

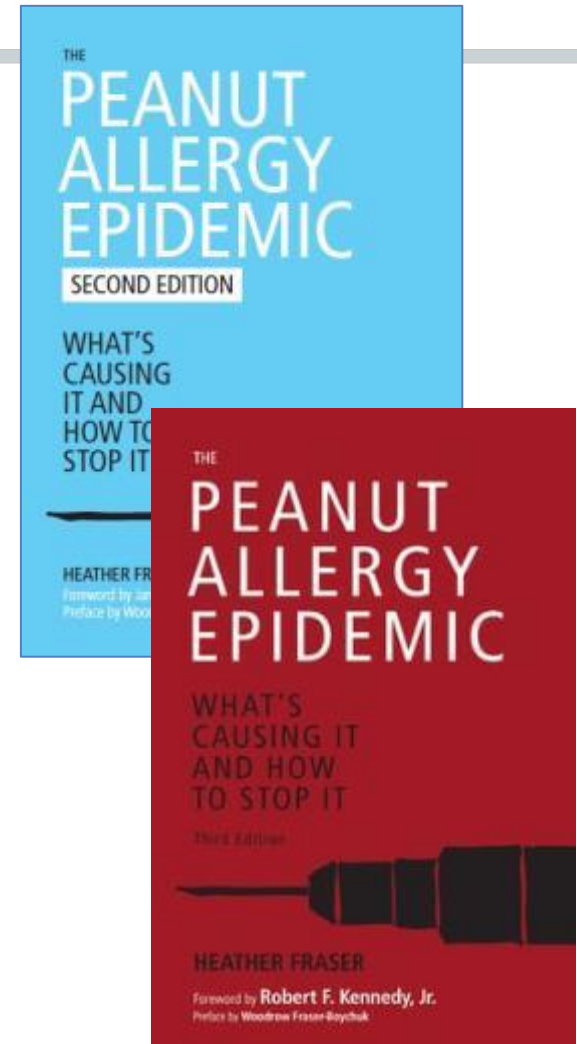
Preserving Vaccine Choice in Ontario



- Bill 87: amendment to the Immunization of School Pupils Act
 - mandatory education session
 - expands list of vaccinators
 - passes your child's vaccination status to health unit
- Some history of vaccination in Ontario
- 20th century decline of disease mortality & morbidity
- The new epidemics in children
- Preserving choice

Introduction

- I do not minimize risks of diseases.
- I believe it is important to ask questions and get perspective on the role of vaccines – benefits and risks.
- Vaccine Choice: VCC advocates for your individual right to make voluntary informed vaccine decisions for yourself and your family
- This talk provides educational material only, not advice.
- Heather Fraser, VCC Member, author of *The Peanut Allergy Epidemic*
- **Got your ticket for the draw at the end of the talk?**
(blue hardcover)



Vaccination in Ontario 1914

3016

Chap. 219. VACCINATION AND INOCULATION. Sec. 6 (2).

where and when such vaccination shall be performed, as is required by the next succeeding section, to be done by the council. 2 Geo. V. c. 59, s. 6.

Municipalities
to appoint
convenient
places for per-
formance of
vaccination.

7. The council of every city and town shall appoint a convenient place in each ward, and the council of every township and village shall appoint a convenient place therein for the performance, at least once in each month, of such vaccination, and shall take effectual means for giving, from time to time, to all persons resident within each such ward or within the township or village due notice of the days, hours and place at which the medical practitioner or one of the medical practitioners contracted with for such purpose will attend to vaccinate all persons not successfully vaccinated who may then appear there, and also of the days, hours and place at which such medical practitioner will attend to inspect the progress of such vaccination in the persons so vaccinated. 2 Geo. V. c. 59, s. 7.

Parents, etc.,
bound to take
children to be
vaccinated.

8.—(1) The father and mother of every child born in such city, town, township, or village shall, at some appointed time within three months after the birth of such child, or in the event of the death, illness, absence or inability of the father and mother, then the person who has the care, nurture or custody of the child, shall at some appointed time within four months after the birth of the child, take or cause to be taken the child to the medical practitioner in attendance at the appointed place, according to the provisions of the preceding sections, for the purpose of being vaccinated, unless the child has been previously vaccinated by a legally qualified medical practitioner and the vaccination has been duly certified; and the medical practitioner so appointed shall thereupon, or as soon after as it can conveniently and properly be done, vaccinate the child.

And exhibit
them to the
medical prac-
titioner on
eighth day.

(2) Upon the eighth day following the day on which any child has been so vaccinated, the father or mother, or other person having the care, nurture or custody of the child, shall again take or cause to be taken the child to the medical practitioner by whom the operation was performed, or the other medical practitioner in attendance, in order that he may ascertain by inspection the result of the operation.

Certificate of
successful
vaccination
to be given.

(3) Immediately after the successful vaccination of a child born in any city, town, township or village the medical practitioner who performed the operation shall deliver to the father or mother, or other person having the care, nurture or custody of the child, a certificate under his hand, Form I, that the child has been successfully vaccinated, and shall transmit a duplicate of the certificate to the clerk of the municipality in which the operation was performed.

What to be
evidence of.

(4) Such certificate shall, without further proof, be admissible as evidence of the successful vaccination of the child in any information or complaint brought against the father

- Ontario *Vaccination Act* made smallpox vaccination mandatory
- Used the lancet with lymph/pus from calves infected with cowpox. Smallpox vaccination was mandatory until after 1964. Stopped vaccinating for it in 1972.
- Parents were mandated to have their children vaccinated for smallpox by 4 months of age; return 8 days later to doctor to ensure all was well and receive a certificate. Vaccinator paid .25 cents per certificate.
- If parents refused, they were fined \$5. every 2 months until they complied. (\$120. in 2017)
- There was substantial opposition to smallpox vaccination in the late 19th century (for another lecture)

Ontario smallpox vaccination



Infant's skin is cut with lancet tool holding vaccine material. A scab forms that falls off leaving this pox mark.

- Serious adverse events finally seen to outweigh benefits in 1972:
 - Events were 10 times more common than with other vaccines: death, eczema vaccinatum, postvaccinial encephalitis, generalized vaccinia
- Inadvertent inoculation:
 - occurs when a person transfers the virus from the vaccination site to another part of the body causing lesions; can transfer the virus to others spreading the disease
- Eczema vaccinatum:
 - The vaccine can never been given to a person with eczema especially a child – causes severe lesions and can be fatal.

E. Belongia, "Smallpox Vaccine: the good, the bad, and the ugly," Clin Med Res, 1 (2003).
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1069029/>

- Smallpox vaccine contained cowpox virus; used the lancet, NOT the needle
- *Star Weekly*, Nov. 15, 1919.
- “Connaught Laboratories... right-hand corner are illustrated the incubators in which broths for the propagation of diphtheria anti-toxin and spinal meningitis serum are kept at blood heat, 98 degrees... To the left a calf is shown receiving her preliminary shampoo, preparatory to being shaved. On the extreme left is shown the “pulpit”, or pustulated area from the calf’s abdomen, a green material, which is sent in this sealed jar to the laboratories at the University to be refined.”

HOW VACCINE IS OBTAINED, HEALTHY CALVES EMPLOYED

Greatest Care Exercised at Connaught Laboratories—Process Which Is Used in Securing Serum—Completely Tested Before Released for Vaccinations.

“One drop of that on your skin would kill you; that’s the deadly stuff.” Some Star men who were in a big refrigerator room at the country branch of the Connaught Laboratories looking for smallpox specimens stiffened up automatically, felt a creepy sensation around their scalps, and opened their eyes very wide, when Mr. Frank Scruby, who was doing the entertaining, held up a gallon glass jar, marked “Diphtheria Toxin.” One-twentieth of a c.c. of that injected just under the skin of a horse sends his temperature up perhaps as high as 102 degrees; gradually increased doses twice a week make him immune and ready to be tapped for the anti-serum at the end of three months. Rows of similar bottles of blood plasma and the broth in which the bacteria thrive, stared in an inscrutably belligerent fashion from the shelves. They were all marked “Diphtheria Toxin.” The smallpox bottle packed in ice, had gone down to the city early in the morning to be refined.

As we started off to discover the smallpox calves—the conviction was firmly settled by this time that the smallpox vaccine really did come from calves, not from horses—the weather suddenly changed. A snow-storm, driven by almost a blizzard, lengthened the shadows inside and the creepy sensation, especially when the possibilities of dozens of little test-tubes containing spinal-meningitis microbes were explained. What might have happened from the tetanus or lockjaw bacilli, which fortunately, it seemed, were fostered at the laboratories only during the war, was even worse, that is if cleanliness and care were ever relaxed. That, however, is what never happens, one is quite sure, inside and outside, the building is as neat and clean as a hospital for human beings. As you come to the end of the twelve miles up Dufferin street, the remembrance of the distance seems to fade; the grey-stucco bungalow looks like the residence of a wealthy business man, who prefers to live on the outskirts of the city. A stream runs across the road and past the

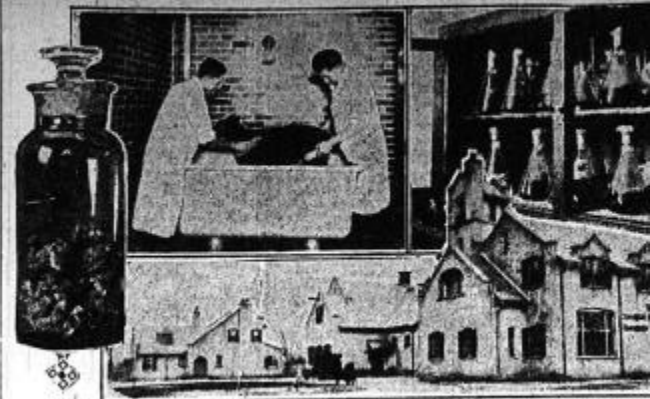
house, and twenty scenes that a landscape painter would covet are there, as you stand in one place, and look around. Hundreds of shrubs and trees are covered along the fence, waiting until the spring comes to be set out in the grounds. Inside, cement, polished tables, and green tiles, are easily kept spotlessly clean. The stables were models. In the stalls twelve curious horses turned their heads to survey the visitors. “That’s “Black,” the spinal-meningitis horse,” said Mr. Scruby, pointing out a light bay, who winked affably, when the story of amazing number of microbes he had absorbed and the amount of anti-toxin he had surrendered in four years was told. James, the diphtheria representative, and his brethren, and three pneumonia coughs nodded in turn. The two little calves, when the end of the passage was reached and their door was opened, frisked and boated.

