Are Childhood Vaccines Safe? DTP Vaccine Was Not - and Was Given for Decades!

Still Administered to Infants in Over 40 Countries

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The Covid vaccine debacle woke up many people, myself included. Many of us were shocked to see a novel, unproven treatment promoted aggressively with false promises given to us and mandates imposed on young and healthy persons. Those mRNA formulations ended up not working and caused thousands of deaths, despite repeated assurances of safety and effectiveness given by charlatans pretending to "represent science."

Most people also instinctively know that flu vaccines are medical quackery and do not work. That's why less than half of Americans choose to get an influenza vaccine.

> ◦ National coverage for all adults, including Puerto Rico, is 2.0 percentage points higher this season compared with the same time last season (47.4% compared with 45.4%).
>
> https://www.cdc.gov/flu/fluvaxview/dashboard/vaccination-dashboard.html

Still, many believe "other childhood vaccines" are safe and effective. They are administered to little children, after all! Who would want to hurt them?

Let's look at the DTP (Diphtheria-Tetanus-Pertussis) vaccine, which many of you and I received in childhood. (*I asked my mother, and she said I received it and reacted badly*).

While no longer available in the United States, the DTP vaccine is still given in 40 countries and is quite dangerous.

In 2021, Aaron Siri wrote a letter to the UN asking them to stop using it. The letter shows evidence of the DTP vaccine increasing child mortality by TEN TIMES.

He describes an attempt by Dr. Aaby, a famous researcher generally supportive of vaccines, to look into Guinea-Bissau's vaccination program, which ended up being an incidental randomized study.

A. The 2017 Study

Dr. Peter Aaby, the lead author of this study, is renowned for studying and promoting vaccines in Africa with over 300 published studies.[5] Dr. Aaby, among other things, in 1978, established and continues to direct the Bandim Health Project, a Health and Demographic Surveillance System site in Guinea-Bissau.[6] Among his accolades, in 2000, Dr. Aaby was awarded the Novo Nordisk Prize, the most important Danish award within health research,[7] and in 2009, the Danish Ministry of Foreign Affairs selected Dr. Aaby as a leader in the fight against global poverty.[8] Dr. Aaby conducted this capstone study along with Dr. Søren Wengel Mogensen, Dr. Andreas Andersen, Dr. Amabelia Rodrigues, and Dr. Christine S. Benn. The 2017 Study was published in an Elsevier peer-reviewed journal which collaborates with *The Lancet* and was funded by the Ministry of Foreign Affairs of Denmark and the European Union.

https://icandecide.org/wp-content/uploads/2021/06/2021.01.28-Letter-to-Special-Rapporteur-on-Torture.pdf

The study is here.

The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment

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Free PMC article

Abstract

Background: We examined the introduction of diphtheria-tetanus-pertussis (DTP) and oral polio vaccine (OPV) in an urban community in Guinea-Bissau in the early 1980s.

Methods: The child population had been followed with 3-monthly nutritional weighing sessions since 1978. From June 1981 DTP and OPV were offered from 3months of age at these sessions. Due to the 3-monthly intervals between sessions, the children were allocated by birthday in a 'natural experiment' to receive vaccinations early or late between 3 and 5months of age. We included children who were <6months of age when vaccinations started and children born until the end of December 1983. We compared mortality between 3 and 5months of age of DTP-vaccinated and not-yet-DTP-vaccinated children in Cox proportional hazard models.

Results: Among 3-5-month-old children, having received DTP (±OPV) was associated with a mortality hazard ratio (HR) of 5.00 (95% CI 1.53-16.3) compared with not-yet-DTP-vaccinated children. Differences in background factors did not explain the effect. The negative effect was particularly strong for children who had received DTP-only and no OPV (HR=10.0 (2.61-38.6)). All-cause infant mortality after 3months of age increased after the introduction of these vaccines (HR=2.12 (1.07-4.19)). **Ten times increase in mortality!**

Depending on their birth date, children were allocated to receive the DTP vaccine either early or late (3 or 5 months). That is a randomized experiment! Scientists could compare the mortality of children vaccinated with DTP with that of unvaccinated kids.

They found that instead of *reducing mortality*, supposedly the whole point of vaccines, the DTP vaccine *increased it* by ten times. The vaccinated infants 3-5 months old died much more often than the unvaccinated ones!

Shocked by the unexpected and disappointing (for him as a vaccine researcher) findings of his 2017 study, Dr. Aaby undertook another study in 2018 to see if his results were a fluke.

