

Immunization Graphs:
**Natural Infectious Disease Declines; Immunization
Effectiveness; and Immunization Dangers**

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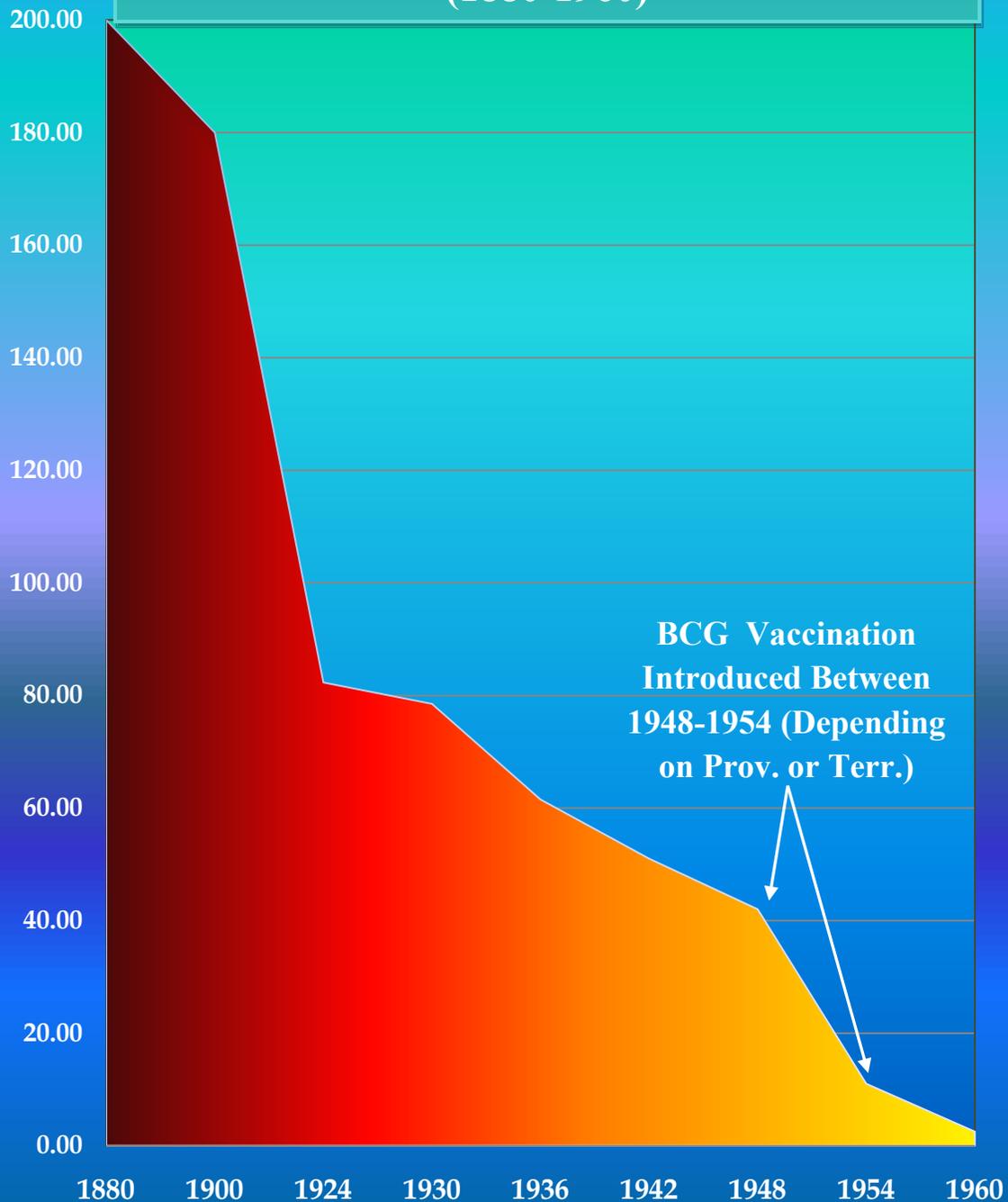
National Aboriginal Health Organization
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FIGURE SET I.

Natural Infectious Disease Declines Preceding Public Immunization Efforts

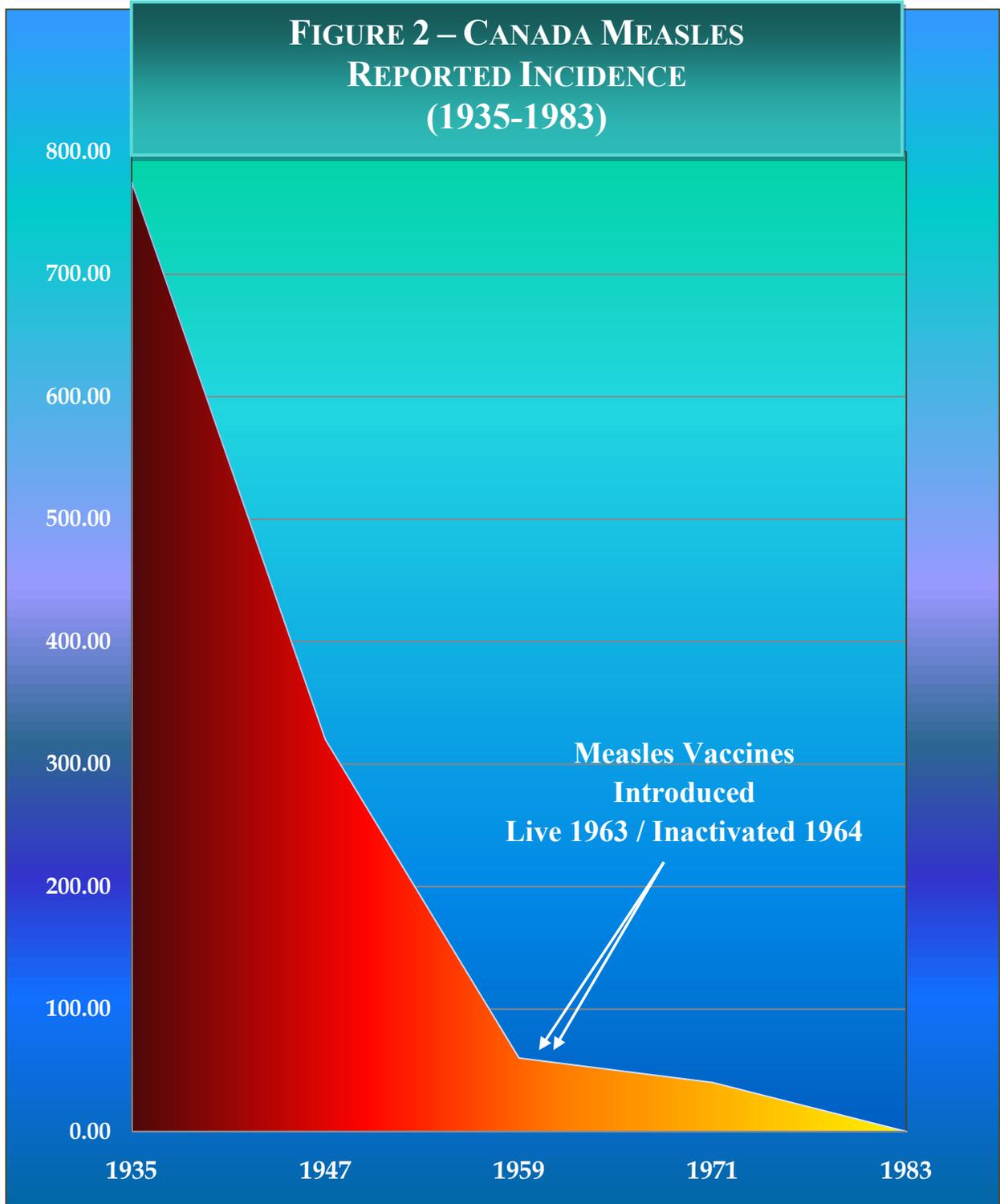
Figures one (1) through eleven (11) graphically illustrate that in North America, Europe, and the South Pacific , major declines in life-threatening infectious diseases occurred historically either without, or far in advance of public immunization efforts for specific diseases as listed. This provides irrefutable evidence that vaccines are not necessary for the effective elimination of a wide range of infectious diseases

FIGURE 1 – CANADA TUBERCULOSIS MORTALITY RATES PER 100,000 (1880-1960)



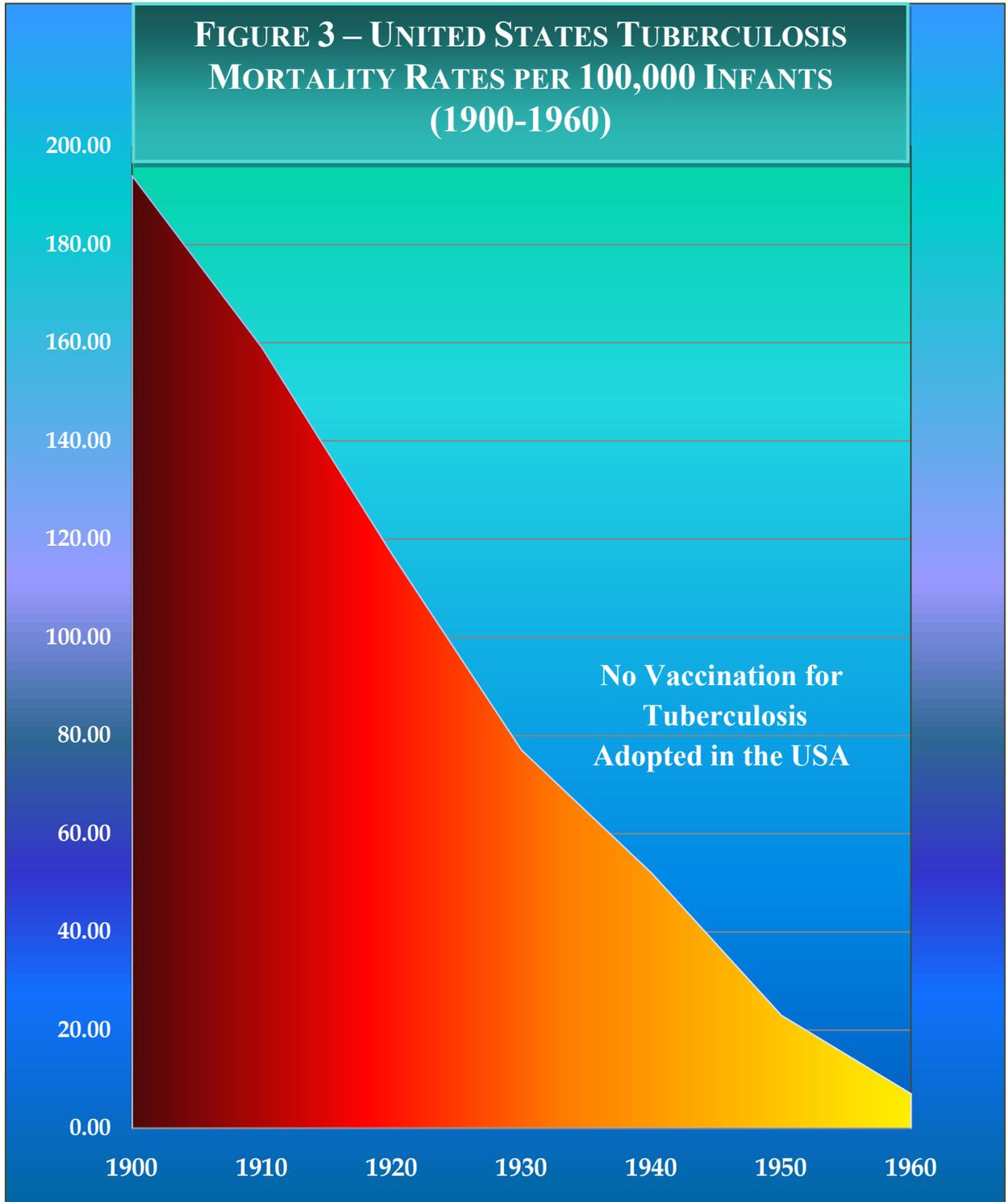
Source: Table based on data at: Timeline of TB in Canada <http://www.lung.ca/tb/tbhistory/timeline/>; <http://www.thecanadianencyclopedia.com/index.cfm?PgNm=TCE&Params=A1ARTA0008151>
Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-bcg-eng.php>; and
PHAC on BCG usage in Canada: http://www.phac-aspc.gc.ca/tbpc-latb/bcgvac_1206-eng.php

