



**Senator
Malcolm Roberts**



**Meryl
Dorey**



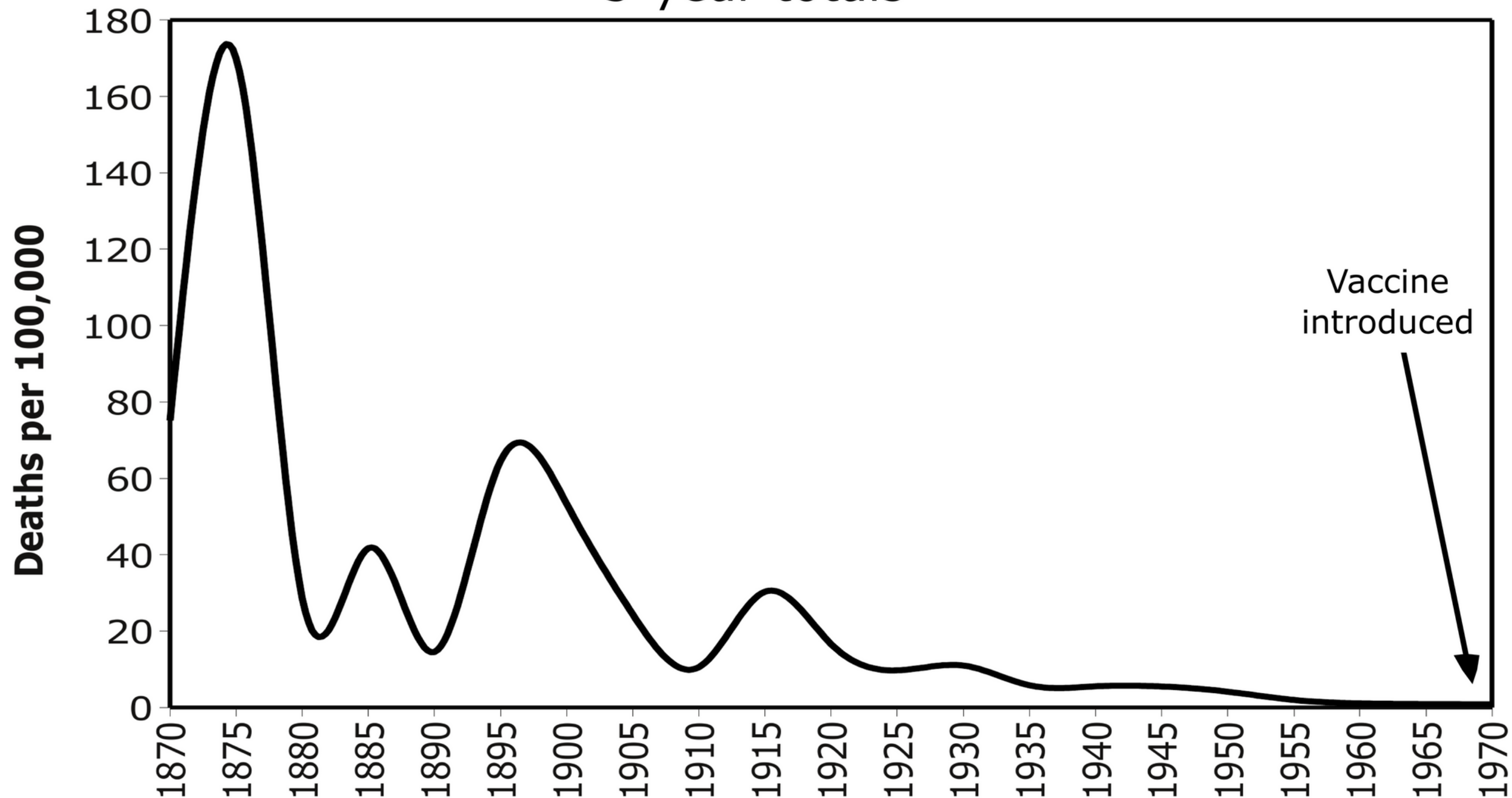
**Greg
Beattie**

Australian Childhood Vaccines: A Question of Need vs Risk



Measles—Australia

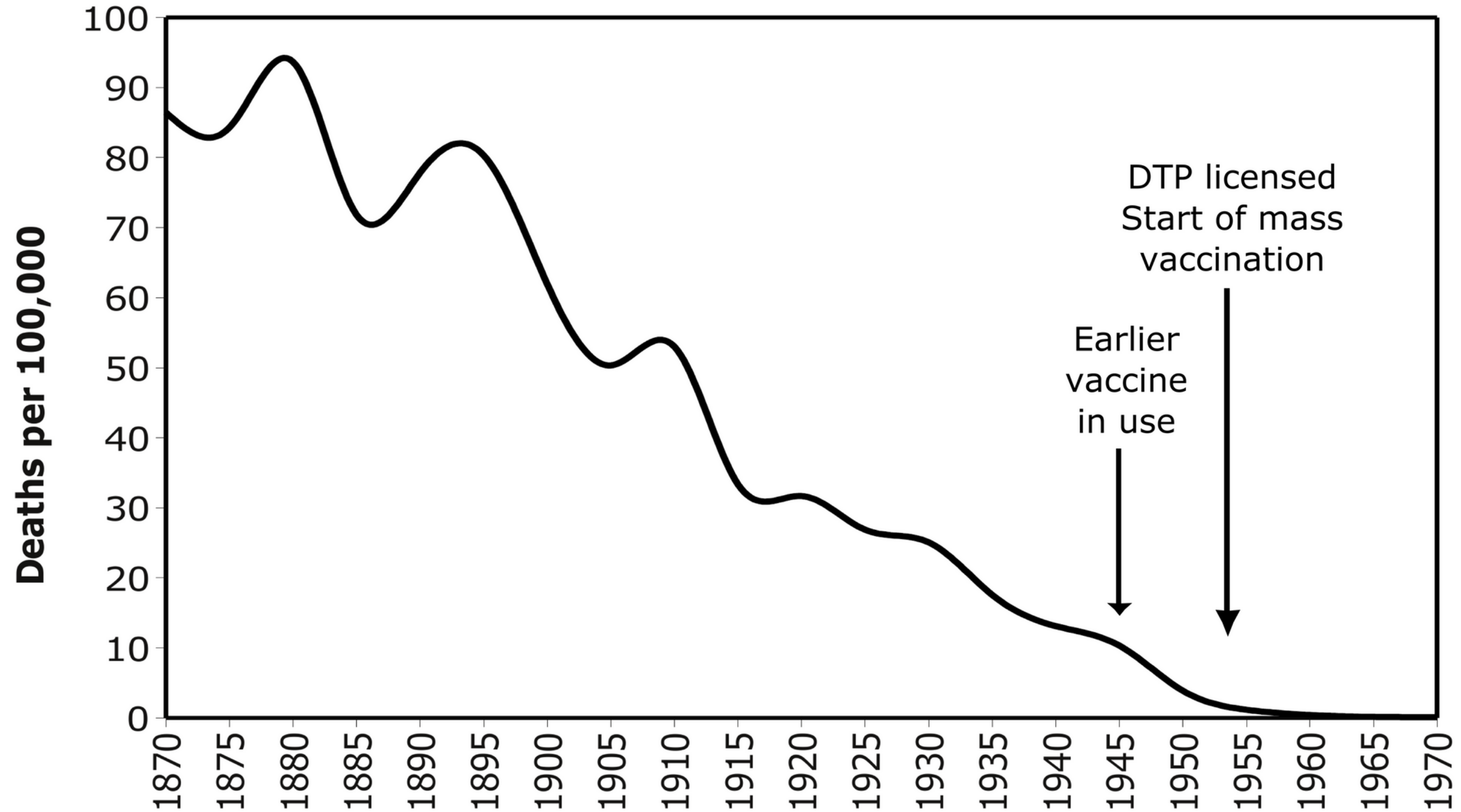
5-year totals



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Sources: Data published by Commonwealth of Australia in *The History of Diphtheria, Scarlet Fever, Measles, and Whooping Cough in Australia, 1788–1925* (Cumpston, 1927). Also