The Science (Part 6)

Children's Health Defense

Vaccination increases the risk of asthma (11.4X) and hay fever (10X) in children with no family history of those disorders

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J Allergy Clin Immunol. 2005 Apr;115(4):737-44.

The relationship between vaccine refusal and self-report of atopic disease in children.

Enriquez R[1], Addington W, Davis F, Freels S, Park CL, Hershow RC, Persky V.

Author information

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Abstract

BACKGROUND: In the last 3 decades, there has been an unexplained increase in the prevalence of asthma and hay fever.

OBJECTIVE: We sought to determine whether there is an association between childhood vaccination and atopic diseases, and we assessed the self-reported prevalence of atopic diseases in a population that included a large number of families not vaccinating their children.

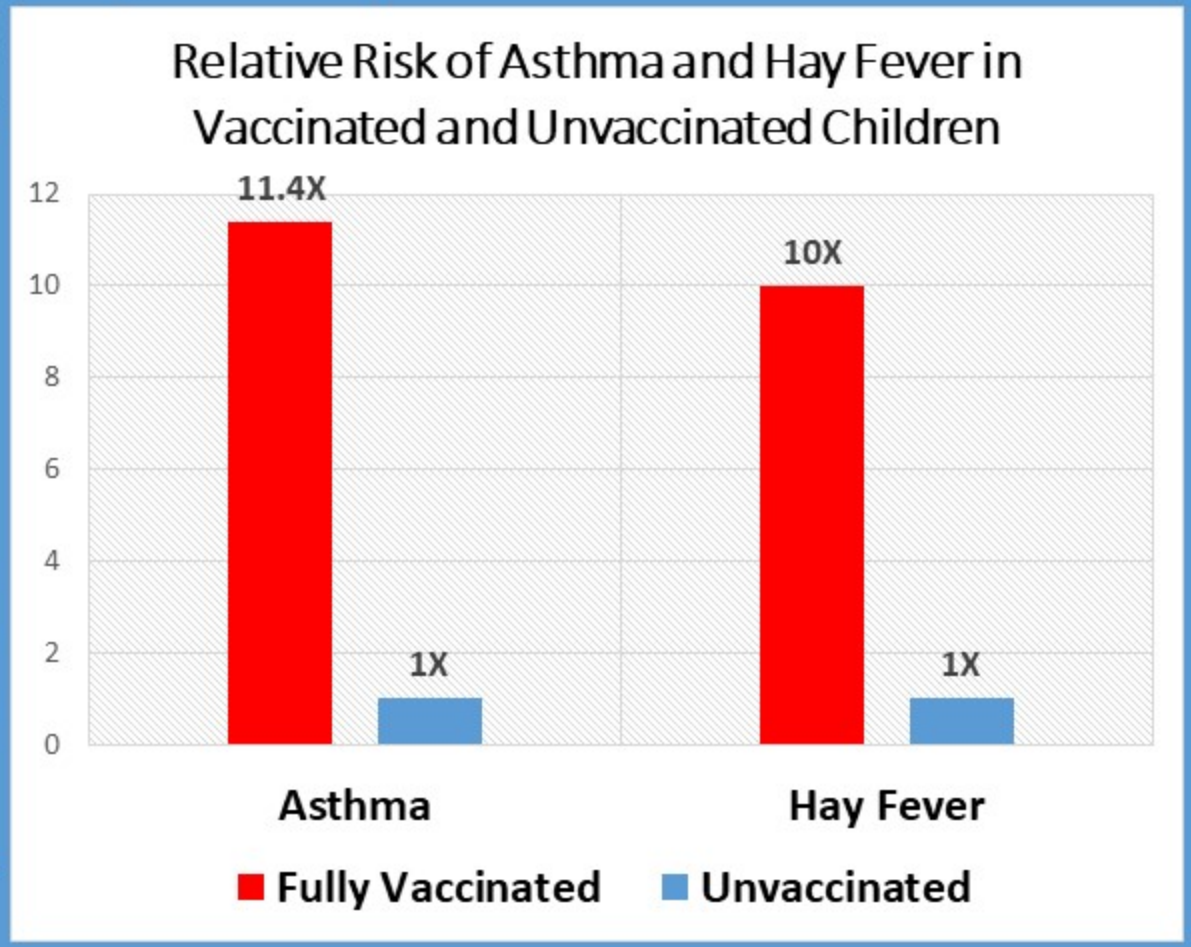
METHODS: Surveys were mailed to 2964 member households of the National Vaccine Information Center, which represents people concerned about vaccine safety, to ascertain vaccination and atopic disease status.

