

**Immunization Graphs:**  
**Natural Infectious Disease Declines; Immunization**  
**Effectiveness; and Immunization Dangers**

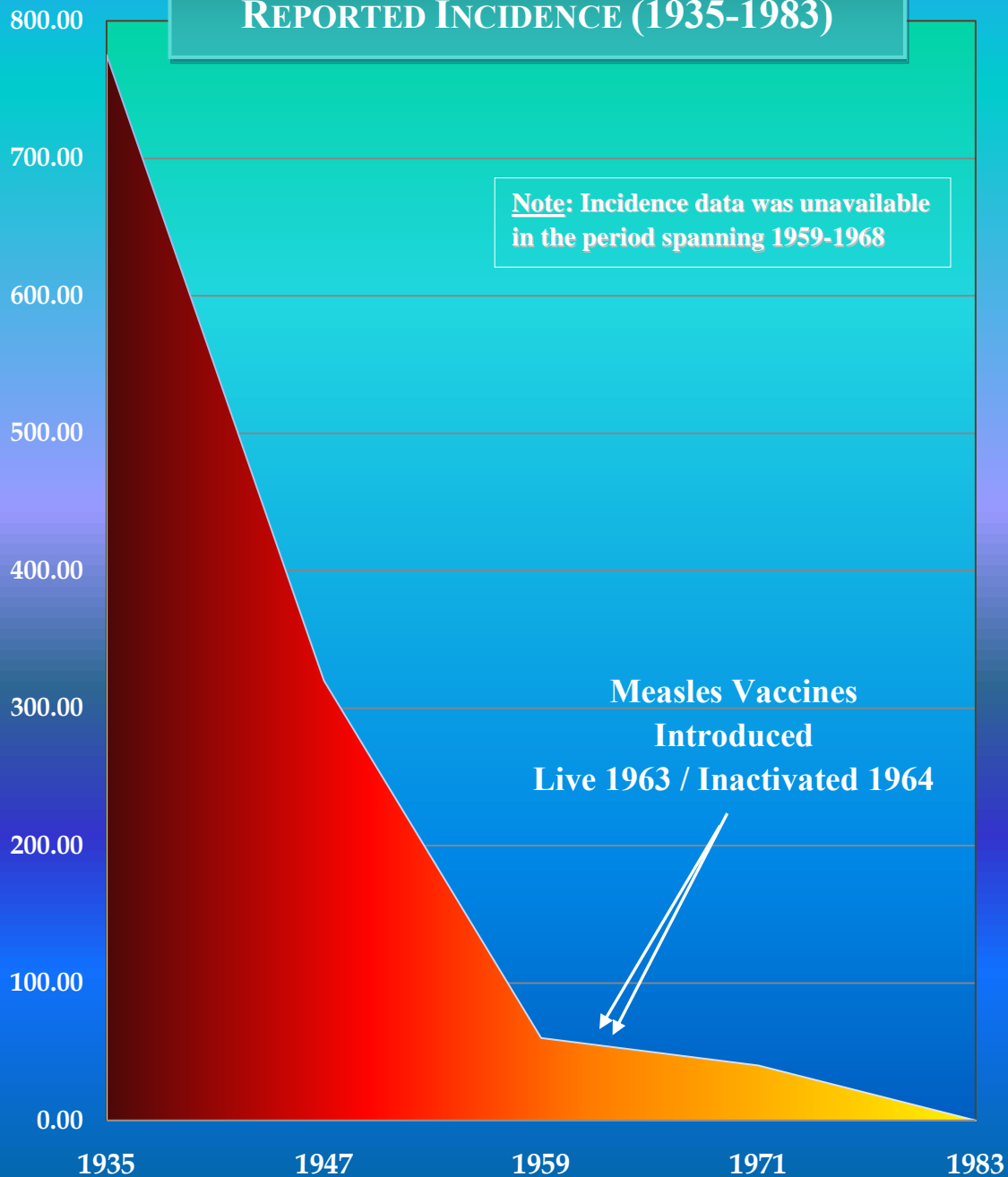
**Prepared by: Raymond Obomsawin Ph.D.**  
**December, 2009**

## FIGURE SET I.

### Natural Infectious Disease Declines Preceding Public Immunization Efforts

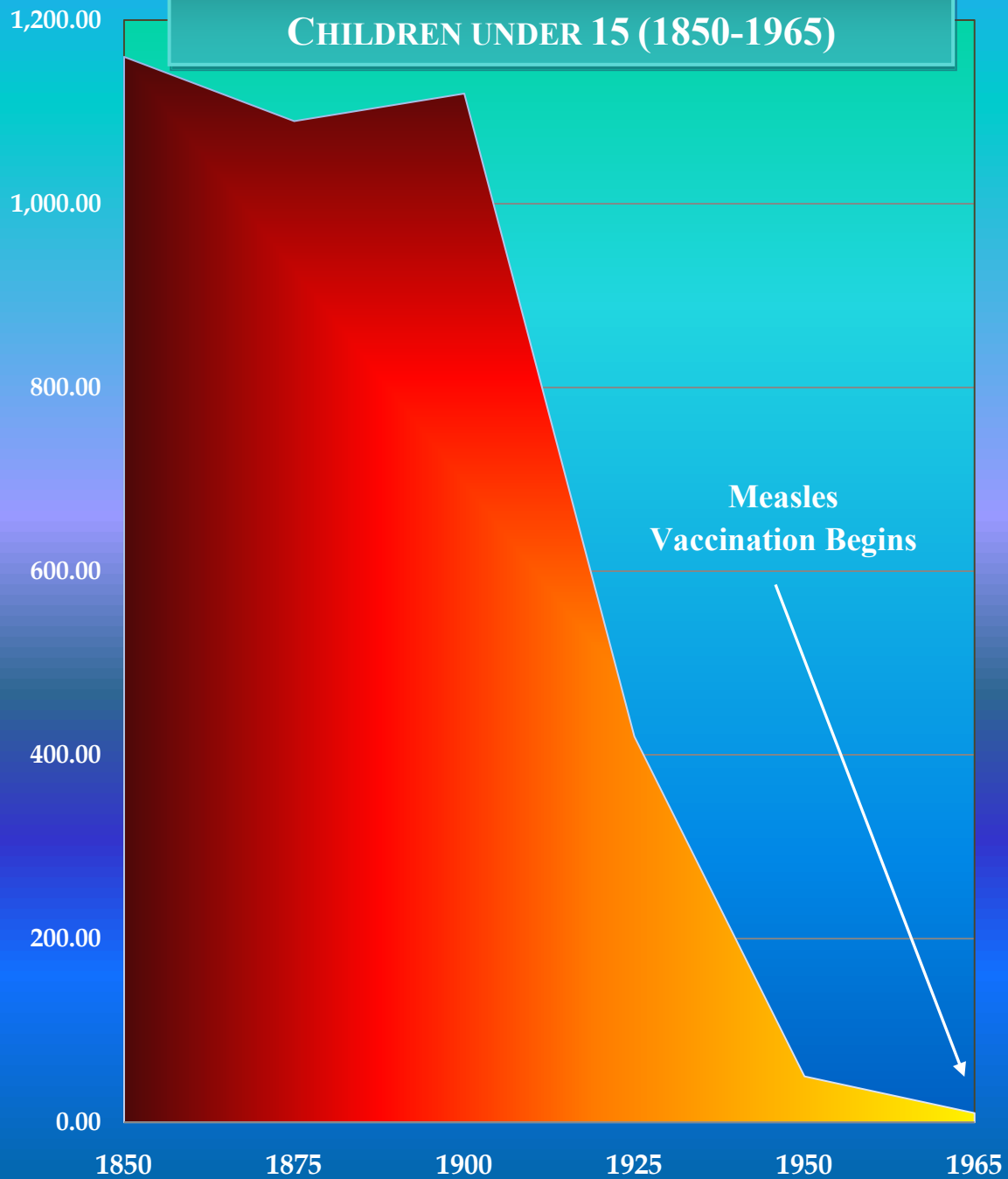
Figures one (1) through eleven (11) graphically illustrate that in North America, Europe, and the South Pacific, major declines in life-threatening infectious diseases occurred historically either without, or far in advance of public immunization efforts for specific diseases as listed. This provides irrefutable evidence that vaccines are not necessary for the effective elimination of a wide range of infectious diseases

**FIGURE 1 – CANADA  
MEASLES  
REPORTED INCIDENCE (1935-1983)**

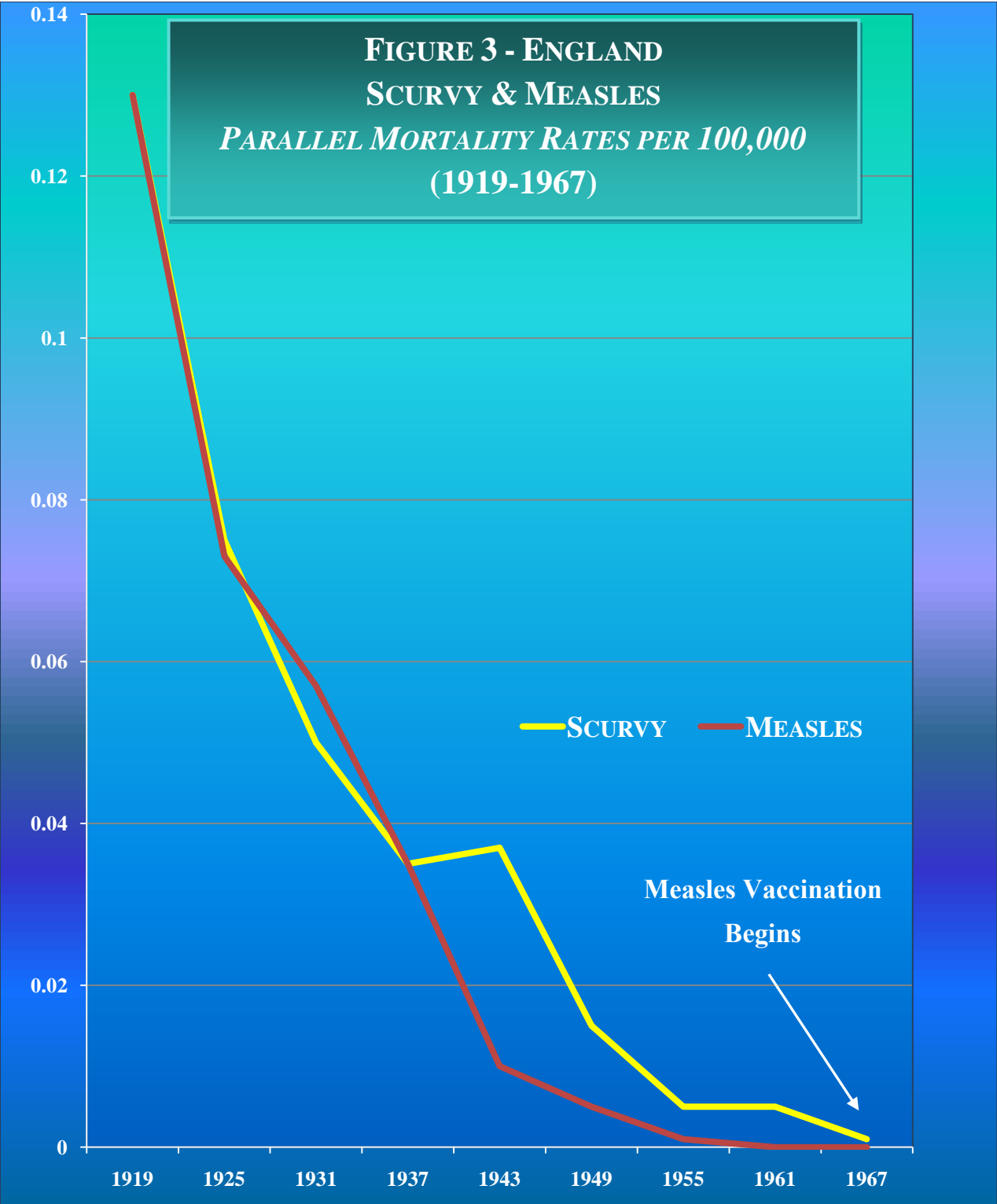


**Source:** Adapted from: Public Health Agency of Canada, Figure 8 – Measles Reported Incidence Canada. <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-meas-roug-eng.php>

