



Prof. Dr. Diether Spork

Only vaccination protects!



Das Land
Steiermark

→ Gesundheit

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Dear Mothers and Fathers,

For the greater part of my – already quite long – life, I have been lucky enough to be able to work as a pediatrician. To accompany children medically as they grow up, and to help parents reduce their worries over their children are tasks and challenges that I have gratefully accepted and taken on over the course of my career and up to this day.

I can well remember the times when we had to house children with serious infections in “isolation houses” in the 60s – there was a separate isolation ward for children with 200 beds and so-called lock gate areas as isolation units. We made all reasonable efforts for each of those children, but unfortunately there were still some we could not help.

Therefore, I have made the fight against children’s infections my life’s work and have especially devoted my attention to the topic of vaccinations.

Of course, there are many parents who ask themselves whether or not they should allow their child to be vaccinated – many have also asked me. And with every child, who is concerned, it is important to make this decision aware and informed. There also circulate some horror stories about the allegedly bad effects of vaccinations – very frightening and unsettling for many parents.

All my life I have answered these questions, some fundamental, some specific and I have always tried to provide a well-founded, scientific basis for the decision of the parents. What it boils down to is weighing the risks: What may happen in a worst case scenario after a vaccination and what may happen as a result of an infectious disease?

You will find answers to some of the most common questions in this brochure. I have tried to use as little medical jargon as possible – in case I have failed to do so here and there, or have left questions unanswered or unclear, I am more than happy to try and to answer them more clearly for you.

With kind regards,



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Dear Parents,

We as doctors cannot and do not want to take the decision whether or not to have your child vaccinated out of your hands as parents. What we can do is to inform you on the subject of vaccination as objectively and comprehensively as possible so that you can make your decision as informed parents in good conscience on a solid and knowledgeable basis. This is what this brochure is all about! Vaccination stands for preserving the quality of life. The free children’s vaccination program therefore means a lot to the Styrian Government – and us as taxpayers. We support the financing of this action, in cooperation with the Federal Government, because we regard these funds as an investment in the future of our children.



Especially the example of measles, which many of our generation still have suffered from, shows why vaccination is sensible: The last measles epidemic in Styria occurred in 1995, thus 21 years ago. Back then, 115 children had to be admitted to the hospital, overall approximately 1.150 were infected. At that time, the vaccination coverage rate constituted 70 percent. Experts estimated that the next measles epidemic would strike after seven to eight years if the ratio of vaccinated children remained that low. For the first time in fifteen years cases of measles were recorded in 2009. The measles epidemic which has broken out in Western Europe since 2011 – at the start of 2015, for instance, a major outbreak of measles was recorded in the Federal Republic of Germany – means that it is now even more important to place greater emphasis on promoting the importance of vaccination in Styria. We need to maintain the current rates of vaccination coverage among young children and increase rates among people of all ages who have never been vaccinated. This is the best way in which to avoid the epidemic spreading to Styria, as one case of measles is one too many.

Therefore please make use of the measles vaccination – it is free of charge for people of any age. Those older than 15 years did not experience the benefits of a complete vaccination program as children and as young and older adults therefore contract illnesses in much greater numbers. It is therefore thanks to vaccination that many children have been spared avoidable harm – be it because suffering from a serious disease is harmful in itself or because many of the children’s illnesses often lead to serious complications or even permanent disabilities. We would like to keep this risk as low as possible – and we can achieve this most effectively through vaccination.

I would like to thank all the people who have worked together in producing this brochure! My particular gratitude goes to Prof. Dr. Spork for his efforts in this field. It is due to all the information he has gathered in the course of his career that we were able to publish this guideline for concerned and interested parents.

With kind regards,



Hofrat Dr. Odo Feenstra
Director of the Styrian Provincial Health Department

What effect does a vaccination have on the body?

When the human body comes into contact with a disease-causing agent (a pathogen), the body reacts with defense mechanisms: Antibodies are produced – vaccination is based on this natural process. For the vaccination, the “natural” disease-causing agent is transformed into a vaccine, which the body recognizes as an “enemy”. The body wants to defend itself and starts producing antibodies, fit to fight the particular intruding pathogen (enemy). **This process is called immunity, and the body is thus protected against this particular pathogen.**

In case of further contact with the same disease-causing agent, the body will immediately recognize it and will be ready for an active and immediate defense. The difference between a vaccination against a disease and coming down with the illness itself is that the vaccine has little to none of the qualities that make you sick. The body produces antibodies without having to suffer through the straining symptoms of the actual disease.

What may happen to your child when you allow him/her to be vaccinated?

Complications hardly ever occur with the vaccinations approved in Austria and recommended in the Austrian Vaccination Schedule. It is true that there may be – as in the course of all biological processes – **undesired reac-**

tions: About two out of one hundred children will develop a **fever** six to eight hours after the vaccination. It can be treated by the usual antipyretics and should not last longer than two to three days. Just as harmless is occasional **reddening or swelling around the vaccination puncture**, which will usually disappear after a little while.

What may happen if your child catches an infectious disease without being vaccinated?

This will of course depend on the specific infectious disease. For infants, contact with the bacteria *Haemophilus Influenzae* type B, called Hib for short, is especially dangerous. **Purulent Meningitis and bacterial epiglottitis** are often serious complications of a Hib bacterial infection. Both illnesses may cause permanent damage, and an infected child may even die. Before the widespread application of the Hib-vaccination, **a third of all cases of meningitis in infants or small children** were caused by the Hib bacteria. The Hib disease vanished two years after the introduction of the general Hib vaccination. This positive effect can only be retained if we keep vaccinating against this dangerous bacteria!

Is it more reasonable to let your child suffer through the illness?

No, it isn't. Through the vaccination, the body forms the same antibodies as it does by overcoming the illness.

Since an illness always involves pain

and suffering, you can spare your child this pain and suffering – if he or she is vaccinated. However, this is not the only argument for protecting your child through vaccination.

