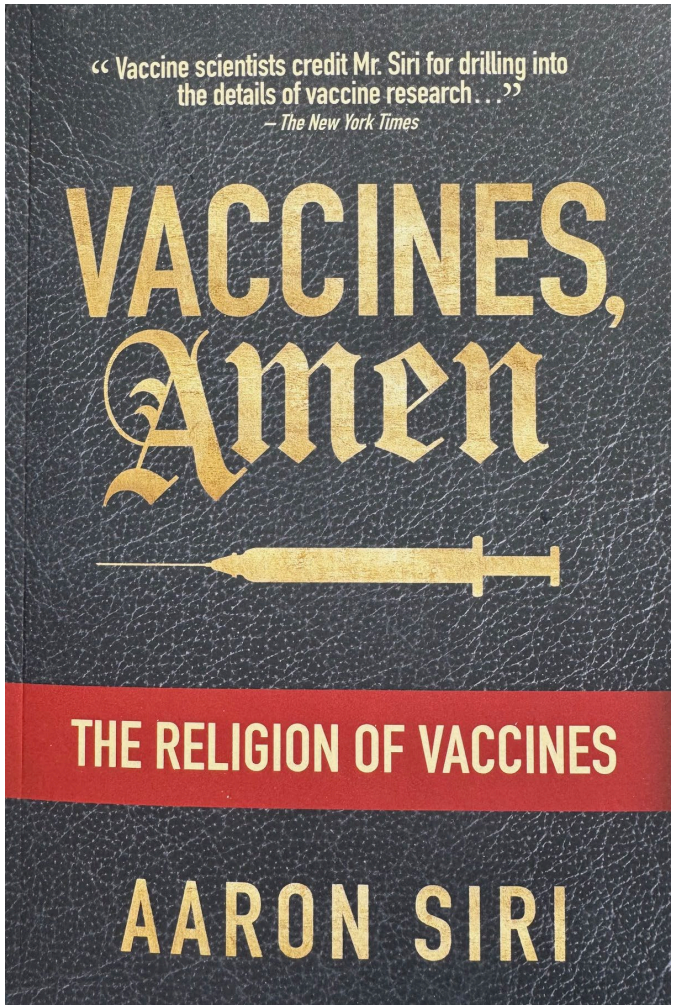
Vacciner – Vetenskap eller religion?

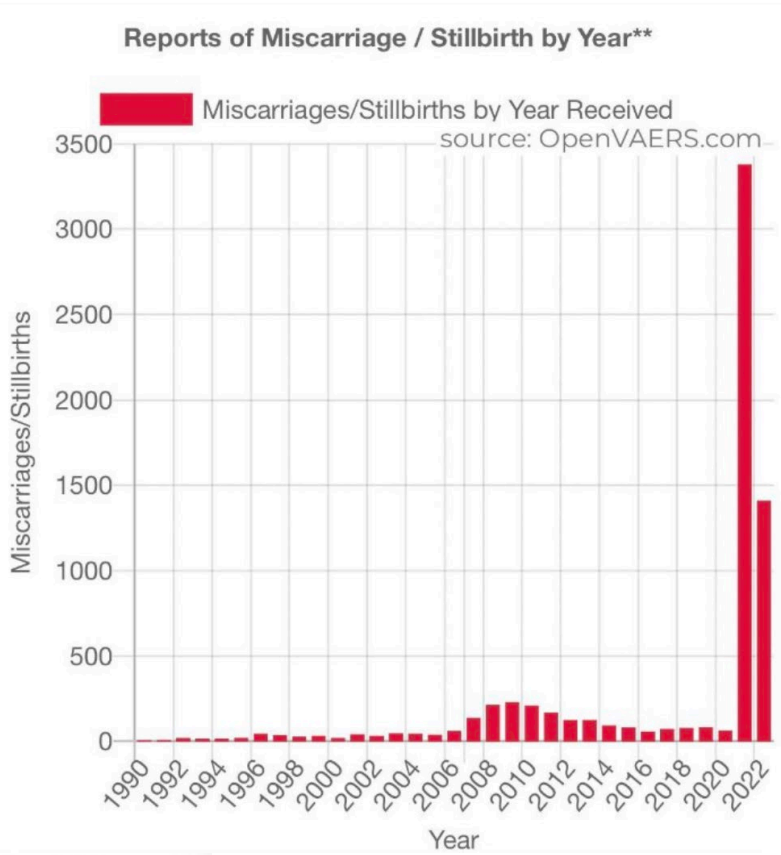


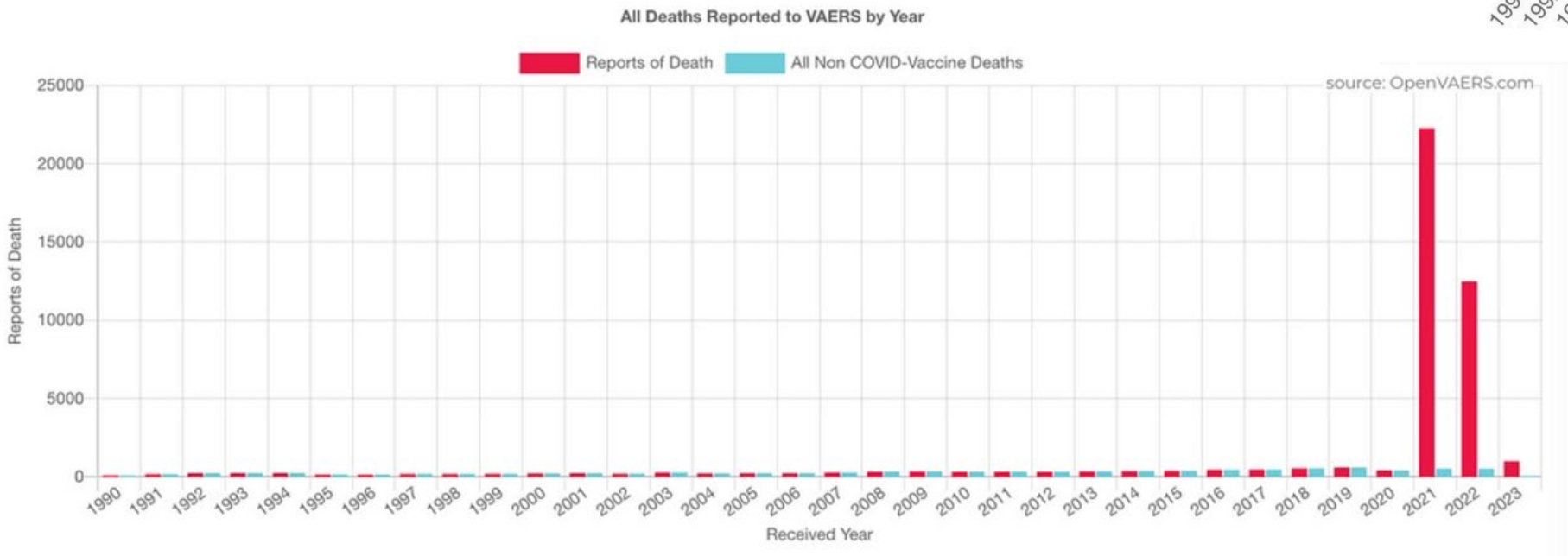
Thomas Åkerberg

- Tillhör partiet Ambition Sverige men vad jag säger idag är mina personliga reflektioner och inte nödvändigtvis partiets
- När man börjar gräva kommer det fram information som fått mig att undra och bli bekymrad och ju fler stenar jag lyfter på desto mer bekymrad blir jag

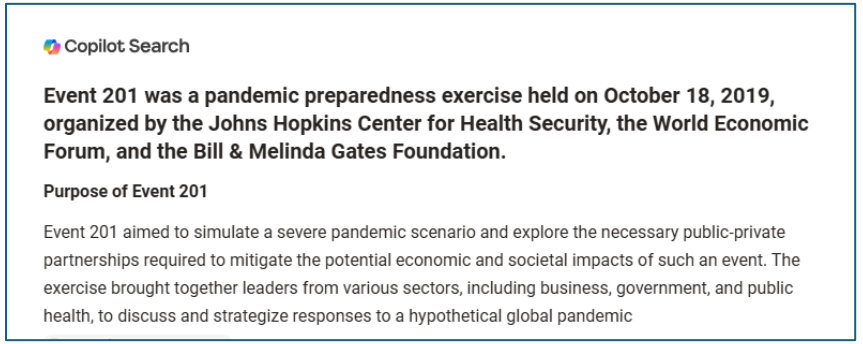
Allt startade med Covid-19

Information från VAERS
Vaccine Adverse Event Reporting System (CDC USA)





Covid-19 - Frågor och fakta



- Vart kom viruset från? Laboratorium i Wuhan? Gain-of-function? Konspirationer?
- Hur kunde världen, speciellt västvärlden, vara så samspelta? Event 201?
- Alla stora nyhetsmedier basunerade ordagrant ut samma skräckscenarios
- Normalt isolerar man sjuka personer, nu isolerades alla med förödande ekonomiska följder
- Socialt avstånd och andra regler infördes
- Maskanvändande? Masker visade sig inte fungera alls utan innebar enbart en risk
- PCR-tester som visade 97% felaktiga resultat? Enbart ca 3% av alla som påstods vara smittade, var smittade.
- Användningen av det nobelprisbelönade läkemedlet Ivermectin förbjöds i mars 2020 av WHO
- Falska studier avseende Hydroxiklorokin slog undan fötterna för det läkemedlet
- Ett s k vaccin snabbutvecklades, nödgodkändes och rullades ut i slutet av 2020
- De allra rikaste i världen ökade sin förmögenhet med uppskattningsvis fyra tusen miljarder dollar

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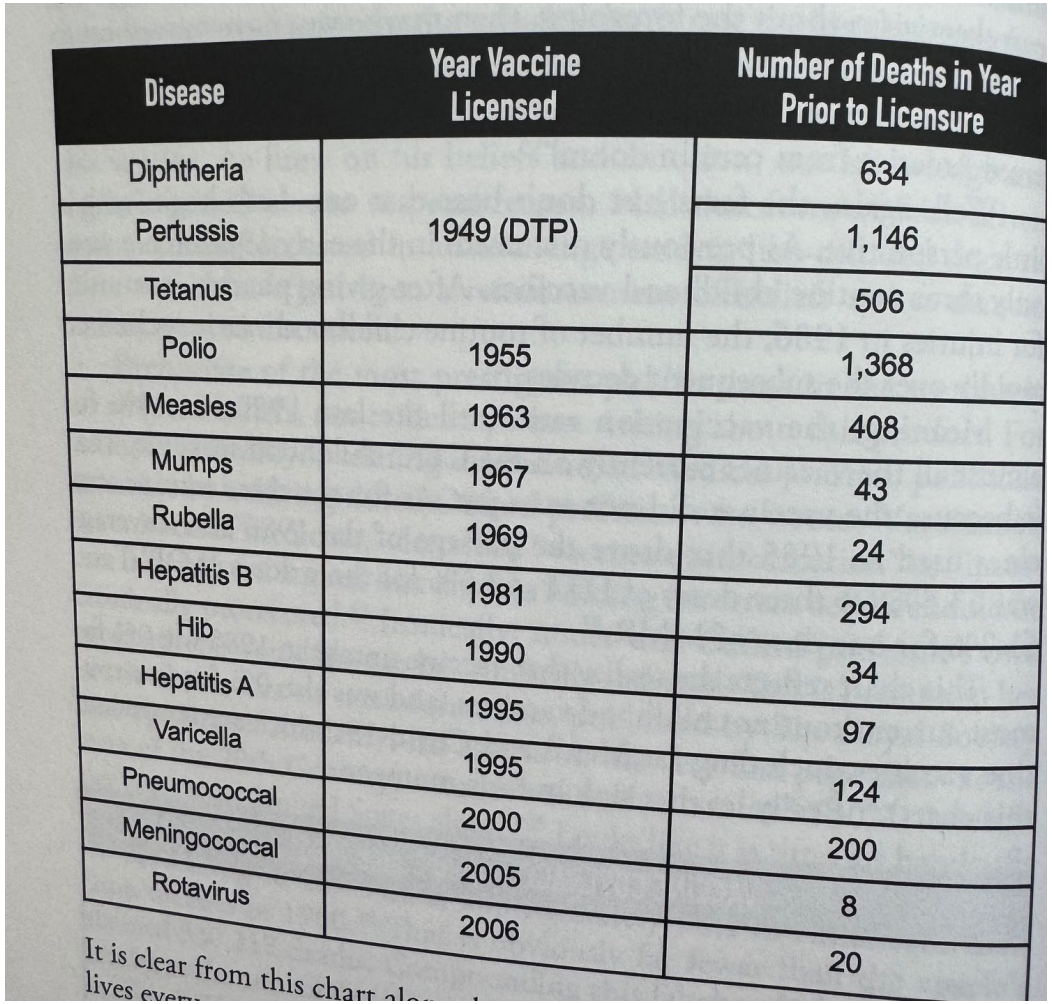
For every generation, vaccines work and they have saved over 150 million lives: WHO

