

Mogu li javni mediji utjecati na poticanje i suzbijanje antivakcinalnog pokreta?

Tešović, Goran

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Medical Information Conference Croatia



Mogu li javni mediji utjecati na poticanje i suzbijanje antivakcinalnog pokreta?

Goran Tešović

Klinika za infektivne bolesti „Dr. Fran Mihaljević”

Medicinski fakultet Sveučilišta u Zagrebu



- **Aktivni zahtjev za cijepljenjem**



- **Neopredijeljeni roditelji**



- **Odbijanje cijepljenja**

Stavovi roditelje prema cijepljenju u Hrvatskoj – što kažu znanstvena istraživanja?

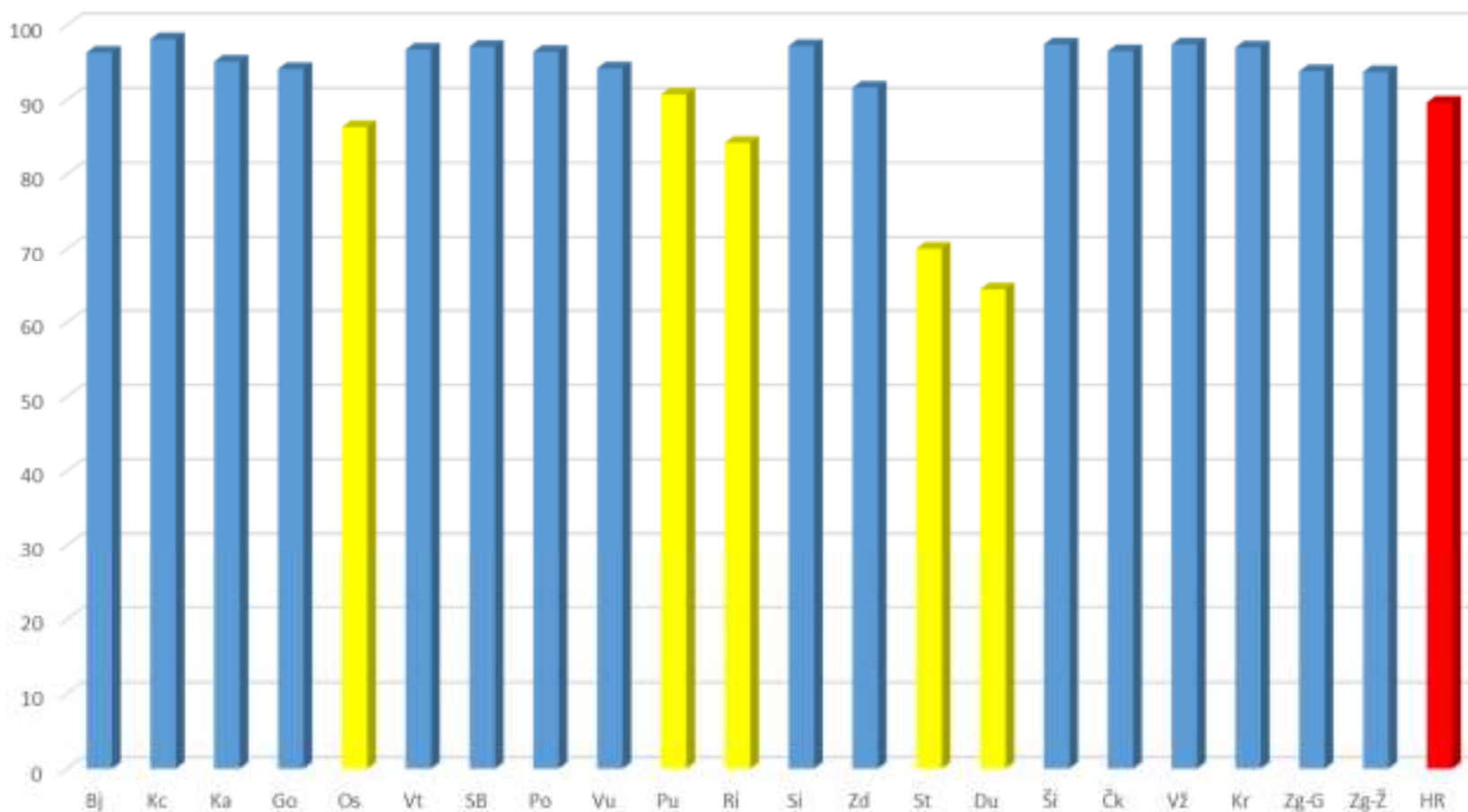
- **PRIHVAĆANJE**
 - Više od 2/3 anketiranih cijepilo bi svoju djecu svim obveznim cjepivima iz NIP: **69.9%; 95% CI = 66.2-73.3**
- **OKLIJEVANJE**
 - Oko 1/5 anketiranih prihvaćaju neka, ali ne sva obvezna cječiva iz NIP-a: **19.5%; 95% CI = 16.9-22.5**
- **ODBIJANJE**
 - 1/10 anketiranih odbija bilo kakvo cijepljenje: **10.6%; 95% CI = 8.4-13.3**

Prema: Aleksandar Štulhofer: Childhood Vaccine Refusal and Hesitancy Intentions in Croatia: Insights from a Population-Based Study. *Price of Health* Conference, Dubrovnik, 12-14 August 2016.

Stavovi roditelje prema cijepljenju u Hrvatskoj

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– što kažu službeni podaci?



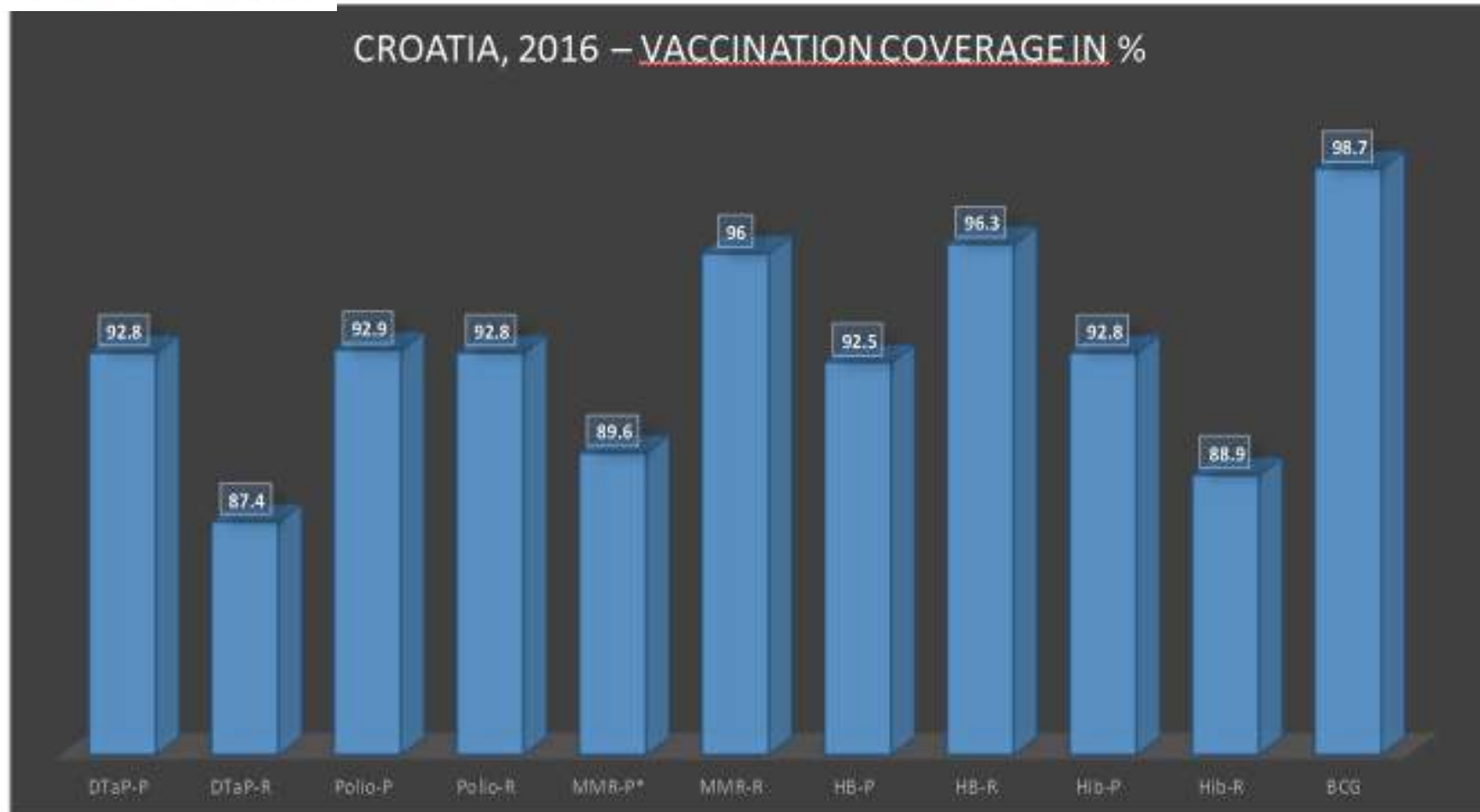
MMR1 cijepni obuhvat u RH 2016., prema podacima iz Hrvatskog zdravstveno-statističkog ljetopisa za 2016., HZJZ



Stavovi roditelje prema cijepljenju u Hrvatskoj

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– što kažu službeni podaci?