RESULTS: The data included 515 never vaccinated, 423 partially vaccinated, and 239 completely vaccinated children. In multiple regression analyses there were significant (P < .0005) and dose-dependent negative relationships between vaccination refusal and self-reported asthma or hay fever only in children with no family history of the condition and, for asthma, in children with no exposure to antibiotics during infancy. Vaccination refusal was also significantly (P < .005) and negatively associated with self-reported eczema and current wheeze. A sensitivity analysis indicated that substantial biases would be required to overturn the observed associations.

CONCLUSION: Parents who refuse vaccinations reported less asthma and allergies in their unvaccinated children. Although this relationship was independent of measured confounders, it could be due to differences in other unmeasured lifestyle factors or systematic bias. Further research is needed to verify these results and investigate which exposures are driving the associations between vaccination refusal and allergic disease. The known benefits of vaccination currently outweigh the unproved risk of allergic disease.

PMID: 15805992 DOI: 10.1016/j.jaci.2004.12.1128

[Indexed for MEDLINE]



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Vaccination with DTP simultaneously with measles vaccine or DTP after measles vaccine increased risk of death (2.59X)

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Trans R Soc Trop Med Hyg. 2015 Jan;109(1):77-84. doi: 10.1093/trstmh/tru186.

Sex-differential and non-specific effects of routine vaccinations in a rural area with low vaccination coverage: an observational study from Senegal.

