

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

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FROM ABSTRACT:

The infant mortality rate (IMR) is one of the most important indicators of the socioeconomic 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 was found between infant mortality rates and the number of vaccine doses routinely given to infants.

Linear regression analysis of unweighted mean infant mortality rates showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates.

A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs is essential.

KEY POINTS FROM THIS STUDY:

- 1) "The infant mortality rate (IMR) is one of the most important measures of child health and overall development in countries."
- 2) "Clean water, increased nutritional measures, better sanitation, and easy access to health care contribute the most to improving infant mortality rates in unclean, undernourished, and impoverished regions of the world."
- 3) "The World Health Organization (WHO) attributes 7 out of 10 childhood deaths in developing countries to five main causes: pneumonia, diarrhea, measles, malaria, and malnutrition—the latter greatly affecting all the others."
- 4) Malnutrition is associated with a decrease in immune function which leads to an increased susceptibility to infection.

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- 5) Every nutritional deficiency increases susceptibility to disease.
- 6) "Despite the United States spending more per capita on health care than any other country, 33 nations have better infant mortality rates."
- 7) The high infant mortality rate in the US is not attributed solely to high premature births.
- 8) The US Central Intelligence Agency (CIA) keeps accurate up-to-date infant mortality statistics throughout the world. "In 2009 there were 33 nations with better infant mortality rates than the United States. The US infant mortality rate of 6.22 infant deaths per 1000 live births ranked 34th."
- 9) "Many developing nations require their infants to receive multiple vaccine doses and have national vaccine coverage rates of 90% or better, yet their infant mortality rates are poor."
- 10) "Gambia requires its infants to receive 22 vaccine doses during infancy and has a 91%–97% national vaccine coverage rate, yet its IMR is 68.8."
- 11) "Mongolia requires 22 vaccine doses during infancy, has a 95%–98% coverage rate, and an infant mortality rate of 39.9."
- 12) "These examples appear to confirm that infant mortality rates will remain high in nations that cannot provide clean water, proper nutrition, improved sanitation, and better access to health care."
- 13) "A counter-intuitive relationship occurs between the number of vaccines given to infants and infant mortality rates: nations with higher (worse) infant mortality rates give their infants, on average, more vaccine doses." "Are some infant deaths associated with over-vaccination?"
- 14) "Among the 34 nations analyzed, those that require the most vaccines tend to have the worst IMRs. Thus, we must ask important questions: is it possible that some nations are requiring too many vaccines for their infants and the additional vaccines are a toxic burden on their health? Are some deaths that are listed within the 130 infant mortality death categories really deaths that are associated with over-vaccination? Are some vaccine-related deaths hidden within the death tables?"
- 15) "Prior to contemporary vaccination programs, 'Crib death' [Sudden infant death syndrome (SIDS)] was so infrequent that it was not mentioned in infant mortality statistics."

16) In the US, national immunization campaigns began in the 1960s. "Shortly thereafter, in 1969, medical certifiers presented a new medical term—sudden infant death syndrome." [Sudden and unexpected death of an infant which remains unexplained after a thorough investigation]. SIDS was not added to the National Center for Health Statistics as new cause-of-death category until 1973.

17) "By 1980, SIDS had become the leading cause of postneonatal mortality (deaths of infants from 28 days to one year old) in the United States."

18) There is evidence that some infants may be "more susceptible to SIDS shortly after being vaccinated."

19) A 1982 study published in the journal *Neurology* concluded that DPT (diphtheria–pertussis–tetanus toxoid) vaccine "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."

20) A 1987 study published in the *American Journal of Public Health* found the SIDS mortality rate in the period zero to three days following DPT to be 7.3 times greater than in the period beginning 30 days after immunization.

21) A 1992 article published in the *American Journal of Epidemiology* found that babies died at a rate about eight times greater than normal within 3 days after getting a DPT vaccination.

22) The authors present evidence that vaccine related SIDS are under reported because the deaths are reclassified as death due to:

- Suffocation
- Unknown cause
- Unspecified causes
- Pneumonia
- Unspecified viral disease
- Diseases of the blood
- Septicemia
- Diseases of the nervous system
- Anoxic brain damage
- Diseases of the respiratory system
- Influenza
- Unspecified diseases of the respiratory system

23) "It appears as though some infant deaths attributed to SIDS may be vaccine related, perhaps associated with biochemical or synergistic toxicity due to overvaccination."

