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Big Pharma

# Fully Vaccinated vs. Unvaccinated—Part 4

Fully Vaccinated Versus Unvaccinated—The Science is an on-going series summarizing the results of different studies comparing the health of fully vaccinated people versus unvaccinated people. Part four takes a look at Swine Flu, Tdap, Rotavirus, Measles and DPT vaccines and the higher rates/occurrences of Narcolepsy, Chorioamnionitis, Intussusception, Allergy and Asthma, plus Thimerosal exposure as a whole and its relationship to Motor Tics and Premature Puberty.

By

Robert F. Kennedy, Jr.

*Fully Vaccinated Versus Unvaccinated—The Science* is an on-going series summarizing the results of different studies comparing the health of fully vaccinated people versus unvaccinated people. Part four takes a look at Swine Flu, Tdap, Rotavirus, Measles and DPT vaccines and the higher rates/occurrences of Narcolepsy, Chorioamnionitis, Intussusception, Allergy and Asthma, plus Thimerosal exposure as a whole and its relationship to Motor Tics and Premature Puberty.

**Titles of Vaxxed/Unvaxxed Slides Below:**

- Swine Flu Vaccine (Pandemrix) Increases Rate of Narcolepsy in Swedish Children by 25X;
- Risk of Chorioamnionitis in Pregnant Women Vaccinated with Tdap Versus Pregnant Women Not Vaccinated with Tdap;
- First Dose of Rotavirus Vaccine (Rotarix) Increases Intussusception Odds by 5.8X;
- Measles Vaccination Versus Measles Infection Increases the Odds of Atopy (Allergy) by 2.8X;
- Higher Exposure to Thimerosal from Infant Vaccines Increases the Odds of Motor Tics (2.19X) in Boys;
- Delaying the First Three DPT Doses Reduces Asthma Risk by 61%;
- Exposure to Higher Levels of Thimerosal in Infant Vaccines Before 13 Months of Age Increases the Rate of Premature Puberty by 6.45X;

(See full-sized Part 4 slides or see the complete Vaxxed-Unvaxxed presentation, Parts 1-7.)

# Swine Flu Vaccine (Pandemrix) Increases Rate of Narcolepsy in Swedish Children by 25X

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Neurology. 2013 Apr 2;80(14):1315-21. doi: 10.1212/WNL.0b013e31828ab26f. Epub 2013 Mar 13.

**Increased childhood incidence of narcolepsy in western Sweden after H1N1 influenza vaccination.**

Szakács A[1], Darin N, Hallböök T.

Author information


Abstract

**OBJECTIVES:** To assess the incidence of narcolepsy between January 2000 and December 2010 in children in western Sweden and its relationship to the Pandemrix vaccination, and to compare the clinical and laboratory features of these children.

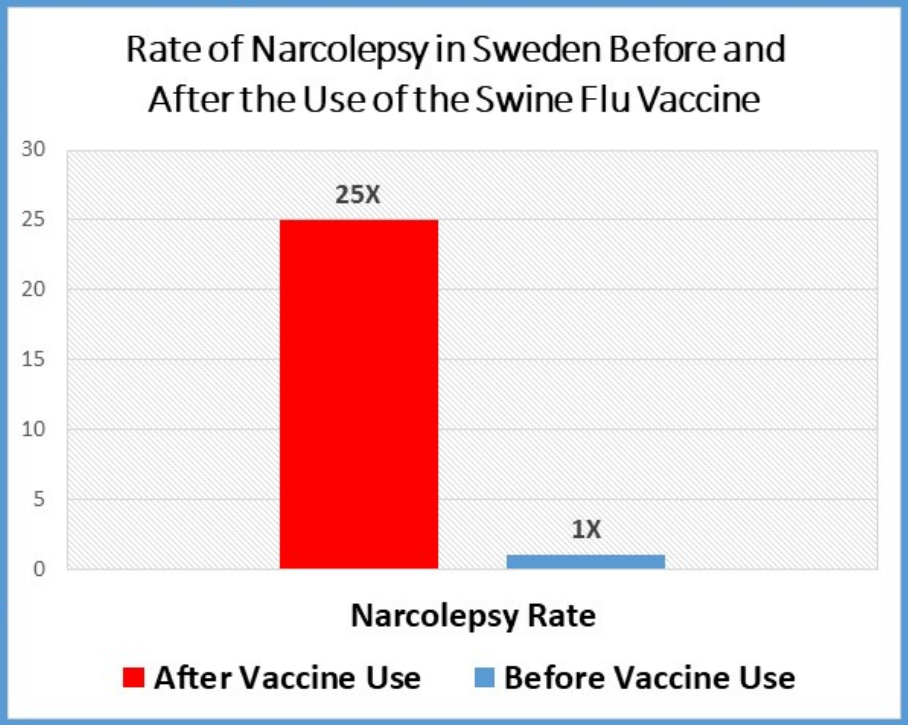
**METHODS:** The children were identified from all local and regional pediatric hospitals, child rehabilitation centers, outpatient pediatric clinics, and regional departments of neurophysiology. Data collection was performed with the aid of a standardized data collection form, from medical records and telephone interviews with patients and parents. The laboratory and investigational data were carefully scrutinized.