**FIGURE 2 – CANADA MEASLES
REPORTED INCIDENCE
(1935-1983)**



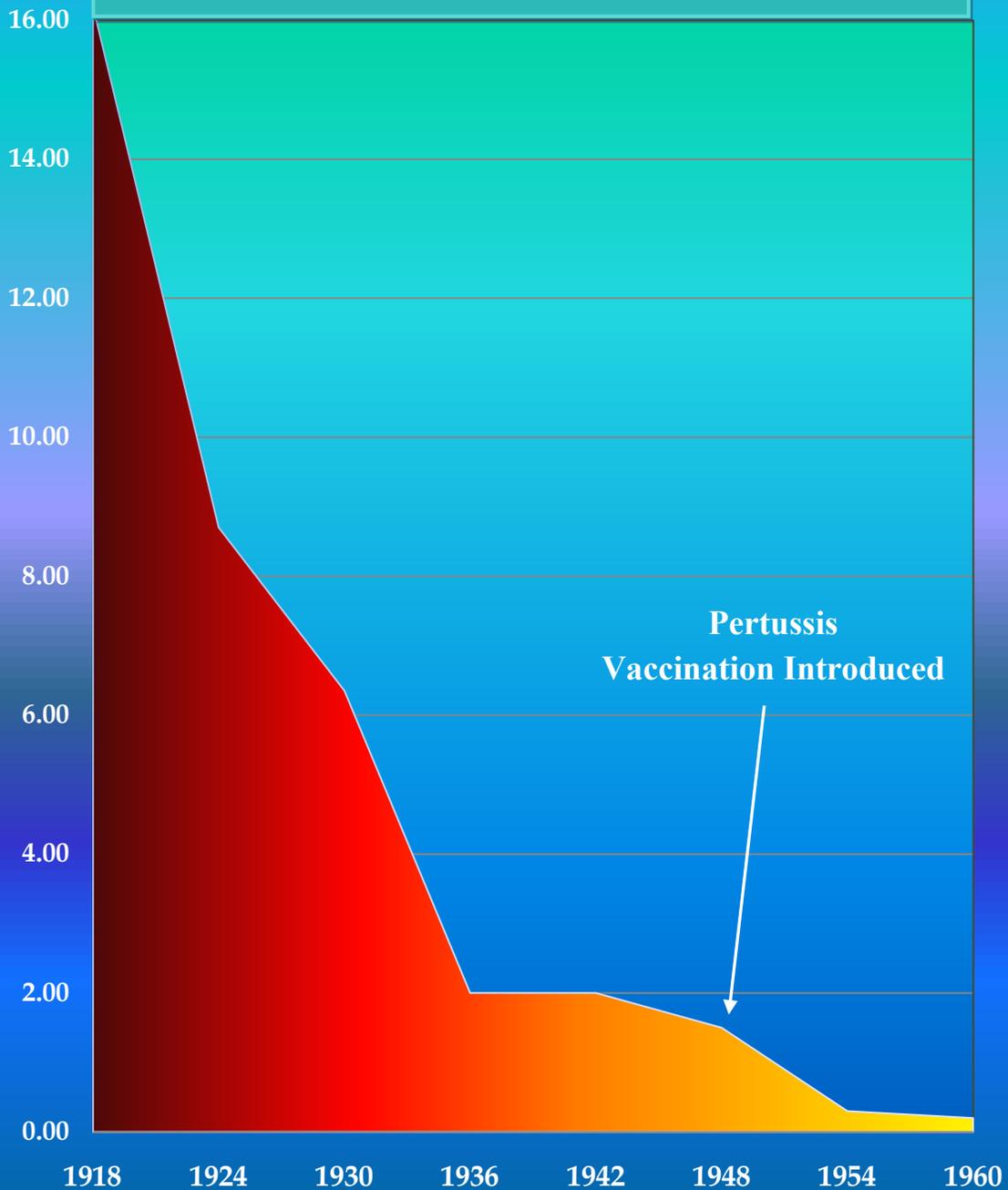
Source: Adapted from: Public Health Agency of Canada, Figure 8 – Measles Reported Incidence Canada. <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-meas-roug-eng.php>

FIGURE 3 – UNITED STATES TUBERCULOSIS MORTALITY RATES PER 100,000 INFANTS (1900-1960)



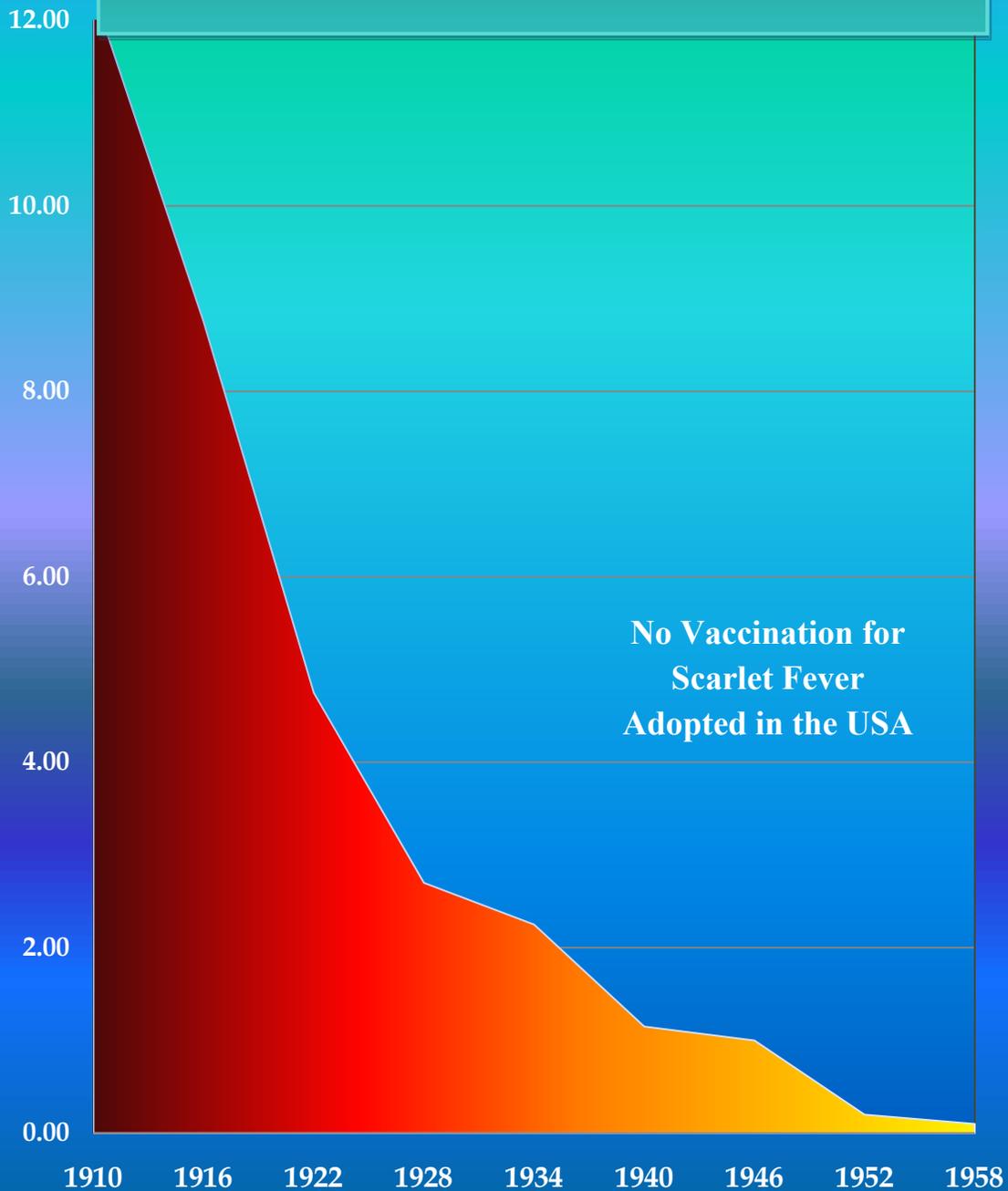
Source: John H. Dingle; Life and Death in Medicine; Scientific American; 1973; p. 56.

FIGURE 4 – USA MEAN ANNUAL PERTUSSIS MORTALITY RATES PER 100,000 (1918-1960)



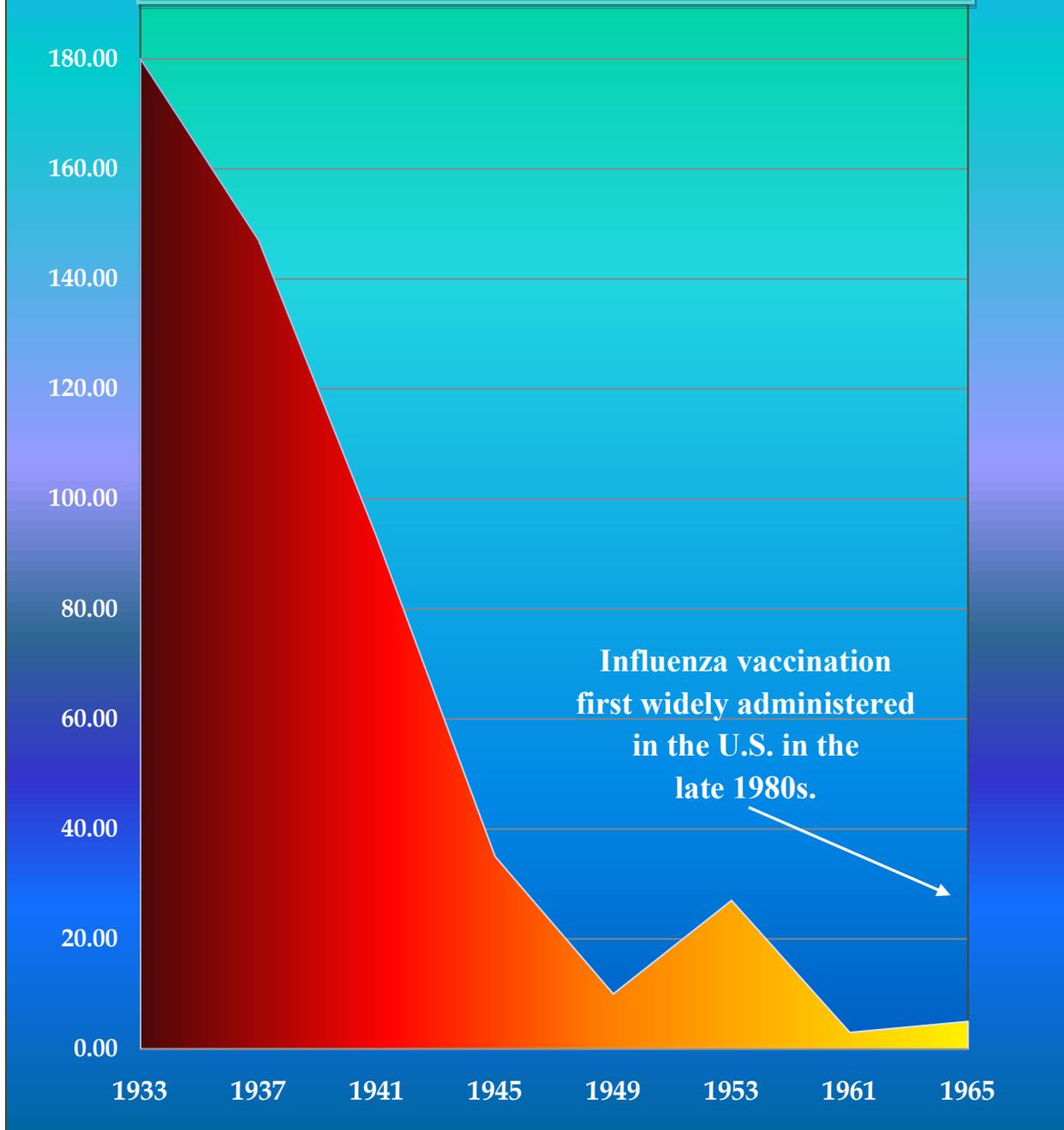
Source: Data derived from: Vital Statistics of the United States 1937-1960; and Historical Statistics of the United States: Colonial Times to 1970 Part 1 Ch. B Vital Statistics and Health and Medical Care, pp. 44-86H.

