2.37X



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Brain Inj. 2017;31(2):272-278. doi: 10.1080/02699052.2016.1250950. Epub 2017 Jan 19.

Thimerosal exposure and disturbance of emotions specific to childhood and adolescence: A case-control study in the Vaccine Safety Datalink (VSD) database.

Geier DA[1,2], Kern JK[1,3], Homme KG[4], Geier MR[1,2].

Author information

Abstract

BACKGROUND: This study evaluated Thimerosal-containing childhood vaccines and the risk of a diagnosis called disturbance of emotions specific to childhood and adolescence (ED). Thimerosal is an organic-mercury (Hg)-containing compound used in some vaccines.

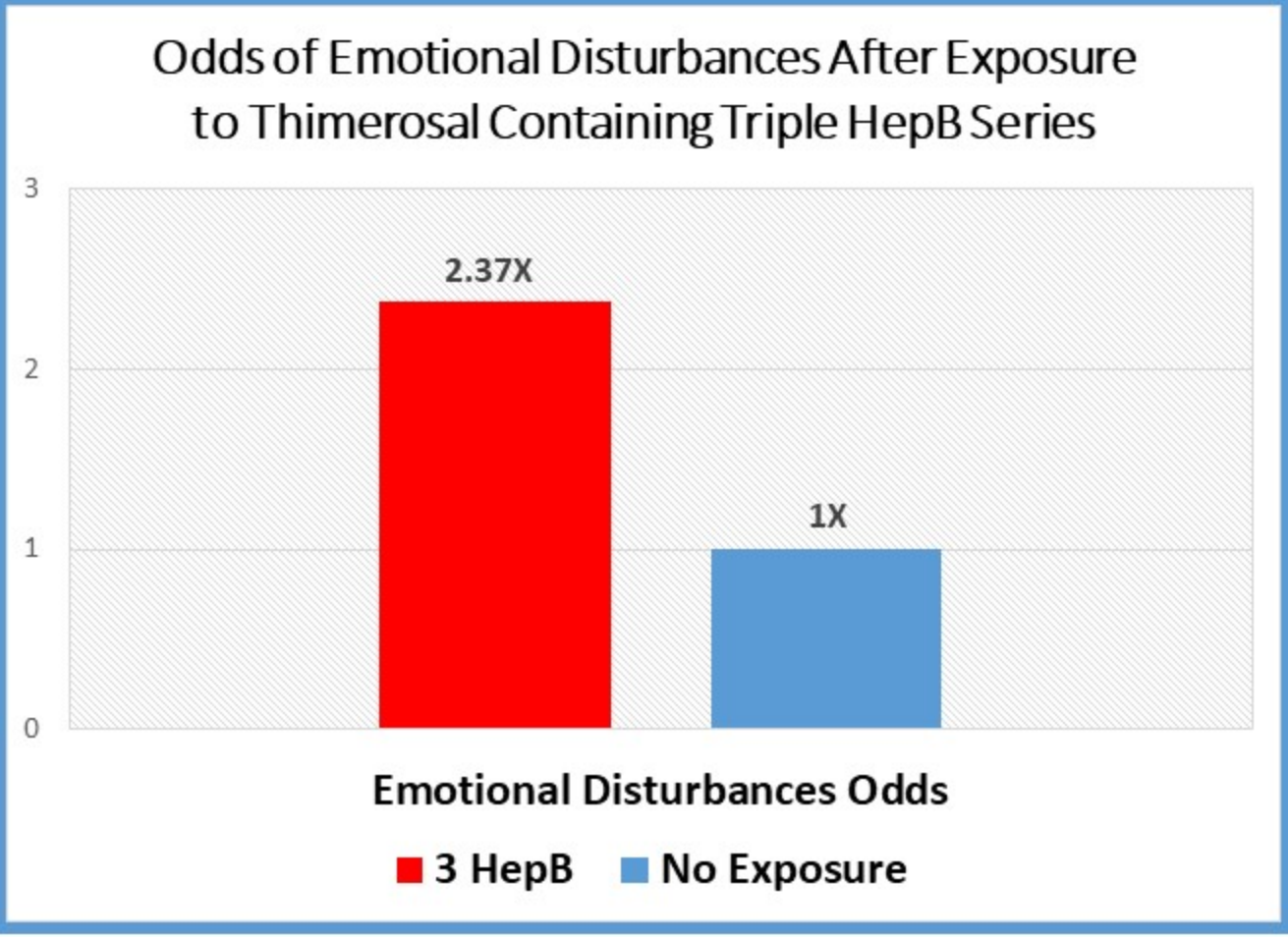
METHODS: A hypothesis-testing prospective, longitudinal case-control study evaluated Hg exposure from Thimerosal in hepatitis B vaccines administered at specific times within the first 6 months of life and its association with medically diagnosed ED (313.xx) (n = 517) in children born between 1991-2000 in comparison to controls (n = 27 491) in the Vaccine Safety Datalink (VSD) database.