**RESULTS:** We identified 37 children with narcolepsy. Nine of them had onset of symptoms before the H1N1 vaccination and 28 had onset of symptoms in relationship to the vaccination. The median age at onset was 10 years. All patients in the postvaccination group were positive for human leukocyte antigen (HLA)-DQB1*0602. Nineteen patients in the postvaccination group, compared with one in the prevaccination group, had a clinical onset that could be dated within 12 weeks.

**CONCLUSION:** Pandemrix vaccination is a precipitating factor for narcolepsy, especially in combination with HLA-DQB1*0602. The incidence of narcolepsy was 25 times higher after the vaccination compared with the time period before. The children in the postvaccination group had a lower age at onset and a more sudden onset than that generally seen.


**Comment in**

Association between H1N1 vaccination and narcolepsy-cataplexy: flu to sleep. [Neurology. 2013]




Children's Health Defense

**"The incidence of narcolepsy was 25 times higher after the vaccination compared with the time period before. The children in the postvaccination group had a lower age at onset and a more sudden onset than that generally seen."**

# Risk of Chorioamnionitis in Pregnant Women Vaccinated with Tdap Versus Pregnant Women Not Vaccinated with Tdap

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JAMA. 2014 Nov 12;312(18):1897-904. doi: 10.1001/jama.2014.14828.

**Evaluation of the association of maternal pertussis vaccination with obstetric events and birth outcomes.**

Kharbanda EO[1], Vazquez-Benitez G[1], Lipkind HS[2], Klein NP[3], Cheetham TC[4], Naleway A[5], Omer SB[6], Hambidge SJ[7], Lee GM[8], Jackson ML[9], McCarthy NL[10], DeStefano F[10], Nordin JD[1].

Author information

Abstract

**IMPORTANCE:** In 2010, due to a pertussis outbreak and neonatal deaths, the California Department of Health recommended that the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) be administered during pregnancy. Tdap is now recommended by the Advisory Committee on Immunization Practices for all pregnant women, preferably between 27 and 36 weeks' gestation. Limited data exist on Tdap safety during pregnancy.

**OBJECTIVE:** To evaluate whether maternal Tdap vaccination during pregnancy is associated with increased risks of adverse obstetric events or adverse birth outcomes.

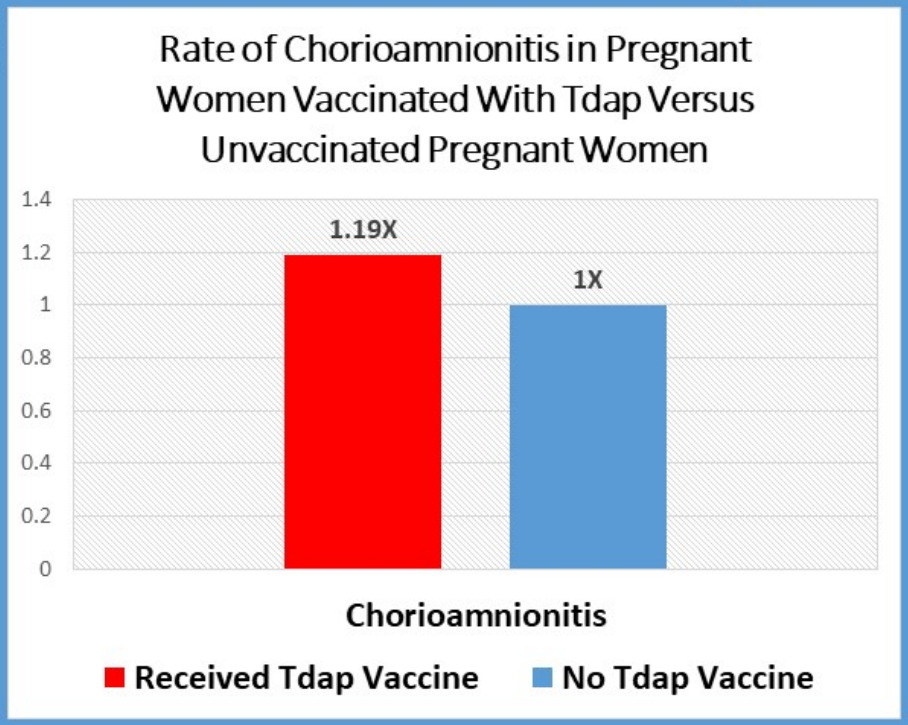
**DESIGN AND SETTING:** Retrospective, observational cohort study using administrative health care databases from 2 California Vaccine Safety Datalink sites.

