## 'Free' vaccines? Time to demand transparency and accountability for taxpayer-funded vaccine products

The Pharmaceutical Benefits Advisory Committee (PBAC) recommends which medical products, including vaccine products, will be added to the Pharmaceutical Benefits Scheme. These are products which are provided 'free' for some individuals in the community, e.g. vaccine products and revaccinations for children, but of course these are actually paid for by taxpayers/citizens.

In recent years many more vaccine products have been added to the taxpayer-funded vaccination schedule, including flu vaccine products for individuals with certain medical risk factors; Aboriginal and Torres Strait Islander people; people 65 years and over; and pregnant women.

As a consequence, vaccine manufacturers are developing ever larger vaccine markets on the back of taxpayer-funding.

But are these vaccine products all they're cracked up to be? For instance annual flu vaccines provide very questionable 'immunity', with suggestions this last around three months with current products.

Recently vaccine manufacturer sanofi-aventis has requested its Vaxigrip Tetra flu vaccine be added to the taxpayer-funded vaccination schedule. I am challenging the addition of this flu vaccine product, plus other flu vaccine products already on the schedule.

The sanofi-aventis submission is particularly alarming as it seeks to include flu vaccination for all children aged 6 months to <five years on the National Immunisation Program Schedule – will this make highly questionable annual flu vaccination mandatory for children?

See below my recent submission to the PBAC challenging taxpayer-funded flu vaccination.

Elizabeth Hart

## **Submission to Australian Pharmaceutical Benefits Advisory Committee**

Challenging the sanofi-aventis flu vaccination, and other flu vaccinations already on the taxpayer-funded Australian National Immunisation Program Schedule

I challenge the sanofi-aventis Australia Pty Ltd major submission for Vaxigrip Tetra, requesting this vaccine product be listed on the National Immunisation Program (NIP) for the population already eligible for seasonal influenza vaccination with other brands of influenza vaccine, and to extend the population eligible for seasonal influenza vaccination through the NIP to include all children aged 6 months to <5 years.

I am particularly alarmed to see this sanofi-aventis submission requests "the population eligible for seasonal influenza vaccination through the NIP to include all children aged 6 months to <5 years".

If influenza vaccination is included on the NIP for all children aged 6 months to <5 years will it become mandatory for children to have this vaccination via the Federal Government's 'No Jab, No Pay' law, and State Government 'No Jab, No Play' laws?

There is much uncertainty about flu vaccination, this vaccine must not be imposed on the community.

For example, we are now being told the "there are concerns the vaccine may wear off after three months". An article quotes Richard Kidd, Chair of the Australian Medical Association Council of General Practice, saying "The peak immunity is about a month after you get the shot, and by three months after the shot is waning a bit". (See "Doctors warn flu shots may not last the season": <a href="https://www.3aw.com.au/doctors-warn-flu-shots-may-not-last-the-season/">https://www.3aw.com.au/doctors-warn-flu-shots-may-not-last-the-season/</a>

It seems the vaccine industry-funded Immunisation Coalition is behind the onslaught of promotion for flu vaccination, see this email release from April 2017: Immunisation Coalition: Influenza Vaccination for Kids could be a game

changer: https://www.immunisationcoalition.org.au/wp-

content/uploads/2019/04/Immunisation-Coalition-Influenza-Media-Release-2019-04-15.pdf

The Immunisation Coalition, which is chaired by Robert Booy, is funded by vaccine manufacturers, i.e. Sanofi, GlaxoSmithKline, Seqirus (a CSL company), Pfizer and Merck: <a href="https://www.immunisationcoalition.org.au/about-us/">https://www.immunisationcoalition.org.au/about-us/</a>

Has the Immunisation Coalition's promotion of 'Influenza Vaccination for Kids' been a campaign to get flu vaccination for children on the taxpayer-funded NIP, and expand markets for the vaccine industry?

