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The Post Hexavalent Vaccination Sudden Infant Death (PHVSIDS) and the Post Vaccination Asia Syndromes (PVAS).

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The Post Hexavalent Vaccination Sudden Infant Death (PHVSIDS) and the Post Vaccination Asia Syndromes (PVAS).

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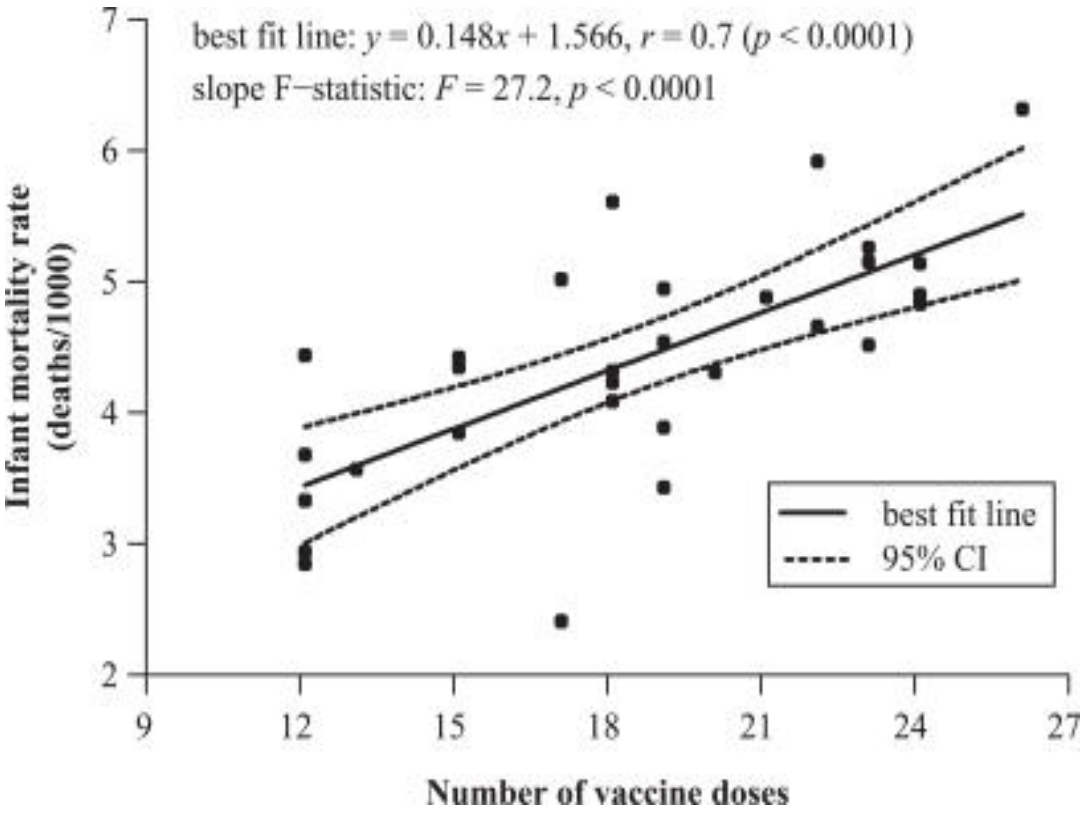
A review of the international literature on adverse effects of the hexavalent vaccine clearly demonstrates the existence of two clinical syndromes: Post-Hexavalent Vaccination Sudden Infant Death Syndrome (PHVSIDS) and Post-Vaccination ASIA Syndrome (PVAS). ASIA stands for Autoimmune/Inflammatory Syndrome Induced by Adjuvants. [1] The existence of PHVSIDS is supported by autopsies of 13 newborns who died within hours of receiving the hexavalent vaccine; these autopsies revealed no concurrent pathologies that could have posed a life-threatening risk

"*In none of these victims were congenital developmental alterations of the main nervous structures regulating vital functions observed. Only hypoplasia of the arcuate nucleus was present in five cases. In one case, an acquired hyperarcuate encephalitis of the nucleus tractus solitarii in the brainstem was diagnosed.*" [2]