© UNICEF | A child is vaccinated against multiple diseases at a health centre in Cuba.

WHO finansieras till över 80 % av läkemedelsindustrin

Har vi räddat 150 miljoner barn? Falsk marknadsföring?

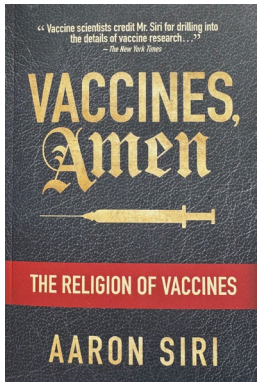


Disease	Year Vaccine Licensed	Number of Deaths in Year Prior to Licensure
Diphtheria	1949 (DTP)	634
Pertussis		1,146
Tetanus		506
Polio	1955	1,368
Measles	1963	408
Mumps	1967	43
Rubella	1969	24
Hepatitis B	1981	294
Hib	1990	34
Hepatitis A	1995	97
Varicella	1995	124
Pneumococcal	2000	200
Meningococcal	2005	8
Rotavirus	2006	20

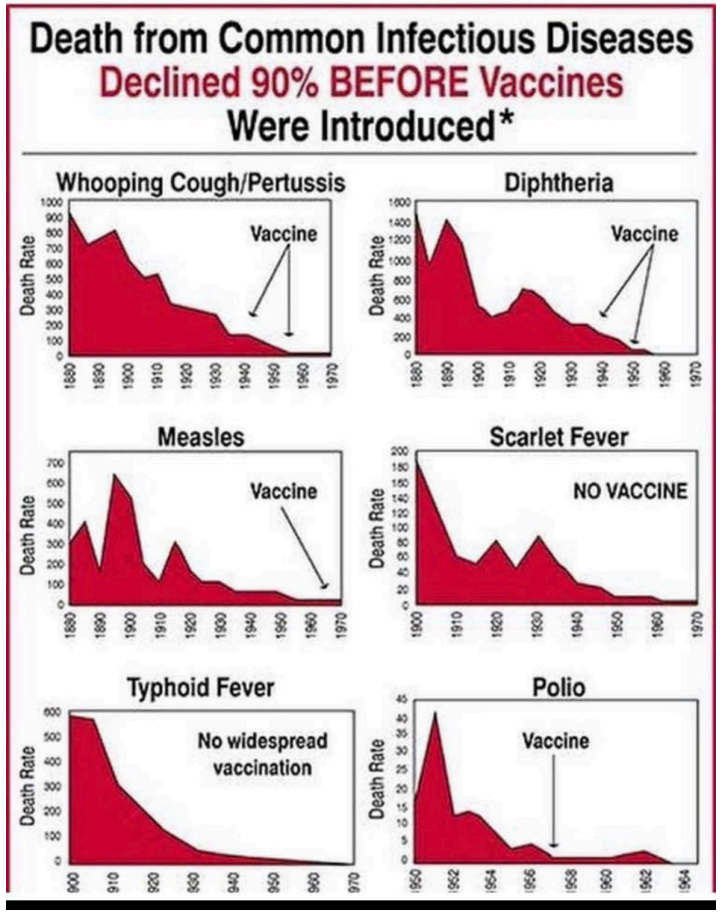
It is clear from this chart alo
lives ever

- Totalt dog cirka 4 906 barn per år före införandet av vacciner i alla dessa sjukdomar i USA. I USA påstår man att vacciner räddat över tre miljoner barn?
- Med ovanstående resonemang (4906) behövs det 611 år för att komma upp i 3 miljoner räddade barn om man räddar alla.

ZNN3-FQ5X).
2 This chart includes the routine vaccines on CDC's childhood schedule except for flu and HPV. Mortality data for: **diphtheria, pertussis, and tetanus** (https://www.cdc.gov/nchs/data/vsus/VSUS_1948_2.pdf, p.440, https://perma.cc/N2PN-5UPU); **polio, measles, mumps, rubella, hepatitis B, hepatitis A,** and **varicella** (https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf, https://perma.cc/7GPK-32AC); **Hib** (There was an ineffective vaccine introduced in 1985 and withdrawn. After a Hib vaccine considered effective for infants was first licensed in late 1990, the CDC in 1991 for the first time recommended a Hib vaccine for infants, and by 1992 vaccine uptake was only 28%. There were 17 deaths in 1991 from Hib, so to be conservative, this death number



Vacciner är en enorm inkomstkälla för läkemedelsindustrin



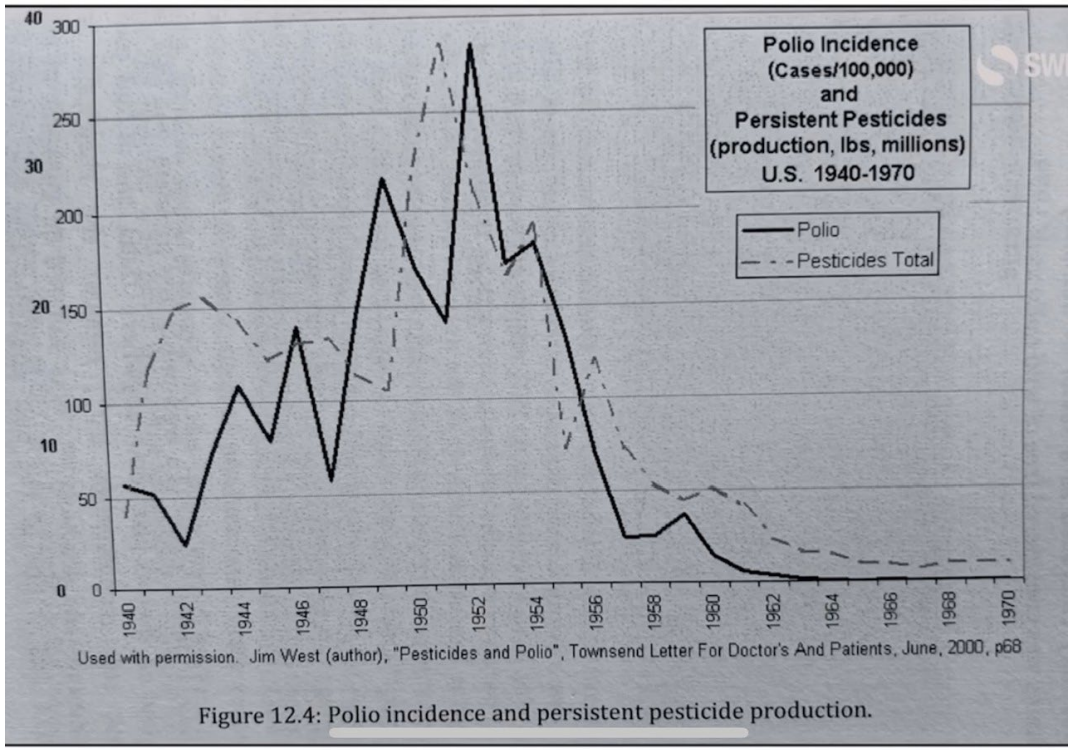
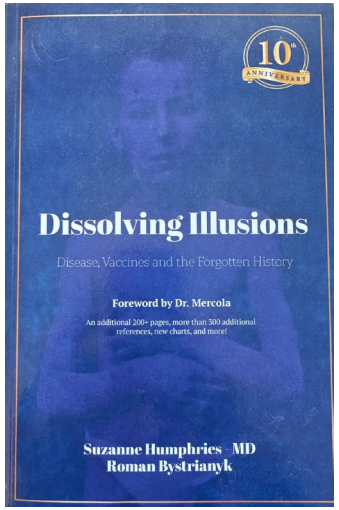
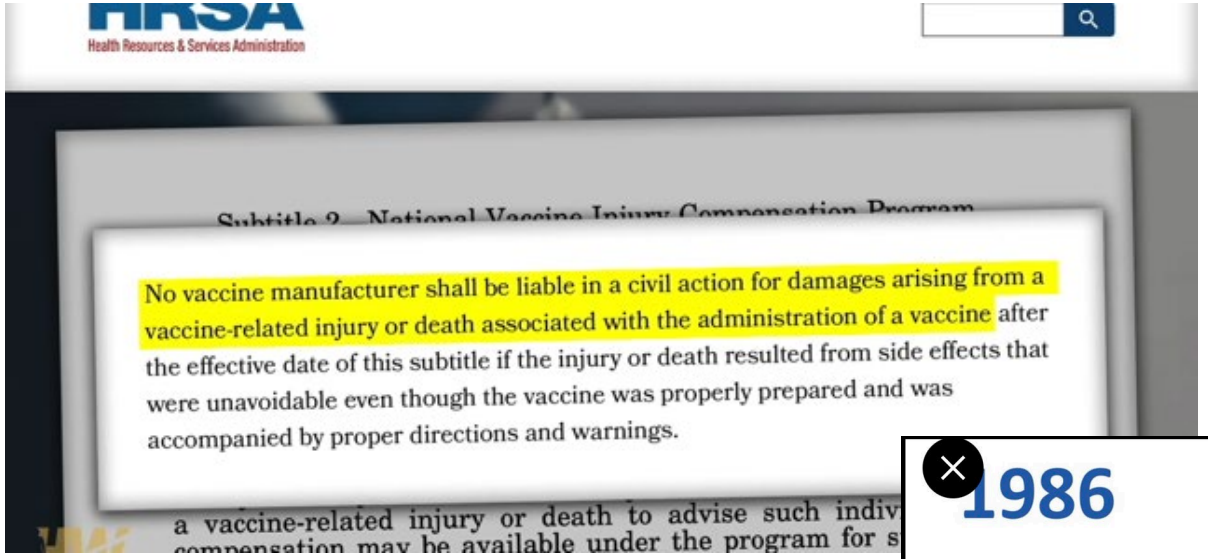
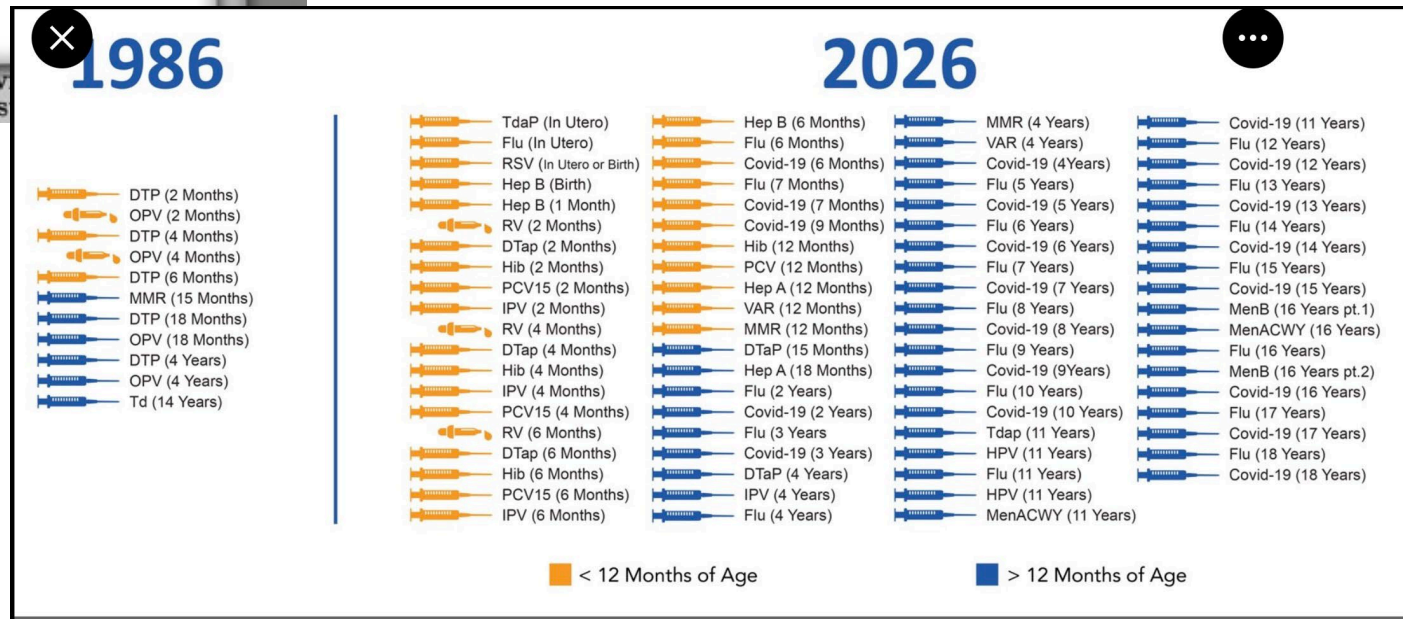