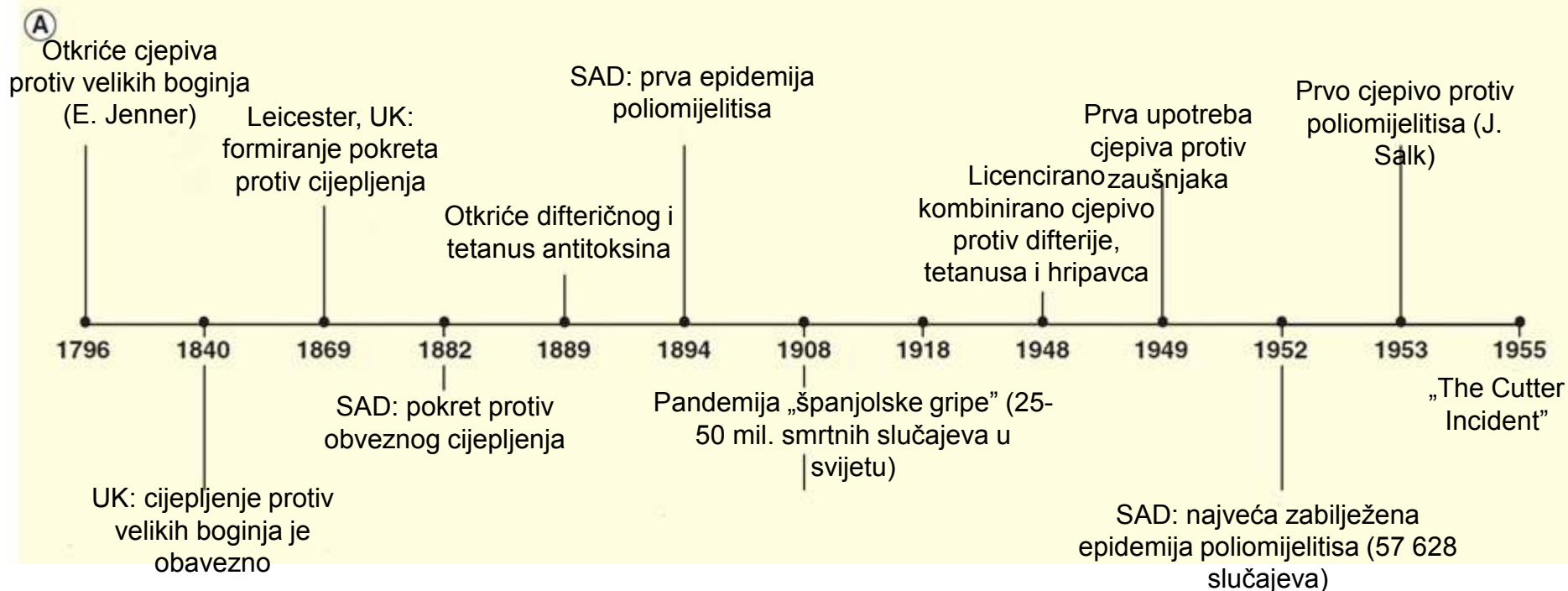


Prema podacima HZJZ

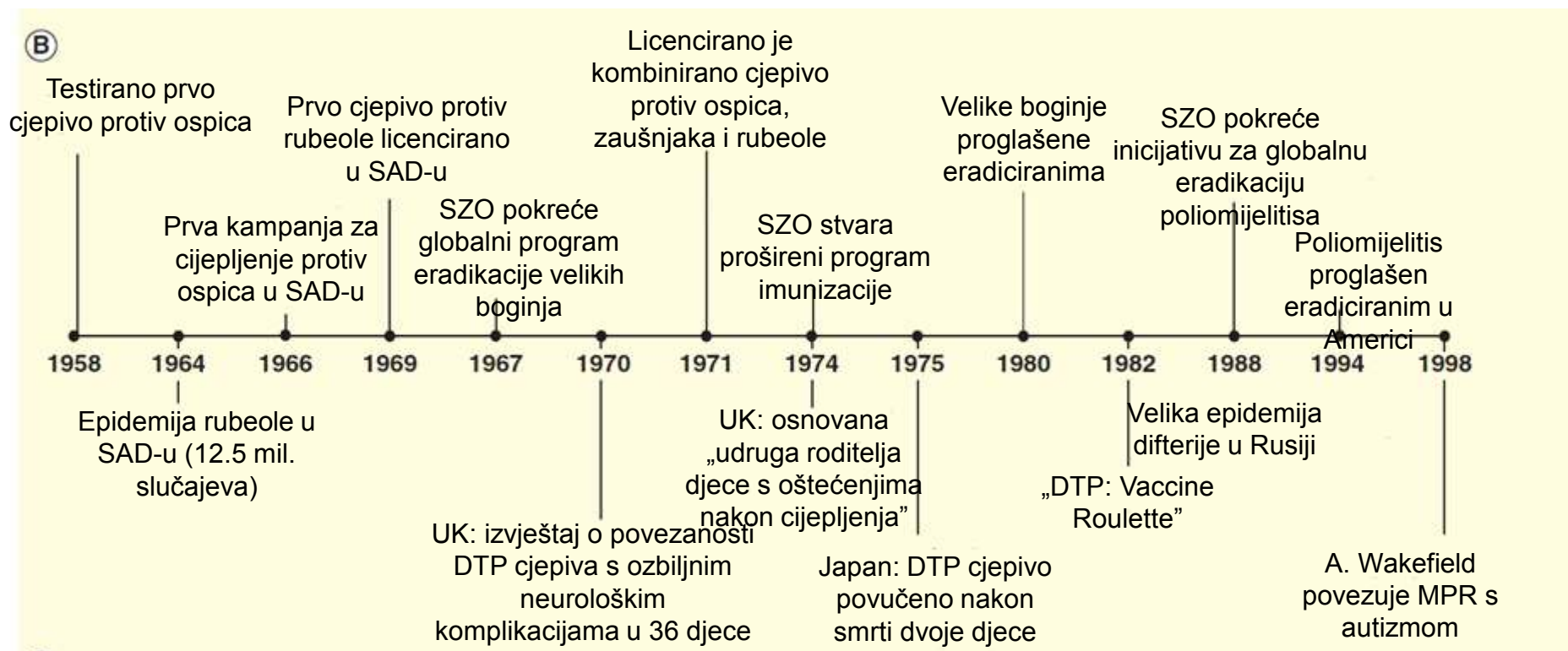


Povijest i snaga antivakcinalnog pokreta

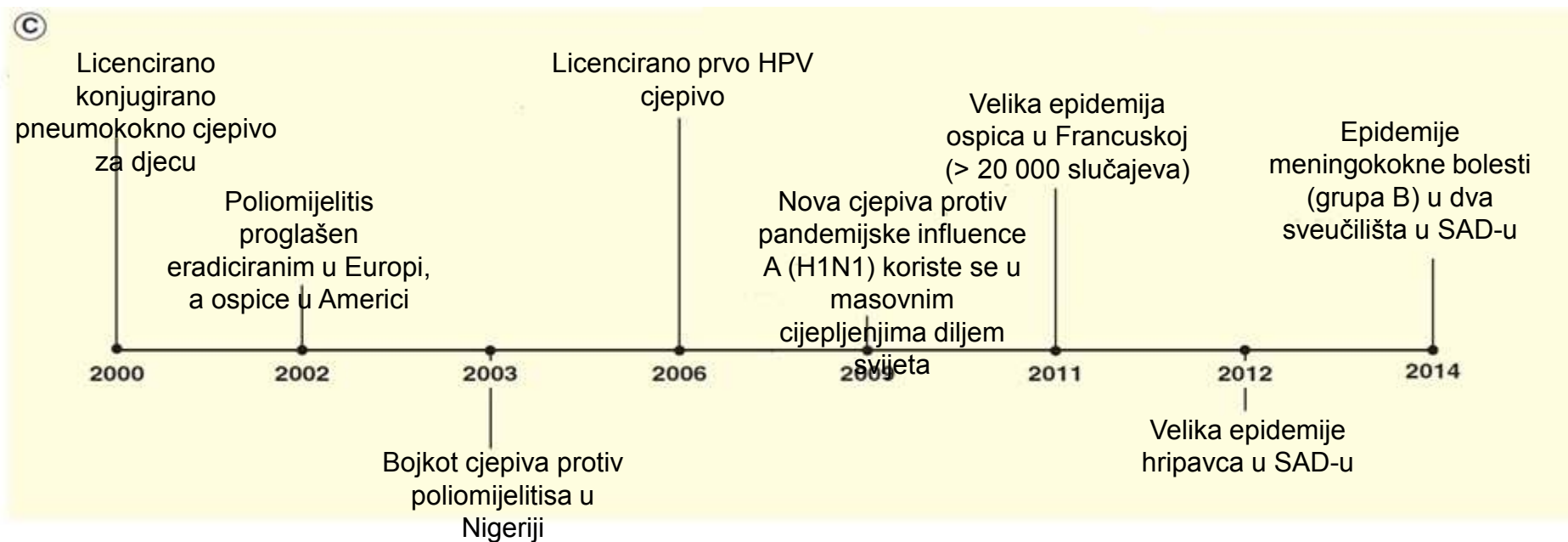
Slika 1. Sažeta vremenska crta povijesti cijepljenja. (A) 1796-1955, (B) 1958-1998 i (C) 2000-2014. Većina datuma licence/otkrića cjepiva temeljena je na podacima iz SAD-a.



Slika 1. Sažeta vremenska crta povijesti cijepljenja. (A) 1796-1955, (B) 1958-1998 i (C) 2000-2014. Većina datuma licence/otkrića cjepiva temeljena je na podacima iz SAD-a.



Slika 1. Sažeta vremenska crta povijesti cijepljenja. (A) 1796-1955, (B) 1958-1998 i (C) 2000-2014. Većina datuma licence/otkrića cjepiva temeljena je na podacima iz SAD-a.



