

HCCC REFERENCE 09/1695

TOM SIDWELL

MARCH 7, 2010

**TO: MS LEANNE EVANS
INVESTIGATION OFFICER
HEALTH CARE COMPLAINTS COMMISSION**

**RE: MERYL DOREY AND THE AVN RESPONSE TO HCCC COMPLAINT
OF 7 SEPTEMBER 2009 – AN ANALYSIS OF HER SOURCES**

Dear Ms Evans,

The following is a critical analysis of five articles directly referenced by Ms Meryl Dorey in her reply of September 2009 on behalf of herself and her organisation, the AVN to Mr Ken McLeod's initial complaint.

The following material covers information on page 23 of the 27 page version of the AVN reply available at http://avn.org.au/library/images/pdfs/hccc_reply.pdf

Ms Dorey's reply references five studies which are "*just a few of the hundreds of references to peer reviewed studies which demonstrate the [sic.] vaccines are indeed immune-suppressive*". I shall demonstrate that of all five, none could be described as both peer reviewed studies and as evidence vaccines are immune-suppressive.

- The first referenced 'study', '*Susceptibility to Infection After Vaccination*' (PMID: 5015300) is a letter, not peer reviewed, nor a study, and suggests that the oral polio vaccine does *not* impair the function of the immune system: "*During convalescence from poliomyelitis susceptibility to other infections is not increased. A similar situation obtains after oral polio immunization (with attenuated viruses).*"
- The second referenced study, '*Epitopic overload at the site of injection may result in suppression of the immune response to combined capsular polysaccharide conjugate vaccines*' (PMID: 9987146) is incorrectly referenced by Ms Dorey as '*Vaccines May Cause Immune Suppression*', yet with the authors, journal, volume, date and page numbers all correct. The study investigates the lowered immune response to injected polysaccharides when there are multiple different epitopes very close together (an epitope is the specific region of the antigen that the receptors of the immune system recognise). This lowered response is due to physical constraints; this 'clumped' nature (to use an analogy) prevents each epitope from having maximal exposure to the cells that would normally recognise them. This is not immune suppression, but rather a (admittedly inconvenient) feature of our immune system and this method of antigen delivery.

- The third paper, *'Depression of the Immune Response to an Inactivated Hepatitis A Vaccine Administered Concomitantly with Immune Globulin'* (PMID: 8394864) shows that injecting immune globulin (antibodies) against Hep A while also injecting inactivated Hep A leads to the injected antibody interfering with the vaccine, depressing the immune response to it. This is not a vaccine suppressing the immune system, it is anti-Hep A antibodies removing Hepatitis A, it just so happens that the Hepatitis A it is removing is that from the vaccine, leading to less of a response to the vaccine.
- The fourth paper, *'Depressed Lymphocyte Function after Measles-Mumps-Rubella Vaccination'* (PMID: 1151122) is referenced as being from "*Journal of Infection Disorder*" but is from *'The Journal of Infectious Diseases'*. According to Doctor Fred Kantor, one of the co-authors: "*Our paper does show that the measles/mumps /rubella vaccine temporarily suppresses delayed type hypersensitivity. It is important to note that clinical measles does the same but for a much more protracted period. It is also important to note that infections that affect people with diminished delayed sensitivity are not seen in patients receiving the MMR vaccine.*" [1]
- The fifth referenced paper, *'Immunosuppression with combined vaccines'* (PMID: 6618962) is another letter, not a peer reviewed study. I was not able to obtain a copy of the letter to discuss its contents.

That is not to say it is impossible for a vaccine to suppress the immune system. It would be possible to create a vaccine to stimulate an immune reaction against a specific component of the immune system. However, it should be noted that the operative word is 'specific'. The vaccine would have to be designed to target that particular molecule – it would not be a side-effect of another vaccine. Another possible method of vaccine-induced immunosuppression would be if an infectious agent with an immunosuppressive effect (or an attenuated strain which retained this characteristic) were to be administered as a vaccine component. While it is hypothetically possible for a vaccine to suppress the immune system, none of the vaccines given in Australia have been shown to produce such an effect, and for someone in the position of a health care provider to suggest they do is dangerous.

As has been shown, none of the five articles submitted by Ms Dorey fit her criteria that she implies would bolster her case. Of the four papers I was able to obtain a copy of to review, none are evidence that vaccines suppress the immune system. Of all five, two are letters, despite Ms Dorey's assertion that all five are peer reviewed studies. Letters are neither peer-reviewed, nor studies.

The conclusions to be drawn from this are that at best Ms Dorey has read the papers she cites, yet completely misunderstood their contents and context. At worst, she has either read them and is intentionally including them, knowing full well they do not support her conclusions, or has copied them from another source, without reading them, happily unaware of the reflection this has on herself and the AVN.

Yours sincerely,

Tom Sidwell

Reference:

[1] An email from Dr Fred Kantor to Tom Sidwell on February 20th, 2010.

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Re: A paper you have written is being mis-construed Saturday, 20 February, 2010 1:35 PM

From: "Fred Kantor" <fred.kantor@yale.edu> 

To: "Tom Sidwell" <tomsidwell@yahoo.com.au>

Dear Tom,

Thank you for your letter. Our paper does show that the measles/mumps /rubella vaccine **temporarily** suppresses delayed type hypersensitivity. It is important to note that clinical measles does the same but for a much more protracted period. It is also important to note that infections that affect people with diminished delayed sensitivity are not seen in patients receiving the MMR vaccine.

Vaccines have done more good for world health than any other measure since Jenner first vaccinated milkmaids with cowpox virus to protect them against smallpox.

The anti-vaccination lobby is a misguided group of people who will grasp at any fact, taken out of context, to support their specious position. Vaccines have always fought an uphill battle because its hard to prove that because of them an individual did not contract an illness. We, the medical profession, must keep up the supply of facts that vaccines are good for people. Keep up the good work

On a personal note, I spent a sabbatical year at the Walter and Eliza Hall Institute in Melbourne in the late 60s with Gus Nossal and Jacque Miller and many immunological 'Greats". We loved our time in Melbourne

'best

Fred

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