

09/04/19

[Big Pharma](#)

Vaccinated vs. Unvaccinated—Part 5

None of the Part 5 articles I summarize below and in the accompanying graphs are true vax/unvaxxed studies. Instead, the researchers looked at the results on overall health after the addition of a single vaccine dose or vaccine to an already heavily vaccinated population. The results are still striking.

By

[Robert F. Kennedy, Jr.](#)

None of the Part 5 articles I summarize below and in the accompanying graphs are true vax/unvaxxed studies. Instead, the researchers looked at the results on overall health after the addition of a single vaccine dose or vaccine to an already heavily vaccinated population. The results are still striking. They all show a statistically significant increase in grave chronic diseases associated with even incremental uptake in vaccines. These data, even without the shocking results in my earlier Part 1 through 4 editions, ought to set off an emergency mobilization within any honest regulatory agency.

Titles and Summaries from Part 5 Vaxxed/Unvaxxed Slides:

Addition of the Hepatitis B Vaccine in 1988 Increased the Rate of Type 1 Diabetes 1.62X in Children in New Zealand. The incidence of type I diabetes in person 0-19 years old living in Christchurch rose from 11.2 cases per 100,000 children annually in the years before the immunization program, 1982-1987, to 18.1 cases per 100,000 children annually ($P = .0008$) in the years following the immunization, 1989-1991.

DTP Vaccination Increases Mortality by 2.45X in Girls Previously Receiving the BCG (Tuberculosis) Vaccine. In seven studies of the BCG-vaccinated children, DTP vaccination was associated with a 2.54 (95% CI 1.68-3.86) increase in mortality in girls (with no increase in boys [ratio 0.96, 0.55-1.68]). The ways in which the female and male immune systems may respond differently to vaccinations in infants are only beginning to be studied.

Higher Number of Vaccine Doses Prior to One Year of Age Increases Infant Mortality by 1.83X. Using the Tukey-Kramer test, statistically significant differences in mean IMRs (infant mortality rates) were found between nations giving 12-14 vaccine doses and those giving 21-23 and 24-26 doses.

One Dose of the DTP Vaccine Increases Infant Mortality by 1.84X. One dose of diphtheria, tetanus, and pertussis vaccine was associated with a mortality ratio of 1.84 (1.10 to 3.10) and two to three doses with a ratio of 1.38 (0.73 to 2.61) compared with children who had received no dose of these vaccines.

Early DTP Vaccination in Girls Increased Infant Mortality by 5.68X. Surprisingly, even though the children with the best nutritional status were vaccinated early, early DTP vaccination was associated with increased mortality.

Receipt of Both the BCG and DTP Vaccines Increased Infant Mortality in Girls by 2.4X. Among girls, those who received both BCG and DTP experienced higher mortality than those who received only one of the two vaccines (hazards ratio 2.4; 95% confidence interval 1.2-5.0)

Receipt of the Second and Third Dose of the DTP Vaccine Increases Infant Mortality by 4.36X. The MR (Mortality Rate) was 1.81 (95% CI: 0.95, 3.45) for the first dose of DTP and 4.36 (95% CI: 1.28, 14.9) for the second and third dose.

([See full-sized Part 5 slides](#) or see the [complete Vaxxed-Unvaxxed presentation, Parts 1-7.](#))

Addition of the Hepatitis B Vaccine in 1988 Increased the Rate of Type 1 Diabetes 1.62X in Children in New Zealand

Infectious Diseases
In Clinical Practice 

Articles & Issues ▾ Collections For Authors ▾ Journal Info ▾

Home > September-October 1997 - Volume 6 - Issue 7 > The Timing of Pediatric Immunization and the Risk of Insulin...

< Previous Abstract | Next Abstract >

Classen David C.; Classen, John Barthelow
Infectious Diseases in Clinical Practice: September-October 1997 - Volume 6 - Issue 7 - ppg 449-454
HYPOTHESIS: PDF Only