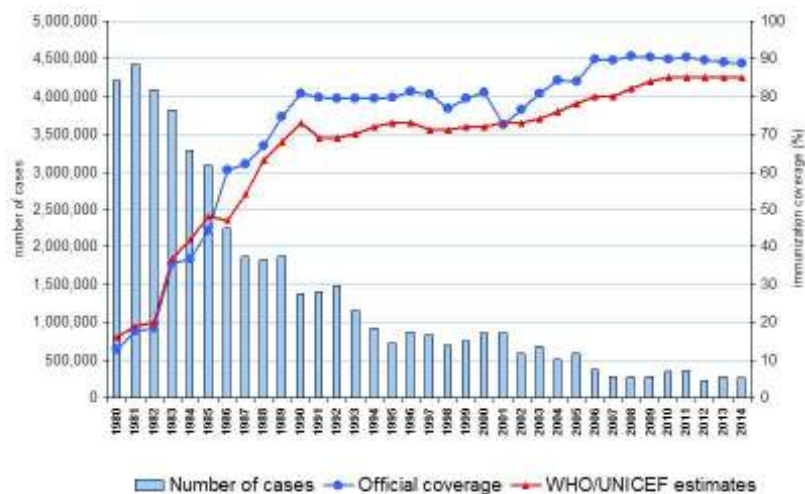
-
- **Cjepiva su neučinkovita ili uzrokuju bolest;**
 - **Cjepiva su napravljena zbog profita;**
 - **Cjepiva sadržavaju opasne tvari;**
 - **Vlasti skrivaju štetne posljedice cjepiva;**
 - **Pravo izbora na (ne)cijepljenje – građansko pravo?**
 - **Prirodno stečena imunost bolja je od imunosti stečene cijepljenjem;**

-
- **Udruge protivnika cijepljenja – roditelji koji su uvjereni da su cjepiva naškodila njihovom djetetu;**
 - **Grupe protiv cijepljenja koje vode praktikanti alternativne medicine;**
 - **Uloga interneta (društvenih mreža, javnih medija);**

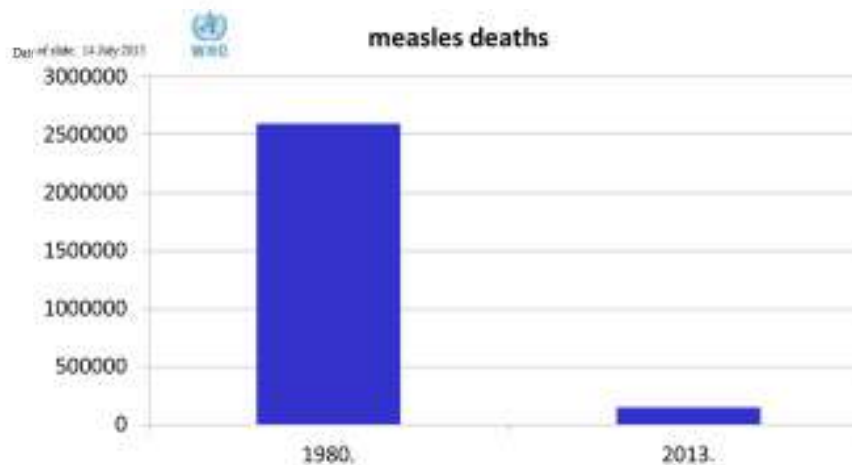
Klinički/epidemiološki značaj necijepljenja

Priča o ospicama...

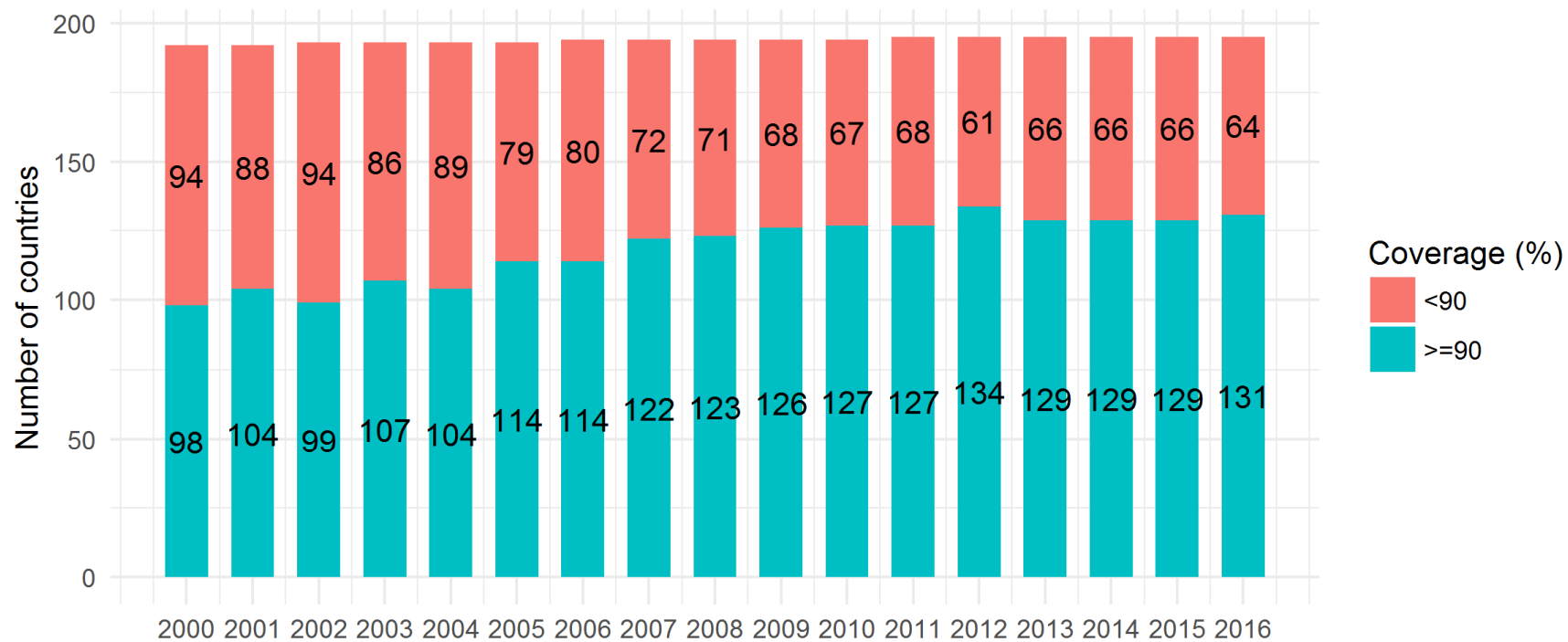
Measles global annual reported cases and MCV coverage, 1980-2014



Source: WHO (VBS database), 2015
 194 WHO Member States
 Data as of July 2013



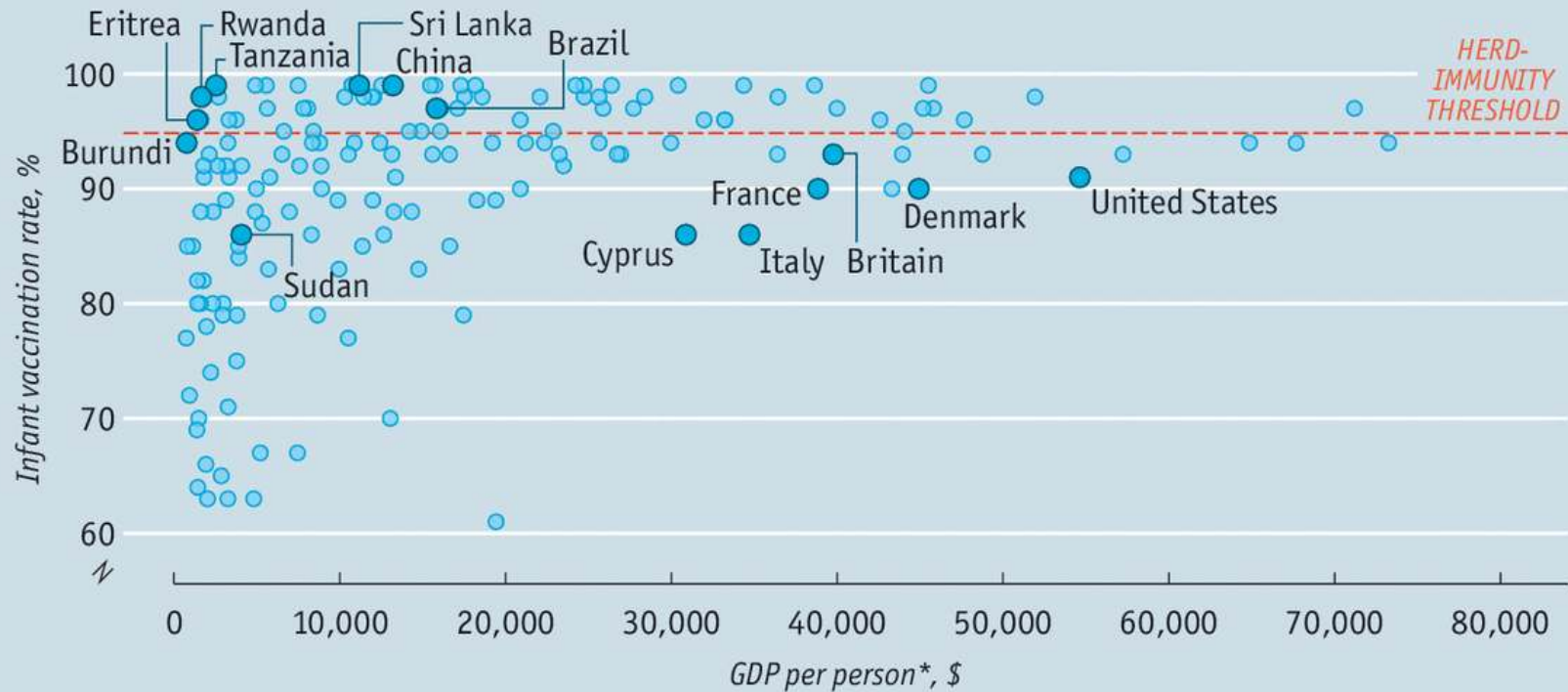
Priča o ospicama...



Priča o ospicama...

An ounce of prevention

Measles vaccination and GDP, 2014 or latest available



Sources: WHO; World Bank

*At purchasing-power parity

Economist.com



Priča o ospicama...

leal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records, fiberopticscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in one. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to profound ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary porphobilinogen acid compared with age-matched controls ($p < 0.001$), low haemoglobin in four children, and low IgA in 10 children.

Interpretation A chronic associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time to possible environmental triggers.

