vScience Bites Radio

small bites you can remember
to bite them in the behind

We will cover one vaccine per month in great detail.
June 27, 2019:
Hepatitis B – Part 2
www.Courses4Mastery.com
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The format that we use for vScienceBites is:
In Week 1:

1. The Illness
2. The History of the Vaccine
3. The Vaccine ingredients.

vScienceBites, Hepatitis B Part 1: http://www.robertscottbell.com/vscience-bites/

VaccineU Course on Hepatitis B here: https://www.vaccineu.com/hepb

On the June 13 vScienceBites began the discussion on Hepatitis B:

1. We talked about the infection, Hepatitis B – the illness and the virus. Humans are the only known natural host of the hepatitis B virus and the liver is the only organ where it is known to replicate. But what is VERY IMPORTANT is the fact that more than 95% of persons who contract a hepatitis B infection recover **uneventfully and fully;** that is partially why there are no treatments for acute illness.

2. We reviewed why those who were most at risk for Hep B infections – IV drug using, homosexual men – refused the early vaccine. We then reviewed the 1991 paper advocating for hepB vaccine to be given at birth.
https://www.cdc.gov/mmwr/preview/mmwrhtml/00033405.htm

3. We reviewed the two hepatitis B vaccines currently on the market and discussed some of the adverse reactions known to occur in the **yeast-derived hepatitis B** vaccines, including hives, neurological conditions, autoimmune conditions such as lupus, and a long list of others.
https://www.sciencedirect.com/science/article/pii/S0264410X97002144

4. We also advocated for parents to ALWAYS review all paperwork before going to hospital to give birth – or for any other reason. **We sited studies showing how Standing Orders work … against you.**

Here in Part 2 on Hepatitis B, we're going to discuss vaccine side effects and vaccine failures.

4. Vaccine Side effects

The first study we'll discuss today, published in 2016, found MANY abnormalities when the hepatitis B vaccine was given to infant mice in a series of three vaccines. The vaccine was given to mice at day 0, 7 and 21 which was found by previous investigations to correspond with day 0, 30 and 180 in baby humans.

Nov. 2016: Journal - Psychoneuroendocrinology – (abstract)

"Neonatal hepatitis B vaccination impaired the behavior and neurogenesis of mice transiently in early adulthood" https://www.sciencedirect.com/science/article/abs/pii/S0306453016305145

The full text of the article reveals that the vaccine used contained aluminum.
Here are the results:

1. HBV decreased motor activity and increased anxiety
2. HBV impaired spatial cognition and impaired hippocampal LPT.
   LTP, which stands for Long-Term Potentiation, is widely considered to be part of learning and memory.
3. HBV induced pro-inflammatory microglial activation
4. HBV shifted the immune profile toward TH2 dominance
5. HBV impaired hippocampal neurogenesis and
6 **HBV induced significantly higher level of interleukin (IL)-4.**

These findings suggest that neonatal HBV vaccination resulted in neurobehavioral impairments by inducing a pro-inflammatory cytokines that damage hippocampus." The hippocampus is involved in the storage of long-term memory, which includes all past knowledge and experiences.

Nov 27, 2014 – Journal: Immunological Research (abstract)

"Chronic fatigue syndrome and fibromyalgia following immunization with the hepatitis B vaccine: another angle of the 'autoimmune (auto-inflammatory) syndrome induced by adjuvants' (ASIA) https://link.springer.com/article/10.1007%2Fs12026-014-8604-2

A long list of symptoms and conditions have been associated with the hepatitis B vaccine. One condition, **ASIA syndrome**, is an acronym for Autoimmune Inflammatory Syndromes Induced by Adjuvants. In this study, the records of 19 patients were

analyzed who were diagnosed with CFS and/or fibromyalgia after HBV- 68% were females and the latency period from last dose of vaccine to onset of symptoms ranged from **days (mean of 38 days) to several years.** Symptoms commonly reported were neurological (84%), musculoskeletal (79%) and then a litany of psychiatric, fatigue, GI and skin complaints. Autoantibodies were detected in 71% of patients. **This study suggests that CFS and FM can be temporally related to HepB vaccines.**

5. Vaccine failure

The term vaccine non-responsiveness, also called **primary vaccination failure**, is described by the inability of the vaccinated person to mount a sufficient "protective antibody response" after primary or booster vaccination.

Jan 2016 – Journal: Human Vaccination Iummunotherapy – (full text)
Primary vaccine failure to routine vaccines: Why and what to do?
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4962729/

A sero-protection response is defined as a post-vaccination measurement of hepatitis B surface antibodies (anti-HBs)of ≥ 100 IU/L. Up to 10% of individuals do not make an adequate antibody level to the hepatitis B surface antigen. Subjects who HBsAg-antibody titers of <10 mIU/ml **1–6 months post-vaccination**, who tested negative for HBsAg and anti-HBcAg are defined as non-responders.