Vaccinated 1,000 Times.

Here was a vital link in the smallpox chain at last. Two little black and white Holstein calves were in a bare, green-tiled room about twenty feet square; on the chipped-marble inlaid floor sterile sawdust had been spread. In spite of a drowsy look, they came and rubbed their heads sympathetically against the humans’ hands, and legs. They were drowsy because they had been vaccinated, not once, like the Toronto school boy or girl, but a thousand times all at once. They had been to the barber. Especially was this in evidence on the abdomen, where they had been shaved to the skin, which was curiously salmon pink in color. Here they had been vaccinated three days before, by what is called the “seed virus.” On the sixth day, that is next Monday, they will be chloroformed and killed, and an immense increase in the “seed virus” will supply thousands of doses of vaccine for people in the Province. In other words, the “seed virus” is scarce, and the calf gives the largest supply in the quickest way.

“Seed virus” is the virus of cowpox; and cowpox is the preventative of smallpox; that is why a calf and not a horse has to be used. The scoffer asks how cowpox vaccination prevents smallpox; the scientist and the doctor might just as well ask the scoffer why it does. The two facts are just as well established. Just as Watts discovered by observation the

PREPARING VACCINE TO FIGHT SMALLPOX EPID.



The lower picture shows the farm section of the Connaught Laboratories, situated at the centre of the city, near Dufferin street. This picture was taken from the north-east, at the residence of the person on the left. Above on the right-hand corner are illustrated the incubators for the propagation of diphtheria anti-toxin and spinal meningitis serum are kept at blood heat, at which temperature they thrive best. There is very little difference in constant incubator for eggs. To the left of the latter a calf is shown receiving her preliminary shampoo being shaved. On the extreme left of the picture is shown the “pulpit,” or pustulated area from a green material, which is sent in this sealed jar to the laboratories at the University to be refined.



CHURCH FOR 82 YEARS, BERKELEY'S HISTORY

In March of Progress Time Has Dealt Kindly With This Methodist Unit.

When Berkeley Street Methodist Church opens its doors to-morrow morning members and friends will join in celebrating the 82nd anniversary of this well-known edifice and Sunday school, which rank among the oldest churches in the annals of Toronto.

In the march of progress time has dealt kindly with this church. The little old organ which served its purpose in the early days has been replaced. When the glad note of joy and thanksgiving is sounded the silver tones of a beautiful pipe organ will be heard as it wafts its sweet music through a fine spacious building mingled with the voices of young and old.

A fine program will be an outstanding feature of the anniversary.

MR. W. C. Secretary-Treasurer Education, who 10th anniversary secretary of Berkeley Church. Mr. W. C.

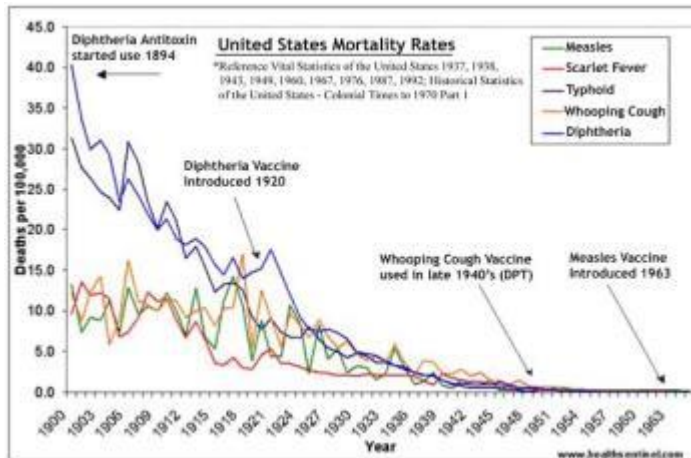
1920s-40s Ontario vaccination



- Smallpox (cowpox)
- Vaccines using the hypodermic syringe became 'traditional' rather than mandatory
- Diphtheria anti-toxin serum at Ontario schools – introduced as routine 1926, 3 doses
- 1940 tetanus anti-toxin (tetanus is not contagious)

SOURCES: <http://www.immunize.org/timeline/>
<http://www.cpha.ca/en/programs/history/achievements/12-v/timeline.aspx>

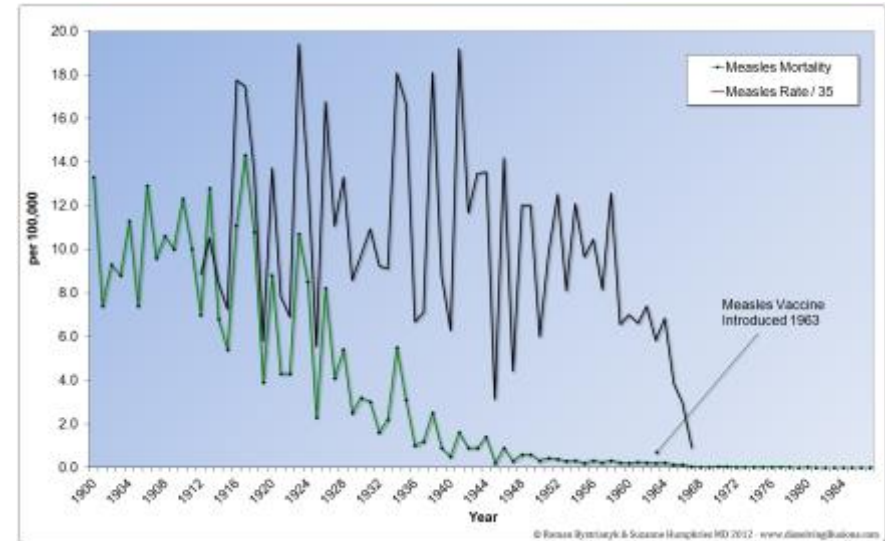
Decline of mortality from disease: US, UK, Canada



- Phenomenal decline in mortality from disease through the 20th century in the UK, US, Canada before there were many vaccines.
- Factors contributing to the decline:
 - Chlorination to disinfect drinking water
 - Penicillin post WWII
 - Indoor toilets, garbage collection, sewers
 - Nutrition (no ongoing famines, reflected in weight & height)
 - Labor laws, standard of living, middle class
 - Electricity
 - Refrigeration
 - Pasteurizing milk against bovine tuberculosis
 - Education

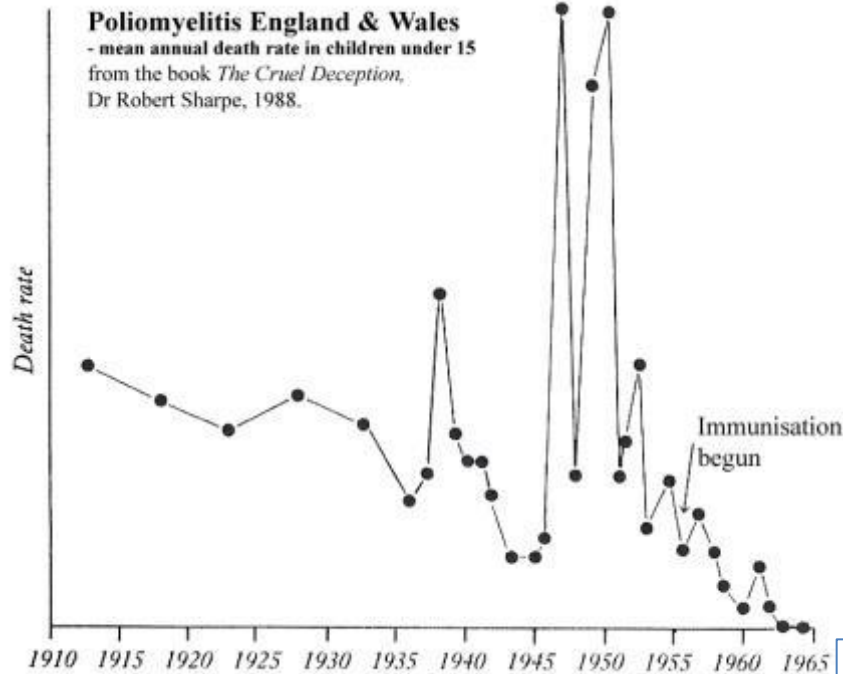
Decline in mortality from measles

- Deaths from measles dropped dramatically (green line) prior to the use of the vaccine
- The sudden drop in morbidity credited to suppression of the disease by vaccine
- 1963 measles live virus vaccine with adverse events, 30%-40% of children developed rash
- 1967 measles vaccine replaced by killed or attenuated vaccine – measles campaigns began end of 1960s
- 1969 rubella vaccine
- MMR vaccine in development
- In Ontario, 1975 MMRI, 1980 MMRII