The general public is largely unaware that the vaccine industry is influencing vaccination policy. For example the Chairman of the vaccine industry-funded Immunisation Coalition, Robert Booy, is also on the TGA's Australian Influenza Vaccine Committee (AIVC). There is no disclosure on the TGA AIVC webpage of Robert Booy's conflicts of interest, e.g. his Chairmanship of the vaccine industry-funded Immunisation

Coalition: https://www.tga.gov.au/committee/australian-influenza-vaccine-committee-aivc

Robert Booy also features regularly in the media promoting flu vaccination, see for example this ABC news article which describes Robert Booy with his university affiliation, and also mentions he is Chair of the Immunisation Coalition, without disclosing that the Immunisation Coalition is funded by the vaccine industry: "Australia on track for killer flu season as experts urge public to get vaccinated": <a href="https://www.abc.net.au/news/2019-04-10/australian-flu-season-concerns-as-experts-urge-vaccinations/10987700">https://www.abc.net.au/news/2019-04-10/australian-flu-season-concerns-as-experts-urge-vaccinations/10987700</a>

This ABC article also quotes Richard Kidd, Chair of the Australian Medical Association Council of General Practice, without disclosing that the Australian Medical Association is also formally associated with the vaccine industry-funded Immunisation Coalition: <a href="https://www.immunisationcoalition.org.au/about-us/">https://www.immunisationcoalition.org.au/about-us/</a>

It is a very serious matter that influencers on vaccination policy are closely associated with the vaccine industry. Citizens cannot rely on vaccination policy which is so badly conflicted with associations with the vaccine industry.

We need genuinely objective and independent specialists in infectious diseases and immunology to evaluate the risks and benefits of vaccine medical interventions.

A recent 'rapid response' by retired US paediatrician Allan Cunningham on The BMJ medical journal concisely summarises the situation, i.e.

QUOTE:

We still do not know if annual flu shots do more good than harm <a href="https://www.bmj.com/content/365/bmj.l4129/rr-0">https://www.bmj.com/content/365/bmj.l4129/rr-0</a>

In spite of all of the observational studies reporting "vaccine effectiveness" we still do not know if annual flu shots have done more overall good than harm - for the general public, for high risk groups, or for health-care workers. Some studies have shown that flu shots and the nasal vaccines have sometimes INCREASED the risk of influenza and other viral respiratory infections. We need the long-term, multicenter, randomized trials suggested by Kenneth McIntosh in a 2000 NEJM editorial, but never carried out. It is possible that annual flu shots has reduced our collective immunity and increased our risks for when the "Big One" next appears.

**END OF QUOTE** 

It is also sobering to consider a report produced by the World Health Organisation, published in 2006, titled "Global pandemic influenza action plan to increase vaccine supply": <a href="http://www.who.int/csr/resources/publications/influenza/CDS\_EPR\_GIP\_2006\_1.pdf">http://www.who.int/csr/resources/publications/influenza/CDS\_EPR\_GIP\_2006\_1.pdf</a> ?ua=1

It seems the ongoing pressure to have annual vaccination is to increase the use of seasonal flu vaccines so that production capacity will be in place in the event of a pandemic...similar to the 'pandemic' we experienced in 2009 with swine flu, which proved to be so lucrative for the vaccine industry, and a massive waste of money for the global community.

The WHO report is very interesting reading. It's the blueprint for the global influenza vaccine industry, and the ultimate goal to vaccinate the global community against flu. Countries are being encouraged to "develop an immunization policy to increase demand for seasonal vaccines" and "motivate industry to develop greater capacity for manufacturing vaccines", i.e. press upon citizens a vaccine of generally very questionable benefit for a virus that is mutating all the time. And we have no idea of the long-term consequences of this annual vaccination.

This push to impose annual flu revaccination on the community is a very serious matter which must be subject to investigation, including a review of the flu vaccine products already on the taxpayer-funded National Immunisation Program Schedule.

In summary, I challenge the addition of the sanofi-aventis Vaxigrip Tetra to the NIP, and request an urgent review of the NIP's existing flu vaccine product recommendations. This is also relevant to major submissions Segirus/Fluad and Fluad Quad.

Elizabeth Hart

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