

Facility Automation Management Engineering (FAME) Systems

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Friday, 27 August 2010

To All:

The text following this page is a draft review of a July 25, 2010 article in the *San Jose Family Examiner*, titled, "California declares whooping cough epidemic ..." that was written by Kellie Tunbridge, as downloaded from:

<http://www.examiner.com/x-20855-San-Jose-Family-Examiner~y2010m7d25-California-declares-whooping-cough-epidemic-Santa-Clara-County-faces-worst-year-in-50-years>

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This formal response, titled:

REVIEW: Another False 'Whooping Cough Epidemic' Warning:

"California declares whooping cough epidemic Santa Clara County fears worst year in 50 years",

begins on the next page.

Introductory Remarks

First, to *"simplify" this response*, when portions of the article being reviewed are addressed in the review, the statements in this article will be quoted in an *italicized "Times New Roman"* font and extensive quotes will be indented.

Second, the remarks by this reviewer are presented, as they are in this introduction, in a "Georgia" font.

In addition, this reviewer's remarks are in a "Georgia" font except when he quotes: **a)** from or refers to any US statute or regulation, the text will be in a "Franklin Gothic Medium Cond" font or **b)** from other sources, the quotations will be in an "Arial Narrow" font.

Finally, should anyone find any significant factual error for which they have published substantiating documents, please submit that information to this reviewer so that he can improve his understanding of factual reality and revise his views and the final review.

Respectfully,

<S>

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[To whom all responses should be directed]

REVIEW:

Another False 'Whooping Cough Epidemic' Warning:

“California declares whooping cough epidemic Santa Clara County fears worst year in 50 years”

On July 25, 2010, Kellie Tunbridge, writing for the *San Jose Family Examiner*, penned an article titled, “California declares whooping cough epidemic¹: Santa Clara County fears worst year in 50 years” that seems to be by another attempt by a writer speaking for public health officials that is intended to mislead the public about the continuing and worsening failure of the pertussis (whooping cough) vaccine component of the DTP/DTaP/Tdap vaccines to provide effective long-term disease protection to those who are vaccinated or, by way of the mythical ‘herd immunity’, protect those who were not vaccinated for whatever reason from getting pertussis.

Factually, there is no epidemic of “whooping cough” in California. There is only a “pertussis” outbreak with less than 39 % increase in cases in 2010 than the “3100+” cases in 2005 on a population corrected basis.

Moreover, since California’s population of about 36.6 million in 2005 has grown to about 37.2 million in 2010, per capita rate will be *no more than* about 33 % higher in 2010 than it was in 2005 in California and, *if the reporting rate declines*, may easily be less than 6 % higher than the California rate in 2005.

As evidence of this reviewer understands reality, one need only look at a previous similar attempt to mislead the public in 2004 when there were about 26,000 cases nationwide. On 29 October 2004, medicalnewstoday.com posted (<http://www.medicalnewstoday.com/articles/15220.php>) an article that was titled “Whooping cough makes a national comeback USA” which attempted to raise similar fears, but was, *in many ways*, more honest than the current article.

In the 2004 article, the fact that most cases occurred in the fully vaccinated and reality that the article was a CDC and GlaxoSmithKline crafted document were both clearly revealed. That 2004 article stated (with underlining to emphasize the pertinent facts):

¹ According to this article, 1,337 cases of pertussis in 6 months and a population of 37,000,000 people → 1 case in 13,837 people in 2010 if 2nd half like 1st half of year 2010 → ~ 7 cases per 100,000 residents. If cases were only in children <5 years of age, which they are not, then the reports for the first half of 2010 projects to about 2,674 cases in about 7.5% (see: <http://quickfacts.census.gov/qfd/states/06000.html>) of California’s 37 million people (see: <http://www.google.com/publicdata?ds=uspopulation&met=population&idim=state:06000&dl=en&hl=en&q=CA+population>) or about 2,775,000 children under 5 years of age. If this were true, **and it is not**, this would translate into an incidence rate of 1 in 1038 children or ~ 1 in 1,000 children. If this were an epidemic of pertussis – why then is a rate of ≥ 1 on 100 for children with an ASD diagnosis not an epidemic? [Note: Since, based on the 2004 and 2005 data, cases primarily occur in older vaccinated individuals, the case incidence rate in young children is more likely < ~ 1 in 10,000 – certainly not an epidemic – just an outbreak.]