Commonwealth Year Books, plus Australian Bureau of Statistics population data. Plot points are 5-yearly totals.

Whooping Cough—Australia

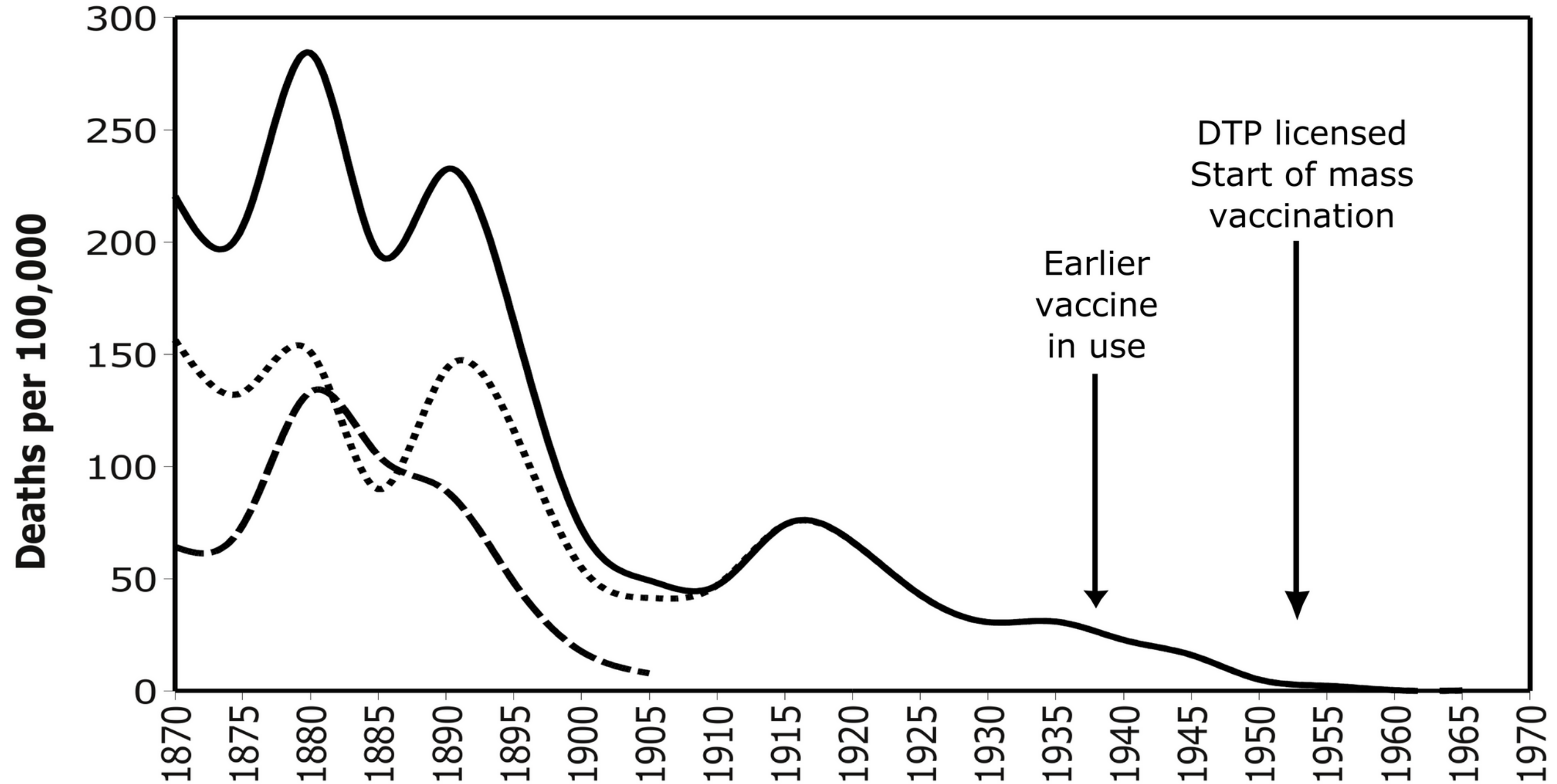


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Sources: Data published by Commonwealth of Australia in *The History of Diphtheria, Scarlet Fever, Measles, and Whooping Cough in Australia, 1788–1925* (Cumpston, 1927) and Commonwealth Year Books, plus Australian Bureau of Statistics population data.