**PARTICIPANTS AND EXPOSURES:** Of 123,494 women with singleton pregnancies ending in a live birth between January 1, 2010, and November 15, 2012, 26,229 (21%) received Tdap during pregnancy and 97,265 did not.

**MAIN OUTCOMES AND MEASURES:** Risks of small-for-gestational-age (SGA) births (<10th percentile), chorioamnionitis, preterm birth (<37 weeks' gestation), and hypertensive disorders of pregnancy were evaluated. Relative risk (RR) estimates were adjusted for site, receipt of another vaccine during pregnancy, and propensity to receive Tdap during pregnancy. Cox regression was used for preterm delivery, and Poisson regression for other outcomes.

**RESULTS:** Vaccination was not associated with increased risks of adverse birth outcomes: crude estimates for preterm delivery were 6.3% of vaccinated and 7.8% of unvaccinated women (adjusted RR, 1.03; 95% CI, 0.97-1.09); 8.4% of vaccinated and 8.3% of unvaccinated had an SGA birth (adjusted RR, 1.00; 95% CI, 0.96-1.06). Receipt of Tdap before 20 weeks was not associated with hypertensive disorder of pregnancy (adjusted RR, 1.09; 95% CI, 0.99-1.20); chorioamnionitis was diagnosed in 6.1% of vaccinated and 5.5% of unvaccinated women (adjusted RR, 1.19; 95% CI, 1.13-1.26).

**CONCLUSIONS AND RELEVANCE:** In this cohort of women with singleton pregnancies that ended in live birth, receipt of Tdap during pregnancy was not associated with increased risk of hypertensive disorders of pregnancy or preterm or SGA birth, although a small but statistically significant increased risk of chorioamnionitis diagnosis was observed.




Children's Health Defense

**"Among women who received Tdap at anytime during pregnancy, 6.1% were diagnosed with chorioamnionitis compared with 5.5% of unexposed women. After adjusting for site, receipt of 1 or more other vaccines in pregnancy and the propensity score, the adjusted relative risk (RR) was 1.19 (95% CI, 1.13–1.26)."**

# First Dose of Rotavirus Vaccine (Rotarix) Increases Intussusception Odds by 5.8X

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N Engl J Med. 2011 Jun 16;364(24):2283-92. doi: 10.1056/NEJMoa1012952.

**Intussusception risk and health benefits of rotavirus vaccination in Mexico and Brazil.**

Patel MM[1], López-Collada VR, Bulhões MM, De Oliveira LH, Bautista Márquez A, Flannery B, Esparza-Aguilar M, Montenegro Renoiner EI, Luna-Cruz ME, Sato HK, Hernández-Hernández Ldel C, Toledo-Cortina G, Cerón-Rodríguez M, Osnaya-Romero N, Martínez-Alcazar M, Aquinaga-Villasenor RG, Plascencia-Hernández A, Fojaco-González F, Hernández-Peredo Rezk G, Gutierrez-Ramírez SF, Dorame-Castillo R, Tinajero-Pizano R, Mercado-Villegas B, Barbosa MR, Maluf EM, Ferreira LB, de Carvalho FM, dos Santos AR, Cesar ED, de Oliveira ME, Silva CL, de Los Angeles Cortes M, Ruiz Matus C, Tate J, Gargiullo P, Parashar UD.