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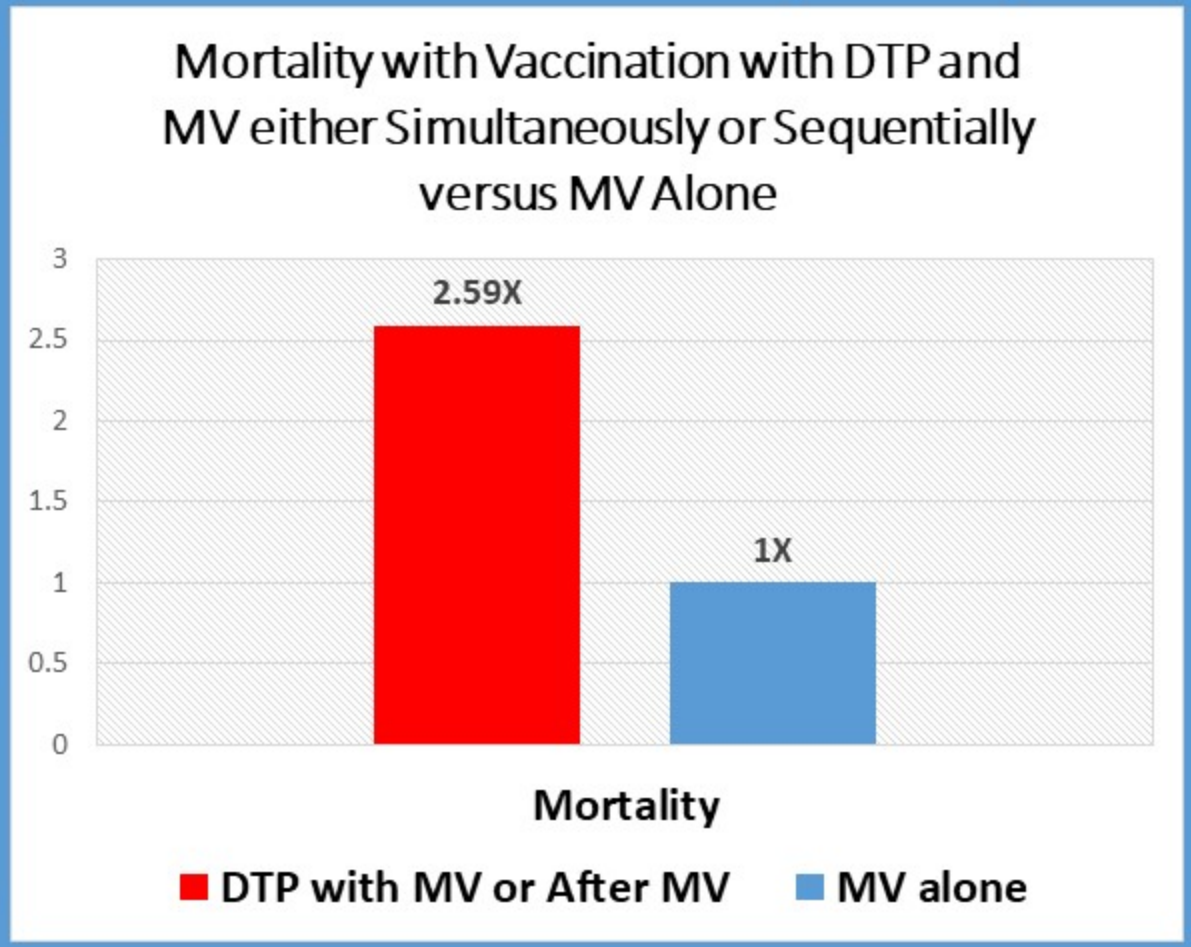
Abstract

BACKGROUND: We examined the potential sex-differential and non-specific effects of bacille Calmette-Guérin (BCG), diphtheria-tetanus-pertussis (DTP) and measles vaccine (MV) in a rural area of Senegal.

METHODS: The 4133 children born in the area between 1996 and 1999 were included in the study. Vaccinations were provided at three health centres. Vaccine information was collected through 3-monthly home visits. The survival analysis compared the effects of BCG and DTP according to the following sequence of vaccinations: BCG-first, BCG+DTP1-first, or DTP1-first. We compared DTP and MV between 9 and 24 months of age, as 9 months is the minimum age for MV.

RESULTS: At 12 months the vaccination coverage was 44%, 46% and 9%, respectively, for BCG, DTP1 and MV. Most children received BCG+DTP1-first and this combination was associated with a significantly lower mortality rate ratio (MRR) of 0.69 (0.53-0.89) compared with unvaccinated children. There was no benefit for children receiving BCG-first or DTP1-first. The female-male MRR was 0.79 (0.64-0.96) among unvaccinated children, but was significantly inversed with 1.45 (1.00-2.10) for children receiving DTP vaccination (test of homogeneity, p=0.006). Children who had received DTP simultaneously with MV or DTP after MV had significantly higher mortality (MRR=2.59 [1.32-5.07]) compared with children having MV-only as their most recent vaccination. After 9 months, the female-male MRR was 0.61 (0.31-1.19) for measles-vaccinated children but remained 1.54 (1.03-2.31) for DTP-vaccinated children who had not received MV (p=0.01).

CONCLUSIONS: The sequence of routine vaccinations is important for the overall impact on child survival and these vaccines are associated with sex-differential effects.



"Children who had received DTP simultaneously with MV or DTP after MV had significantly higher mortality (MRR=2.59 [1.32–5.07]) compared with children having MV-only as their most recent vaccination."

Children's Health Defense

Hepatitis B Vaccination Increases the Odds (3.1X) of a Multiple Sclerosis Diagnosis

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Neurology. 2004 Sep 14;63(5):838-42.