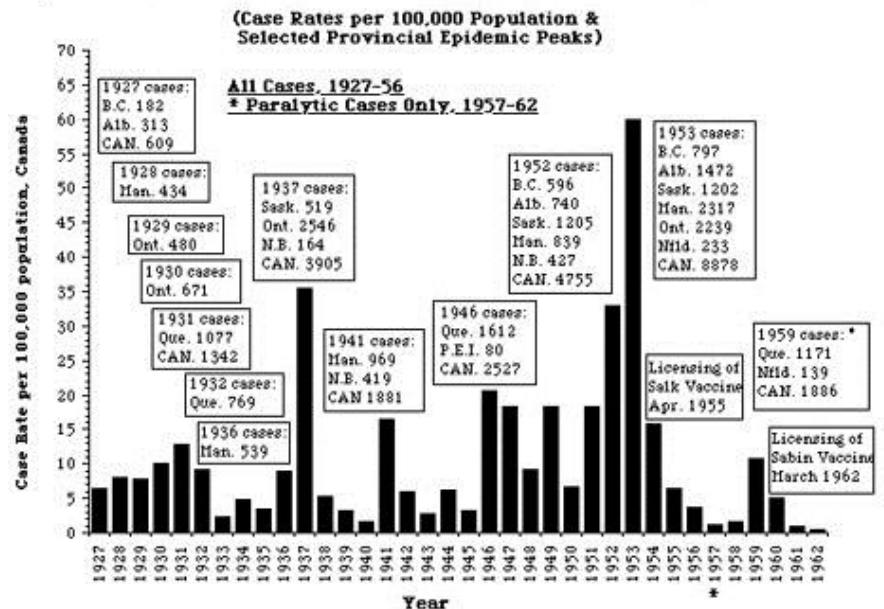
<http://www.vaccinationcouncil.org/2013/11/12/vaccines-a-peek-beneath-the-hood-by-roman-bystryanyk-and-suzanne-humphries-md/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4007870/>

Decline of polio



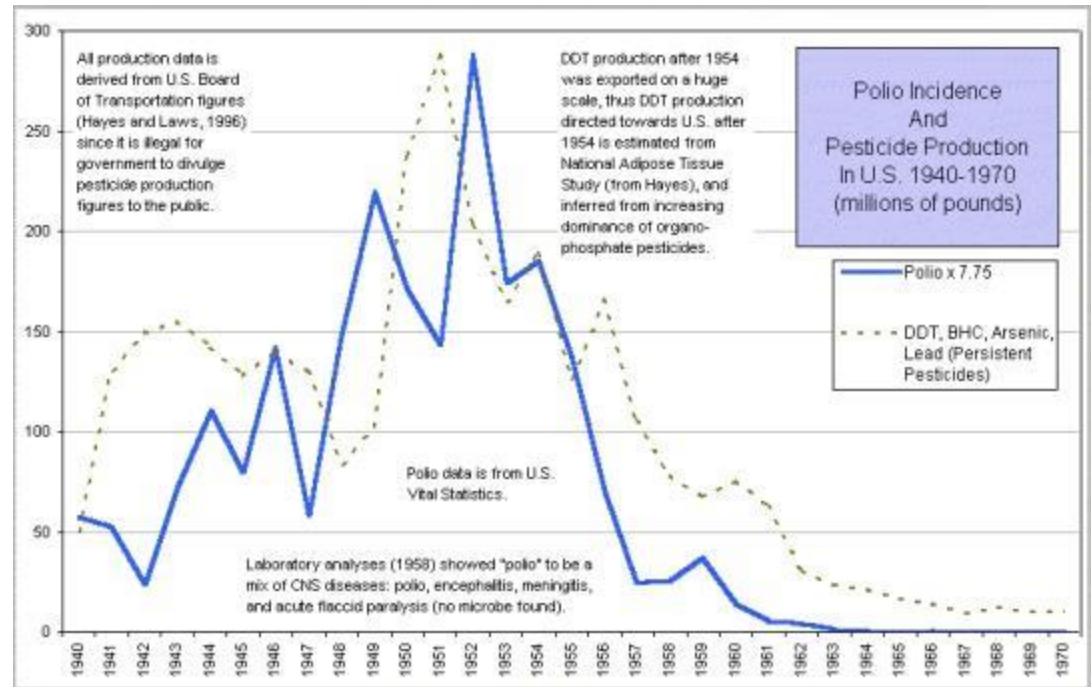
- Rate of cases dropping before licensing of the vaccines in Canada. This mirrors mortality rate in the UK.
- Chris Rutty
<http://www.healthheritage.com/MCPlague.html>

Figure 1 Poliomyelitis Incidence in Canada, 1927-1962



Polio questions

- US stats mirror those in Canada and the UK
- If polio was so contagious, why was it only a summer disease?
- It has been suggested that pesticides made viruses virulent or were the cause of the illness – not enough research
- DDT acts on insects by opening “sodium ion channels in neurons, causing them to fire spontaneously” used extensively in the 1940s and 50s; paralyzes and kills
- 1962 Rachel Carson’s *Silent Spring*



1950s polio vaccine cost

THE CUTTER INCIDENT POLIOMYELITIS FOLLOWING FORMALDEHYDE-INACTIVATED POLIOVIRUS VACCINATION IN THE UNITED STATES DURING THE SPRING OF 1955

I. BACKGROUND^{1,2}

By

NEAL NATHANSON AND ALEXANDER D. LANGMUIR*

(Received for publication March 12, 1963)

INTRODUCTION

On April 25, 1955, an infant with paralytic poliomyelitis was admitted to Michael Reese Hospital, Chicago, Illinois. The patient had been inoculated in the buttock with Cutter vaccine on April 16, and developed flaccid paralysis of both legs on April 24. This case was reported by the Chicago Board of Health to the Public Health Service on April 25. On April 26 the California State Health Department reported 5 more cases of paralytic poliomyelitis in Cutter vaccinees. All developed within 4 to 10 days of vaccination and all had paralytic involvement of the inoculated

arm. This was the beginning of the Cutter incident.

Approximately 400,000 persons, primarily grade-school children, had been inoculated with Cutter vaccine during a 10-day period in mid-April. Over the ensuing 2 months, 94 cases of poliomyelitis among Cutter vaccinees, 126 cases among family contacts and 40 cases among community contacts of vaccinees were reported. The majority of these cases occurred from the later part of April through May. As June progressed it became apparent that further Cutter-related cases had ceased. Thus the period from April 25 to the end of June, 1955, encompasses the events that are commonly included in the Cutter incident.

The Public Health Service undertook immediate steps to end this incident, and then to determine its cause, characterize its extent and prevent its recurrence. On April 27, the Surgeon General of the Public Health Service "requested that the Cutter Laboratories recall all of their vaccine" (1). A poliomyelitis surveillance program was undertaken by the Communicable Disease Center (2, 3), and production and testing procedures of all manufacturers were reviewed in detail (1, 4). Many laboratory and field investigations were initiated by research workers through-

¹ From the Department of Anatomy, School of Medicine, The Johns Hopkins University, Baltimore, Maryland (Dr. Nathanson), and the Communicable Disease Center, Public Health Service, U. S. Department of Health, Education, and Welfare, Atlanta, Georgia (Dr. Langmuir).

² The data were collected while Dr. Nathanson was Chief, Poliomyelitis Surveillance Unit, Communicable Disease Center. Most of the analysis and writing was done in the Department of Anatomy, Johns Hopkins University, and this phase of the work was aided in part by a grant from the National Foundation, Inc., to The Johns Hopkins University.

³ Grateful acknowledgment is made to those health officers, epidemiologists, physiotherapists, and virologists, who collected and submitted the data on which this report is based. Their contribution is described more fully in Paper II (reference 50).

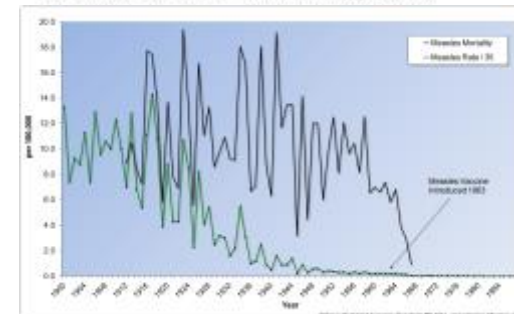
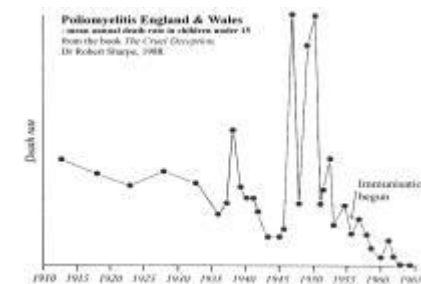
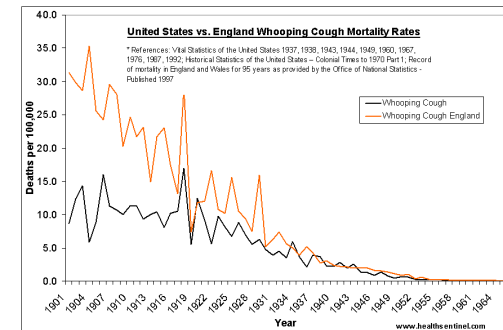
- Significant human and animal costs to producing these vaccines. Vaccines were introduced after the crisis had diminished:
 - 1954 Sabin's attenuated oral vaccine on a sugar cube known to cause the disease
 - tested on prisoners, institutionalized children, 100,000 monkeys; this is justified by the 'greater good' argument
 - Sabin vaccine used in Canada
 - 1955 Salk vaccine & Cutter incident: injected insufficiently killed virus caused 40,000 cases and deaths

