I'm reading your review: "Adverse events after immunisation with aluminium-containing DTP vaccines: systematic review of the evidence" (The Lancet Infectious Diseases. Vol. 4 2004.)

The summary of your review concludes: "Despite a lack of good-quality evidence we do not recommend that any further research on this topic is undertaken." (My emphasis.)

Your review notes: "The results of our review should be interpreted within the limited quantity and quality of available evidence. Within these limits, we found no evidence that aluminium salts cause any serious or long-lasting adverse events...."

So, you admit the quantity and quality of the evidence in your review was limited, but you still say that "we do not recommend that any further research on this topic is undertaken".

Why would you say that?

I suggest you did not have enough information to say "we do not recommend that any further research on this topic is undertaken." Your review just plays into the hands of vaccine manufacturers like GlaxoSmithKline and Merck etc who are pushing repeat revaccinations with aluminium adjuvanted vaccines of questionable value.

Vaccines with aluminium adjuvants such as DTaP (repeat 'boosters' being recommended for all ages) and HPV x 3 shots for children, etc are now being pushed on the population. Who knows what the cumulative effect of this repeated vaccination with these vaccines might be? Have there been any long-term studies? I would suspect no...

My investigation into companion animal vaccines has led me to be very concerned about vaccines with an aluminium adjuvant. Do I have masses of material in the "peer-reviewed literature" to back me up? No, and neither have I had the time to do a full-blown literature search, what with spending so much of my time investigating questionable MMR 'boosters', HPV, flu, pertussis vaccination, etc, because of all the misinformation spread by the 'scientific' establishment... Who would fund such research anyway?

Experts in veterinary medicine have been calling for a decrease of live and inactivated vaccination of companion animals because of the risk of adverse reaction to vaccines. I'm becoming more concerned about the non-infectious/inactivated vaccines with aluminium adjuvants, (e.g. bordetella bronchiseptica with aluminium) that are given to many dogs every year, and now humans are being pressed to have regular revaccinations with aluminium adjuvanted vaccines (e.g. DTaP and HPV).

For information, see attached a presentation by Michael J Day, from a World Small Animal Veterinary Association Congress (2004) in which he says:

"We now recognize that vaccines (particularly multicomponent, modified live products) appear to be able to trigger a range of immune-mediated and autoimmune diseases. For example, much attention has recently focused on vaccines as an initiator of immune-mediated haemolytic anaemia in the dog. The mechanism by which this effect occurs is not well investigated. In theory, three separate components of the vaccine might be involved. Many vaccines contain adjuvant (particularly alum), the function of which is, in part, to non-specifically activate the immune system. It is theoretically possible that this activation might include autoreactive lymphocytes, and as alum is very effective at stimulating antibody responses, the activation of B cells and their particular helper T cells (Th2 cells) might readily arise...." (My emphasis.)

Ref: 29th World Congress of the World Small Animal Veterinary Association October 6-9 2004, Rhodes, Greece.

Also, here's a quote from a DVM roundtable of vaccine experts, (December 1988), which included Ron Schultz, Jonas Salk, Ian Tizard and others during which Ian Tizard said:

"And yet, the use of poorly understood adjuvants has a long and distinguished history in vaccinology. We've been using alum since the 1920s and are still not sure how it works. It's also fair to say that we've been very conservative in our use of adjuvants. To the best of my knowledge, alum is still the only adjuvant used in human vaccines..." (My emphasis.)

In 2013, do we yet know how alum works in vaccines?

It is interesting to note that pregnant women are currently being urged to have DTaP revaccinations because of the resurgence of pertussis. However, it has been reported that the pertussis circulating is a new strain, so what is the point of revaccinating with the existing vaccine? Also, I don't buy this idea of a vaccine that 'wanes'. Either a vaccine immunises for life or forget it, we have been conned big time with these annual flu vaccinations and repeat DTaPs etc.

On the topic of pregnant women and the DTaP, it is interesting to note that vaccination guidelines for dogs say:

"Should a pregnant dog be vaccinated? Vaccination with MLV (attenuated) and/or killed (inactivated) vaccines during pregnancy should be avoided, if possible, to avoid potential injury to the fetus. There are exceptions, especially in shelters, where vaccination would be advised if the pregnant dog has never been vaccinated and there is risk of exposure to a highly pathogenic virus (e.g., CDV, CPV-2). (My emphasis.)

Are pregnant women being properly informed about pertussis, about the 'new strain', and about questionable vaccines that wane? Have the possible long-term deleterious effects of vaccination of pregnant women with aluminium adjuvanted vaccines been properly researched? I suspect not...

Tom, I suggest your Cochrane Review of aluminium-containing DTP vaccines is a bit of a worry in that it may have created a poorly evidenced acceptance of the safety of aluminium-adjuvanted vaccines.

Cochrane Reviews don't always get it right, as we know from Hayashi / Tamiflu...

I would appreciate your response on this matter.

Regards
Elizabeth