Lancet 1998; **351**: 637–41
See Commentary page 637

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield MD, A Anthony MB, J Linnell MD, A P Dhillon MBChB, S E Davies MBChB) and the **University Departments of Paediatric Gastroenterology** (S H Murch MD, D M Casson MD, M Malik MD, M A Thomson MD, J A Walker-Smith FRCP), **Child and Adolescent Psychiatry** (M Berelowitz MD), **Neurology** (P Harvey MD), and **Radiology** (A Valentine MD), **Royal Free Hospital and School of Medicine, London NW3 2BG, UK**
Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and vomiting and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to a department of paediatric gastroenterology at a hospital with a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (abdominal pain, bloating and food intolerance) were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

We took histories including details of immunisations and a search for infectious disease, and assessed the children. In 11 cases the histories as obtained by the senior clinicians (JW-S). Neurological and psychiatric assessments were done by a paediatrician (JW, MB) with DSM-IV criteria.¹ Developmental

Retraction—leal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

Following the judgment of the UK General Medical Council's fitness to practise panel on Jan 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al are incorrect, insofar as the findings of an earlier investigation,² in particular, the claim in the original paper that children were "consecutively referred" and that investigations were "approved" by the local ethics committee have been

proven to be false. Therefore we fully retract this paper from the published record.

The Editors of The Lancet

The Lancet, London NW1 2BX, UK

- Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* 1998; **351**: 637–41.
- Wakefield AJ, Ashworth P, Taylor TH, and University College Medical School and The Royal Free Hospital NHS Trust (London, UK). 2010.

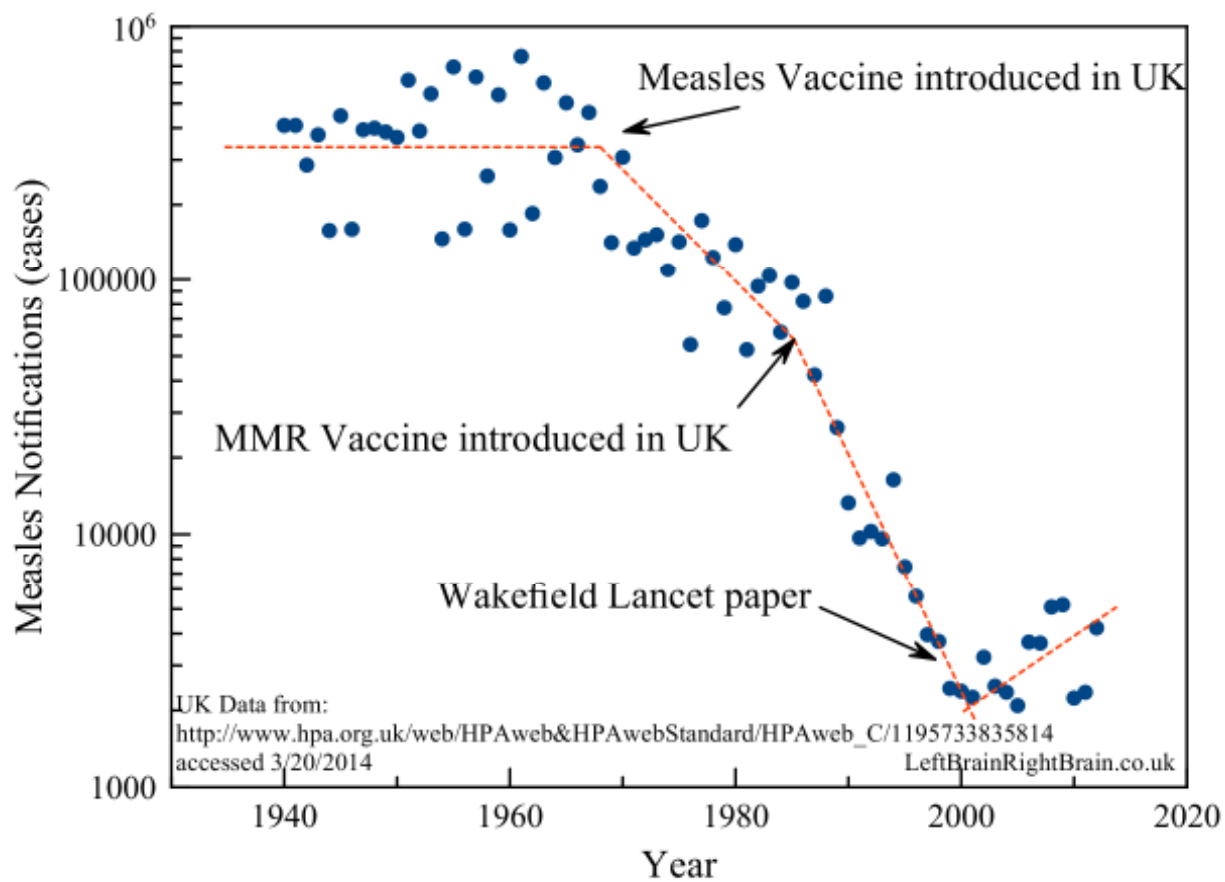
www.thelancet.com DOI: 10.1016/S0140-6736(10)61832-9

Original article was retrieved from www.thelancet.com.
Original article was retrieved from www.thelancet.com.

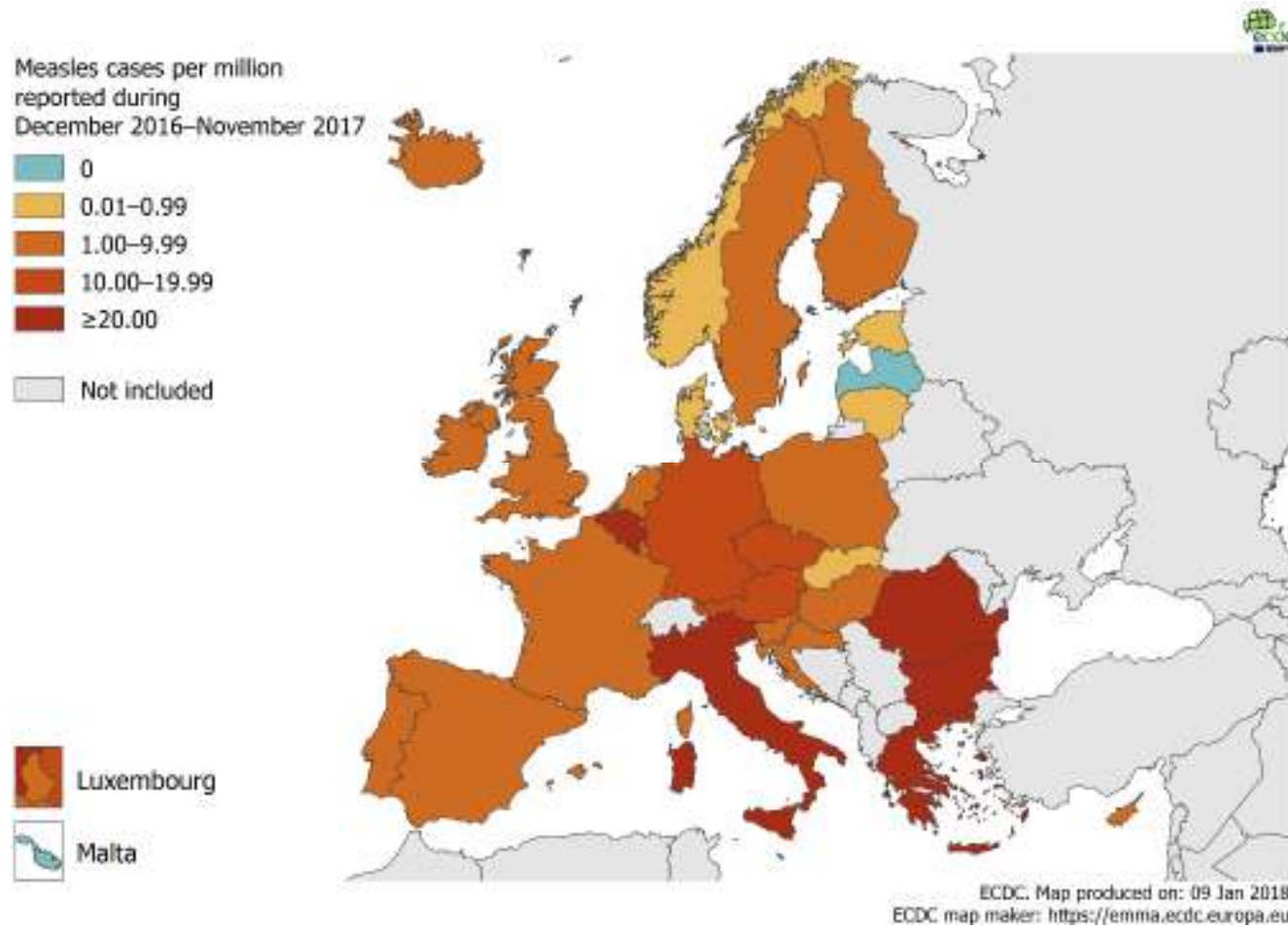
Children were screened for antiendoneurial antibodies and boys were screened for karyotype. If this had not been done



Priča o ospicama...