FIGURE 5 – USA MEAN ANNUAL SCARLET FEVER MORTALITY RATES PER 100,000 (1910-1958)



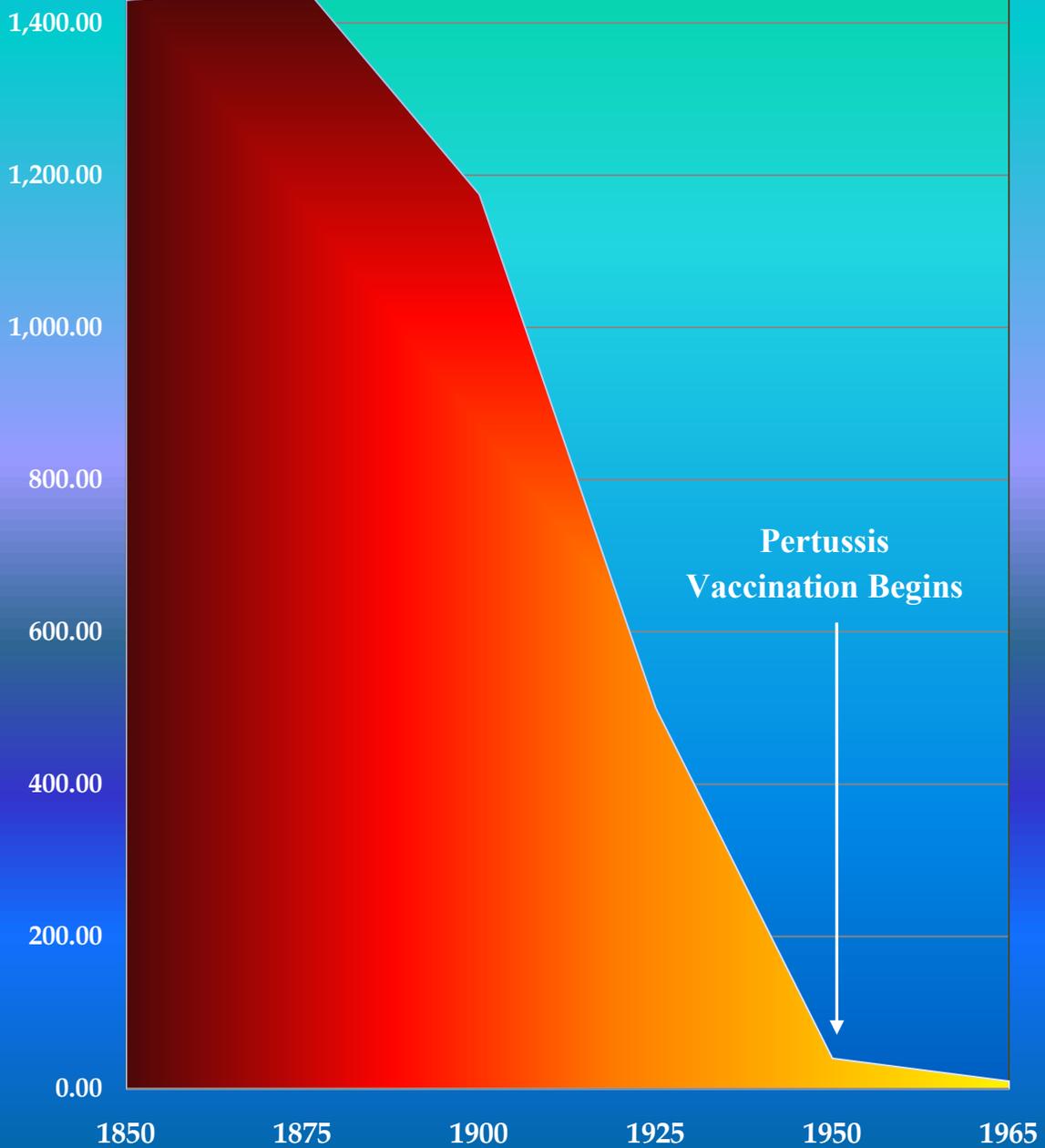
Source: Data derived from - Vital Statistics of the United States 1937-1960; and Historical Statistics of the United States: Colonial Times to 1970 Part 1 Ch. B Vital Statistics and Health and Medical Care, pp. 44-86H.

FIGURE 6 – USA ANNUAL INFLUENZA MORTALITY RATES PER 100,000 (1933-1965)

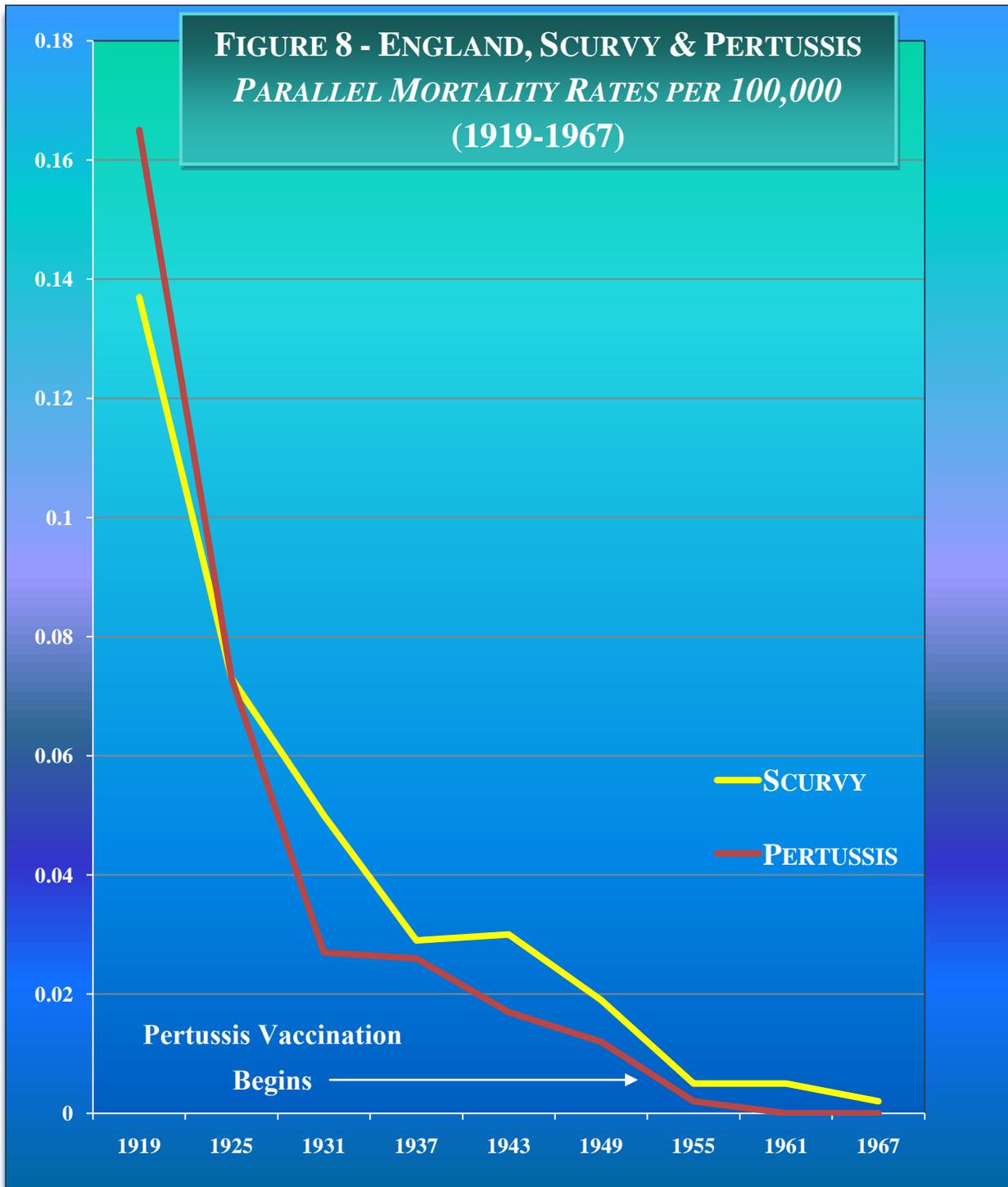


Source: Doshi, P., Trends in Recorded Influenza Mortality: United States 1900-2004, American Journal of Public Health, May 2008, vol. 98, no. 5, p. 941.

**FIGURE 7 - ENGLAND & WALES, MEAN ANNUAL
PERTUSSIS MORTALITY CASES
CHILDREN UNDER 15 (1850-1965)**

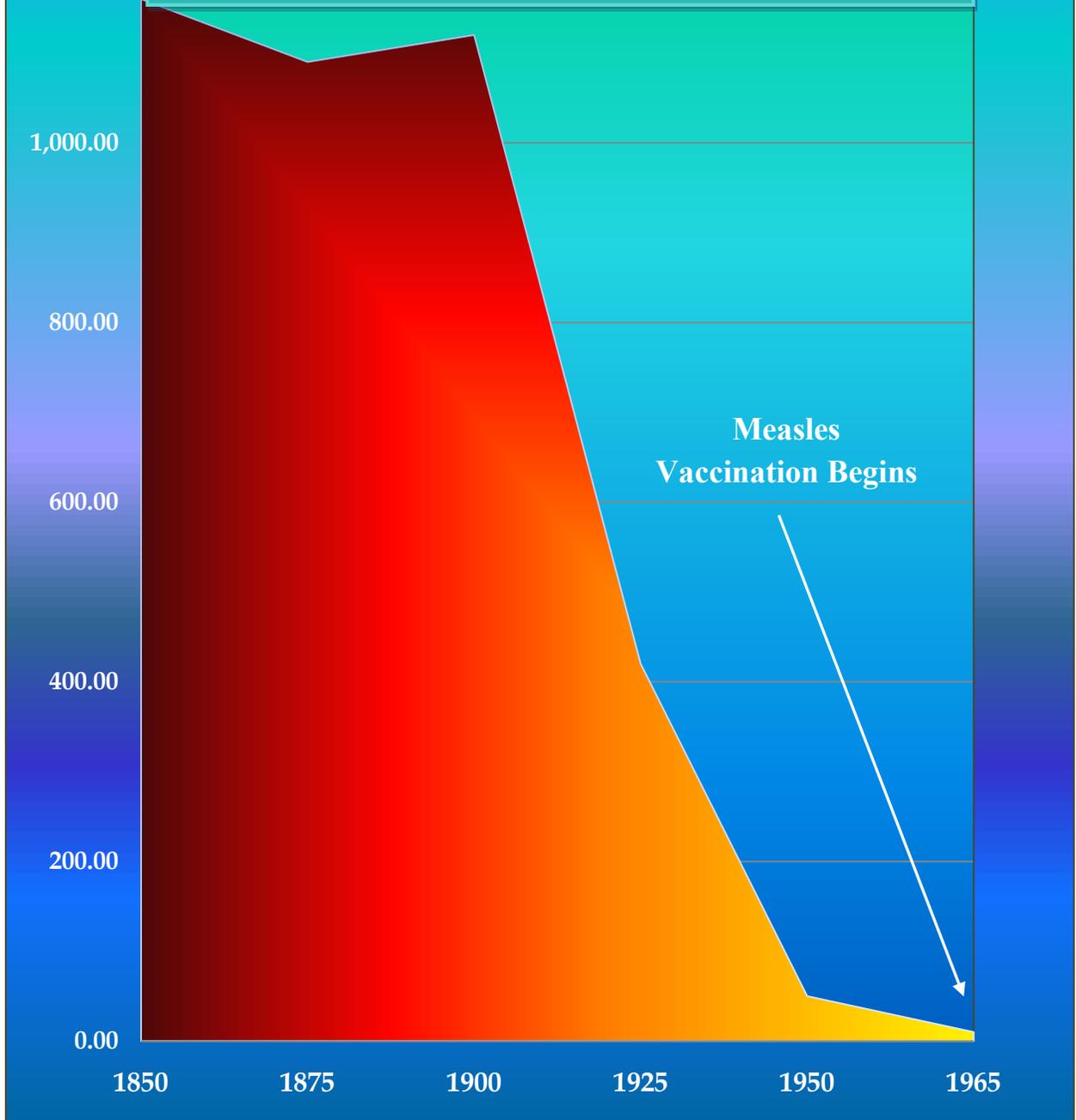


Source: Thomas McKeown, *The Role of Medicine: Dream, Mirage or Nemesis?*; Basil Blackwell; Oxford, UK; 1979; p. 103