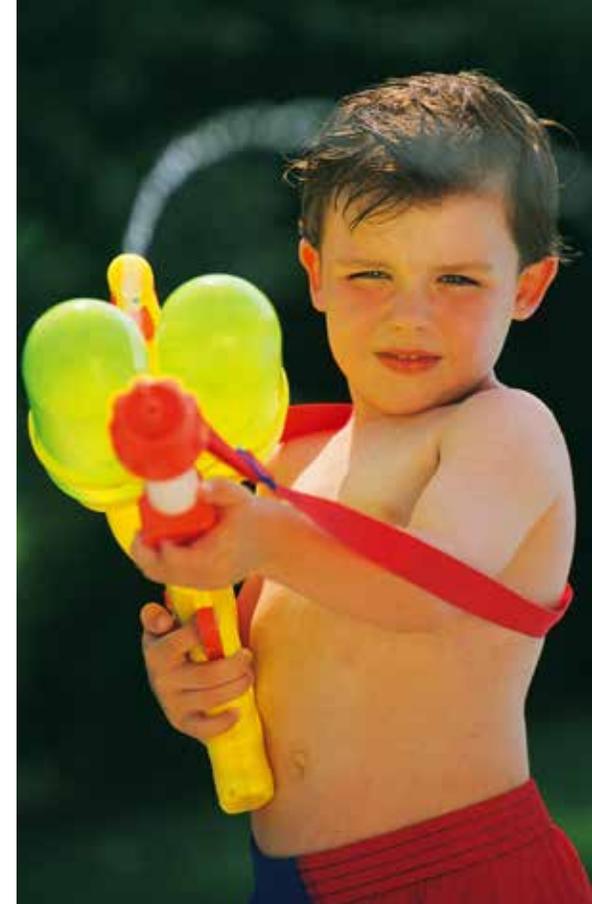
There are many dangerous childhood diseases for which effective medicines have yet to be found, either in the fields of orthodox or alternative medicine.

In case of an infection or any complications, **only the symptoms can be relieved**, while the cause of the illness cannot be treated. What are known as **“partial recoveries”**, which include after-effects such as paralysis, deafness, seizure disorders, developmental delays or other disabilities, may be the consequence. This can be avoided by timely vaccination!

Is there complete vaccine protection?

Vaccinations cause the body to produce antibodies. If there are enough antibodies, an illness cannot develop because you are immune to it. Vaccinations are effective – as long as they are received in time. **Nevertheless, there cannot be complete protection.**

This is also the reason why some vaccinations have to be repeated several times. The Austrian Vaccination Schedule is designed to offer a high level of protection – if the appointments for vaccinations are followed and kept.



The body produces antibodies without having to endure an actual illness.

What are non-responders?

People whose immune system has been weakened (e.g. by an illness or medication) will not always respond as desired to certain vaccinations. Those persons are called “non-responders”.

Their immune system is too weak, and therefore it cannot produce any or enough antibodies to fight the illness.

At what age should your child be vaccinated?

Your physician will be happy to inform you of the recommended vaccination schedule at any time. You can also find out about the vaccination schedule in the "Health for Parent and Child" booklet or online on websites (e.g. www.gesunde-kinder.at). The appropriate age and date for the TBE vaccination, for example, depends on where you live: Virtually the whole of Styria is a high-risk area; vaccination should therefore take place as early as possible. In the 2015 Austrian Vaccination Schedule, the TBE vaccination is recommended from the age of 1.

Can vaccinations harm a baby?

No, vaccinations do not harm the body of your baby. The immune system is already fully developed at birth. Contact with its environment additionally stimulates your baby's body and it recognizes pathogens as intruders and reacts by producing antibodies. Therefore, it does not harm your baby to be vaccinated; one could rather say that vaccinations stimulate the defense system of your baby. Since the immune system of babies is already fully functional, vaccinations are no strain on your baby.

Should your child be vaccinated even though it is still being breast-fed?

Breast-feeding is very important for your child. It helps in reducing inte-



The Austrian Vaccination Schedule is designed to offer a high level of protection – if the appointments for vaccination are followed and kept.

stinal infections, but does not protect your child from dangerous infectious diseases. Reliable protection against "childhood infections" can only be guaranteed by a sufficient number of antibodies. The production of those antibodies can only be triggered by a vaccination against the illness or the illness itself. Therefore, breast-feeding cannot replace vaccination.

Six vaccinations in one shot – is this too much of a strain on the body?

No, on the contrary, because getting one injection is still better than being "pricked" six times. The six-fold combination vaccine protects your child from whooping cough, polio, diphtheria, tetanus, hepatitis B and Haemophilus influenzae B.

For the immune system of your child, this combination vaccination is not more of a strain than six single

shots would be. The six-fold combination vaccine is well tolerated, does not cause an artificial infection, and the pathogens contained in the vaccine are not able to multiply. There is not as much strain on the immune system as in the case of a "real" infection, but then again fewer antibodies are produced. This is why repeated vaccinations are needed to prevent the illness.

Is mercury still being used in vaccines?

No. The organic mercury compound thiomersal used to be used as a preservative in vaccines. Since the year 2000, only thiomersal-free vaccines have been used in the free vaccination program. There is therefore no need to worry.

Note: Those who want to avoid mercury should take good care of their teeth and do without amalgam fillings.

Why do we still vaccinate against polio if it no longer exists in Europe?

The polio virus, which causes paralysis in children, only lives in the human body and multiplies there. If everybody worldwide were vaccinated against polio, the disease-causing agent would lose its habitat and would consequently become extinct. Only then could we stop vaccinating against polio.

As long as these conditions cannot be guaranteed, polio can be introduced at any time and also re-emerge in Europe. In several African and Asian countries polio is far from being extinct, and therefore we still need to vaccinate against this disease.

This is because trains and planes travel all over the world and come to our country, too. Therefore, this vaccination is still extremely important to not give polio a chance.

What is TBE?

TBE is the abbreviation for tick-borne encephalitis. This disease is caused by viruses, which lead to encephalitis, meningitis (infection of the cerebral membrane) or myelitis (infection of the spinal cord). Ticks infected with the TBE virus transmit the virus to humans by a sting.

