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## More re meningococcal W and B vaccination

Elizabeth Hart &lt;eliz.hart25@gmail.com&gt;

Fri, Mar 24, 2017 at 7:26 PM

To: Brendan.Murphy@health.gov.au

**Open email for the attention of:**

**Professor Brendan Murphy**

**Chief Medical Officer of Australia, Principal Adviser to the Minister and Department of Health**

**Professor Murphy, I request your considered response to my previous email below re questionable meningococcal W and B vaccination (dated 9 February 2017).**

Gross over-vaccination of children is now rife in Australia, and the Australian government is complicit in exploiting the community with the coercive over-use of questionable vaccine products.

It appears governments are now in the business of supporting the growth of the international vaccine industry. The Markets and Markets vaccines report notes that:

***"The global vaccines market is expected to reach 48.03 Billion by 2021 from USD 32.24 Billion in 2016 at a CAGR of 8.3%....End-users, included in the vaccines market are paediatrics and adults. The paediatrics segment is expected to account for the largest share of the global market in 2016. Rising number of awareness programs to promote vaccination have resulted in the increasing use of vaccines for paediatrics."***[1] (My emphasis.)

The Australian government's coercive vaccination bureaucracy is rife with conflicts of interest, in particular the Australian Technical Advisory Group on Immunisation (ATAGI) which is colonised by academics with associations with the vaccine industry, including ex-officio member Peter McIntyre, who has funding associations with GlaxoSmithKline, Pfizer and Merck[2]. Professor McIntyre is also Director of the National Centre for Immunisation Research & Surveillance (NCIRS), among other vaccine policy influencing roles.

It is notable that another member of ATAGI, Associate Professor Helen Marshall, is involved in the GlaxoSmithKline funded Bexsero meningococcal B vaccine trial that is currently being rolled out to South Australian teenage school students.[3] Do these children and their parents fully understand that the still experimental Bexsero vaccine **was rejected three times** by the PBAC, and that they are guinea pigs for this vaccine for a rare disease?

According to the ATAGI conflict of interest document, A/Professor Marshall is an investigator on clinical trials associated with funding from GlaxoSmithKline, Merck, Novartis, Pfizer and Sanofi. She also presents at conferences sponsored by vaccine companies. Another ATAGI member, Associate Professor Jodie McVernon, who was on Norman Swan's ABC Health Report discussing meningococcal W and B, is also an investigator on clinical trials funded by GlaxoSmithKline, bioCSL, Novartis and Pfizer, and funded to attend workshops and symposiums sponsored by vaccine companies[2], although these conflicts of interest weren't disclosed when she was interviewed on Norman Swan's ABC Health Report.

It is notable that for many years the membership and conflicts of interest of members of ATAGI was kept secret from the public. Brief conflict of information re ATAGI members is only now accessible on the Immunise Australia website because I persisted in requesting transparency on this matter, see my letter to then Prime Minister Tony Abbott: [http://users.on.net/~peter.hart/Letter\\_to\\_Tony\\_Abbott\\_PM\\_re\\_vax\\_policy.pdf](http://users.on.net/~peter.hart/Letter_to_Tony_Abbott_PM_re_vax_policy.pdf)

The former Chairperson of ATAGI, Professor Terry Nolan, has also been involved with the Bexsero meningococcal B vaccine, when it was first developed with Novartis.[4] There is no historical record of his conflicts of interests on the ATAGI website.

Professor Robert Booy, who is on the Executive of NCIRS, along with Director and ATAGI member Peter McIntyre, has also lobbied for the Bexsero meningococcal B vaccine to be added to the taxpayer-funded national schedule, e.g. as reported in *Medical Observer* in August 2015.[5] Professor Booy is also the Medical Advisor for Meningococcal Australia an organisation which has campaigned for the Bexsero meningococcal B vaccine to be added to the taxpayer-funded schedule.[6] I have asked Professor Booy if he or Meningococcal Australia receive funding/support from the vaccine industry, but he did not respond, although I see the Meningococcal Australia 'About' page has now been updated to acknowledge receiving funding from GSK Australia and Pfizer Australia. Professor Booy is also a Board member of the Immunisation Coalition (since 2012 when I believe it was then known as the Influenza Specialist Group), which is sponsored and supported by GlaxoSmithKline, Pfizer, Sanofi Pasteur, Roche Australia, Seqirus Australia, Astra Zeneka, Mylan and Bupa Australia. Professor Booy is also on the Public Affairs and Advisory Committee of the Immunisation Coalition. Professor Booy's association with the industry-sponsored