Figure 12.4: Polio incidence and persistent pesticide production.



National Childhood Vaccine Injury Act of 1986





Vacciners säkerhet och effektivitet

Pfizer's Top 4 Most Profitable Drugs		
DRUG	SAFETY REVIEW	CONTROL
Eliquis	7.4 Years	Placebo
Enbrel	6.6 Years	Placebo
Lipitor	4.9 Years	Placebo
Lyrica	2 Years	Placebo

Vaccines Given in First 6 Months of Life		
VACCINE	SAFETY REVIEW	CONTROL
DTaP	28 Days	DTP vaccine
Hep-B	5 Days	None
Hib	3 Days	Hib vaccine
IPV	3 Days	None

Skillnad i procedurer för läkemedel och vacciner, varför?
Båda kontrolleras i effektivitet men bara läkemedel för säkerhet?
Hur kan detta godkännas av våra myndigheter?

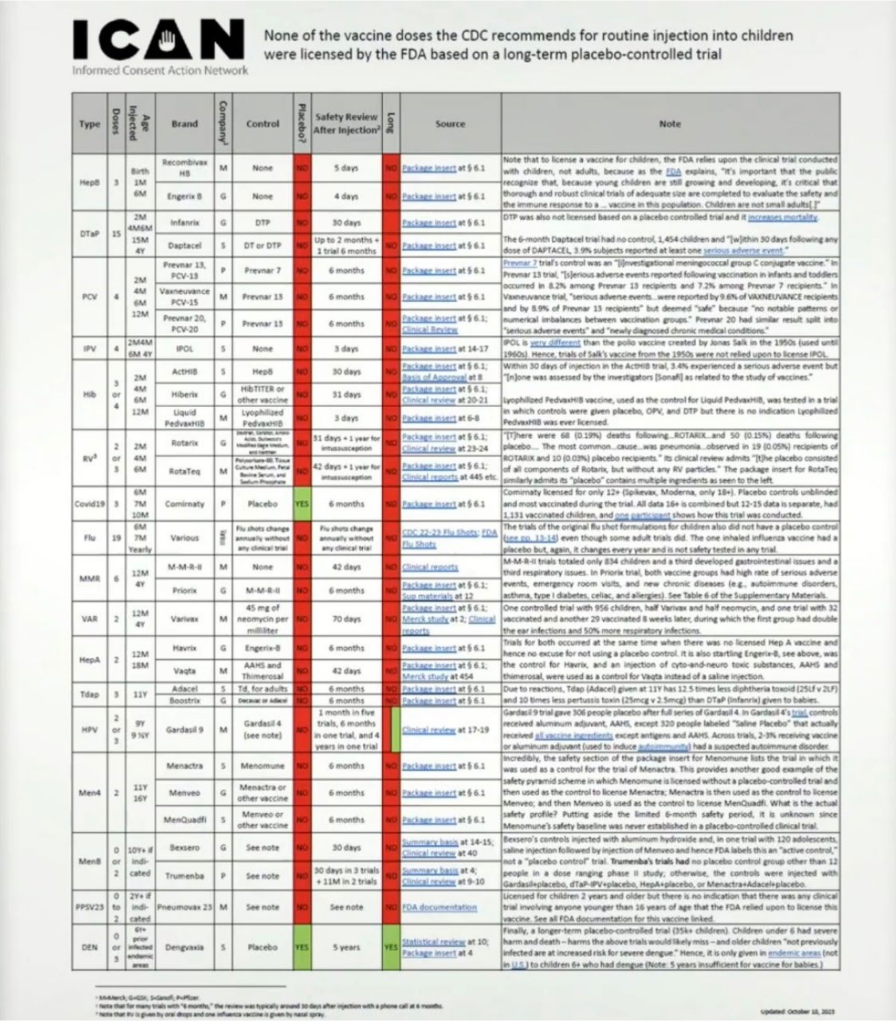
Vacciners säkerhet och effektivitet

- Inget av vaccinerna på barnvaccinations-programmet har genomgått en korrekt klinisk studie för att säkerställa effektivitet och säkerhet

- Listan till höger visar på detta

- Inga studier har heller gjorts för att säkerställa säkerheten att ge flera vacciner på en gång som man gör idag

- FHM rekommenderar att man tar 21 doser vaccin under det första levnadsåret. Detta är religion inte vetenskap.



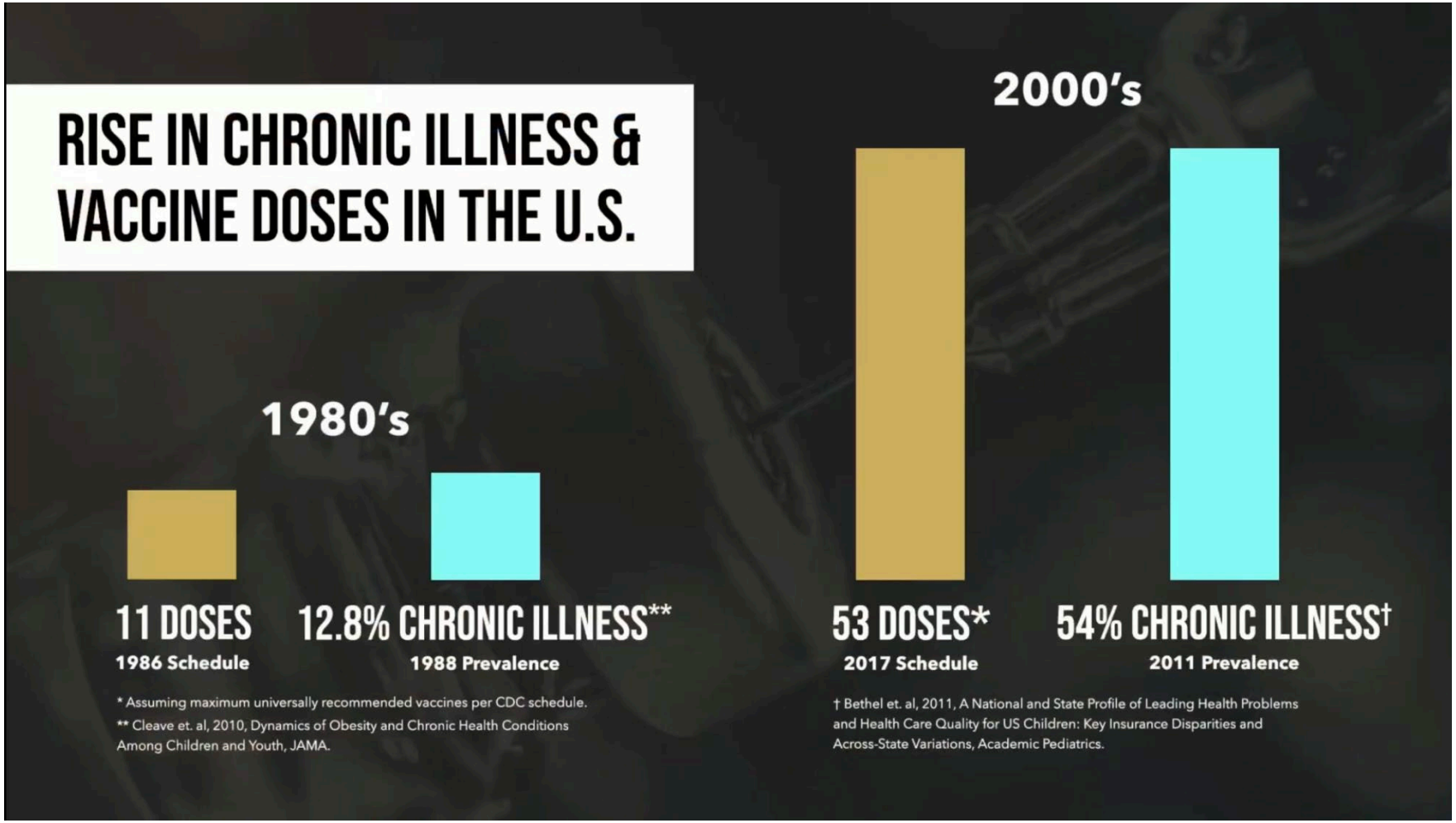
ICAN
Informed Consent Action Network

None of the vaccine doses the CDC recommends for routine injection into children were licensed by the FDA based on a long-term placebo-controlled trial