“CDC reported highest number of whooping cough cases in nearly forty years

With cold and flu season just around the corner, parents need to be aware of another serious illness that could affect their teenagers, pertussis. Commonly known as whooping cough, pertussis is a highly contagious bacterial infection of the respiratory system that causes spasms of severe coughing and often masquerades as common ailments such as a cold or the flu. According to the Centers for Disease Control and Prevention (CDC), it is estimated that 39 percent of the reported pertussis cases in 2003 affected children between the ages 10 and 19. Recent outbreaks have prompted a growing concern in the public health community that parents and teens are not aware of these trends and may assume this highly contagious disease, which can be serious in infants, is just a cough.

According to the results of a new national survey of parents of teenagers conducted by the Society for Adolescent Medicine (SAM), less than one in five parents surveyed (approximately 18 percent) reported being concerned with the prospect of their child contracting pertussis, and more than 25 percent aware of familiar the illness could not name one symptom. It is important for parents, teens and healthcare providers to remember that childhood immunization against pertussis wears off five to 10 years after the last routine vaccination shot (administered when children are between four and six years old)”.

In January 2006, the CDC then recommended a booster dose in the form of FDA-approved Tdap vaccines for children 11-12 years of age. See: http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2010/10_7-18yrs-schedule-pr.pdf.

Returning to that previous article:

“According to the survey, the majority (85 percent) of parents of adolescents did not know the duration of pertussis protection. Today, many adolescents are vulnerable and unprotected against this serious disease.

There have been numerous outbreaks over the last year in many states, including New York, Illinois and Wisconsin where most of the patients were adolescents. Afflicted teens are often forced to sit on the sidelines, unable to attend classes, or participate in sports and social events for a week or more because of the severity of their illness. In fact, pertussis sufferers may experience more than two months of severe, uncontrollable coughing episodes that can occur 15 times within 24 hours. These coughing fits can lead to vomiting, a hernia, or even a broken rib. In some cases, pertussis can lead to pneumonia.

Even when school is out of session, pertussis finds ways to sicken teenagers, with recent outbreaks at summer sleep-away camps. Although whooping cough is rarely fatal in older children, the mortality rate is highest in unvaccinated infants who can catch the illness from adolescent family members or babysitters.

Society for Adolescent Medicine Takes Action

These survey results and the recent surge in pertussis outbreaks prompted SAM to launch an educational campaign for teens and their parents, called “More Than Just a Cough.” The campaign also encourages parents of teens to schedule routine health visits.

“After the immunization series is completed by age six, pertussis immunization is rarely discussed at healthcare visits. Few parents realize that the protection from the pertussis immunization wears off after five to 10 years, leaving teens vulnerable to whooping cough,” said Dr. Amy Middleman, assistant professor of pediatrics, Adolescent Medicine Section,

Baylor College of Medicine. "Parents need to be made aware of pertussis symptoms. Because adolescents often do not exhibit the classic 'whoop' that is associated with the disease, symptoms such as a mild fever, severe coughing fits and runny nose are often mistaken for flu or the common cold. However, anyone experiencing these severe coughing fits for seven or more days should seek diagnosis by a healthcare provider."

The CDC recommends that physicians test for pertussis if patients exhibit symptoms compatible with the disease or develop an acute cough after exposure to someone who has been diagnosed. If caught early enough, antibiotics may help alleviate symptoms or limit the spread of the disease.

To help educate parents and teens about whooping cough, SAM is providing free information about the signs and symptoms of whooping cough, as well as the importance of routine adolescent health visits, available at <http://www.adolescenthealth.org/whoopingcough.html>."

...