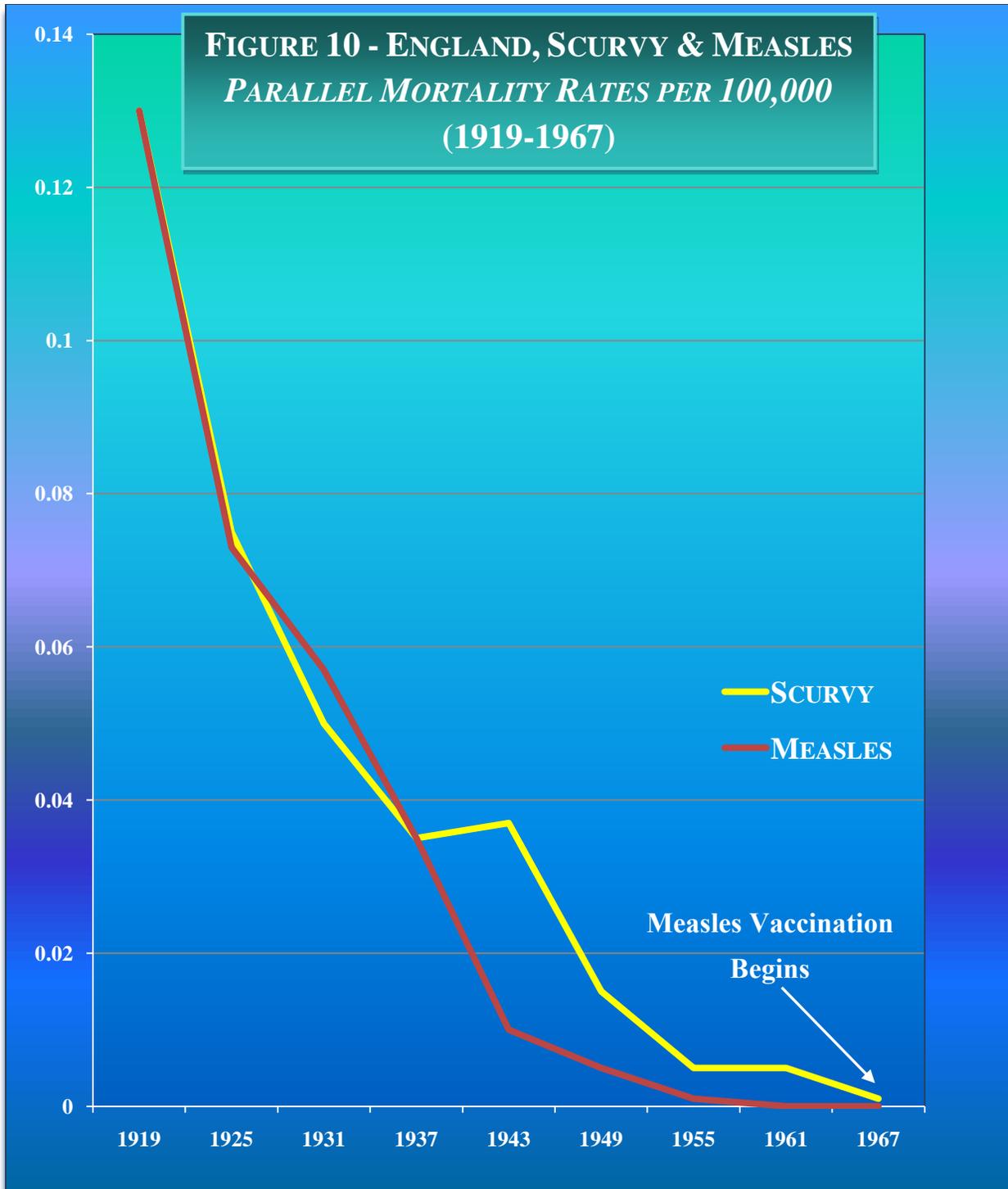


Sources: Data for years 1919-1967 Mortality Statistics: Deaths Registered in England & Wales; UK Office for National Statistics, 1997.

FIGURE 9 - ENGLAND & WALES, MEAN ANNUAL MEASLES MORTALITY CASES CHILDREN UNDER 15 (1850-1965)

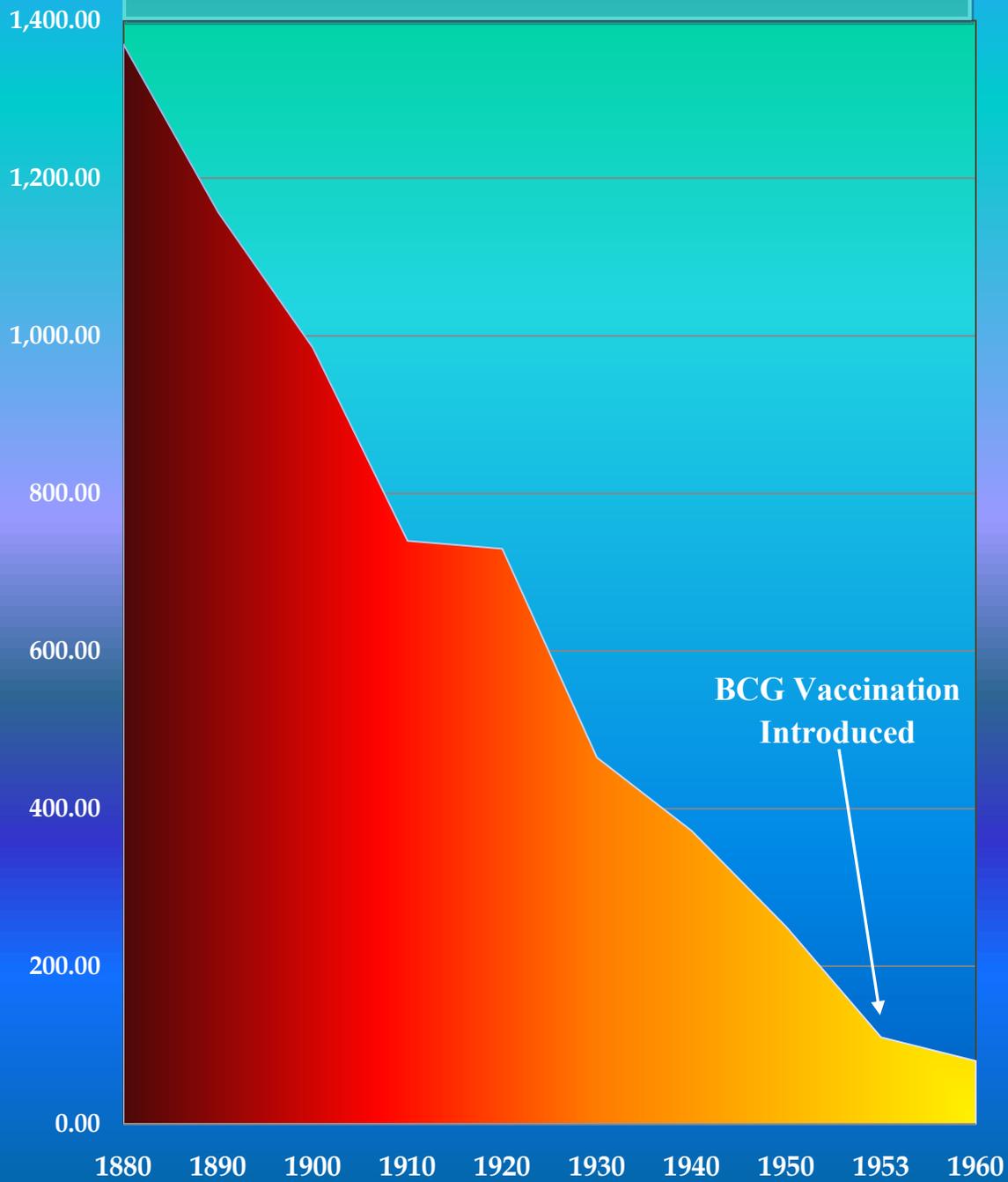


Source: McKeown, T., *The Role of Medicine: Dream, Mirage or Nemesis?*; Basil Blackwell; Oxford, UK; 1979; p. 105; & Waltzkin, H., in *The Relevance of Social Science for Medicine*; Springer; 1st edition, Dec. 31, 1980



Sources: Data for years 1919-1967 Mortality Statistics: Deaths Registered in England & Wales; UK Office for National Statistics, 1997.

**FIGURE 11 - NEW ZEALAND TUBERCULOSIS
DEATH RATES PER MILLION (1880-1960)**



Source: Director General Annual Mortality Reports Covering 1872-1960, New Zealand Parliamentary Journals for the Years Specified.

FIGURE SET II.

Immunization Effectiveness

Figures eleven (12) through twenty-four (24) graphically illustrate that immunization is not by any means a proven and foolproof measure for protection from various infectious disease conditions. It is often inconsequential epidemiologically, and in some cases it is shown to actually worsen health-care outcomes.

Figure 12

**Children Under 2 Yrs of Age
Inactivated Influenza Vaccine**



Source: Cochrane Collaboration Database of Systematic Reviews, (John Wiley & Sons, Ltd.) 2006 (1) Article No. CD004879 – Covers 51 Studies on 260,000 children

Figure 13

**Elderly Living in Communities
& Group Homes
Inactivated Influenza Vaccine**

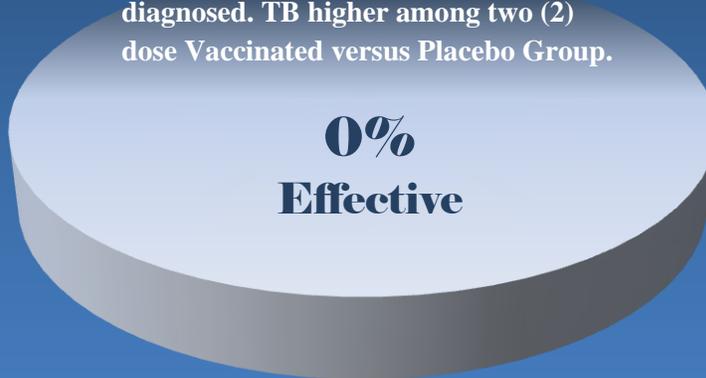


Source: Cochrane Collaboration Database of Systematic Reviews, (John Wiley & Sons, Ltd.) 2006 (3) Article No. CD004876 – Covers 64 Studies, over 40 years of influenza vaccination and see: <http://www.bmj.com/cgi/content/full/333/7574/912>

Figure 14

BCG for Tuberculosis

Note: Post-vaccination- 376 cases pulmonary TB & 31 cases glandular TB diagnosed. TB higher among two (2) dose Vaccinated versus Placebo Group.

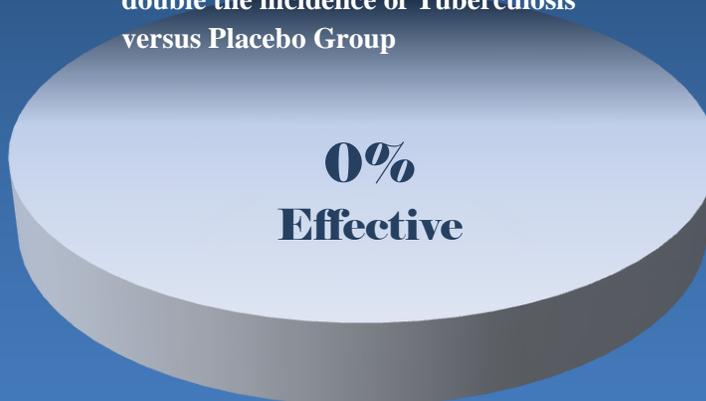


Source: Randomised controlled trial of single BCG, repeated BCG, or combined BCG and killed *Mycobacterium leprae* vaccine for prevention of leprosy and tuberculosis in Malawi; *The Lancet*, Volume 348, Issue 9019, Pages 17 - 24, 6 July 1996

Figure 15

BCG for Tuberculosis

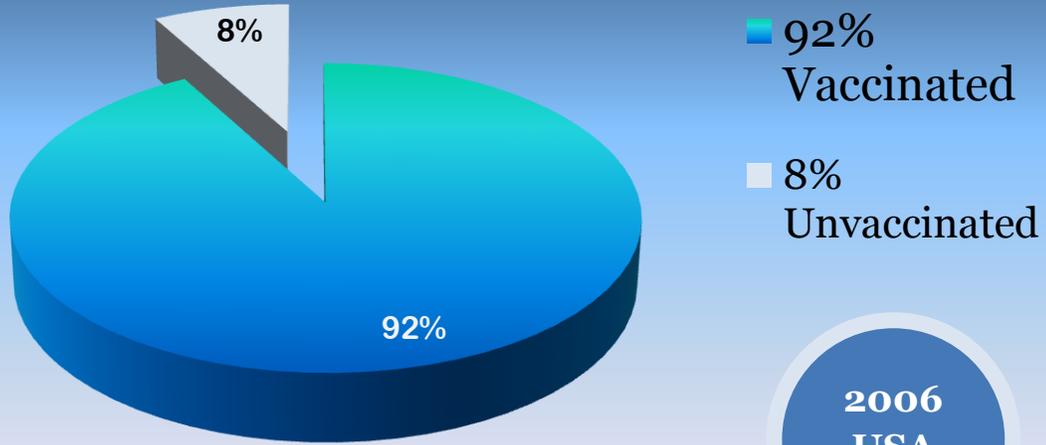
Note: In years 0-2.5 the vaccinated had double the incidence of Tuberculosis versus Placebo Group



Source: Double blind randomized controlled trial of BCG's effectiveness on 250,000 subjects Tuberculosis Research Centre (ICMR), Chennai, India: *Indian Journal of Medical Research*, 110, August 1999, pp. 56-69.