Type	Doses	Age Injected	Brand	Company[1]	Control	Placebo?	Safety Review After Injection[2]	Long	Source	Note
HepB	3	Birth 1M 6M	Recombivax HB	M	None	NO	5 days	NO	Package insert at § 6.1	Note that to license a vaccine for children, the FDA relies upon the clinical trial conducted with children, not adults, because as the FDA explains, "It's important that the public recognize that, because young children are still growing and developing, it's critical that thorough and robust clinical trials of adequate size are completed to evaluate the safety and the immune response to a ... vaccine in this population. Children are not small adults[.]"
			Engerix B	G	None	NO	4 days	NO	Package insert at § 6.1	
DTaP	15	2M 4M 6M 15M 4Y	Infanrix	G	DTP	NO	30 days		Package insert at § 6.1	DTP was also not licensed based on a placebo controlled trial and it increases mortality.
			Daptacel	S	DT or DTP	NO	Up to 2 months + 1 trial 6 months	NO	Package insert at § 6.1	The 6-month Daptacel trial had no control, 1,454 children and "[w]ithin 30 days following any dose of DAPTACEL, 3.9% subjects reported at least one serious adverse event."
PCV	4	2M 4M 6M 12M	Prevnar 13, PCV-13	P	Prevnar 7	NO	6 months	NO	Package insert at § 6.1	Prevnar 7 trial's control was an "[i]nvestigational meningococcal group C conjugate vaccine." In Prevnar 13 trial, "[s]erious adverse events reported following vaccination in infants and toddlers occurred in 8.2% among Prevnar 13 recipients and 7.2% among Prevnar 7 recipients." In Vaxneuvance trial, "serious adverse events...were reported by 9.6% of VAXNEUVANCE recipients and by 8.9% of Prevnar 13 recipients" but deemed "safe" because "no notable patterns or numerical imbalances between vaccination groups." Prevnar 20 had similar result split into "serious adverse events" and "newly diagnosed chronic medical conditions."
			Vaxneuvance PCV-15	M	Prevnar 13	NO	6 months	NO	Package insert at § 6.1	
			Prevnar 20, PCV-20	P	Prevnar 13	NO	6 months	NO	Package insert at § 6.1; Clinical Review	
IPV	4	2M 4M 6M 4Y	IPOL	S	None	NO	3 days	NO	Package insert at 14-17	IPOL is very different than the polio vaccine created by Jonas Salk in the 1950s (used until 1960s). Hence, trials of Salk's vaccine from the 1950s were not relied upon to license IPOL.
Hib	3 or 4	2M 4M 6M 12M	ActHIB	S	HepB	NO	30 days	NO	Package insert at § 6.1; Basis of Approval at 8	Within 30 days of injection in the ActHIB trial, 3.4% experienced a serious adverse event but "[n]one was assessed by the investigators [Sonafi] as related to the study of vaccines."
			Hiberix	G	HibTITER or other vaccine	NO	31 days	NO	Package insert at § 6.1; Clinical review at 20-21	Lyophilized PedvaxHIB vaccine, used as the control for Liquid PedvaxHIB, was tested in a trial in which controls were given placebo, OPV, and DTP but there is no indication Lyophilized PedvaxHIB was ever licensed.
			Liquid PedvaxHIB	M	Lyophilized PedvaxHIB	NO	3 days	NO	Package insert at 6-8	
RV[3]	2 or 3	2M 4M 6M	Rotarix	G	Dextran, Sorbitol, Amino Acids, Dulbecco's Modified Eagle Medium, and Xanthan	NO	31 days + 1 year for intussusception	NO	Package insert at § 6.1; Clinical review at 23-24	"[T]here were 68 (0.19%) deaths following...ROTARIX...and 50 (0.15%) deaths following placebo.... The most common...cause...was pneumonia...observed in 19 (0.05%) recipients of ROTARIX and 10 (0.03%) placebo recipients." Its clinical review admits "[t]he placebo consisted of all components of Rotarix, but without any RV particles." The package insert for RotaTeq similarly admits its "placebo" contains multiple ingredients as seen to the left.
			RotaTeq	M	Polysorbate-80, Tissue Culture Medium, Fetal Bovine Serum, and Sodium Phosphate	NO	42 days + 1 year for intussusception	NO	Package insert at § 6.1; Clinical reports at 445 etc.	
Covid19	3	6M 7M 10M	Comirnaty	P	Placebo	YES	6 months	NO	Package insert at § 6.1	Comirnaty licensed for only 12+ (Spikevax, Moderna, only 18+). Placebo controls unblinded and most vaccinated during the trial. All data 16+ is combined but 12-15 data is separate, had 1,131 vaccinated children, and one participant shows how this trial was conducted.
Flu	19	6M 7M Yearly	Various	Various	Flu shots change annually without any clinical trial	NO	Flu shots change annually without any clinical trial	NO	CDC 22-23 Flu Shots; FDA Flu Shots	The trials of the original flu shot formulations for children also did not have a placebo control (see pp. 13-14) even though some adult trials did. The one inhaled influenza vaccine had a placebo but, again, it changes every year and is not safety tested in any trial.
MMR	6	12M 4Y	M-M-R-II	M	None	NO	42 days	NO	Clinical reports	M-M-R-II trials totaled only 834 children and a third developed gastrointestinal issues and a third respiratory issues. In Priorix trial, both vaccine groups had high rate of serious adverse events, emergency room visits, and new chronic diseases (e.g., autoimmune disorders, asthma, type I diabetes, celiac, and allergies). See Table 6 of the Supplementary Materials.
			Priorix	G	M-M-R-II	NO	6 months	NO	Package insert at § 6.1; Sup materials at 12	
VAR	2	12M 4Y	Varivax	M	45 mg of neomycin per milliliter	NO	70 days	NO	Package insert at § 6.1; Merck study at 2; Clinical reports	One controlled trial with 956 children, half Varivax and half neomycin, and one trial with 32 vaccinated and another 29 vaccinated 8 weeks later, during which the first group had double the ear infections and 50% more respiratory infections.
HepA	2	12M 18M	Havrix	G	Engerix-B	NO	6 months	NO	Package insert at § 6.1	Trials for both occurred at the same time when there was no licensed Hep A vaccine and hence no excuse for not using a placebo control. It is also startling Engerix-B, see above, was the control for Havrix, and an injection of cyto-and-neuro toxic substances, AAHS and thimerosal, were used as a control for Vaqta instead of a saline injection.
			Vaqta	M	AAHS and Thimerosal	NO	42 days	NO	Package insert at § 6.1; Merck study at 454	
Tdap	3	11Y	Adacel	S	Td, for adults	NO	6 months	NO	Package insert at § 6.1	Due to reactions, Tdap (Adacel) given at 11Y has 12.5 times less diphtheria toxoid (25Lf v 2Lf) and 10 times less pertussis toxin (25mcg v 2.5mcg) than DTaP (Infanrix) given to babies.
			Boostrix	G	Decavac or Adacel	NO	6 months	NO	Package insert at § 6.1	
HPV	2 or 3	9Y 9 ½Y	Gardasil 9	M	Gardasil 4 (see note)	NO	1 month in five trials, 6 months in one trial, and 4 years in one trial		Clinical review at 17-19	Gardasil 9 trial gave 306 people placebo after full series of Gardasil 4. In Gardasil 4's trial, controls received aluminum adjuvant, AAHS, except 320 people labeled "Saline Placebo" that actually received all vaccine ingredients except antigens and AAHS. Across trials, 2-3% receiving vaccine or aluminum adjuvant (used to induce autoimmunity) had a suspected autoimmune disorder.
Men4	2	11Y 16Y	Menactra	S	Menomune	NO	6 months	NO	Package insert at § 6.1	Incredibly, the safety section of the package insert for Menomune lists the trial in which it was used as a control for the trial of Menactra. This provides another good example of the safety pyramid scheme in which Menomune is licensed without a placebo-controlled trial and then used as the control to license Menactra; Menactra is then used as the control to license Menveo; and then Menveo is used as the control to license MenQuadfi. What is the actual safety profile? Putting aside the limited 6-month safety period, it is unknown since Menomune's safety baseline was never established in a placebo-controlled clinical trial.
			Menveo	G	Menactra or other vaccine	NO	6 months	NO	Package insert at § 6.1	
			MenQuadfi	S	Menveo or other vaccine	NO	6 months	NO	Package insert at § 6.1	
MenB	0 or 2	10Y+ if indi-cated	Bexsero	G	See note	NO	30 days	NO	Summary basis at 14-15; Clinical review at 40	Bexsero's controls injected with aluminum hydroxide and, in one trial with 120 adolescents, saline injection followed by injection of Menveo and hence FDA labels this an "active control," not a "placebo control" trial. **Trumenba's trials had** no placebo control group other than 12 people in a dose ranging phase II study; otherwise, the controls were injected with Gardasil+placebo, dTaP-IPV+placebo, HepA+placebo, or Menactra+Adacel+placebo.
			Trumenba	P	See note	NO	30 days in 3 trials + 11M in 2 trials	NO	Summary basis at 4; Clinical review at 9-10	
PPSV23	0 to 2	2Y+ if indi-cated	Pneumovax 23	M	See note	NO	See note	NO	FDA documentation	Licensed for children 2 years and older but there is no indication that there was any clinical trial involving anyone younger than 16 years of age that the FDA relied upon to license this vaccine. See all FDA documentation for this vaccine linked.
DEN	0 or 3	6Y+ prior infected endemic areas	Dengvaxia	S	Placebo	YES	5 years	YES	Statistical review at 10; Package insert at 4	Finally, a longer-term placebo-controlled trial (35k+ children). Children under 6 had severe harm and death – harms the above trials would likely miss – and older children "not previously infected are at increased risk for severe dengue." Hence, it is only given in endemic areas (not in U.S.) to children 6+ who had dengue (Note: 5 years insufficient for vaccine for babies.)

[1] M=Merck; G=GSK; S=Sanofi; P=Pfizer.
[2] Note that for many trials with "6 months," the review was typically around 30 days after injection with a phone call at 6 months.
[3] Note that RV is given by oral drops and one influenza vaccine is given by nasal spray.

Updated: October 18, 2023



Korrelation = Ja

Kausalitet = Vet ej, behöver undersökas men det vägrar man

THE MAHA REPORT

MAKING OUR CHILDREN HEALTHY AGAIN

(Assessment)

To Make America's Children Healthy Again, we must begin with a shared understanding of the magnitude of crisis and subsequently what's likely driving it. This assessment provides that foundation—grounding future efforts in a common scientific basis that identifies four potential drivers behind the rise in childhood chronic disease that present the clearest opportunities for progress:

- **Poor Diet**: The American diet has shifted dramatically toward ultra-processed foods (UPFs), leading to nutrient depletion, increased caloric intake, and exposure to harmful additives. Nearly 70% of children's calories now come from UPFs, contributing to obesity, diabetes, and other chronic conditions.
- **Aggregation of Environmental Chemicals**: Children are exposed to an increasing number of synthetic chemicals, some of which have been linked to developmental issues and chronic disease. The current regulatory framework should be continually evaluated to ensure that chemicals and other exposures do not interact together to pose a threat to the health of our children.
- **Lack of Physical Activity and Chronic Stress**: American children are experiencing unprecedented levels of inactivity, screen use, sleep deprivation, and chronic stress. These factors significantly contribute to the rise in chronic diseases and mental health challenges.
- **Overmedicalization**: There is a concerning trend of overprescribing medications to children, often driven by conflicts of interest in medical research, regulation, and practice.

What is Driving the Increase in Childhood Chronic Disease?

Rising rates of childhood chronic disease are likely being driven by a combination of factors, including the food children are eating, the chemicals they are exposed to, the medications they are taking, and various changes to their lifestyle and behavior, particularly those related to physical activity, sleep and the use of technology. This report focuses on these four major drivers.