About Pertussis

Pertussis can be difficult to detect because the first symptoms are similar to the "common cold" with a mild fever, runny nose and a cough. Symptoms generally progress to more severe coughing episodes, often with a high-pitched "whoop", followed by vomiting. These severe coughing spells can last for more than two months. A person experiencing these severe coughing spells may become blue in the face, and infants may actually stop breathing for a few seconds. Between coughing spells, it is typical for individuals to appear symptom-free.

It is important for parents to know that adolescents generally exhibit different symptoms of the disease, often without the classic "whoop," making it difficult to recognize. While pertussis is threatening to all, this highly contagious disease can be serious in infants who are too young to be fully immunized.

Currently, pertussis vaccination is given in combination with diphtheria and tetanus (DTaP) in five doses given at two, four and six months of age, 15 to 18 months of age and four to six years of age. However, immunity to pertussis wears off five to 10 years after the last childhood dose leaving many teens unprotected against the disease.

"Adding a pertussis component to the current tetanus-diphtheria booster vaccine routinely administered to 11 and 12 year olds could help control community outbreaks and protect older children and teens from this serious and highly contagious disease. Such a vaccine is currently being reviewed by the FDA, and may be available in 2005," Middleman said.

About the Society for Adolescent Medicine

The Society for Adolescent Medicine founded in 1968, is the only multidisciplinary professional healthcare organization in the United States exclusively committed to improving the physical and psychological health and well being of adolescents. Its principal activities include the development, synthesis and dissemination of scientific and scholarly knowledge unique to the health needs of adolescents; professional development of students, trainees, and practicing clinicians around adolescent health; as well as advocating on behalf of adolescents.

Advocacy efforts are supported through local, state and national public and private efforts to develop comprehensive, acute, chronic and preventative health services for youth. The Society publishes and disseminates scholarly information related to adolescent health through its peer-reviewed monthly *Journal of Adolescent Health*. For more information, log on to <http://www.adolescenthealth.org>.

About the Survey

Data was collected online between June 11, 2004 - June 17, 2004, with a nationally representative sample of 1,622 parents (both mothers and fathers) of adolescents. The survey was funded by GlaxoSmithKline.

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Cohn & Wolfe”

The current article is much more opaque in terms of the ages of those contracting pertussis, the percentage who contract it who were fully vaccinated, and whether the CDC was the source of the statements that the writer chose to publish in her piece, which, in part, reads (with underlining added for emphasis):

“The California Department of Public Health (CDPH) has officially declared an epidemic of whooping cough in California.

The Santa Clara County Public Health Department (SCCPHD) announced Friday that Santa Clara County is likely to see the worst year of whooping cough in 50 years.

According to SCCPHD, whooping cough is on the rise in Santa Clara County. As of July 22, 2010[,] there have been 87 confirmed reported cases, compared to a total of 25 reported cases in 2009”.

Factually, Santa Clara County, with a 2010 population of about 1.8 million individuals (<http://quickfacts.census.gov/qfd/states/06/06085.html>), contains about 4.8 % of California’s population. On that basis, Santa Clara County apparently has an excess percentage of cases every year (9.7 % in 2009 and about 6.5% in first “half” of 2010. Therefore, the causal factors in this county do not appear to be representative of the situation across the State of California.

“As of June 30, 2010, 1,337 cases of whooping cough have been reported in California compared to 258 total reported cases in 2009. To date, six infants whom are the most vulnerable have died in California.

Whooping cough, also known as pertussis, is a bacterial infection that begins like an ordinary cold and is most infectious before the coughing begins.

The cough is so severe that it can make eating, drinking and breathing difficult. The intense coughing can last for weeks causing vomiting after each spell that can lead to weight loss and dehydration. Infants are particularly vulnerable as pertussis can lead to pneumonia, brain damage or seizures.

The Centers for Disease Control (CDC) reports on average that every five years pertussis outbreaks increase. According to a CNN report, it is still unclear at this time if the fear of autism has caused a decline in immunization rates for whooping cough. Currently, the pertussis vaccine is not on the radar list for possible causes of autism”.