**FIGURE 2 - ENGLAND & WALES  
MEAN ANNUAL MEASLES MORTALITY CASES  
CHILDREN UNDER 15 (1850-1965)**

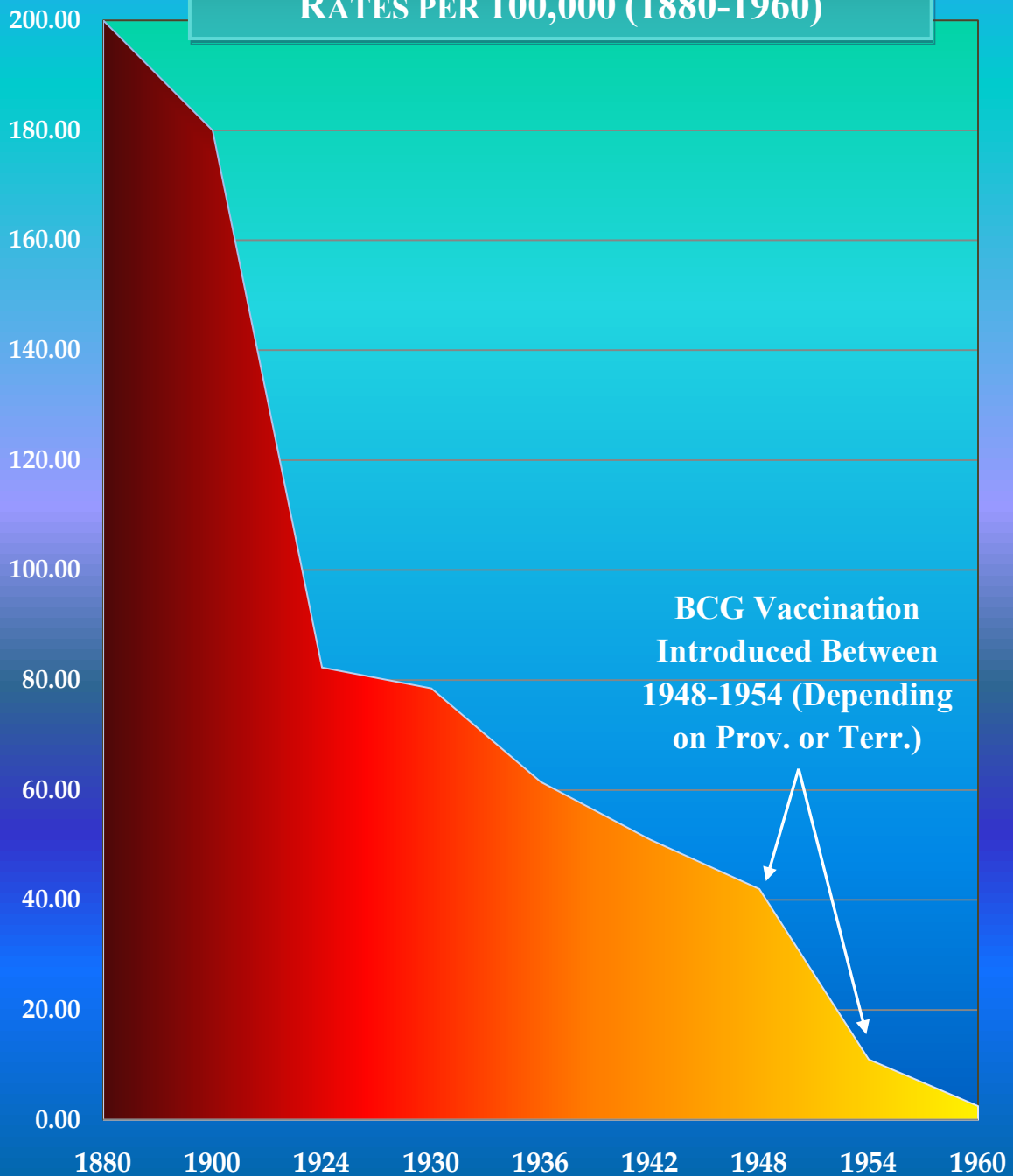


Source: McKeown, T., *The Role of Medicine: Dream, Mirage or Nemesis?*; Basil Blackwell; Oxford, UK; 1979; p. 105; & Waltzkin, H., in *The Relevance of Social Science for Medicine*; Springer; 1st edition, Dec. 31, 1980



Sources: Data for years 1919-1967 Mortality Statistics: Deaths Registered in England & Wales; UK Office for National Statistics, 1997.

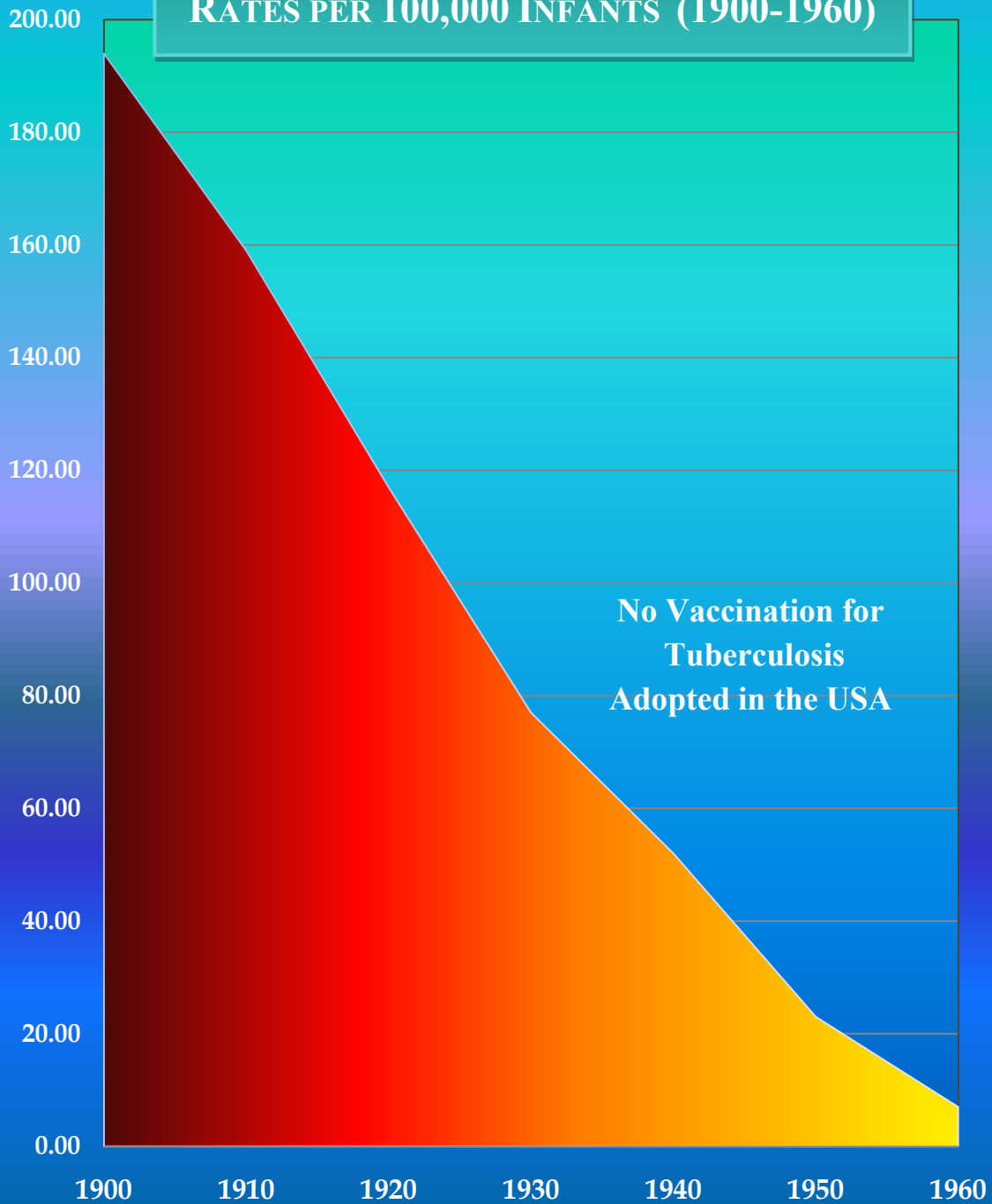
**FIGURE 4 – CANADA  
TUBERCULOSIS MORTALITY  
RATES PER 100,000 (1880-1960)**



**BCG Vaccination  
Introduced Between  
1948-1954 (Depending  
on Prov. or Terr.)**

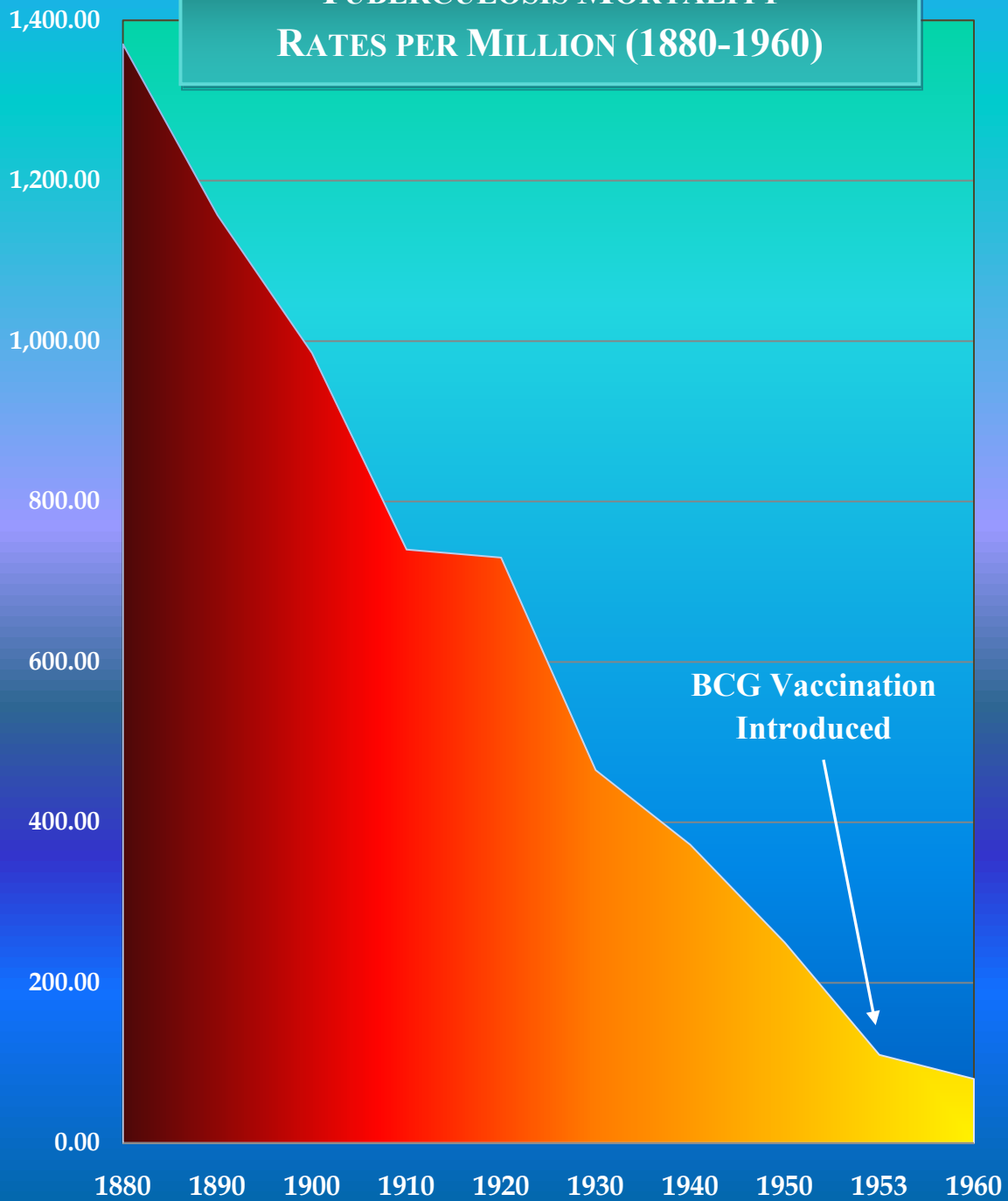
**Source:** Table based on data at: Timeline of TB in Canada <http://www.lung.ca/tb/tbhistory/timeline/>;  
<http://www.thecanadianencyclopedia.com/index.cfm?PgNm=TCE&Params=A1ARTA0008151>  
Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-bcg-eng.php>; and  
PHAC on BCG usage in Canada: [http://www.phac-aspc.gc.ca/tbpc-latb/bcgvac\\_1206-eng.php](http://www.phac-aspc.gc.ca/tbpc-latb/bcgvac_1206-eng.php)

**FIGURE 5 – UNITED STATES  
TUBERCULOSIS MORTALITY  
RATES PER 100,000 INFANTS (1900-1960)**



Source: John H. Dingle; Life and Death in Medicine; Scientific American; 1973; p. 56.

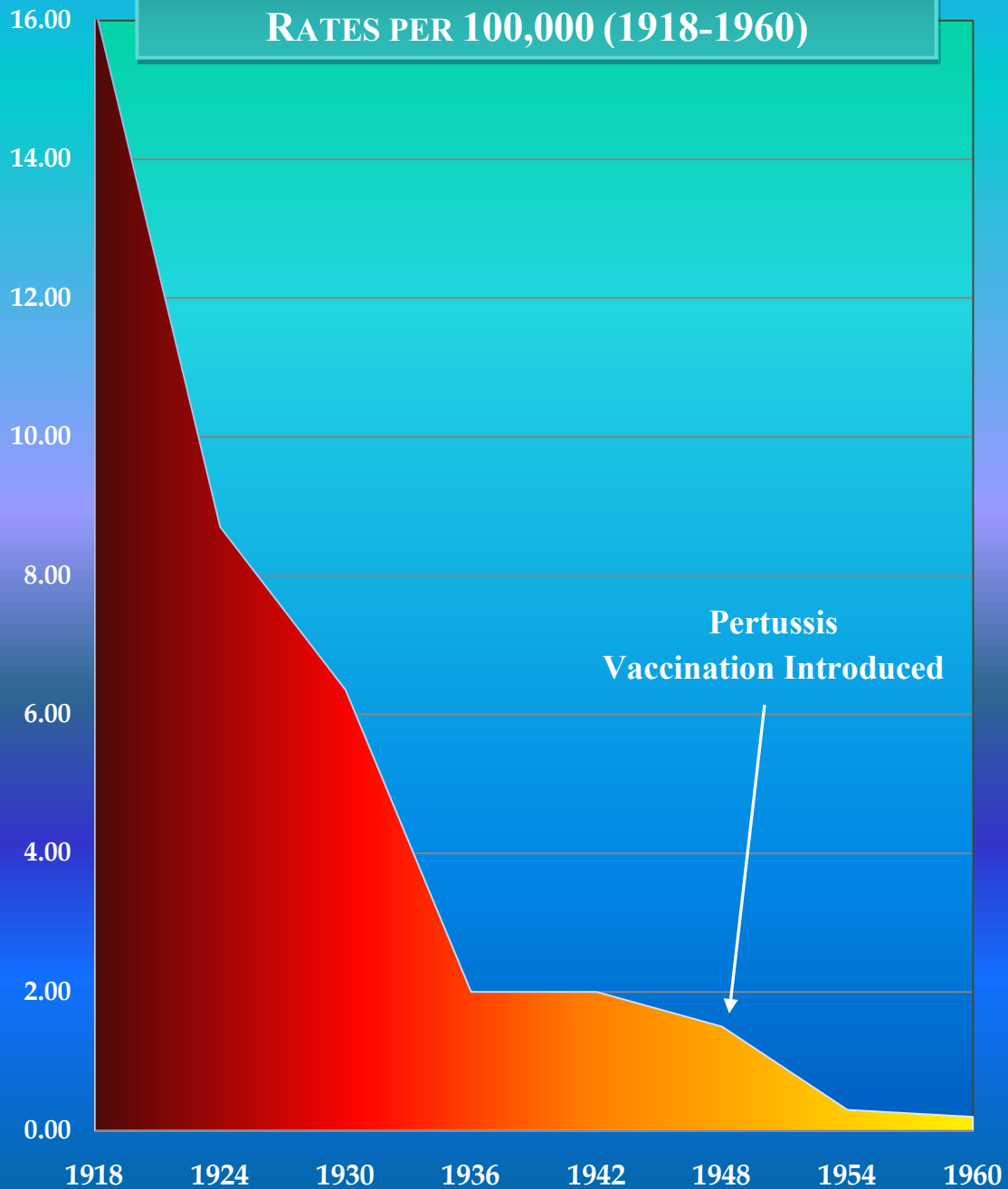
**FIGURE 6 - NEW ZEALAND  
TUBERCULOSIS MORTALITY  
RATES PER MILLION (1880-1960)**



**Source:** Director General Annual Mortality Reports Covering 1872-1960, New Zealand Parliamentary Journals for the Years Specified.