Recombinant hepatitis B vaccine and the risk of multiple sclerosis: a prospective study.

Hernán MA[1], Jick SS, Olek MJ, Jick H.

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Abstract

BACKGROUND: A potential link between the recombinant hepatitis B vaccine and an increased risk of multiple sclerosis (MS) has been evaluated in several studies, but some of them have substantial methodologic limitations.

METHODS: The authors conducted a nested case-control study within the General Practice Research Database (GPRD) in the United Kingdom. The authors identified patients who had a first MS diagnosis recorded in the GPRD between January 1993 and December 2000. Cases were patients with a diagnosis of MS confirmed through examination of medical records, and with at least 3 years of continuous recording in the GPRD before their date of first symptoms (index date). Up to 10 controls per case were randomly selected, matched on age, sex, practice, and date of joining the practice. Information on receipt of immunizations was obtained from the computer records.

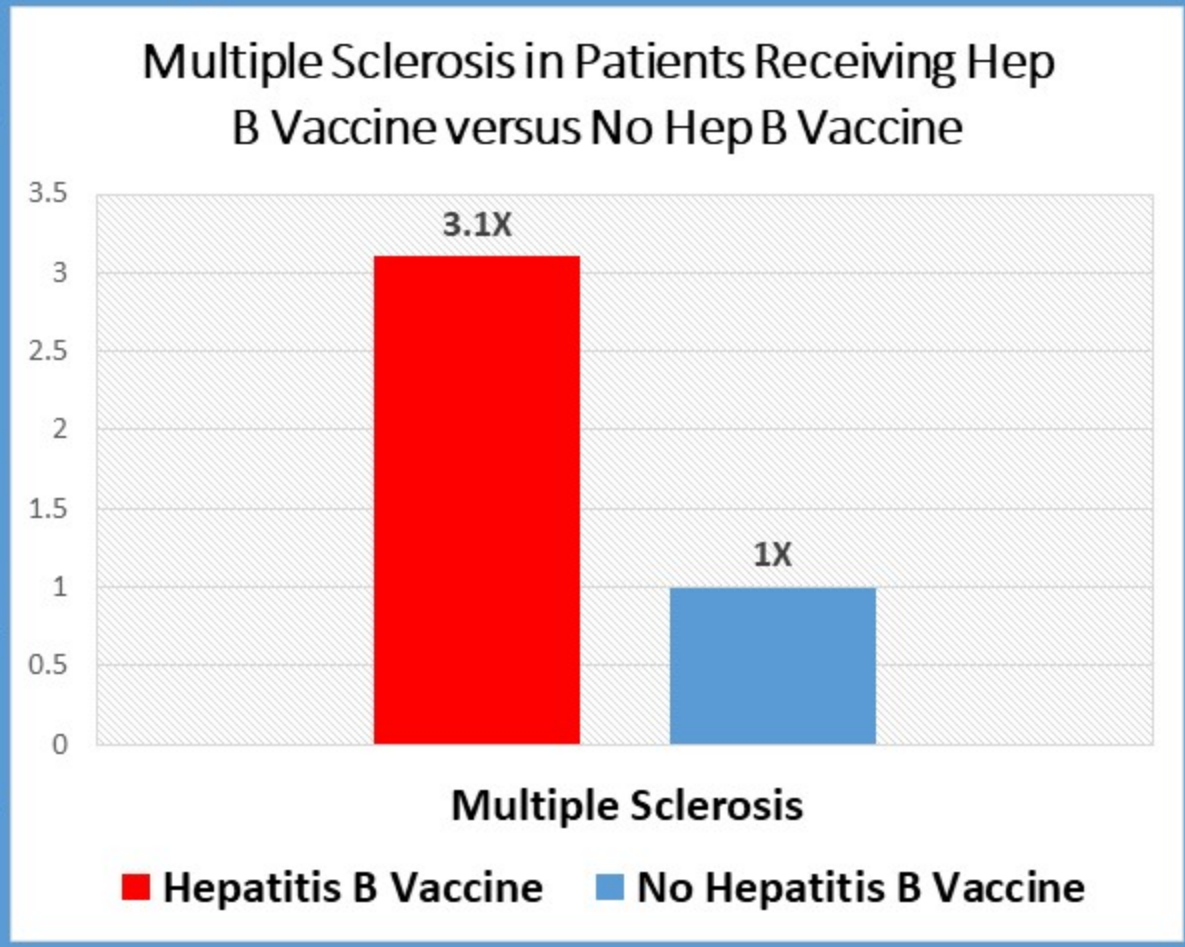
RESULTS: The analyses include 163 cases of MS and 1,604 controls. The OR of MS for vaccination within 3 years before the index date compared to no vaccination was 3.1 (95% CI 1.5, 6.3). No increased risk of MS was associated with tetanus and influenza vaccinations.