Figure 16

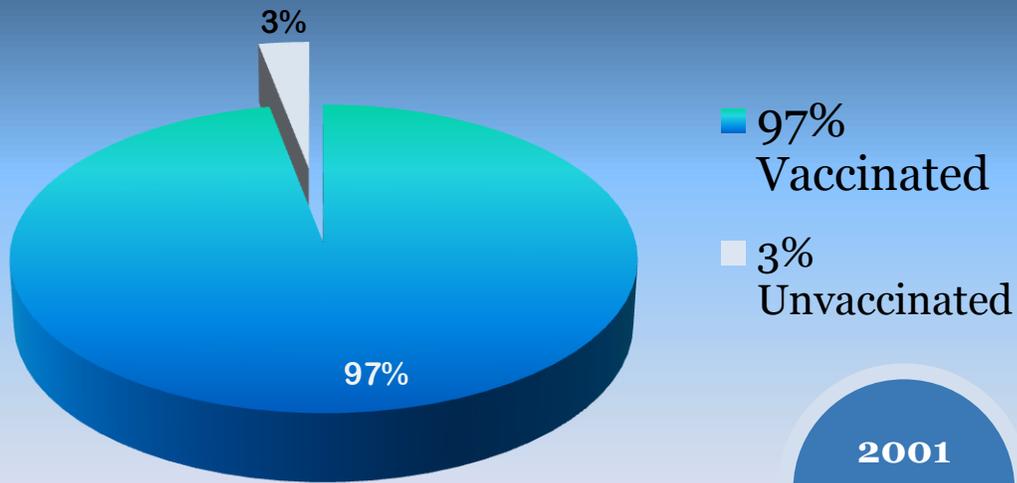
MUMPS OUTBREAK IN HIGHLY VACCINATED POPULATION



Source: Center for Disease Control , MMWR 55 (20); May 26, 2006; pp. 559-63.

Figure 17

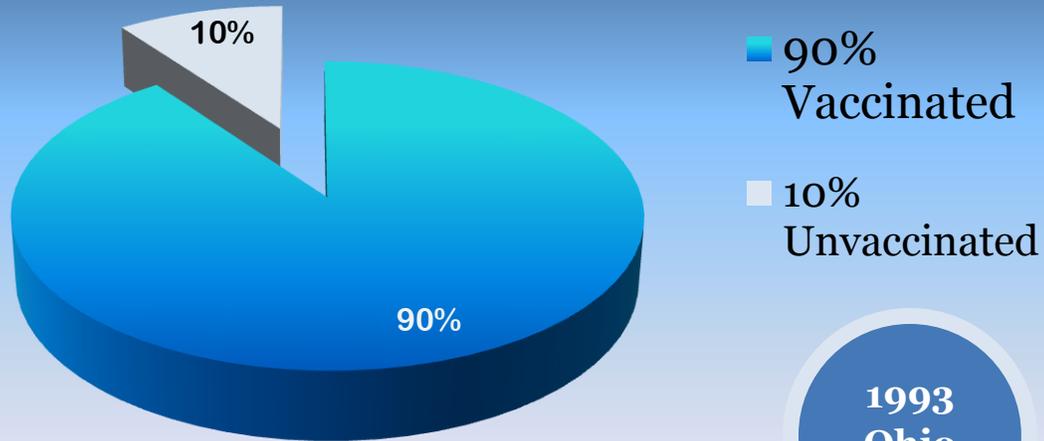
CHICKENPOX OUTBREAK IN HIGHLY VACCINATED POPULATION



Source: Pediatrics - Vol. 113; No. 3; pp. 455-459; (2004)

Figure 18

PERTUSSIS OUTBREAK IN HIGHLY VACCINATED POPULATION

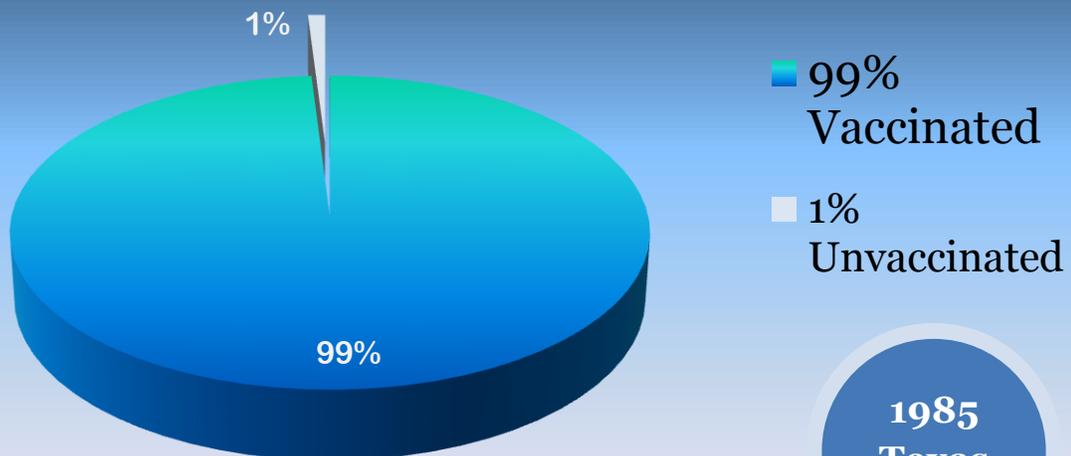


Source: N.Z. Miller; *Vaccine Safety Manual*,
N.A. Press, Sante Fe, New Mexico; p. 140; (2008)
(Refers to CDC & Official Surveillance data)



Figure 19

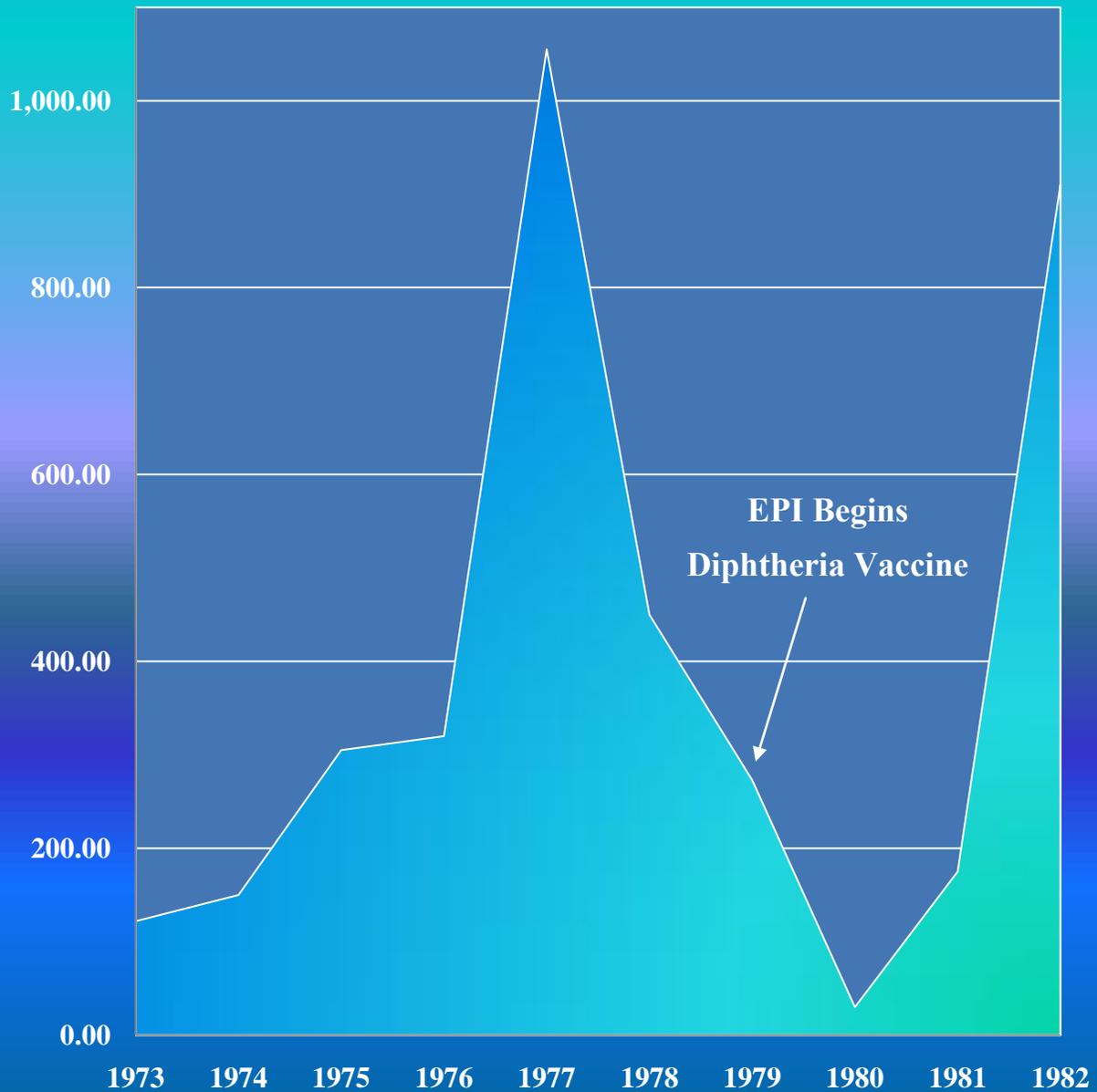
MEASLES OUTBREAK IN HIGHLY VACCINATED POPULATION



Source: *New England Journal of Medicine* -
Vol. 316; No. 13; pp. 771-774; (1987)

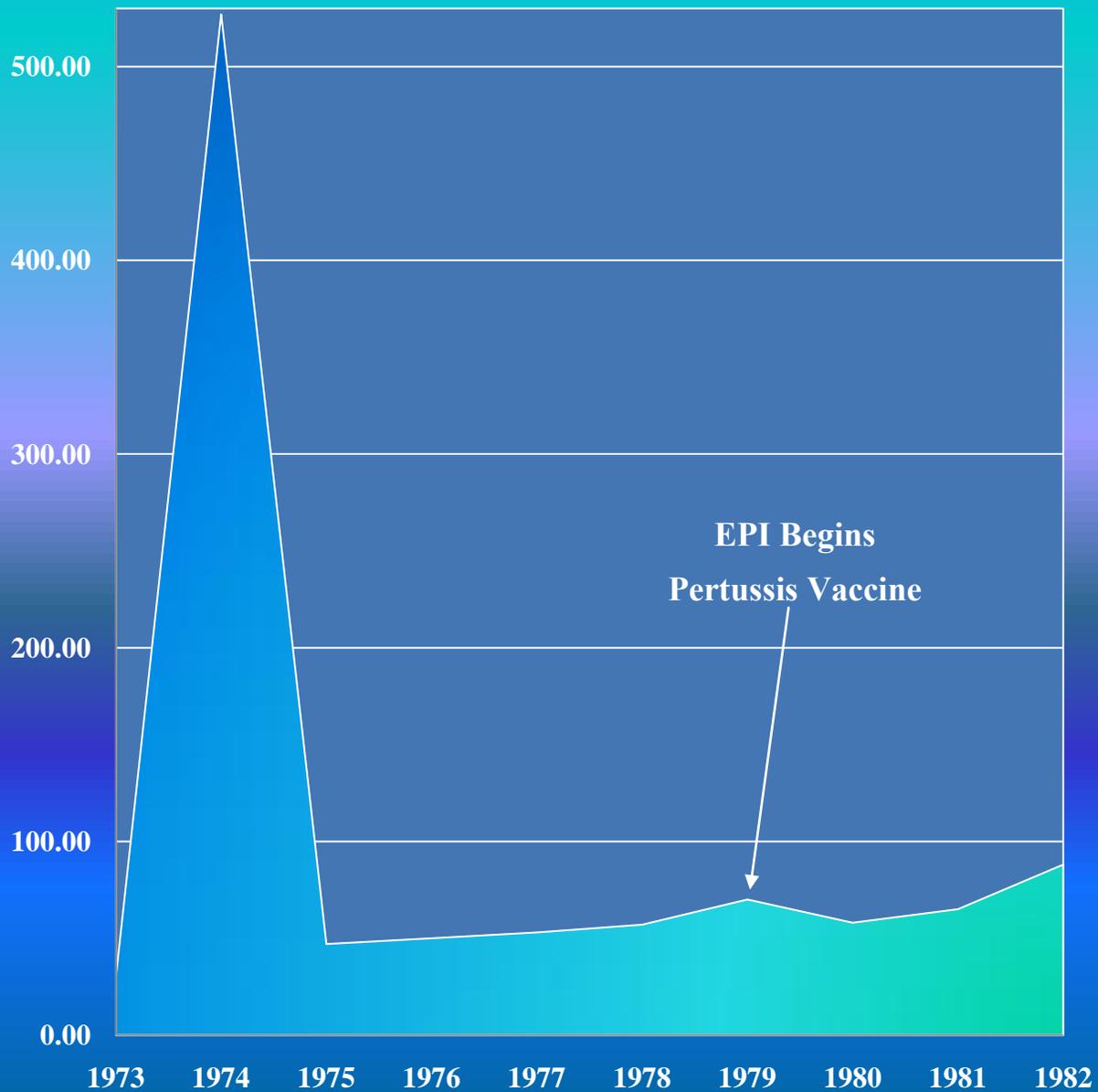


FIGURE 20 - NIGERIA
DIPHTHERIA REPORTED CASES
(1973-1982)