These children would likely still be alive had they not received the hexavalent vaccine. Increases in infant mortality and hospital admission rates correlate with the number of vaccine doses administered before the first year of life, confirming the extreme danger attributed to the hexavalent vaccine (Fig. 1–Fig. 2). Numerous papers published before 2014 documented life-threatening risks associated with the hexavalent vaccine. [3] [4] [5] [6] [7] from 1999 to 2004 in Italy (Table 1)…

FIG.1

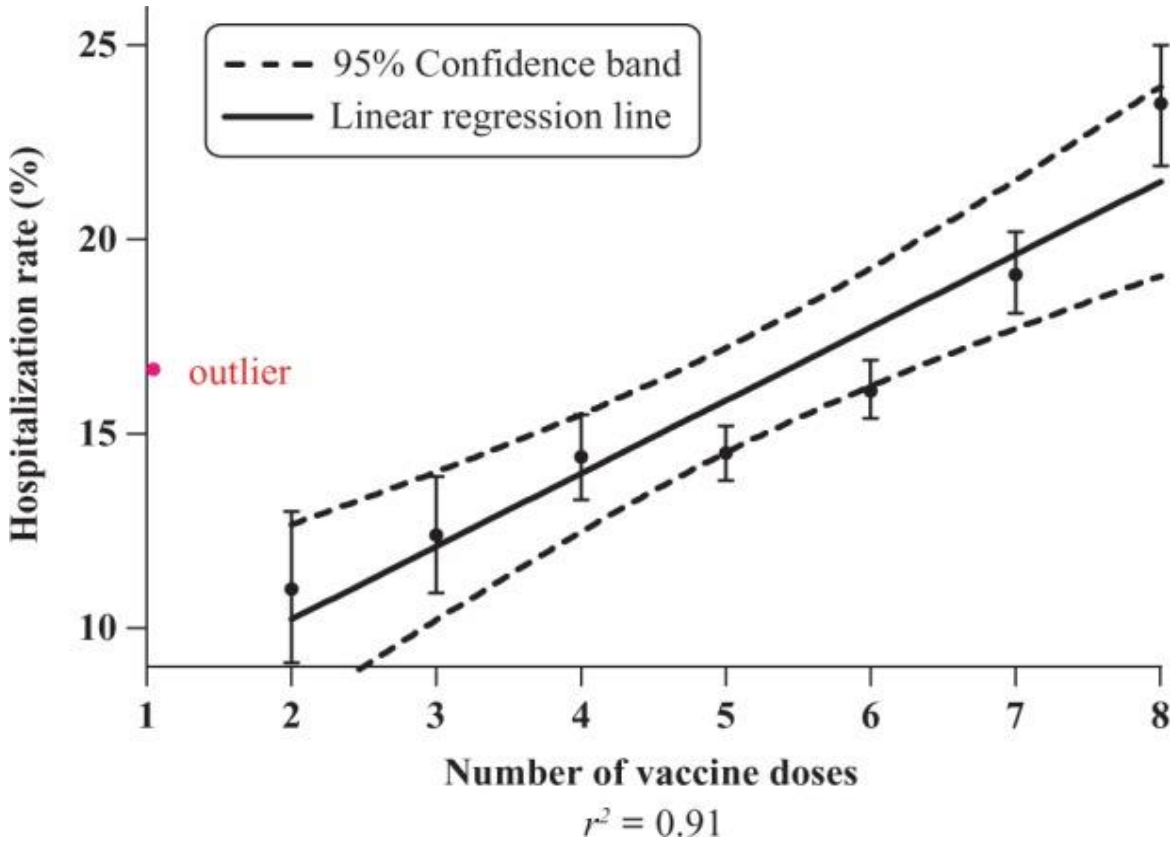
The linear relationship with a correlation coefficient of 0.70 (95% CI, 0.46–0.85) and $p < 0.0001$ providing evidence of a positive correlation: Infant Mortality Rates and vaccine doses correlate. [8]