Immunisation Coalition (formerly Influenza Specialist Group) was not disclosed in the *Medical Observer* article re the Bexsero meningococcal B vaccine, and is currently not disclosed on the Meningococcal Australia website nor the NCIRS website as far as I can see. (Professor Booy is also on the TGA's Australian Influenza Vaccine Committee (AIVC), along with ATAGI member A/Professor Helen Marshall.)

It is very interesting to discover that vaccine manufacturers are now able to be so influential on government vaccination policy via the participation of the academics they fund (e.g. Peter McIntyre, Robert Booy, Helen Marshall, Jodie McVernon and former ATAGI Chairperson Terry Nolan) on government vaccination committees such as ATAGI and via the NCIRS and other organisations influential on vaccination policy.

**In regards to meningococcal W and B, I question the implementation of mass vaccination programs for very rare diseases. It is also important to consider if implementation of a vaccine will result in the emergence of new strains, as Dr Norman Swan suggested on the ABC Health Report, i.e.**

***"Has immunisation caused the problem, in a sense? In other words, 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...you know what I'm saying."***

Due to the conflicts of interest and zealotry of the vaccine ideologues working in this area, I have no confidence that there are any independent and objective infectious diseases experts considering the 'big picture' on the development of new strains due to vaccination.

**Professor Murphy, in my opinion the coercive over-use of questionable vaccine products is medical abuse and exploitation of the community and it's time for 'the authorities' to be brought to account on this matter.**

**I am particularly concerned that the over-use of vaccine products, particularly for rare and minor diseases, is damaging natural immunity and may have serious repercussions for the natural immune response of future generations. There are parallels here with the over-use of antibiotics and the damage this is causing.**

Given your role as the principal medical adviser to the Minister and Department of Health, I will continue to forward you correspondence in regards to over-vaccination. It is your duty to ensure the Federal Health Minister, Greg Hunt, is properly briefed in this regard.

**Please do not forward any more of my correspondence to the Australian government's Immunisation Branch for a useless response. This government department should be subjected to an urgent investigation as it is the vehicle being used to impose an ever-increasing amount of questionable vaccine products and revaccinations without open and transparent consultation with the community. It also needs to be examined how this department is liaising with the vaccine industry and using the mainstream media, including the taxpayer funded ABC and SBS, to promote vaccine products and inhibit critical analysis of vaccination policy.**

Professor Murphy, it is 'on the record' that these matters have been brought to your attention, and also to the attention of your predecessor, Professor Chris Baggeley: <https://over-vaccination.net/over-vaccination-challenging-over-vaccination-policy-and-practice-in-australia/>

**I again request your urgent response to my email re meningococcal W and B vaccination (see below), including consideration of the information in this email, this matter must receive independent and objective consideration.**

Sincerely  
Elizabeth Hart  
<https://over-vaccination.net/>

#### References:

1. Vaccines Market by Technology (Live Attenuated, Toxoid, Conjugate, Inactivated & Subunit, Recombinant), Disease Indication (Pneumococcal, Influenza, HPV, Hepatitis, Rotavirus, DTP, Polio, MMR), End User (Pediatrics, Adults) & Type - Forecasts to 2021. Markets and Markets, August 2016: [http://www.marketsandmarkets.com/Market-Reports/vaccine-technologies-market-1155.html?gclid=CjwKEAju5M3GBRCTvpK4osqj4X4SJAABRjNC7TZhbgk9l4hi-pvr-kCsmMS\\_OS7OxvALBpG1sTm-xoCb4Xw\\_wcB](http://www.marketsandmarkets.com/Market-Reports/vaccine-technologies-market-1155.html?gclid=CjwKEAju5M3GBRCTvpK4osqj4X4SJAABRjNC7TZhbgk9l4hi-pvr-kCsmMS_OS7OxvALBpG1sTm-xoCb4Xw_wcB)
2. Australian Technical Advisory Group on Immunisation Conflict of Interest document, as accessed on the Immunise Australia website. (Undated.)
3. SA Health, University of Adelaide roll out meningococcal B vaccine trial. ABC News, 13 December 2016.
4. Review funded by Novartis Vaccines and Diagnostics. Terry Nolan et al. Vaccination with a multicomponent meningococcal B vaccine in prevention of disease in adolescents and young adults. *Vaccine* 33 (2015) 4437-4445.
5. Meningococcal B vax rejection a bad move: expert. *Medical Observer*, 24 August 2015.
6. Subsidising meningococcal B vaccine deemed too costly for the federal budget. ABC News, 4 November 2016.

