

The Hon Elizabeth Blandthorn
Scrutiny of acts and regulations committee.
Parliament House, Spring Street
Melbourne VIC 3002

RE: Public Health and Wellbeing Amendment (No Jab, No Play) Bill 2015

Dear Ms Blandthorn

The Bill seeks to discriminate based on vaccination status and engages sections 10, 14, 15 17 and 18 of the Charter. The statement of compatibility does not adequately justify imposing human rights.

At the heart of the debate of this Bill is the argument that vaccines are perfectly safe and effective for all children. However every person is genetically and physiologically different and the unscientific one size fits all approach for immunization is not done out of safety or concern for the child but rather for economic reasons and convenience. As vaccination carries with it an inherent risk the some of the safety and efficiency issues must be addressed in order to formulate a fair and balanced opinion as to whether eroding human rights is justified by this Bill.

4 key reasons why you should not allow the no jab no play Bill to trespass on human rights outlined in section 10, 14, 15 17 and 18 of the charter.

1. Vaccines are not 100% safe.

Vaccination is associated with adverse reactions, serious life threatening complications, chronic illness and even death^{a-t}. Some people are predisposed to react adversely yet we do not have a clear understanding as to why nor do we attempt to screen children before administration. A large, long-term clinical study comparing the medium or long-term health outcomes of vaccinated and unvaccinated groups of people has never been done. Moreover, while vaccines are given simultaneously, with as many as 7 vaccines given in one visit, safety studies do not evaluate the safety of simultaneous shots. Nor have the different ingredients of human infant vaccines taken in combination been evaluated in large, long-term clinical studies. Vaccines are not tested for carcinogenicity (ability to cause cancer) or mutagenicity (ability to cause DNA mutation).

- a. Deaths linked to anti flu vaccines.
<http://www.theaustralian.com.au/news/health-science/deaths-linked-to-anti-flu-vaccines/story-e6frg8y6-1226441791947>
- b. 38,787 adverse events including infant death (highest in 1-3 month olds) after vaccination were reported between 1991-1994.
<http://www.ncbi.nlm.nih.gov/pubmed/9386653>
- c. DTP or tetanus vaccination increases the risk of allergies and related respiratory symptoms in children and adolescents.
<http://www.ncbi.nlm.nih.gov/pubmed/10714532>
- d. Settlement-for-saba-button-severely-disabled-by-flu-vaccine
<http://www.abc.net.au/news/2014-06-06/settlement-for-saba-button-severely-disabled-by-flu-vaccine/5505632>
- e. Male newborns vaccinated with hepatitis B prior to 1999 had a 3-fold higher risk for parentally reported autism.
<http://www.ncbi.nlm.nih.gov/pubmed/21058170>
- f. Over 1,000 confirmed cases of vaccine-induced thrombocytopenia were reported between 1990-2008.
<http://www.ncbi.nlm.nih.gov/pubmed/21126606>
- g. Over 600 cases of sudden infant death syndrome following vaccination were reported from 1990-1997.
<http://www.ncbi.nlm.nih.gov/pubmed/11760487>
- h. The risk of adverse events from the pertussis outweighed the risk of pertussis infection during the period of 1970-83 in children living in non-deprived circumstances in Britain.
<http://www.ncbi.nlm.nih.gov/pubmed/3835080>
- i. There is a highly statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates.
<http://www.ncbi.nlm.nih.gov/pubmed/21543527>
- j. Thimerosal-containing vaccines are associated with autism prevalence and measles-containing vaccines are associated with serious neurological disorders.
<http://www.ncbi.nlm.nih.gov/pubmed/14976450>