Diphtheria—Australia

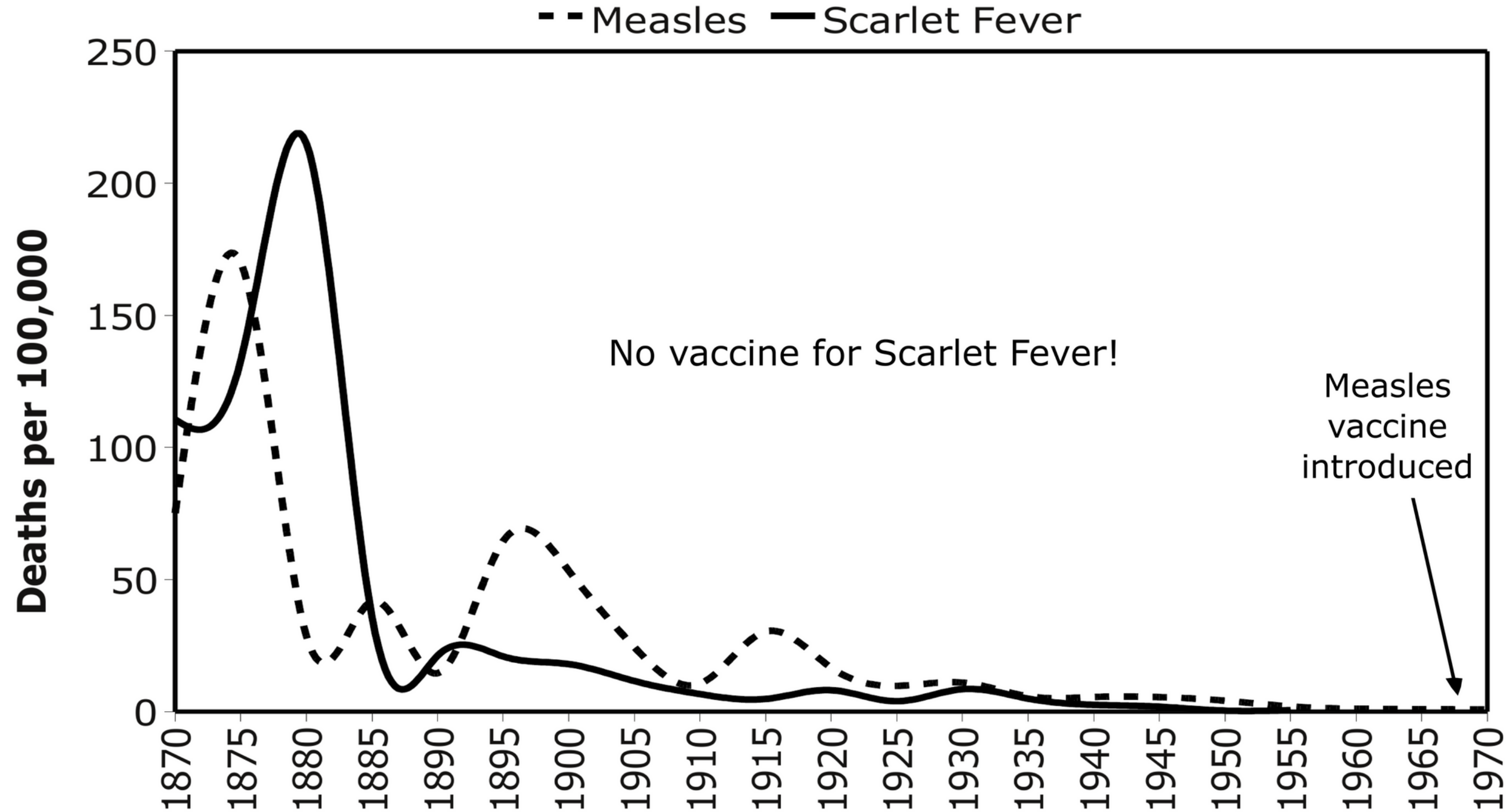
—•— Croup ··· Diphtheria — Combined



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Sources: Data published by Commonwealth of Australia in *The History of Diphtheria, Scarlet Fever, Measles, and Whooping Cough in Australia, 1788–1925* (Cumpston, 1927) and Commonwealth Year Books, plus Australian Bureau of Statistics population data.

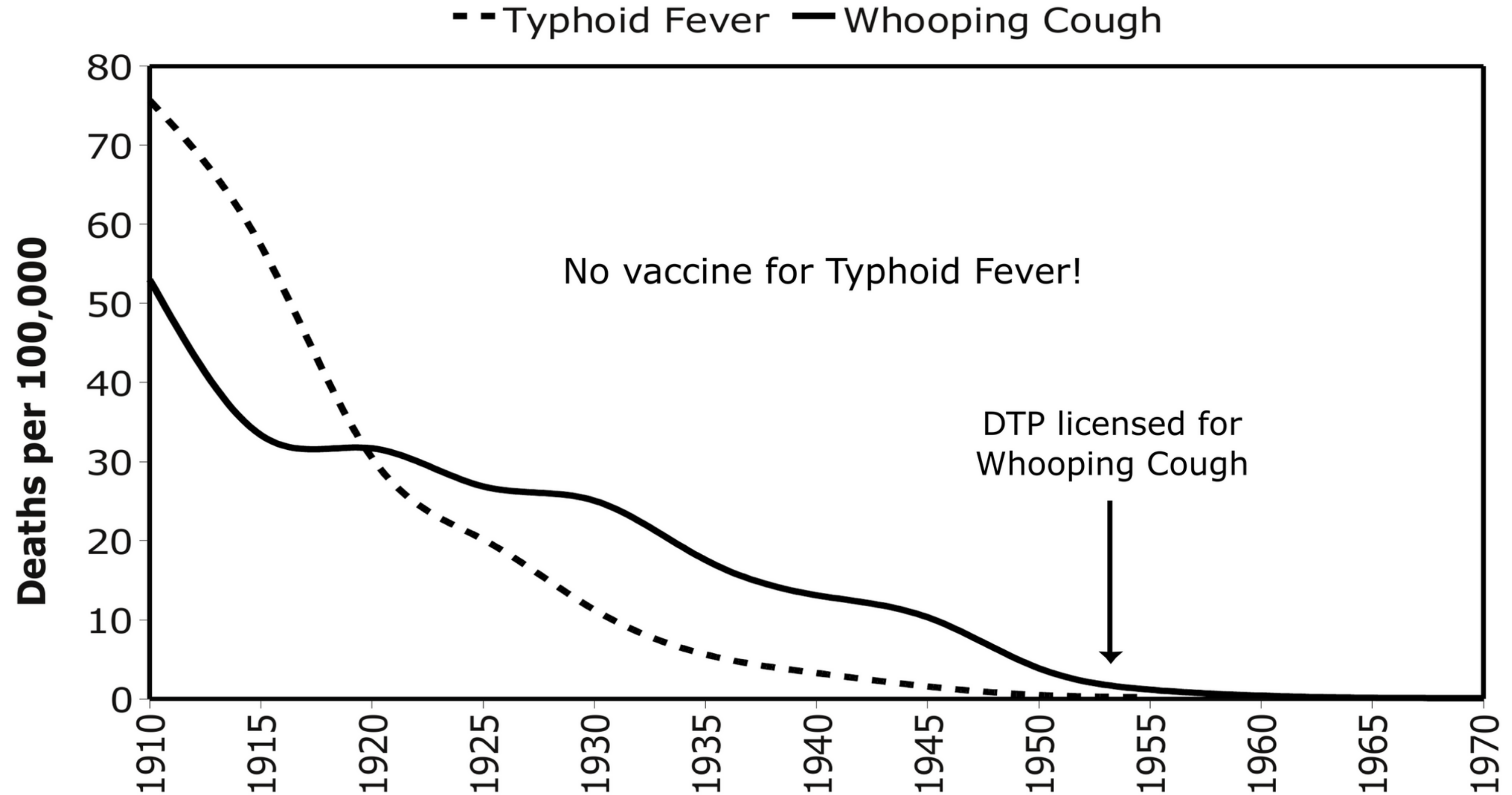
Measles and Scarlet Fever—Australia



© 2011 Greg Beattie

Sources: Data published by Commonwealth of Australia in *The History of Diphtheria, Scarlet Fever, Measles, and Whooping Cough in Australia, 1788–1925* (Cumpston, 1927) and Commonwealth Year Books, plus Australian Bureau of Statistics population data.

