

Written evidence from John Stone ([Age of Autism](#))

[1] Vaccines are mentioned as one strategy against antimicrobial resistance (1) and this submission seeks to caution against the idea of substituting one kind of over-medication with another (Age of Autism is an on-line newspaper concerned with the publicly unaccounted adverse effects of vaccination).

[2] In the United Kingdom, an infant already receives by 12 months on the routine schedule (2):-

DTaP, Polio, HiB, HepB+Rotavirus+13 Strain Pneumococcal+MenB (8 weeks)

DTaP, Polio, HiB, HepB+Rotavirus (12 weeks)

DTaP, Polio, HiB, HepB+13 Strain Pneumococcal+MenB (16 weeks)

13 Strain Pneumococcal+MMR+HiB, MenC

[3] In 2011 Miller and Goldman reported (3):

“The infant mortality rate (IMR) is one of the most important indicators of the socio-economic 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 coefficient of $r = 0.70$ ($p < 0.0001$) was found between IMRs and the number of vaccine doses routinely given to infants. Nations were also grouped into five different vaccine dose ranges: 12–14, 15–17, 18–20, 21–23, and 24–26. The mean IMRs of all nations within each group were then calculated. Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with $r = 0.992$ ($p = 0.0009$). Using the Tukey-Kramer test, statistically significant differences in mean IMRs were found between nations giving 12–14 vaccine doses and those giving 21–23, and 24–26 doses. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs is essential.”

[4] There is presently no hard science supporting the general expandability of the programme and its safety despite several hundreds of products in the pipeline (4) all waiting to be licensed, recommended and in many other countries mandated. Often in the last decade, and even quite recently British health officials (including Prof David Salisbury (5), Sir Liam Donaldson (6) and Prof Elizabeth Miller (7)) were apt to cite the 10,000 vaccine doctrine of Prof Paul Offit (8) in order to reassure the public. There were several obvious things wrong with Offit's claim that 10,000 or 100,000 vaccines administered to an infant in one go might be safe. Offit was comparing routine exposure to environmental pathogens, with cocktails of serious disease derived pathogens; it took no account, for example, of the use of adjuvants to boost the antigens and the route of administration was nothing like routine exposure to pathogens in the environment i.e. in most cases injected when normally we have skin, the digestive system, the lungs which have evolved to protect us (9).

[5] Last year I was attacked by the Every Child By Two website (10), to which Offit is an advisor (11) and executive member (12), for suggesting he ever meant it literally (despite copious evidence (9,

13)), so the doctrinal/theoretical basis for the safety of the expanding programme seems to have evaporated, without it being replaced by anything else.

[6] There can be no assumption that vaccines boost general resistance, and publications from the team led by Aaby and Benn suggest negative possibilities (14, 15, 16).

[7] Recent studies have questioned whether pneumococcal vaccines actually result in a reduction of pneumococcal illness, or make the problem worse. For instance, Vila-Corcoles reported in a study of more than 2m middle-aged and elderly adults in Catalonia (17):

“After multivariable adjustments we found that the PCV13 vaccination did not alter significantly the risk of pneumococcal pneumonia (multivariable-adjusted hazard ratio [mHR]: 1.17; 95% CI: 0.75–1.83; $p = 0.493$) and all-cause death (mHR: 1.07; 95% CI: 0.97–1.18; $p = 0.190$), although it remained significantly associated with an increased risk of all-cause pneumonia (mHR: 1.69; 95% CI: 1.48–1.94; $p < 0.001$). In stratified analyses focused on middle-aged or elderly persons and immunocompromised or immunocompetent subjects, PCV13 vaccination did not appear effective either.”

[8] In Mawson’s small but ground-breaking vaccinated vs. unvaccinated study of home-schooled children (18) it was found that 1.2% of unvaccinated children had had pneumonia against 6.4% vaccinated, while 5.8% unvaccinated had had Otitis Media against 19.8% vaccinated. However unpalatable it is to health officials and vaccine manufacturers it is urgent that this study – which looked at the effects of general vaccination against a range of health outcomes – be expanded.

[9] Vaccines may offer no panacea to the problem of antimicrobial resistance, will interact with it in unpredictable ways, and likely make it worse. Politicians need to be wary of being railroaded by industry objectives which are a matter of commercial exploitation and not the public good.