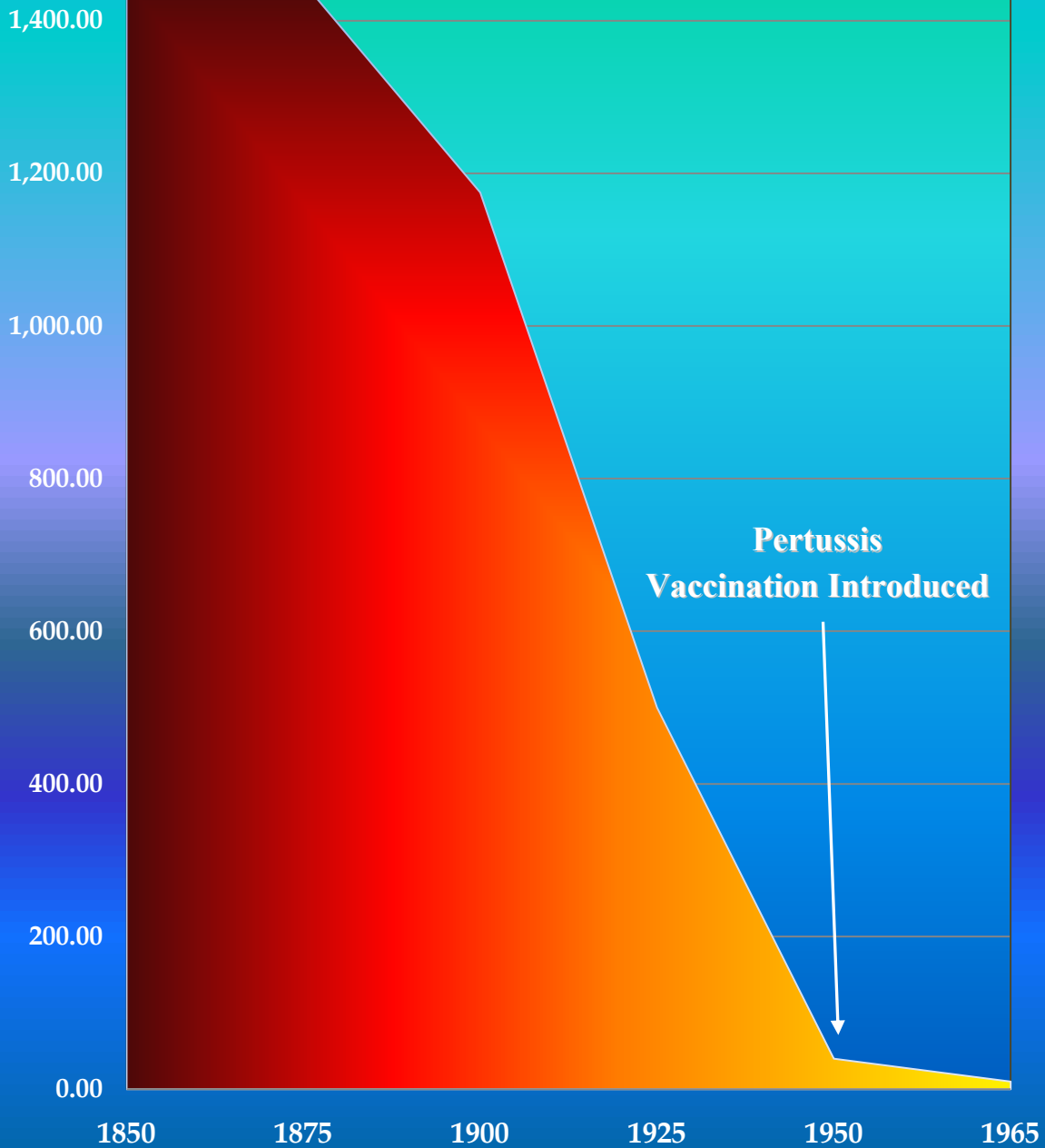


**FIGURE 7 – UNITED STATES  
MEAN ANNUAL PERTUSSIS MORTALITY  
RATES PER 100,000 (1918-1960)**

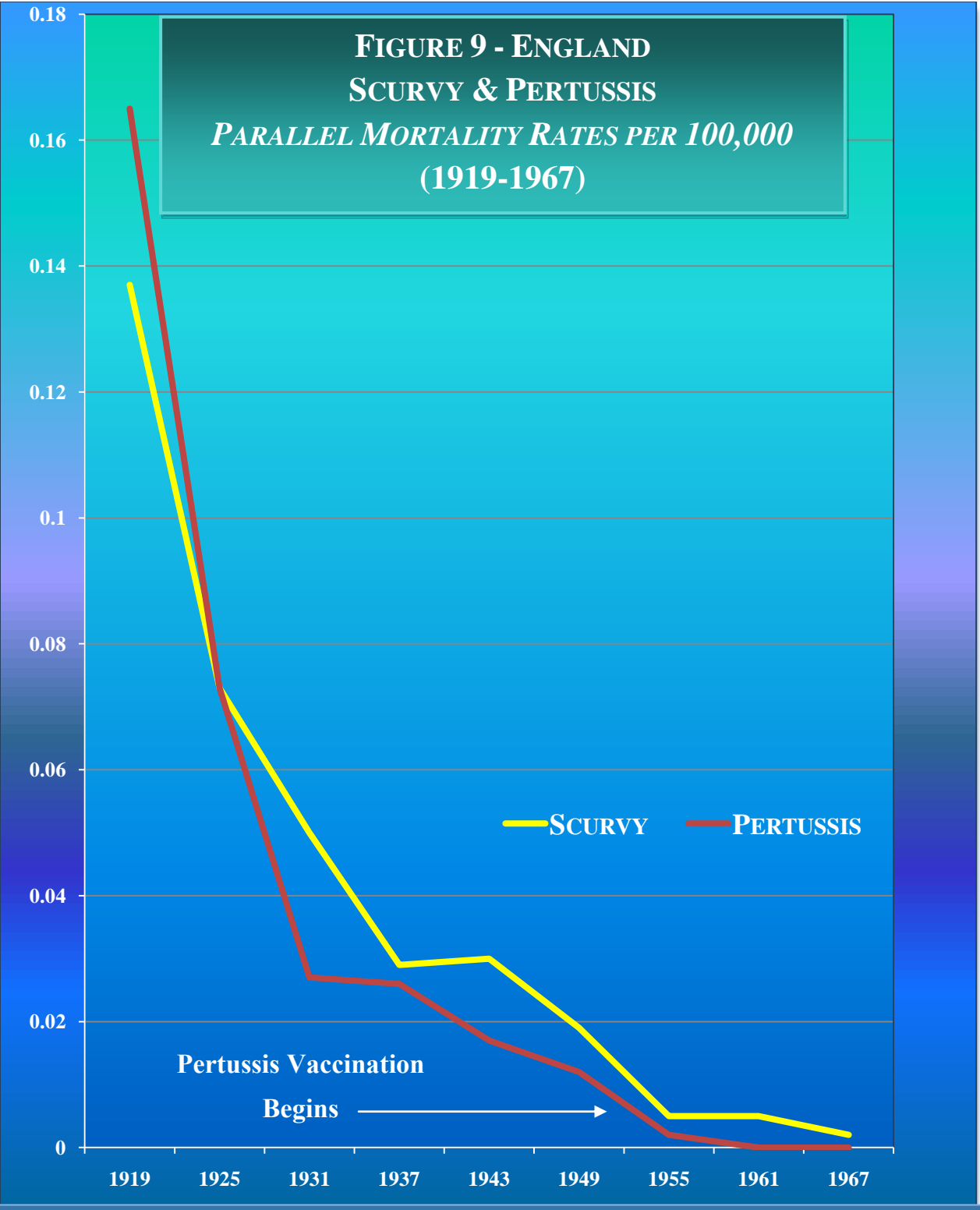


Source: Data derived from: Vital Statistics of the United States 1937-1960; and Historical Statistics of the United States: Colonial Times to 1970 Part 1 Ch. B Vital Statistics and Health and Medical Care, pp. 44-86H.

**FIGURE 8 - ENGLAND & WALES  
MEAN ANNUAL PERTUSSIS MORTALITY CASES  
CHILDREN UNDER 15 (1850-1965)**

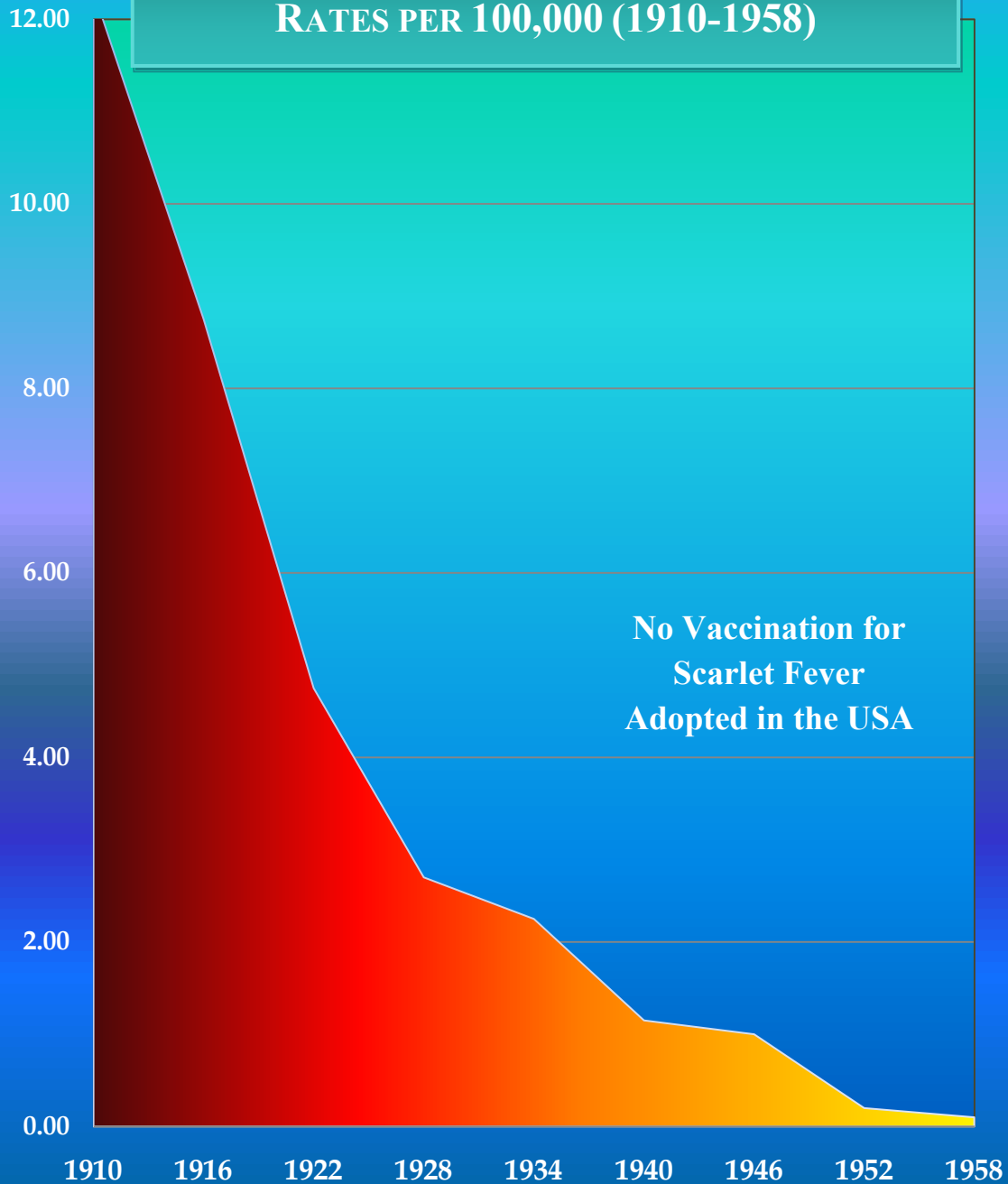


Source: Thomas McKeown, *The Role of Medicine: Dream, Mirage or Nemesis?*; Basil Blackwell; Oxford, UK; 1979; p. 103