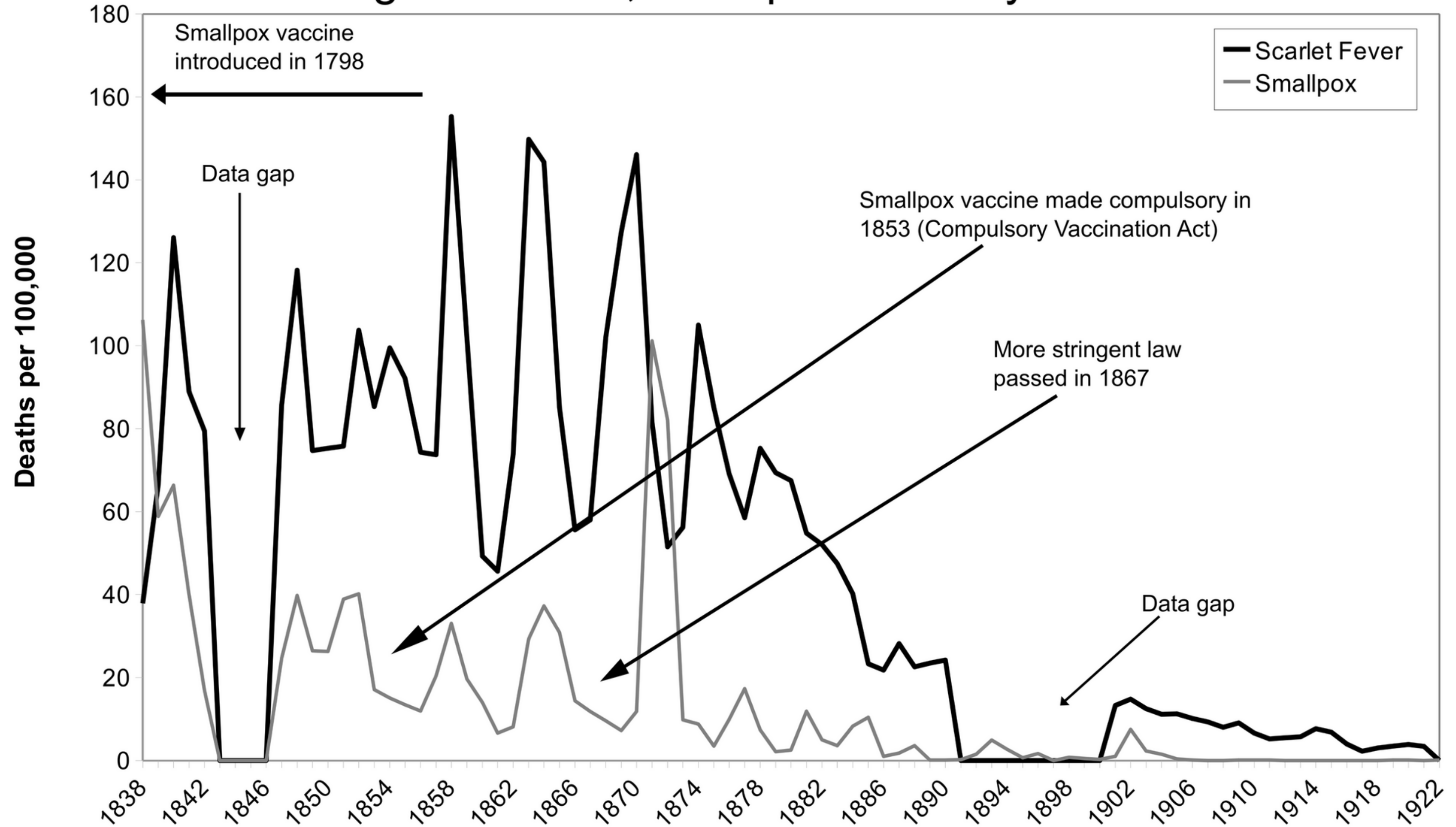
Whooping Cough and Typhoid Fever—Australia



© 2011 Greg Beattie

Sources: Data published by Commonwealth of Australia in *The History of Diphtheria, Scarlet Fever, Measles, and Whooping Cough in Australia, 1788–1925* (Cumpston, 1927) and Commonwealth Year Books, plus Australian Bureau of Statistics population data.