Source: E. Ekanem; A 10-Year Review of Morbidity from Childhood Preventable Diseases in Nigeria: How Successful is the Expanded Programme of Immunization (EPI)?; *Journal of Tropical Pediatrics*, Vol. 34; No. 6; UK; 1988; pp. 323-328.

FIGURE 21- NIGERIA
WHOOPIING COUGH CASE RATES PER 100,000
(1973-1982)



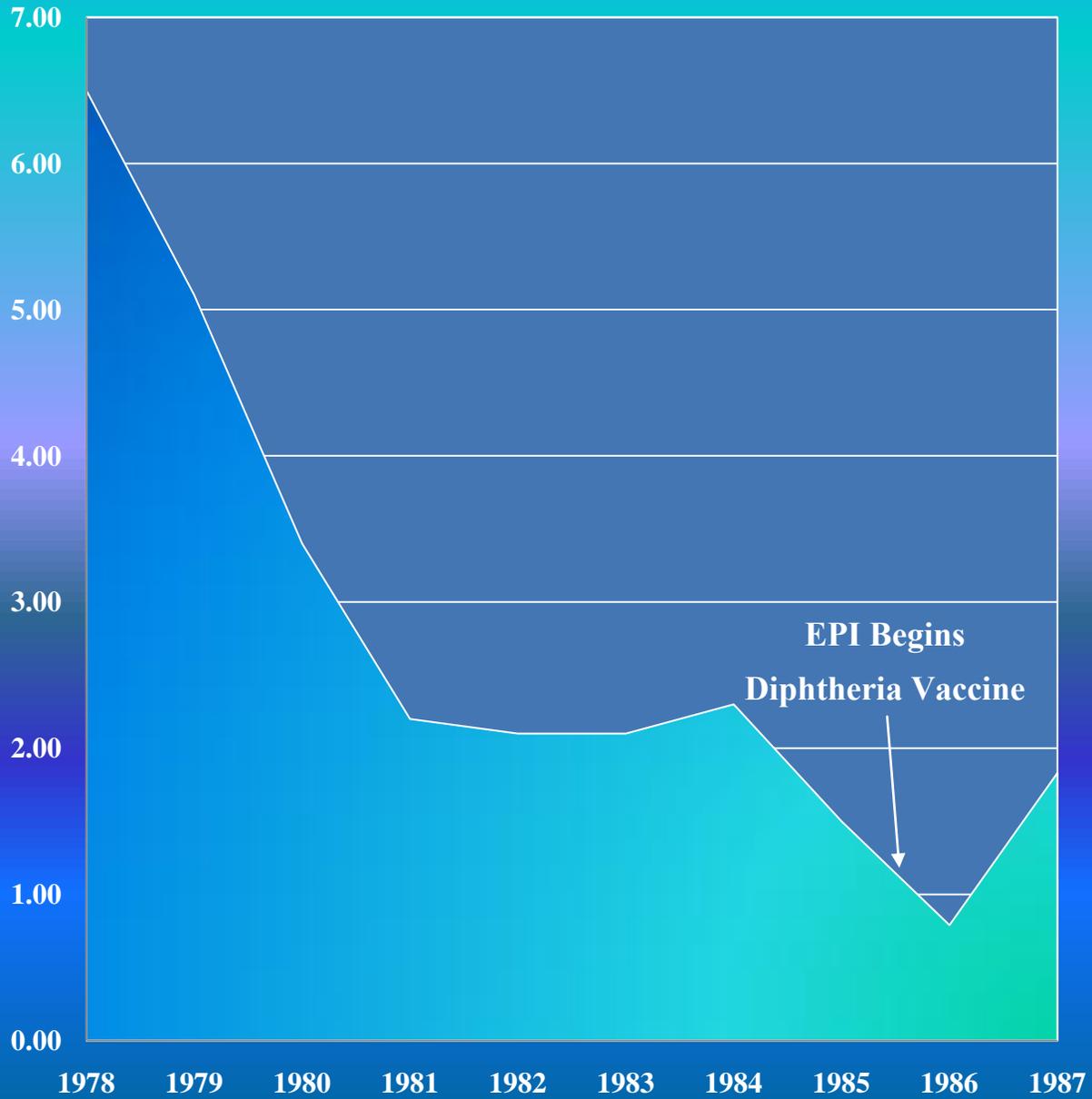
Source: E. Ekanem; A 10-Year Review of Morbidity from Childhood Preventable Diseases in Nigeria: How Successful is the Expanded Programme of Immunization (EPI)?; *Journal of Tropical Pediatrics*, Vol. 34; No. 6; UK; 1988; pp. 323-328.

**FIGURE 22 - DOMINICAN REPUBLIC
MEASLES CASE RATES PER 100,000
(1978-1989)**



Sources: Data for years 1978-1987 Taken from UNICEF Evaluation Publication No. 6, Santo Domingo, Dominican Republic, May 27, 1988; and Data for years 1988-1989 from personal communication from PAHO, EPI Unit, Aug. 21, 1990.

**FIGURE 23 - DOMINICAN REPUBLIC
DIPHTHERIA CASE RATES PER 100,000
(1978-1987)**



Source: Data for years 1978-1987 Taken from UNICEF Evaluation Publication No. 6, Santo Domingo, Dominican Republic, May 27, 1988.

**FIGURE 24 - DOMINICAN REPUBLIC
PERTUSSIS CASE RATES PER 100,000
(1978-1989)**



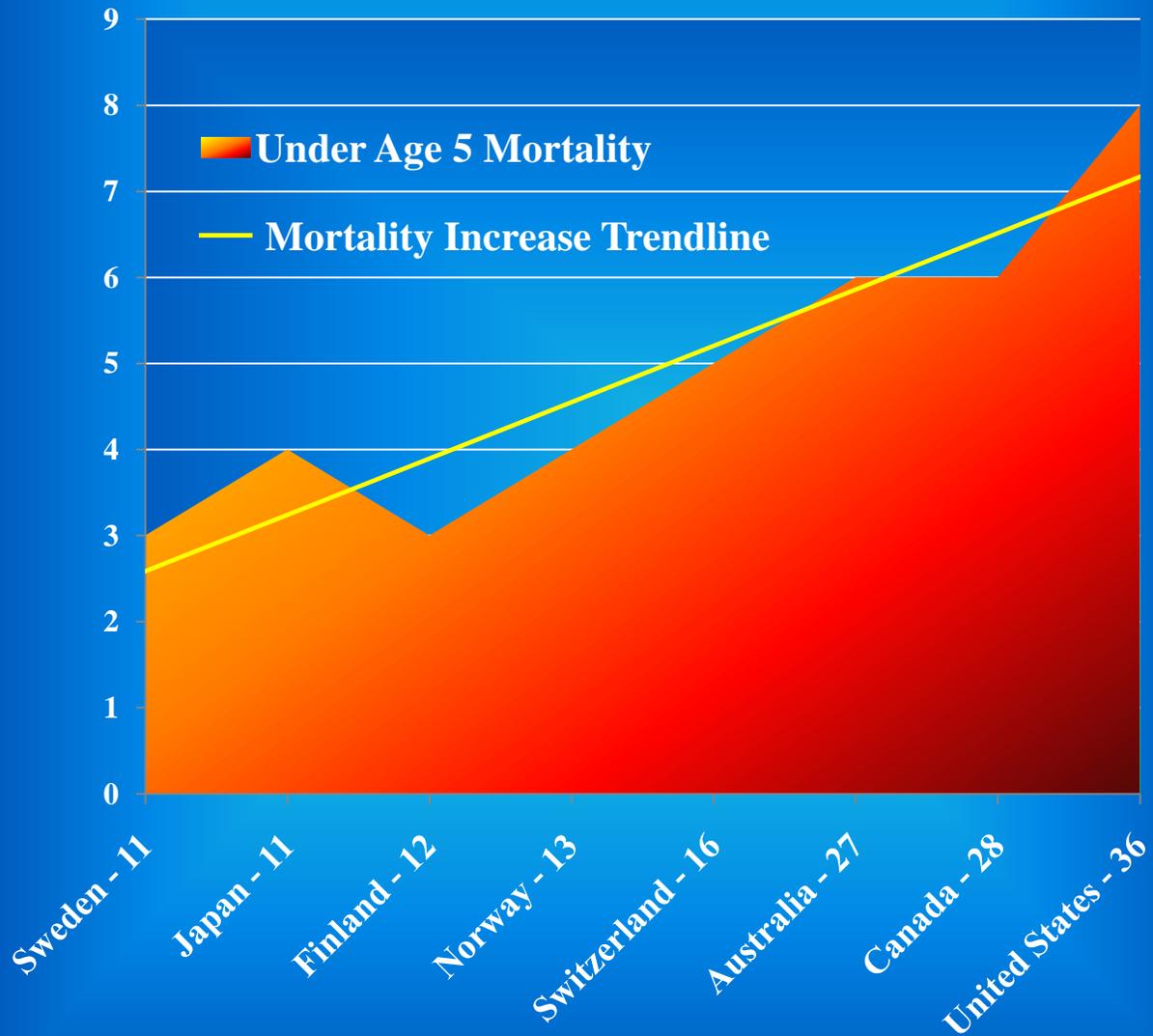
Sources: Data for years 1978-1987 Taken from UNICEF Evaluation Publication No. 6, Santo Domingo, Dominican Republic, May 27, 1988; and Data for years 1988-1989 from personal communication from PAHO, EPI Unit, Aug. 21, 1990.

FIGURE SET III.