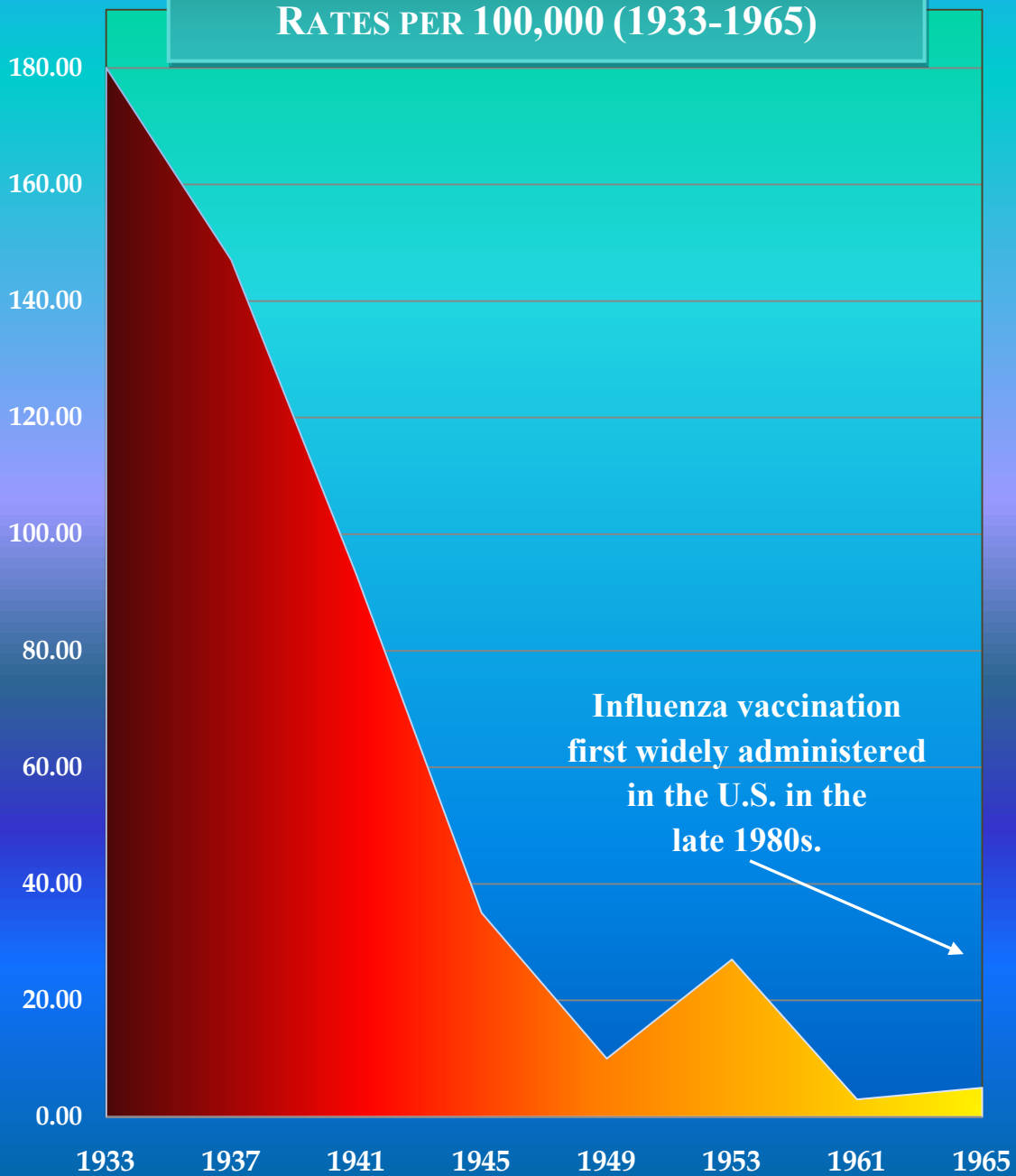
Sources: Data for years 1919-1967 Mortality Statistics: Deaths Registered in England & Wales; UK Office for National Statistics, 1997.

**FIGURE 10 – UNITED STATES  
MEAN ANNUAL SCARLET FEVER MORTALITY  
RATES PER 100,000 (1910-1958)**



Source: Data derived from - Vital Statistics of the United States 1937-1960; and Historical Statistics of the United States: Colonial Times to 1970 Part 1 Ch. B Vital Statistics and Health and Medical Care, pp. 44-86H.

**FIGURE 11 – UNITED STATES  
ANNUAL INFLUENZA MORTALITY  
RATES PER 100,000 (1933-1965)**



Source: Doshi, P., Trends in Recorded Influenza Mortality: United States 1900-2004, American Journal of Public Health, May 2008, vol. 98, no. 5, p. 941.

## FIGURE SET II.

### Immunization Effectiveness

Figures eleven (12) through twenty-four (24) graphically illustrate that immunization is not by any means a proven and foolproof measure for protection from various infectious disease conditions. It is often inconsequential epidemiologically, and in some cases it is shown to actually worsen health-care outcomes.

**Figure 12**

**Children Under 2 Yrs of Age  
Inactivated Influenza Vaccine**



**Source:** Cochrane Collaboration Database of Systematic Reviews, (John Wiley & Sons, Ltd.) 2006 (1) Article No. CD004879 – Covers 51 Studies on 260,000 children

**Figure 13**

**Elderly Living in Communities  
& Group Homes  
Inactivated Influenza Vaccine**



**Source:** Cochrane Collaboration Database of Systematic Reviews, (John Wiley & Sons, Ltd.) 2006 (3) Article No. CD004876 – Covers 64 Studies, over 40 years of influenza vaccination and see: <http://www.bmj.com/cgi/content/full/333/7574/912>

**Figure 14**

## **BCG for Tuberculosis**

Note: Tuberculosis higher among two (2) dose Vaccinated versus Placebo Group

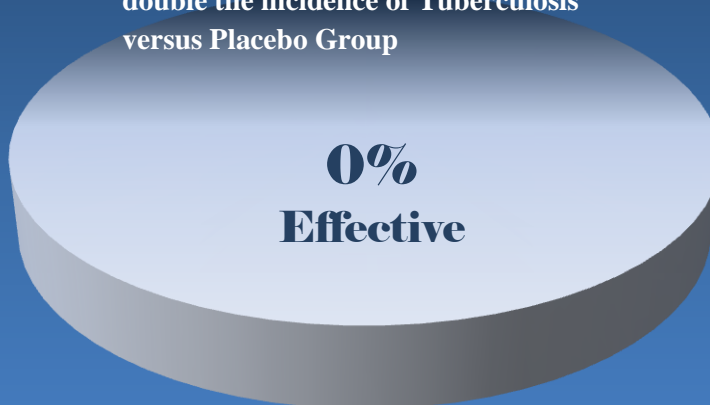


Source: Randomised controlled trial of single BCG, repeated BCG, or combined BCG and killed *Mycobacterium leprae* vaccine for prevention of leprosy and tuberculosis in Malawi; *The Lancet*, Volume 348, Issue 9019, Pages 17 - 24, 6 July 1996

**Figure 15**

## **BCG for Tuberculosis**

Note: In years 0-2.5 the vaccinated had double the incidence of Tuberculosis versus Placebo Group

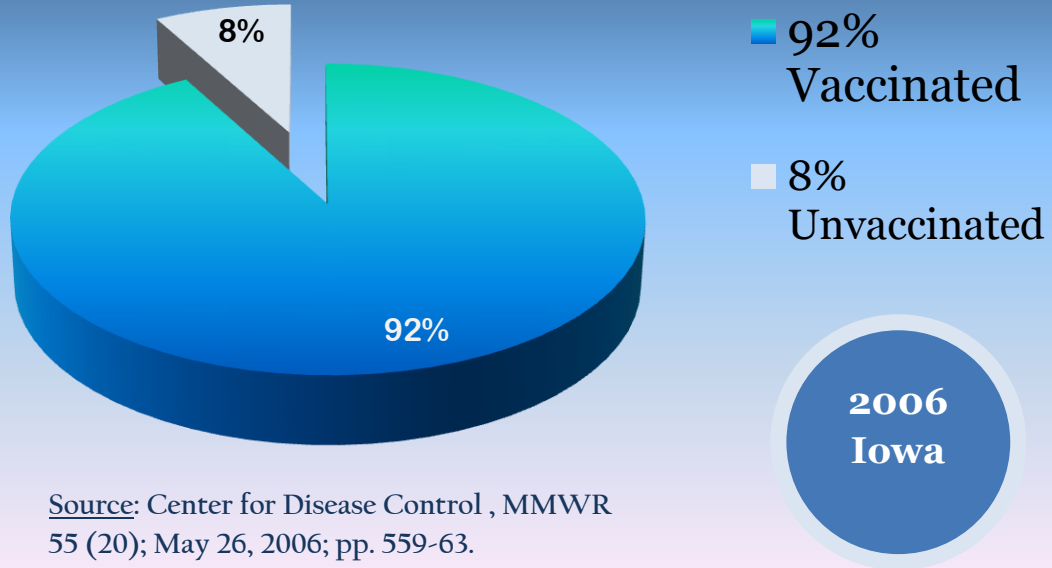


Source: Double blind randomized controlled trial of BCG's effectiveness on 250,000 subjects Tuberculosis Research Centre (ICMR), Chennai, India: *Indian Journal of Medical Research*, 110, August 1999, pp. 56-69.



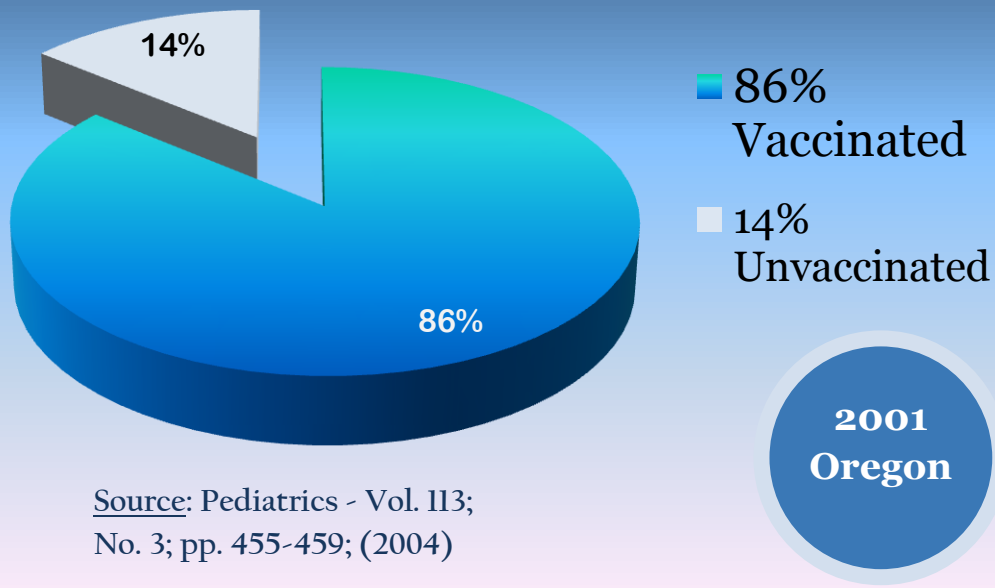
**Figure 16**

### MUMPS OUTBREAK IN HIGHLY VACCINATED POPULATION



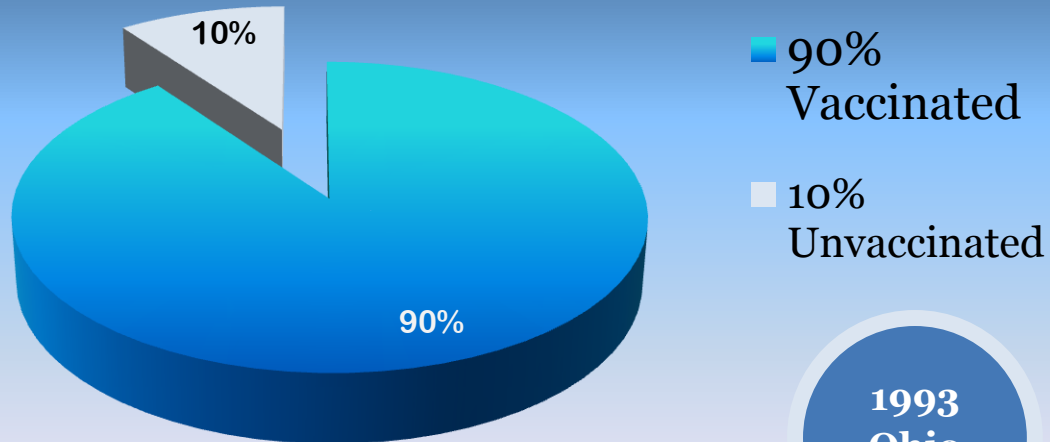
**Figure 17**

### CHICKENPOX OUTBREAK IN HIGHLY VACCINATED POPULATION



**Figure 18**

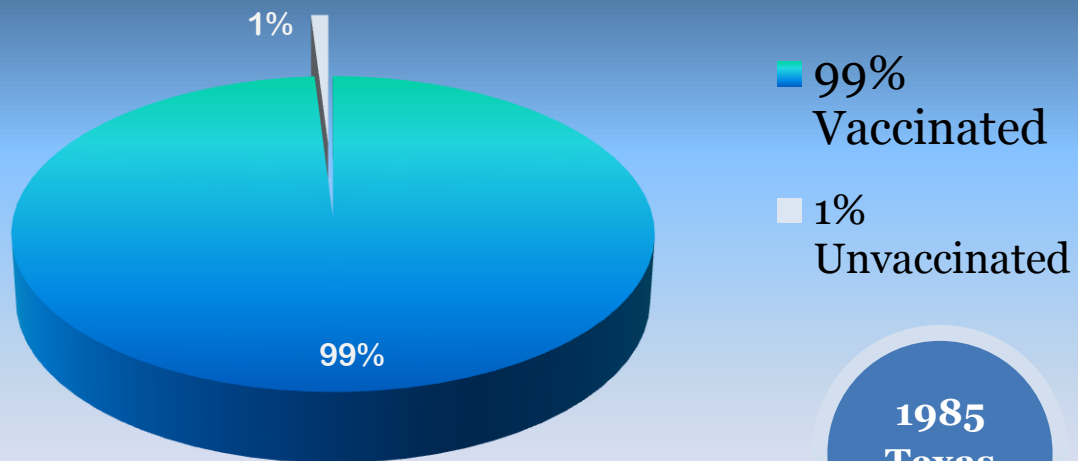
### PERTUSSIS OUTBREAK IN HIGHLY VACCINATED POPULATION



Source: N.Z. Miller; *Vaccine Safety Manual*,  
N.A. Press, Sante Fe, New Mexico; p. 140; (2008)  
(Refers to CDC & Official Surveillance data)

