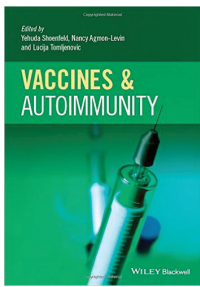


Vaccines and Autoimmunity



Edited by Yehuda Shoenfeld, Nancy Agmon-Levin and Lucija Tomljenovic
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 359 pages,

This book contains the articles from 77 contributors from 15 different countries including; Israel, Columbia, Italy France, Slovenia, United Kingdom, Greece, Brazil, Mexico, Spain, Japan, Canada, Sweden and the United States of America. University and Medical Faculty represented as well as the Center for Autoimmune Disease at John Hopkins University in the US. There are 37 chapters and many with over a hundred references.

Contributing authors are from medical schools and are mostly medical faculty, medical doctors and researchers.

This book represents a result of decades

“The safety of vaccine ingredients have not been studied for long term effects.”

of experience in vaccinology, immunology and autoimmunity and is a vast review of literature in three parts.

Part I is on the “mechanism” of vaccinations and the adjuvants in relationship to autoimmunity. Part II and III are summaries for the common autoimmune diseases they trigger and the common vaccines that may trigger emergence of disease.

One defined purpose for the book, as listed in the introduction is “because vaccines are delivered to billions of people without preliminary screening efforts and severe even fatal reactions can occur, there is concern about what this means for today’s population of people. Profound behavioral and neuropathological disturbances have been found in both animals and humans in autoimmune diseases. The ASIA syndrome of Autoimmune Inflammatory Syndrome induced by adjuvants is discussed and the spectrum of immune mediated disease that is triggered by the vaccine adjuvants. The results of chronic exposure are also discussed; the nature of adjuvants and serial administration which defines the

chronicity of the disease state.

Infections can also result in autoimmune diseases, viruses and bacteria which can be contents of the vaccines. Infectious components of the vaccine also have adjuvant effect as well as the adjuvants themselves. These factors have been found in both animal and human studies to induce autoimmunity and inflammatory manifestations by themselves.

The start of autoimmune disease symptoms following vaccinations are vague and include such things as arthralgia, myalgia, paraesthesia, weakness. These signs are deemed by most doctors to be “insignificant” and are thus ignored by the treating doctors. The progression to autoimmune disease is slow and insidious. The disease effects from vaccination can take 2-10 months even years to appear. Rapid acute disease comes later and often after a secondary immune insult. The acute clinical manifestation of the disease is seen after the second or amnestic response already present in subclinical long term persistence.

Guillian Barre and other demyelinating autoimmune neuropathies like MS (Multiple Sclerosis, Acute disseminated encephalitis could take months following vaccination to occur and therefore be mistakenly not linked to the vaccine; infection adjuvant trigger.

Vaccine adverse events or manifestation often presented themselves as “non specific”. Progress to full blown disease depends on further exposure to the noxious stimuli.

The current US vaccination schedule for 19 vaccines during infancy, many of which are multivalent and injected in the first 6 months of life when a typical vaccine formulation contains all the necessary biochemical components to induce autoimmune manifestations needs to be reviewed.

Vaccines can trigger serious and potentially disabling even fatal autoimmune manifestations.

The work in this book justifies why vaccine formulations and the need to repeat vaccinations must be reviewed. Careful assessment to any vaccination administered needs to be performed. Multiple vaccinations delivered over relatively short periods of time, the adjuvants used in these vaccinations all of this needs to be reviewed and we simply must develop safer vaccinations.

The safety of vaccine ingredients have not been studied for long term effects. The long term effects of autoantibodies which are present in vaccinated populations is not known. Vaccine contents are either the whole weakened infectious agents or synthetic peptides and genetically engineered antigens of infectious agents and adjuvants. In addition they contain diluents, preservatives (thimerosal, formaldehyde), detergents (polysorbate) and other residuals of culture medias like (yeast-Saccharomyces cerevisiae) gelatin, bovine extract, monkey kidney tissue. There is an entire table of vaccine contents on page 4 Table 1.2.