Almost the whole of Styria is an "endemic area", an area in which an extraordinary amount of TBE-infected ticks can be found. You and your child should therefore receive the tick-borne encephalitis (TBE) vaccination as soon as possible. Only TBE vaccination can protect you and your child!

At what age should my child receive the TBE vaccination?

All of Styria is considered to be an endemic area for TBE-infected ticks. The age at which your child should receive the vaccination against TBE depends on your lifestyle.

If you and your child spend a lot of time outdoors, it is important to have your child vaccinated at an early age. The TBE vaccines for children used in Austria are generally well tolerated.

The Austrian Vaccination Schedule recommends the TBE vaccination from the age of 1. Being close to nature will improve your well-being – but only when you are well protected and can enjoy it untroubled!

Is it true that children up to the age of two and a half have natural defenses that protect them against TBE?

No, this is not correct. Notwithstanding the fact that the course of the TBE disease in children is often more harmless than in adults, only the TBE vaccination can protect you against this disease. If you would like to wholeheartedly enjoy nature with your children, it is absolutely necessary to be vaccinated against TBE.

Note: The youngest child to have severely suffered from TBE was only three weeks old!

Is it true that the existence of viruses cannot be proven scientifically?

It is true that viruses are extremely small microorganisms that do not even have a metabolism, but they can be bred and cultivated in the laboratory and we can see them under an electron microscope.

Their reproduction in different cell structures can be repeated at any time and is thus scientifically provable. Anybody can observe and comprehend the fact that some viruses are floating in the air and will infect susceptible people, for example, in autumn, when everybody seems to have a cold.



Paralytic polio can reappear and redevelop at any time by being brought into the country.

Is it true that vaccinations are in reality ineffective?

Of course, there is proof of the effectiveness of vaccinations: The so-called protection rates can be calculated for any vaccination.

The protection rate, for instance, of the measles vaccination is 95% and between 96 and 98% for the TBE vaccination, as long as the recommended vaccination schedule is followed.

Why does the number of cases of TBE fluctuate every year?

In all endemic areas (in addition to Austria e.g. also the Czech Republic and Slovenia), TBE is subject to strong annual fluctuations.

These are largely dependent on microclimatic and ecological conditions – e.g. severe winters reduce the survival rate of the natural hosts of the ticks but if there is nice weekend excursion weather in the summer, infections with TBE increase. In the period before the general vaccination programs, 500 to 800 TBE cases

were reported every year in Austria. Since the introduction of the general recommendations for vaccination, the number of cases has fluctuated over the last few years between around 50 and 100 cases.

Through the consistent documentation in Austria, these environment-based fluctuations can be made easily visible. With the exception of a maximum of 0-2 cases per year, these cases in Austria involved unvaccinated or incompletely vaccinated individuals. At the same time as in Austria, the environment-based fluctuations were also documented in the Czech Republic, but at a much higher level (200-800 cases per year). The sole difference between the two countries Austria and the Czech Republic exists in the vaccination coverage rate, which is 85% in Austria and between 10 and 15% in the Czech Republic.

Has tetanus become extinct today?

We owe the decline in cases of tetanus, commonly known as lockjaw, to the high vaccination coverage rate and the immunization protection thus achieved. Nevertheless, every year there are some cases of tetanus in individuals who have not had a booster vaccination. However, tetanus pathogens are still prevalent in the soil as spores. Tetanus can be contracted through a cut or wound which has been contaminated with the tetanus bacteria. The disease is then caused by a deadly neurotoxin produced by anaerobic tetanus



Viruses can be bred and cultivated in the laboratory and can be made visible under an electron microscope.

bacilli growing in the contaminated wound. In a body successfully vaccinated against tetanus, this toxin is trapped on its way to the central nervous system by pre-existing antibodies, and cannot unfold its destructive effect on nerve cells. Note: The spores of the tetanus pathogens are insensitive to heat or disinfectants and they can survive in tissue for months and in the soil for years, as long as they are not exposed to daylight.

Have we not learnt from smallpox vaccination about the dangers of vaccinations?

Through a successful worldwide vaccination program against smallpox we have, for the first time in the history of mankind, succeeded in completely wiping out a truly serious infectious di-

sease on a global scale. Ten to 30 percent of all people infected with smallpox died. Since there was no specific treatment for the disease, a poorly tolerated vaccine was used for lack of any alternative. But since we have succeeded in eradicating smallpox, this vaccination has no longer been necessary since 1981. The fact that the smallpox vaccine used at the time caused serious problems cannot be taken as an example for current vaccines.

Are vaccinations only effective when based on hazardous accompanying substances such as formaldehyde or aluminum hydroxide?

No, they are not. The very effective measles vaccination, for example, contains neither formaldehyde nor aluminum hydroxide.

Formaldehyde is an inactivation agent used in order to kill e.g. viruses in order to process them in a dead vaccine. It is removed again after the production process so that only traces remain.

The maximum permissible quantity in vaccines is normally far below the value that the European Pharmacopoeia considers permissible. Formaldehyde is also a natural intermediate product in human metabolism which means that our body can handle it.

Aluminum hydroxide is used as an additive (immune enhancer) to improve the effect of many dead vaccines (i.e. vaccines that do not contain any multipliable disease-causing agents). Immune enhancers (adjuvants) have the effect that the effective substances of vaccines achieve a higher and longer-lasting concentration of protective antibodies than the antigen alone.

For more than 80 years, aluminum hydroxide has proven to be of such value as an enhancer that a so-called initial immunization (three doses of the same inactivated vaccine over the period of one year) now guarantees a protection rate of several years or even decades. The aluminum contamination resulting from vaccinations is substantially below the limit that applies for the intake of food.

It is also logical that a relatively small amount of the killed pathogen cannot stimulate the

immune system nearly as much as an infection with the pathogen still alive and able to multiply. If we now, for reasons of safety, only use vaccines which are based on inactivated pathogens or with parts of those pathogens, we have to repeat the vaccination several times in order to guarantee the production of enough antibodies to ensure guaranteed protection. And aluminum hydroxide helps here to lower the number of shots.

