



Elizabeth Hart <eliz.hart25@gmail.com>

Re: 7.30 report - Why is there no free vaccine for the deadly meningococcal B?

Elizabeth Hart <eliz.hart25@gmail.com>
 To: Kate Durie <kate.durie@ahpra.gov.au>

Fri, Sep 22, 2017 at 3:49 PM

For the attention of:

Dr Joanna Flynn
 Chair of the Medical Board of Australia

Dear Dr Flynn, **further to my previous email re over-vaccination, conflicts of interest in vaccination policy etc**, for your information, **please see below my recent email to Leigh Sales, presenter of the ABC's current affairs program 7.30, challenging this program's fear-mongering re the rare disease meningococcal B, and vaccine promotion for GlaxoSmithKline.**

The doctors' website *Medical Observer* has also recently obligingly promoted GSK's Bexsero meningococcal B vaccine product. See the GSK 'promoted comment' webpage titled **Meet the family responsible for meningococcal disease** (7 Sept. 2017), which includes a biased video advertisement designed to seduce the medical profession into using this product, and which needs to be subjected to critical analysis. A copy of this webpage is attached for your information.

Given the GlaxoSmithKline Bexsero meningococcal B vaccine has been rejected **three times** by the Pharmaceutical Benefits Advisory Committee for the taxpayer-funded vaccination schedule due to, among other things, **"multiple uncertainties in relation to the clinical effectiveness of the vaccine against the disease when delivered in a vaccination program..."** I question why the TGA allowed this vaccine to be registered in the first place?

In an ABC Health Report re the emergence of meningococcal W, Dr Norman Swan raised the question of whether **"immunisation caused the problem...that there is an ecological niche, if you like for meningococcal infection. You get rid of C because of immunisation, then B emerges, then C and W and Y, because there's just an empty space for it to inhabit, a bit like sparrows..."** This is a very pertinent question, **is meningococcal vaccination creating more problems with the evolution of new strains?** This is also relevant to consider in light of the emerging problems with pertussis vaccination, with the startling global resurgence of pertussis/whooping cough being attributed to the immunological failures of acellular vaccines, see for example this article **Resurgence of whooping cough may owe to vaccine's inability to prevent infections.**

I suggest mass coercive vaccination with the GSK Bexsero meningococcal B vaccine product for a very rare disease is not justifiable, and that this vaccine should not be on the taxpayer-funded schedule. Does the Medical Board of Australia support fear-mongering and mass mandatory vaccination with this vaccine product? Is this ethical?

ABC 7.30's promotion of the very questionable GSK Bexsero meningococcal B vaccine is an example of how vaccination policy is being influenced by the vaccine industry and the mainstream media.

Please see below my email to Leigh Sales which provides some other perspectives on the very questionable GSK Bexsero meningococcal B vaccine, including reference to conflicts of interest, and the aluminium adjuvant in the vaccine.

Sincerely
 Elizabeth Hart
Over-vaccination.net

----- Forwarded message -----

From: **Elizabeth Hart** <eliz.hart25@gmail.com>
 Date: Wed, Sep 20, 2017 at 4:45 PM
 Subject: 7.30 report - Why is there no free vaccine for the deadly meningococcal B?
 To: Sales.Leigh@abc.net.au

Dear Ms Sales

Re the 7.30 report: **Why is there no free vaccine for the deadly meningococcal B?**

This story is blatant advertising for a very questionable vaccine product.

The presentation of this story on the ABC strikes at the heart of conflicts of interest in vaccination policy. This report includes a heart-rending story of a little boy who contracted meningococcal B, and subsequently endured the amputation of his arms and legs. This story as presented could not fail to elicit the sympathy of viewers, and clamouring for the vaccine to be added to the schedule.

However, there is more to this story, e.g.:

- The report infers the child's suffering would have been avoided if only the vaccine had been on the schedule. However, the GlaxoSmithKline Bexsero meningococcal B vaccine has been rejected **three times** for the taxpayer-funded vaccination schedule due to, among other things, **"multiple uncertainties in relation to the clinical effectiveness of the vaccine against the disease when delivered in a vaccination program..."**
- Meningococcal B is a very rare disease. At this time we have no idea of the long-term consequences of introducing this vaccine product for a very rare disease. If this vaccine is added to the children's vaccination schedule it is likely to be mandatory under the No Jab, No Pay law to access financial benefits, and also childcare and pre-school in some states. Mass coercive vaccination against a very rare disease with a vaccine product with 'multiple uncertainties' is not justifiable.
- The Bexsero meningococcal B vaccine has an aluminium adjuvant. Experts in this area are raising concerns about the use of aluminium adjuvants, there has been a boom in the number of aluminium-adjuvanted vaccines and revaccinations in recent years. A systematic review of aluminium and vaccine safety prepared by members of the Cochrane Vaccines Field supporting the safety of aluminium in vaccines has been challenged by me and others as being 'scientifically unsound'. I am continuing to pursue this matter which is also relevant to the aluminium-adjuvanted HPV vaccine products, and combination products including pertussis/whooping cough etc.
- Conflicts of interest relevant to this story were not properly disclosed, i.e.
 - Professor Helen Marshall is the study leader of the GlaxoSmithKline funded trial currently underway with 60,000 students in South Australia. Professor Marshall is also a member of the Australian Technical Advisory Group on Immunisation (ATAGI), i.e. the group that recommends vaccine products for the taxpayer-funded schedule. Professor Marshall is also involved in vaccine clinical trials receiving funding from Merck, Novartis, Pfizer and Sanofi, and receives travel support to present at conferences sponsored by vaccine companies. **It is wrong that members of ATAGI, who are involved in recommending vaccine products for taxpayer-funded vaccination schedule, are also involved in vaccine company sponsored vaccine trials, this is a serious conflict of interest. The government should have independent specialists in infectious diseases to objectively consider the implementation of vaccination programs.** Note also that information on membership of ATAGI and conflicts of interest was previously shrouded in secrecy, and only came to light when citizens such as myself persisted in challenging then Federal Health Minister Nicola Roxon, and then Prime Minister Tony Abbott, for this information, see my letter to Tony Abbott dated 21 January 2015: http://users.on.net/~peter.hart/Letter_to_Tony_Abbott_PM_re_vax_policy.pdf
 - Professor Marshall refers to the 'effectiveness' of meningococcal B vaccination in the UK to justify implementation of the product here. I await independent and objective evaluation of the Bexsero vaccine product in the UK. **It is notable that Professor Marshall failed to point out this vaccine product was also originally rejected in the UK, a decision that was overturned after intensive lobbying by vested interests, and when a person involved with the development of the Bexsero vaccine product, Professor Andrew Pollard, became Chair of the committee approving vaccine products, i.e. the UK Joint Committee on Vaccination and Immunisation, i.e. another example of conflicts of interest.** (There are interesting parallels here with the fast-tracked implementation of HPV vaccination in Australia and subsequently around the world. There is an emerging international scandal about HPV vaccination, a story which is being suppressed in Australia.)
 - Another academic who avidly campaigns for the implementation of the Bexsero meningococcal B vaccine is Professor Robert Booy, usually described as being from the University of Sydney and the Children's Hospital at Westmead in promotional articles for this vaccine. Professor Booy is also Head of Clinical Research at the National Centre for Immunisation Research & Surveillance. **While campaigning for the introduction of GSK Bexsero meningococcal B vaccination, Professor Booy seems reluctant to disclose that he is also on the Board of Directors of the Immunisation Coalition, a vaccination lobby group funded by pharmaceutical companies such as GlaxoSmithKline, Pfizer, Seqirus Australia, Sanofi Pasteur and Roche Australia. Professor Booy is also the 'medical advisor' for Meningococcal Australia, an organisation which receives funding from GSK Australia and Pfizer Australia, information that was not publicly disclosed until I challenged them on the matter.**

These are just a few points in reference to the ABC 7.30 report on Bexsero meningococcal B vaccination, which failed to properly consider relevant information re this questionable vaccine product.

10/5/2017

Gmail - Re: 7.30 report - Why is there no free vaccine for the deadly meningococcal B?

I am currently undertaking further investigation into the questionable promotion of the GSK Bexsero meningococcal B vaccine. It is remarkable that independent citizens such as myself have to do this investigative work due to the abject failure of the ABC and other mainstream media to critically analyse the ever-increasing vaccination schedule, and the influence of the pharmaceutical industry on governments and the medical profession.

Can the taxpayer-funded ABC please lift its game and investigate the rampant over-vaccination that is occurring in our community with the currently at least 46 doses of vaccines on the schedule via combination vaccine products and revaccinations, and stop providing free advertising for questionable vaccine products such as GlaxoSmithKline's Bexsero.

Sincerely
Elizabeth Hart
Over-vaccination.net



Meet the family responsible for meningococcal disease _ Medical Observer.pdf

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