England/Wales, Smallpox Mortality Rates

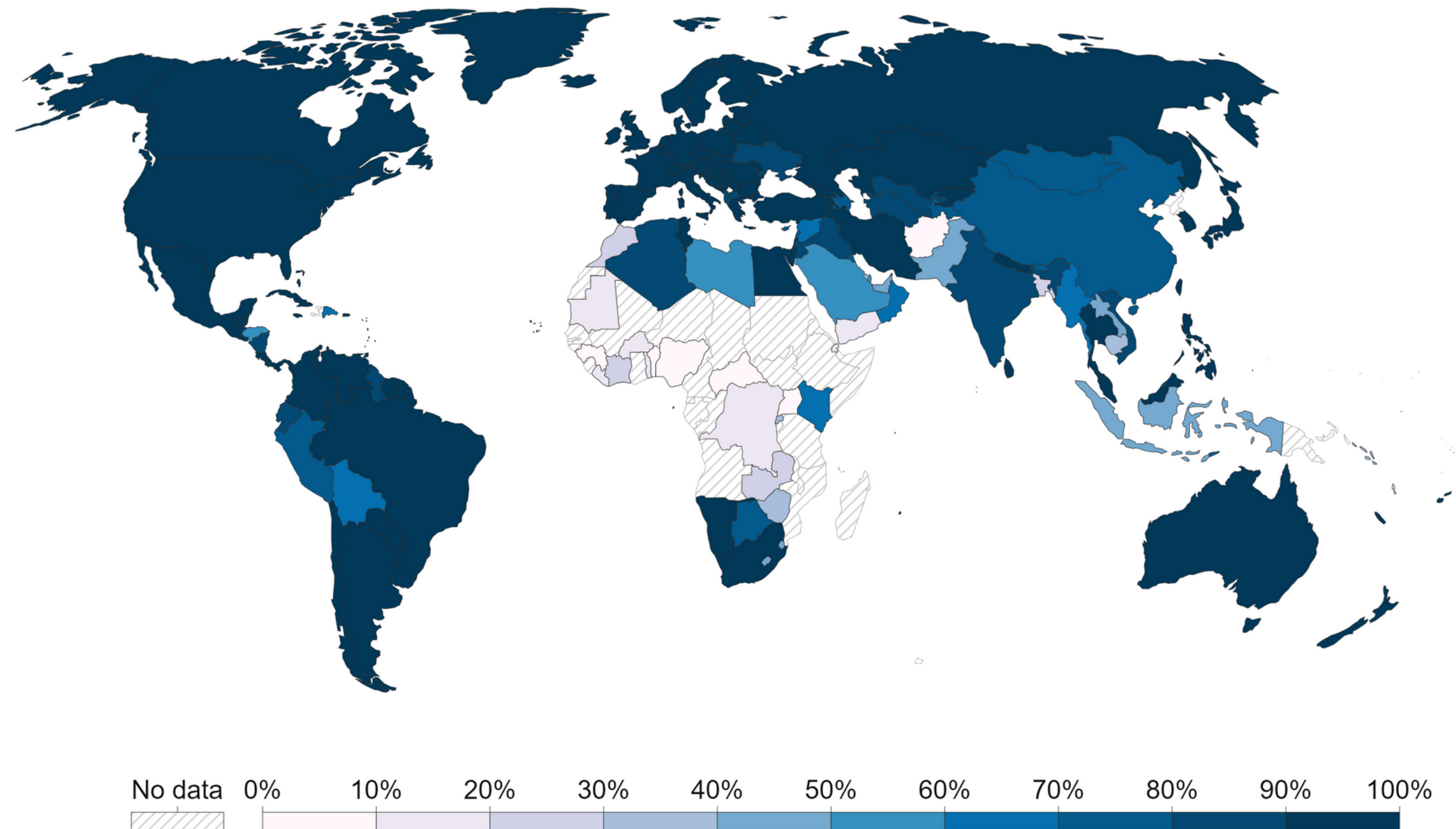


© Roman Bystrianykh, healthsentinel.com

References: Record of mortality in England and Wales for 95 years as provided by the Office of National Statistics - Published 1997; Report to The Honourable Sir George Cornwall Lewis, Bart, MP, Her Majesty's Principal Secretary of State for the Home Department, June 30, 1860, p. a4, 205; Written answer by Lord E. Percy to Parliamentary question addressed by Mr. March, M.P., to the Minister to Health on July 16th, 1923; Essay on Vaccination by Dr. Charles T. Pearce, M.D Member of the Royal College of Surgeons of England

Share of deaths that are registered, 2019


The number of deaths reported in a country's vital registration system¹ as a share of total expected deaths. Expected deaths are estimated by three international sources: UN, WHO, and IHME, using data from household surveys and censuses.



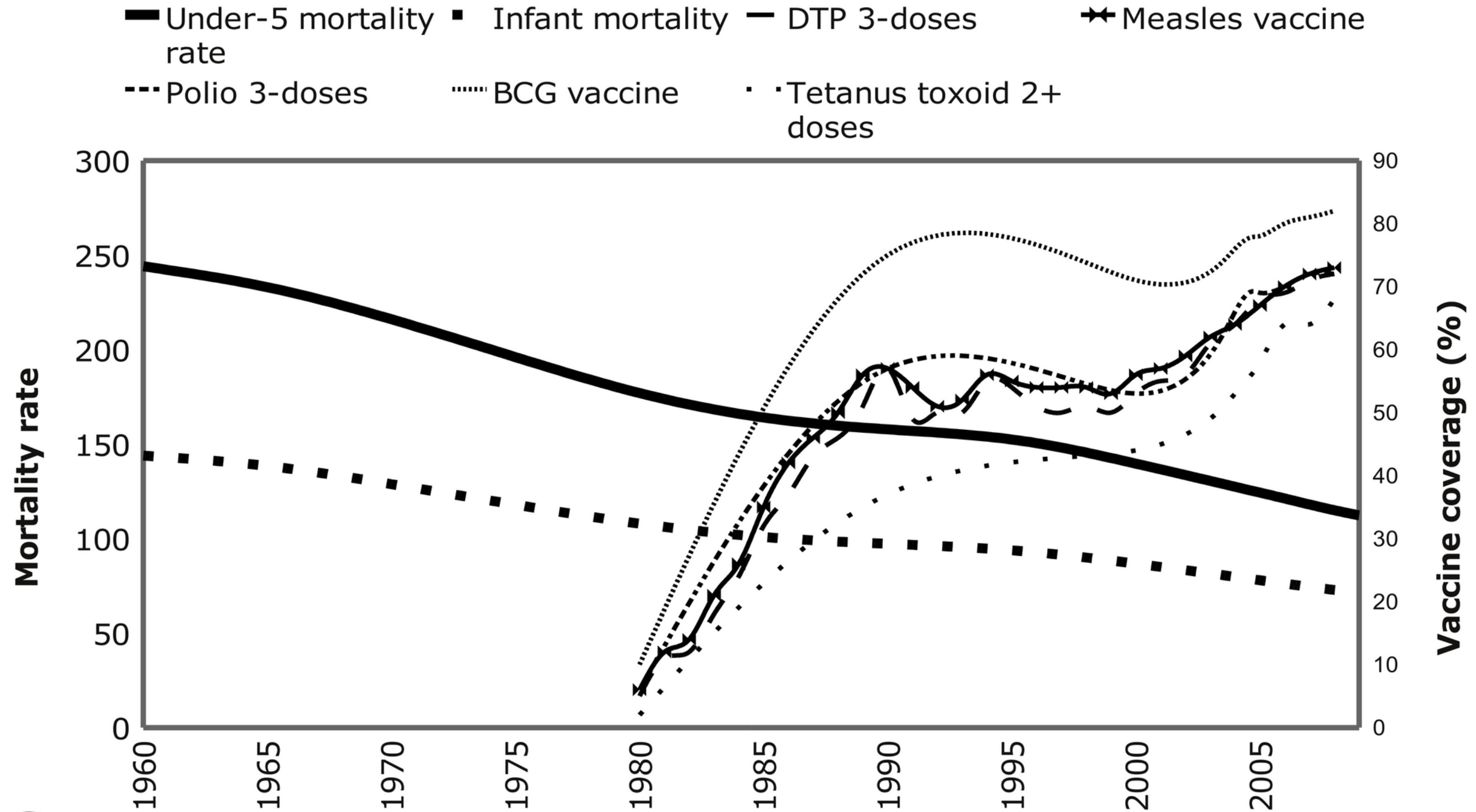
Source: Karlinsky, A. (2021)

OurWorldInData.org/causes-of-death • CC BY

1. Civil and Vital Registration System: A Civil and Vital Registration System (CVRS) is an administrative system in a country that manages information on births, marriages, deaths and divorces. It generates and stores 'vital records' and legal documents such as birth certificates and death certificates.

 You can read more about how deaths are registered around the world in our article.

AFRICA



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Sources: Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UNPD, universities and research institutions)

Vaccine coverage data from WHO

acquires
to the
al Corps
rank of

Lieutenant: E. E. Allechin (024708), 19th December, 1953; M. M. Harvey (015223), L. G. Lukin (015224), S. R. Duke (015222), W. A. J. Campbell (015220), 8th December, 1955; P. F. Claremont (024267), F. G. Harrison (024092), G. R. Gibson (0211526), J. M. Purchas (0211552), D. J. Penney (0211530), 24th January, 1956.

-5/26429
7th/13th
st July,

The following officers are promoted to the temporary rank indicated: (Group Captain) Flight Lieutenant (Temporary Wing Commander) B. N. O. Colahan (3225), 1st March, 1956; (Wing Commander) Squadron Leader A. M. Beech (033454), 20th March, 1956; (Squadron Leader) Flight Lieutenant C. F. McCann (257631), 1st March, 1956.