From: Neil Z Miller and Gary S Goldman Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity? 2011 Sep; 30(9): 1420–1428.Doi Hum Exp Toxicol: 10.1177/096032711140764423

FIG. 2

Hospitalization rate (%) versus the number of vaccine doses among infants, Vaccine Adverse Event Reporting System (VAERS), 1990–2010 (USA) [9]



From Goldman Gary.S and NZ Miller Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990–2010. Hum Exp Toxicol. 2012 Oct; 31(10): 1012–1021.Published online 2012 Apr 24. doi: 10.1177/0960327112440111

TAB. 1

Rate ratio of sudden unexpected deaths in infants of age 31–729 days for the risk period 0–14 days following vaccination with a combination of six antigens by dose, Italy 1999–2004.

	FIRST DOSE			SECOND AND THIRD DOSE		
Antigens	**n**	**P-d**	RR adj[1] (95% CI)	**n**	**P-d**	RR adj[1] (95% CI
Any administration of six antigens	**30**	**2457**	**1.9 (1.0–3.4)**	**14**	**1655**	**1.2 (0.7–2.1)**
Hexavalent products [2]	**18**	**1263**	**2.2 (1.1–4.4)**	**7**	**965**	**1.0 (0.5–2.1)**
Hexavac	**10**	580	**2.7 (1.1–6.9)**	**3**	**480**	**0.8 (0.3–2.6)**
Other concomitant administration of six antigens	**12**	**1194**	**1.6 (0.8–3.2)**	**7**	**690**	**1.4 (0.6–3.0)**
Control period	**192**	**29875**	**1**	**192**	**29875**	**1**

N: Number of deaths; P-d: Person-days at risk; RR adj: adjusted Rate Ratio; CI: Confidence Interval.

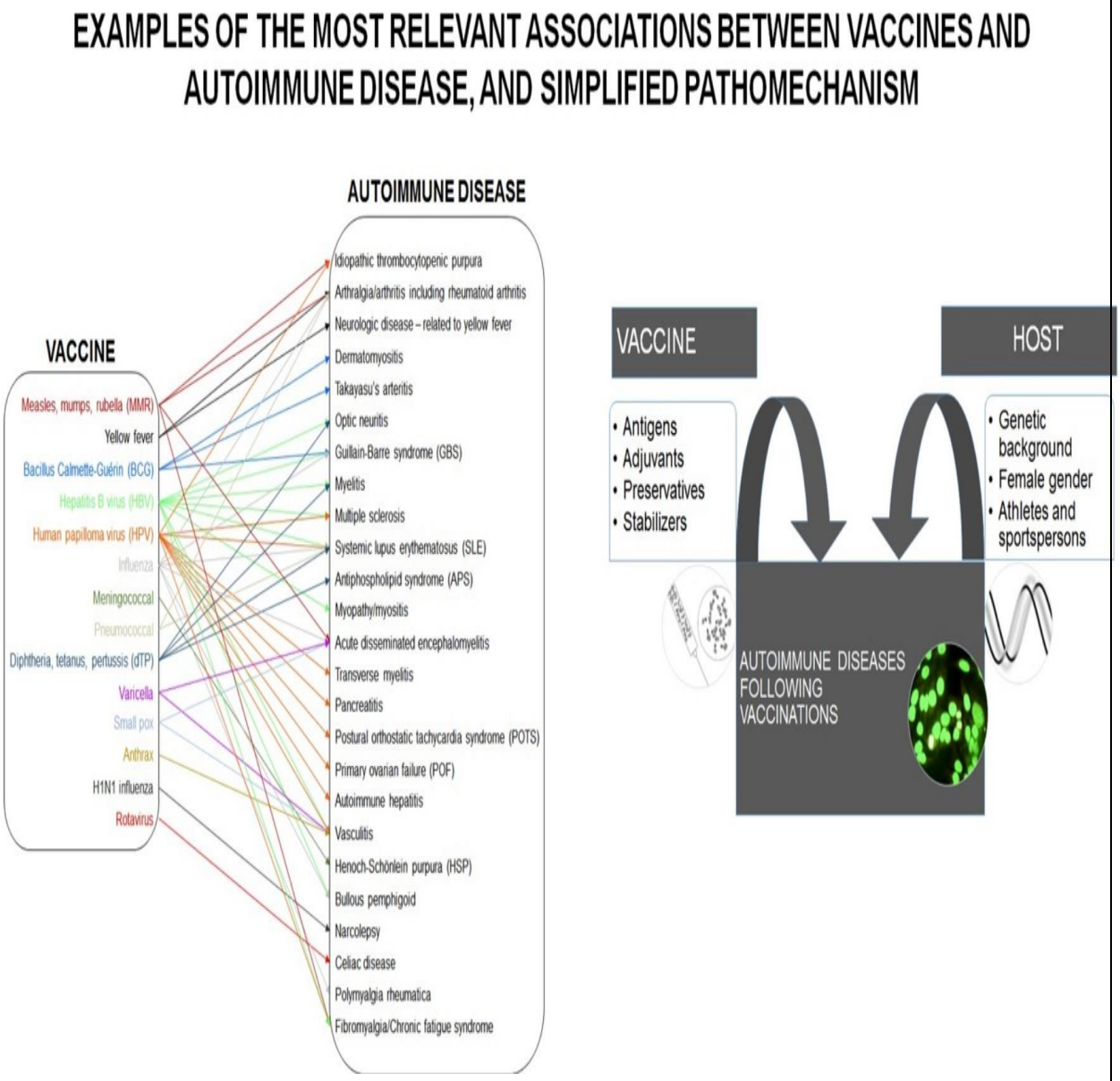
[1]RRs are estimated by the Poisson regression model and adjusted by age group (31–80; 81–100; 101–120; 121–180; 181–360; 361–729 for the first dose; 31–180; 181–360; 361–729 for the second-third dose).