In the USA, as far as this reviewer can ascertain, there has not been a single-component “pertussis vaccine” for decades. Moreover, since the vaccine used for “pertussis vaccination” is a DTaP or Tdap vaccine, if the “pertussis

component” were effective, one would expect a disease rate for “pertussis” to be similar to the disease rates in children for the current DTaP/Tdap vaccines’ other two disease-fighting components, diphtheria toxoid and tetanus toxoid.

Unfortunately, while the number of cases in children is “0” for diphtheria, a highly contagious disease, and is near “0” for tetanus, a non-contagious disease, the total number of cases of pertussis for the period 1998 through 2008 has ranged from 7,405 in 1998; to 7,288 in 1999; to 7,867 in 2000; to 7,580 in 2001; to 9,771 in 2002; to 11,647 in 2003; to 25,827 in 2004, to 25,616 in 2005, to 15,632 in 2006; to 10,454 in 2007; and to 13,278 in 2008.]

“According to CDC, in the United States prior to pertussis immunizations, between 150,000 and 260,000 cases of whooping cough were reported each year, with up to 9,000 pertussis related deaths”.

As usual, there is NO hard data to back up the CDC’s assertions. In CDC records going back to 1967, less than 10,000 cases were reported in 1967 (9,718) and from 1968 through 1992 less than 5,000 cases with a minimum in the years from 1973 to 1982 of 1,000 – 2400 cases per year [prior to the addition of the Hepatitis B and Hib vaccination programs in the late 1980s].

After the addition of the Hepatitis B and Hib vaccination programs, the level of pertussis cases from 1987 through 2001 was in the general range from 2,700 to 7,900.

Then, starting in 2002, there appeared to be a shift in the incidence with from 9,800 to about 25,800 cases in 2004 (mostly in the vaccinated population and mostly in adolescents – leading to the “it wears off in 5 to 10 years” admission in the previous article).

In 2004, the previous article warned of a “disease resurgence” problem.

In 2005, there were about 25,600 cases (mostly in the vaccinated population), and, in mid-year, the FDA approved two Tdap vaccines for children 11-18 years of age.

In January of 2006, CDC began recommending Tdap vaccination for 11 – 12 year-olds [<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5451-Immunizational.htm>].

The level fell into the range from 10,450 to 15,630 cases during the period from 2006 through 2008. As of 1 August 2010, indicating that the added doses of Tdap vaccine in 2006 or the final expiration of all of the Thimerosal-preserved DTaP vaccines may have had some effect.

Though no national figures have been published for the years 2009 and 2010, the reported California figures for two-thirds of 2010 on 26 August 2010 clearly indicate that the suppression of “pertussis” by an added Tdap vaccination does not appear to offer long-term reductions and may simply be accelerating the growth in cases of *B. parapertussis* and other related bacterial infections and/or the incidence of conversion of those vaccinated into pertussis carriers.

Moreover, attempts to blame the recent increase in cases in California on

the unvaccinated and/or the failure of the State of California to mandate the Tdap booster for children 11 – 12 years of age are clearly indicate the length to which public health officials who benefit from more vaccines will go to attempt to blame other than a less-than-effective vaccination program for the rise in disease cases.

“CDC is cautioning the public to beware of early onset symptoms such as a cold or cough, especially with a "whoop" sound. The first stage of symptoms are a runny nose, sneezing, low-grade fever, and a mild cough that gets worse over a period of one to two weeks. CDC recommends that adults receive the pertussis vaccination every ten years.

CDPH is recommending booster shots against whooping cough for anyone seven years and older who is not fully immunized; women of childbearing age, before, during, or immediately after pregnancy; and people who have contact with pregnant women of infants less than one year of age. It is also recommended that preteens 11 and 12 years of age receive a booster.

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The CDC’s additional-shots statements are tacit admissions that:

- ◆ The vaccine is not effective in providing long-term protection and
- ◆ A profitable market enlargement for the vaccine makers and other facets of the healthcare establishment.

