

Title:

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

Presenter/ Author: Judy Wilyman (PhD researcher) 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.

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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.