Immunization Dangers

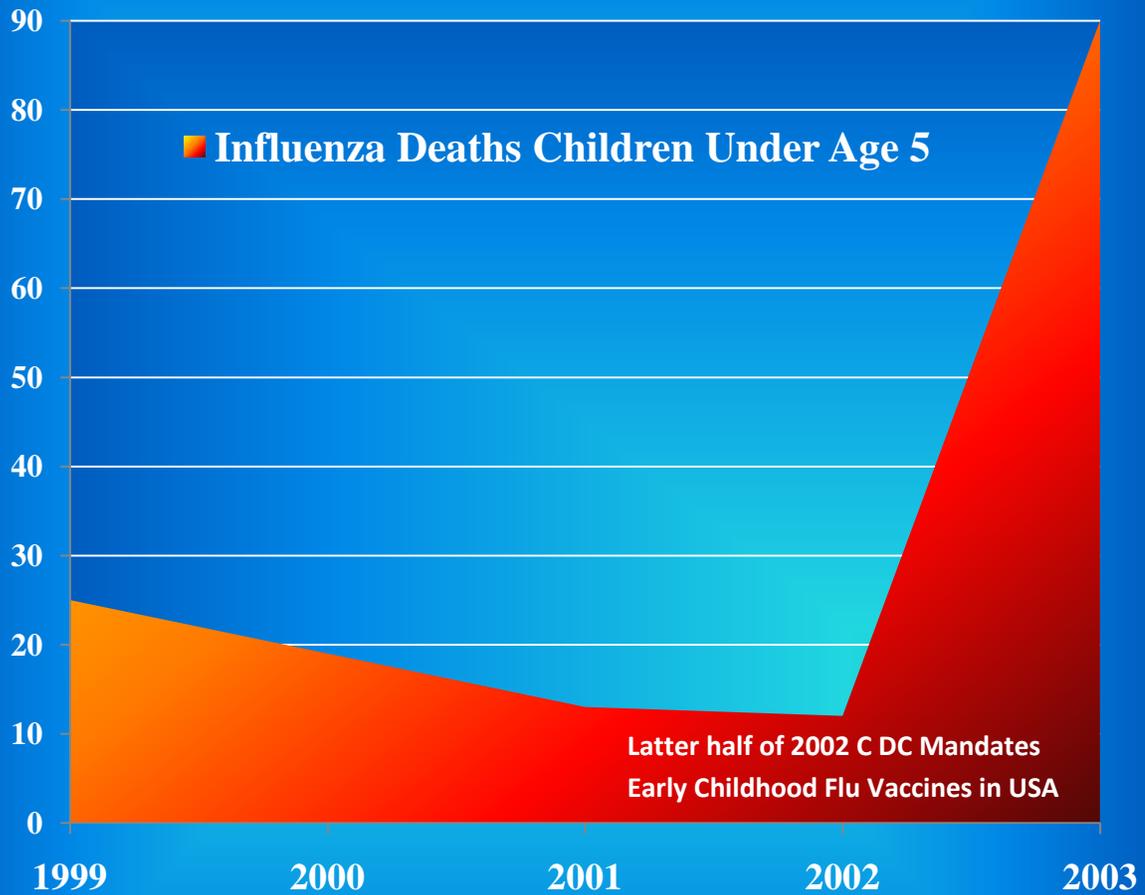
Figures twenty-five (25) through thirty three (33) graphically illustrate that increases in the number of governmental mandated vaccines correlates with significant increases in death rates for children under the age of five (5); and that the practice is linked to sudden infant death syndrome; various degenerative diseases, including diabetes; and appears to cause general immune system impairment in infants and children. Evidence also points to the practice of immunization as a principal factor in the recent massive increases in neurodegenerative conditions such as autism in children.

FIGURE 25 - COUNTRIES & NUMBER OF VACCINES MANDATED UNDER AGE 5 MORTALITY RATES



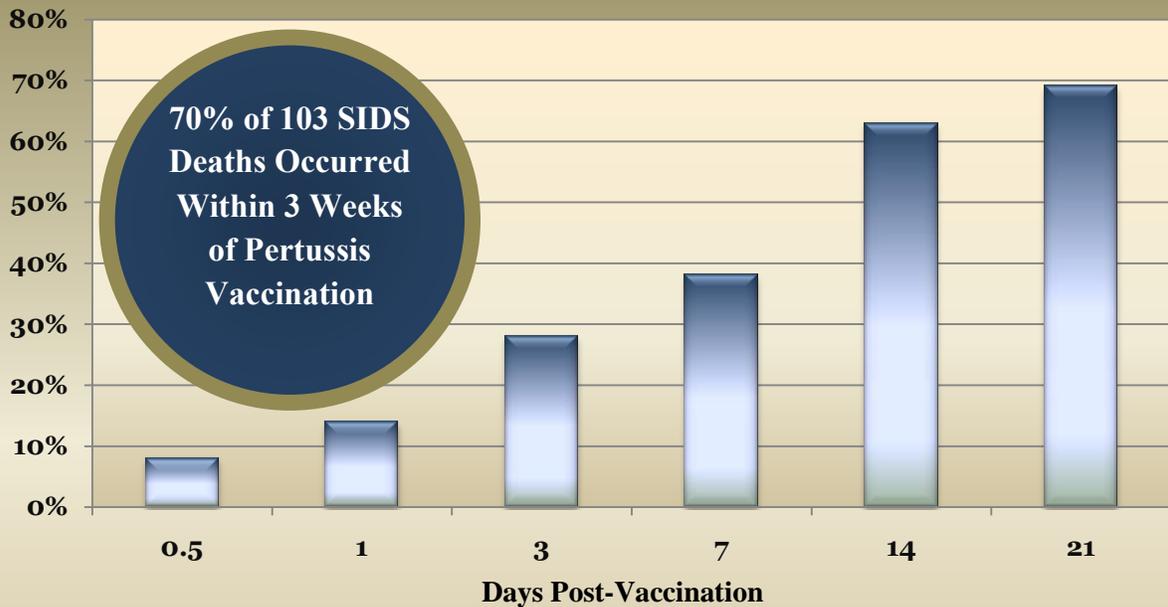
Under Age 5 Mortality statistics derived from: World Health Organization – World Health Statistics 2009 Report http://www.who.int/whosis/whostat/EN_WHS09_Table1.pdf
 & Govt. Mandated Vaccines figures derived from: Generation Rescue Inc. 2009 <http://www.generationrescue.org/documents/SPECIAL%20REPORT%20AUTISM%202.pdf>

**FIGURE 26 - UNDER AGE 5 INFLUENZA DEATHS
BEFORE AND AFTER U.S. CDC MANDATES
FLU VACCINES IN EARLY CHILDHOOD**



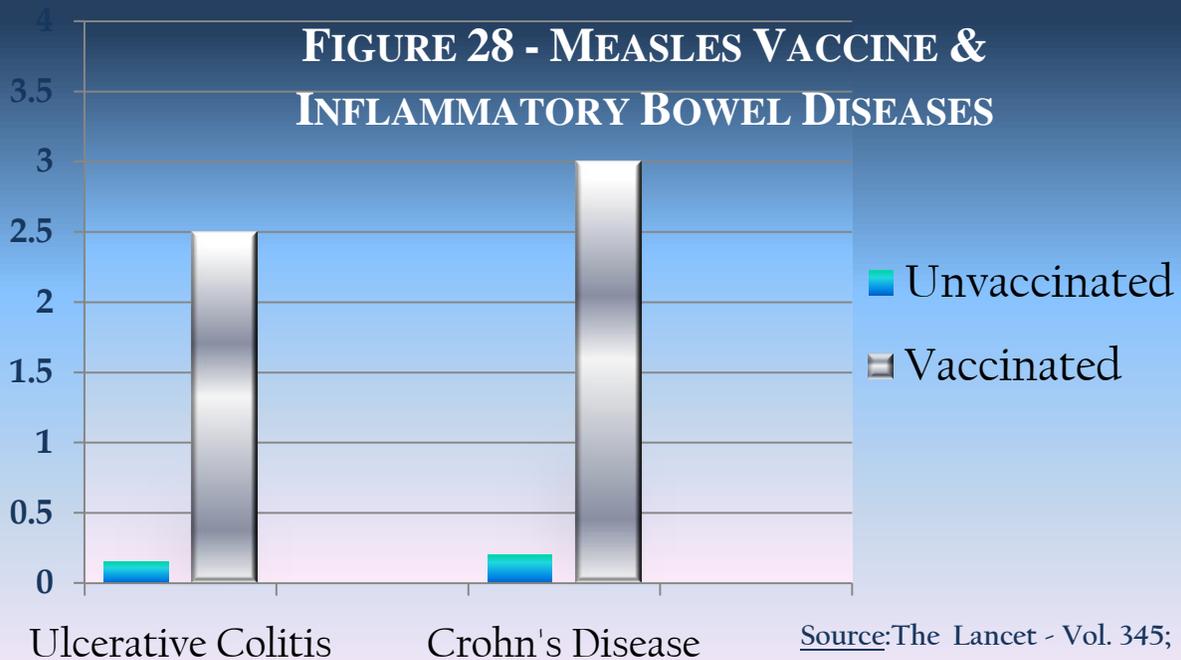
Under Age 5 Influenza Mortality statistics derived from: Center for Disease Control Vital Statistics Reports covering Years 1999-2003 reported in Miller, N.Z., Vaccine Safety Manual, New Atlantean Press, Sante Fe, New Mexico, 2008, p. 97.

FIGURE 27 - PERTUSSIS VACCINE & SUDDEN INFANT DEATH SYNDROME



2/3 of 103 infants had been vaccinated with pertussis prior to death which 6.5% within 12 hours; 13% within 24 hours; 26% within 3 days; 37%, 61% & 70% within 1, 2, & 3 weeks respectively. Source: Torch W., Neurology - 32 (4 - Pt. 2) A, 1982, pp. 169-170.

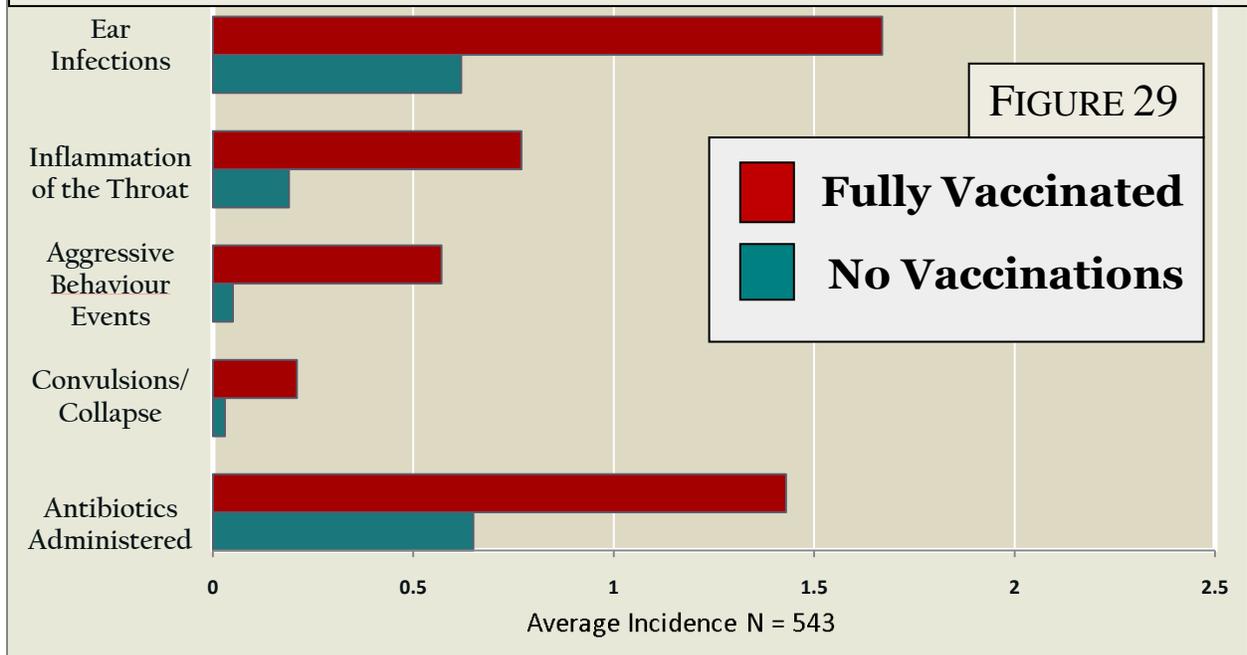
FIGURE 28 - MEASLES VACCINE & INFLAMMATORY BOWEL DISEASES



Source:The Lancet - Vol. 345; 8957; 1995, pp. 1062-1063.