RESULTS: Cases diagnosed with ED were significantly more likely than controls to have received increased Hg exposure within the first month of life (odds ratio (OR) = 1.3384), the first 2 months of life (OR = 1.3367) and the first 6 months of life (OR = 2.37). When the data were separated by gender, similar significant adverse effects were observed for males, but not females. On a per microgram Hg basis, cases diagnosed with ED were significantly more likely than controls to have received increased exposure within the first 6 months of life (OR = 1.025 per microgram Hg).

CONCLUSIONS: The results show a significant relationship between Hg exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an ED diagnosis.

KEYWORDS: Emotional disturbances; anxiety; ethylmercury; mercury; merthiolate; shyness; social impairment; thiomersal

PMID: 28102704 DOI: 10.1080/02699052.2016.1250950



"The results show a significant relationship between mercury exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an emotional disturbances diagnosis."

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HPV Vaccine Increases the Risk of Celiac Disease by 1.56X

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J Intern Med. 2018 Feb;283(2):154-165. doi: 10.1111/joim.12694. Epub 2017 Oct 18.

Human papillomavirus vaccination of adult women and risk of autoimmune and neurological diseases.

Hviid A[1], Svanström H[1], Scheller NM[1], Grönlund O[2], Pasternak B[1,3], Arnheim-Dahlström L[2].

Author information

Abstract

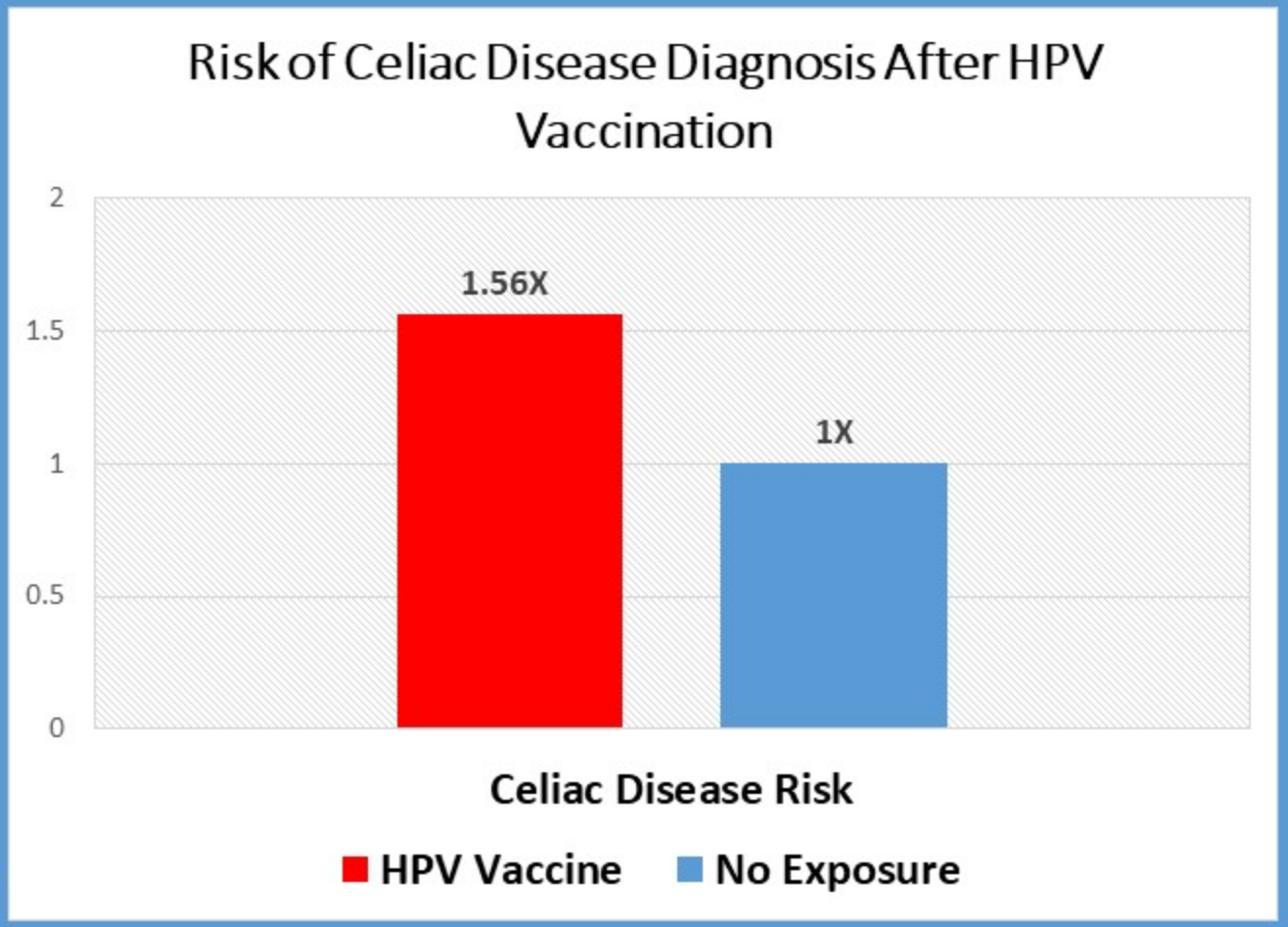
BACKGROUND: Since 2006, human papillomavirus (HPV) vaccines have been introduced in many countries worldwide. Whilst safety studies have been reassuring, focus has been on the primary target group, the young adolescent girls. However, it is also important to evaluate safety in adult women where background disease rates and safety issues could differ significantly.