Are vaccinations only about the profits greedy doctors will gain from them?

For doctors, the prevention of avoidable suffering resulting from illnesses – not only for the afflicted, but also for their families – is a priority.

The agony of a child cannot be described or converted into figures. However, the costs for longstanding stays in the intensive care unit can be calculated and amount to millions of Euros. To give an example: The costs for the 15 years of intensive care needed for a patient who was previously healthy and then died from TBE in 2001 would have covered the costs for all the TBE vaccinations in Austria.

There are cost-benefit calculations for each of the different vaccinations. This is also the reason why many vaccinations are offered for free by the health authorities of many countries. A whole age group of children in Austria could be vaccinated against measles for



The suffering of a child is indescribable and cannot be put in numbers.

the costs incurred by the treatment of one single child who remains severely disabled after suffering from measles encephalitis.

Is it true that cases of severe complications resulting from vaccination have been kept secret from the public?

No, that is not true. All vaccines approved in Austria have been strictly tested by a large number of voluntary

test persons for tolerance and effectiveness – prior to their introduction.

In addition, there is a European network in which any suspicion of damage caused through vaccinations must be reported and the possible connection between an administered vaccination and the occurrence of symptoms of illness is investigated. Even during this strict monitoring, this network has not observed any serious complications so far in the recommended childhood vaccinations.

Is it true that tick bites up to the size of a lentil are completely harmless?

No, that is not true. The extent of a reaction to a tick sting does not correspond to the amount of viruses the tick has injected by its sting (not bite).

If a tick stings a human or another warm-blooded animal, it also injects a painkiller so that we do not feel the sting. When drawing blood, it injects a substance that keeps the blood from clotting – so that it can suck as long as possible. With every suck the tick takes of your blood, it transmits some more of those two substances plus the disease-causing agents. The pathogens are not, as is often wrongly maintained, in the intestinal wall of the tick. In this way, the TBE pathogens in the tick's saliva enter the bloodstream via the puncture wound as soon as the tick starts sucking.

However, ticks also transmit borreliosis – and these pathogens are in the tick's intestine and do not penetrate the human body until after hours of sucking. The size of the spot after a tick sting has nothing to do with the amount of the TBE viruses introduced. Rather, the larger the tick has become from sucking blood, the more saliva and with it TBE viruses (of course, only if the tick itself was infected) have been introduced into our system. A mark that becomes bigger, however, can be an indication of a borreliosis infection. It is a proven fact that once infected, the tick carries the

infection all its life and worse still, will pass it on to all its descendants.

Ticks have three distinct stages of life: The first stage – what are known as larvae – and the second stage, the nymphs, have inherited the virus and have become infectious themselves. Their stings often pass unnoticed, and they do not suck as long as adult ticks. However, the result of many infected larvae and nymph stings is often equal to the doses of pathogens generally injected by adult ticks.

The inventor of the TBE vaccine receives a percentage of the profits from the pharmaceutical industry and monitors the side effects of the vaccine in his own institute. What is your opinion on the matter?

It saddens me to hear that a esteemed scientist like Professor Kunz, who invented a most beneficial medication, is construed to be greedy and playing on people's fears for profit. Professor Kunz of all people is the most critical observer of "his" vaccine and meticulously follows up on any suspicion of adverse side effects. I can speak from my own experience, after having contacted him often on this question.

At this point, I would like to offer my own opinion on the slogan of "profiting from vaccination": *As far as I am concerned, companies or individuals can make all the money in the world if they succeed in preventing serious and lasting damage through the use of their*



It is a proven fact that a tick, once infected, will remain infected all its life, and worse still: It will pass on the infection to all of its descendants.

vaccine in just one single case of, for instance, measles encephalitis.

Are vaccinations dangerous for children under the age of three?

On the contrary, discontinuing vaccinations in children under the age of three would irresponsibly endanger this very sensitive age group. *At that early age the course frequently taken by infectious diseases such as whooping cough or Haemophilus influenzae type b is very serious.* The risk of getting SSPE (the worst complication of measles) is also greatest in the first (two) years of a child's life. *Sufficient protection against those dangerous infectious diseases before initial contact and thus possible infection is therefore highly desirable.* Today those infec-

tious diseases have nearly disappeared thanks to our successful infant vaccination plan. However, despite our efforts, we unfortunately had to mourn the death of a young baby in 1999 and in 2011, who was infected with whooping cough before a vaccine protection could be established. *Note:* In 1955 there were still 1,018 new cases of polio with lasting paralysis, and 102 deaths. Today this disease has become extinct in Europe thanks to our systematic immunization efforts.

Is it true that the immune defense against whooping cough after a vaccination is only temporary?

Yes, after a vaccination against whooping cough, the level of antibodies in the blood will decrease over

time. Therefore, the protection offered by the vaccination is incomplete. The disease itself, however, continues to circulate in our population (over the last few years there was a marked increase in the number of infections worldwide) and it may cause uncharacteristic, long-lasting and agonizing symptoms when being infected again. The antibodies remaining in the bloodstream from the original vaccination may keep the symptoms from developing all the way, but cannot fight whooping cough itself. *Therefore, we recommend a booster vaccination every 10 years and every 5 years from the age of 60!* Especially in families expecting a child, all those persons who might come in contact with the newborn should be protected against whooping cough by booster shots. Otherwise, they could infect the newborn before he/she can be protected by receiving a vaccination from the age of three months onwards.

Is it true that the WHO allegedly withholds the fact that vaccinations are ineffective as proven by extensive research programs?

On the contrary, the WHO proves its conviction concerning the effectiveness of immunization by recommending, promoting and funding worldwide vaccination campaigns at enormous organizational effort and financial expense. The WHO managed, through its systematic global vaccination program, to completely wipe out smallpox by 1980. The next important goal, to also wipe out polio

through vaccination, is delayed due to local military conflicts in the areas concerned. Another goal of the WHO is to completely wipe out measles. In the USA, the number of measles cases has dropped severely by consistently following the recommended vaccination programs. Forty years ago, more than 4,000 deaths per year from measles were reported; over the last few years figures of under 100 cases were reported which were always caused by cases brought in from other countries. As, however, the current measles outbreaks in Europe and America show, major efforts are still required to reach this goal.