SOURCES: <http://www.immunize.org/timeline/>
<http://www.cpha.ca/en/programs/history/achievements/12-v/timeline.aspx>

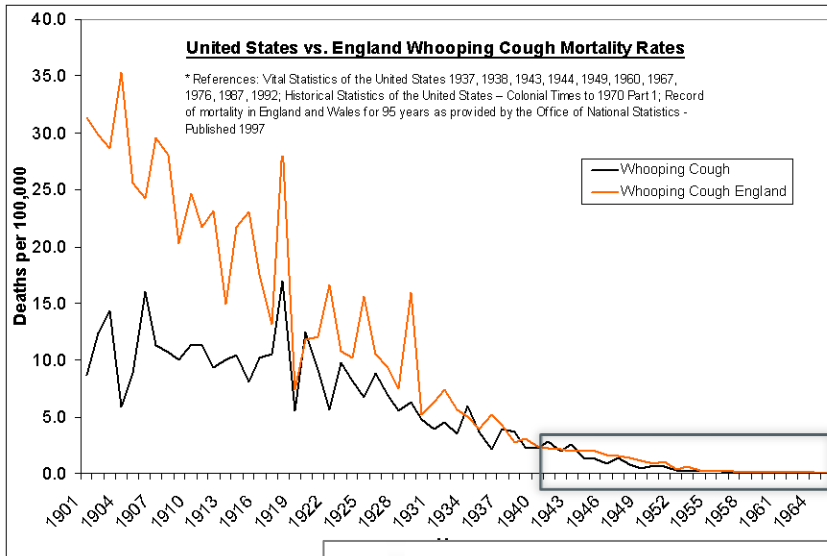
Impressive declines in mortality before vaccines

- US study in 2000 of vital statistics found that:
 - “...vaccination does not account for the impressive declines in mortality seen in the first half of the century...nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccine were available.”
- Number of cases also dropping depending on the illness --

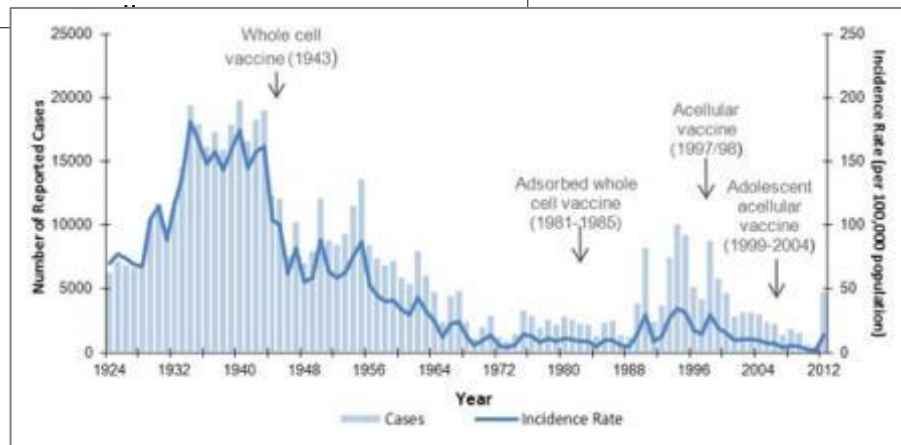
Bernard Guyer, et al. “Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century,” *Pediatrics*, 106, 6 (Dec. 2000)



Decline of mortality from pertussis: US, UK, Canada



- 1943 whole cell pertussis (whooping cough) vaccine becomes routine in Ontario
- 1949 DTP diphtheria-tetanus-pertussis vaccine licensed
- The vaccines suppressed the disease but at what cost?



Source: PHAC

1982 Ontario ISPA

- With such impressive declines in mortality and also morbidity, and vaccination a 'tradition', why was it made mandatory in 1982?
- 1982 Immunization of School Pupils Act (ISPA) was the first time in Ontario that so many vaccines became mandatory for school aged children with threat of suspension
- Designated diseases for mandatory: diphtheria, measles, mumps, polio, rubella, tetanus
- *Why was **pertussis** not included?*
- Record of debates (Hansard) in Ontario legislature reflects concern that the whole cell pertussis vaccine had caused adverse reactions; they backed away from this disease and vaccine *politically*; yet, DTP combination used

1983

DTP (2)

OPV (2)

DTP (4)

OPV (4)

DTP (6)

MMR (15)

DTP (18)

OPV (18)

DTP (48)

OPV (48)

TOTAL:

22 doses

7 vaccines

(included 2 combination
vaccines)

Ontario ISPA *amendment*

- Parents organized against compulsory vaccination ~ Committee Against Compulsory Vaccination
- worked with MPPs from 1982-84 to have an amendment passed that would allow vaccine exemptions for school aged children based on sincerely held belief
- The group relied on the new *Charter of Rights and Freedoms* entrenched in the repatriated Constitution of Canada in 1982
- the Charter protects citizens against the overreach of government
- This group of parents became Vaccine Risk Awareness Network (VRAN)
- VRAN became VCC



Assoc. of Vaccine Damaged Children

- Edda West at the desk, Patrick Rothwell & parents are to Edda's right, 1986
- Much sympathy amongst several MPPs through the 1980s and early 90s
- Behind Edda are Katie and Henry Kortikas with their daughter Maurine who was vaccine injured. Their MPP was Jack Pierce.
- MPP Jack Pierce noted in his riding of 30,000 there were 8 children severely vaccine injured, brain injuries
- Pierce tabled a Bill that became the Health Protection and Promotions Act (1990) mandating that *vaccinators tell vaccine recipients to watch for and report adverse events* – do they do this?
- [ie. the committee for Bill 87 was unaware of this legislation]



Queen's Park press conference held by Assoc. of Vaccine Damaged Children, 1986, video still. There was great support for Rothwell family who were moving ahead with lawsuit alleging the pertussis vaccine had injured their child Patrick

Rothwell case resonated

- **1979** Patrick Rothwell received the 3rd of three DPTP shots to which he reacted badly; at 9 months doctors discovered he was blind; ultimately found unable to walk, talk or toilet himself.
- **1988** \$15M lawsuit by Donna and Colin Rothwell against Burlington Drs. Daniel Raes and Sheila Hall, Connaught and the Ont. Ministry of Health alleging they were not warned that the pertussis vaccine might cause brain damage.
- “The trial judgment in favour of the defendants was not rendered until nine years after the vaccine in question was given. An appeal to the Ontario Court of Appeal was dismissed two years later. At trial, there were 50 witnesses who testified for 74 days. It has been estimated that the legal costs of the *Rothwell* litigation exceeded \$1,000,000.”



Rothwell v. Raes, 1988. If the Rothwells had won, there would have been a flood of similar lawsuits.



Same citizen protest in US

- In 1985, 231 lawsuits pending in the US against four vaccine manufacturers: millions in settlements, legal defense costs soared and insurance becoming prohibitive.
- **By 1986 DPT vaccine injury suits increased from 1 in 1979 to 255.**
- Previously, courts had declared that vaccine makers could not be held liable for selling products “with a known but apparently reasonable risk.” As injuries grew, suits allowed based on a “**failure to warn.**”
- **Dissatisfied Parents Together (DPT)** 1980s filed numerous lawsuits against physicians & makers awarded \$15M <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1268448/pdf/cmaj00180-0060.pdf>
- 1976 US flu ‘pandemic’ scare: vaccines given to 45 million people over 3 months linked to a rise in Guillain-Barré syndrome. 4,000 complaints settled by the US government for \$72M.
- Companies abandoned the vaccine market, US supply in the hands of a few makers.
- By 1985, the US was facing a vaccine shortage

1986-94 abrupt changes to US vaccination laws impact Canada

1. 1986 & 1988 US Vaccine Injury Act & VICP

- The act and compensation program barred direct legal action against vaccine manufacturers for injury
- Lawsuits that had threatened vaccine supply are dropped
- Vaccine market opens up suddenly, becomes *highly competitive*

2. Rapid increase in number, potency & doses of pediatric injections & vaccines

- 1985 IOM releases list of “Diseases of priority.” It includes Hep B, Hib, flu, varicella
- **New vaccine technology:** Hib conjugate forces immune system to recognize Hib at 2 months of age; 5 versions licensed with age of admin dropping from 2 yrs to 2 months from 1985 to 1993
- 1991 ~ 17 Million Hib doses administered in US, called a blockbuster by WHO in 1998
- **New vaccine technology:** 1994 Hib in first ever 5 in 1 combination with DwPT, polio (PENTA in Canada, significant injuries)
- Aluminum and ethylmercury in vaccines: toxic effects enhanced
- 1996: Varicella vaccine introduced; Hep B becomes routine

1986-94 rapid expansions of the vaccination schedule, 'gateway'

3. Injection begins at birth

- By mid 1980s Vitamin K1 injection with slow release over 2+ months becomes routine at birth in affected countries
- 1993 to 2000 coverage rate for Hep B for children increased from 16% to 90%; becomes routine for all newborns 1996

4. Increase in coverage rates targeting pre-schoolers, newborns

- In 1985 vaccination rate for US children under 4 was as low as 55%
- 1991 Bush plan 90% by 2000; \$37M 1991, \$98M 1993 aimed at preschoolers
- 1994 Childhood Immuniz Initiative (Clinton 1993-95) 90% coverage by 2000
- All affected countries had high coverage rates around 90%

5. One size fits all

- No screening of children for extant underlying burdens of metals, toxins
- No screening for ability to detoxify, kidney health, liver (methylation)
- Schedule as a whole from K1 and Hep B through childhood has never been tested for safety

Rothwell case continued to resonate: MPPs considered compensation

- 1991 private members bill called for no fault compensation as they had just created in the US (which barred legal action against manufacturers)
- Cameron Jackson, MPP, Burlington, 1991 Hansard: “Throughout the entire world there is sufficient evidence that there is cause and effect as it relates to vaccine damage, and in particular with the pertussis vaccine. So when the member for Peterborough talks about pickiness, I want members to know that there is a long history of concern on this issue for members on this side of the House, and in particular Mr Jack Pierce. I have spoken in this House for up to three and a half hours on the issue of vaccine-damaged children in this province and I represent Patrick Rothwell in this Legislature; he is my constituent.”