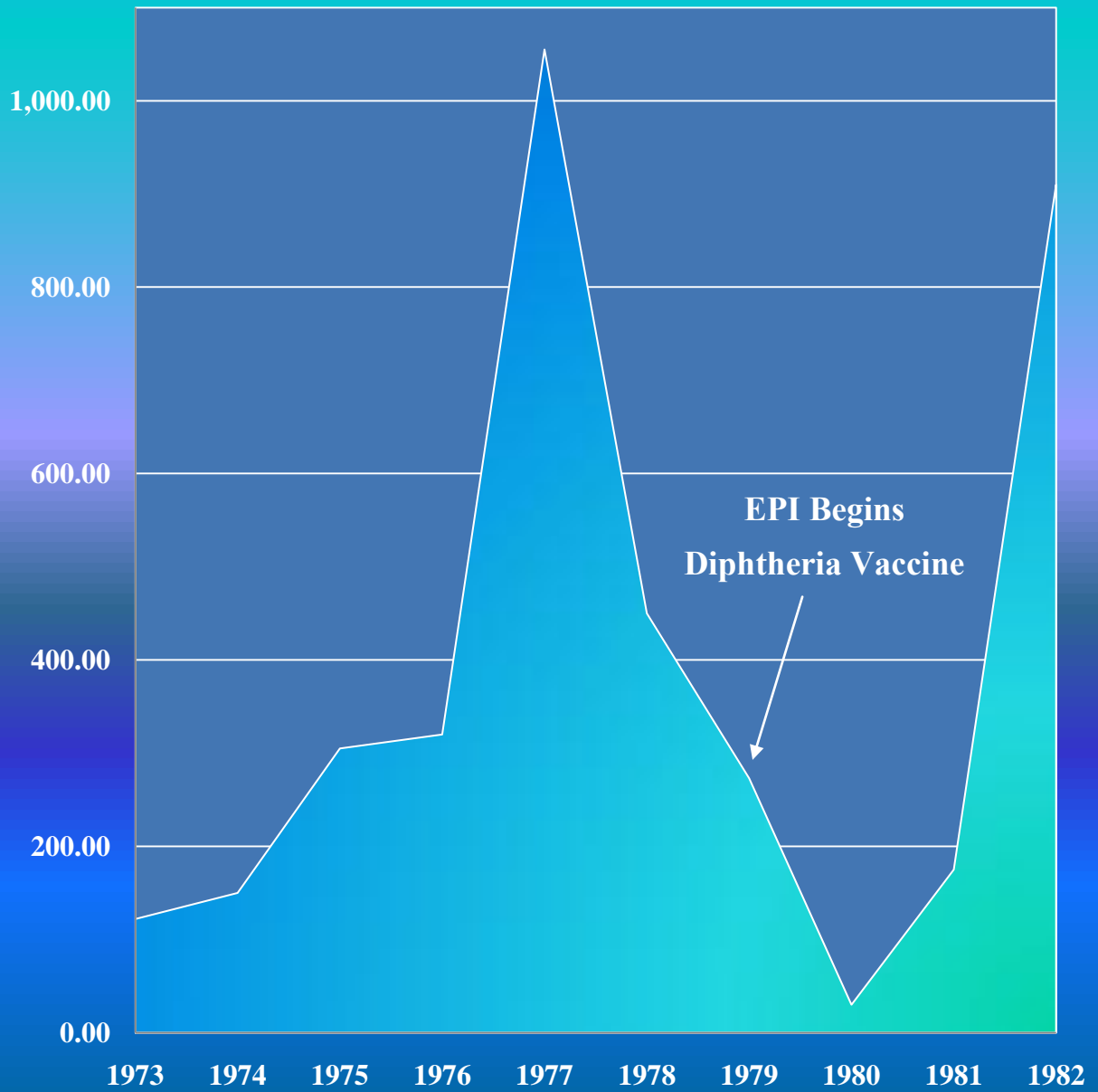
**Figure 19**

### MEASLES OUTBREAK IN HIGHLY VACCINATED POPULATION



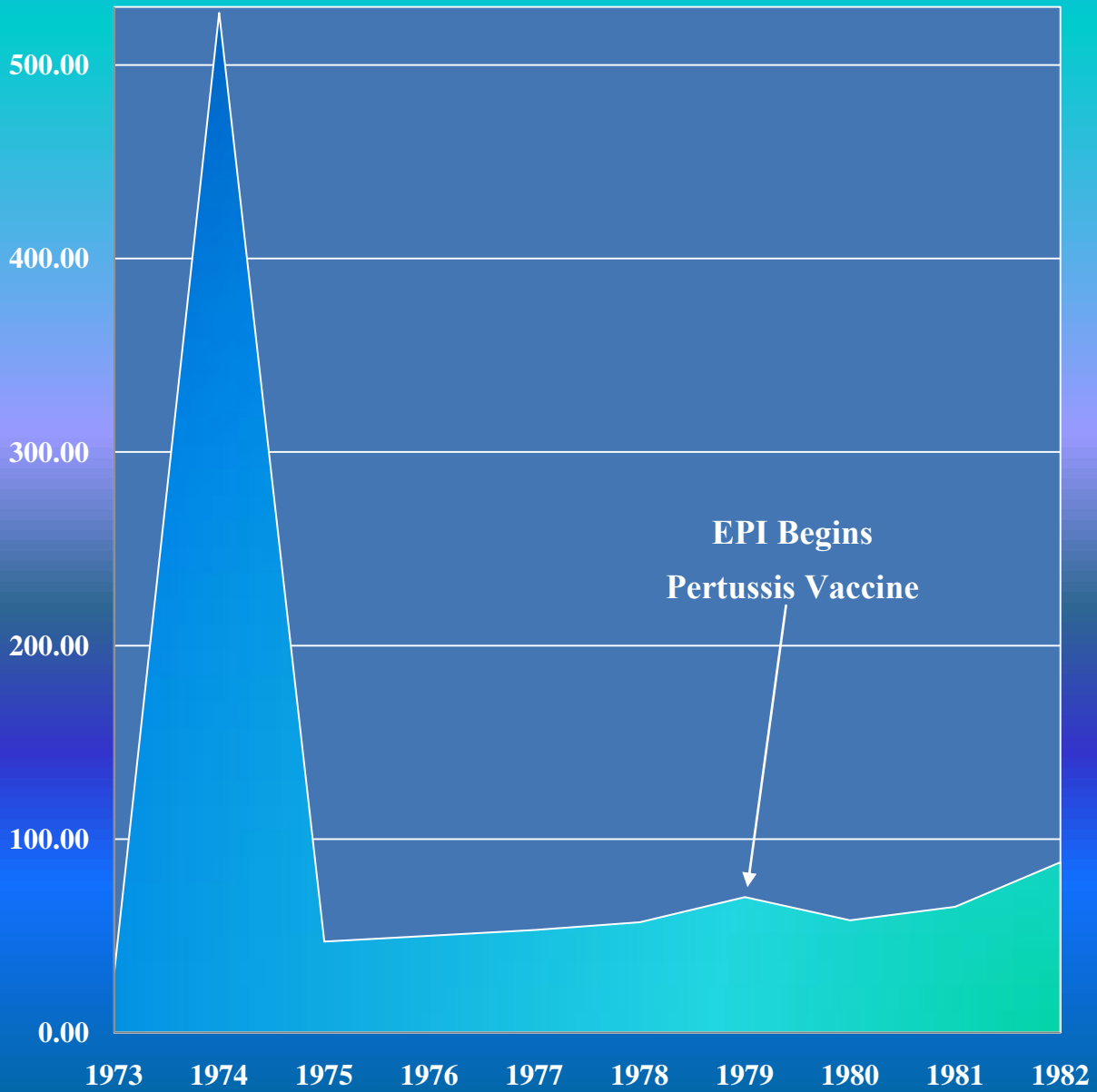
Source: *New England Journal of Medicine* -  
Vol. 316; No. 13; pp. 771-774; (1987)

**FIGURE 20 - NIGERIA**  
***DIPHTHERIA REPORTED CASES***  
**(1973-1982)**



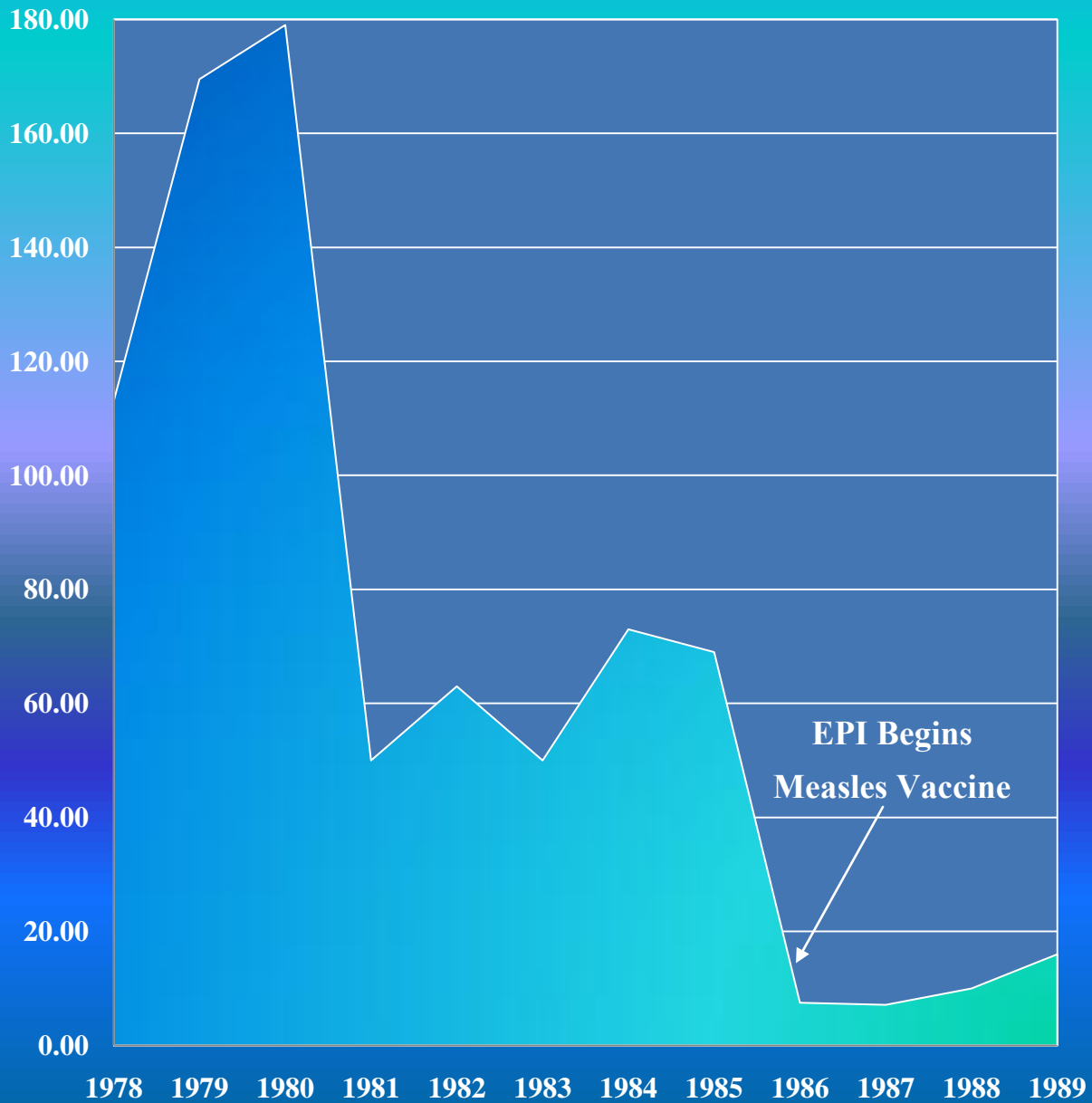
**Source:** E. Ekanem; A 10-Year Review of Morbidity from Childhood Preventable Diseases in Nigeria: How Successful is the Expanded Programme of Immunization (EPI)?; *Journal of Tropical Pediatrics*, Vol. 34; No. 6; UK; 1988; pp. 323-328.