Author information

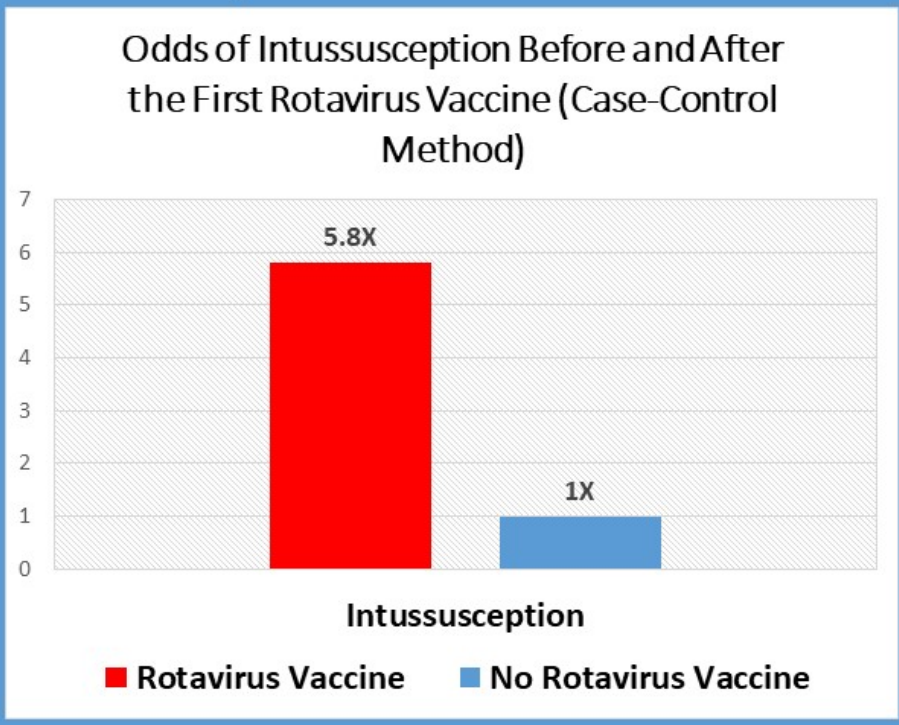
Abstract

**BACKGROUND:** Because postlicensure surveillance determined that a previous rotavirus vaccine, RotaShield, caused intussusception in 1 of every 10,000 recipients, we assessed the association of the new monovalent rotavirus vaccine (RV1) with intussusception after routine immunization of infants in Mexico and Brazil.

**METHODS:** We used case-series and case-control methods to assess the association between RV1 and intussusception. Infants with intussusception were identified through active surveillance at 69 hospitals (16 in Mexico and 53 in Brazil), and age-matched infants from the same neighborhood were enrolled as controls. Vaccination dates were verified by a review of vaccination cards or clinic records.

**RESULTS:** We enrolled 615 case patients (285 in Mexico and 330 in Brazil) and 2050 controls. An increased risk of intussusception 1 to 7 days after the first dose of RV1 was identified among infants in Mexico with the use of both the case-series method (incidence ratio, 5.3; 95% confidence interval [CI], 3.0 to 9.3) and the case-control method (odds ratio, 5.8; 95% CI, 2.6 to 13.0). No significant risk was found after the first dose among infants in Brazil, but an increased risk, albeit smaller than that seen after the first dose in Mexico--an increase by a factor of 1.9 to 2.6 - was seen 1 to 7 days after the second dose. A combined annual excess of 96 cases of intussusception in Mexico (approximately 1 per 51,000 infants) and in Brazil (approximately 1 per 68,000 infants) and of 5 deaths due to intussusception was attributable to RV1. However, RV1 prevented approximately 80,000 hospitalizations and 1300 deaths from diarrhea each year in these two countries.

**CONCLUSIONS:** RV1 was associated with a short-term risk of intussusception in approximately 1 of every 51,000 to 68,000 vaccinated infants. The absolute number of deaths and hospitalizations averted because of vaccination far exceeded the number of intussusception cases that may have been associated with vaccination. (Funded in part by the GAVI Alliance and the U.S. Department of Health and Human Services.).




Children's Health Defense

**"An increased risk of intussusception 1 to 7 days after the first dose of RV1 was identified among infants in Mexico with the use of both the case-series method (incidence ratio, 5.3; 95% confidence interval [CI], 3.0 to 9.3) and the case-control method (odds ratio, 5.8; 95% CI, 2.6 to 13.0)."**

Suggest a Correction

Robert F. Kennedy, Jr.

Robert F. Kennedy, Jr.'s reputation as a resolute defender of the environment stems from a litany of successful legal actions....

- Allergy
- Asthma
- Chorioamnionitis
- DPT
- H1N1 Influenza
- intussusception
- Measles
- Motor Tics
- Premature PubertyNarcolepsy
- Rotavirus
- Tdap
- Thimerosal

Sign up for free news and updates from Robert F. Kennedy, Jr. and the Children's Health Defense. CHD is planning many strategies, including legal, in an effort to defend the health of our children and obtain justice for those already injured. Your support is essential to CHD's successful mission.

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