Further, these realities clearly indicate that the pertussis vaccination programs are not cost effective and should be either scaled back or a different approach should be used for the management of what is clearly a disease that the current vaccines cannot provide long-term protection from to anyone.

Having had whooping cough once when this reviewer was a child and not having had it again, this reviewer finds that the pertussis vaccination program is clearly a bankrupt program that needs to be replaced with a managed-care program that promotes optimum levels of the following key immune-system-involved vitamins, A, the Bs, C, D-3, and K-2, which, when optimal, seem to limit “whooping cough” infections to mild cases from which children recover and have near lifetime immunity.

For more on the increase in the disease “*B. parapertussis*” as well as probable increases in disease strains that are not covered by the vaccine (for which there is no vaccine), which are reasons why more vaccines and vaccinations are not helping the problem, this reviewer recommends a layperson’s discussion of these realities, such as “Whooping Cough Outbreaks & Vaccine Failures” written by Barbara Loe Fisher, parent of a DTP-damaged child,

at: http://vaccineawakening.blogspot.com/2010/07/whooping-cough-outbreaks-vaccine_15.html.

The other reason for vaccination failure, which is usually swept under the rug, is that the pertussis component is not a vaccine against the *B. pertussis* bacteria but rather certain specific toxins that the basis strain used in vaccine manufacture produces.

In the case of pertussis, this reality has the unwanted “side effect” that it actually converts some of those who are vaccinated into “silent” pertussis carriers who harbor pertussis in their lungs for extended periods.

Finally, the neurodevelopmental harm and death caused by/attribution to even the acellular pertussis components in the DTaP and Tdap vaccines cries out for the removal of this vaccine from the current FDA-approved no-Thimerosal DTaP and Tdap vaccines by converting these formulas into the corresponding single-dose, no-preservative, non-adjuvanted DT and Td vaccine formulations.

These actions would appropriately safen these vaccines and eliminate one of the major vaccine-injury sources – in keeping with the a much-ignored mandate to make vaccines safer in the National Vaccine Injury Compensation Program as set forth in 42 U.S.C. § 300aa-27(a)(2) since 1987.

“CDPH is recommending booster shots against whooping cough for anyone seven years and older who is not fully immunized; women of childbearing age, before, during, or immediately after pregnancy; and people who have contact with pregnant women of infants less than one year of age. It is also recommended that preteens 11 and 12 years of age receive a booster. ...”

Clearly, the addition of more and more vaccinations over the years from a program that initially consisted of 3 doses of a DTP vaccine to one that added a fourth dose, then a fifth dose, and, in 2005, a sixth dose with recommendations for additional doses in specific groups and then every 10 years in adults points to a vaccination program that has failed; or is not cost effective at 6 doses even if it were at 5 doses (because the Tdap vaccines are much more expensive than the DTaP vaccines); and/or probably became cost-ineffective when the fourth or fifth dose was added to the vaccination schedule.

For those who wish to see just how ineffective the pertussis vaccination program is, all you need do is compare its “effectiveness” with the other two bacterial “toxoids” vaccine components given with it, Diphtheria, a highly contagious disease, and Tetanus, where the vaccine components are also toxoids (Diphtheria toxoid and Tetanus toxoid).

The “reported cases” data² for the USA the period from 1967 through 2008 and limited California data for the period 1998 through 2008 and the

² In general, the cases data presented are from the CDC’s annual “notifiable disease” reports covering the period from 1998 through 2008. The California [CA] cases are from the same source except that the estimated number of 2010 cases in CA is based on “3311” cases from a 26 August 2010 report at: http://www.thereporter.com/ci_15898775?source=most_email.

estimated number³ of cases for 2010 data can be found in the following tables.