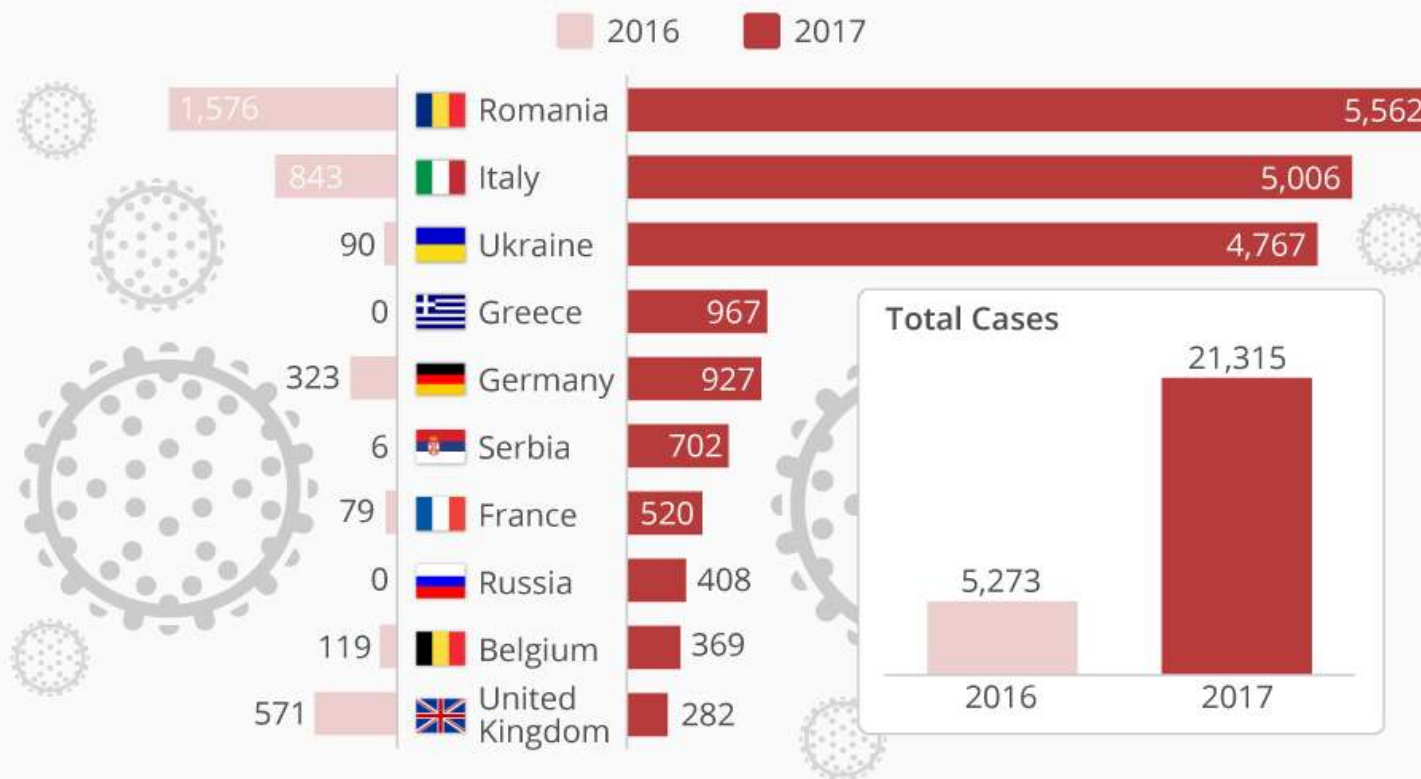
Priča o ospicama...



Priča o ospicama...

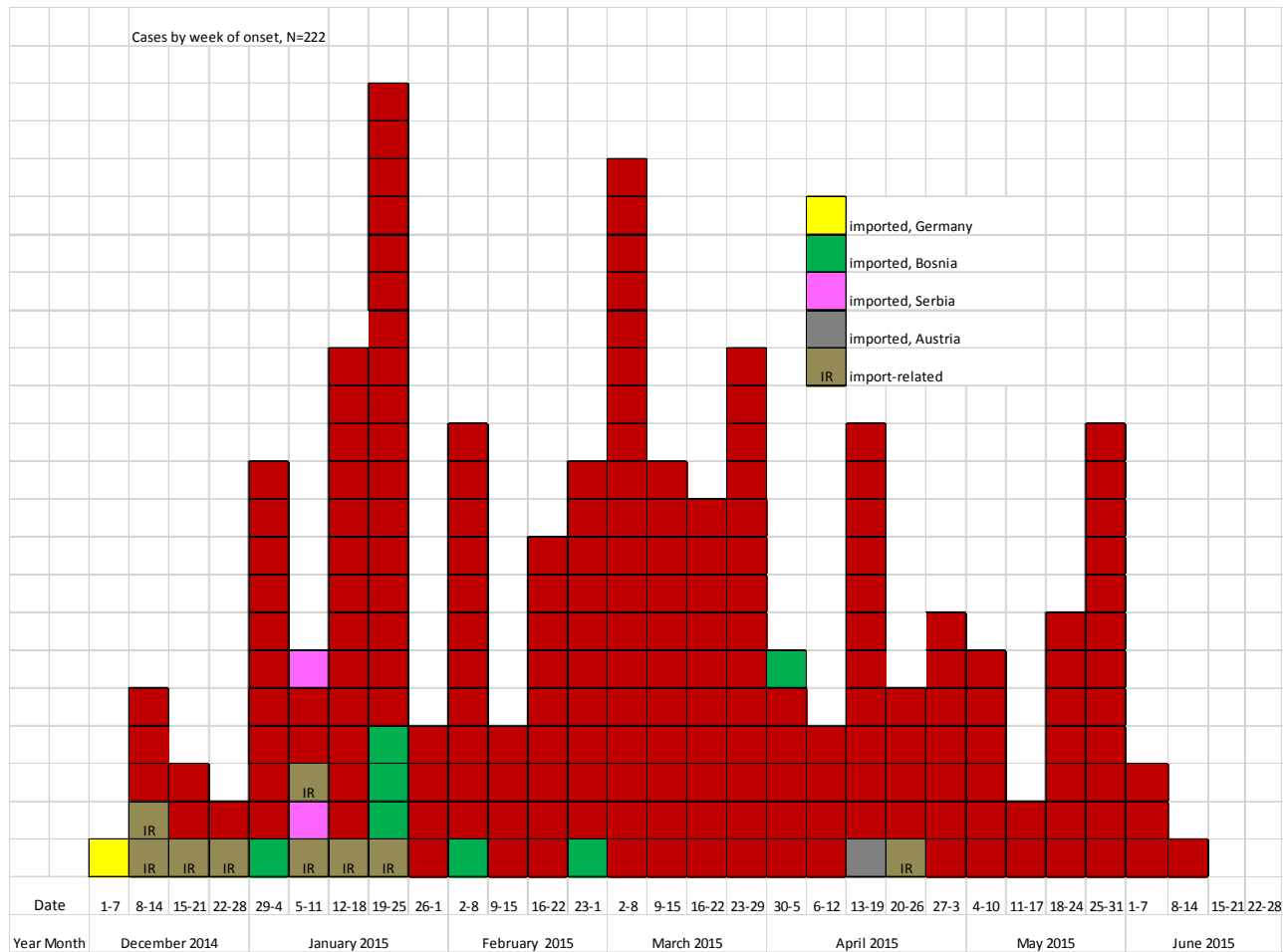
Europe Sees a 300% Increase in Measles Cases in 2017

Reported measles cases in Europe from January to December



@StatistaCharts Source: World Health Organization

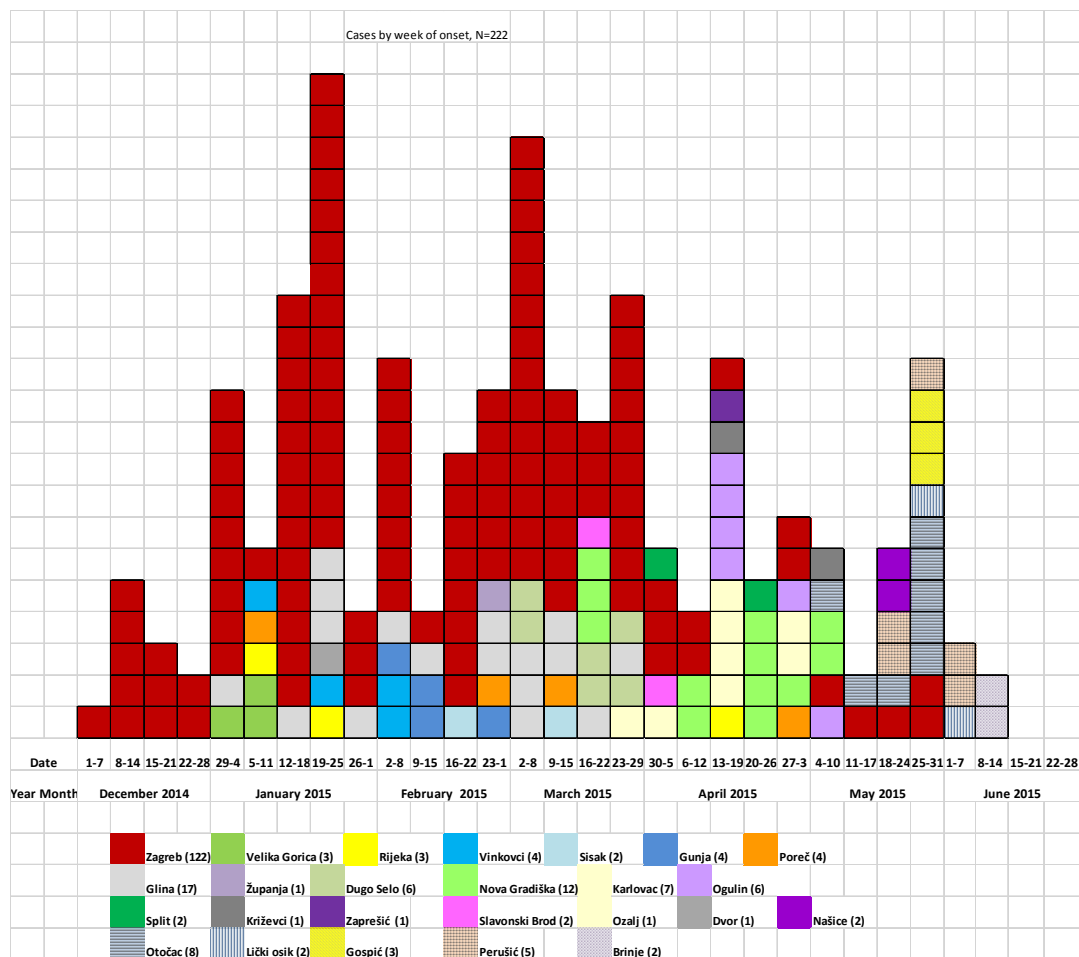
Priča o ospicama...



Izvor: HZJZ – slajd priredio Prim. dr. sc. Bernard Kaić



Priča o ospicama...



Izvor: HZJZ – slajd priredio Prim. dr. sc. Bernard Kaić



Suvremena vakcinologija utemeljena je na dokazima.

Ima li antivakcinacijski pokret uporište u dokazima?

Da li su dokazi dovoljni?

Suvremena vakcinologija utemeljena je na dokazima.