CONCLUSIONS: These findings are consistent with the hypothesis that immunization with the recombinant hepatitis B vaccine is associated with an increased risk of MS, and challenge the idea that the relation between hepatitis B vaccination and risk of MS is well understood.

Comment in

Does the hepatitis B vaccine cause multiple sclerosis? [Neurology. 2004]
Recombinant hepatitis B vaccine and the risk of multiple sclerosis: a prospective study. [Neurology. 2005]
Recombinant hepatitis B vaccine and the risk of multiple sclerosis: a prospective study. [Neurology. 2005]

PMID: 15365133 DOI: 10.1212/01.wnl.0000138433.61870.82



"The OR of MS for vaccination within 3 years before the index date compared to no vaccination was 3.1 (95% CI 1.5, 6.3). No increased risk of MS was associated with tetanus and influenza vaccinations."

Children's Health Defense

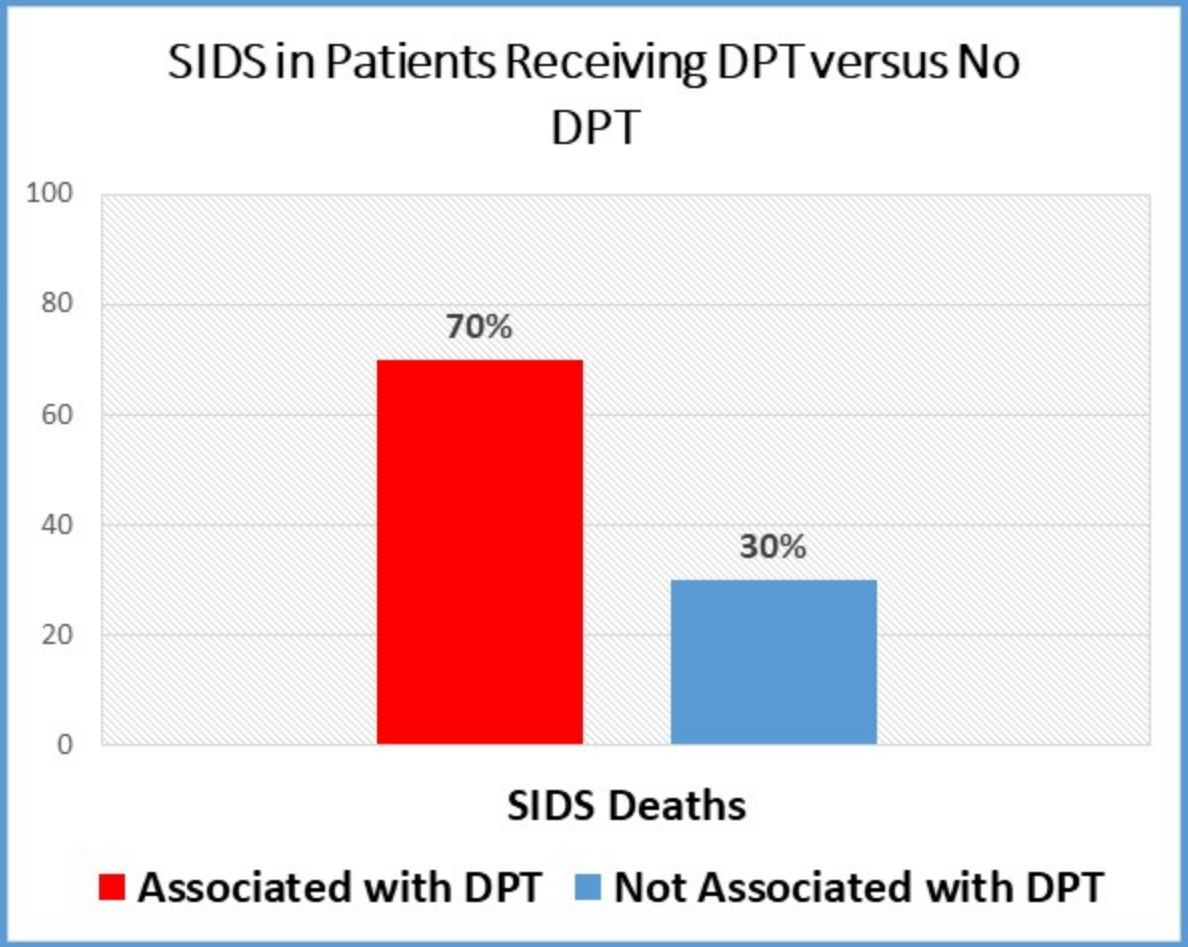
70% of SIDS Deaths Occur Within Three Weeks of DPT Vaccination