Safety has not been studied on these ingredients because of “assumptions” that small amounts do not matter. Studies are now starting to be done and the results are that even trace amounts are not safe. The summary of this is that the vaccine recipe contains all the components to induce autoimmune manifestations. Additionally this book has an entire chapter about what happens to vaccination in times of unfavorable circumstances. Infections, trauma, psychological stress, malnutrition, any event that could disturb the complex immune system balance can bring about manifestations following vaccination that threaten health and even life.

There is a large amount of work in the book explaining the mechanisms of adjuvant adverse effects. They all modulate multiple sets of genes. Vaccines and their ingredients affect gene coding and therefore gene expression.

Adjuvants in vaccines drive the development of autoimmune disease. In animal models the studies show organ specific autoimmune disease; encephalitis, uveitis, myocarditis. Indeed the adjuvants in vaccines drive “auto aggression” in the body.

The list of autoimmune (auto-inflammatory) syndrome induced with adjuvants (ASIA) is not limited to the following; myalgia, arthralgia, chronic fatigue, neurological impairment, fevers, gastrointestinal, respiratory, skin manifestations and

“Adjuvants drive the development of autoimmune disease.”

appearance of autoantibodies. Adjuvants drive the development of autoimmune disease.

Adjuvants and preservatives included in vaccines enhance the pathogen specific

immune responses and the potential of noxious effects of adjuvants for the recipient humans and animals. They not only enhance antigenic stimulation but also are capable of inducing auto antibodies, inflammation, aberrant manifestations of arthritis, neuronal damage, encephalitis, myocarditis, vasculitis sclerosing lipogranulomas, silicone-scleroderma, SLE (Systemic Lupus erythematosus) RA (rheumatoid arthritis).

Indeed all are cofactors in CFS (chronic Fatigue syndrome) polymyalgia, MMF (macrophagic myofasciitis) and GWS (Gulf War Syndrome).

Aluminum linked to neurological and neuropsychiatric manifestations. Adjuvant nanoparticles cross the BBB (blood brain barrier) and into the CSF (cerebrospinal fluid) resulting in deleterious immunoinflammatory responses in neural tissues. Getting to the meat of the matter about the safety of these vaccines, Tomljenovic and Shaw were able to show that cumulatively reviewed data suggests that the pre release HPV vaccine data “may not have been properly evaluated”. Four authors who all received payment by GSK for the prerelease data showing HPV safety did not find the significant safety issues identified in the post release data on vaccination reported adverse events.

Indeed, post vaccination immune phenomena can have long latency periods, months to years and this is referenced by multiple authors in multiple studies. More rigorous safety assessments than those provided by the GSK vaccine manufacturer are needed and brings into question the warranty in manufacturer-sponsored studies. Unfortunately, this is reported as the industry “practice”, having prelicense safety trials performed by those paid by the manufacturer of the vaccines they stand to profit from.

- Hep B vaccines are linked with demyelination episodes, convulsions, Bell’s Palsy, GBS, lumbar radiculopathy, brachial plexus neuropathy, optic neuritis and transverse myelitis and list is not complete.

- Yellow Fever Vaccine linked to CIDP (chronic inflammatory demyelinating polyneuropathy) and this not a complete list.

This reference book is a review of the many disease manifestations of the vaccinations and the links to specific ingredients of the vaccinations when available. To date this is the most cumulative review of current data available and definitely will bring the reader to understand how “humanitarian” the goal of this work is; to bring into review not only how vaccinations are formulated, the ingredients

used in those formulations, the packing in of multivalent antigens, the aggressive vaccination schedules and the effects of these actions on the population of humans and animals that are affected by their administration. The mechanisms of the immune dys-regulation, the disruption of the whole body and the sometimes lethal effects – call for immediate action. Identifying noxious substances and conditions that will increase the triggering of these diseases as well as following these vaccines for efficacy and necessity is imperative – especially in light of the gene impact these vaccine formulations have and especially even with individual vaccine ingredients.

The “efficacy” of most vaccines is dependent on the adjuvants use in the first place. How is the efficacy of these vaccinations defined? Has efficacy been defined? We know now more about the complex immune system than we did back in 1926 when alum was added to vaccines and more than we knew 300 years ago when the concept of vaccination first came to be.

This book raises a very important and humanitarian question: shouldn’t vaccines be reviewed?

Because vaccines are delivered to billions of people without any preliminary screening and severe even fatal reactions can occur, there is a deep concern about what this means for today’s population.