The food American children are eating

The American food system is safe but could be healthier. Most American children's diets are dominated by ultra-processed foods (UPFs) high in added sugars, chemical additives, and saturated fats, while lacking sufficient intakes of fruits and vegetables. This modern diet has been linked to a range of chronic diseases, including obesity, type 2 diabetes, cardiovascular disease, and certain cancers.[44] The excessive consumption of UPFs has led to a depletion of essential micronutrients and dietary fiber, while increasing the consumption of sugars and carbohydrates, which negatively affects overall health.[45]

- Nearly 70% of an American child's calories today comes from ultra-processed foods[46] (increased from zero 100 years ago), many of which are designed to override satiety mechanisms and increase caloric intake.
- UPFs makeup over 50% of the diets of pregnant and postpartum mothers.[47]

American children's exposure to environmental chemicals

The cumulative load of thousands of synthetic chemicals that our children are exposed to through the food they eat, the water they drink, and the air they breathe may pose risks to their long-term health, including neurodevelopmental and endocrine effects.

- Over 40,000 chemicals are registered for use in the U.S.[48]
- Pesticides, microplastics, and dioxins are commonly found in the blood and urine of American children and pregnant women—some at alarming levels.[49] [50] [51]
- Children are particularly vulnerable to chemicals during critical stages of development—in utero, infancy, early childhood, and puberty. Research suggests that for some chemicals, this cumulative load of exposures may bedriving higher rates of chronic childhood diseases.[52] [53] [54] Yet, current risk assessment methods may not allow us to fully understand how these exposures affect human health.

American children's pervasive technology use

Over the past four decades, American children have transitioned from an active, play-based childhood to a sedentary, technology-driven lifestyle, contributing to declines in physical and mental health. Specifically, these declines have been driven by increased screen time, reduced physical activity, and psychosocial stressors like loneliness, chronic stress, and sleep deprivation.

- Teens average nearly 9 hours of non-school screen time each day.[55] [56]
- Over 70% of children, and 85% of teens, fail to meet the 2024 federal guideline of 60 minutes of daily moderate-to-vigorous physical activity.[57] [58]
- Nearly 80% of U.S. high school students do not sleep at least 8 hours per night, up from 69% in 2009.[59]
- Persistent sadness and hopelessness among U.S. high school students surged between 2011 to 2021 from 28% to 42%, with female students' suicidal ideation rising 58% from 19% to 30%.[60]
- In 2024, 73% of 16–24-year-olds reported loneliness, with 15% of young men having no close friendships—a fivefold increase since 1990.[61]
- Teens using social media over 3 hours daily face double the risk of anxiety and depression, with a 2022 meta-analysis showing each additional hour increases depression risk by 13%, and girls face nearly four times the risk of boys.[62]

American children are highly medicated – and it's not working

The health system has aggressively responded to these increases in childhood chronic disease with increasing rates of pharmaceutical drug prescriptions which may cause further harm to the health of American children when used inappropriately.

- Stimulant prescriptions for ADHD in the U.S. increased 250% from 2006 to 2016,[63] despite

evidence they did not improve outcomes long-term.[64]

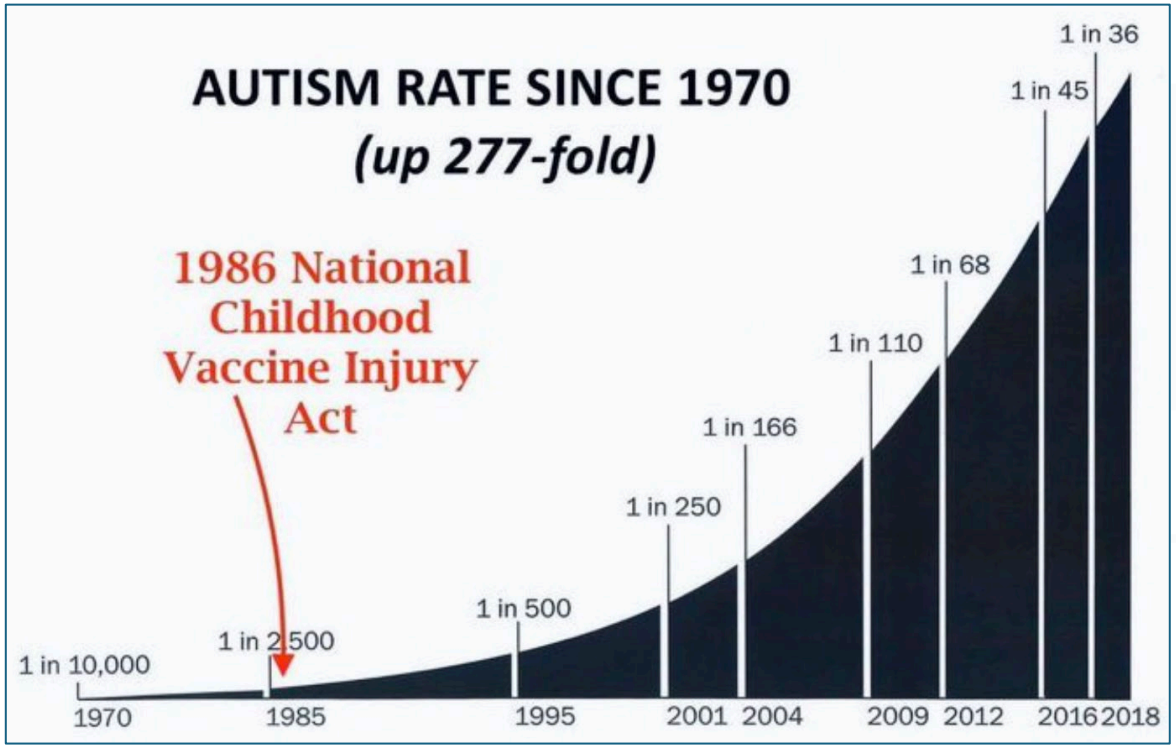
- Antidepressant prescription rates in teens increased by 1,400% between 1987 and 2014,[65] even though a systematic overview shows that psychotherapy is just as effective as drugs in the short term, and potentially more effective in the long term.[66]
- Antipsychotic prescriptions for children increased by 800% between 1993 and 2009, with most of these medications prescribed for conditions not approved by the FDA for use in children.[67]
- Studies find that more than 35% (equivalent to more than 15 million prescriptions) of childhood antibiotics are unnecessary[68] and that infants exposed to antibiotics in first 2 years of life are more likely to develop asthma, allergic rhinitis, atopic dermatitis, celiac disease, obesity, and ADHD.[69]

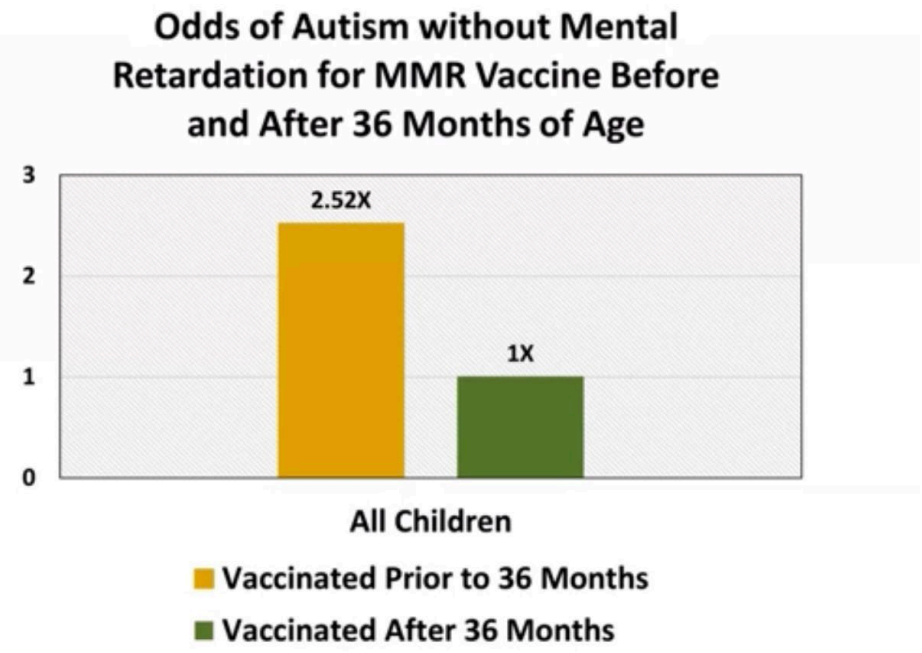
Corporate Capture and the Revolving Door

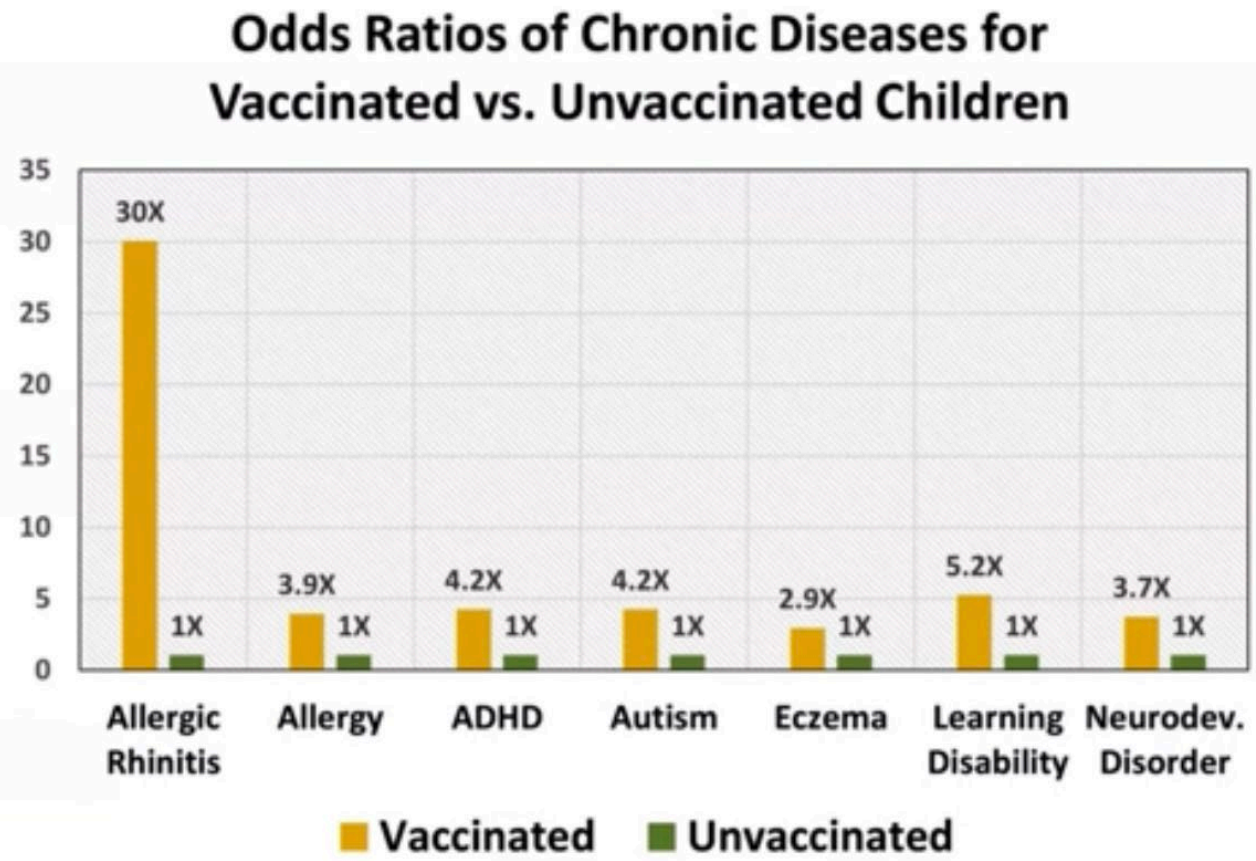
Although the U.S. health system has produced remarkable breakthroughs, we must face the troubling reality that the threats to American childhood have been exacerbated by perverse incentives that have captured the regulatory bodies and federal agencies tasked with overseeing them. While Congress is ultimately in charge of authorizing federal regulatory agency research budgets, government funding has been a small portion of the totality of research dollars being spent on chronic childhood disease. The majority is funded by the food, pharmaceutical, and chemical, as well as special interest Non-Governmental Organizations (NGOs) and professional associations. The following examples illustrate how deep and widespread this influence has become across multiple sectors:

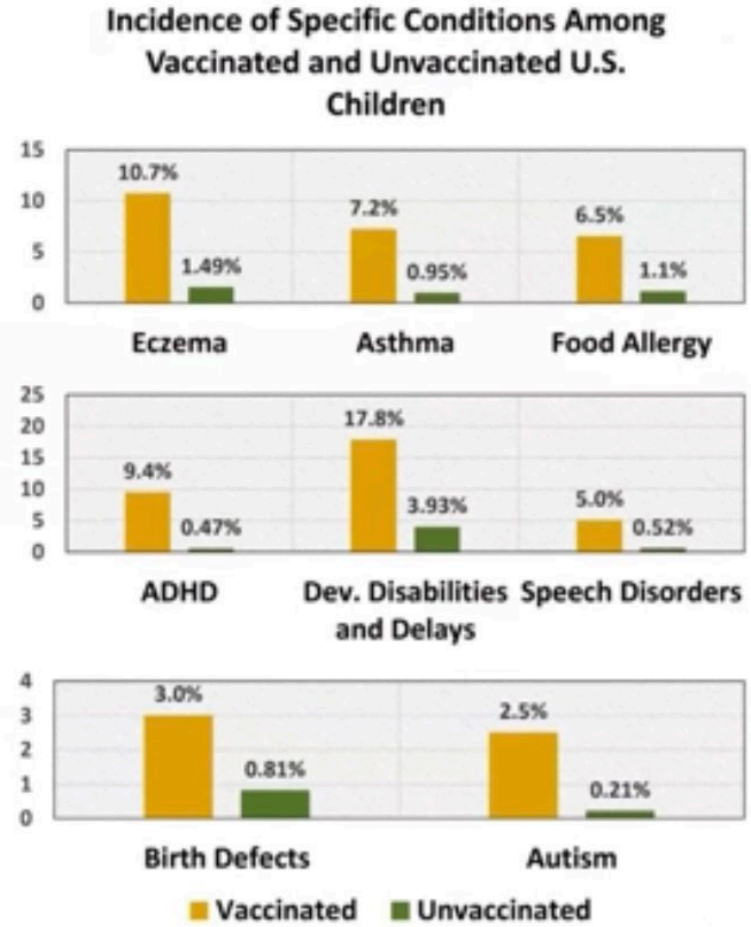
- **The food industry** funds the bulk of research in the field. A *BMJ* analysis found that industry spent over $60 billion on drug, biotechnology, and device research in nutrition science;[70] by comparison, the government spends an estimated $1.5 billion on nutrition research.[71] Concerningly, industry-funded nutrition research may bias conclusions in favor of sponsors' products.[72] Government funding for nutrition research through the NIH is only 4-5% of its total budget[73] and in some cases is subject to influence by food industry-aligned researchers.[74] Moreover, one analysis reported that 95% of the 2020 Dietary Guidelines Advisory Committee members had financial ties to food and pharmaceutical companies.[75]
- **The chemical-manufacturing industry** spent roughly $77 million on federal lobbying activities in 2024, while 60% of their lobbyists previously held federal posts.[76] In addition, more than ten thousand chemicals listed on the EPA's inventory are designated as confidential, and generic chemical names are used to identify them.[77]
- **The pharmaceutical industry**, from 1999 to 2018, spent $4.7 billion on lobbying expenditures at the federal level, more than any other industry.[78] In addition, 9 out of the last 10 FDA commissioners[79]—and approximately 70% of the agency's medical reviewers[80]—have gone on to work for the pharmaceutical industry. Over 80% of clinical departments and teaching hospitals at U.S. medical schools receive some degree of pharmaceutical funding, while half of the total costs for continuing medical education (CME) is funded by industry.[81] [82] Between 2010 and 2022, industry provided *$6 billion* to over 20,000 patient advocacy organizations.[83]

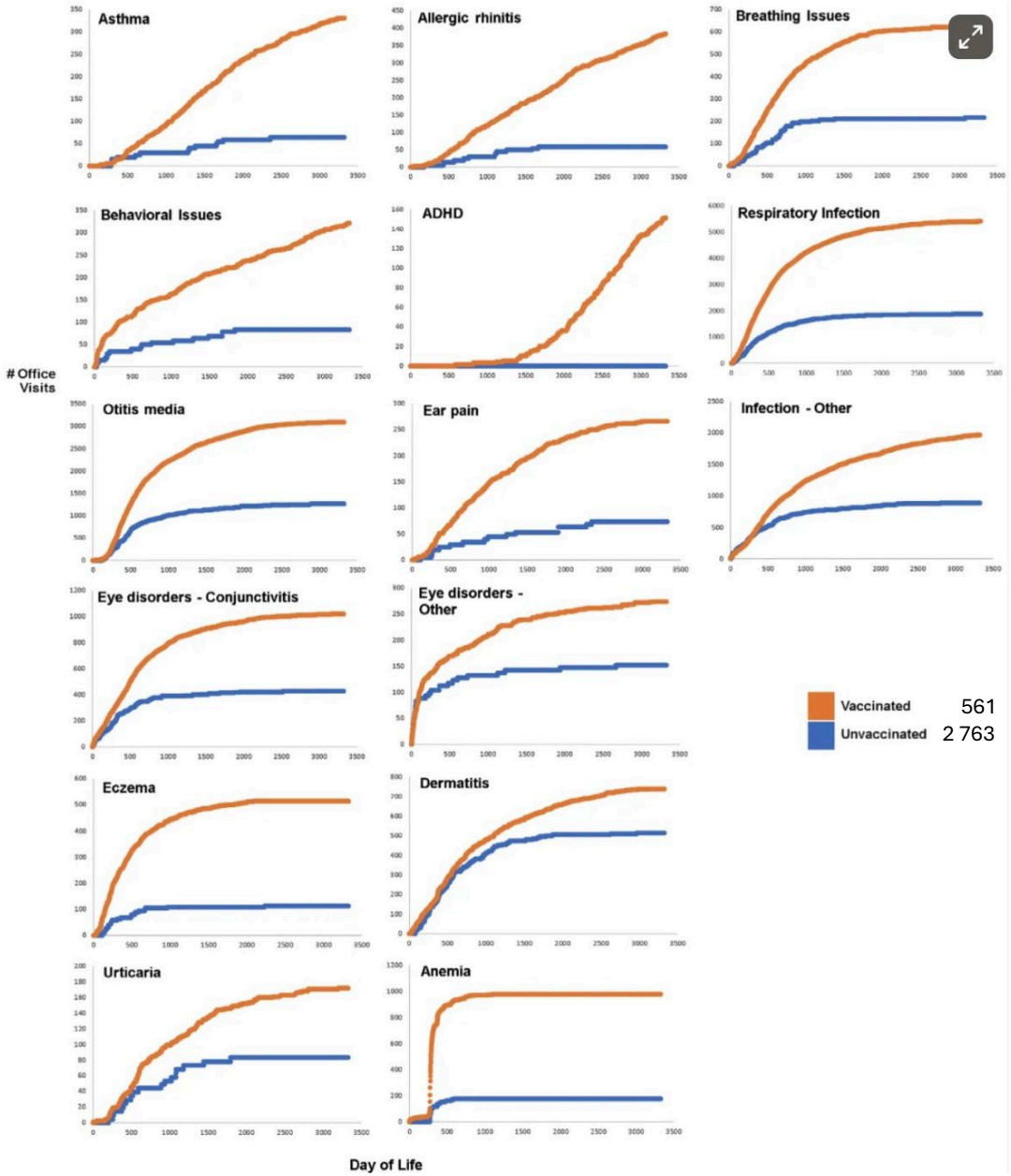
Kraftig ökning i antalet fall av autism






Odds Ratios of Chronic Diseases for Vaccinated vs. Unvaccinated Children
35
30
25
20
15
10
5
0
30X
1X
3.9X
1X
4.2X
1X
4.2X
1X
2.9X
1X
5.2X
1X
3.7X
1X
Allergic Rhinitis
Allergy
ADHD
Autism
Eczema
Learning Disability
Neurodev. Disorder
Vaccinated
Unvaccinated


Incidence of Specific Conditions Among Vaccinated and Unvaccinated U.S. Children
15
10
5
0
10.7%
1.49%
7.2%
0.95%
6.5%
1.1%
Eczema
Asthma
Food Allergy
25
20
15
10
5
0
9.4%
0.47%
17.8%
3.93%
5.0%
0.52%
ADHD
Dev. Disabilities and Delays
Speech Disorders
4
3
2
1
0
3.0%
0.81%
2.5%
0.21%
Birth Defects
Autism
Vaccinated
Unvaccinated



International Journal of *Environmental Research and Public Health*

MDPI

Article

RETRACTED: Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination

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Received: 23 October 2020; Accepted: 18 November 2020; Published: 22 November 2020; Corrected: 22 January 2021; Retracted: 22 July 2021

check for updates

Abstract: We performed a retrospective analysis spanning ten years of pediatric practice focused on patients with variable vaccination born into a practice, presenting a unique opportunity to study the effects of variable vaccination on outcomes. The average total incidence of billed office visits per outcome related to the outcomes were compared across groups (Relative Incidence of Office Visit (RIOV)). RIOV is shown to be more powerful than odds ratio of diagnoses. Full cohort, cumulative incidence analyses, matched for days of care, and matched for family history analyses were conducted across quantiles of vaccine uptake. Increased office visits related to many diagnoses were robust to days-of-care-matched analyses, family history, gender block, age block, and false discovery risk. Many outcomes had high RIOV odds ratios after matching for days-of-care (e.g., anemia (6.334), asthma (3.496), allergic rhinitis (6.479), and sinusitis (3.529), all significant under the Z-test). Developmental disorders were determined to be difficult to study due to extremely low prevalence in the practice, potentially attributable to high rates of vaccine cessation upon adverse events and family history of autoimmunity. Remarkably, zero of the 561 unvaccinated patients in the study had attention deficit hyperactivity disorder (ADHD) compared to 5.3% of the (partially and fully) vaccinated. The implications of these results for the net public health effects of whole-population vaccination and with respect for informed consent on human health are compelling. Our results give agency to calls for research conducted by individuals who are independent of any funding sources related to the vaccine industry. While the low rates of developmental disorders prevented sufficiently powered hypothesis testing, it is notable that the overall rate of autism spectrum disorder (0.361%) in the cohort is one-fifth that of the US national rate (1.851%). The practice-wide rate of ADHD was roughly half of the national rate. The data indicate that unvaccinated children in the practice are not unhealthier than the vaccinated and indeed the overall results may indicate that the unvaccinated pediatric patients in this practice are healthier overall than the vaccinated.

