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Opinion

Analysis of the Anti-Vaccine Movement

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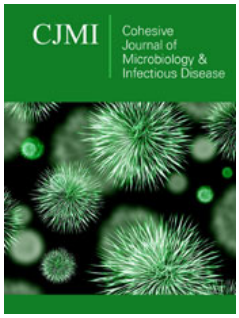

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Opinion

The current anti-vaccine movement had its beginnings in the 1970s. It arose, in part, from the concern that autism was becoming more common. The pertussis vaccine, which was being administered at the time, was relatively impure. Not uncommonly it induced a febrile illness that seemingly could occasionally progress to autism [1]. A more purified (sub-cellular) version of the vaccine was subsequently marketed in the early 1980s, yet the incidence of autism continued to rise. Immunologists had realized that to be effective as an immunogen, purified bacterial antigens such as in the revised pertussis vaccine, have to be injected in combination with components that would non-specifically stimulate the immune response. These components are referred to as adjuvants and include aluminum containing formulations called alum [2]. Alum was included in the modified pertussis vaccine and also in some additional vaccines, which led in the co-administration of several alum containing vaccines from different manufacturers. The Food and Drug Administration (FDA) allowed the unnecessary overuse of alum, rather than requiring concessions from the vaccine manufacturers. Beyond the potential adverse effects of overstimulating the immune system, aluminum is a known neurotoxin. For both reasons, concerns were expressed that alum might be causing autism [3]. The potential toxicity of overstimulating the immune system also applies to some of the more recently introduced adjuvants, including various toxic lipids. It is noteworthy that lipids with adjuvant properties are included in the proposed Covid-19 vaccine from the Modern a Company.

The use of multidose vials of vaccines carries the risk of bacterial contamination from the repeated withdrawing of a single vaccine dose. To help offset this risk the FDA allowed thimerosal (ethyl mercury) to be used as a vaccine preservative. Mercury is even more neurotoxic than aluminum and it too was blamed for causing autism [4]. The autism epidemic has not, however, abated in spite of the subsequently reduced use of mercury containing vaccines. A different concern arose from a 1998 Lancet publication by Dr. Andrew Wakefield and his colleagues [5]. They presented autism as a secondary consequence of a possible damaging effect on the gastrointestinal tract of the measles virus in the live measles, mumps, and rubella (MMR) vaccine. This damage could conceivably lead to the entry of toxic bowel components into the blood stream and thence into the brain. Dr. Wakefield advocated that if a live measles vaccine virus were to be used, it should be given alone and not mixed with the mumps and rubella vaccine viruses. Even though there is no alum or mercury in the MMR vaccine, an association of convenience developed around the common theme that vaccines must still be primarily responsible for the development of autism. Thus, the anti-vaccine movement was able to stage conferences at which some speakers confidently proclaimed that autism was due to aluminum, while others with equal certainty blamed mercury, and still others implicated the measles vaccine virus. Each possibility was supported by questionable correlations, innuendos, and conspiracy theories. There was little effort within

the anti-vaccine movement for scientific reconciliation of the disparate opinions. This lack of rigorous science placed a wedge between the anti-vaccine movement and conscientious public health officials. Further complicating any meaningful dialogue has been the emergence in social media of a few individuals who seem willing to inflame the passion of their followers by casting malicious aspersions towards named individuals within the public health community. Such unwarranted conspiracy accusations add to the enormous anguish already being faced by many parents of autistic children. Yet there is little internal criticism of illogical and socially inappropriate elements within the anti-vaccine movement. The focus of many of the groups now comprising the anti-vaccine movement is now directed towards emotionally appealing to its followers and potential donors.