Is it true that three-quarters of all cases of sudden infant death syndrome occur right after or up to 7 weeks after a vaccination against whooping cough?

No, it isn't. In Styria, sudden infant death syndrome is noticeably declining – with a simultaneous increase in vaccinations against whooping cough.

From 1984 to 1988 the number of cases of sudden infant death in Styria averaged 22. From 1989 to 1994 the figure was around 15 per year. In the years which followed, this number decreased considerably and since 2006 there have never been more than two cases of sudden infant death syndrome per year. The number of infants vaccinated against whooping cough up to and including 1988 is estimated at a maximum of 60%, however, no exact



The new whooping cough vaccine is well tolerated by every age group!

figures for this period are available. A remarkable increase in infant immunization was noted due to the introduction of the free vaccination program for children in Austria. This increase has been recorded since the introduction of the coupon booklet for vaccinations. More than 90% of Styrian infants and small children are now vaccinated against whooping cough.

The number of cases of sudden infant death syndrome, on the other hand, have remained at a constant low level over the same period of time. These figures prove that there is no causal connection between the whooping cough vaccine and sudden infant death syndrome.

Why does the American Medical Association recommend abolishing compulsory vaccination?

In Austria, there is no compulsory vaccination nor is there in the USA, as far as I know. Admittedly, public institutions such as childcare centers, schools or universities demand proof of immunization against certain infectious diseases, in particular measles, before admission. Children are now required to either present a vaccination certificate which complies with the federal vaccination requirements or a medical acknowledgement of the existence of sufficient antibodies. These requirements serve the purpose of preventing the introduction and/or spread of infectious diseases.

The Austrian Medical Association rejects compulsory measures and focuses on efforts at persuasion.

Over the past ten years outbreaks of measles have supposedly occurred almost exclusively amongst vaccinated persons. Is that true?

That is simply wrong! All recent outbreaks of measles in Europe are well researched and documented by the health authorities. All those outbreaks concerned groups of individuals either only partially vaccinated against measles or who had never been vaccinated. The measles virus was introduced and did not encounter any resistance because of a lack of vaccine protection within the group. Each of those outbreaks always remained limited to this unprotected, because unvaccinated, population. Vaccinated persons in the community did not contract the disease except for a few exceptions. We know from experience that those exceptions comply with the fact that a single shot of the measles vaccine "only" protects in 90-95 and not in 100 percent of all cases.

Without wanting to count our chickens before they have hatched, the last large outbreak of measles in Austria was in 2008 with more than 440 confirmed cases, after measles was introduced into a school in Salzburg and children who had not been vaccinated were infected. The outbreak was restricted to unvaccinated individuals and therefore only affected four young people/young adults in Styria who had not been vaccinated. This may have been because no free immunization program was yet available to them as children.

Vaccinations may cause an immunological shock in infants which can lead to increased susceptibility to infections, allergic reactions or even autism. Is that true?

No, this statement concerning an immunological shock in infants caused by vaccinations is completely wrong and has not been proven by any research at all. None of the alleged damages is increasingly verifiable after vaccinations in infancy. Incidentally: *If this were the case, no doctor would vaccinate infants!* The latest scientific studies have revealed that there is a possible link between a disruption of the intestinal flora and autism and that vaccinations have nothing to do with autism.

Is it true that illnesses which impair the immune system increase in proportion to the increase in vaccinations?

No, there is no actual increase in those illnesses. They are simply diagnosed more often thanks to improved diagnostic methods. The immune system can be impaired by the necessary treatment of malignant diseases such as tumors. But there is no connection between vaccinations and damage to the immune system.

Genetically modified substances are being used in vaccines. Does that contaminate our body?

Genetic engineering has so far only been used in the mass production of vaccines. However, nobody is being "contaminated" by the use of this vaccine. The final products are substances which can no longer multiply themselves,