**FIGURE 21- NIGERIA**  
*WHOOPIING COUGH CASE RATES PER 100,000*  
**(1973-1982)**



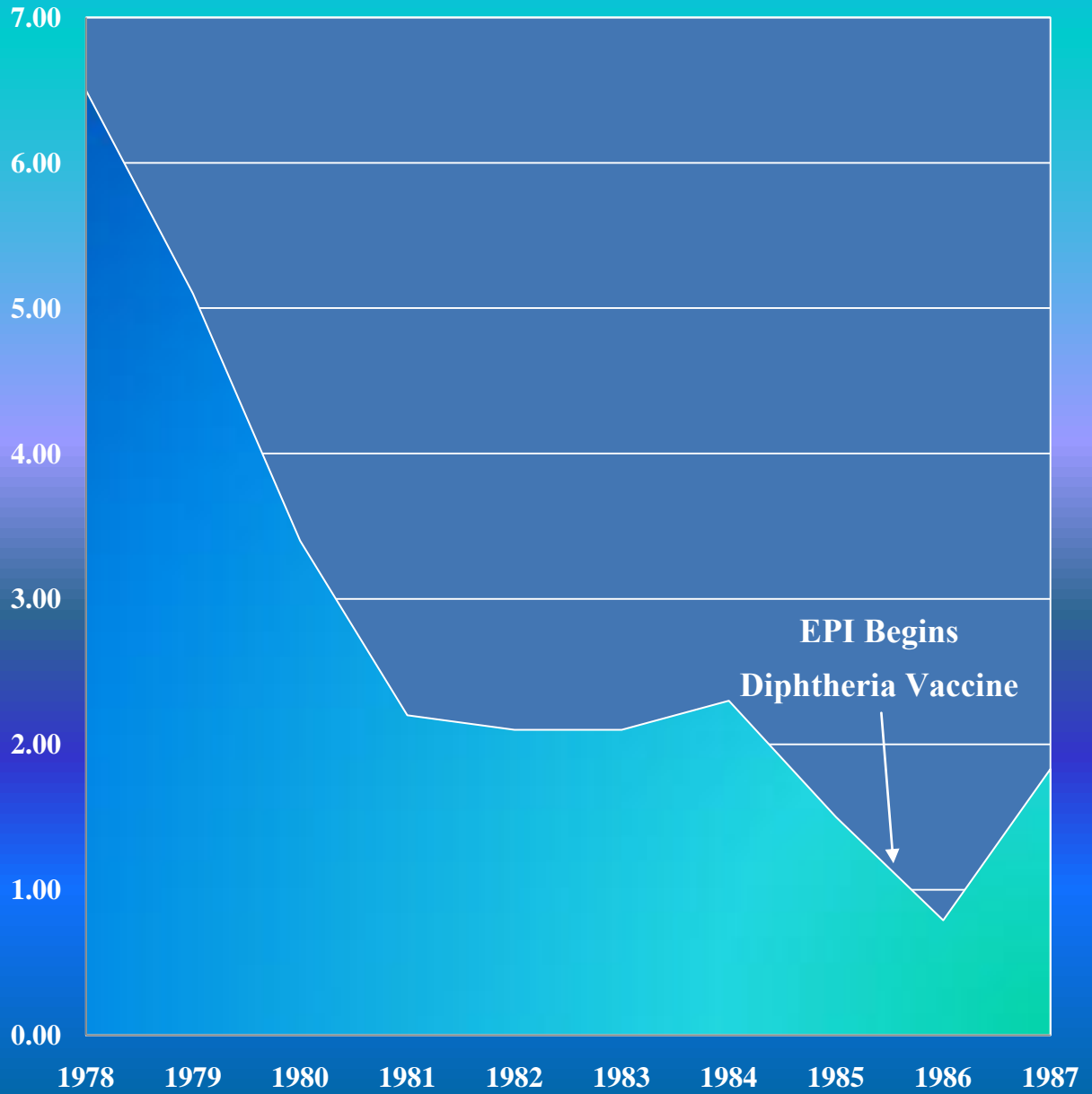
Source: E. Ekanem; A 10-Year Review of Morbidity from Childhood Preventable Diseases in Nigeria: How Successful is the Expanded Programme of Immunization (EPI)?; *Journal of Tropical Pediatrics*, Vol. 34; No. 6; UK; 1988; pp. 323-328.

**FIGURE 22 - DOMINICAN REPUBLIC  
MEASLES CASE RATES PER 100,000  
(1978-1989)**



**Sources:** Data for years 1978-1987 Taken from UNICEF Evaluation Publication No. 6, Santo Domingo, Dominican Republic, May 27, 1988; and Data for years 1988-1989 from personal communication from PAHO, EPI Unit, Aug. 21, 1990.

**FIGURE 23 - DOMINICAN REPUBLIC  
DIPHTHERIA CASE RATES PER 100,000  
(1978-1987)**



Source: Data for years 1978-1987 Taken from UNICEF Evaluation Publication No. 6, Santo Domingo, Dominican Republic, May 27, 1988.

**FIGURE 24 - DOMINICAN REPUBLIC  
*PERTUSSIS CASE RATES PER 100,000*  
(1978-1989)**



**Sources:** Data for years 1978-1987 Taken from UNICEF Evaluation Publication No. 6, Santo Domingo, Dominican Republic, May 27, 1988; and Data for years 1988-1989 from personal communication from PAHO, EPI Unit, Aug. 21, 1990.

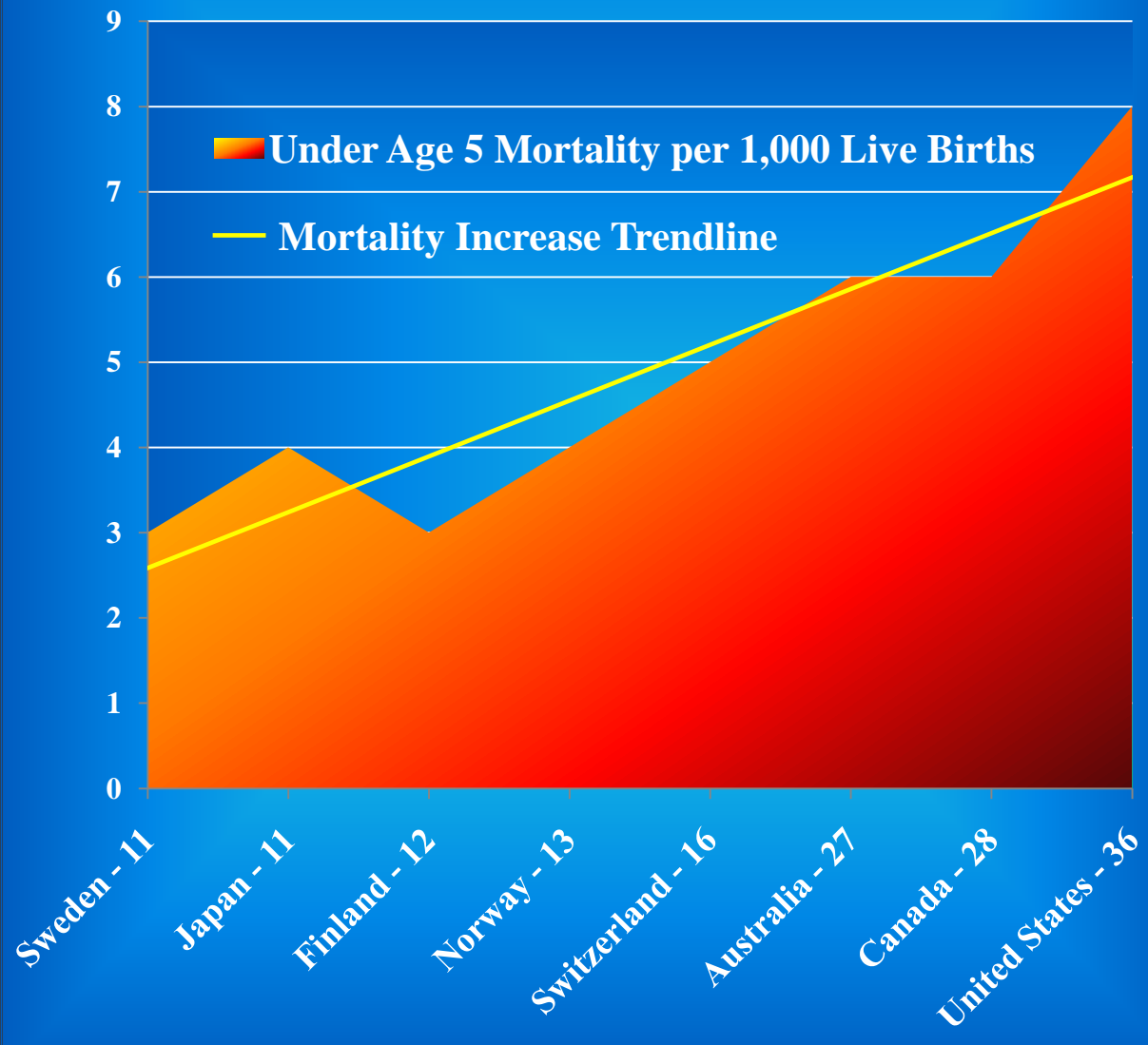
## FIGURE SET III.

### *Immunization Dangers*

Figures twenty-five (25) through thirty five (35) graphically illustrate that increases in the number of governmental mandated vaccine doses correlates with significant increases in death rates for children under the age of five (5); and that the practice is linked to sudden infant death syndrome; various degenerative diseases, including diabetes; and appears to cause general immune system impairment in infants and children. Evidence also points to the practice of immunization as a principal factor in the recent massive increases in neurodegenerative conditions such as autism in children.

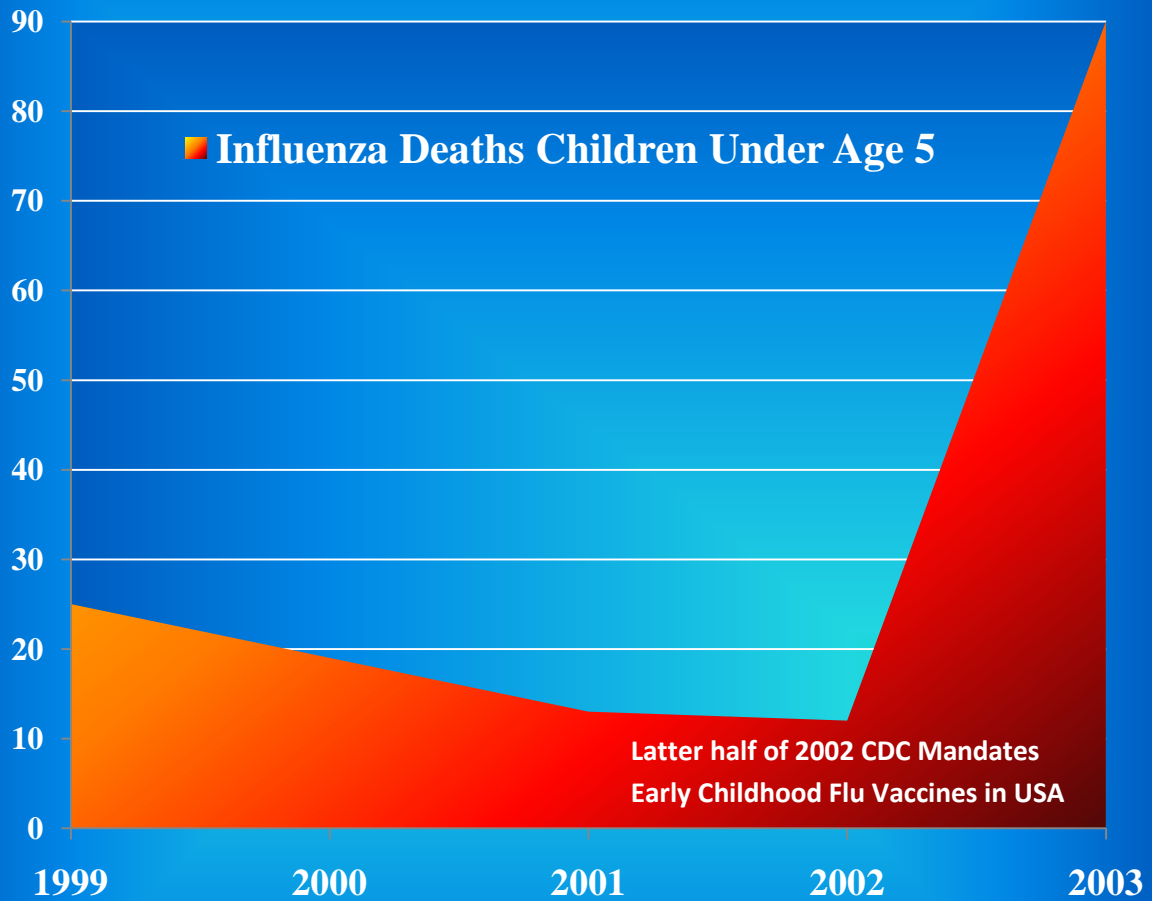


**FIGURE 25 - COUNTRIES & NUMBER OF VACCINE DOSES MANDATED TO AGE 5**  
*UNDER AGE 5 MORTALITY RATES FOR 2007*



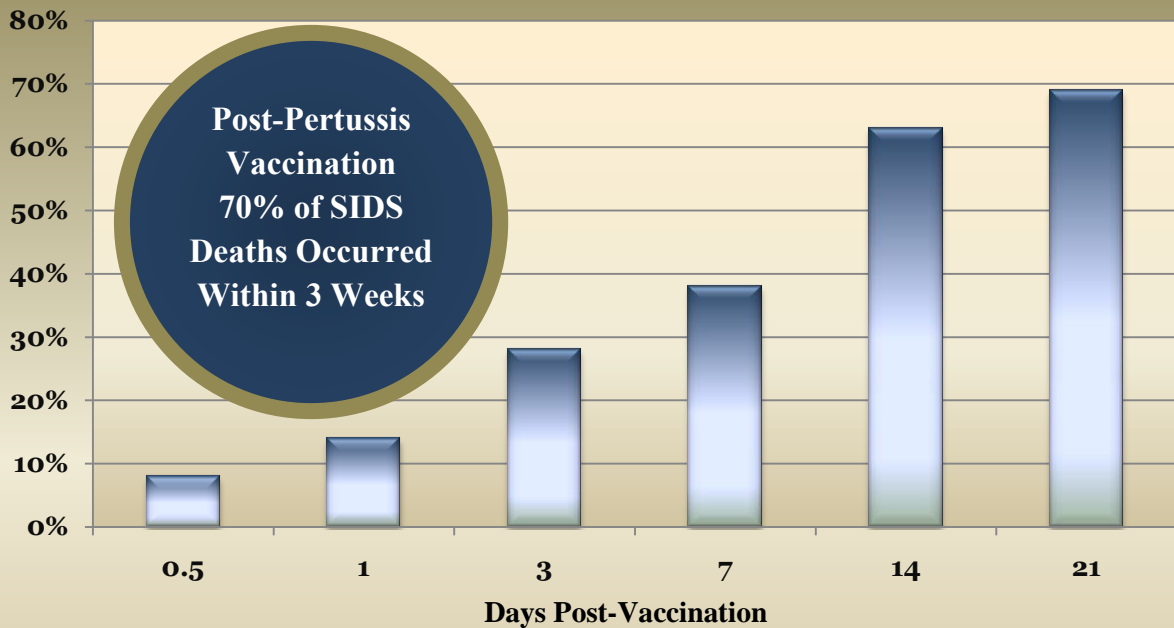
Under Age 5 Mortality statistics derived from: World Health Organization – World Health Statistics 2009 Report [http://www.who.int/whosis/whostat/EN\\_WHS09\\_Table1.pdf](http://www.who.int/whosis/whostat/EN_WHS09_Table1.pdf)  
 & Govt. Mandated Vaccines figures derived from: Generation Rescue Inc. 2009 <http://www.generationrescue.org/documents/SPECIAL%20REPORT%20AUTISM%202.pdf>