They weren't:

Evidence of Increase in Mortality After the Introduction of Diphtheria-Tetanus-Pertussis Vaccine to Children Aged 6-35 Months in Guinea-Bissau: A Time for Reflection?

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Free PMC article

Abstract

Background: Whole-cell diphtheria-tetanus-pertussis (DTP) and oral polio vaccine (OPV) were introduced to children in Guinea-Bissau in 1981. We previously reported that DTP in the target age group from 3 to 5 months of age was associated with higher overall mortality. DTP and OPV were also given to older children and in this study we tested the effect on mortality in children aged 6-35 months.

Methods: In the 1980s, the suburb Bandim in the capital of Guinea-Bissau was followed with demographic surveillance and tri-monthly weighing sessions for children under 3 years of age. From June 1981, routine vaccinations were offered at the weighing sessions. We calculated mortality hazard ratio (HR) for DTP-vaccinated and DTP-unvaccinated children aged 6-35 months using Cox proportional hazard models. Including this study, the introduction of DTP vaccine and child mortality has been studied in three studies; we made a meta-estimate of these studies.

Results: At the first weighing session after the introduction of vaccines, 6-35-month-old children who received DTP vaccination had better weight-for-age *z*-scores (WAZ) than children who did not receive DTP; one unit increase in WAZ was associated with an odds ratio of 1.32 (95% CI = 1.13-1.55) for receiving DTP vaccination. Though lower mortality compared with not being DTP-vaccinated was, therefore, expected, DTP vaccination was associated with a non-significant trend in the opposite direction, the HR being 2.22 (0.82-6.04) adjusted for WAZ. In a sensitivity analysis, including all children weighed at least once before the vaccination program started, DTP (±OPV) as the most recent vaccination compared with live vaccines or no vaccine was associated with a HR of 1.89 (1.00-3.55). In the three studies of the introduction of DTP in rural and urban Guinea-Bissau, DTP-vaccinated children had an HR of 2.14 (1.42-3.23) compared to DTP-unvaccinated children; this effect was separately significant for girls [HR = 2.60 (1.57-4.32)], but not for boys [HR = 1.71 (0.99-2.93)] (test for interaction $p = 0.27$).

https://pubmed.ncbi.nlm.nih.gov/29616207/

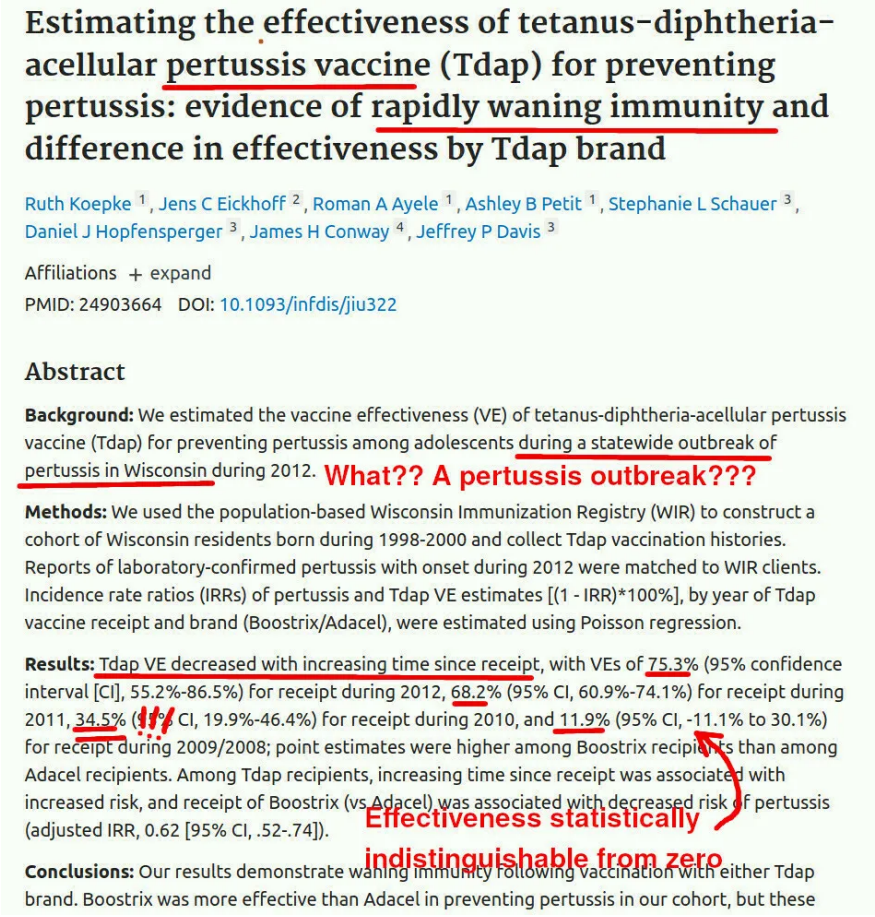
Despite Aaron Siri informing the UN about the dangers of the DTP vaccine, UNICEF ignored the evidence and continues to support the DTP vaccine.