FREE

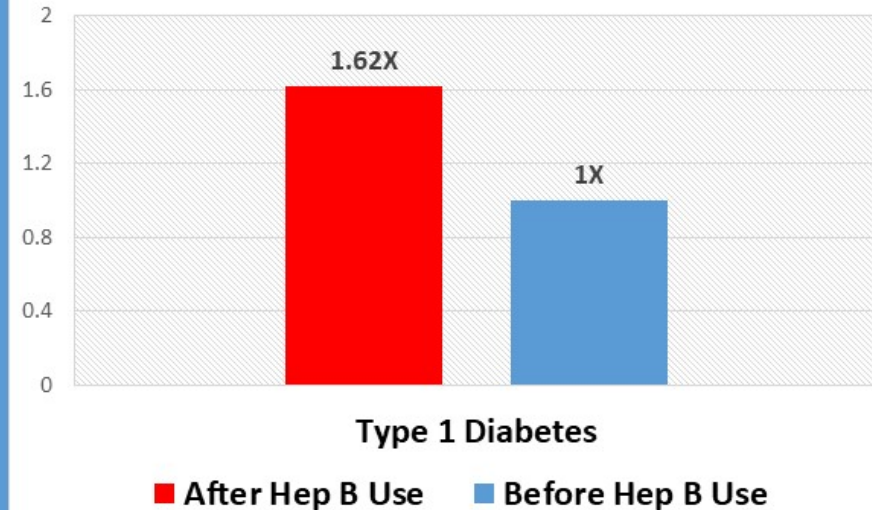
CONTENT NOT FOR REUSE

HYPOTHESIS

THE TIMING OF PEDIATRIC IMMUNIZATION AND THE RISK OF INSULIN-DEPENDENT DIABETES MELLITUS

by David C. Classen and John Barthelow Classen

Incidence of Type 1 Diabetes in New Zealand Children Before and After the Introduction of the Hepatitis B Vaccine



“The incidence of type I diabetes in persons 0-19 years old living in Christchurch rose from 11.2 cases per 100,000 children annually in the years before the immunization program, 1982-1987, to 18.1 cases per 100,000 children annually ($P = .0008$) in the years following the immunization, 1989-1991.”

DTP Vaccination Increases Mortality by 2.45X in Girls Previously Receiving the BCG (Tuberculosis) Vaccine

PubMed.gov
US National Library of Medicine
National Institutes of Health

Format: Abstract - Send to -

Trans R Soc Trop Med Hyg. 2016 Dec;110(10):570-581. Epub 2016 Nov 17.

Is diphtheria-tetanus-pertussis (DTP) associated with increased female mortality? A meta-analysis testing the hypotheses of sex-differential non-specific effects of DTP vaccine.

Aaby P^{1,2}, Ravm H^{2,3}, Eisher AB^{4,2,3}, Rodrigues A⁴, Benn CS^{4,2,3}.

Author information

- 1 Bandim Health Project, Indepth Network, Apartado 861, Bissau, Guinea-Bissau p.aaby@bandim.org.
- 2 Research Centre for Vitamins and Vaccines (CVIVA), Bandim Health Project, Statens Serum Institut, Artillerivej 5, 2300 Copenhagen S, Denmark.
- 3 OPEN, Institute of Clinical Research, University of Southern Denmark/Odense University Hospital.
- 4 Bandim Health Project, Indepth Network, Apartado 861, Bissau, Guinea-Bissau.

Abstract

BACKGROUND: Ten years ago, we formulated two hypotheses about whole-cell diphtheria-tetanus-pertussis (DTP) vaccination: first, when given after BCG, DTP increases mortality in girls and, second, following DTP there is an increase in the female/male mortality rate ratio (MRR). A recent review by WHO found no convincing evidence that DTP increases mortality in females.

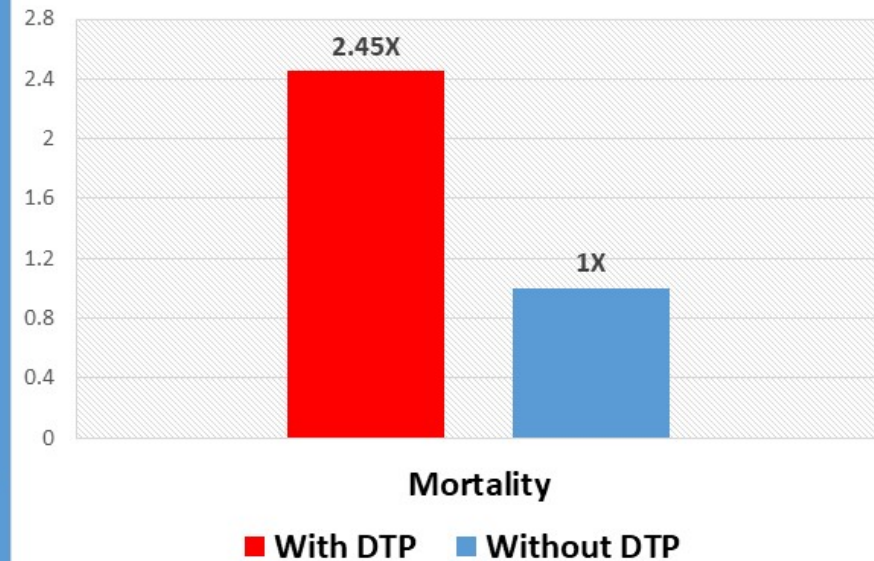
METHODS: We used previous DTP reviews as well as the recent WHO review for assessing the hypotheses. As pre-specified we excluded studies with survival or frailty bias; if children had received BCG and DTP simultaneously; and if the children had received neonatal vitamin A.

RESULTS: In seven studies of BCG-vaccinated children, DTP vaccination was associated with a 2.54 (95% CI 1.68-3.86) increase in mortality in girls (with no increase in boys [ratio 0.96, 0.55-1.68]). In 10 studies of BCG-vaccinated children, the female-to-male mortality ratio was 2.45 (1.48-4.06) times higher after DTP than before DTP. In 15 studies of children who had received DTP after previous BCG vaccination, mortality was 1.53 (1.21-1.93) times higher in girls than boys. The findings were similar in studies conducted before and after formulation of the hypotheses.