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From: **Elizabeth Hart** <eliz.hart25@gmail.com>

Date: Thu, Feb 9, 2017 at 2:46 PM

Subject: Meningococcal W vaccination

To: [Brendan.Murphy@health.gov.au](mailto:Brendan.Murphy@health.gov.au)

Professor Murphy, Dr Norman Swan's Health Report - **Deadly meningococcal W concerns**[1] notes a free vaccination program is being rolled out in Western Australia for teenagers with a vaccine **"which will cover the new strain (along with three other strains)"**. It has subsequently been announced that Victoria and New South Wales will implement similar programs.[2]

So this vaccination program is bypassing the Federal Government's funded vaccination schedule, and I presume has not been vetted by the Pharmaceutical Benefits Advisory Committee? Is this a backdoor way for pharmaceutical companies to push their products, i.e. by dealing directly with the states?

**This is concerning because the public must be assured that this vaccine product has been properly evaluated.**

For example, the Bexsero meningococcal B vaccine has been approved by the TGA, but was **rejected three times** by the PBAC for the national vaccination schedule **due to multiple uncertainties in relation to the clinical effectiveness against the disease and other reasons**.[3]

Given the multiple uncertainties about the Bexsero meningococcal B vaccine, I question why the TGA allowed this vaccine to be registered in the first place?

**Again, this raises questions about the vaccine product containing the W strain - which specific product is going to be rolled out in WA, NSW and Victoria? And has this product been properly evaluated?**

In Dr Swan's discussion with Jodie McVernon, Professor McVernon acknowledges the W strain **"is still a very, very rare disease"**. She also notes that incidence of the B strain **"is sort of going down"** - this has occurred without a vaccination program being imposed.

**I question the implementation of a mass vaccination program for a very, very rare disease. It is also important to consider if implementation of a vaccine will result in the emergence of new strains, as Dr Swan suggested, i.e.**

*"Has immunisation caused the problem, in a sense? In other words, 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...you know what I'm saying."*

Jodie McVernon's response to Dr Swan's statement was most uncertain, i.e. **"Look, it's a very relevant question but there's no evidence that that is actually what's happening here. Overall, meningococcal disease in Australia was decreasing after serogroup C vaccine was introduced, and that's because even the B disease has also been slowly declining over time, for reasons we don't understand."**

Yes, I suggest there is much the 'experts' don't understand...

**Professor Murphy, I request you follow up on this report and question the evaluation of the W strain vaccine.**

**It is also important to know what information will be provided to children and parents before they consent to the intervention.** Will children and their parents be allowed to consider the risks and benefits, as is required for legally valid consent, as acknowledged by the Australian Immunisation Handbook? Will they be informed the disease is **"very, very rare"**. Will they be informed that the incidence of the B strain of the disease is going down without vaccination?

There are other matters to consider, e.g.

- is this vaccination for a **"very, very rare"** disease justifiable considering the millions of dollars that will be spent in WA, NSW and Victoria, which might be better used elsewhere?
- has the possibility of adverse events after this vaccination been properly considered?

Professor Murphy, I would appreciate your response on this matter

Regards  
Elizabeth Hart

<https://over-vaccination.net/>

Reference:

1. Deadly meningococcal W concerns. ABC Health Report. Monday 30 January 2017: <http://www.abc.net.au/radionational/programs/healthreport/deadly-w-strain-of-meningococcal-disease/8223914>
2. Victoria to offer free meningococcal vaccine to teenagers after increase in cases: <http://www.abc.net.au/news/2017-02-08/meningococcal-vaccine-offered-to-victorian-teens/8250358>
3. Recommendations made by the PBAC July 2015 - Subsequent decisions not to recommend: <http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/pbac-outcomes-2015-07> (see pages 3-4)