Diphtheria, Pertussis, and Tetanus Cases by Year (1998 – 2010)				
Report Year	Population USA (California [CA])	Diphtheria USA (CA)	Pertussis USA (CA)	Tetanus USA (CA)
1998	270,298,524 (32,862,216 [CA])	1 (0)	7,405 (1,085) { CA Incidence = 1 in 30,288 }	41 (8) [19.5%]
1999	“278,735,240” (33,418,380 [CA])	1 (0)	7,288 [Least US Cases since 1998; US incidence: 1 in 38,246] (1,144 [$\Delta = + 59$]) { CA Incidence = 1 in 29,212 }	40 (16) [40.0%]
2000	282,171,957 (33,871,648 or 34,105,437 [CA])	1 (1)	7,867 (631 [$\Delta = - 513$]) { CA Incidence = 1 in 53,865 }	35 (6) [17.1%]
2001	285,081,556 (34,789,735 [CA])	2 (0)	7,580 (706 [$\Delta = + 75$]) { CA incidence = 1 in 49,277 }	37 (NA [Not Available])
2002	287,803,914 (35,397,005 [CA])	1 (1)	9,771 (1,120 [$\Delta = + 414$]) { CA incidence = 1 in 31,604 }	25 (8) [32.0%]
2003	290,326,418 (35,994,731 [CA])	1 (---)	11,647 (1,255 [$\Delta = +135$]) { CA incidence = 1 in 28,681 }	20 (5) [25.0%]
2004	293,045,739 (35,893,799 or 36,525,947 [CA])	0 (0)	25,827 [Most US Cases; US incidence: 1 in 11,346] (1,109 [$\Delta = - 146$]) { CA incidence = 1 in 32,936 }	34 (6) [17.6%]
2005 [Hg-presrvd TDaP vaxes expire.]	295,753,151 (“36,175,900” or 36,957,436 [CA])	0 (0)	25,616 (3,182 [$\Delta = +2073$]) { CA Incidence = 1 in 11,615 }	27 (7) [25.9%]
2006 [Added the Tdap for 11- to 12- yrs]	298,593,212 or 293,655,404 (36,458,000 or 37,380,870 [CA])	0 (0)	15,632 (1,749 [$\Delta = - 1443$]) { CA incidence = 1 in 21,109 }	41 (11) [26.8%]
2007	301,579,895 or 299,398,000 (36,553,215 or 37,810,582 [CA])	0 (0)	10,454 (590) [$\Delta = - 1159$] { CA incidence = 1 in 63,020 }	28 (4) [14.3%]
2008	304,374,846 or 301,621,157 (36,756,666)	0 (0)	13,278 (534 [$\Delta = - 56$]) [Least in CA] { CA incidence = 1 in 68,833 }	19 (4) [21.0%]
2009	307,006,550 or 307,006,550 (36,961,664)	NA (NA)	NA (Cases in the reviewed article & inferred cases from Footnote 3’s article differ!)	NA (NA)
2010 (1/2 yr)	“309,162,581” (“37,166,662”)	NA (NA)	NA (“3311” in 8 months \approx ~4400/yr) ^[3] Estimate from data reported in August 2010 for “8 months”, presuming rate remains “constant” [Most in CA] { CA Incidence \approx 1 in 8,500 }	NA (NA)

Case Sources: Except for the numbers reported for first 2/3^{ths} of 2010, the cases reported from the CDC’s MMWR “Notifiable Diseases files for 1998 – 2008. Population sources: 1998: http://www.npg.org/facts/us_historical_pops.htm; USA 2000-2009: http://factfinder.census.gov/servlet/DTable?_bm=y&-geo_id=01000US&-ds_name=PEP_2009_EST&-mt_name=PEP_2009_EST_G2009_T001. CA: 2000, 04-09 except 05 & US 06-09: <http://www.infoplease.com/ipa/A0004986.html>. USA 2010: <http://geography.about.com/od/obtainpopulationdata/a/uspopulation.htm>. CA population data from CA government [CA]: http://apps.cdph.ca.gov/epidata/scripts/broker.exe?_SERVICE=Pool2&_PROGRAM=programs.ST_population.sas&county=0&start_year=1998&endyear=2007&sel_age=Custom&startage=0&endage=110&output=HTML

³ The 2010 estimate was made by multiplying the “thru-24-August-2010” reported cases by 4/3^{ths}.