Rothwell case resonated

- Response by Manitoba Law Reform Commission to Assoc. of Vaccine Injured Children regarding reality of vaccine injury and failure of legal system & consideration of compensation program
- The characteristics of an ideal vaccine have been identified in the *Canadian Immunization Guide*. The vaccine should confer long lasting protection against disease, be administered in few doses, be inexpensive enough for wide-scale use, be stable enough to remain potent during shipping and storage and have *no adverse effect on the recipient*. This Report deals with the failure to achieve fully the last of these objectives. [...] New vaccines are periodically introduced and old vaccines are replaced with improved products. **The attenuated whole cell pertussis vaccine has, for example, been replaced with an acellular vaccine which may have fewer serious side effects.**
- http://www.manitobalawreform.ca/pubs/pdf/archives/104-full_report.pdf

Rothwell case resonated

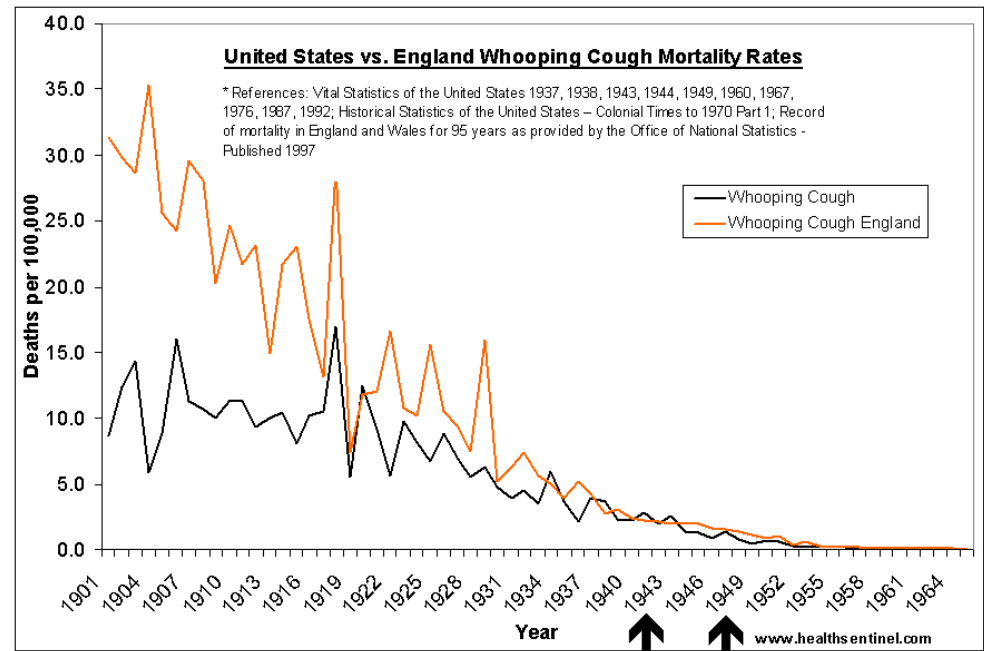
- “It must be proved not only that the vaccine caused the disability but also that the decision maker would have declined to authorize the vaccine if the appropriate information had been passed on by the learned intermediary. In *Rothwell*, for example, the plaintiff established the negligence of the manufacturer on the grounds that insufficient information of possible risks of the pertussis vaccine had been given to physicians. **That claim, however, failed on the lack of causation.** [...] The conclusion is unavoidable. It was drawn by the trial judge in *Rothwell*. He stated: “. . . the normal process of litigation is an utterly inappropriate procedure for dealing with claims of this nature.” **In practical terms, the tort process holds out very little promise for an efficient and fair remedy for those children who suffer vaccine-related injury and illness.**

Pertussis vaccine critique

- **Lack of info, research needed. Vaccination against whooping-cough. Efficacy versus risks. Lancet. 1977**
- Notifications of incidence, though variable and incomplete, follow the same pattern of steady decline in the United Kingdom and are **unaffected either by small-scale vaccination beginning about 1948 or by nationwide vaccination beginning in 1957.**
- **Adverse reactions and neurotoxicity following vaccinations were studied in 160 cases. In 79, the relationship to pertussis vaccine was strong. In 14 of these cases, reaction was transient but characteristic of a syndrome of shock and cerebral disturbance, which, in the other 65 cases, was followed by convulsions, hyperkinesis, and severe mental defect.**
- It seems likely that most adverse reactions are unreported and that many are overlooked. Precise information about the efficacy and safety of this vaccine is lacking, because existing provisions, national and international, for epidemiological surveillance and evaluation are inadequate.

Decline of mortality to pertussis before vaccine

- Everyone seemed to know that the P. vaccine was injurious: the MPPs, the MB vaccine commission, medical literature spells it out, even the Ont. Min. of Health backed away from the disease in ISPA
- 1991 *A Shot in the Dark*, Barbara Loe Fisher woke everyone up to the P in the DTP.
- The whole cell pertussis was well known to cause neurological injuries believed to be caused by toxins produced by the bacterium



Stewart GT. Vaccination against whooping cough. Efficacy versus risks. *Lancet* 1977; Jan 29 :234-7

Kulenkampff M, Schwartzmann JS, Wilson J, Neurological complications of pertussis inoculation. *Arch Dis Child* 1974; 49:46-9

The story of PENTA

- Despite the concerns of MPPs, the lawsuits in Canada and the US – Connaught goes ahead with a 5 in 1 with *whole cell pertussis*
- Why? Market opportunity when VICP was created removing liability plus order for new products from the IOM “diseases of priorities” list.
- PENTA came on the market Jan. 1994 (taken off 1997 because of significant side effects). First ever 5 in 1: DPT polio adsorbed (onto aluminum salts) diphtheria, pertussis, tetanus, polio & Hib.
- PENTA was a Canadian invention: 2 separately licensed vaccines mixed by the doctor in his office before injecting as ONE product (this one did not have a license)
- 11,000+ AEFI reports with no individual follow up to determine long term injury



PENTA 1994-97

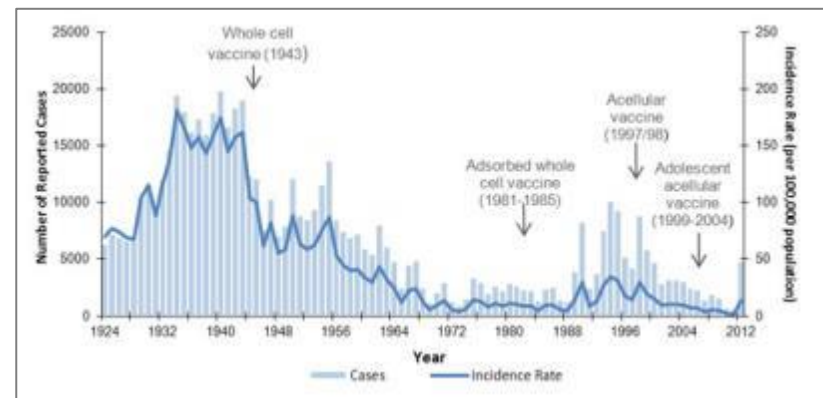
- AEFI reports, experienced following injection with PENTA: ear infections, furious blinking, anorexia, head banging, asthma attacks, lethargy, shaking, rapid eye movements, vomiting, somnolence, pallor, 'ice cold hands and feet while with fever', hypokinesia (the inability or struggle to move), inconsolable screaming and an 'abnormal gait following vaccination' where the 'child hobbled with valgus deformity of the left leg'.
- Yet another child experienced 'myoclonic seizures with a recommendation to defer immunization'. One child 'looked doped up' and another was red and swollen from head to toe. There were raised rashes, involuntary muscle contractions, an 'oculogyric crisis' (rotating eyeballs) tremors, 'periods of limpness' and numerous seizures. There were hospitalizations and 15 deaths reported. It was determined that one child died from cerebral infarction following immunization and another following autopsy was found to have suffered brain and spinal cord inflammation (meningoencephalomyelitis).

Report# 1103
AEFI reports following Penta administered 1994-1995 for age group 6mts-1yrs

Reference Number: V9881432	Date received: 1998-06-09	Year vaccinated: 1995
Age group: Toddler	Outcome: Fully recovered	Medical attention received:
Number of vaccine given: 2		
Vaccine Act-Hib DTP-IPV	Number in series 4	

WHICARDI PREF HYPOTONIA PALLOR	Onset			Duration		
	Days	Hours	Mins	Days	Hours	Mins
2	.	.	.	.	.	.
2	.	.	.	.	.	.