FOOTNOTES

- (1) Jim O’Neill etc., *Tackling Drug-Resistant Infections Globally: The Review on Antimicrobial Resistance*, May 2016, ‘Intervention 6: Promote development and use of vaccines and alternatives’, p.40-3 https://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf
- (2) *Childhood vaccines timeline* <https://www.nhs.uk/conditions/vaccinations/childhood-vaccines-timeline/>
- (3) Miller NZ & Goldman GS, *Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?*, Human and Experimental Toxicology May 2011, <http://journals.sagepub.com/doi/10.1177/0960327111407644>
- (4) *Medicines in Development for Vaccines (sic)*, “Washington, D.C. (April 20, 2012) America’s biopharmaceutical research companies are developing nearly 300 vaccines...”
- (5) John Stone, *What David Salisbury said and the DOH’s position on multiple vaccine safety*, BMJ Rapid Responses 20 September 2004, <https://www.bmj.com/rapid-response/2011/10/30/what-david-salisbury-said-and-dohs-position-multiple-vaccine-safety>
- (6) John Stone, *Irresponsible claims about vaccine safety? Questions for Sir Liam Donaldson and Prof Lewis Wolpert*, BMJ Rapid Responses 3 July 2004, <https://www.bmj.com/rapid-response/2011/10/30/irresponsible-claims-about-vaccine-safety-questions-sir-liam-donaldson-and>
- (7) Elizabeth Miller, *Controversies and challenges of vaccination: an interview with Elizabeth Miller*, BMC Med. 2015; 13: 267. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608187/>

- Miller can make a rhetorical defence: “Despite strong arguments against the overload hypothesis...” but of course an argument is not evidence. The citation is to the Offit article.
- (8) Offit PA, Quarles J, Gerber MA, Hackett CJ, Marcuse EK, Kollman TR, et al. Addressing parents’ concerns: do multiple vaccines overwhelm or weaken the infant's immune system? *Pediatrics*. 2002;109:124–9. doi: 10.1542/peds.109.1.124.
 - (9) Paul Offit, *Are childhood vaccines safe?* <https://www.youtube.com/watch?v=dQQ7izQOPdw> Segment 27mins to 29.20.
 - (10) Joel A Harrison, *John Stone and the “Best of Age of Autism”: Just Plain Wrong About Everything*, 27 February 2017, http://www.ecbt.org/index.php/facts_and_issues/article/john_stone_and_the_best_of_age_of_autism_just_plain_wrong_about_everything
 - (11) ECBT Advisory Board http://www.ecbt.org/index.php/about/article/scientific_advisory_board
 - (12) ECBT Board <http://www.ecbt.org/index.php/about/article/board>
 - (13) For instance, a newsletter from Offit’s hospital Children’s Hospital of Philadelphia (CHOP) states: “No doubt about it, the immunization schedule recommended by the Centers for Disease Control and Prevention and the American Academy of Pediatrics (AAP) can seem daunting. Your child can receive up to 23 shots by the time she's 2 years old and as many as six shots at a singledoctor visit. So it's not surprising that many parents have concerns about how vaccines might affect a child's developing immunity and often cite these as a reason to refuse a vaccine....But it should be the least of your worries. "Children have an enormous capacity to respond safely to challenges to the immune system from vaccines," says Dr. Offit. "A baby's body is bombarded with immunologic challenges - from bacteria in food to the dust they breathe. Compared to what they typically encounter and manage during the day, vaccines are literally a drop in the ocean." In fact, Dr. Offit's studies show that in theory, healthy infants could safely get up to 100,000 vaccines at once.” <https://web.archive.org/web/20060907100428/http://www.chop.edu/consumer/jsp/division/generic.jsp?id=81553>
 - (14) Aaby P, Whittle H, Benn CS, *Vaccine programmes must consider their effect on general resistance*, *BMJ* 2012; 344 doi: <https://doi.org/10.1136/bmj.e3769> (Published 14 June 2012)
 - (15) Sankoh O *et al*, *The non-specific effects of vaccines and other childhood interventions: the contribution of INDEPTH Health and Demographic Surveillance Systems*, *Int J Epidemiol*. 2014 Jun;43(3):645-53. doi: 10.1093/ije/dyu101. Epub 2014 May 30.
 - (16) Benn CS, Sorup S, Aaby P, BNJ Rapid Responses to Tielemans *et al*, *Non-specific effects of measles, mumps, and rubella (MMR) vaccination in high income setting: population based cohort study in the Netherlands*, 20 September 2017, 16 November 2017 and 7 May 2018 <https://www.bmj.com/content/358/bmj.j3862/rapid-responses>
 - (17) Vila-Corcoles A *et al*, *Evaluating clinical effectiveness of 13-valent pneumococcal conjugate vaccination against pneumonia among middle-aged and older adults in Catalonia: results from the EPIVAC cohort study*, 18 December 2017, *BMC Infectious Diseases* 2018;18:196, <https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-018-3096-7>
 - (18) Mawson AR, Ray B, Bhuiyan AR, Jacob B, *Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12- year old U.S. children*, Table 2 Vaccination status and health outcomes – Acute Conditions, *Journal of Translational Science*, 24 April 2017, <http://www.oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php#Article>

