Title:

Evidence for Coercive Immunisation Policies in Australia: how ethical is this policy?

Presenter/ Author: Judy Wilyman (PhD scholar) Environmental Science, Murdoch University, Perth.

Abstract

The aim of this research is to determine whether coercion should be used to encourage the uptake of twelve vaccines recommended on the childhood immunisation schedule. Evidence for this policy requires an accurate long-term knowledge of the harm caused by using multiple vaccines in infants. This evidence is not available. An indication of possible harm can be provided by assessing the health of Australian children. There has been a significant increase in chronic illness, allergies and autoimmune diseases since 1993 which coincides with the push to increase vaccination rates in Australia. The chemicals in vaccines include thiomersal and aluminium compounds – neurotoxins. Antibiotics are an ingredient and a known cause of hypersensitivity. Foreign proteins are present and can stimulate the production of autoantibodies: a known cause of autoimmune diseases. Animal studies such as the Purdue Study found a significantly elevated concentration of autoantibodies in vaccinated dogs. Scientists have correlated the increase in autoimmune diseases in dogs and cats to increased vaccine use. If it is biologically plausible that using multiple vaccines in infants could cause autoimmune diseases and other chronic illness in an unknown number of individuals then the onus is on policy-makers to provide conclusive evidence to the contrary before coercive immunisation policies for multiple vaccines are implemented.

Title:

Questioning the Evidence for HPV Vaccine as a Prevention for Cervical Cancer.

Presenter/Author: Judy Wilyman (PhD scholar) Environmental Science, Murdoch University, Perth.

Abstract:

This paper examines the evidence used to conclude HPV vaccine Gardasil® will prevent cervical cancer. The etiology of cervical cancer is believed to be multifactorial. Whilst HPV infection with one of 15 or more strains of HPV plays a role it is not sufficient to induce cervical cancer. HPV is a common infection in women but it uncommonly progresses to cancer. Other known co-factors include multiple partners and Herpes Simplex Virus 2. Incidence varies between countries. It is a low risk for Australian women. Thirty percent of cervical cancer is not associated with the two strains of HPV virus covered by the vaccine and it is almost 100% curable when detected by Pap smear screening. The clinical trials were performed on women 16 -26 yrs for four years: an age group that rarely gets cervical cancer. Efficacy was based on the prevention of pre-cancerous lesions even though thirty percent of lesions in this age group clear quickly - rarely leading to cervical cancer. Autoimmune diseases were noted as a significant adverse event in trials and Gardasil was marketed before the trials were complete. This research concludes that the risk assessment for this vaccine is incomplete and the vaccine has been promoted with therapeutic benefits before appropriate safety and efficacy data was made available.

Title:

Questioning the evidence for vaccinating against *Bordetella pertussis* in Australia

Presenter/Author: Judy Wilyman (PhD) scholar Environmental Science, Murdoch University, Perth.

Abstract:

This research investigates the effectiveness of vaccinating against *Bordetella pertussis* in order to prevent whooping cough in the Australian population. By 1950 whooping cough in Australia was considered a common but non-serious disease in the adult population. It is a disease caused by three species of bacteria but the vaccine only protects against one – *Bordetella pertussis*. Ninety percent of mortality occurs in children under 6 months and children are not protected until three doses of vaccine have been administered- *over 6 months.* Fully vaccinated children still get whooping cough. In order to evaluate if this vaccine is effective it is important to know the percentage of hospitalized cases that are vaccinated. Children under 6 months represent the most serious cases of this disease. The incidence of this disease in the Australian community declined as social conditions improved. Incidence, mortality and morbidity data are affected by changes in surveillance and case definitions. An accurate measure of harm caused by the vaccine is unknown. This disease is rarely serious in children older than one and natural infection in childhood confers long-term immunity that is not provided by the vaccine. Hence whooping cough is now a more serious disease in adolescents and adults. The risk /benefit for this vaccine should be re-evaluated using Australian data as surveillance and social conditions vary between countries.

Title:

The Evidence for Childhood Influenza Immunisation: should children be immunised?

Presenter/Author:

Judy Wilyman (PhD scholar) Environmental Science, Murdoch University, Perth

Abstract:

The Western Australian Government began a campaign in 2008 to promote the influenza vaccine free to children 6 months to 5 years of age. A decision to include another vaccine on the childhood immunization schedule should be based upon accurate scientific knowledge not a fear campaign. This paper investigates the evidence being used to promote this vaccine. It also examines the ethics of adding another vaccine to the crowded childhood schedule. Methodology involved a literature review of Health Department documents and medical journals to examine the evidence being used to develop immunization policies. This research finds that influenza is not a serious risk for most children. It also finds evidence that inactivated flu vaccine is ineffective in children under 2 years of age – the age of most complications. It concludes that it is inappropriate and unethical to add another vaccine to the childhood schedule if the majority of children are not at serious risk from this disease and if the vaccine is not proven to be effective. The promotion of this vaccine to the public in WA has been based on a fear campaign and not scientific evidence. There is much debate about the use of multiple vaccines in children and authorities should select carefully the vaccines that are recommended to children and adults.

Title:

Investigating the evidence for the promotion of Swine flu vaccine.

Presenter/Author: Judy Wilyman (PhD scholar) Environmental Science, Murdoch University, Perth.

Abstract:

A swine flu is a flu that is endemic in pigs. This strain of flu has never been endemic in pigs yet it was labeled *swine flu* in promotional campaigns leading to greater public anxiety. Its official name is Influenza Type A (H1N1) 2009. The Public was not informed that H1N1 is a strain of flu that has been covered in the seasonal flu vaccine for many years. Influenza A (H1N1) 2009 is a new strain containing a mix of bird, pig and human genetic material. This disease was described as a *pandemic* even though the overall number of deaths due to influenza for 2009 was no greater than for previous years. Due to a change in surveillance the Health Department could provide statistics for the incidence of H1N1 2009 but there was no comparable data on the virulence of H1N1 for previous years. A CDC study showed that some individuals may have immunity from previous exposure to H1N1 yet the public was informed *there is no natural immunity within the global community.* This study finds that the public was not provided with accurate scientific evidence for the need for this vaccine. This has serious consequences for our health due to the adverse effects of vaccines that are known to occur in a percentage of the population.