Vaccine manufacturers had previously foreseen the risks of product liability for real or perceived damage occurring from the use of their vaccines. Accordingly, a law was passed in 1986 that exempted the vaccine manufacturers from liability. Were a vaccine injury to occur, it would be directly compensated through an industry-funded Government program. This program is an incentive for affected parents and their advocates to continue to argue that vaccines are still the primary and essentially the exclusive cause of autism. Data to the contrary, including the presence of serological markers in maternal blood at the time of the child's birth [6,7] and pre-MMR vaccine behavioral changes were dismissed as being unhelpful. Also dismissed at the time was the notion that autism was basically due to a maternally transmitted brain infection with atypical viruses [8,9]. Positive virus culture results in children with autism were presented at several Defeat Autism Now (DAN) conferences. The viruses were labeled as being stealth adapted because, even in inoculated animals, there was no accompanying inflammation [10]. The viruses were not effectively recognized by the cellular immune system. This was likely due to the deletion or mutation of the genes that code for the relatively few virus components normally targeted by cytotoxic T cells. DNA sequencing showed that some of these viruses had originated from the cytomegalovirus of African green monkeys (SCMV) [11]. These monkeys were used to produce polio vaccines. While this finding clearly pointed to a prior vaccine introduction of atypical viruses into humans, it did not relate to the basic scenario that current vaccination was the primary cause of autism. Thus, a maternal-derived infection would relegate the damaging role of vaccination to that of simply provoking an immune response to a preexisting infection. This was outside the business model of the anti-vaccine litigants. Most of the autism researchers at the time did not have a solid grounding in regular virology and it would have required significant effort to fully understand the complexity of fragmented, unstable, and composite virus genomes. The prospect of already marginalized children being further labeled as potentially contagious was also unappealing to parents.

Reduced confidence in vaccines led some parents to refuse to allow their children to be vaccinated. This met with Government sponsored, but industry inspired, imposition of harsh penalties, which can now include the denial of a public education for non-immunized children. This type of draconian measure has helped galvanize many of today's anti-vaccine movements. Examples are repeatedly raised of the apparent dishonesty of the pharmaceutical industry, the presumed bribing of politicians, and the lack of rigorous scientific oversight of vaccines by the FDA. At issue is whether parents have the right to confront the Government's mandates and refuse vaccination. The anti-vaccine movement is also relating to the deteriorating overall health of the community. It is now widely quoted that over half of adults and children have one or more chronic illness. Many of these illnesses are characterized by impairments in brain function. These include established psychiatric illnesses, such as anxiety and depression, and the broad spectrum of illnesses labeled as chronic fatigue syndrome (CFS). There have also been significant increases in neurodegenerative illnesses, such as amyotrophic lateral sclerosis, Alzheimer and Parkinson's diseases. As with the many speculations for how receiving a vaccine can cause autism, the rise in chronic illnesses is also being attributed to multiple possible causes. These include the toxic chemicals present in processed food and/or that are used in industry; the numerous toxic environmental waste products; climate change; and the increase in electromagnetic radiation, to be made worse with the introduction of widespread 5G transmissions. These are very fertile topics for largely repetitive internet-based discussions. They are not as easily addressed in litigation, however, as is the issue of vaccine-induced damage. Vaccine skepticism is still, therefore, the major driving force of the health freedom movements. The proposed widespread employment of vaccines to control the novel coronavirus pandemic is challenging to both vaccine proponents and the anti-vaccine movement. Vaccine proponents now admit to the relatively limited safety studies conducted with most prior vaccines. A major example is that only healthy individuals were ever tested in safety studies with the existing licensed vaccines. The follow-up periods for safety testing of these vaccines were also very limited and would not have identified long-term sequalae. There is also the issue of measuring only the antibody responses and not the immunity mediated by T lymphocytes. Still the urgency of addressing the coronavirus pandemic is a persuasive argument to put aside the purely emotional-based objections to vaccines.

The real primary objection to vaccines produced in cells is the creation of stealth adapted viruses. It is likely that stealth adapted rhesus cytomegalovirus contamination of the CHAD experimental polio vaccine let to the transformation of simian immunodeficiency virus (SIV) to HIV [12,13]. Stealth adapted virus brain infections explain autism, CFS, and many neurodegenerative illnesses. Of particular concern is the capacity of these viruses to incorporate "renegade" cellular and bacterial genetic sequences

[14,15]. Numerous humans are now likely to have monkey cellular sequences inserted into their genome. On a more positive note, research on stealth adapted viruses has identified an effective non-immunological anti-virus defense mechanism that is mediated by the alternative cellular energy (ACE) pathway [16]. This pathway uses an environmental force termed KELEA, an abbreviation for Kinetic Energy Limiting Electrostatic Attraction. Water with elevated levels of absorbed KELEA can provide this energy to the body. A greater awareness of stealth adapted viruses and the ACE pathway within the anti-vaccine movements would be extremely helpful in moving forward with the necessary clinical trials to validate ACE-pathway based therapies in stealth adapted virus infected children [17].

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