Since there is no “hue and cry” about record numbers of cases in the USA, this reviewer must conclude that the number of cases nation wide must be below the “~ 25,500—26,000” whooping-cough cases in the US in 2004 and 2005.

Thus, the outbreak in California is, *in terms of its magnitude*, an isolated outbreak based on the lack of a CDC-orchestrated outcry about an “epidemic” number of “whooping cough” cases in the USA.

REPORTED CASES – 1967 -- 1998

Disease	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>
US Pop. in Millions	252.127402	254.994517	257.746103	260.289237	262.764948	265.189794	267.743595	270.298524
Diphtheria	5	4	--	2	--	2	4	1
Pertussis (whooping cough)	2,719 [1 in 92,728]	4,083 [1 in 62,453]	6,586 [1 in 39,135]	4,617 [1 in 56,376]	5,137 [1 in 51,151]	7,796 [1 in 34,016]	6,564 [1 in 40,790]	7,405 [1 in 36,502]
Tetanus	57	45	48	51	41	36	50	41
	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988¹</u>	<u>1989</u>	<u>1990</u>
US Pop. in Millions	233.791994	235.824902	237.923795	240.132887	242.288918	244.498982	246.819230	249.438712
Diphtheria	5	1	3	--	3	2	3	4
Pertussis (whooping cough)	2,463 [1 in 94,922]	2,276 [1 in 103,614]	3,589 [1 in 66,293]	4,195 [1 in 57,243]	2,823 [1 in 85,827]	3,450 [1 in 70,869]	4,157 [1 in 59,374]	4,570 [1 in 54,582]
Tetanus	91	74	83	64	48	53	53	64
	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>
US Pop. in Millions	215.973199	218.035164	220.239425	222.584545	225.055487	227.224681	229.465714	231.664458
Diphtheria* * After 1979, stopped reporting the cutaneous cases	307	128	84	76	59	3	5	2
Pertussis (whooping cough)	1,738 [1 in 124,265]	1,010 [1 in 215,876]	2,177 [1 in 101,116]	2,063 [1 in 107,894]	1,623 [1 in 138,666]	1,730 [1 in 131,344]	1,248 [1 in 183,867]	1,895 [1 in 122,250]
Tetanus	102	75	87	86	81	95	72	88
	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
US Pop. in Millions	198.712056	200.706052	202.676946	205.052174	207.660677	209.896021	211.908788	213.853928
Diphtheria	219	260	241	435	215	152	228	272
Pertussis (whooping cough)	9,718 [1 in 20,448]	4,810 [1 in 41,727]	3,285 [1 in 61,698]	4,249 [1 in 48,259]	3,036 [1 in 68,399]	3,287 [1 in 63,856]	1,759 [1 in 120,471]	2,402 [1 in 89,032]
Tetanus	263	178	192	148	116	128	101	101

Cases from CDC’s MMWR Notifiable Diseases Reports; Population from the US NPG.org: http://www.npg.org/facts/us_historical_pops.htm last visited 29 July 2010.

¹ Effect of the added Hib and Hepatitis B programs began to be noticeable and/or the increase in cases of B. parapertussis and other disease strains misdiagnosed as B. pertussis.

Hopefully, the reader will understand that repeated inoculations of the pertussis component of the DTaP/Tdap vaccines is not cost-effective and demand that:

- ◆ The number of inoculations be reduced to the cost-effective set or, better,
- ◆ The pertussis component be removed and an alternative early-identification and/or holistic-treatment program replace the use of a vaccine component to suppress the incidence of both *B. pertussis* and/or increasingly, *in up to 30 % of the instances, B. parapertussis*, which the current vaccines do not even suppress.