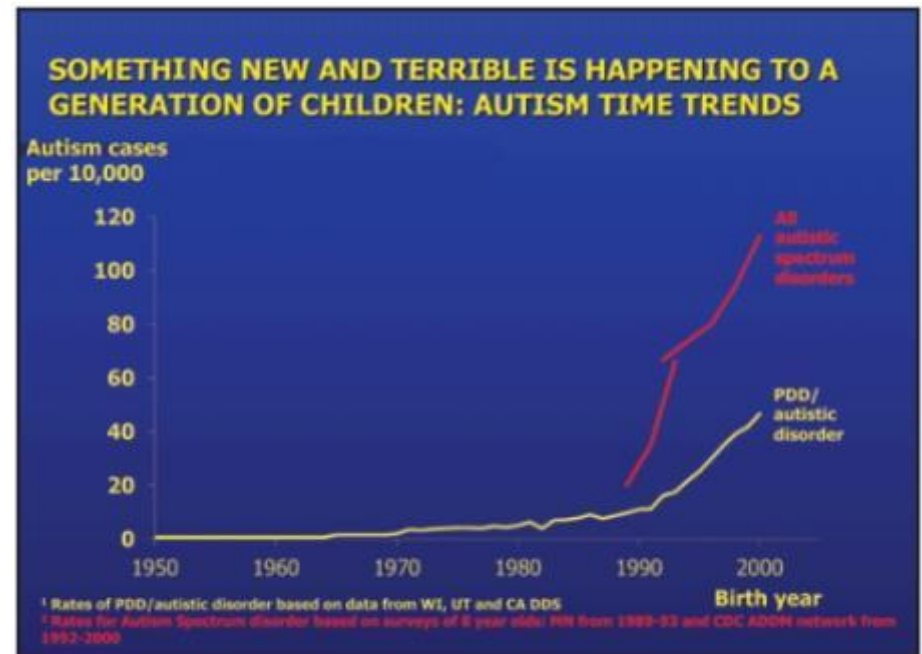
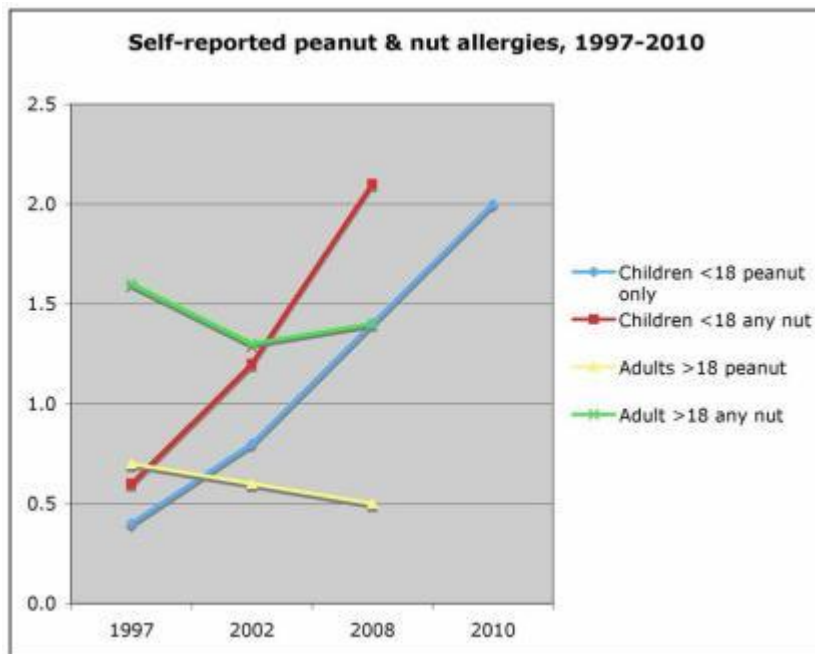
General Description:
PALLOR & LIMPNESS-NO MENTION OF LEVEL OF CONSCIOUSNESS,,ER DR.DX SHOCK,ALLERGY CONSULT



PHAC erased PENTA from their graph

Allergy & autism gateway: late 1980s early 1990s

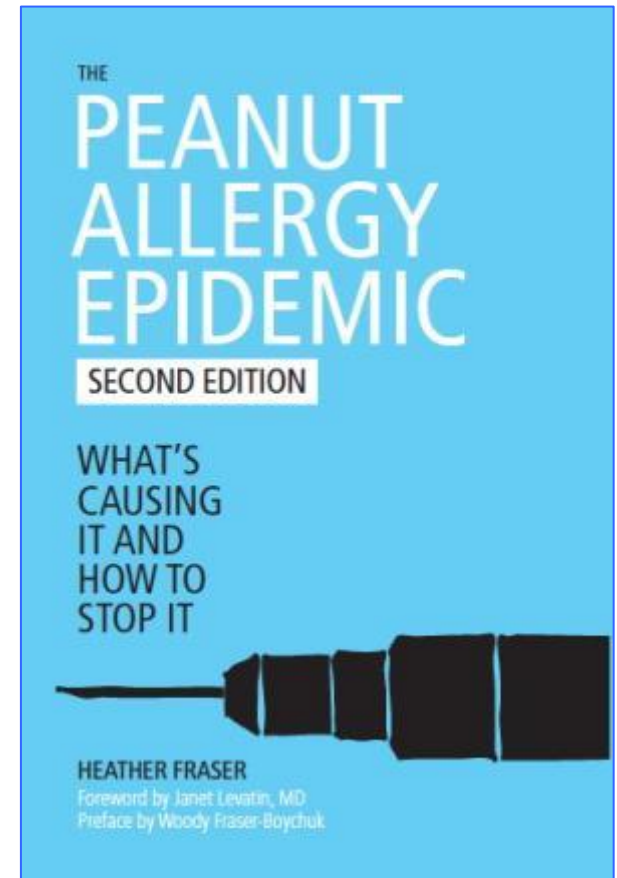
- Sudden explosion of allergy and autism in the window of time during which vaccination schedule suddenly increased



DISTURBING TIME TRENDS—From Mark Blaxill's November, 2012 Congressional testimony during the Committee on Oversight and Government Reform's autism hearings.

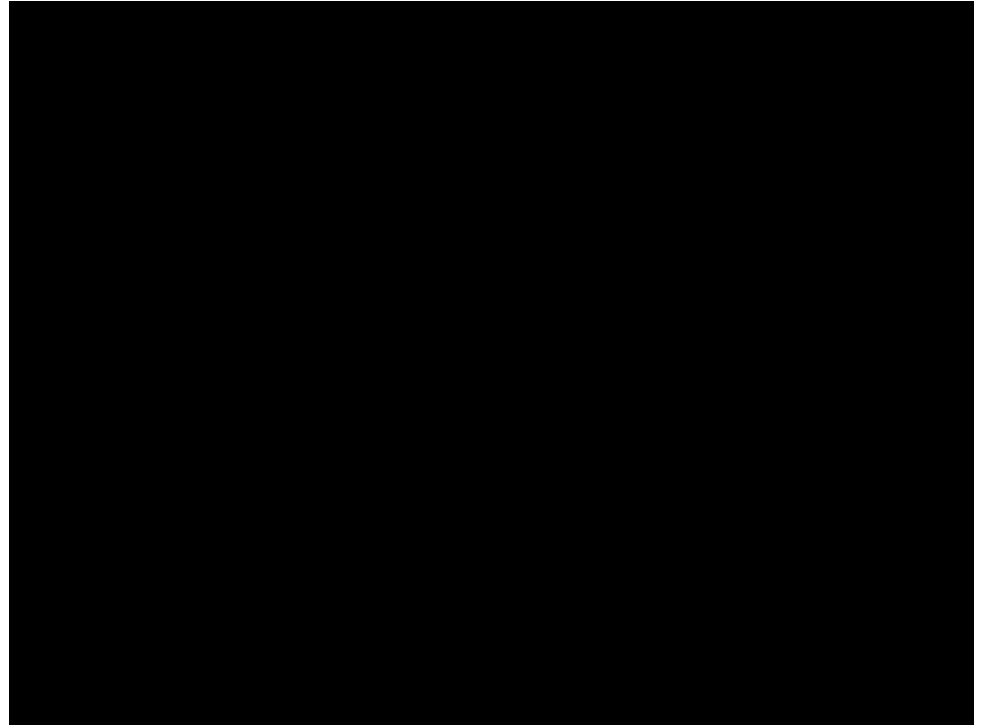
PENTA & peanut allergy

- My son received the PENTA vaccine at 2, 4 and 6 months of age. After each shot, he screamed in pain for hours. This pain persisted in episodes through his first year of life during which he also developed eczema, asthma, environmental and food allergies. At age one, he reacted violently to peanut.
- Because of our experience, I took the time to understand vaccine injury and vaccine induced allergy and anaphylaxis. I have written a book *The Peanut Allergy Epidemic* in which I explain that the precipitating cause of this pediatric epidemic is vaccination.



