Research Shows That Fewer Than 1% of Vaccine Reactions Are Reported

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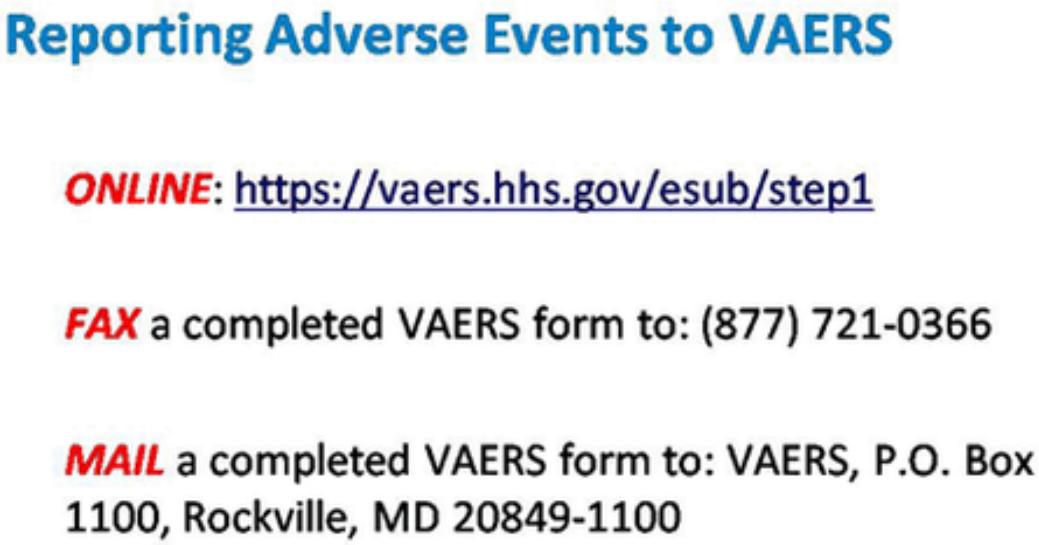

MedscapeCME

RESEARCH SHOWS THAT FEWER THAN 1% OF VACCINE REACTIONS ARE BEING REPORTED:

It is well-known that VAERS (the Vaccine Adverse Event Reporting System) is a passive system and

has flaws in terms of capturing the true scope of vaccine injury. VAERS was established in 1990, 28 years ago at the time of this writing. Even the CDC itself states that VAERS data is “inaccurate” in their terms. Think about it – has your doctor reported to VAERS? Do they know of the system, do they know HOW to report and what to report? Do they think that a reaction has to be SHOWN to be related to the vaccine in order to allow reporting? In fact, due to inadequate testing/tracking there is very little scientific consensus on what reactions are due to specific vaccines and reporting to VAERS is based on temporal relationship of occurrence of reactions to timing of vaccine administration.

CDC's take on VAERS - “Passive surveillance systems (e.g. VAERS) are subject to multiple limitations, including underreporting, reporting of temporal associations or unconfirmed diagnoses, and lack of denominator data and unbiased comparison groups. Because of these limitations, determining causal associations between vaccines

and adverse events from VAERS reports is usually not possible.”

Numerous IOM (Institute of Medicine) reports going back at least 23 years have cited the failings of VAERS and have highlighted the need for more complete and accurate systems. Congressional reports on this topic have also discussed the fact that a mere fraction of the true data are indeed being reported.

So is it possible that in all of that time, NO better alternatives have been explored? NOPE.

Enter “Electronic Support for Public Heath - Vaccine Adverse Reporting System (ESP:VAERS)” -

“The Department of Health and Human Services (HHS) gave Harvard Medical School a $1 million dollar grant to track VAERS reporting at Harvard Pilgrim Healthcare for 3 years and to create an automated reporting system which would revolutionize the VAERS reporting system- transforming it from “passive” to “active.”

This project was called Electronic Support for

Public Heath- Vaccine Adverse Reporting System (ESP:VAERS). According to the grant final report, the scope of the project was, “To create a generalizable system to facilitate detection and clinician reporting of vaccine adverse events, in order to improve the safety of national vaccination programs.” To accomplish this the team used the electronic medical records at Harvard Pilgrim Healthcare, Inc, which is described as a “large multi-specialty practice.” Every patient that received a vaccine was automatically identified and followed for 30 days. Within that 30 days the individual’s diagnostic health codes, lab tests, and prescriptions were evaluated to recognize any potential adverse event. Another goal of the project was to evaluate the performance of the new automated system via a randomized trial and to compare this new data to the existing data collected by VAERS and Vaccine Safety Datalink. Just the preliminary description of this program is head and shoulders above the current functioning

of the passive VAERS system. In our current system, adverse events are to be spontaneously reported by parents or health care providers. Most parents aren't even aware the VAERS system exists, much less aware that they are supposed to be reporting to it. Health care providers are "supposed" to report adverse events, but we have no idea of the efficiency level with which this is occurring, and more than a hunch that this reporting is grossly neglected for a variety of reasons. Furthermore, many vaccine adverse events are never reported because either the parent, patient, or doctor is completely unaware that a subsequent adverse event is in fact due to a vaccine. This new reporting system would remove all of these failures from the equation.

NOW – After 3 years and compilation of the data, according to the published report from Harvard Pilgrim Health Care, these are the RESULTS:

"Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4

million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference. In addition, ESP:VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting. Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public

health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs. Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.""* (Excerpted from the article below).

WAIT A MINUTE HERE. They followed the records of these individuals for 30 days only, and identified

a possible 2.6% of them that may have had a reaction to one or more of the administered vaccines in that time period?? This doesn't even get into possible effects that begin to show after 30 days (autoimmune disorders or many cancers, for example). And we're seeing 2.6% and the awareness that FEWER than 1% of possible adverse events are being reported?

One would think that the CDC, if truly looking out for our best interest as consumers; would have immediately started to implement the model used by the Harvard Pilgrim group and indeed would have extended out the observation period so they could begin to determine what to study next to best refine their definitions of vaccine adverse effects and multi-vaccine effects.

However, as you saw above it was quite the opposite and remains so to this day. CDC, where art thou? Allowing the recommendation of more and more vaccines on the schedule each year and utterly failing us in terms of any proper monitoring,

that's where. Adding recommendations for more improperly testes vaccines for pregnant women, for infants, for the elderly, some with experimental adjuvants in them. And touting the “safe and effective” line everywhere. And HHS is right behind. Many, MANY thanks are due in helping me to write this post both to JB Handley's amazing book “How to End the Autism Epidemic” (available on Amazon) and to the following article, excerpted above and indicated with a * -
http://truthsnitch.com/…/cdc-silence-million-dollar-harva…/…
Read the published report from the Harvard Pilgrim Group here:
https://healthit.ahrq.gov/…/r18hs017045-lazarus-final-repor…