Aug 2014 – Journal: World Journal of Gastroenterology – (full text)
"Hepatitis B vaccine by intradermal route in non-responder patients: An update"
https://www.wjgnet.com/1007-9327/full/v20/i30/10383.htm

The most documented of all vaccine for non-responsiveness the hepatitis B vaccine. There are many reasons why a person may not develop Hepatitis B antibodies after HBV vaccination – here are a few:

- **Social factors**: drug abuse, smoking, infections such as HIV, and obesity
- **Health conditions:** chronic kidney disease, chronic liver disease, Celiac disease, Thalassaemia, type I diabetes, Down's syndrome and other forms of mental retardation
- **Poor vaccination technique**: Administering the vaccine in the buttock

So, the question becomes: if these are known factors of sero-non-conversion, should person with these conditions be injected at all?

The next question is whether non-responders should be repeatedly vaccinated was addressed in this article:

Dec 2014 – Journal: VACCINE (abstract)
"Repeated vaccinations do not improve specific immune defenses against Hepatitis B in non-responder health care workers."
https://www.sciencedirect.com/science/article/pii/S0264410X1401456X

The conclusion found in the FULL TEXT of this article was this:

> "We show, for the first time, that in non-responder HCWs multiple vaccinations with the same type of vaccine are **inefficient in terms of antibody production** and that **re-vaccination may even be detrimental** because it leads to lower numbers of specific memory B-cells."

The conclusion of the article's abstract was this:

> "The question of whether non-responders should be repeatedly vaccinated is still open… and… booster immunization **does not lead either to antibody production** or an increase in memory B cell in non-responders."

This is important for healthcare workers to know and understand – I strongly encourage you to look at OSHA exemption to NOT continue to get more and more vaccines.

> **OSHA DECLINATION STATEMENT**:
> https://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html

July 2017 – Journal: Medical Hypothesis (abstract)

"Hepatitis B vaccine non-response: A predictor of latent autoimmunity.
https://www.sciencedirect.com/science/article/abs/pii/S0306987716308283

This next article takes vaccine failure – and "non-responders" to Hepatitis B vaccination -- a step further. Take a look at this article from the 2017 article in Medical Hypothesis:

> "This study reports that non-responsiveness to the hepatitis B vaccination series may be a **predictor of latent autoimmunity** due to undetected presence of multiple pro-inflammatory cytokines which have been associated with Type 1-diabetes, Celiac Disease, Rheumatoid arthritis, and systemic Lupus. **These cytokines have been related abnormal gene polymorphisms in genes associated with IL-18 and IFN-gamma**."

Which begs the question: WHY AREN'T ALL CHILDREN be testes for IL-18 and IFN-gamma AND genetic polymorphisms PRIOR to ANY VACCINATION? Aren't adults in higher risk too?

The final two articles for this week's vScienceBites are about a horrible event that occurred in China, when children died the hepatitis B vaccine. The first article reports the adverse event – and the second, is a commentary about why, even in the face of dead children, vaccines should be "trusted."

April 2016 – Journal: International Journal of Epidemiology (full text)
Loss of confidence in vaccines following media reports of infant deaths after hepatitis B vaccination in China https://academic.oup.com/ije/article/45/2/441/2572569

In December 2013, the media in China reported 17 deaths and one case of anaphylactic shock after HBV vaccination. Before the event, 85% respondents regarded domestic vaccines as safe, decreasing to 26.7% during the event. During the height of the crisis, 30% of parents reported being hesitant to vaccinate and 18.4% reported they would refuse HepB.

Conclusions: The HBV vaccine event resulted in the suspension of a safe vaccine, due to a decline of parental confidence, and refusal of vaccination. **Suspension of a vaccine can lead to loss of confidence that is difficult to recover.**

April 2016 – Journal: International Journal of Epidemiology (full text)
Commentary: "Assessing the impact of temporally associated adverse events on neonatal hepatitis B vaccination" https://academic.oup.com/ije/article/45/2/449/2572840

The final article this week was chosen to show you the twisted language that is used to cover up and dismiss problems associated with vaccines. It's a short commentary and I encourage you to get this link and read it. I'm going to read you the first paragraph:

"A loss of confidence in vaccine safety, **due to rumors or coincidental adverse events** after vaccination, is a major and ongoing issue that has resulted in many documented instances of under-vaccination potentially putting large numbers of people at risk of vaccine-preventable disease and death, as well as requiring costly outbreak response activities. **Stringent regulatory standards to ensure the safety** and **quality of vaccines** are essential to maintain public **confidence in vaccines.**

Swift investigation, response and communication with the public are also important to ***prevent a loss in public confidence*** following reports of adverse events following immunization (AEFI). **Hepatitis B vaccination at birth is particularly prone to association with coincidental deaths** because infant mortality is highest during the early neonatal period.

Diverse methods have been used to investigate the impact of reported AEFIs, including **modeling the impact on disease, in-depth qualitative studies and monitoring vaccination coverage**…. Interestingly, this study found that **the Internet** was the most common source of information regarding the AEFI event described…."

Comment: There are many glaringly inaccurate statements in this abstract.

- ***"Rumors or coincidental adverse events"***

- *"Stringent regulatory standards to ensure safety"*
- *"Swift investigations… to prevent loss in public confidence?"*
- *"Coincidental deaths due to high infant mortality among neonates"?*
- *"Modeling the impact on disease?" (not REAL impact)*
- *"In-depth qualitative studies?"*
- *"Monitoring vaccination coverage?"*
- *"Getting info about adverse events from Internet is bad" (but won't get real information from physicians- so where do you learn?")*