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The appointment of the following officers is terminated: Flight Lieutenant (Temporary Squadron Leader) E. F. Northcroft (266734); Flight Lieutenants R. E. Buckingham (267680), 17th February, 1956, and R. J. McArthur (023646), 12th March, 1956.

: Brian
gee and
Barry

Medical Practice.

h April,

DIAGNOSTIC CRITERIA FOR POLIOMYELITIS.

Flight
990), A.

At the request of the National Health and Medical Research Council, a statement of diagnostic criteria for poliomyelitis has been drawn up by the Victorian panel of metropolitan diagnostic consultants. The statement, which is published at the request of Dr. A. J. Metcalfe, Director-General of Health, Commonwealth Department of Health, is as follows.

nt com-
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Leader)

Diagnostic Criteria for Poliomyelitis.

t D. M.

The diagnosis of poliomyelitis in persons vaccinated against poliomyelitis assumes considerable importance in assessing the degree of protection afforded by the vaccine. Once immunization commences the public mind will be as in a poliomyelitis epidemic, and such is the fear of the disease, that any illness is likely to be considered to be poliomyelitis until someone in authority says it is not.

L. Hall

mission,
rank of
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6.

It is hoped that the following list of diagnostic criteria will not only help practitioners in what is often a difficult diagnosis, but may prevent unwarranted criticism of the vaccine by incorrect notification of poliomyelitis in vaccinated persons; or, more important, incorrect provisional diagnosis.

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These diagnostic criteria may be divided into three categories:

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1. Symptoms and signs usually present in poliomyelitis.
2. Symptoms and signs present in other acute infections, but rarely seen in poliomyelitis—the so-called "negative

Public Health

POLIOMYELITIS IN AUSTRALIA

JULY 1, 1965, TO JUNE 30, 1966

A REPORT OF THE POLIOMYELITIS SUB-COMMITTEE OF THE NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

Incidence of Poliomyelitis

THE year 1965-1966 has seen the incidence of poliomyelitis in Australia fall to the low level of two confirmed cases. Comparison of figures from previous years (Table 1) indicates the extent to which this disease has now been controlled.

TABLE 1.

Annual Incidence of Poliomyelitis in Australia (1950-1966)

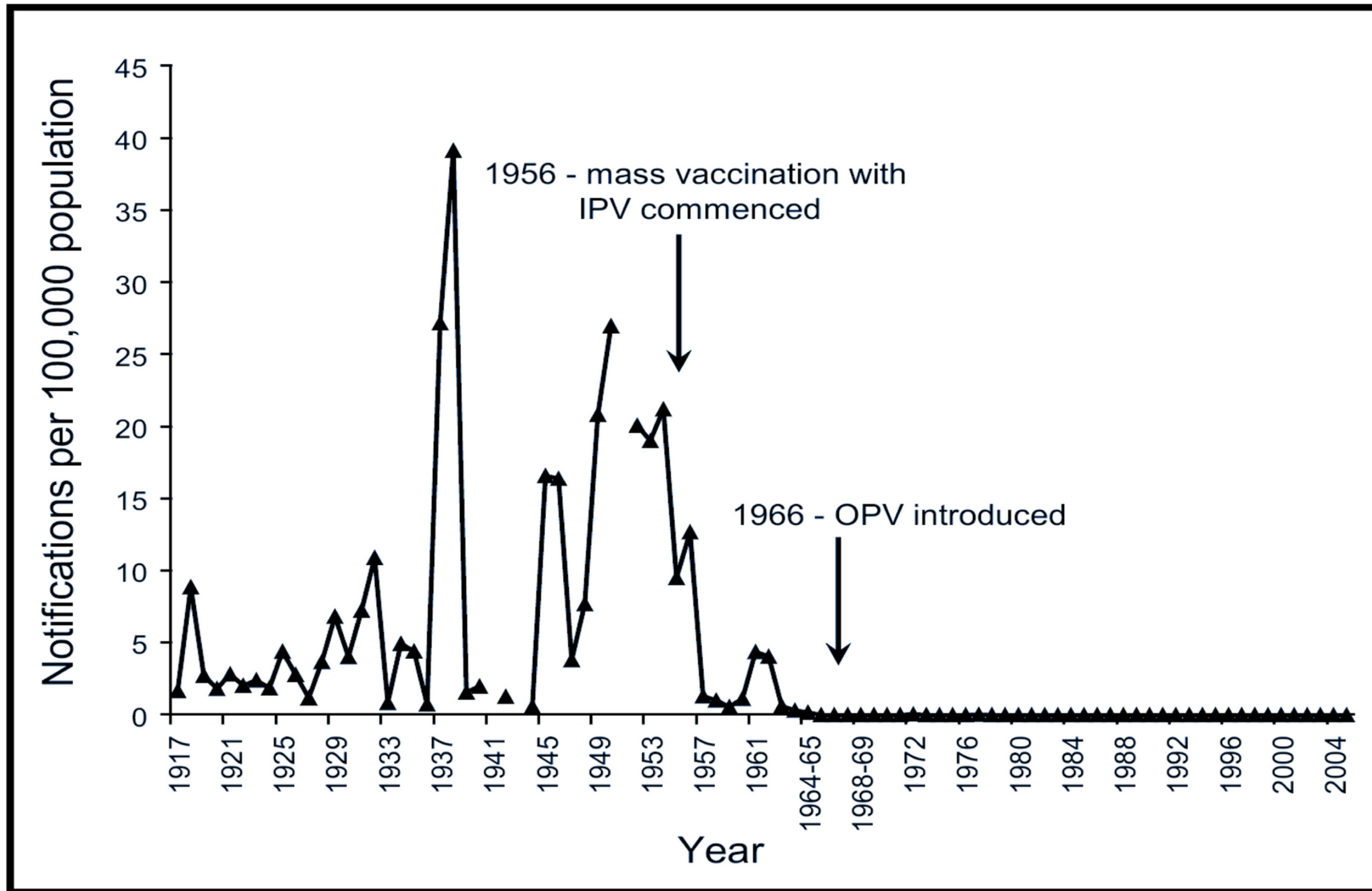
Year	Paralytic Poliomyelitis: Number of Cases	Total Number of Cases
1950-1951		3918
1951-1952		2729
1952-1953		2084
1953-1954		1836
1954-1955		1277
1955-1956		1314
1956-1957	186	236
1957-1958	20	21
1958-1959	78	98
1959-1960	43	46
1960-1961	174	192
1961-1962	524	572
1962-1963	38	40
1963-1964	23	25
1964-1965	4	4
1965-1966	2	2

Before July 1956 the numbers given are poliomyelitis notifications.

After July 1956 they are cases accepted by the Poliomyelitis Surveillance Committee.