Obviously, *based on the data*, increasing the number of inoculations of a DTP/DTaP/Tdap vaccine has not reduced the “pertussis” disease incidence rate to the < 100 cases/year level of the non-contagious “tetanus” bacteria (< 1 in 3,000,000) or the ≤ 1 cases/year (≤ 1 in 300,000,000) for the highly contagious “diphtheria” bacteria, but, *in the current vaccination programs*, the current “expected” level of annual cases of “pertussis – including parapertussis and related diseases misdiagnosed as pertussis” in the USA appears to be in the low 10s of thousands but less than ~ 26,000 in a population of ~ 300,000,000 for an overall incidence rate of < 1 in ~ 11,500.

Moreover, *based on the data*, there is absolutely no “cost-effectiveness” justification for the 2006 decision to add Tdap vaccine for 11 – 12 year-olds to the current CDC list of recommended vaccinations and certainly no justification, other than profit to the vaccine’s makers, for recommending that the Tdap vaccine be used in an “every 10 years” booster program.

DIPHTHERIA, PERTUSSIS AND TETANUS DEATHS (1988 – 2006)

Cause of Death	ICD-9*	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Diphtheria	032	--	--	1	--	1	--	--	1	--	--
Pertussis (whooping cough)	033	4	12	12	--	5	7	8	6	4	6
Tetanus	037	17	9	11	11	9	11	9	5	1	4
	ICD-9*/ ICD10*	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Diphtheria	032/A36	1	1	--	--	0	1	0	0	0	
Pertussis (whooping cough)	033/A37	5	7	12	17	18	11	16	31	9	
Tetanus	037/A35	7	7	5	5	5	4	4	1	4	
	ICD10	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Diphtheria	A36										
Pertussis (whooping cough)	A37										
Tetanus	A35										

Reviewer's Concluding Remarks

Hopefully, after reviewing the facts, the American public will wake up and demand that only those vaccination programs that provide effective long-term protection to most of those vaccinated should be considered for mass vaccination recommendations and only those that are truly cost-effective when all of the costs, including those associated with all serious adverse reactions are considered should be recommended for mass use.

Otherwise, public healthcare dollars will continue to be wasted in ever-expanding ineffective vaccination programs to the detriment of the public's physical and fiscal health – in order to fatten the coffers of the pharmaceutical, healthcare, health provider and federal and state public health segments of the Establishment.

If this pernicious evil is not stopped, the percentage of our children and ourselves who have one or more lifelong chronic medical conditions will continue to increase beyond the 25-plus percentage (> 1 in 4) currently being reported for our children.

About This Reviewer

In addition to the information available on his web page, <http://www.dr-king.com/>, this reviewer, Paul G. King is the Science Advisor and current Secretary for the Coalition for Mercury-Free Drugs (CoMeD, Inc., a 501(3)(c) corporation), <http://www.mercury-freedrugs.org>, the current District 33 Democratic Committeeman for Township of Parsippany-Troy Hills, Morris County, NJ, a some-time poet, Taoist philosopher and servant of Elohim through Jesus Christ.

As a scientist and student of the federal regulations and statutes that govern drugs, including vaccines, Dr. King has led CoMeD, on two (2) separate occasions, in the drafting and submission of a "Citizen Petition" seeking to have the federal government comply with the law, and, based on the improper denial of the Citizen Petition submitted, a federal lawsuit seeking to have the Federal District Court for the District of Columbia compel the Secretary of the Department of Health and Human Services and the Commissioner of the FDA to comply with the statutes and regulations regulating their lawful conduct. The second federal civil lawsuit, 1:2009-cv-00015, is presently being litigated.

Further, Dr. King has drafted several pieces of legislation for submission to the Congress of the USA as well as to various State legislatures, submitted cogent comments on proposed changes to federal regulations that are not in the public interest or appear to be at odds with the law, reviewed numerous documents, and written several articles on a variety of vaccine-related issues – including a formal request for correction of false and misleading statements by the FDA under the applicable Data /Information Quality regulations.

Finally, Dr. King has: **a)** provided various groups with his analysis of various other Congressional bills, resolutions, and treaty documents and **b)** been an author of several papers bearing on issues related to the toxicity of Thimerosal and other compounds and, if any, their connection to neurodevelopmental abnormalities.