**FIGURE 26 - UNDER AGE 5 INFLUENZA DEATHS  
BEFORE AND AFTER U.S. CDC MANDATES  
FLU VACCINES IN EARLY CHILDHOOD**



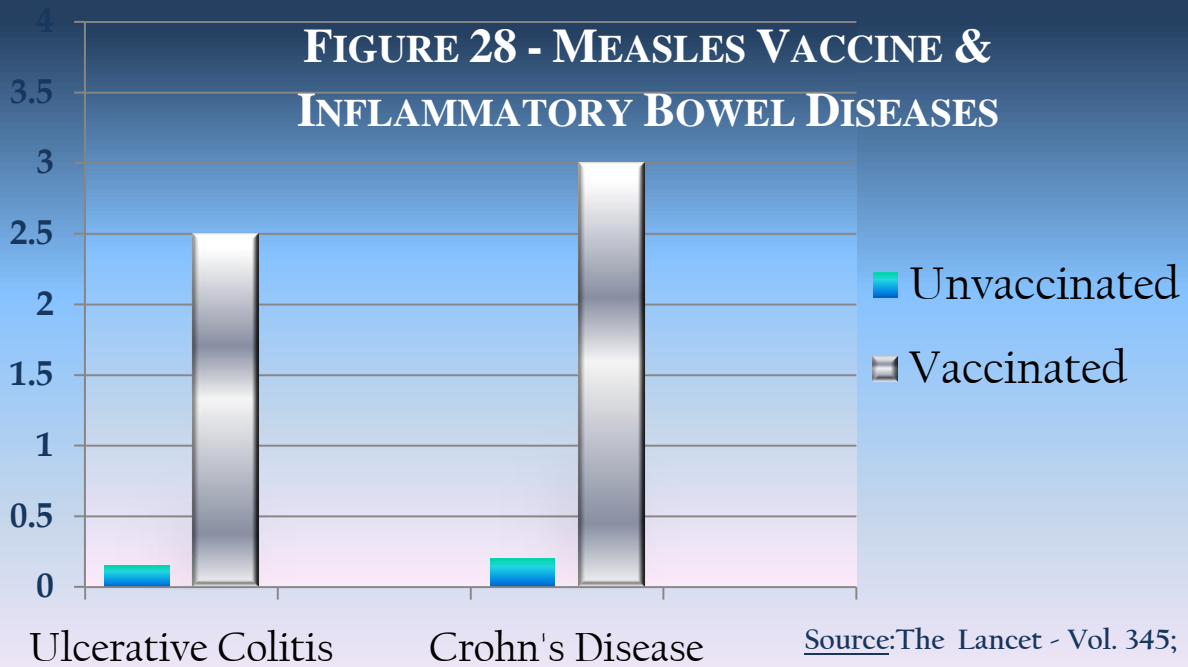
Under Age 5 Influenza Mortality statistics derived from: Center for Disease Control Vital Statistics Reports covering Years 1999-2003 reported in Miller, N.Z., Vaccine Safety Manual, New Atlantean Press, Sante Fe, New Mexico, 2008, p. 97.

**FIGURE 27 - PERTUSSIS VACCINE & SUDDEN INFANT DEATH SYNDROME**



2/3 of 103 infants had been vaccinated with pertussis prior to death, of which 6.5% died within 12 hours; 13% within 24 hours; 26% within 3 days; 37%, 61% & 70% within 1, 2, & 3 weeks respectively. Source: Torch W., Neurology - 32 (4 - Pt. 2) A, 1982, pp. 169-170.

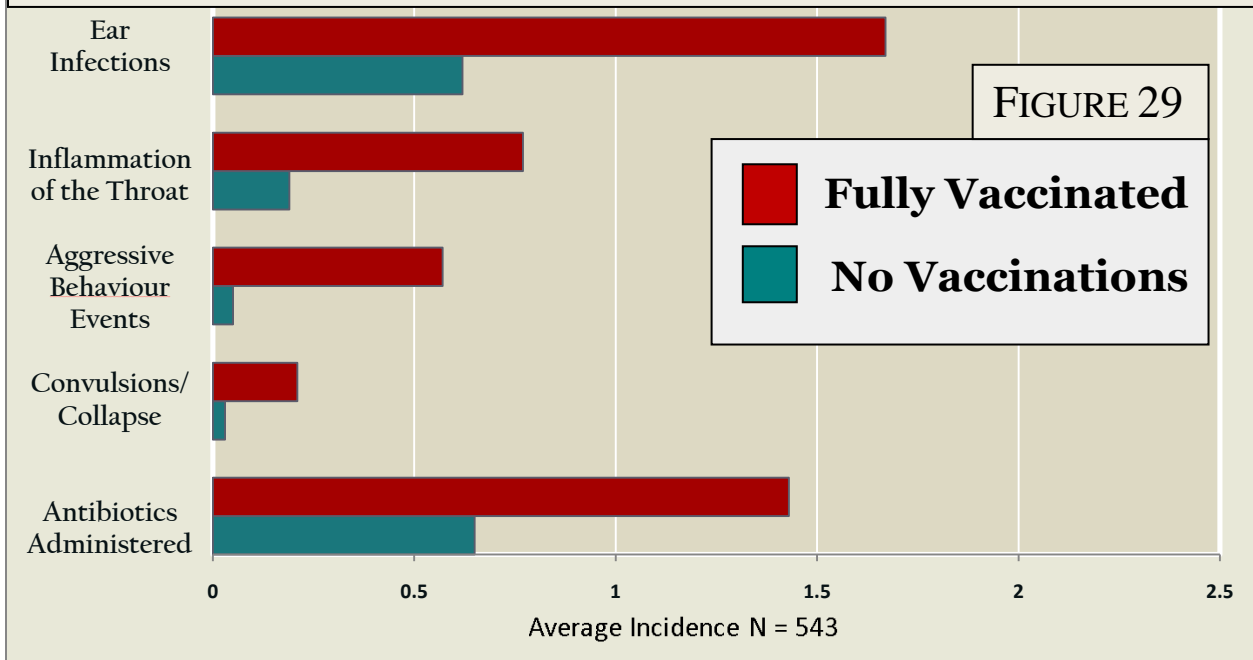
**FIGURE 28 - MEASLES VACCINE & INFLAMMATORY BOWEL DISEASES**



Source: The Lancet - Vol. 345; 8957; 1995, pp. 1062-1063.

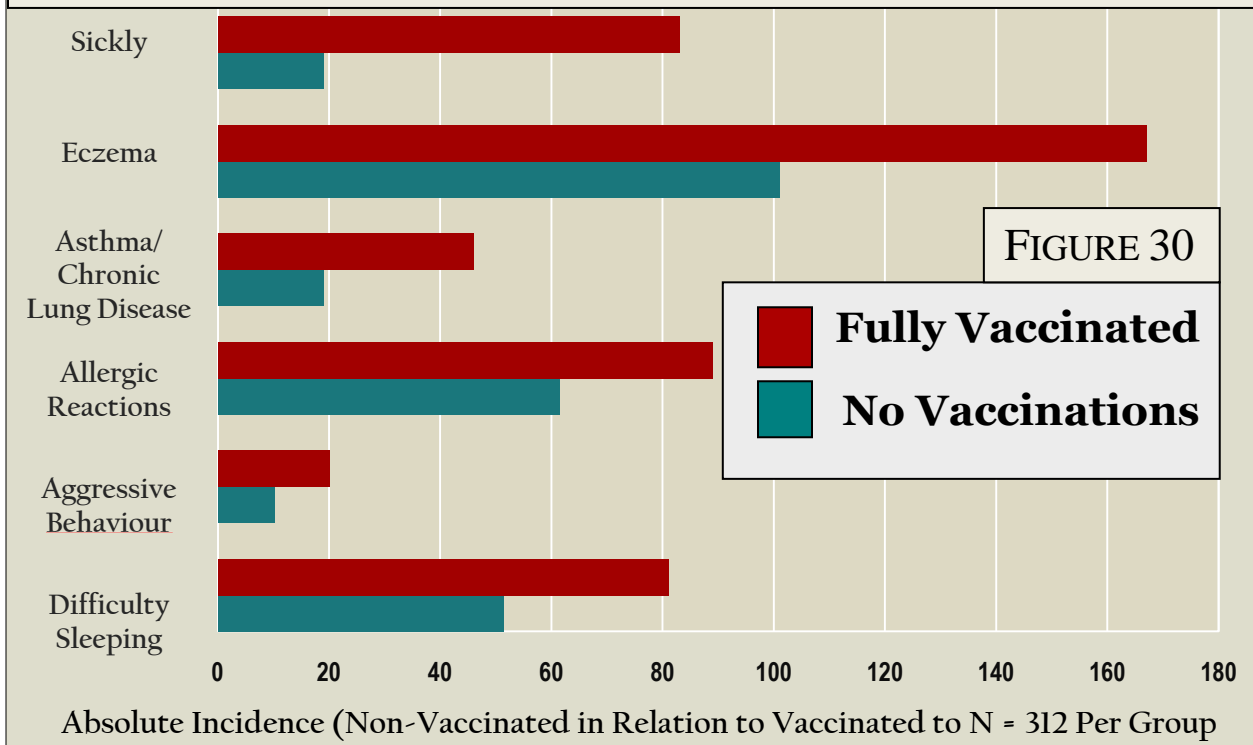
## Average Incidence First Five (5) years of Life

*Nederlands Vereniging Kritisch Prikken 2004 Survey Findings*

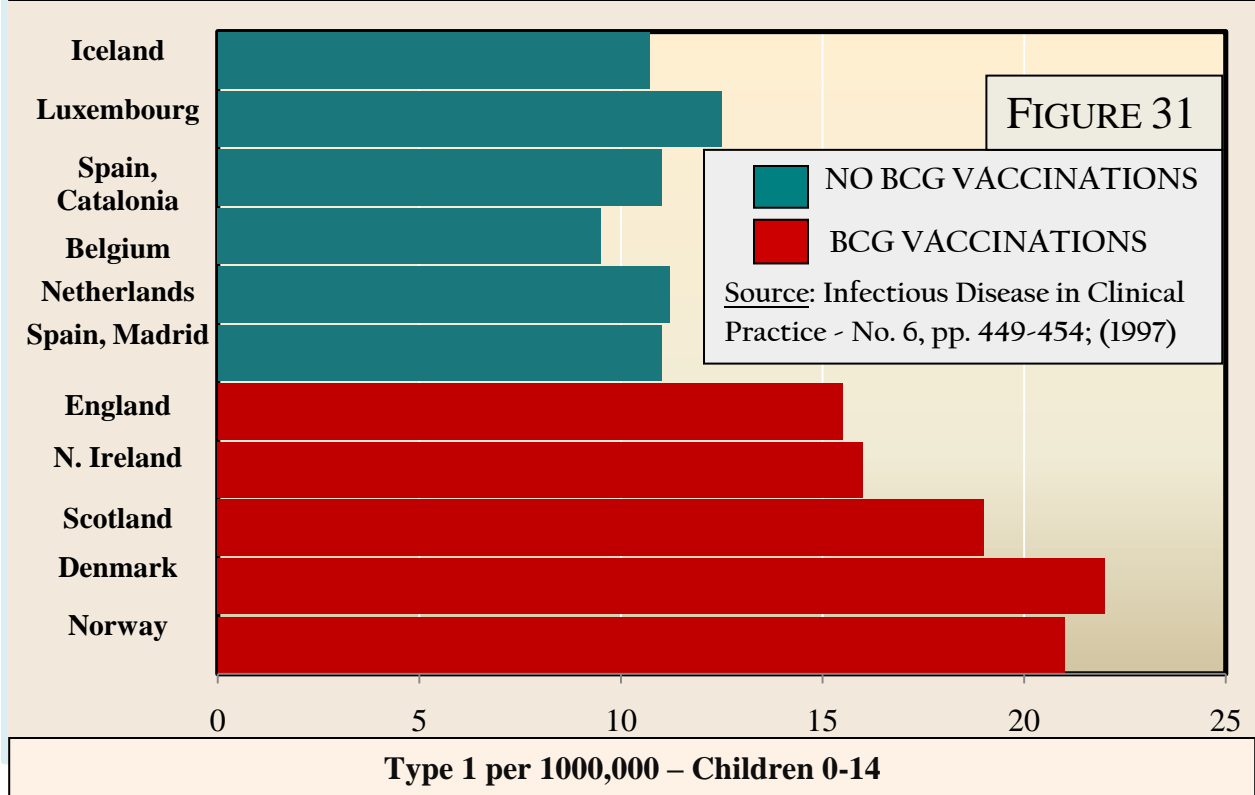


## Absolute Incidence N=543

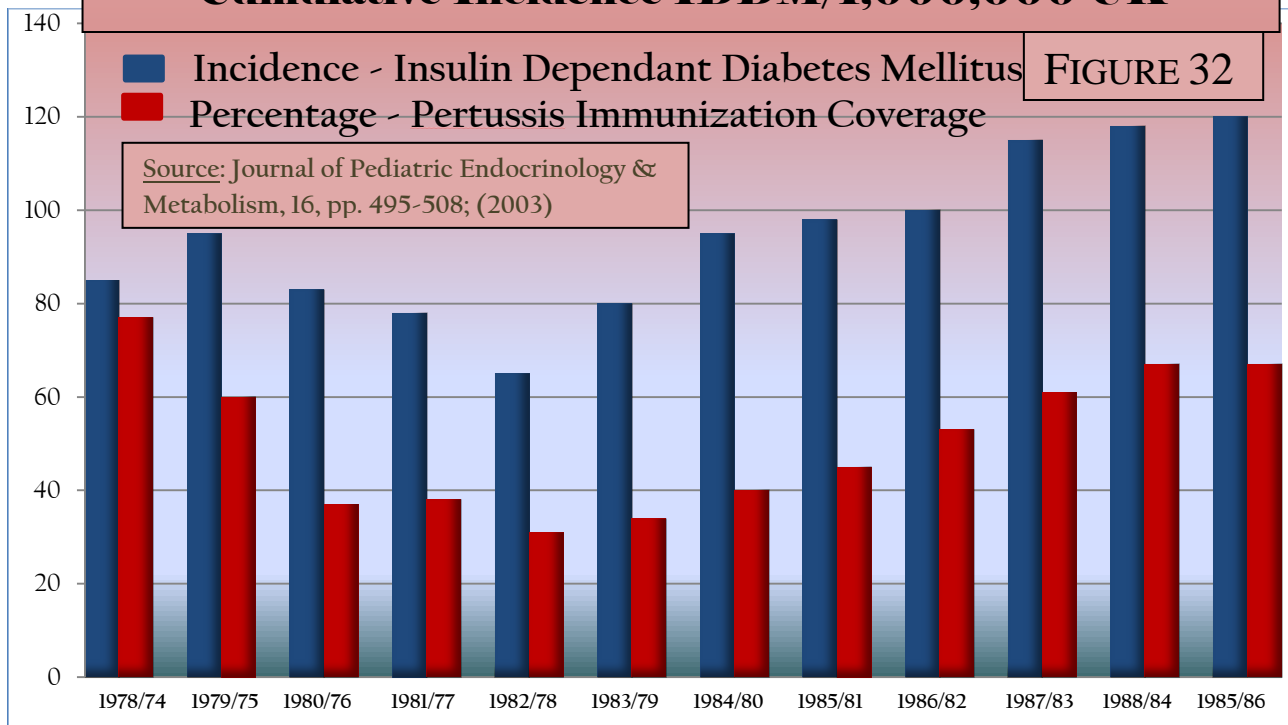
*Nederlands Vereniging Kritisch Prikken 2004 Survey Findings*