[2]The information on the brand name of the hexavalent product was missing for 1 infant (the event occurred in the control period)

From : Traversa G., Spila-Alegiani S., Salmaso S, Ciofi degli Atti M with the HERA Study Group et al. Sudden Unexpected Deaths and Vaccinations during the First Two Years of Life in Italy: A Case Serie Study. PloS One. 2011; 6(1): e16363. Published on line 2011 Jan 26. doi: 10.1371/journal.pone.001636

There has been a slaughter of 52 infant deaths directly associated with hexavalent vaccination: 8 before 24 hours (RR= 1,5; RR= 2,3 with Infarix Hexa vaccine; 0,7 with Hexavac), 34 within 7 days (RR=1,8; RR=1,5 with Infarix Hexa; 2,8 with Hexavac; with all the hexavalent products RR =2), and 52 within 14 days (RR 1,5; RR= 1,5 with Infarix Hexa; 1,6 with Hexavac). Moreover, during the same period 55 immunized children aged 31–729 days of life—44% of 121 SIDS—died because of cardiac arrest, but the authors did not apply a RR epidemiological analysis to these data. [10]The hexavalent vaccination appears like Russian roulette in newborns with an unknown vulnerability or immunodepression, probably related to a cascade of metabolic reactions triggered by an impressive release of inflammatory cytokines by NK cells after the simultaneous inoculation of multiple antigens induced by the hexavalent vaccination and/or its boosting. The hypothesized pathway could be antigen-presenting cell (APC) destruction by NK inflammatory cytokines, causing depression of T-cell effector function for adaptive immunity and a general lowering of resistance to other, potentially lethal, infections. [11] [12] [13] [14] In addition to PHVSIDS, there is clinical and scientific evidence of autoimmune diseases associated with vaccinations, [15] caused by the biopersistence and brain translocation of minerals added to vaccines as adjuvants, preservatives, and stabilizers—such as aluminium—administered in large quantities, which supports the existence of PVAS [16] [17] [18] [19] [20] [21] [22] [23]. (Fig. 3). Autoimmunity could also derive from recombination of host DNA with DNA from human cell lines of aborted fetuses used for MMRV vaccine production, which seems associated with autism. [24] [25]

FIG 3



From : Guimarães LE, Baker B, Perricone C , Shoenfeld Y. Vaccines, adjuvants and autoimmunity. Pharmacol Res. 2015 Oct;100:190-209. doi: 10.1016/j.phrs.2015.08.003. Epub 2015 Aug 12.