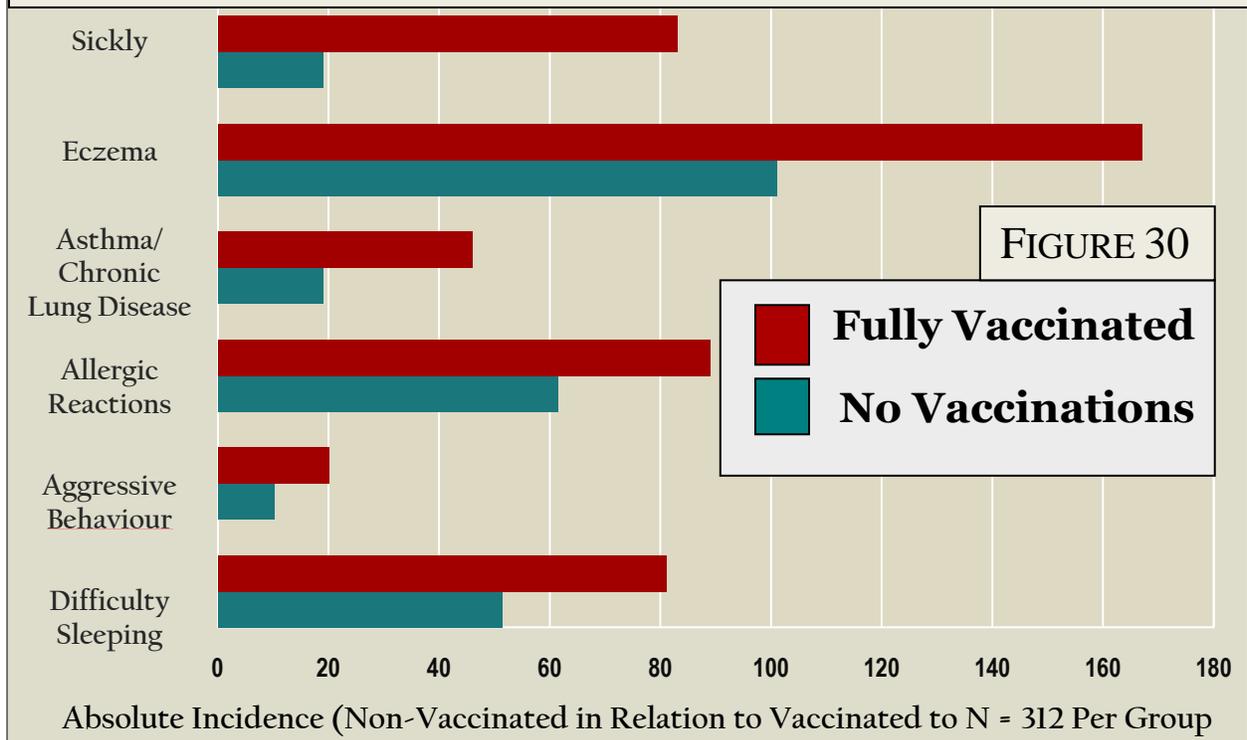
Average Incidence First Five (5) years of Life

Nederlands Vereniging Kritisch Prikken 2004 Survey Findings

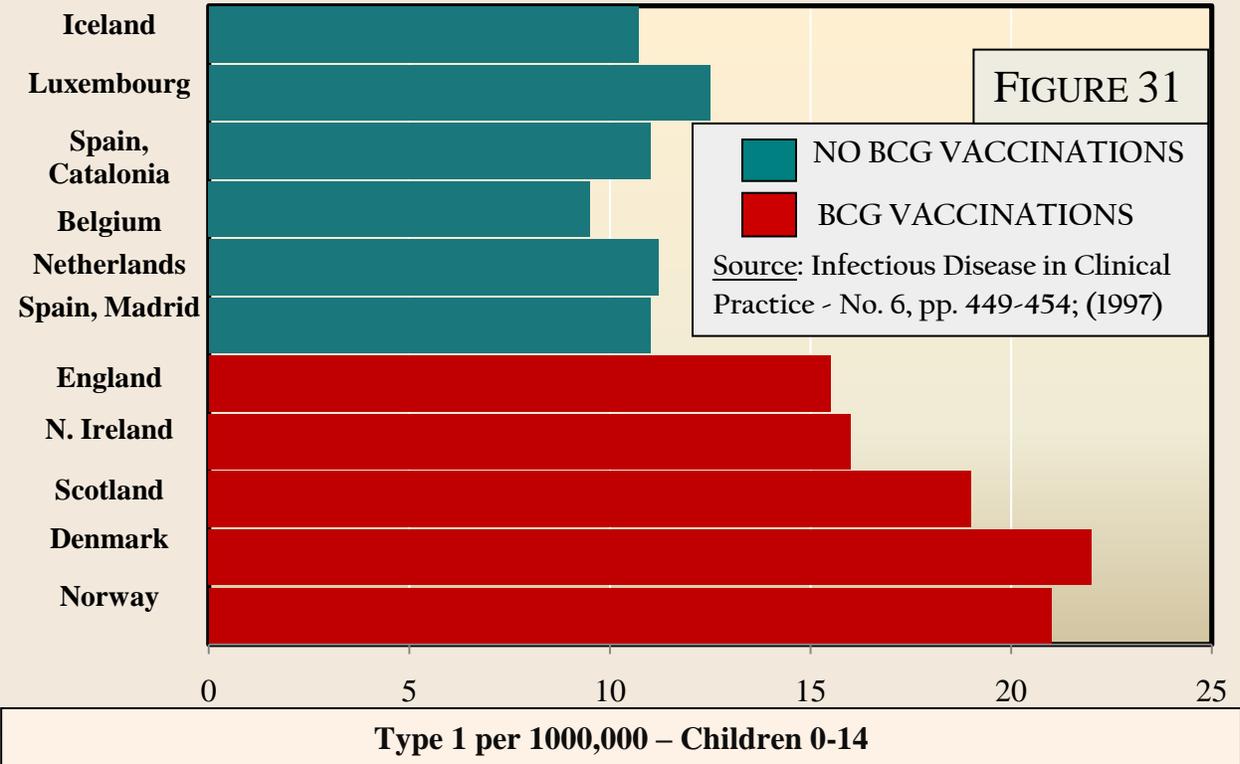


Absolute Incidence N=543

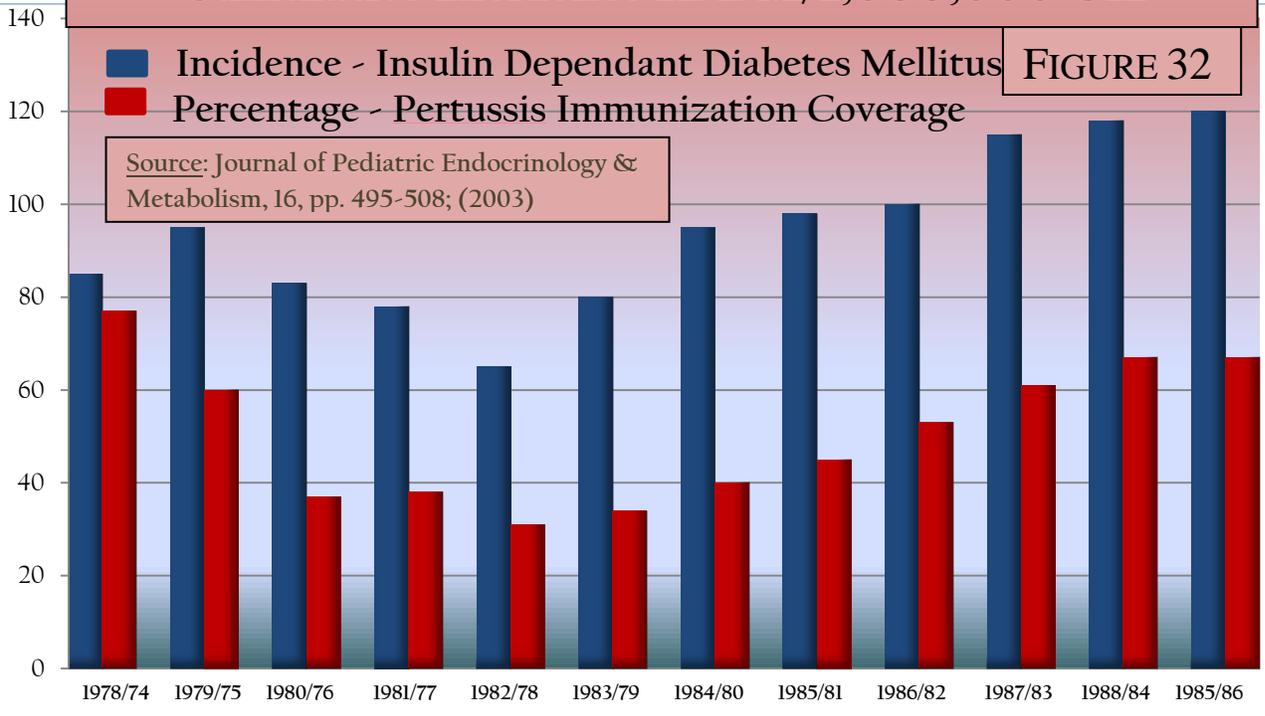
Nederlands Vereniging Kritisch Prikken 2004 Survey Findings



BCG Mandated in Schools & Diabetes Rates

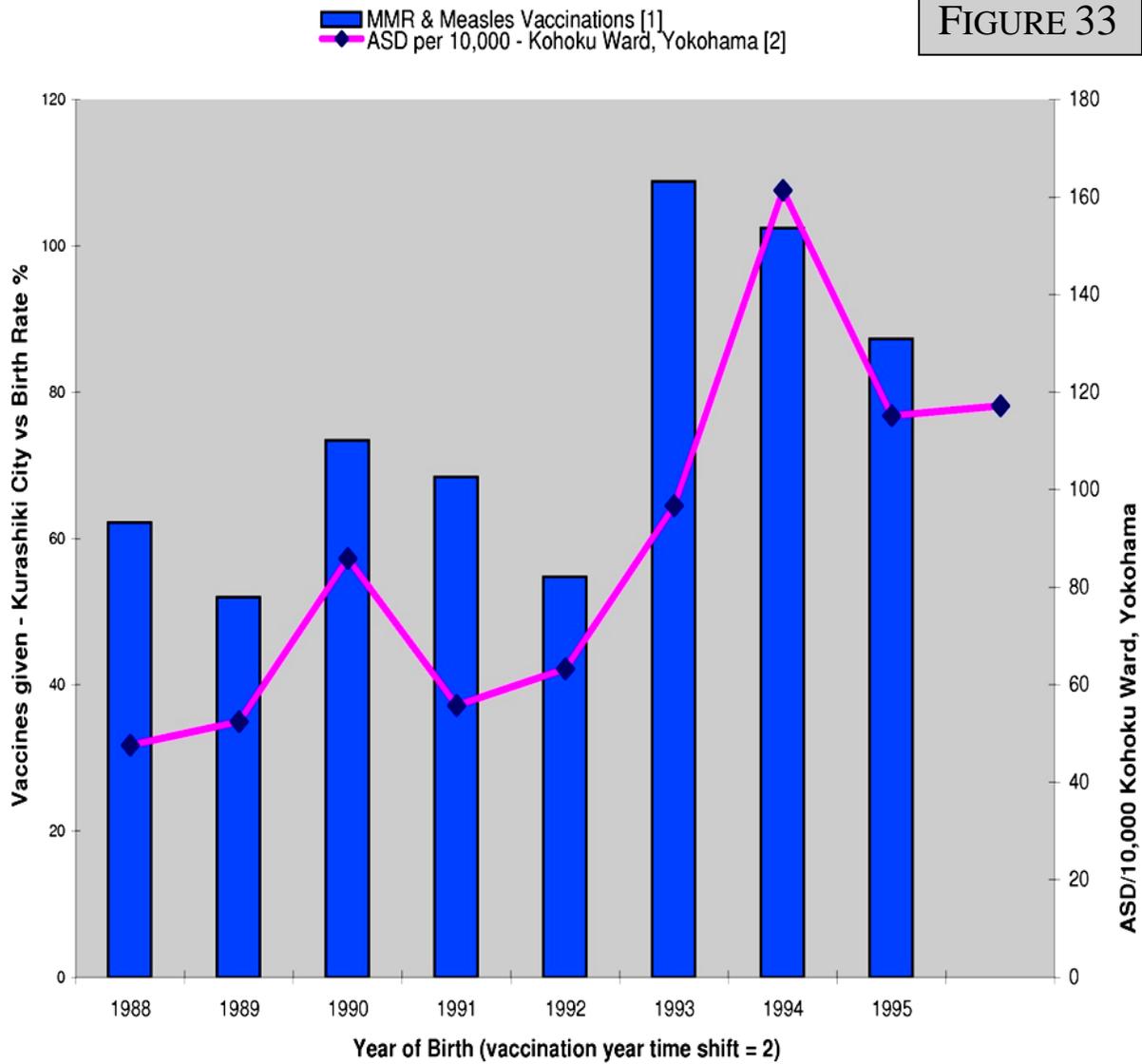


Cumulative Incidence IDDM/1,000,000 UK



Autism In Japan vs MMR & Measles Vaccination Uptake by birth cohort 1988 - 1996

FIGURE 33



<http://childhealthsafety.wordpress.com/2009/06/03/japvaxautism/> Figure based on: Kihei Terada et. al.; Alterations in epidemics and vaccination for measles during a 20 year period and a strategy for elimination in Kurashiki City, Japan; Kawasaki Medical School 2002 Mar; 76 (3):pp. 180-4. Correlated with: H. Honda et. al.; No effect of MMR withdrawal on the incidence of autism: a total population study; Journal of Child Psychology & Psychiatry; June 2005 (6); pp.572-579