## BCG Mandated in Schools & Diabetes Rates

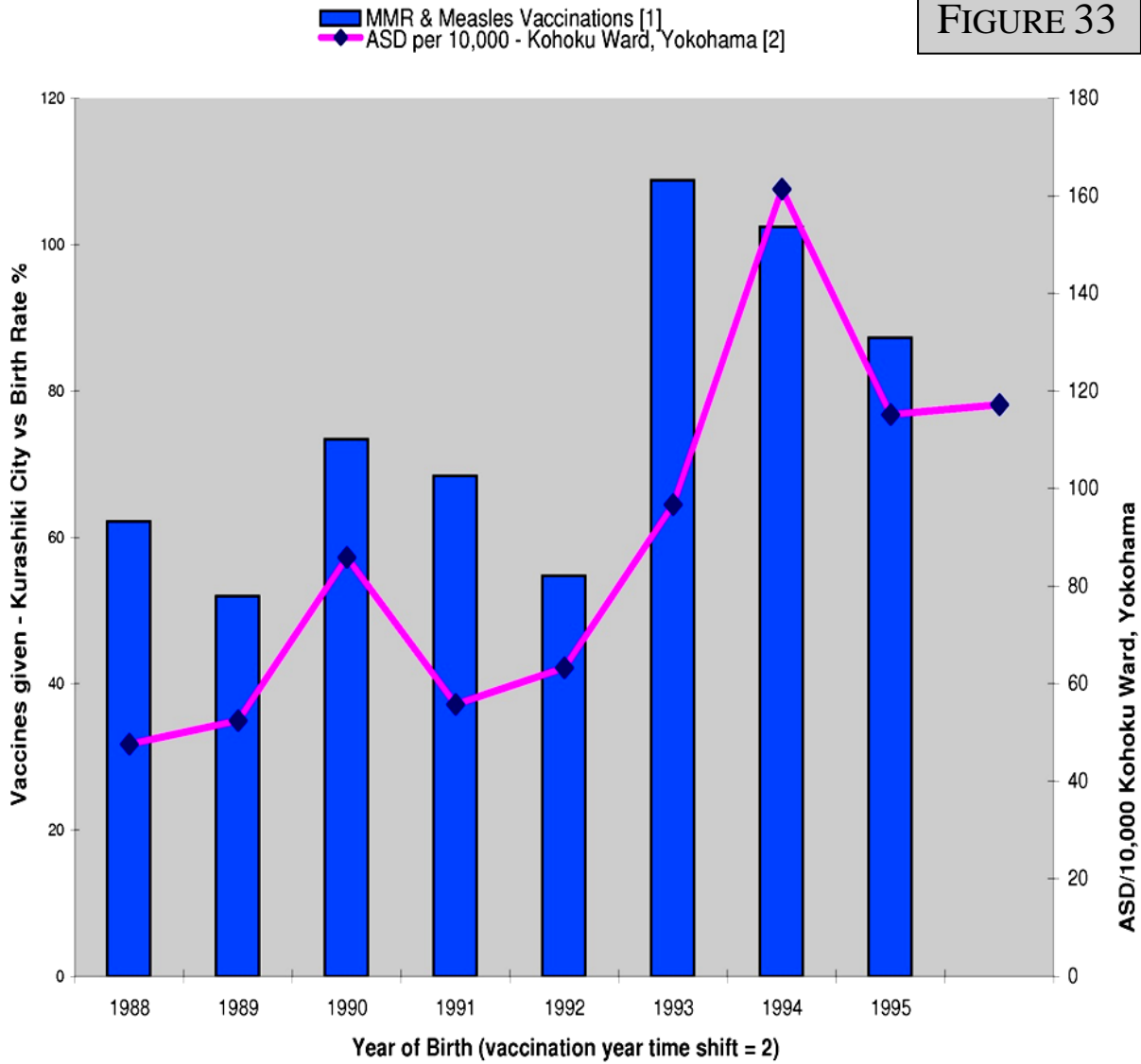


## Cumulative Incidence IDDM/1,000,000 UK



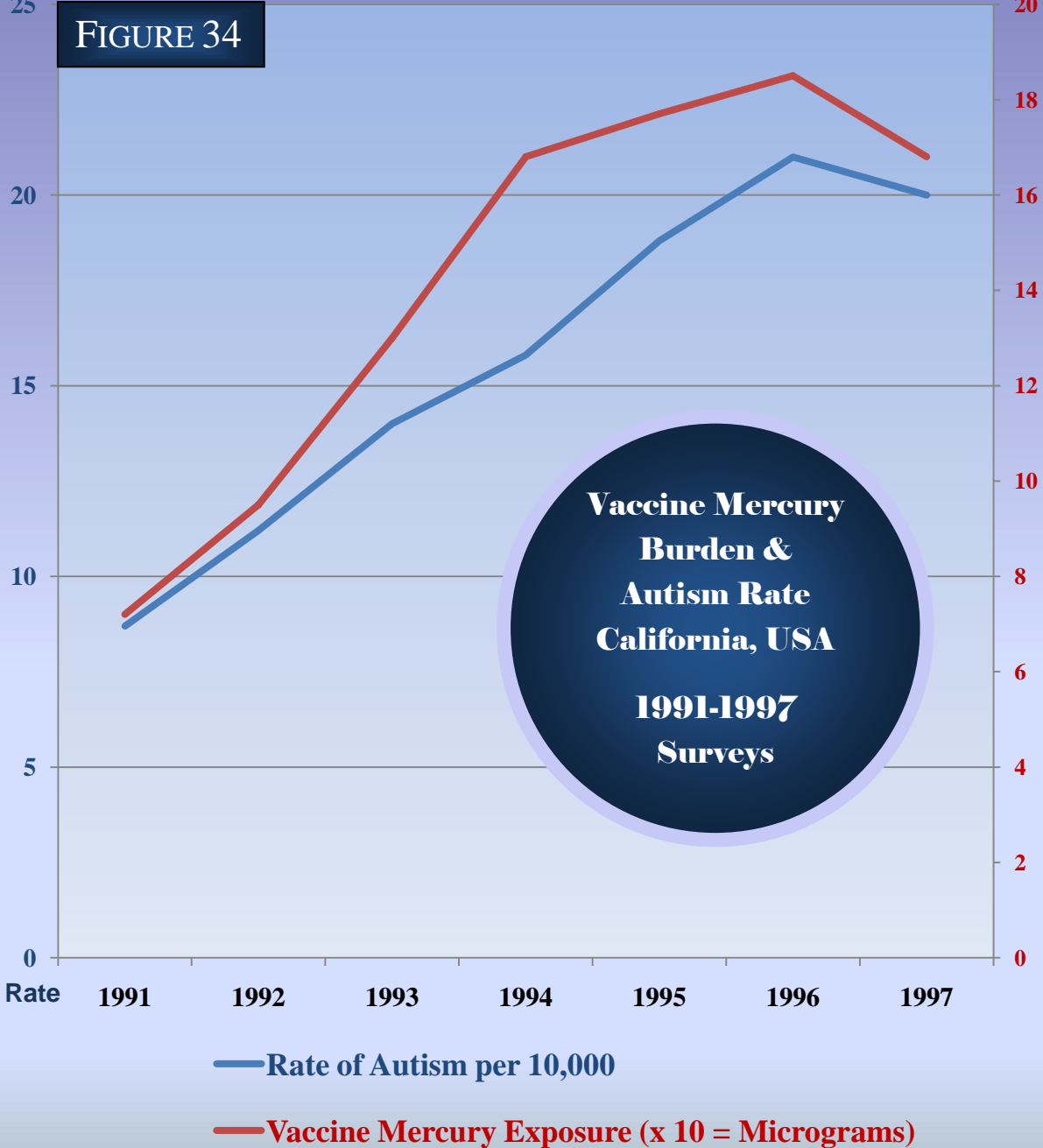
Autism In Japan vs MMR & Measles Vaccination Uptake by birth cohort 1988 - 1996

FIGURE 33



<http://childhealthsafety.wordpress.com/2009/06/03/japvaxautism/> Figure based on: Kihei Terada et. al.; Alterations in epidemics and vaccination for measles during a 20 year period and a strategy for elimination in Kurashiki City, Japan; Kawasaki Medical School 2002 Mar; 76 (3):pp. 180-4. Correlated with: H. Honda et. al.; No effect of MMR withdrawal on the incidence of autism: a total population study; Journal of Child Psychology & Psychiatry; June 2005 (6); pp.572-579

**FIGURE 34**



**Vaccine Mercury  
Burden &  
Autism Rate  
California, USA  
1991-1997  
Surveys**

Source: Adapted from Blaxil, M., Vaccine Mercury Burden & Autism Risk (US) IOM 7/2001, [http://www.healing-arts.org/children/marksslide\\_files/slide0003.htm](http://www.healing-arts.org/children/marksslide_files/slide0003.htm)

**AT ONE MONTH OF AGE, HIGH MERCURY EXPOSURES RESULTED IN ELEVATED RELATIVE RISKS FOR SEVERAL NEUROLOGICAL DISORDERS, INCLUDING AUTISM**

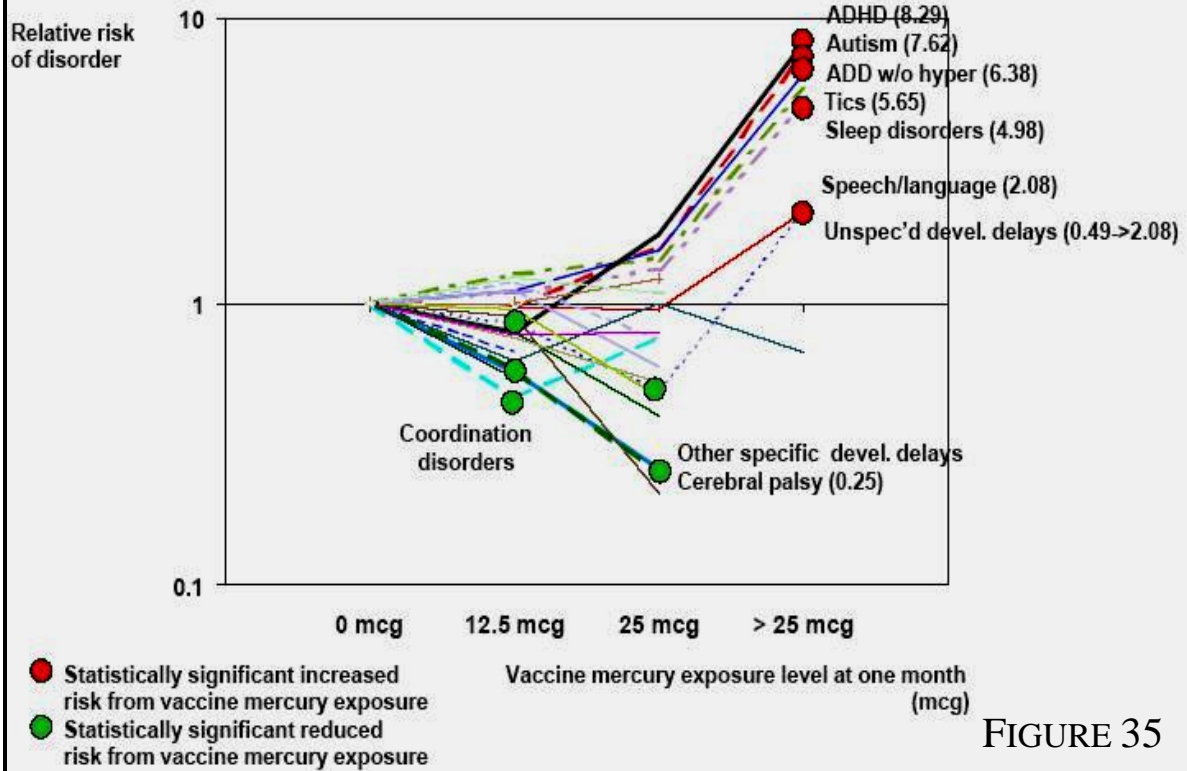


FIGURE 35

Source: <http://www.evidenceofharm.com/UCSD.ppt#363,27,VSD>: Generation Zero