The WHO AEFI algorithm [26] (Causality Assessment of Adverse Events Following Immunization), built on an epistemological, mechanistic, linear model of causality, has shown a clear fallacy. [27] These scientific and clinical observations demonstrate that children cannot be

treated like battery hens and underscore the necessity of a person-centered approach to vaccination in line with the Person-Centered Medicine paradigm and a revised concept of health. [28] [29]

In 2017 the former Italian Health Minister circulated a 2009 guide to vaccination contraindications that contained absurd and dangerous recommendations, such as "do not visit healthy children before vaccination nor take their temperature," and was informed about the Italian children's deaths and serious adverse effects following hexavalent vaccination (9–20.3% from 2014–2016) and other deaths attributed to PHVSIDS. The philosophy "let a few die to save many" is ethically and psychologically unacceptable for physicians who risk causing a newborn's death within hours of a preventive vaccination; likewise, parents cannot be compelled to expose their children to a form of Russian roulette.

A possible solution is to entrust the timing of vaccinations solely to the paediatrician, respecting the intervals necessary for adaptive immunity according to immune-system maturity and requiring an appropriate clinical evaluation that takes into account individual and psychosocial variables. The number of vaccines should be reduced to the essentials under a health policy that could be defined as "Person-centered vaccination." Deaths of children included in standardized vaccination programs without prior diagnosis of immune-system depression — a condition that can also exist in stressed children and adolescents — have been documented. [30] [31]

Vaccination requires a person-centered approach with adequate time intervals to allow adaptive immunity to develop and to avoid a paradoxical NK-cell action against antigen-presenting cells that could render the newborn more vulnerable to other infections. Infectious diseases that can be treated might be better prevented by strengthening natural and adaptive immunity through public-health policies that promote breastfeeding, [32] maternal care, and high-quality psychosocial environments, given the epigenetic interaction between psychosocial factors and the biological stress system. [33] Poor maternal care and stressful psychosocial conditions are associated with inhibition of a child's natural and adaptive immunity via the HPA axis.

An updated, person-centered medical education to manage infectious diseases, promote natural immunity, and support social measures to improve maternal care quality — as practiced in some countries — is necessary for a sound vaccination policy. Few physicians know that 10,000 units of vitamin A can prevent up to 70% of measles complications, or fully appreciate the relationships among the immune system, maternal care quality, child nutrition, and the psychosocial environment.

Children and adolescents are persons, not battery hens. Far from an anti-vaccine stance, what is needed is person-centered vaccination that treats children and adolescents as individuals, takes into account the quality of their social environment, respects the time intervals required for adaptive immunity, and limits vaccination to essential vaccines only. An immune-supporting diet, mothers' healthy lifestyles, breastfeeding, and controlled exposure to subclinical infections—supported by strong natural immunity—are resilience factors that promote adaptive immunity. Alongside a prudent, essential vaccination policy, these measures should inform a public-health strategy focused on primary prevention and on improving healthy lifestyles and psychosocial well-being. The best practice for preventing infectious diseases is the development of social welfare, healthy lifestyles and environments, health education, up-to-date clinicians, and a prudent, essential vaccination policy.

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[1] Brera G.R Brera GR. The "Russian Roulette" hexavalent vaccination: the hexavalent vaccination risk for children's and adults' life and health. The Post Hexavalent Vaccination Sudden Death Syndrome (PHVSIDS) and the Post Vaccination Asia Syndrome (PVAS). Ital J Adolescentol Adolesc Med. 2018;3:2–19. Available from: https://www.researchgate.net/publication/328126924 (researchgate.net in Bing)

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