24) "Of the 34 nations that have crossed the socio-economic threshold and are able to provide the basic necessities for infant survival—clean water, nutrition, sanitation, and health care—several require their infants to receive a relatively high number of vaccine doses and have relatively high infant mortality rates. These nations should take a closer look at their infant death tables to determine if some fatalities are possibly related to vaccines though reclassified as other causes."

25) Common substances found in vaccine include:

- Antigens (attenuated viruses, bacteria, toxoids)
- Preservatives (thimerosal, benzethonium chloride, 2-phenoxyethanol, phenol)
- Adjuvants (aluminum salts)
- Additives (ammonium sulfate, glycerin, sodium borate, polysorbate 80, hydrochloric acid, sodium hydroxide, potassium chloride)
- Stabilizers (fetal bovine serum, monosodium glutamate, human serum albumin, porcine gelatin)
- Antibiotics (neomycin, streptomycin, polymyxin B)
- Inactivating chemicals (formalin, glutaraldehyde, polyoxyethylene)

26) "Respiratory disturbances have been documented in close proximity to infant vaccinations, and lethal changes in the brainstem of a recently vaccinated baby have been observed."

27) "Since some infants may be more susceptible to SIDS shortly after being vaccinated, and babies vaccinated against diarrhea died from pneumonia at a statistically higher rate than non-vaccinated babies, there is plausible biologic and causal evidence that the observed correlation between IMRs and the number of vaccine doses routinely given to infants should not be dismissed as ecological bias."

28) "The US childhood immunization schedule requires 26 vaccine doses for infants aged less than 1 year, the most in the world, yet 33 nations have better infant mortality rates."

29) Using linear regression, the immunization schedules of these 34 nations were examined and a correlation was found between infant mortality rates and the number of vaccine doses routinely given to infants.

30) "These findings demonstrate a counter-intuitive relationship: nations that require more vaccine doses tend to have higher infant mortality rates."

31) "A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and infant mortality rates, is essential."

COMMENTS

Countries like Gambia and Mongolia vaccinate 91-98% of their infants with 22 vaccine doses and yet they have extremely high infant mortality rates. This supports that infant mortality is more linked to clean water, improved nutrition, and better sanitation than to vaccinations.

Clearly, in countries with clean water, good nutritional measures and better sanitation, increasing the number of vaccination does not reduce infant mortality, and might counter intuitively increase it as a consequence of synergistic toxicity. Vaccines are loaded with a large range of toxins.

Massive immunization campaigns in the US began in the 1960s, Sudden Infant Death Syndrome (SIDS) first appeared in 1969, and SIDS became the leading cause of death of US children between 1 to 12 months of age by 1980. These authors imply and present evidence suggesting a relationship between SIDS and vaccines.

Infant Mortality Rank (Lowest to Highest)	Country	Infant Mortality Rate (Per 1000 Births)	Mandated Vaccines in First Year
1	Singapore	2.31	17
2	Sweden	2.75	12
3	Japan	2.79	12
4	Iceland	3.23	12
5	France	3.33	19
6	Finland	3.47	13
7	Norway	3.58	12
8	Malta	3.75	15
9	Andorra	3.76	23
10	Czech Republic	3.79	19
11	Germany	3.99	18
12	Switzerland	4.18	18
13	Spain	4.21	20
14	Israel	4.22	18
15	Liechtenstein	4.25	18
16	Slovenia	4.25	15
17	South Korea	4.26	15
18	Denmark	4.34	12
19	Austria	4.42	23
20	Belgium	4.44	19
21	Luxembourg	4.56	22
22	Netherlands	4.73	24

23	Australia	4.75	24
24	Portugal	4.78	21
25	United Kingdom	4.85	19
26	New Zealand	4.92	17
27	Monaco	5.00	23
28	Canada	5.04	24
29	Ireland	5.05	23
30	Greece	5.16	23
31	Italy	5.51	18
32	San Marino	5.53	18
33	Cuba	5.82	22
34	United States	6.22	26