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 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
Figure 2 - England & Wales Mean Annual Measles Mortality Cases Children Under 15 (1850-1965)

Figure 3 - England
Scurvy & Measles
Parallel Mortality Rates per 100,000
(1919-1967)

Figure 4 – Canada Tuberculosis Mortality Rates per 100,000 (1880-1960)

No Vaccination for Tuberculosis Adopted in the USA

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.
Pertussis Vaccination Introduced

**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
Figure 9 - England Scurvy & Pertussis

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

No Vaccination for Scarlet Fever Adopted in the USA

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

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.
Effective 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

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
**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

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**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**

- 86% Vaccinated
- 14% Unvaccinated

Source: Pediatrics - Vol. 113; No. 3; pp. 455-459; (2004)
**Figure 18**

**Pertussis Outbreak in Highly Vaccinated Population**

- **90% Vaccinated**
- **10% Unvaccinated**

(Refers to CDC & Official Surveillance data)

1993 Ohio

**Figure 19**

**Measles Outbreak in Highly Vaccinated Population**

- **99% Vaccinated**
- **1% Unvaccinated**


1985 Texas
**Figure 20 - Nigeria Diphtheria Reported Cases (1973-1982)**

**Figure 21 - Nigeria**  
*Whooping Cough Case Rates per 100,000 (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 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

Under Age 5 Mortality Rates for 2007

Under Age 5 Mortality per 1,000 Live Births

Mortality Increase Trendline

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.

**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

**Absolute Incidence N=543**  
_Nederlands Vereniging Kritisch Prikken 2004 Survey Findings_

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

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>BCG Vaccinations</th>
<th>No BCG Vaccinations</th>
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<tbody>
<tr>
<td>Iceland</td>
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<td>Norway</td>
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</tbody>
</table>

**Figure 31**

Cumulative Incidence IDDM/1,000,000 UK

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

**Source:** Journal of Pediatric Endocrinology & Metabolism, 16, pp. 495-508; (2003)

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

Rate of Autism per 10,000
Vaccine Mercury Exposure (x 10 = Micrograms)

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

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