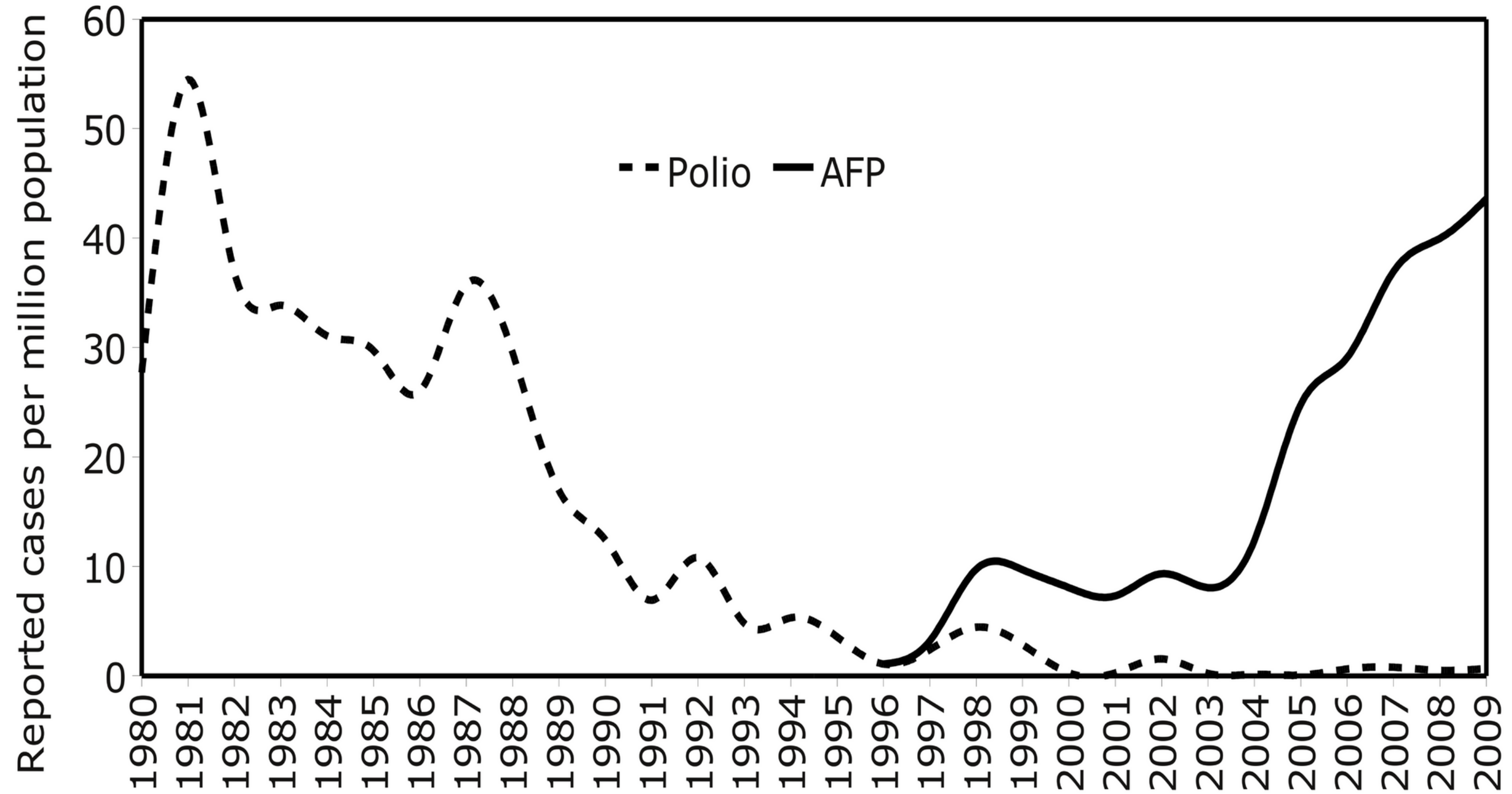
Vaccination with inactivated poliomyelitis vaccine (Salk) began in June 1956.

Poliomyelitis, 1917–2005



© 2007 Commonwealth of Australia
Source: Brotherton J, Wang H, Schaffer A, Quinn H, Menzies R, Hull B, et al.
Vaccine Preventable Diseases and Vaccination Coverage in Australia, 2003 to 2005.
Commun Dis Intell 2007;31 (Suppl):S112-S116

India - Polio and Acute Flaccid Paralysis (AFP)



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Sources: WHO for Polio and AFP data
US Census Bureau for population data