- k. Vaccination in infants less than 3 months is associated with an increased risk of sudden infant death syndrome. <http://www.ncbi.nlm.nih.gov/pubmed/7557822>
- l. Vaccination is associated with a rare autoimmune neurological condition transverse myelitis. <http://www.ncbi.nlm.nih.gov/pubmed/19880568>
- m. Vaccination is associated with an increased risk for hemolytic anemia. <http://www.ncbi.nlm.nih.gov/pubmed/19766577>
- n. Acute necrotizing encephalopathy secondary to diphtheria, tetanus toxoid and whole-cell pertussis vaccination has been reported. <http://www.ncbi.nlm.nih.gov/pubmed/20119724>
- o. Adverse effects of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine in 6- to 7-year-old children. <http://www.ncbi.nlm.nih.gov/pubmed/21385656>
- p. Aluminum hydroxide-induced macrophagic myofasciitis (MMF) associated with vaccination has been reported. <http://www.ncbi.nlm.nih.gov/pubmed/22099155>
- q. Aluminum vaccine adjuvants appear to contribute to the rising prevalence of autism. <http://www.ncbi.nlm.nih.gov/pubmed/22099159>
- r. Among female infants, those who receive both BCG and DTP vaccines experience higher mortality than those who receive only one of the two vaccines. <http://www.ncbi.nlm.nih.gov/pubmed/16185228>
- s. 61% of women experienced an adverse event after the administration of the first dose of HPV vaccine. <http://www.ncbi.nlm.nih.gov/pubmed/23801230>
- t. Autistic children have elevated levels of measles antibodies indicating that measles vaccination may be causing autoimmunity in these children. <http://www.ncbi.nlm.nih.gov/pubmed/12849883>
- u. Children vaccinated with MMR before age 10 are at significantly higher risk of multiple sclerosis. <http://www.ncbi.nlm.nih.gov/pubmed/19633994>
- v. Febrile seizures following measles and varicella vaccines in young children in Australia. <http://www.ncbi.nlm.nih.gov/pubmed/25444797>
- w. Pediatric anaphylactic adverse events following immunization in Victoria, Australia from 2007 to 2013. <http://www.ncbi.nlm.nih.gov/pubmed/25698493>
- x. Intussusception following rotavirus vaccine administration: post-marketing surveillance in the National Immunization Program in Australia. <http://www.ncbi.nlm.nih.gov/pubmed/21316503>
- y. Intussusception and rotavirus vaccination: a review of the available evidence. <http://www.ncbi.nlm.nih.gov/pubmed/19863248>

2. Vaccines are inefficient.

Vaccine induced immunity is not permanent. Infectious disease outbreaks occur in fully vaccinated populations. In recent whooping cough and mumps outbreaks, the vast majority of those who contracted the disease had been fully vaccinated^{c-e}. Well over 50% of Adult Australian's haven't been vaccinated in decades. Vaccine immunity may last 2-10 years, but infectious diseases haven't returned in these adult populations. Furthermore, research has suggested that vaccine antibodies do not guarantee disease immunity, and with documented outbreaks in populations vaccinated up to 99%, the herd immunity theory isn't reliable, so the entire theoretical foundation of mass vaccination may be flawed^{i-p}.

- a. A 1993 outbreak of measles in a highly immunised Australian population. <http://www.ncbi.nlm.nih.gov/pubmed/7841251>
- b. Widening influenza vaccine coverage is not correlated with declining mortality rates in any age group. The benefits of vaccination are substantially overestimated. <http://www.ncbi.nlm.nih.gov/pubmed/15710788>
- c. The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate. <http://www.ncbi.nlm.nih.gov/pubmed/22336803>
- d. <http://www.nejm.org/doi/full/10.1056/NEJMoa1200850>
- e. <http://www.ncbi.nlm.nih.gov/pubmed/3821823>
- f. <http://www.sciencedirect.com/science/article/pii/S0264410X12006299>
- g. 38,787 adverse events including infant death (highest in 1-3 month olds) after vaccination were reported between 1991-1994. <http://www.ncbi.nlm.nih.gov/pubmed/9386653>
- h. Influenza vaccination for healthcare workers who work with the elderly has no effect on laboratory-proven influenza, pneumonia or deaths from pneumonia. <http://www.ncbi.nlm.nih.gov/pubmed/20166073>
- i. The effectiveness of the 2008-2009 seasonal flu vaccine in England was -6%. [21292008](http://www.ncbi.nlm.nih.gov/pubmed/21292008)
- j. There is little evidence supporting the belief that vaccines are effective in preventing influenza in healthy adults. <http://www.ncbi.nlm.nih.gov/pubmed/20614424>