OBJECTIVE: We took advantage of the unique Danish and Swedish nationwide healthcare registers to conduct a cohort study comparing incidence rate ratios (RRs) of 45 preselected serious chronic diseases in quadrivalent HPV (qHPV)-vaccinated and qHPV-unvaccinated adult women 18-44 years of age.

METHODS: We used Poisson regression to estimate RRs according to qHPV vaccination status with two-sided 95% confidence intervals (95% CIs).

RESULTS: The study cohort comprised 3 126 790 women (1 195 865 [38%] Danish and 1 930 925 [62%] Swedish) followed for 16 386 459 person-years. Vaccine uptake of at least one dose of qHPV vaccine was 8% in the cohort: 18% amongst Danish women and 2% amongst Swedish. We identified seven adverse events with statistically significant increased risks following vaccination-Hashimoto's thyroiditis, coeliac disease, localized lupus erythematosus, pemphigus vulgaris, Addison's disease, Raynaud's disease and other encephalitis, myelitis or encephalomyelitis. After taking multiple testing into account and conducting self-controlled case series analyses, coeliac disease (RR 1.56 [95% confidence interval 1.29-1.89]) was the only remaining association.

CONCLUSION: Unmasking of conditions at vaccination visits is a plausible explanation for the increased risk associated with qHPV in this study because coeliac disease is underdiagnosed in Scandinavian populations. In conclusion, our study of serious adverse event rates in qHPV-vaccinated and qHPV-unvaccinated adult women 18–44 years of age did not raise any safety issues of concern.



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"Relative Risks for celiac disease were increased for both the period any time after vaccination (RR 1.56, 1.29–1.89), the first 179 days (1.54, 1.16–2.03) and the more than 180 days after vaccination period (1.58, 1.22–2.05)."

The H1N1 and Seasonal Influenza Vaccines Both Given During Pregnancy Increase Fetal Loss by 11.4X Compared to the Seasonal Influenza Vaccine Only

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Hum Exp Toxicol. 2013 May;32(5):464-75. doi: 10.1177/0960327112455067. Epub 2012 Sep 27.

Comparison of VAERS fetal-loss reports during three consecutive influenza seasons: was there a synergistic fetal toxicity associated with the two-vaccine 2009/2010 season?

Goldman GS[1].