Keywords: pediatrics; vaccines; adverse events; relative incidence of office visit

1. Introduction

Vaccines are widely regarded as safe and effective within the medical community and are an integral part of the current American medical system. While the benefits of vaccination have been estimated in numerous studies, negative and nonspecific impact of vaccines on human health have not been well studied. Most recently, it has been determined [1,2] that variation exists in individual responses to vaccines, that differences exist in the safety profile of live and inactivated vaccines, and that simultaneous administration of live and inactivated vaccines may be associated with poor outcomes.

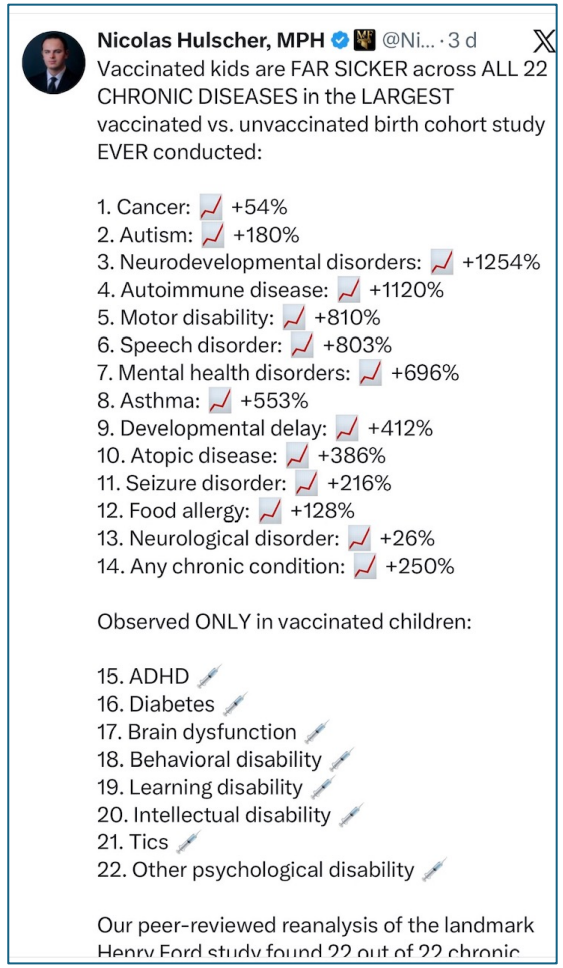
ANINCONVENIENTSTUDY.COM

Banbrytande dokumentär som jämför vaccinerade och ovaccinerade barn

Table 2. Incidence of Chronic Health Conditions Stratified by Vaccine Exposure Status*

Outcome	Any Vaccine Exposure N (Incidence per 1,000,000 pt-yrs)	No Vaccine Exposure N (Incidence per 1,000,000 pt-yrs)	IRR (95% CI)	P
Chronic Health Condition	4,732 (277.3)	160 (111.7)	2.48 (2.12-2.91)	<0.0001
Asthma	2,867 (145.6)	52 (35.6)	4.09 (3.11-5.38)	<0.0001
Atopic Disease	946 (41.2)	23 (15.6)	2.64 (1.74-3.99)	<0.0001
Autoimmune Disease	201 (8.4)	2 (1.4)	6.16 (1.53-24.79)	0.01
Brain Dysfunction	8 (0.3)	0 (0.0)	∞	
Cancer	169 (7.0)	13 (8.8)	0.79 (0.45-1.39)	0.42
Diabetes	42 (1.7)	0 (0.0)	∞	
Food Allergy	577 (24.3)	30 (20.5)	1.19 (0.82-1.71)	0.36
Mental Health Disorder	341 (15.9)	5 (4.5)	3.50 (1.45-8.46)	<0.01
Neurodevelopmental Disorder	1,029 (50.2)	9 (8.2)	6.15 (3.19-11.86)	<0.0001
ADHD	262 (12.1)	0 (0.0)	∞	
Autism	23 (1.1)	1 (0.9)	1.16 (0.16-8.62)	0.88
Behavioral Disability	165 (7.6)	0 (0.0)	∞	
Developmental Delay	219 (10.1)	3 (2.7)	3.74 (1.20-11.68)	0.02
Learning Disability	65 (3.0)	0 (0.0)	∞	
Intellectual Disability	5 (0.2)	0 (0.0)	∞	
Speech Disorder	463 (21.8)	6 (5.4)	4.02 (1.80-9.00)	<0.001
Motor Disability	150 (6.9)	2 (1.8)	3.83 (0.95-15.47)	0.06
Tics	46 (2.1)	0 (0.0)	∞	
Other Psychological Disability	9 (0.4)	0 (0.0)	∞	
Neurological Disorder	127 (5.2)	12 (8.1)	0.64 (0.35-1.16)	0.14
Seizure Disorder	319 (13.3)	12 (8.2)	1.63 (0.92-2.91)	0.09

* Incident rate ratios could not be calculated for brain dysfunction, diabetes, ADHD, tics, or behavioral, learning, intellectual, or other psychological disability since all cases occurred in the group exposed to vaccination and no cases occurred in the unexposed group.



Nicolas Hulscher, MPH @Ni... · 3 d

Vaccinated kids are FAR SICKER across ALL 22 CHRONIC DISEASES in the LARGEST vaccinated vs. unvaccinated birth cohort study EVER conducted:

1. Cancer: +54%
2. Autism: +180%
3. Neurodevelopmental disorders: +1254%
4. Autoimmune disease: +1120%
5. Motor disability: +810%
6. Speech disorder: +803%
7. Mental health disorders: +696%
8. Asthma: +553%
9. Developmental delay: +412%
10. Atopic disease: +386%
11. Seizure disorder: +216%
12. Food allergy: +128%
13. Neurological disorder: +26%
14. Any chronic condition: +250%

Observed ONLY in vaccinated children:

15. ADHD
16. Diabetes
17. Brain dysfunction
18. Behavioral disability
19. Learning disability
20. Intellectual disability
21. Tics
22. Other psychological disability

Our peer-reviewed reanalysis of the landmark Henry Ford study found 22 out of 22 chronic

Är aluminium den stora boven?

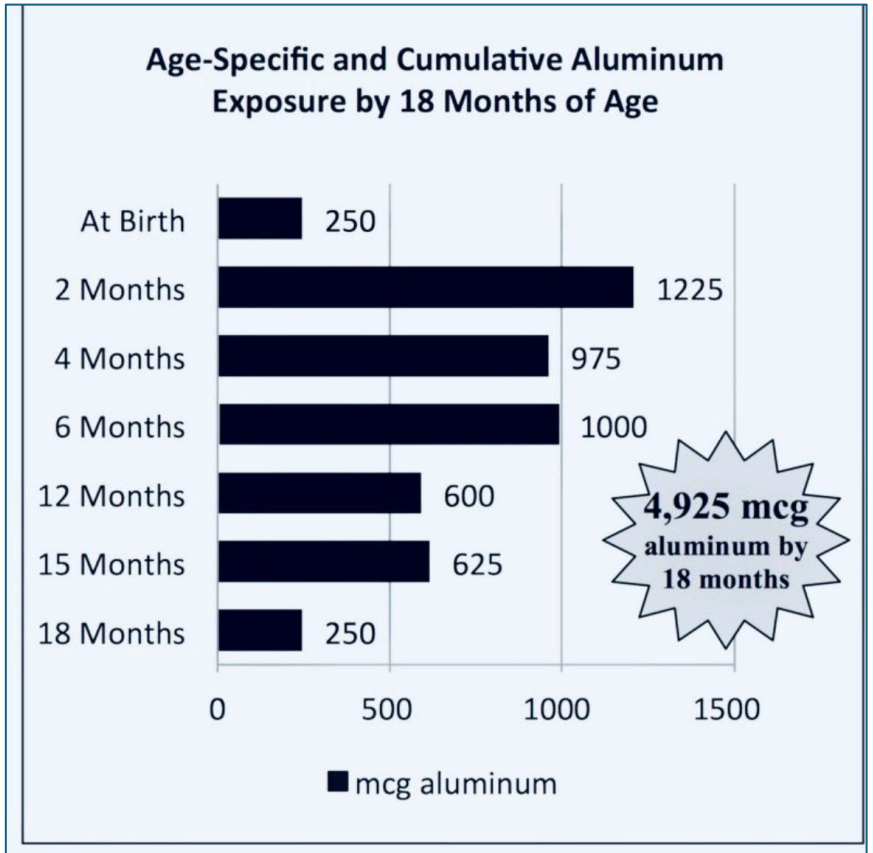


Figure 2. Cumulative Aluminum Exposure from Recommended Childhood Vaccines

Source: The vaccine manufacturers' product inserts and the CDC's 2016 childhood vaccination schedule.

Aluminum is used in vaccines to aggressively overstimulate a TH2 immune response in order for antibodies to be created against injected antigens. However, not only does aluminum cause massive harm to the neurological system, but the body CONTINUES to react to the aluminum (because it stays in the body) which gives rise to autoimmune disorders (the body attacking itself). So, unlike when a child becomes ill and the child recovers and the immune system RESETS Itself (fever goes away, etc.), vaccines / aluminum causes the immune system to CONTINUE to react, long after the vaccination.

This is NOT healthcare.
This is CRIMINAL!

Översätt inlägget

Consider the case of aluminum-based adjuvants —used in many childhood vaccines. For decades, aluminum was presumed safe based on short-term data and its prior use in other vaccines. But no long-term studies compared vaccines containing aluminum to an inert placebo such as saline. Then came the deeper science: studies like those by Shaw and Tomljenovic, and reviews by Shoenfeld and Agmon-Levin, revealing that **aluminum adjuvants can persist in the body, translocate to**

Belöningsmodeller driver beteende

Anthem Medicaid

Anthem Blue Cross and Blue Shield Medicaid

COVID-19 Vaccine Provider Incentive program

Getting vaccinated against COVID-19 is one of the best and safest ways people can protect themselves and their families against the virus. As a participating practice in the COVID-19 Provider Vaccine Incentive program, we recognize your hard work by offering incentives for helping patients make the choice to become vaccinated.

Eligibility

The COVID-19 Vaccine Provider Incentive program is open to you if you are a participating Kentucky primary care provider with an Anthem Blue Cross and Blue Shield Medicaid (Anthem) panel size of 25 or more members. All Anthem members identified as receiving COVID-19 vaccination services are included in the methodology. Vaccine results will be determined by a COVID-19 vaccine claim or by confirmation from the Kentucky Vaccine Registry.