- k. A history of prior vaccination is not always associated with immunity nor with the presence of specific antibodies
<http://www.ncbi.nlm.nih.gov/pubmed/3168353>
- l. 20.7% (6 of 29) of persons known to have received measles vaccine had non-protective titers.
<http://www.ncbi.nlm.nih.gov/pubmed/18981523>
Antibodies Do Not Equal Immunity: Mumps Outbreak In 95% Vaccinated Population, <http://www.vaccines.me/articles/zgduk-antibodies-do-not-equal-immunity-mumps-outbreak-in-95-vaccinated-population.cfm> (citing published studies in the British Medical Journal); and Antibody Theory, <http://www.whale.to/vaccines/antibody.html> (citing published studies in Neurology, the New England Journal of Medicine, Proceedings of the Society of Experimental Biology and Medicine, the British Medical Council Publication, and the Journal of the American Medical Association, among others.
- m. A major measles epidemic occurred in 1989 in the region of Quebec despite a 99% vaccine coverage.
<http://www.ncbi.nlm.nih.gov/pubmed/1884314>
- n. A measles outbreak at a college with a prematriculation immunization requirement.
<http://www.ncbi.nlm.nih.gov/pubmed/1884314>
- o. A measles outbreak in Montana in 1985 indicates vaccine failure.
<http://www.ncbi.nlm.nih.gov/pubmed/3618578>
- p. Acute hepatitis B can occur in those who are vaccinated against it and who are exposed through unprotected sexual contact and iatrogenically.
<http://www.ncbi.nlm.nih.gov/pubmed/16517803>
- q. Approximately 1 in every 5 children who receives 1 dose of varicella vaccine may develop varicella disease, also known as breakthrough disease, if exposed to varicella-zoster virus.
<http://www.ncbi.nlm.nih.gov/pubmed/18419385>
- r. Despite a high coverage with measles vaccines in parts of west Africa, epidemics of measles occur with reduced severity in an increasing proportion of older children who have been vaccinated.
<http://www.ncbi.nlm.nih.gov/pubmed/10023894>
- s. Largest measles epidemic in North America in a decade--Quebec, Canada, 2011: contribution of susceptibility, serendipity, and superspreading events.
<http://www.ncbi.nlm.nih.gov/pubmed/23264672>
- t. Measles outbreak in a vaccinated school population: epidemiology, chains of transmission and the role of vaccine failures.
<http://www.ncbi.nlm.nih.gov/pubmed/23264672>

3. Vaccines contain many harmful materials.

Dosage is typically identical between babies, toddlers, school age children and even adults. We receive more vaccines now than any time on the past, almost triple than was recommended 30 years ago (See table on page 6). Yet the accumulative effect of these toxic materials and contaminants and other ingredients has not been adequately investigated. Vaccine ingredients have not been tested for safety in doses given to human infants either singularly or in combination for co-toxicity. Recent research has shown chronic cognitive dysfunction, impaired immune function and autoimmune disease in humans following administration of these materials.

- a. Mercury in vaccines from the Australian childhood immunization program schedule
<http://www.ncbi.nlm.nih.gov/pubmed/20391108>.
- b. Shoenfeld Y., Agmon-Levin N., "ASIA"-Autoimmune/Inflammatory syndrome induced by adjuvants J Autoimmun 2011; 36: 4-8.
- c. Couette M, Boisse MF, Maison P, et al. Long-term persistence of vaccine-derived aluminum hydroxide is associated with chronic cognitive dysfunction. J Inorg Biochem 2009; 103: 1571-1578.
- d. Tomljenovic L, Shaw CA, Aluminum vaccine adjuvants: are they safe? Curr Med Chem. 2011;18(17):2630-7.
- e. Quantitation of DNA and Protein Impurities in Biopharmaceuticals -Liver Cancer?
<http://pubs.acs.org/doi/abs/10.1021/ac00009a003>
- f. Cloned Hepatitis B Virus DNA causes hepatitis in chimpanzees
<http://www.nature.com/nature/journal/v299/n5885/pdf/299740a0.pdf>
- g. The Dangerous Impurities of Vaccines
<http://www.scribd.com/patrons99/d/49973741-Dangerous-Impurities>
- h. Adventitious Agents and Vaccines
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631857/pdf/11485673.pdf>
- i. Aluminum Vaccine Adjuvants: Are they Safe?
<http://www.ncbi.nlm.nih.gov/pubmed/21568886>
- j. Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations
<http://lup.sagepub.com/content/21/2/223.short>
- k. Aluminum hydroxide injections lead to motor deficits and motor neuron degeneration
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819810/>
- l. Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure
<http://www.mdpi.com/1099-4300/14/11/2227>
- m. Long-term Persistence of Vaccine-Derived Aluminum Hydroxide is Associated with Chronic Cognitive Dysfunction
<http://www.sciencedirect.com/science/article/pii/S0162013409001895>
- n. Long-term follow-up of cognitive dysfunction in patients with aluminum hydroxide-induced macrophagic myofasciitis (MMF).
<http://www.sciencedirect.com/science/article/pii/S0162013411002194>