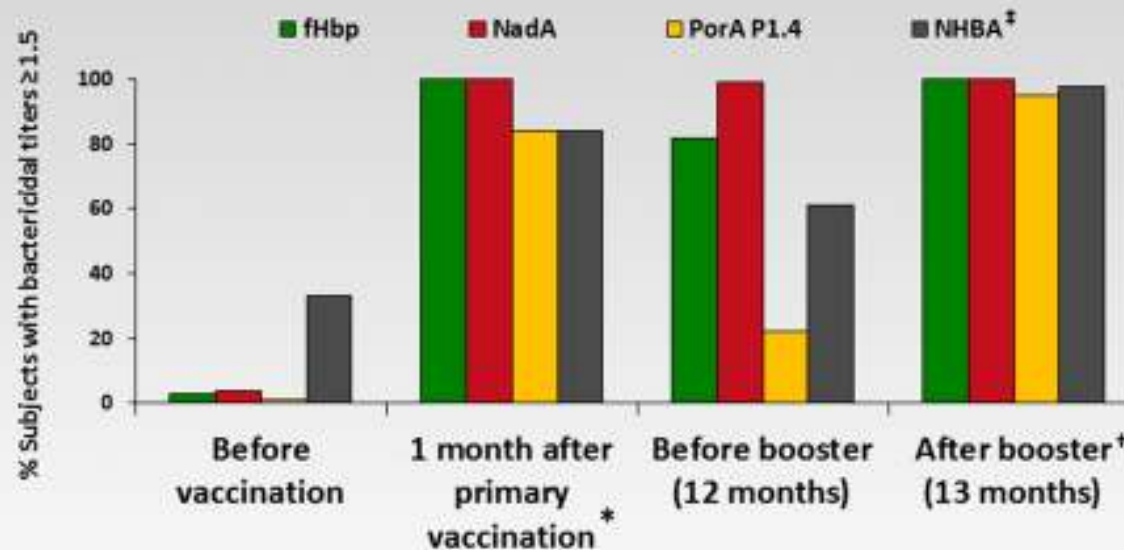
Ima li antivakcinacijski pokret uporište u dokazima?

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Suvremena vakcinologija utemeljena je na dokazima

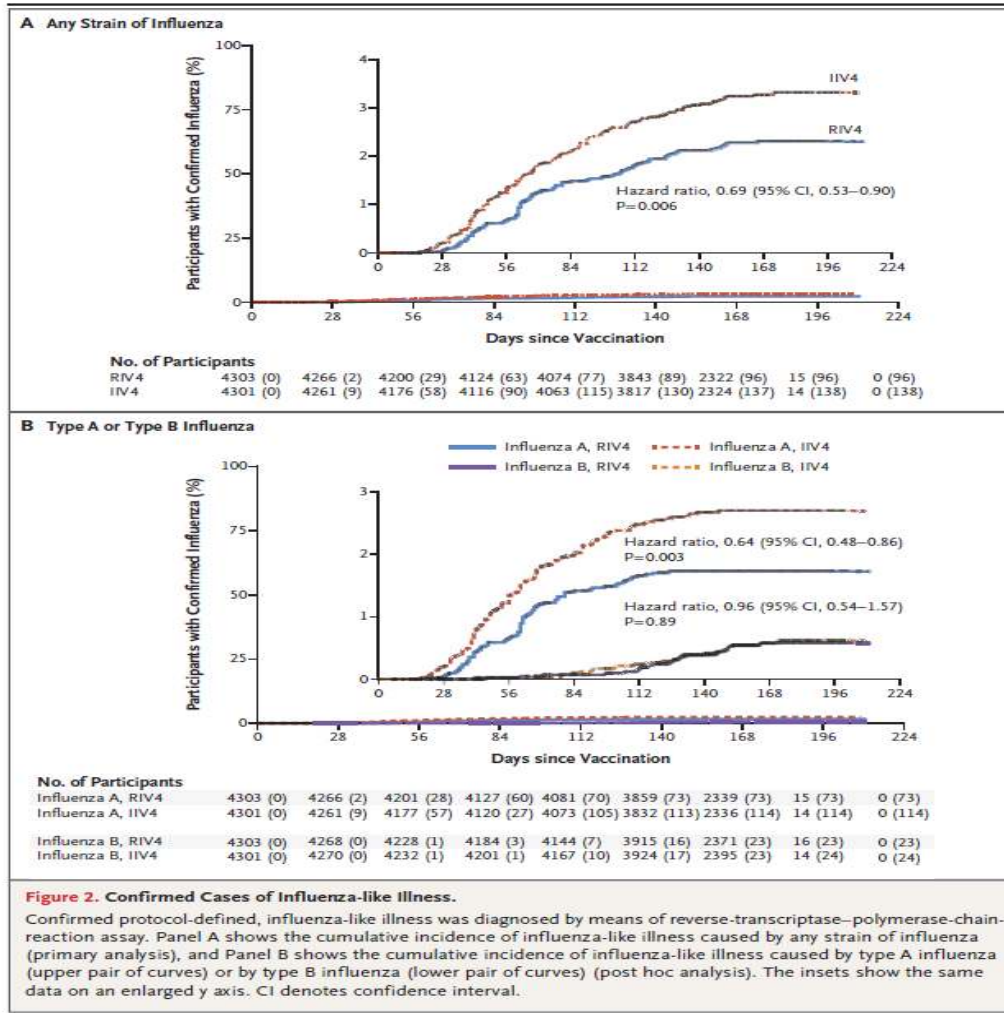
4CMenB Immunogenicity in Infants

2, 4, 6, 12-month dosing schedule with routine vaccines



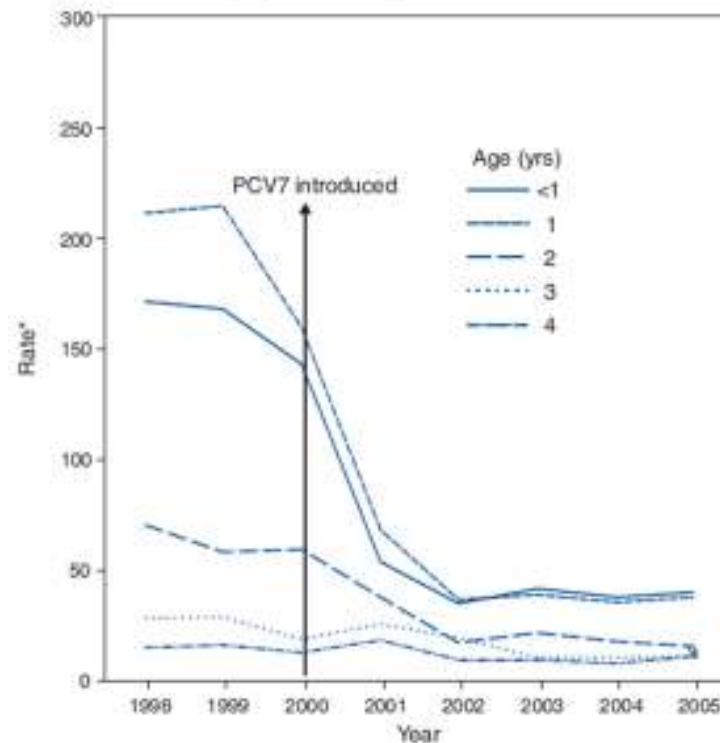
*n = 1149-1152; [†]n = 421-424; [‡]n = 100

Suvremena vakcinologija utemeljena je na dokazima



Suvremena vakcinologija utemeljena je na dokazima

FIGURE 1. Changes in incidence rate* of invasive pneumococcal disease (IPD) among children aged <5 years before and after introduction of 7-valent pneumococcal conjugate vaccine (PCV7), by age and year — Active Bacterial Core surveillance, eight states,† 1998–2005

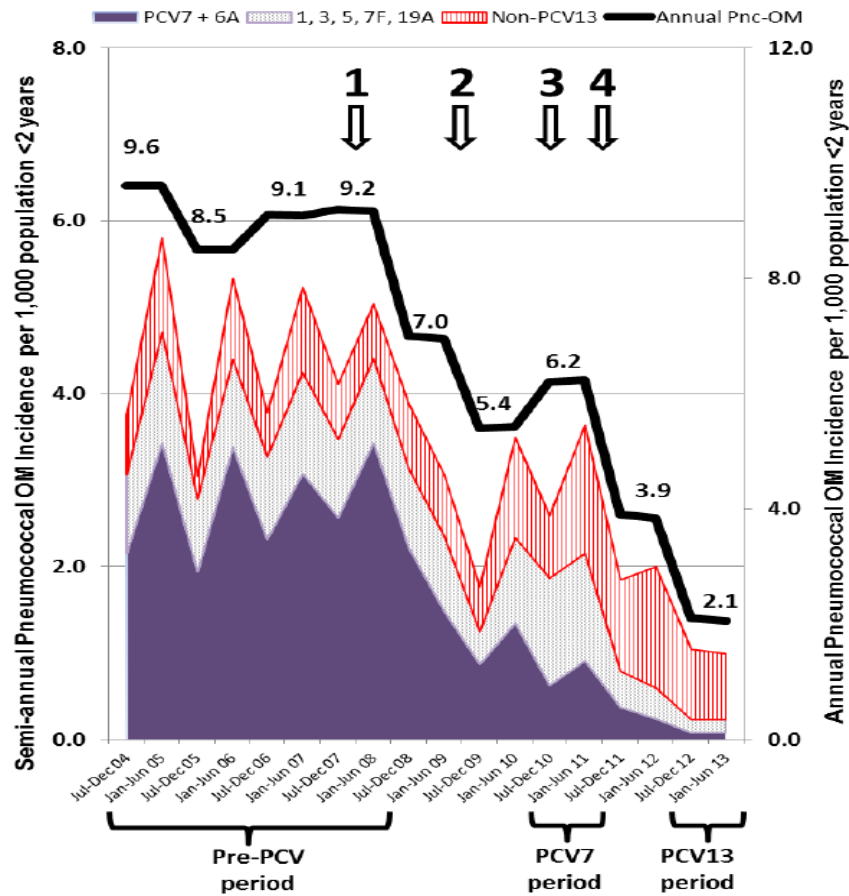


MMWR 2008;57(6):144-8.