The results will be calculated for two time periods:

- September 1, 2021 – Initial incentive payment
- December 31, 2021 – Final incentive payment

How you can qualify for a bonus

If your practice meets the below thresholds for vaccination with at least one dose by September 1, 2021, you will receive the initial incentive payment based on the following rates:

- 30% Anthem members vaccinated – $20 bonus per vaccinated member
- 40% Anthem members vaccinated – $45 bonus per vaccinated member
- 50% Anthem members vaccinated – $70 bonus per vaccinated member
- 60% Anthem members vaccinated – $100 bonus per vaccinated member
- 75% Anthem members vaccinated – $125 bonus per vaccinated member

The final incentive payment is calculated based on members who are newly vaccinated between September 1, 2021 and December 31, 2021 (see the *Appendix* for calculation examples). If your practice meets the below thresholds for vaccination with at least one dose by December 1, 2021, you will receive the final incentive payment based on the following rates:

- 30%Anthem members vaccinated – $100 bonus per newly vaccinated member
- 40% Anthem members vaccinated – $150 bonus per newly vaccinated member
- 50% Anthem members vaccinated – $175 bonus per newly vaccinated member
- 60% Anthem members vaccinated – $200 bonus per newly vaccinated member
- 75% Anthem members vaccinated – $250 bonus per newly vaccinated member

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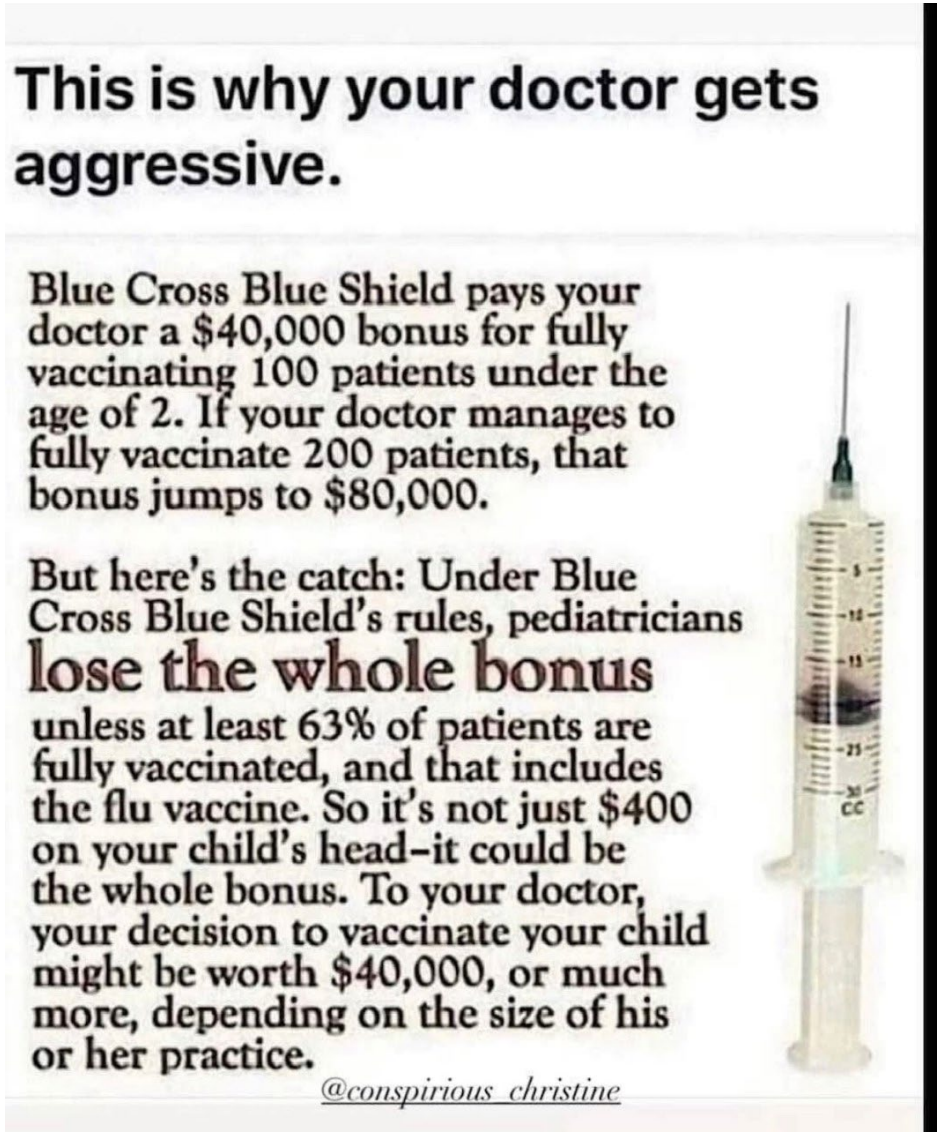
https://providers.anthem.com/ky

AKYPEC-2982-21 October 2021



HOME › HEALTH › Infant Deaths Decrease 30% During Lockdown, Coinciding with Sharp Drop in Vaccinations

Infant Deaths Decrease 30% During Lockdown, Coinciding with Sharp Drop in Vaccinations

July 2, 2020 Health Choice and Children's Health Defense

Daily Mail .com News

News Updated: 11:20 EST

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In bed with big pharma: Corruption fears as report finds US doctors received record $12bn in pharma payments in past decade

- Orthopedic surgeons were found to receive the largest total sum of payments
- The top drugs related to industry payments were blood thinners Xarelto & Eliquis
- READ MORE: Big pharma has hiked prices of 770 drugs already in 2024

By CAITLIN TILLEY, HEALTH REPORTER FOR DAILYMAIL.COM
PUBLISHED: 15:22 EDT, 3 April 2024 | UPDATED: 15:44 EDT, 3 April 2024

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Effectiveness of the Influenza Vaccine During the 2024-2025

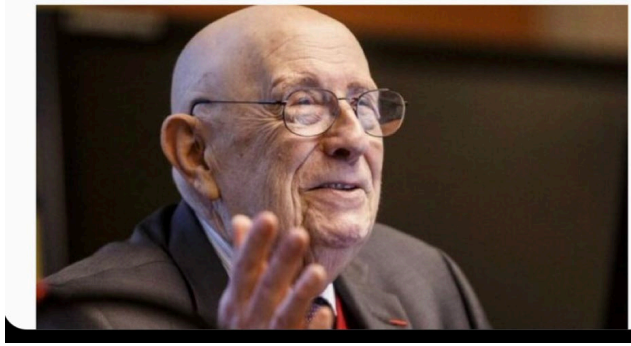
Conclusions: This study found that influenza vaccination of working-aged adults was associated with a higher risk of influenza during the 2024-2025 respiratory viral season, suggesting that the vaccine has not been effective in preventing influenza this season.

Background The purpose of this study was to evaluate the effectiveness of the influenza vaccine during the 2024-2025 respiratory viral season.

World's Top Vaccinologist Comes Clean: "We Lied About Vaccines Being Safe"

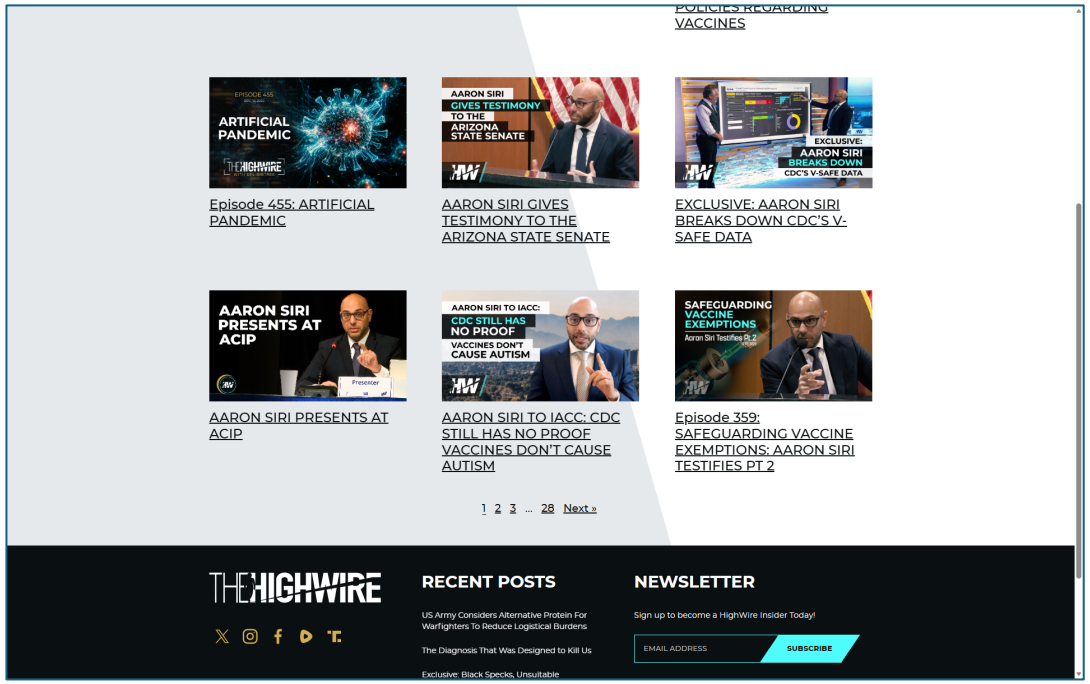
Fact checked by The People's Voice Community

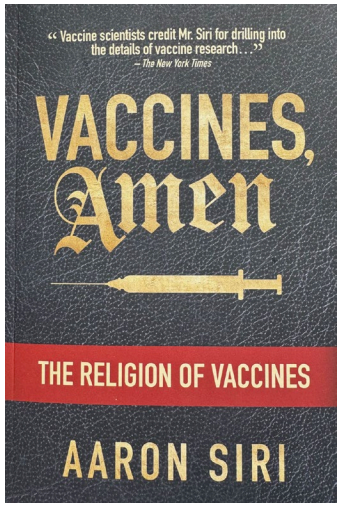
July 19, 2024 Sean Adl-Tabatabai
11 Comments

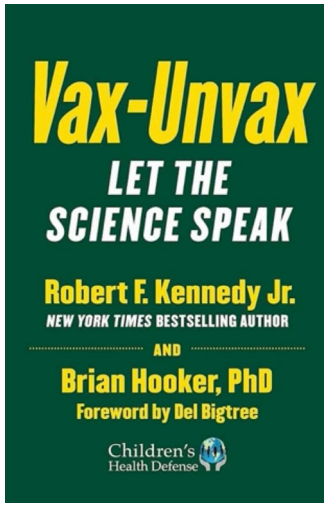


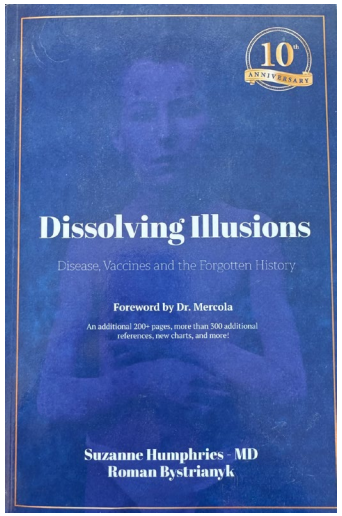
Källor för intresserade

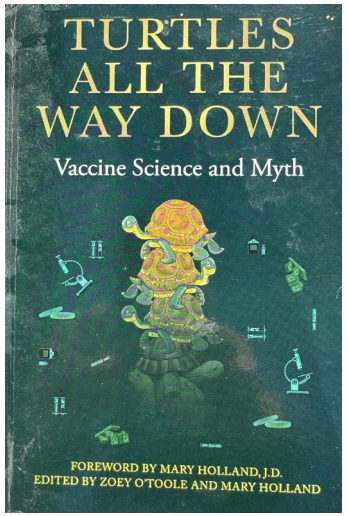
THE HIGHWIRE











As a retired physician, I can honestly say that unless you are in a serious accident, your best chance of living to a ripe old age is to avoid doctors and hospitals and learn nutrition, herbal medicine and other forms of natural medicine unless you are fortunate enough to have a naturopathic physician available. Almost all drugs are toxic and are designed only to treat symptoms and not to cure anyone.

- Dr. Allan Greenberg, MD