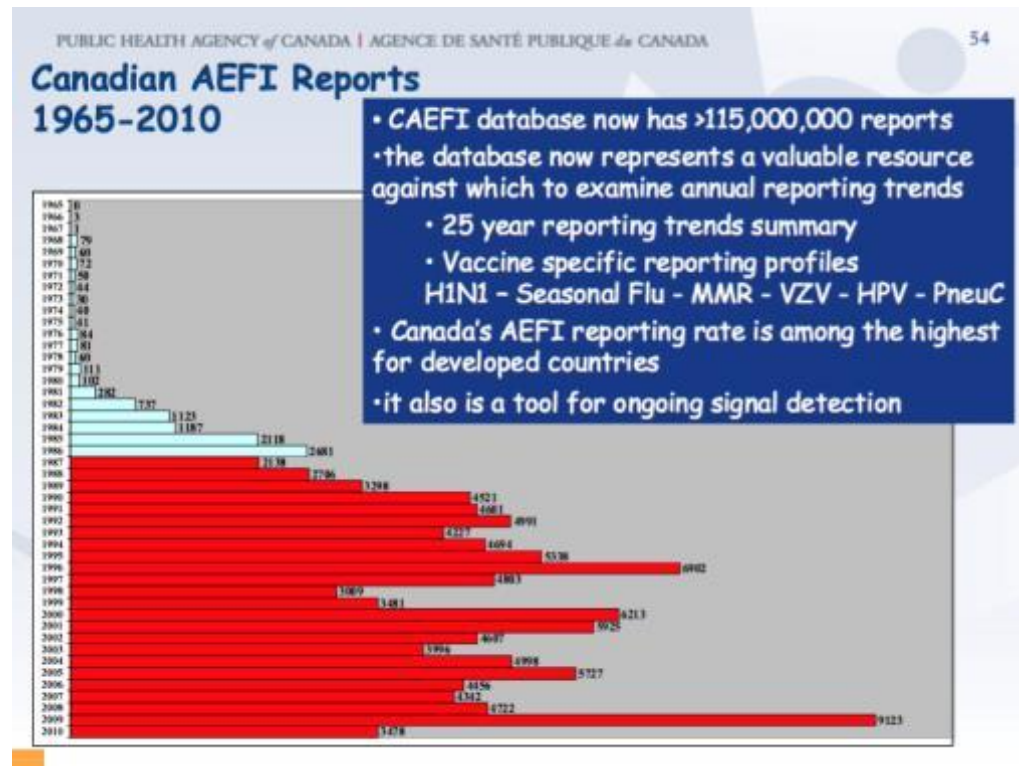
PENTA & peanut allergy

- Toronto allergist Dr. Peter Vadas, at St. Michael's Hospital, stated in 2001 that early childhood vaccination tends to predispose some children towards life long peanut allergy.
- There is ample medical literature that explains how vaccine toxoids and aluminum adjuvants augment sensitization to non-target substances – in other words, vaccination can and does create allergies not only to what is in the vaccine but also to bystander proteins, to anything in and around the body at the time of the procedure.
- And once a child's immune system has tipped into allergy, there is increased risk of developing more allergies.



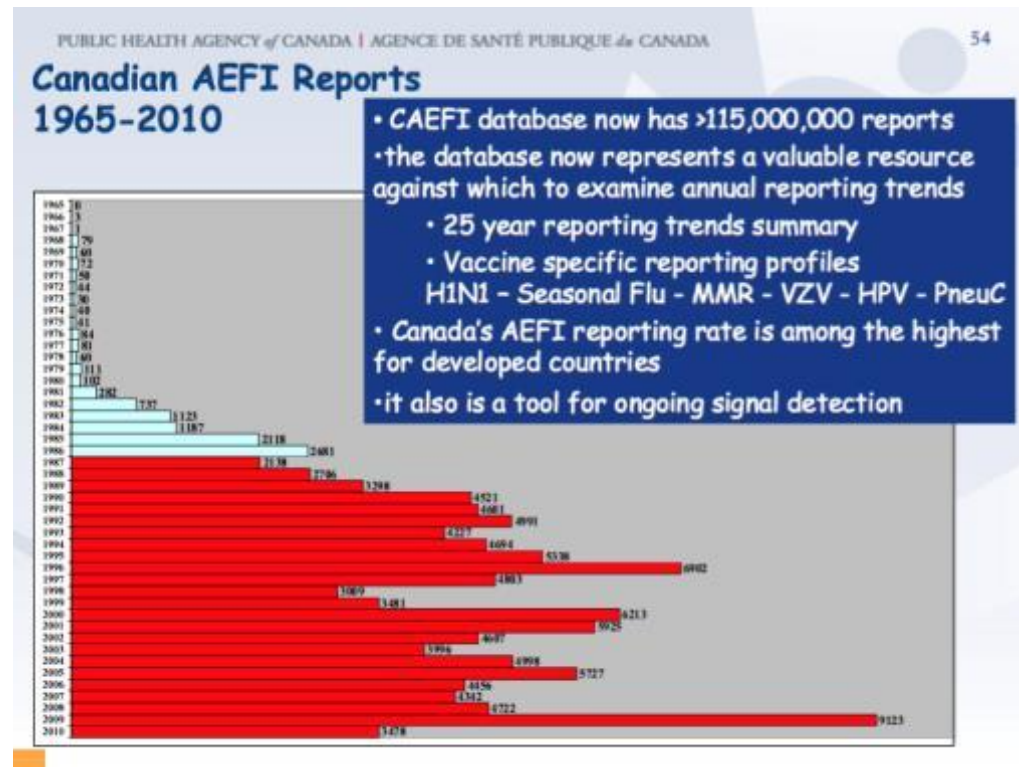
Under-reporting of adverse events

- Despite Jack Pierce's 1986-90 Health Promotions and Protection Act, under-reporting of adverse events is a huge problem for our passive vaccine safety surveillance system.
- the reports we have represent just 10% of all adverse events
- According to PHAC there were 115,837 adverse events reported between 1987 and 2011 in Canada. 85% of these were children.
- In other words, as many as 980,000 adverse events may have occurred in children in those years – that we know include long term injuries such as life threatening allergy -- about which we have no data.



Under-reporting of adverse events

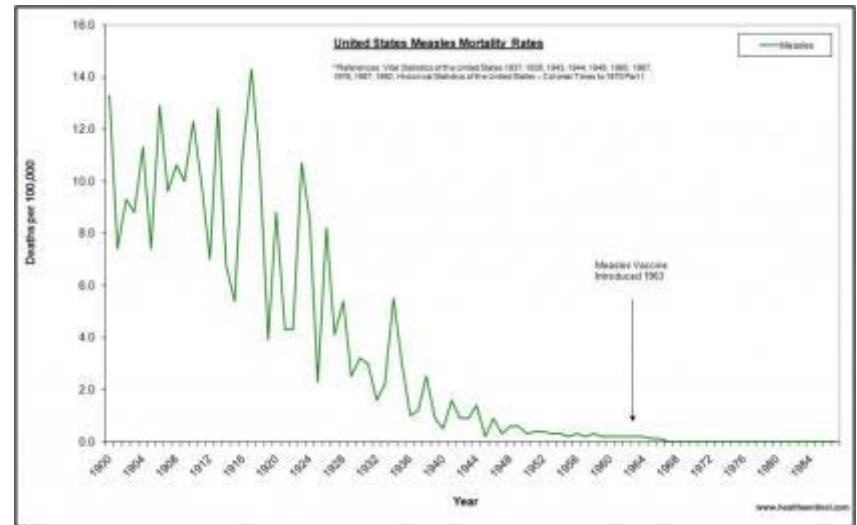
- To be blunt, we have limited data on injuries in the AEFI reports, do not know the full scope or nature of adverse events that are massively underreported and take no action to acknowledge or support those injured. And in this vacuous state, government has seen fit to increase the number and complexity of the vaccines anyway.



Vaccine efficacy?

The measles paradox

- Dr. Gregory Poland has monitored measles vaccine for decades.
- Vaccine has a high failure rate 10% ie. just does not 'take'
- After 7 years 9% of children have lost 'immunity' as time passes this worsens. A 2nd dose was added late 1980s, they are considering a 3rd
- "This leads to a paradoxical situation whereby measles in highly immunized societies occurs primarily among those previously immunized."
- Reports of regression following the MMR: Robert DeNiro has reluctantly spoken out.



2015 there were 196 cases of measles and no deaths. So far, in 2017, there have been 26 cases, none for rubella. PHAC 8 million under age 19. 1 out of 45 means 176,000 ASD. 8% with severe food allergies means over 640,000 affected children.

Ontario Vaccine Schedule

Children Birth to 4 Years (recommended month)

1983

DTP (2)
OPV (2)
DTP (4)
OPV (4)
DTP (6)
MMR (15)
DTP (18)
OPV (18)
DTP (48)
OPV (48)

TOTAL:

22 doses

7 vaccines

**(included 2 combination
vaccines)**

2017

Influenza (prenatal)

Vit K1 (birth)

DTaP (2)

Hib (2)

IPV (2)

Pneu C 13 (2)

Rotavirus (2)

DTaP (4)

Hib (4)

IPV (4)

Pneu C 13 (4) **(includes 3 combination**

Rotavirus (4)

DTaP (6)

Hib (6)

IPV (6)

Influenza (6)

MMR (12)

MEN C C (12)

Pneu-C-13 (12)

Varicella (15)

DTaP (18)

IPV (18)

Influenza (18)

Hib (18)

Influenza (annually)

MMR (48)

DTaP (48)

Varicella (48)

IPV (48)

TOTAL:

43 doses

14 vaccines

vaccines)

In Grade 4:

Men-C-C

In Grade 7 :

HPV (2 doses)

Men C-ACYW-135

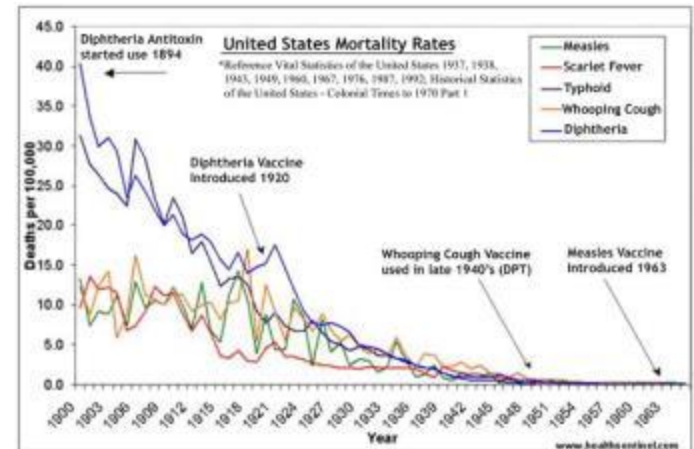
Tdap

Hep B (2 doses)

Influenza (annually)

Impressive declines in mortality *not* related to vaccines

- Vaccination does not account for the impressive 20th century declines in mortality from measles, polio, diphtheria, pertussis.
- Vaccines are not a panacea and have not 'saved us' in Canada. Modern innovations, waste disposal, refrigeration, awareness, medical care, education, standard of living, etc. are part of this story.
- *What of morbidity?* I do not negate the risk of developing a disease. Yes, vaccines can suppress a disease in some children for a period of time. But at what cost? The injuries are epidemic – that gov't can continue to deny and fail to investigate.
- At this point, what am I to think about the concept of vaccine induced herd immunity, the argument to force me to vaccinate my child to “protect” other children at school?