* Per 100,000 population.

† California (one county); the state of Connecticut; Georgia (20 counties); Maryland (six counties); Minnesota (seven counties); New York (seven counties); Oregon (three counties); and Tennessee (four counties).

Suvremena vakcinologija utemeljena je na dokazima



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Ben-Shimol S, Givon-Lavi N, Leibovitz E, Raiz S, Greenberg D, Dagan R.
Near elimination of otitis media caused by the PCV13 serotypes in Southern Israel shortly after sequential introduction of PCV7/PCV13.
Clin Infect Dis. 2014 Aug 25. pii: ciu683.



Suvremena vakcinologija utemeljena je na dokazima.

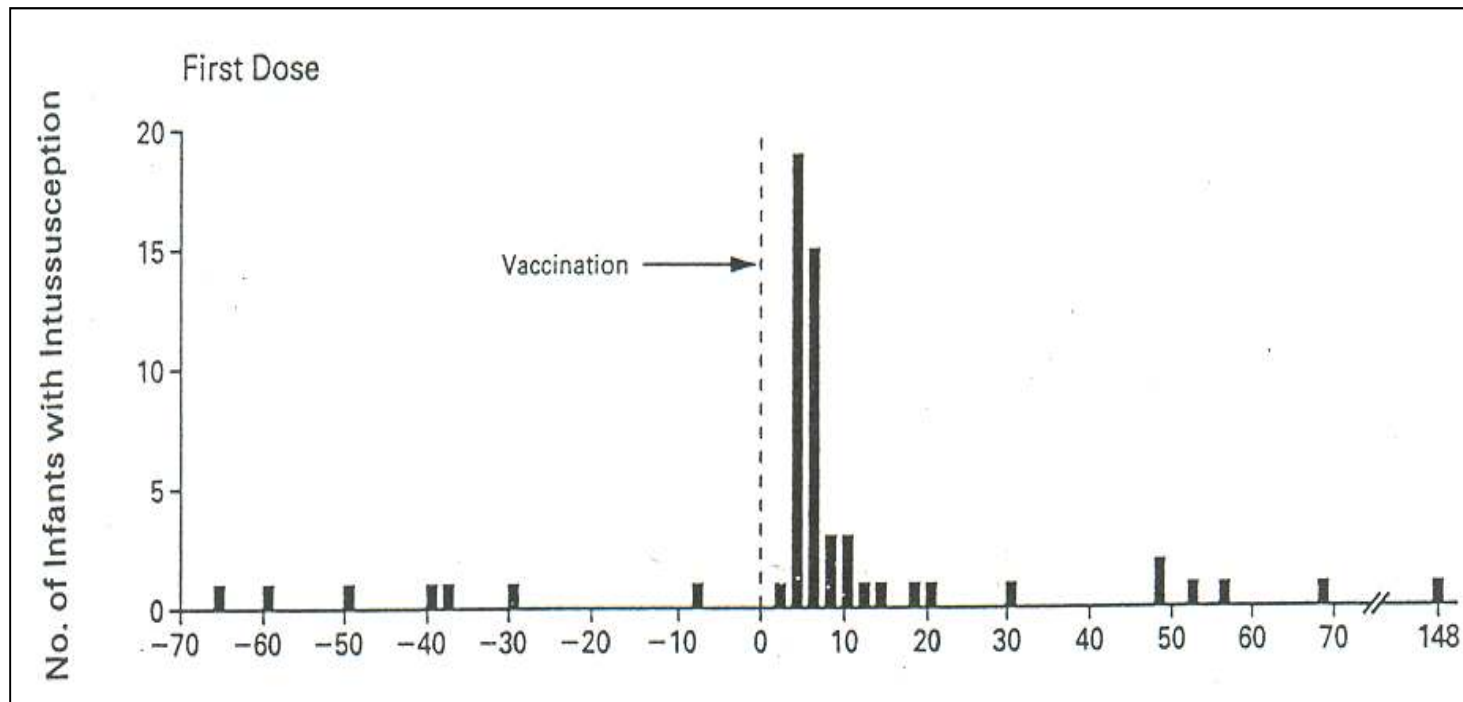
Ima li antivakcinacijski pokret uporište u dokazima?

Da li su dokazi dovoljni?

Ima li antivakcinacijski pokret uporište u dokazima?

YEAR	No. VACINEES	No. OF SUSPECTED AM CASES	ISOLATION AND PCR POSITIVE CASES
1994	17569	5	2
1995	18972	7	5
1996	17994	4	3
1997	21368	10	9
1998	23001	4	3
1999	11290	8	8
2000	9993	11	10
2001	32239	9	9
TOTAL	152426	58	49
No. of postvaccinal meningitis per 10000 vaccinees			3.2

Ima li antivakcinacijski pokret uporište u dokazima?



Murphy *et al*, N Engl J Med 2001 344 564–72.

Ima li antivakcinacijski pokret uporište u dokazima?

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REVIEW

Curr Opin Obstet Gynecol 2015, 27:265–270



A link between human papilloma virus vaccination and primary ovarian insufficiency: current analysis

Noah Gruber^{a,b} and Yehuda Shoenfeld^{b,c}

Table 1. Published cases of primary ovarian insufficiency in women who received human papilloma virus vaccination

Case number	Health status	Age (years)			Type of vaccine	Presentation	Work-up diagnosis			Reference number
		At menarche	At HPV vaccination	At diagnosis			Antibodies (Ab's)	Genetic studies	Ultrasound	
1	Healthy	13	14	16	HPV4	Irregular menses, scant menses	Positive antithyroid peroxidase and antithyroglobulin Ab's	46XX, Fragile – normal galactosemia – normal	Normal	[12]
2	Healthy, sister of case 3	13.5	14	15	HPV4	Irregular menses	Negative antiadrenal and antiovarian Ab's	46XX, Fragile X – normal, FSH receptor – normal		[13]
3	Healthy, sister of case 2	15	13	15.3	HPV4	Normally two menses	Positive antiovarian Ab's	46XX, Fragile X – normal, FSH receptor – normal		[13]
4	Healthy	13	21	23	HPV4	Irregular menses	Positive antithyroid peroxidase Ab's	46XX, Fragile X – normal	Normal	[13]
5	Cerebral Palsy, Asperger, Epilepsy	11 (on contraceptive pills since age 12)	12.9	18	HPV4	After cessation of contraceptives, amenorrhea	Negative antiadrenal, antithyroid and antiovarian Ab's	46XX, Fragile X – normal galactosemia – normal	Left ovary not visualized	[11*]
6	Healthy	10	14	17	HPV4	Irregular menses	Negative antiadrenal and antiovarian Ab's		Normal	[11*]

FSH, follicle-stimulating hormone; HPV, human papilloma virus.



Ima li antivakcinacijski pokret uporište u dokazima?

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Postural Orthostatic Tachycardia With Chronic Fatigue After HPV Vaccination as Part of the “Autoimmune/Auto-inflammatory Syndrome Induced by Adjuvants”: Case Report and Literature Review

Lucija Tomljenovic, PhD^{1,2}, Serena Colafrancesco, MD^{1,3}, Carlo Perricone, MD^{1,3}, and Yehuda Shoenfeld, MD, FRCP (Hon), MaACR^{1,4}

Abstract

We report the case of a 14-year-old girl who developed postural orthostatic tachycardia syndrome (POTS) with chronic fatigue 2 months following Gardasil vaccination. The patient suffered from persistent headaches, dizziness, recurrent syncope, poor motor coordination, weakness, fatigue, myalgias, numbness, tachycardia, dyspnea, visual disturbances, phonophobia, cognitive impairment, insomnia, gastrointestinal disturbances, and a weight loss of 20 pounds. The psychiatric evaluation ruled out the possibility that her symptoms were psychogenic or related to anxiety disorders. Furthermore, the patient tested positive for ANA (1:1280), lupus anticoagulant, and antiphospholipid. On clinical examination she presented livedo reticularis and was diagnosed with Raynaud's syndrome. This case fulfills the criteria for the autoimmune/auto-inflammatory syndrome induced by adjuvants (ASIA). Because human papillomavirus vaccination is universally recommended to teenagers and because POTS frequently results in long-term disabilities (as was the case in our patient), a thorough follow-up of patients who present with relevant complaints after vaccination is strongly recommended.

Journal of Investigative Medicine High
Impact: Case Reports
1-8
© 2014 American Federation for
Medical Research
DOI: 10.1177/2324709614527812
hic.sagepub.com



Suvremena vakcinologija utemeljena je na dokazima.

Ima li antivakcinacijski pokret uporište u dokazima?

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Story highlights

The court considered a French man who developed multiple sclerosis one year after a hepatitis B vaccine

The decision is "logical and confusing," experts say

(CNN) — The Court of Justice of the European Union ruled Wednesday that courts may consider vaccines to be the cause of an illness, even in the absence of scientific evidence confirming a link.

The EU's highest court said that if the development of a disease is timely to the person's receiving a vaccine, if the person was previously healthy with a lack of history of

the disease in their family and if a significant number of disease cases are reported among people receiving a certain vaccine, this may serve as enough proof.

The ruling stemmed from the case of a French man known as J.W. who was vaccinated against hepatitis B in 1998 and developed multiple sclerosis a year later. Multiple sclerosis is a neurological disorder in which the body's own immune system attacks the brain and spinal cord. The disease scars nerve tissue and causes a range of symptoms, from vision problems to paralysis. J.W. died in 2011.



In 2006, J.W. sued pharmaceutical company Sanofi Pasteur, which produced the vaccine, blaming it for his decline in health.

The case was brought before the Court of Appeal in France, which ruled that there was no scientific

Europski sud šokirao znanstvenike: donijeli odluku o cijepljenju koja bi mogla ugroziti mnoge živote

28.06.2017 12:00 | Vjesti.hr



Odluka Europskog suda izazvala je mnoge kritike brojnih stručnjaka koji upozoravaju na ugrožavanje programa cijepljenja koji spašavaju živote milijunima ljudi

Science

Science

European Court of Justice ruling could open floodgates for spurious vaccination claims

By Sarah Knapton

22 JUNE 2017 - 6:52PM

The European Court of Justice has been accused of undermining Britain's vaccination programme after ruling that patients can sue for illnesses they believe were caused by jabs, even when there is no scientific evidence.