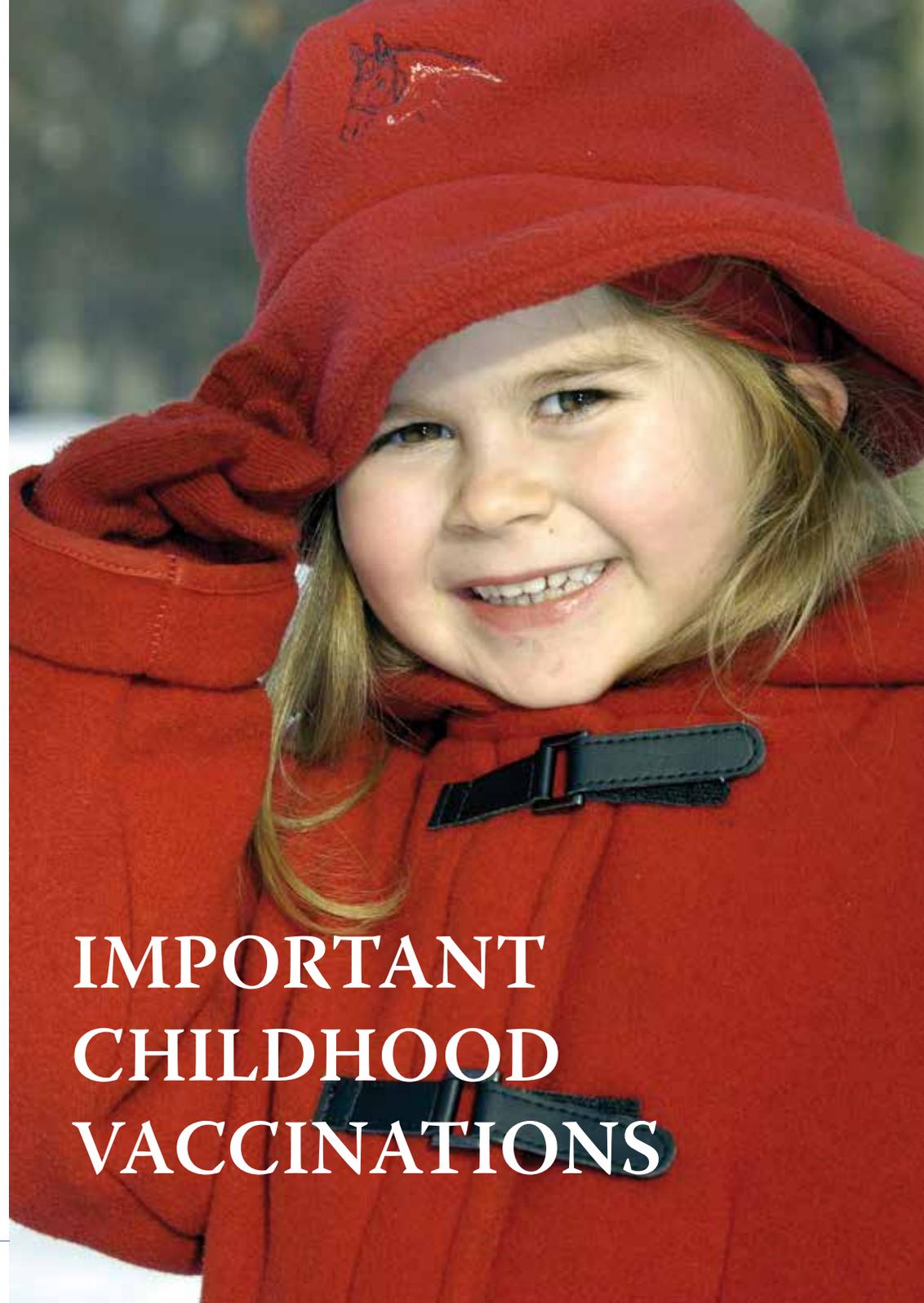
are not themselves genetically modified but serve as stimulators for the production of antibodies.

Are side effects after a vaccination the body's reaction to highly toxic substances contained in vaccines?

All vaccines currently in use only contain traces of accompanying substances in harmless quantities. Vaccination reactions are the desired confrontation of the immune system with the antigen introduced by the vaccine. *Vaccination reactions are normally harmless, do not call for specific treatment and don't leave any lasting damage.* Note: Vaccination reactions put less strain on the body than coming down with the disease that the vaccine protects one from.

Is it true that pneumococcal bacterial infections can be lethal within just a few hours?

Yes, unfortunately. These bacteria are disguised so that the immune system cannot recognize them instantly as dangerous pathogens. This is why they manage to spread relatively unimpeded in the beginning. Code red is imperative by the time they reach the middle ear, the lungs or the brain. Unfortunately, many strains of pneumococcal bacteria are already resistant to antibiotics. *Finally, there is now a well-tolerated vaccine for young children that offers protection against 85% of all strains of pneumococcal bacteria.* The pneumococcal vaccination has been available free of charge for all newborn children since 2012.



IMPORTANT CHILDHOOD VACCINATIONS

1. FREE VACCINATIONS FOR BABYS & INFANTS

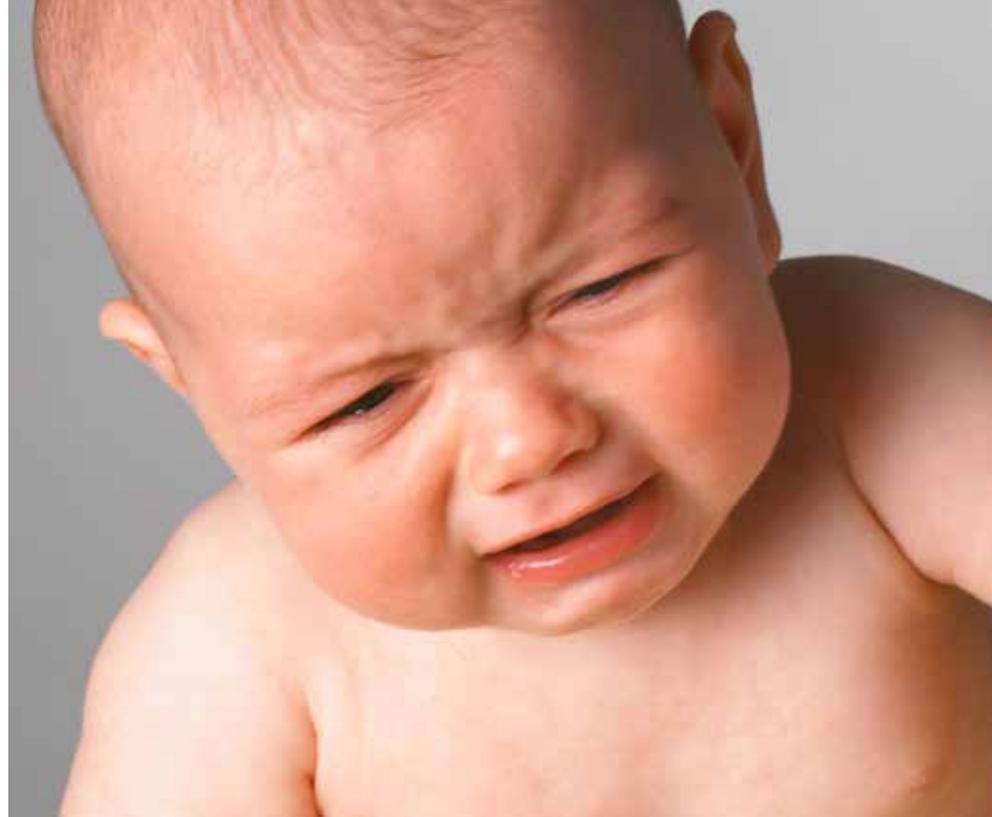
The six-fold combination vaccination

This six-fold combination vaccination is part of the free children's vaccination program and can be utilized with the coupon booklet "Health for Parent and Child" and protects your child from six dangerous illnesses at once: diphtheria, tetanus and pertussis (whooping cough), polio (paralytic polio), hepatitis B, and Haemophilus influenzae type b (Hib).