Total adverse event reports following immunisation to 6 August 2023

2.0

Reporting rate per 1,000 doses

139,342

Total adverse event reports

68,480,571

Total doses administered

48,842

Total reports for Vaxzevria

81,805

Total reports for Comirnaty

7,606

Total reports for Spikevax

1,019

Total reports for Nuvaxovid

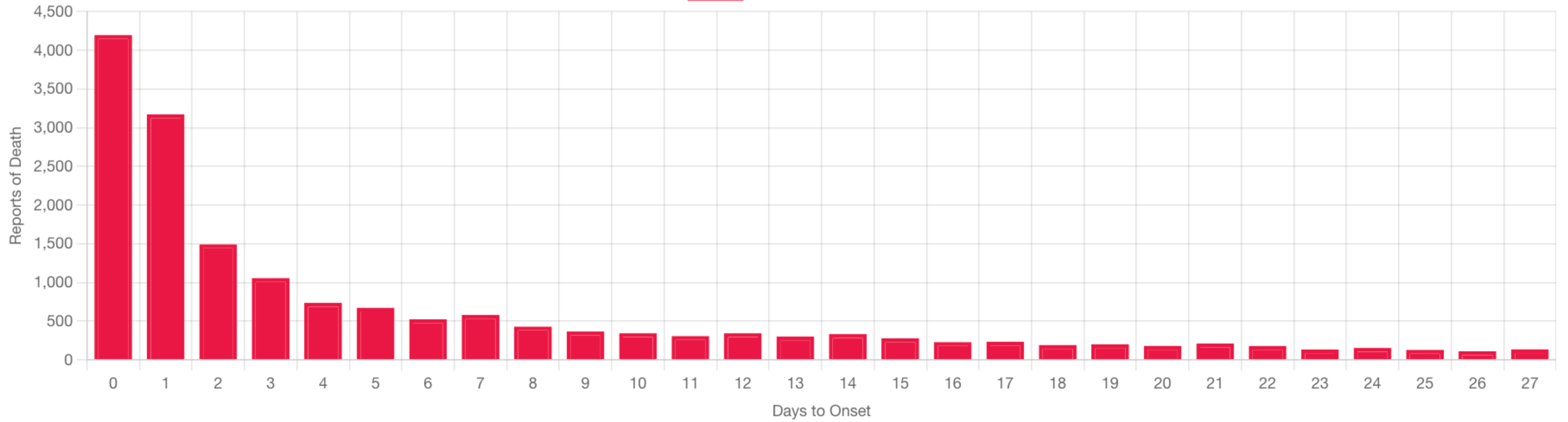
770

Total reports for brand not specified

VAERS COVID Vaccine Reports of Deaths by Days to Onset-All Ages

Reports of Death

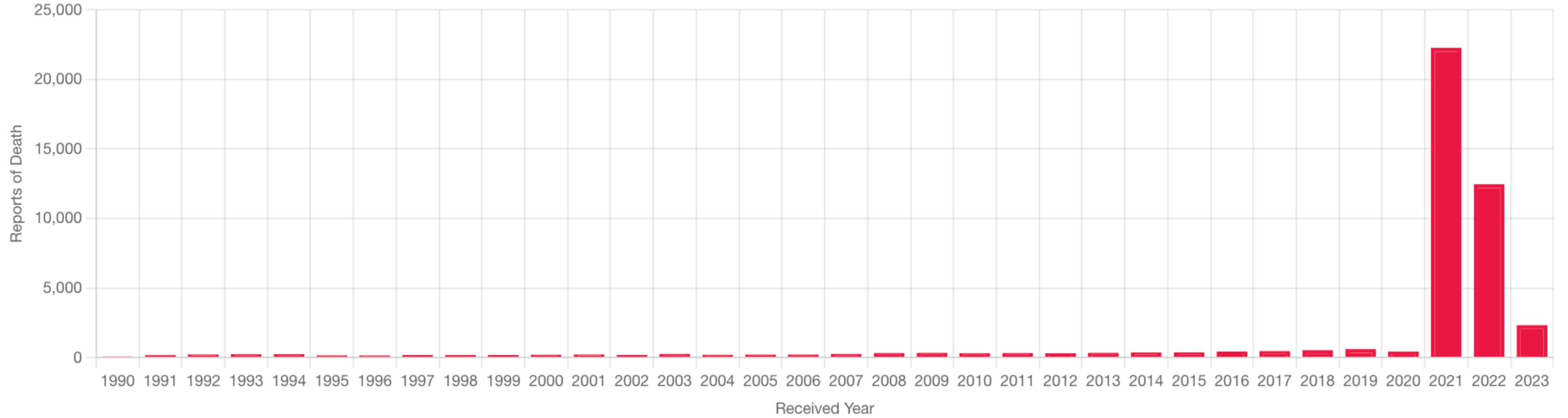
source: OpenVAERS.com



All Deaths Reported to VAERS by Year

Reports of Death

source: OpenVAERS.com



VAERS COVID Vaccine Adverse Event Reports

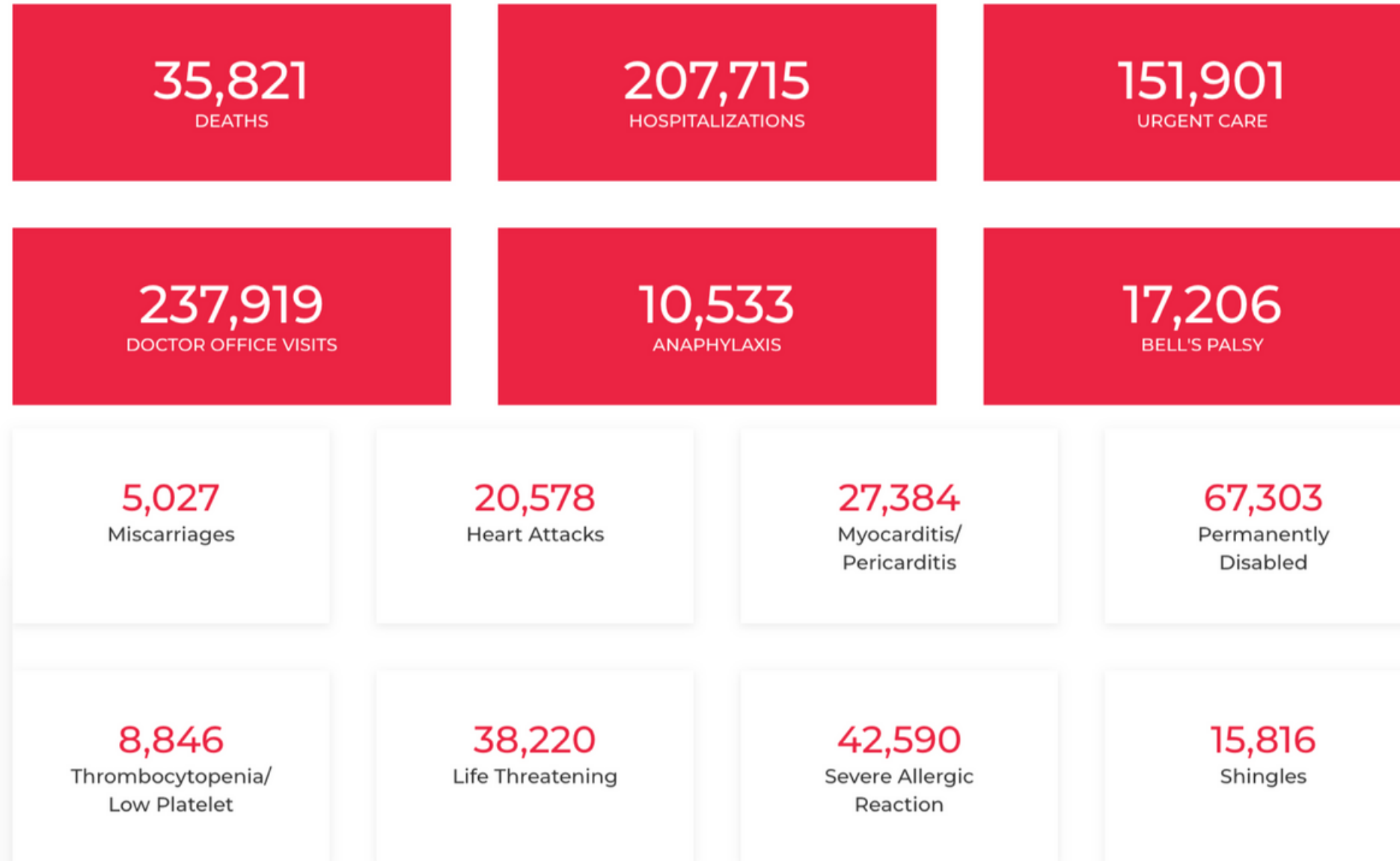
Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports. [?](#)

As of 11-18-2022 VAERS has stopped putting free text field information in the public data for Europe/UK.

All VAERS COVID Reports US/Territories/Unknown

1,582,310 Reports Through August 4, 2023 [?](#)

source: OpenVAERS.com



* As of November 18, 2022 VAERS has stopped putting free text field information in for Europe/UK.

[Read More →](#)

The Bradford-Hill Criteria

Criterion for Plausible Causality	Description
Temporality	The cause must precede the outcome
Strength	Strong relationship between variables (high relative risk)
Biological Gradient	Dose-response: more exposure leads to more outcome
Consistency	The relationship is consistent in different studies and populations
Specificity	Single cause for a single effect
Plausibility	There is biological rationale for the relationship
Coherence	Relationship is consistent with previous knowledge
Analogy	The relationship is synonymous with other, similar relationships
Experiment	**Strong criterion. Randomly assigned treatment changes the clinical outcome. Change in cause = change in effect

Vaccine Benefits vs Risks