- o. Do aluminum vaccine adjuvants contribute to the rising prevalence of autism?
<http://www.ncbi.nlm.nih.gov/pubmed/22099159>
- p. Aluminum Adjuvant Linked to Gulf War Illness Induces Motor Neuron Death in Mice
<http://www.springerlink.com/content/x457214811q62412/>
- q. The immunobiology of aluminium adjuvants: how do they really work?
<http://www.sciencedirect.com/science/article/pii/S1471490609002488>
- r. Aluminum inclusion macrophagic myofasciitis: a recently identified condition
<http://www.ncbi.nlm.nih.gov/pubmed/14753387>
- s. Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminium hydroxide in muscle
<http://brain.oxfordjournals.org/content/124/9/1821.full.pdf+html>
- t. A role for the body burden of aluminium in vaccine-associated macrophagic myofasciitis and chronic fatigue syndrome
[http://www.medical-hypotheses.com/article/S0306-9877\(08\)00493-3/abstract](http://www.medical-hypotheses.com/article/S0306-9877(08)00493-3/abstract)
- u. Aluminum as an adjuvant in Crohn's disease induction
<http://lup.sagepub.com/content/21/2/231.abstract>
- v. Aluminum is a potential environmental factor for Crohn's disease induction: extended hypothesis
<http://www.ncbi.nlm.nih.gov/pubmed/17804561>
- w. DNA released from dying host cells mediates aluminum adjuvant activity
<http://www.nature.com/nm/journal/v17/n8/full/nm.2403.html>
- x. Comparison of blood and brain mercury levels in infant monkeys exposed to methylmercury or vaccines containing thimerosal
<http://www.ncbi.nlm.nih.gov/pubmed/16079072>
- y. A Case Series of Children with Apparent Mercury Toxic Encephalopathies Manifesting with Clinical Symptoms of Regressive Autistic Disorders
<http://www.ncbi.nlm.nih.gov/pubmed/17454560>
- z. Neurodevelopmental disorders following thimerosal-containing childhood immunizations: a follow-up analysis
<http://www.ncbi.nlm.nih.gov/pubmed/15764492>
- aa. Persistent behavioral impairments and alterations of brain dopamine system after early postnatal administration of thimerosal in rats
<http://www.ncbi.nlm.nih.gov/pubmed/21549155>
- bb. Maternal thimerosal exposure results in aberrant cerebellar oxidative stress, thyroid hormone metabolism, and motor behavior in rat pups; sex- and strain-dependent effects
<http://www.ncbi.nlm.nih.gov/pubmed/22015705>
- cc. Neonatal administration of thimerosal causes persistent changes in mu opioid receptors in the rat brain
<http://www.ncbi.nlm.nih.gov/pubmed/20803069>
- dd. Integrating experimental (in vitro and in vivo) neurotoxicity studies of low-dose thimerosal relevant to vaccines
<http://www.ncbi.nlm.nih.gov/pubmed/21350943>
- ee. **Thimerosal-Derived Ethylmercury Is a Mitochondrial Toxin in Human Astrocytes: Possible Role of Fenton Chemistry in the Oxidation and Breakage of mtDNA**
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395253/>
- ff. **Activation of methionine synthase by insulin-like growth factor-1 and dopamine: a target for neurodevelopmental toxins and thimerosal**
<http://www.ncbi.nlm.nih.gov/pubmed/14745455>
- gg. **Administration of thimerosal to infant rats increases overflow of glutamate and aspartate in the prefrontal cortex: protective role of dehydroepiandrosterone sulfate.**
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3264864/?tool=pubmed>
- hh. **Aluminium-adjuvanted vaccines transiently increase aluminium levels in murine brain tissue**
<http://www.ncbi.nlm.nih.gov/pubmed/1608913>
- ii.