In order to guarantee effective protection, the vaccination is given from the age of 3 months: the vaccination comprises two doses at an interval of 8 weeks and a third dose at least 6 months thereafter. This six-fold combination vaccination is well tolerated and spares your child further injections. Therefore, your child is protected until seven years of age. After your child starts school, some booster vaccinations of some parts of the combination vaccine will be necessary. However, these are available for free as part of the School Vaccination Plan and also at local health authority clinics at your district commission, Graz City Administration or the provincial vaccination center as well as at approved GP surgeries and from pediatricians (see Chapter 3, page 27).

Measles, Mumps and Rubella (MMR)

This vaccination is also part of the free children's vaccination plan and is contained in the "Health for Parent and Child" coupon booklet. It consists of 2



The Rotavirus causes nearly unstoppable vomiting and diarrhea.

doses. With the first dose of the MMR vaccination at the age of 11 months and with the second dose, which needs to be received earliest four weeks afterwards, but preferably until the end of the second year of age, your child is protected against those three infectious diseases.

Note: If too few children are vaccinated against measles, the population as a whole is not sufficiently protected and every five to seven years an epidemic (a large number of cases in one area) is to be expected. Therefore, the MMR vaccination protects not only your child, but also all those it could pass the infection on to. Mumps, for example, can be quite dangerous for boys and men as it may

lead to an infection of the testicles in the male patient, which can then cause infertility. If your child infects a pregnant woman with rubella, this may lead to severe defects in the fetus. Therefore it is important to reach a high vaccination coverage rate.

Rotavirus – vomiting and diarrhea

This easily tolerable and effective oral vaccination against very serious illnesses due to rotavirus is also available free of charge. Even during my active period on the ward for childhood infections, I had to treat around 300 to 500 infants and young children from the Graz region alone per year, mainly in the winter months,

for severe diarrhea caused by rotaviruses. The reason for admission was and is still today nearly unstoppable vomiting and diarrhea. The often life-threatening loss of fluids caused by this can often only be remedied by intravenous replenishment by means of infusions. Even if nowadays the mother can also often be admitted to hospital thanks to organizational measures, there is still enormous strain on the infants and young children due to the strange environment and the necessary medical treatment. However, two effective and well-tolerated oral vaccines are currently available that have significantly reduced the occurrence of the disease if they are applied widely. Depending on the vaccine, it is administered orally two or three times at three or four week intervals. The vaccination can be administered as early as at the 7th week of life according to the recommended vaccination schedule. Depending on the vaccine, the series of vaccinations should be completed by the time the baby reaches the age of 16 or a maximum of 24 weeks (Rotarix®) and 22 or a maximum of 32 weeks (Rotateq®). Since July 2007, the rotavirus vaccine is part of the free vaccination program. As a consequence, the disease frequency could already be critically reduced in the first year of the widespread application. At the children's hospital in Graz, for example, there is a 90% decrease in in-patient admissions due to rotavirus.

Pneumococci

Pneumococci cause dangerous diseases such as meningitis, pneumonia and often middle

ear infections in infants and small children. A total of three doses of the pneumococcal vaccine guarantees the highest possible level of immunity for your child. The pneumococcal vaccination is free of charge for all children up to the age of 2 – and thus also included in the coupon booklet “Health for Parent and Child”.

2. FURTHER RECOMMENDED VACCINATIONS (not included in the program of free vaccinations)

Meningococci C

The conjugate vaccine against meningococci C is recommended for young children between the ages of 1 and 2, but is already possible when they are 2 months old. However, it only protects against meningococci of Group C. If the initial vaccine is given between the ages of 1 and 2, one vaccine is sufficient.

Young people between the 11th and 13th year of age should receive a single shot of the vaccination against meningococcal disease because the highest number of infections occur in this age bracket. For this, a conjugate four-fold vaccine (ACWY) is used free of charge (see page 29).

In some countries, these meningococci occur very frequently. In Great Britain, the meningococci of



group C have declined drastically as a result of the vaccination.

Meningococci B

An effective vaccination against the group B meningococci which occur more frequently in Austria is also available. Meningococci of this group are currently responsible in Austria for 50-70% of the invasive meningococci diseases. The vaccine is effective but according to experience to date substantially more physical reactions to the vaccine are to be expected than with the other vaccines used at this age – particular febrile reactions are more frequent. This applies in particular if other vaccines are administered at the same time. Nevertheless, the risk-benefit ratio is a substantial argument in favor of the vaccine. The vaccine with Bexsero® is approved from the age of 2 months. It is thereby possible to cover the ages with the highest frequency of diseases of invasive meningococci infections, namely the infant and teenage years.

The vaccination is recommended as an indicative vaccination for people with an increased risk of illness (immune deficiency, damage to the spleen, etc.) and people with possibilities of close contact to people suffering from meningococci B diseases (in the health service, in infection departments, intensive care units, laboratory staff) – and of course everybody who wants to protect him/herself.

Varicella – Chickenpox

An infection with the varicella zoster virus may cause serious complications in

afflicted teenagers and adults. This vaccination is part of the generally recommended vaccinations in the Austrian Vaccination Schedule. The disease can take a more serious course in young people and adults than in small children.

Where pregnant women are concerned (especially in the early stages of pregnancy) an infection can cause lasting harm to the fetus and possibly even death. Children can be vaccinated against varicella infections as early as at 9 months of age.

The varicella vaccination should be received by all children who have reached the age of nine either without being immunized or contracting the illness, as well as those who demonstrate low levels of antibodies. The vaccine should be administered in two stages with an interval of at least six weeks between the two doses.

Influenza (flu)

Since this illness can proceed very serious in infants, vaccination is highly recommended as early as at the seventh month of age. In Austria, the percentage of vaccinated people is much too low, although there are influenza epidemics of varying dimensions every year. The vaccination has to be renewed yearly because the vaccine has to be adapted to the ever-changing influenza virus.