Diphtheria-Pertussis-Tetanus (DPT) Immunization: A Potential Cause of the Sudden Infant Death Syndrome (SIDS) 10:00 AM 3

WILLIAM C. TORCH, Reno, NV

A recent report of eight DPT-associated cot deaths in Tennessee, and knowledge of four sudden deaths within 3½ to 19 hours of inoculation in Nevada (in three infants and one 3-year-old child) stimulated a study on the relationship of SIDS to DPT immunization in over 200 randomly reported SIDS cases. Preliminary data on the first 70 cases studied shows that ⅔ had been immunized prior to death. DPT #1, 2, and 3 were administered on the average at age 2, 4, and 6 months, respectively. In the DPT SIDS group, 6.5% died within 12 hours of inoculation; 13% within 24 hours, 26% within 3 days, and 37%, 61%, and 70% within 1, 2, and 3 weeks, respectively. Significant SIDS clustering occurred within the first 2 to 3 weeks of DPT #1, 2, 3, or 4. The age range of the DPT group was 59 days to 3 years (mean age, 3 months); for the non-DPT group, 17 to 172 days (mean age, 2 months). SIDS frequencies peaked at age 2 months in the non-DPT group, and had a biphasic peak occurrence at 2 and 4 months in the DPT group. DPT #1 and 2 were associated with more SIDS than #3 or 4 (ratio 30:11:4:1). Males and females were equally affected. Cot death occurred maximally in the fall/winter season in the non-DPT group, but was nonseasonal in the DPT group. Death occurred most often in sleep in healthy allergy-free infants following brief periods of irritability, crying, lethargy, upper respiratory tract symptoms, and sleep disturbance. Autopsy findings in both groups were typical of SIDS, (e.g. petechiae of lung, pleura, pericardium, and thymus; vascular congestion; pulmonary edema; pneumonitis; and brain edema). In conclusion, these data show that DPT vaccination may be a generally unrecognized major cause of sudden infant and early childhood death, and that the risks of immunization may outweigh its potential benefits. A need for reevaluation and possible modification of current vaccination procedures is indicated by this study.

April 1982 NEUROLOGY (NY) 32(2) A169



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