4. Many vaccines on the schedule do not afford communal protection.

Many vaccines on the schedule cannot prevent transmission of disease either because they are not *designed* to prevent the transmission of infection (rather, they are intended to prevent disease symptoms), or because they are for non-communicable diseases.

- a. **IPV (inactivated poliovirus vaccine) cannot prevent transmission of poliovirus^a.** Wild poliovirus has been non-existent for at least two decades. Even if wild poliovirus were to be re-imported by travel, vaccinating for polio with IPV cannot affect the safety of public spaces. Please note that wild poliovirus eradication is attributed to the use of a different vaccine, OPV or oral poliovirus vaccine. Despite being capable of preventing wild poliovirus transmission, use of OPV was phased out long ago and replaced with IPV due to safety concerns.
- b. **Tetanus is not a contagious disease**, but rather acquired from deep-puncture wounds contaminated with *C. tetani* spores. Vaccinating for tetanus (via the DTaP combination vaccine) cannot alter the safety of public spaces; it is intended to render personal protection only.
- c. While intended to prevent the disease-causing effects of the diphtheria toxin, **the diphtheria toxoid vaccine** (also contained in the DTaP vaccine) **is not designed to prevent**

colonization and transmission of *C. diphtheriae*. Vaccinating for diphtheria cannot alter the safety of public spaces; it is likewise intended for personal protection only.

- d. **Hepatitis B is a blood-borne virus.** It does not spread in a community setting, especially among children who are unlikely to engage in high-risk behaviors, such as needle sharing or sex. Vaccinating children for hepatitis B cannot significantly alter the safety of public spaces. Further, school admission is not prohibited for children who are chronic hepatitis B carriers. To prohibit school admission for those who are simply unvaccinated – and do not even carry hepatitis B – would constitute unreasonable and illogical discrimination.

- a. The Cuba IPV Study collaborative group. (2007) **Randomized controlled trial of inactivated poliovirus vaccine in Cuba.** *N Engl J Med* 356:1536-44 <http://www.ncbi.nlm.nih.gov/pubmed/17429085>

Kind regards,

Anthony Soyza

	1985	2015
Birth		Hepatitis B
2 Months	Diphtheria, Tetanus, Pertussis, Poliomyelitis.	Diphtheria, Tetanus, Pertussis, Poliomyelitis, Hepatitis B, Haemophilus-influenzae-type b, Pneumococcal, Rotavirus.
4 Months	Diphtheria, Tetanus, Pertussis, Poliomyelitis.	Diphtheria, Tetanus, Pertussis, Poliomyelitis, Hepatitis B, Haemophilus-influenzae-type b, Pneumococcal, Rotavirus.
6 Months	Diphtheria, Tetanus, Pertussis, Poliomyelitis.	Influenza, Diphtheria, Tetanus, Pertussis, Poliomyelitis, Hepatitis B, Haemophilus-influenzae-type b, Pneumococcal, Rotavirus.
12 Months	Measles, Mumps.	Measles, Mumps, Rubella, Haemophilus-influenzae-type b, Meningococcal C, Hepatitis B, Pneumococcal.
18 Months	Diphtheria, Tetanus.	Influenza, Measles, Mumps, Rubella, Varicella
3 years		Influenza.
4 years		Influenza, Diphtheria, Tetanus, Pertussis, Poliomyelitis, Pneumococcal, Measles, Mumps, Rubella.
5 years	Diphtheria, Tetanus, Poliomyelitis	Influenza.
TOTAL	19	53

Data Reference:
<http://www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm>

Note (Influenza): From May 2015, the Victorian Immunisation schedule requires annual Influenza vaccination from 6 months of birth for Aboriginal and Torres Strait Islander people.

