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

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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 Tuberculosis Mortality Rates per 100,000 (1880-1960)**

FIGURE 2 – CANADA MEASLES REPORTED INCIDENCE (1935-1983)

Measles Vaccines
Introduced
Live 1963 / Inactivated 1964

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
No Vaccination for Tuberculosis Adopted in the USA

Source: John H. Dingle; Life and Death in Medicine; Scientific American; 1973; p. 56.
Figure 4 – USA Mean Annual Pertussis Mortality Rates per 100,000 (1918-1960)

No Vaccination for Scarlet Fever Adopted in the USA

FIGURE 6 – USA ANNUAL INFLUENZA MORTALITY RATES PER 100,000 (1933-1965)

Influenza vaccination first widely administered in the U.S. in the late 1980s.

Figure 7 - 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
**Figure 8 - England, Scurvy & Pertussis**

*Parallel Mortality Rates per 100,000 (1919-1967)*

Figure 9 - England & Wales, Mean Annual Measles Mortality Cases Children under 15 (1850-1965)

**Figure 10 - England, Scurvy & Measles**

*Parallel Mortality Rates per 100,000 (1919-1967)*

Figure 11 - New Zealand Tuberculosis Death Rates per Million (1880-1960)

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

0% Effective

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*

Little or No Effectiveness

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](http://www.bmj.com/cgi/content/full/333/7574/912)
**Figure 14**  
**BCG for Tuberculosis**

Note: Post-vaccination - 376 cases  
pulmonary TB & 31 cases glandular TB  
diagnosed. TB higher among two (2)  
dose Vaccinated versus Placebo Group.

Source: Randomised controlled trial of single BCG, repeated BCG, or combined BCG and *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**

- 92% Vaccinated
- 8% Unvaccinated

Source: Center for Disease Control, MMWR 55 (20); May 26, 2006; pp. 559-63.

Figure 17  **Chickenpox Outbreak in Highly Vaccinated Population**

- 97% Vaccinated
- 3% Unvaccinated

Source: Pediatrics - Vol. 113; No. 3; pp. 455-459; (2004)
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

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

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)*

**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 three (33) graphically illustrate that increases in the number of governmental mandated vaccines 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 Vaccines Mandated
Under Age 5 Mortality Rates

Figure 26 - Under Age 5 Influenza Deaths Before and After U.S. CDC Mandates Flu Vaccines in Early Childhood

2/3 of 103 infants had been vaccinated with pertussis prior to death which 6.5% 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.

### Average Incidence First Five (5) years of Life
*Nederlands Vereniging Kritisch Prikken 2004 Survey Findings*

- **Ear Infections**
- **Inflammation of the Throat**
- **Aggressive Behaviour Events**
- **Convulsions/Collapse**
- **Antibiotics Administered**

![Figure 29](image)

**Fully Vaccinated**

**No Vaccinations**

### Absolute Incidence N=543
*Nederlands Vereniging Kritisch Prikken 2004 Survey Findings*

- **Sickly**
- **Eczema**
- **Asthma/Chronic Lung Disease**
- **Allergic Reactions**
- **Aggressive Behaviour**
- **Difficulty Sleeping**

![Figure 30](image)

**Fully Vaccinated**

**No Vaccinations**

Absolute Incidence (Non-Vaccinated in Relation to Vaccinated to N = 312 Per Group)
**BCG Mandated in Schools & Diabetes Rates**

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
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<td>Norway</td>
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</table>

**Figure 31**

Type 1 per 1000,000 – Children 0-14

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

- Incidence - Insulin Dependant Diabetes Mellitus
- Percentage - Pertussis Immunization Coverage

**Figure 32**


Source: Infectious Disease in Clinical Practice - No. 6, pp. 449-454; (1997)
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