The EU's highest court said that if a number of healthy people developed a disease shortly after receiving a vaccine then that would serve as enough proof to bring a claim.

The ruling, which health experts in Britain said was 'of serious concern', opens the door for class actions from patients who believe their health was affected by vaccines, even when there is no medical proof.

18:29 / 2017.06.22

ODLUKA EUROPSKOG SUDA ZGROZILA ZNANSTVENIKE: 'Ovo može ugroziti programe cijepljenja koji spašavaju milijune života!'

SHARE: FB TWITTER



Europski sud pravde donio je odluku koja bi mogla dodatno ohrabriti protivnike cijepljenja, ugroziti ovo postignuće koje je svijet oslobodilo brojnih raznih bolesti, ali i pokrenuti lavinu zahtjeva za skupim odštetama.

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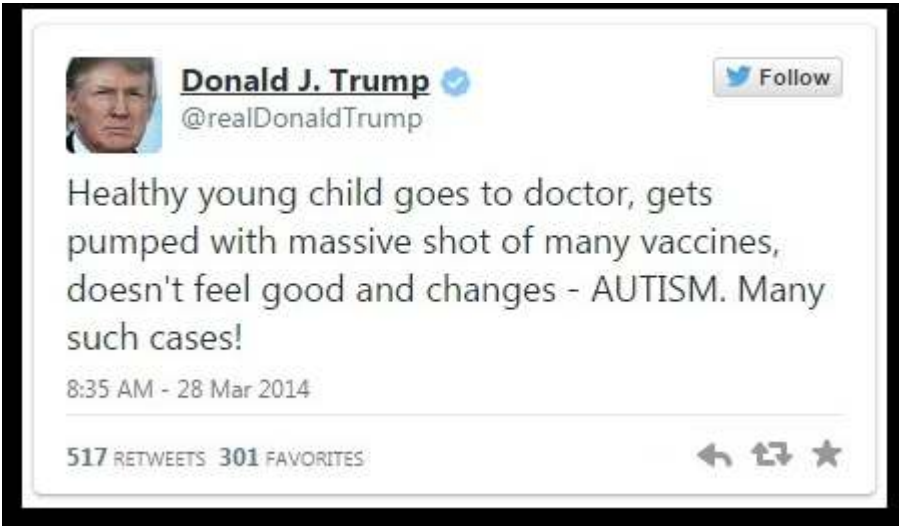
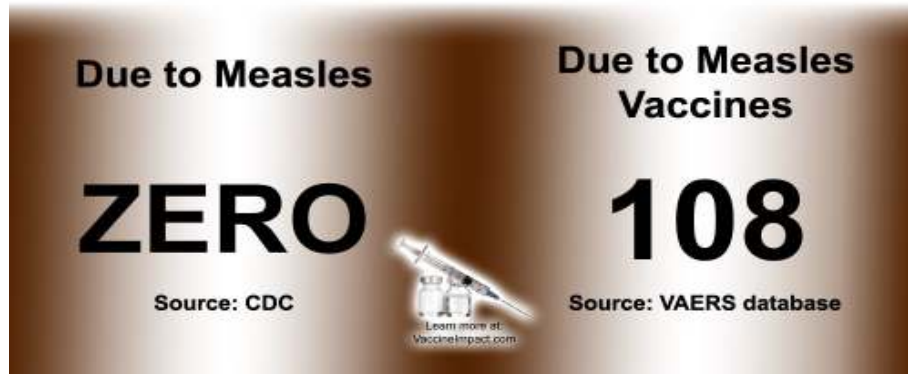


Cijepljenje protiv Vaccination against		Doza Dose	Proizvođač Manufacturer
Datum Date	Cjepivo Nature of product		





Deaths in the U.S. during the past 10 years:
2004 to 2015



VACCINE FACTS

-  Vaccines are known to be **faulty by nature**...in fact, their legal classification is **"unavoidably unsafe."**
 -  You, as a parent and citizen of the United States, **cannot sue a vaccine manufacturer** for faulty design.
 -  The U.S. government established the **Federal Vaccine Court** to protect the vaccine industry.
 -  Over \$2 billion have been awarded to families who have been injured or killed by vaccine reactions by this "Vaccine Court."
- Our vaccine safety has been sold out from under us. IT'S BEEN BOUGHT!**
-  We have **exclusive access to those who have won and lost in Vaccine Court** and they have **agreed to be part of a documentary**. They are articulate, knowledgeable, and compelling historians.
 -  Among those who have agreed to take part are the **plaintiff's lawyers** who fought the winning and losing cases.
 -  These are **not "anti-vaccine"** people, as evidenced by the fact that the reason they were in Vaccine Court is because of **what happened when they DID vaccinate their children.**

- The 5 Phases of Awakening To The Dangers of Vaccination**
- 1) I fully support vaccines and advocate their use worldwide
 - 2) I fully support the use of vaccines, but they need to be made safer.
 - 3) We don't need such an intense vaccine schedule in the developed world, but I am more in favour than against vaccines because we need them to prevent future outbreaks
 - 4) I am on the fence regarding vaccine effectiveness and feel they may have had some benefits in the past, but now question them as they do correlate with some disease.
 - 5) I do not support the use of vaccines. The historical and current evidence of benefits is grossly unscientific and inaccurate. The risks far outweigh any benefits and I do not believe they belong in any lifeform whatsoever.

Learn more about the dangers of vaccination
<http://preventdisease.com/vaccines>



THANKS FOR THE OPEN BORDERS OBAMA.

DRUŠTVO
ZA **PROMOCIJU**
ZNANOSTI I
pzkm.org **KRITIČKOG**
MIŠLJENJA

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Tea Time
powered by **STUDMEF**

"Cijepiti ili strepiti?"

predavač:
prof.dr.sc. Goran Tešović

04.02.2016., 17:00, HlM 3. kat
prijave na: <https://www.facebook.com/studmef>





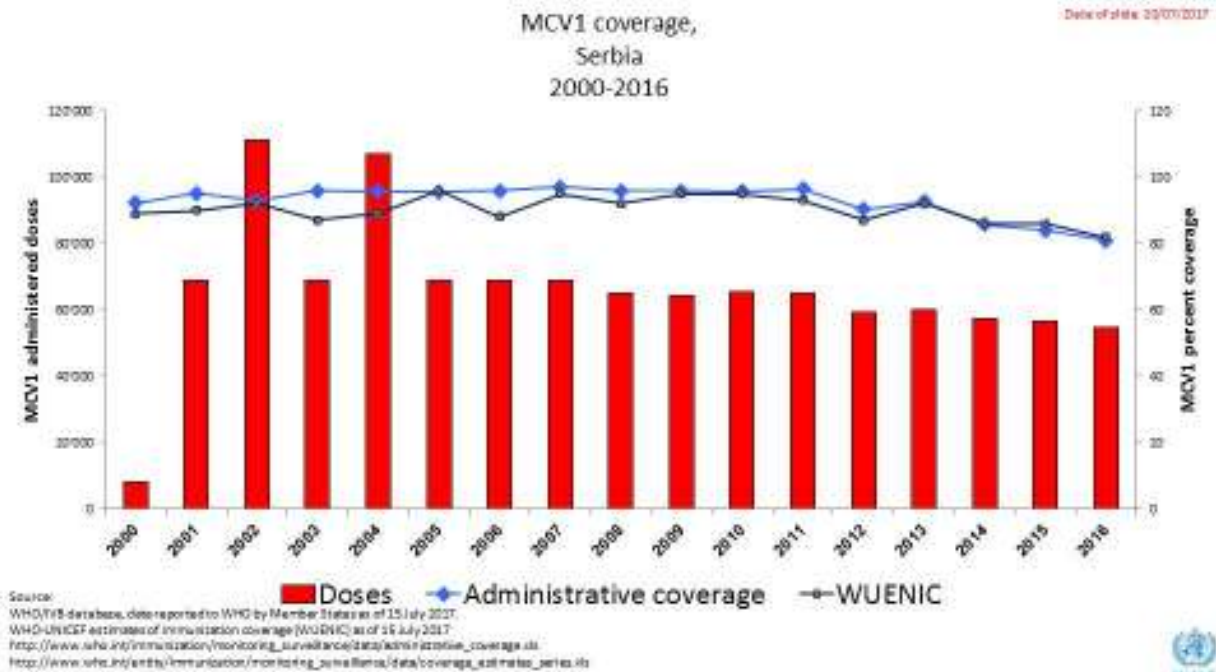
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4740 oboljelih (13% HCW)
500 oboljelih s upalom pluća
2 slučaja encefalitisa
15 umrlih



“Kontekst je ključan, a kontekst se mijenja!”

- “eksplozija” novih cjepiva posljednjih godina;
- „nestanak” bolesti koje se preveniraju cijepljenjem dovodi u pitanje potrebu za cijepljenjem;
- Razlike između rasporeda/kalendara cijepljenja pojačavaju negativnu percepciju o relevantnosti pojedinih cjepiva/kalendara cijepljenja;
- Neka nova cjepiva (VZV, RV) preveniraju bolesti koje roditelji smatraju blagima ili s malim rizikom za razvoj komplikacija

Plotkin SA. Vaccines: Past, present and future. Nat Med 2005;11(4 Suppl):S5-11.



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OKRUGLI STOL
 HRVATSKO LIGIŠTVO ZA NEKADROVE I HRVATSKO LIGIŠTVO ZA ŽENSKO STANJE
 U SURADNOSTI SA DRUGIM NEKADROVSKIM I ŽENSKIM STANJEM

**CIJEPLJENJE
 ISTINE vs. ZARUČJE**

DEKLARACIJA O VAŽNOSTI CIJEPLJENJA

[Small text block containing the main text of the declaration]

[Signatures and names of participants]

PRESEDAVACI

[List of names and titles of the chairs]

[List of names and titles of participants]