Vaccines are Complicated!

Both vaccine skeptics and vaccine advocates are prone to simplifying the complicated picture of diseases, vaccines, and immune systems.

Diphtheria is a very nasty bacterial illness that is contagious, highly unpleasant, and often deadly due to the toxin produced by *Corynebacterium diphtheria*. The diphtheria bacteria are antibiotic resistant and remain viable for months in dust and on surfaces. However, the illness is treatable with diphtheria antitoxin.

The truly damaging part of the DTP vaccine seems to be the inactivated (killed) pertussis bacteria. Specific antigens replaced the whole pertussis bacteria in later versions of those vaccines (DT*a*P stands for *acellular pertussis*). That made the newer vaccine less pathogenic but less effective - with effectiveness waning rapidly.



Estimating the effectiveness of tetanus-diphtheria-acellular pertussis vaccine (Tdap) for preventing pertussis: evidence of rapidly waning immunity and difference in effectiveness by Tdap brand

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Abstract

Background: We estimated the vaccine effectiveness (VE) of tetanus-diphtheria-acellular pertussis vaccine (Tdap) for preventing pertussis among adolescents during a statewide outbreak of pertussis in Wisconsin during 2012.

What?? A pertussis outbreak???

Methods: We used the population-based Wisconsin Immunization Registry (WIR) to construct a cohort of Wisconsin residents born during 1998-2000 and collect Tdap vaccination histories. Reports of laboratory-confirmed pertussis with onset during 2012 were matched to WIR clients. Incidence rate ratios (IRRs) of pertussis and Tdap VE estimates [(1 - IRR)*100%], by year of Tdap vaccine receipt and brand (Boostrix/Adacel), were estimated using Poisson regression.

Results: Tdap VE decreased with increasing time since receipt, with VEs of 75.3% (95% confidence interval [CI], 55.2%-86.5%) for receipt during 2012, 68.2% (95% CI, 60.9%-74.1%) for receipt during 2011, 34.5% (95% CI, 19.9%-46.4%) for receipt during 2010, and 11.9% (95% CI, -11.1% to 30.1%) for receipt during 2009/2008; point estimates were higher among Boostrix recipients than among Adacel recipients. Among Tdap recipients, increasing time since receipt was associated with increased risk, and receipt of Boostrix (vs Adacel) was associated with decreased risk of pertussis (adjusted IRR, 0.62 [95% CI, .52-.74]).

!!!

Effectiveness statistically indistinguishable from zero

Conclusions: Our results demonstrate waning immunity following vaccination with either Tdap brand. Boostrix was more effective than Adacel in preventing pertussis in our cohort, but these

https://pubmed.ncbi.nlm.nih.gov/24903664/

We Were Not Informed

Due to horrible side effects, the DTP vaccine was discontinued in many, but not all, countries. During its use, however, it was promoted as safe and effective. As Dr. Aaby showed, DTP was unsafe and increased infant mortality multifold.

DTP vaccine was administered to infants for decades. Were the authorities aware of how dangerous it is? Why did they not try to find out by doing simple randomized experiments, as Guinea-Bissau did? Why does the UN not ask to discontinue the DTP vaccine?

I am not sure. I regret that the dangers of this vaccine were not appreciated or communicated to parents during many years of continued administration.

What do you think? Did you or your children get the DTP vaccine? Did anyone of you know of a bad reaction to it?

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121 Comments

Write a comment...

Mauro 7 hr ago

This makes me lose trust in the entire field of medicine, to be honest.

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6 replies

Mauro 7 hr ago

Vaccines are allopathic medicine in a nutshell: they mask symptoms, have nasty side effects, don't treat the root cause and don't take into account the underlying specific health characteristics of the recipient.

LIKE (41) REPLY ...

9 replies

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