It is true that the strategy up to now, to mainly protect the high-risk group of seniors against influenza, has saved the lives of many

seniors, but it hasn't been able to considerably stop the spread of the virus through the populace.

It is precisely young, working people, kindergarten and schoolchildren who have a lot of interpersonal contact. Thus, they contribute most to spreading the "flu" among the populace. Therefore, these groups of people can contribute the most to containing an influenza epidemic by getting vaccinated and achieving greater vaccination coverage. Since 2014, a live vaccine has been available in Austria that is sprayed in the nose and can be used from the age of 24 months until the age of 18.

Hepatitis A and Hepatitis A+B

The hepatitis A virus is seldom found because of the high hygiene standards in Austria. However, it is often brought in by tourists from southern countries. If you and your family are planning on going to a southern country on vacation, a hepatitis A vaccination for the whole family is highly recommended.

Small children who catch the virus often only experience mild symptoms, but they can easily pass the disease on to their parents and other family members. There is a single vaccine against hepatitis A, which can be administered in addition to the hepatitis B vaccine (e.g. if basic immunizations, including the six-fold combination, have been received). However, there is also a combined vaccine for hepatitis A+B for those who have not yet been immunized against any form of the disease.



Protection against ticks – TBE

The TBE vaccination is also very important for infants. Since most of Styria is considered to be an endemic area for TBE-infected ticks, vaccination against TBE (for adults, too) should be taken very seriously. Lasting damage and even death caused by TBE can be avoided by vaccination.

The vaccination is given in three doses, and after the last dose the protection should be renewed by a booster vaccination every three to five years, depending on the age of the vaccinated person. The vaccination is generally well tolerated; in the Austrian Vaccination Schedule it is recommended from the age of 13th months. Talk to your doctor about whether your child should be given the first dose earlier.

Although the vaccination is not included in the free program, it is regularly offered at a reduced price during campaigns.

3. FREE VACCINATIONS FOR SCHOOLCHILDREN & TEENAGERS

Children of school age are given a vaccination to boost the vaccination protection that they developed as infants against diphtheria, tetanus, polio, hepatitis B and whooping cough as part of the free vaccination program. The free program for schoolchildren and young people also includes the following important vaccinations:

Human papillomaviruses (HPV)

After breast cancer, cervical cancer is the most common type of cancer among young women in Europe. The most common cause of cervical cancer (cervical carcinoma) is a chronic human papillomavirus infection (HPV) which infects the genital mucous membrane. The disease is contracted as a result of skin contact during sexual intercourse (not through bodily fluids).

70% of sexually active men and women will be infected with HPV at least once in their lives. A form of medication to treat HPV has not yet been developed. It is only possible to prevent cervical cancer by taking steps to avoid chronic infection through oncogenic HP viruses.

The still curable early stages of the infection and the precursors to cancer can be identified and treated by means of an operation if regular cancer smears are taken.

The vaccine against the most common cancer-cau-



sing HP viruses (type 16 and type 18) now prevents to a high degree chronic infections with these viruses that are responsible in more than 70% of cases for the occurrence of cervical cancer (cervical carcinoma) and their preliminary stages and for 90% of the carcinomas of the vagina and penis, as well as mouth and throat cancer.

The four-fold vaccine offers additional protection against genital warts that can be a great burden for sexually active men and women.

As this disease is primarily contracted through sexual intercourse and in order that vaccination can take place prior to any possible infection, children and young people should be vaccinated before they become sexually active. In 2014, the HPV vaccination was therefore included in the free school vaccination program for girls and boys.

The vaccination has a high epidemiological benefit as the infection chain is



Foto: Schiffer

HUMAN PAPILLOMAVIRUSES make ill!

The HPV-vaccination protects girls and boys against

cervical cancer and genital warts
anal cancer and mouth and throat cancer

Free of charge for children between the 9th and 12th year of age

at all Styrian pediatricians and general practitioners,
at public health offices (district authorities,
municipal administration) and
at the Styrian travel medicine clinic.

Since fall 2014 also free of charge in the 4th grade
of primary school

Protect your child against HPV

before the sparks begin to fly between boys and girls!



only broken through this way and thus a herd immunity can be quickly achieved. For children from the age of 9 until 12, the vaccination consists of two doses at an interval of six months. The time of the 1st dose is deemed to be the time for the free use.

The vaccination is offered free of charge at GPs and pediatricians as well as public vaccination centers and is also available for free in the 4th grade of primary school.

With a start of vaccination after the age of 12 until the age of 15, two doses can still be vaccinated. Thereafter, three doses are required: the second dose one month after the first and the third dose six months after the second.

Meningococci ACWY

Meningococcal diseases can be serious and fatal. The illness often takes a dramatic development (see also pneumococci) and can lead to a life-threatening situation within hours – sometimes also with a fatal outcome.

For young people aged – preferably – 12, there is a combined vaccine available in the free vaccination program that not only protects against meningococci of the C group but also against groups A, Y and W135.

Infections by the group Y are not only registered in the USA but also increasingly in Europe, primarily in Sweden. Infections by group W135 are frequent in Turkey. Group A not only occurs in Africa, primarily on the Arabian Peninsula, but also in Russia.

The vaccination provision e.g. in the case of school exchanges, is therefore very important!

This vaccination is sensible at any rate even if the young person already received a meningococcal C vaccination as an infant.

The vaccination is currently offered free of charge for young people aged

between 10 and 12 as part of the school vaccination programmes and at GPs. For older children/young people, the vaccination is recommended but currently charged.

Your doctor will be happy to answer any specific questions relating to immunization, vaccines and potential risks and side effects which you may have.

Should you wish to send your questions to the author of this brochure, Prof. Dr. Diether Spork, then please email him at:

hausarzt@gesunde-kinder.at





“Of course, there are many parents who ask themselves whether or not they should allow their child to be vaccinated – many have also asked me. And with every child, who is concerned, it is important to make this decision aware and informed.”

Prof. Diether Spork