What are we to think about all this?

- If you accept the narrative of vaccine induced herd immunity through this endlessly expanding schedule for which they take no responsibility, keep in mind:
 - Courts unable to protect those injured (Rothwell case)
 - Lack of legislative protections when everyone *know of the dangers* (even the Health Protection and Promotions Act has had little effect) as we have seen with example of the pertussis vaccine
 - Poor monitoring of adverse events, no individual investigation for long term data
 - Manipulation of us by pharmaceutical companies (PENTA)
 - Reckless expansion of schedule that has never been tested as a whole for safety, still contains thimerosal (Ty Bolinger's series), aluminum (and they want to bring back the whole cell P)
 - The explosion in risk and injury (allergy, autism)
 - And now the erosion of my rights to informed consent via Bill 87
 - Withhold exemptions until parents attend an education session "to get them to change their minds" (even if you wish to refuse one vaccine or want to delay)
 - expands list of vaccinators
 - pass your child's vaccination status to health unit (privacy issues)

What are we to think about all this?



Allergy wall in a Toronto elementary school, 2015. 13% of children aged 4 to 12 prescribed emergency allergy meds in this school. The allergy wall is now common.

- Between the late 1980s and early 1990s, when the schedule abruptly increased so too did prevalence of anaphylaxis and autism.
- 2015 there were 196 cases of measles and no deaths. So far, in 2017, there have been 26 cases, none for rubella. PHAC
- About 8 million in Canada under age 19
 - 1 out of 45 means 176,000 ASD
 - 13% with severe allergies means over 1.4 million affected children.

Ontario Vaccine Consumers

Vaccine consumers are unprotected in Ontario:

- Learned intermediary doctrine: doctor can argue that he/she was doing their best with the knowledge at hand
- Exemptions eroded or not mentioned; risks minimized (ingredients in shots compared to those in foods...!)
- Health Promotions & Protections – under-report adverse events
- Health Care Consent Act: informed of material risks required by a 'reasonable' person? Who decides what a material risk is?
- Mature minor: a child of any age 'mature' enough to understand the procedure can be vaccinated without parental knowledge
- Just being in the hospital may be deemed consent to vaccinate
- Legal action: you must prove not just that the vaccine can injure but that it did (virtually impossible)
- Withhold exemptions, Bill 87, to persuade you to vaccinate
- CMA voted to lobby to make vaccination mandatory in Ontario; voted against compensation in 2015

INFORMED CONSENT & VACCINATION IN ONTARIO

Medical freedom including informed consent is recognized as a universal right. And yet, informed consent before vaccination at Ontario school clinics is a concern. Are families aware that vaccination is not mandatory?

1947

The **Nuremberg Code** established medical research ethics following the Nuremberg trials confirming that **informed consent** must be obtained voluntarily without coercion

1975

Canada is a signator of the **Helsinki Accords** that declares respect for human rights & freedoms of thought, conscience, religion or belief

1982

Charter of Rights & Freedoms enacted to protect rights of Canadians from unjust imposition of government powers

1982

Ontario Immunization of School Pupils Act **ISPA** did not include exemption for conscience

1984

Charter of Rights Challenge to ISPA resulted in an amendment that includes vaccination exemptions for conscience or deeply held beliefs

1996

Ontario Health Care Consent Act (HCCA) defined informed consent as voluntary, not coerced and with patient informed of material risks. However, the act also includes "implied consent" where a mature minor can give consent just by rolling up a sleeve.

1996

Mature Minor doctrine allows children of no specific age judged to have capacity (by vaccinator) to be able to consent to vaccination without parental knowledge

2005

UNESCO Declaration of Bioethics & Human Rights medical interventions require "prior, free and informed consent of the person concerned, based on adequate information"

2016

Regarding vaccination of children, a **Journal of Paediatrics** article states that parental refusal does not have an ethical basis. <http://tinyurl.com/vzigs7dw>

2016

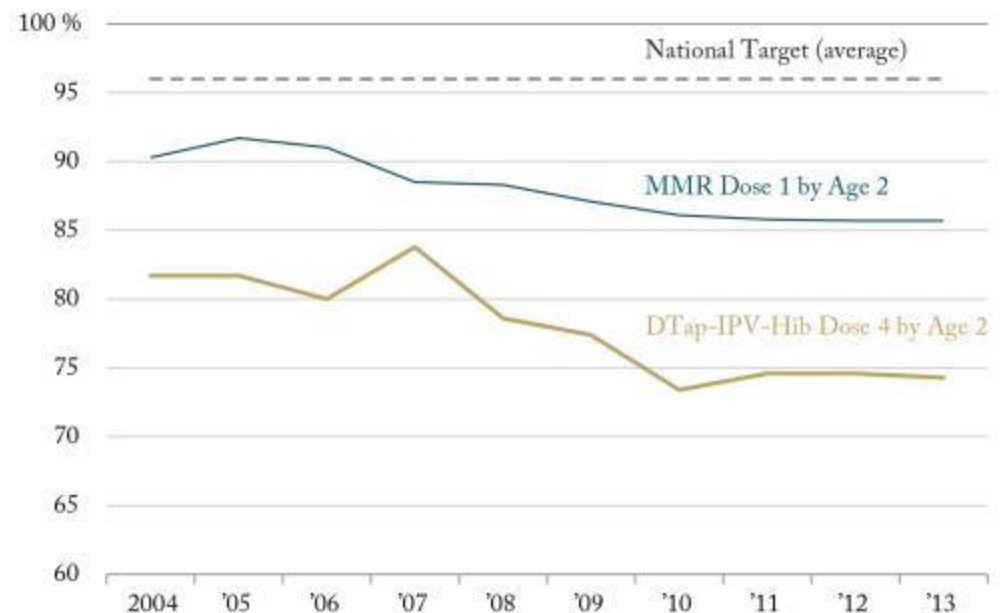
Aug. 2016 the **Canadian Medical Association** votes in favour of a resolution for **mandatory vaccination in Ontario**

2016-17

Ontario legislation proposes to withhold exemption forms until parents attend **mandatory vaccination education**

Declining vaccination

- Alberta parents delaying or choosing [Source C.D. Howe Institute]
- And Ontario parents are refusing vaccines. A reported 26% of parents in York Region schools have asked for vaccine exemptions.
- Health Canada 2013 stats support this trend: 27% of 2 year old children did not receive the chicken pox vaccine; 11% did not receive the MMR; and 23% did not receive the DPT with polio vaccine.

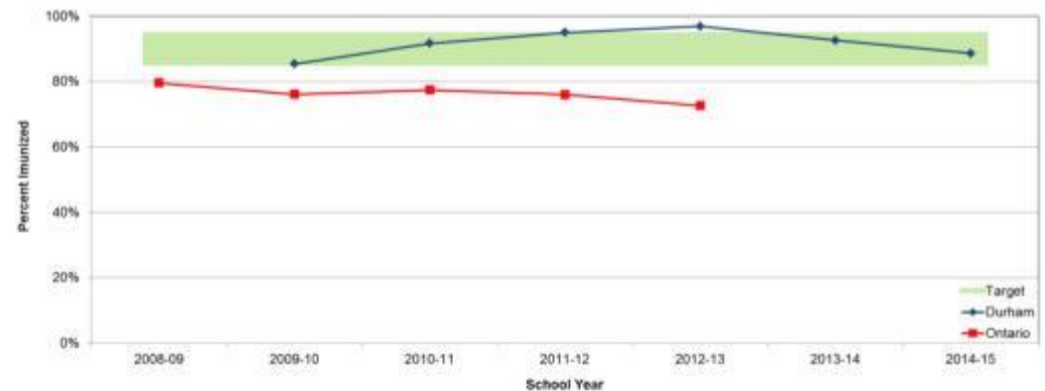


Declining vaccination

- Ontario uptake of pertussis vaccine 2012-13 was 72.6% for 7 year old children.
- 27% of 7 year olds not vaccinated for pertussis in 2012-13. Unclear as to whether this means the DTaP.

- Source:
http://www.durham.ca/departments/health/health_statistics/immunizationAtAGlance.pdf

Figure 4: Percentage of Children (7 years) Immunized for Pertussis, Durham Region and Ontario, 2008-09 to 2014-15 School Year



School Year	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Durham	No data	85.4%	91.7%	95.0%	96.9%	92.6%	88.6%
Ontario	79.6%	76.1%	77.4%	78.0%	72.6%	No data	No data

Data Source: Immunization Records Information System, Durham Region Health Department; Immunization Coverage reports, Public Health Ontario.

Preserving Vaccine Choice



Join VCC to help preserve your ability to choose what if anything is injected into your body or that of your child in Canada.

Since 1982 VCC has been helping families make fully informed vaccine decisions. Your only protection from vaccine injury is the right to choose what goes into your body or that of your child. Join VCC and help us protect your legal right to choose.

vaccinechoiccanada.com

DRAW for two hardcover copies of *The Peanut Allergy Epidemic*.