Comments by Public Health Officials on the Decline of

Infectious Diseases in Australia.

It is constantly stated that there is **"*inarguable scientific proof that vaccination programs have saved thousands of lives and eradicated disease that crippled children just a generation ago, including polio*"** yet the historical evidence does not support this statement. In fact the opposite is true.

There is **"*inarguable scientific proof that vaccination was not the reason for the significant decline in deaths and illnesses to infectious diseases*".**

Here is the scientific evidence for the fact that deaths and illnesses to infectious diseases declined in developed countries prior to the introduction of most mass vaccination campaigns. This demonstrates that 'vaccine-created herd immunity' is not necessary for the prevention of infectious diseases. Therefore vaccination policies must remain a **voluntary public health measure without coercive strategies.**

The Comments of Prominent Public Health Authorities

- **Professor Fiona Stanley, Australian of the Year 2003, ex-director of the Telethon Institute of Children's Health Research (TICHR)**

  "Infectious deaths fell before widespread vaccination was implemented"
  (Stanley, 2001, Child Health Since Federation, p.11).

  The rates of infectious diseases in Australia were very low from 1950 to 2000 and the majority of the fall in the under 5 mortality rates (80%) had occurred by 1960: prior to the introduction and widespread use of the majority of vaccines
  (Stanley 2001 p.3).

  "*At the beginning of the 20th century infant mortality rates to infectious diseases were very high but they declined rapidly as environmental and host characteristics changed due to improved social circumstances, education and income levels*"
  (Stanley 2001 p.2).

  Despite the voluntary nature of vaccination programs from 1953 - 1990 Australia had very low rates of mortality and morbidity due to infectious diseases. The infant mortality rate in 1990 was 8.2 per 1000 live births (Stanley 2001 p. 4).

- **H.O Lancaster, Australian Public Health Authority (1956)**

  '*As causes of infant mortality in Australia all the infective diseases have been overcome'*
  (Lancaster 1956a p.104).

  Lancaster notes that from 1946 – 1954:

  '*pertussis (whooping cough) was an uncommon cause of death for children and there is a significant decline in mortality if the age of infection increases'*
  (Lancaster 1956a p.104).

  '*Mortality rates due to pertussis are used as an index of hygiene or social well-being'*
  (Lancaster, 1956b, p.893).

- **John Cumpston, Commonwealth of Australia director-general of Health (1913 – 1945)**

  The decline of infectious diseases in Australia occurred at the same time as the period of sanitary reform and prior to the introduction of most vaccines
  (Cumpston 1989 p.312).

- **Rene Dubos, scientist and respected authority on the topic of disease and its relationship to the environment.**

  "Until social and economic changes are made no amount of medical and scientific knowledge can be of much help"
  (Dubos 1966, p.14)

  '*Of the 10 leading causes of death in infants and young children in 1850 everyone has been brought under control….very few persons of any age die of the acute infections which used to account for the majority of all deaths'*
  (Dubos 1966 p.9).

  In 1966 mortality to infectious diseases was rare even though cases of infectious diseases were common.
  (Dubos 1966 p.9).

- **MacFarlane Burnett, Nobel Prize Laureate for Immunology (60 Years ago)**

  "In other words the genetics and constitution of the host and the specific characteristics of the agent will affect the severity of the infection"
  (Burnet 1952 p.106; Magill 1955 p.7).

  "Genetics, nutrition, psychological and environmental factors may play a more important role in the mechanisms for disease defense than those of sub-clinical infection assumed by vaccination procedures"
  (Burnet 1952 p. 106).

  Even when measles infection rates in developed countries are high, mortality and serious disease are low due to improved constitutional changes resulting from interaction with the virus and improved nutrition combined with smaller family sizes.
  (Burnett 1952 p.99; McKeown 1979 p.56).

  Measles has not been a significant risk to children in Australia since 1950 and this cannot be due to vaccination because a vaccine was not introduced into voluntary vaccination programs in Australia until after 1970.
  (Com Year Book 1953; DHA 2013).

- **Test Book: Epidemiology for Public Health Practice (Friis and Sellers 2004 p.402)**

  Many infections are subclinical which means they do not produce any signs or symptoms, but they still confer immunity to future exposure.

- **Text Book: Health Promotion Foundations for Practice (Naidoo and Wills 2000)**

  Large gains in life expectancy in the first half of the 20th century were a result of the environmental reforms in public health that were implemented and the contribution of medical care to this life expectancy is relatively small.
  (Bunker 2001 p.1262; Mckeown 1979 p.52).

  Many studies have established that wealth and poverty remain the most significant determinants of the health status of all populations (Naidoo and Wills 2000 p.13).

- **The World Health Organisation (WHO).**

  Developing countries have had mass vaccination programs for many decades' yet infectious diseases are still predominant (WHO 2013).

Facts:

- Mass vaccination programs for most infectious diseases in Australia were not available until after 1953 and vaccination rates varied across the country because these programs were completely voluntary up to 1993. Coercive measures were only introduced after 1993.
  (Com Yearbook 1953; McKeown 1979 p. 50; Australian Gov. 2004).

- Since the reduction of infectious diseases in 1950 the public has been informed that '*vaccination has prevented more suffering and saved more lives than any other medical intervention in the 20th century'* **But no evidence is provided.**
  (Stanley 2001 p.12; Australian Academy of Science 2012; Australian Government 2013, Australian Medical Association 2013).

- It is even stated that the success of vaccines in preventing disease '*depends upon high rates of participation'* (Stanley 2001 p. 12; DHA 2013). Yet in the same document by Professor Fiona Stanley it is stated that *"infectious deaths fell before widespread vaccination* (p.3). This information is selective and confusing.

Scientists are presenting selective evidence to the public through the government and the mainstream media to influence public behaviour on vaccines. Introducing vaccination campaigns that emphasis the necessity for high participation rates represents a medical/ political issue that infringes on the basic human right of individuals to care for their own health.

This requires a public debate involving participation from the community upon which it will be implemented. The Australian Government has a duty of care to the public to demonstrate that public health policy is being developed in the best interests of the public and not the best interests of other stakeholders.