CONCLUSIONS: The two hypotheses were confirmed in the studies that fulfilled pre-specified criteria.

© The Author 2016. Published by Oxford University Press on behalf of Royal Society of Tropical Medicine and Hygiene.

Mortality in BCG-Vaccinated Girls Receiving the DTP Vaccine



“In seven studies of BCG-vaccinated children, DTP vaccination was associated with a 2.54 (95% CI 1.68–3.86) increase in mortality in girls (with no increase in boys [ratio 0.96, 0.55–1.68]). The ways in which the female and the male immune systems may respond differently to vaccinations in infants are only beginning to be studied.”

Higher Number of Vaccine Doses Prior to One Year of Age Increases Infant Mortality by 1.83X

PubMed
US National Library of Medicine
National Institutes of Health

PubMed Advanced

Format: Abstract

[Hum Exp Toxicol](#), 2011 Sep;30(9):1420-8. doi: 10.1177/0960327111407644. Epub 2011 May 4.

Infant mortality rates regressed against number of vaccine doses routinely given: is there a biochemical or synergistic toxicity?

Miller NZ¹, Goldman GS

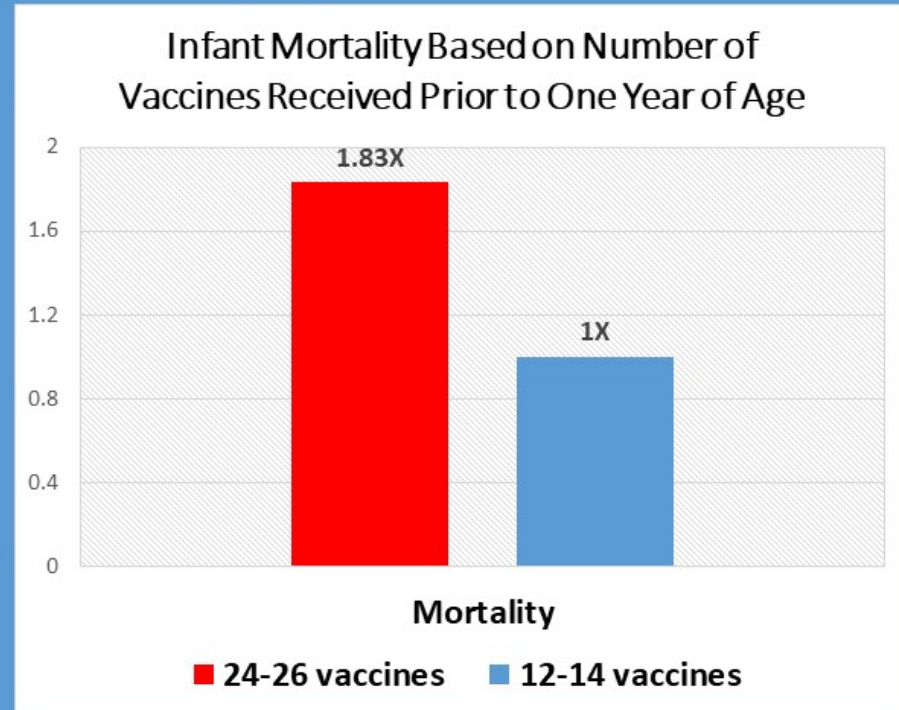
Author information

¹ Think Twice Global Vaccine Institute, USA. neiltzmillier@gmail.com [corrected]

Erratum in
[Hum Exp Toxicol](#), 2011 Sep;30(9):1429.

Abstract
The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of $r = 0.70$ ($p < 0.0001$) was found between IMRs and the number of vaccine doses routinely given to infants. Nations were also grouped into five different vaccine dose ranges: 12-14, 15-17, 18-20, 21-23, and 24-26. The mean IMRs of all nations within each group were then calculated. Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with $r = 0.992$ ($p = 0.0009$). Using the Tukey-Kramer test, statistically significant differences in mean IMRs were found between nations giving 12-14 vaccine doses and those giving 21-23, and 24-26 doses. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs is essential.

PMID: 21543527 PMCID: [PMC3170076](#) DOI: [10.1177/0960327111407644](#)
[Indexed for MEDLINE] [Free PMC Article](#)



“Using the Tukey-Kramer test, statistically significant differences in mean IMRs (infant mortality rates) were found between nations giving 12–14 vaccine doses and those giving 21–23, and 24–26 doses.”

[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....

- [Diphtheria Tetanus Pertussis-DTP](#)
- [Hepatitis B-HepB](#)
- [Infant mortality](#)
- [Tuberculosis Vaccine-BCG](#)
- [Type 1 Diabetes](#)

[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.

[Republishing Guidelines](#)