Author information

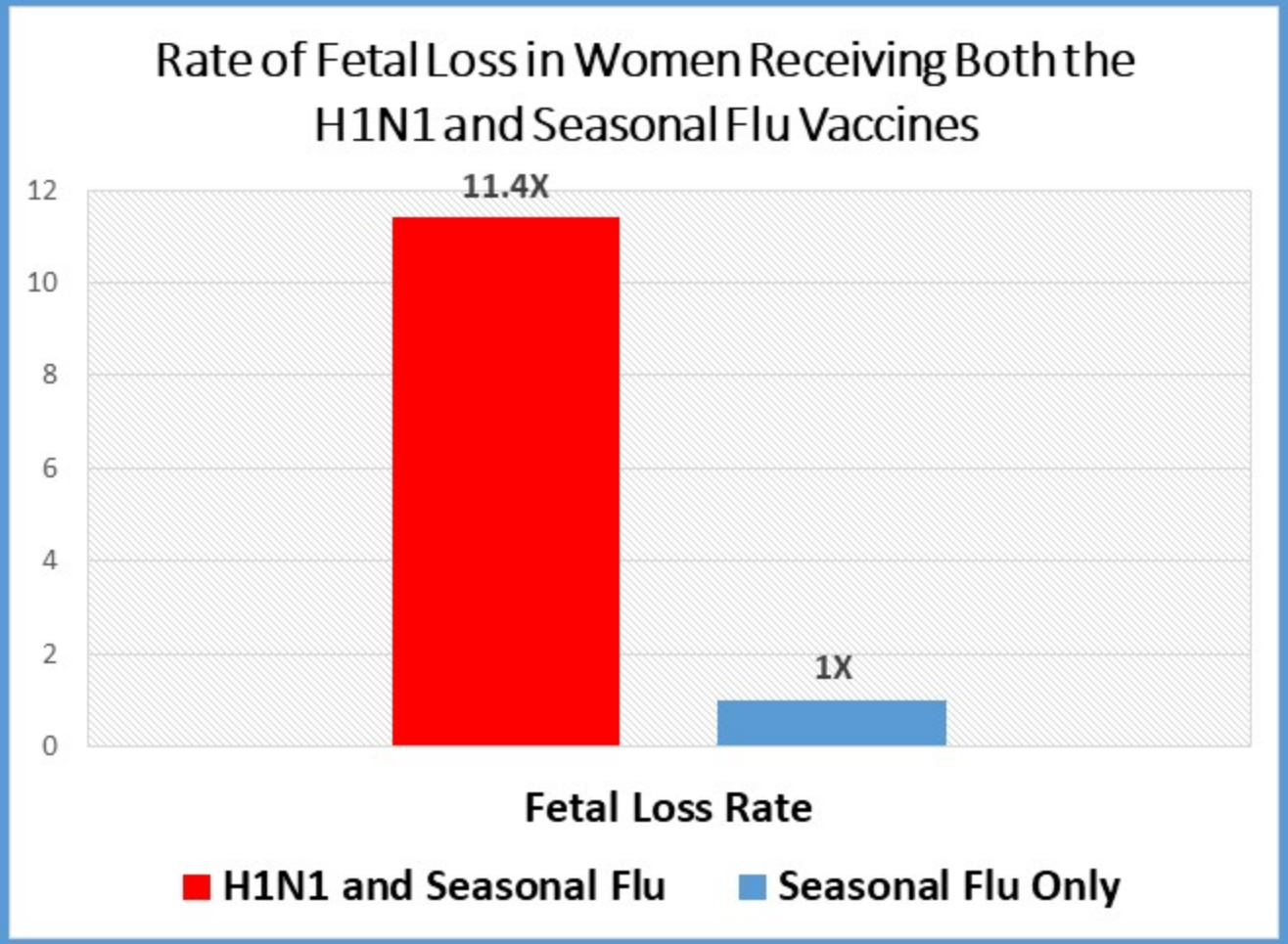
Abstract

The aim of this study was to compare the number of inactivated-influenza vaccine-related spontaneous abortion and stillbirth (SB) reports in the Vaccine Adverse Event Reporting System (VAERS) database during three consecutive flu seasons beginning 2008/2009 and assess the relative fetal death reports associated with the two-vaccine 2009/2010 season. The VAERS database was searched for reports of fetal demise following administration of the influenza vaccine/vaccines to pregnant women. Utilization of an independent surveillance survey and VAERS, two-source capture-recapture analysis estimated the reporting completeness in the 2009/2010 flu season. Capture-recapture demonstrated that the VAERS database captured about 13.2% of the total 1321 (95% confidence interval (CI): 815-2795) estimated reports, yielding an ascertainment-corrected rate of 590 fetal-loss reports per million pregnant women vaccinated (or 1 per 1695). The unadjusted fetal-loss report rates for the three consecutive influenza seasons beginning 2008/2009 were 6.8 (95% CI: 0.1-13.1), 77.8 (95% CI: 66.3-89.4), and 12.6 (95% CI: 7.2-18.0) cases per million pregnant women vaccinated, respectively. The observed reporting bias was too low to explain the magnitude increase in fetal-demise reporting rates in the VAERS database relative to the reported annual trends. Thus, a synergistic fetal toxicity likely resulted from the administration of both the pandemic (A-H1N1) and seasonal influenza vaccines during the 2009/2010 season.

KEYWORDS: Human toxicology; Thimerosal; immunization; influenza vaccine; spontaneous abortion; stillbirth

PMID: 23023030 PMCID: PMC3888271 DOI: 10.1177/0960327112455067

[Indexed for MEDLINE] Free PMC Article



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"Because of the order of magnitude increase in fetal-loss report rates, from 6.8 fetal-loss reports per million pregnant women vaccinated in the single-dose 2008/2009 season to 77.8 in the two-dose 2009/2010 season, further long-term studies are needed to assess adverse outcomes in the surviving children."