

# Developed Nations Requiring the Most Infant Vaccines Linked With Higher Childhood Mortality Rates: Study



Highly developed nations requiring the most neonatal vaccine doses tend to have the worst mortality rates in children under age 5, according to a [peer-reviewed study](#) published July 20 in Cureus.

Researchers Neil Miller, director of the Institute of Medical and Scientific Inquiry in New Mexico, and Gary Goldman, who has a doctorate in computer science, performed several analyses based on 2019 and 2021 data to explore potential relationships between the number of early childhood vaccinations required by developed nations and their neonatal, infant, and under age 5 mortality rates.

According to [global health experts](#), few measures in public health can compare with the impact of vaccines, which are credited with having reduced disease, disability, and death from a variety of infectious diseases. Yet the study found that developed nations requiring more neonatal vaccinations may have unintended consequences that increase childhood mortality, challenging the idea that more vaccines administered always results in fewer deaths.

“Our paper investigated potential associations between the number of early childhood vaccine doses that developed nations require and their early childhood mortality rates,” Mr. Miller told The Epoch Times in an email. “For example, some nations administer hepatitis B and tuberculosis (BCG) vaccines to their infants shortly after birth. We found that nations that require both vaccines had significantly worse infant mortality rates when compared to nations that require neither vaccine.”

Miller and Goldman’s research initially began in 2011 when they [published a paper](#) using 2009 data showing less favorable infant mortality rates among highly developed nations requiring the most infant vaccinations.

The recent study replicated their original study using 2019 and 2021 data from the top 50 nations where childhood vaccine doses range from 12 to 26. Results showed the infant mortality rate increased by 0.167 deaths per 1,000 live births for each additional vaccine dose added to the vaccination schedule, supporting the earlier study’s findings.

Twenty-nine nations in 2009 had better infant mortality rates than the United States, but by 2019, the United States had declined to 44th in infant mortality rankings, and in 2021, ranked 50th—despite requiring the highest number of infant vaccines.

## **Hepatitis B and Tuberculosis Vaccination May Increase Mortality**

In their latest study, Miller and Goldman broadened their research to assess the impact of hepatitis and tuberculosis vaccines on mortality rates of neonatal infants (babies under 28 days old), infants up to age 1, and children under 5. Mortality data and vaccination schedules were compiled from UNICEF, the World Health Organization, the European Centre for Disease Prevention and Control, and national governments.

Nations were then grouped based on whether they required zero, one, or two vaccine doses given to newborns to determine their statistical significance to mortality rates of the three age groups. The association demonstrated by the analysis showed neonatal vaccines for hepatitis B and tuberculosis may not contribute to an overall reduction in mortality in nations where infants are at low risk of mortality from diseases the vaccines are targeting. In these nations, infants may actually experience greater risks from vaccination.

## **Reduction in Infant Vaccine Doses Decreased Mortality**

Using 2021 data, the researchers found a statistically significant difference of 1.28 deaths per 1000 live births between the mean infant mortality rates among nations that did not vaccinate their neonates at all and those that required two vaccine doses. For each reduction of six vaccine doses administered during infancy, the infant mortality rate improved by approximately one death per 1,000 live births.

Additionally, vaccines administered during the first year of life had a greater effect on under age 5 mortality rates compared with vaccines administered in the second through fifth years of life, suggesting younger infants who generally weigh less and receive more vaccines in a shorter period are significantly more likely to experience an adverse reaction resulting in hospitalization or death.

“Hepatitis B and tuberculosis vaccines given shortly after birth when the

immune system is immature and the neonate has low weight, may increase vulnerability to serious adverse reactions and deaths that ultimately contribute to higher neonatal, infant, and under age five mortality rates," Mr. Miller told The Epoch Times.

## **Vaccination Sequence and Combination Can Impact Mortality**

In most nations, more than half of infant deaths occur during the neonatal period, with about 75 percent of neonatal deaths occurring during the first week of life when neonatal vaccines are administered, according to Mr. Miller. Deaths that occur during this period have a large impact on neonatal, infant, and under age 5 mortality rates.

The study states the U.S. neonatal mortality rate comprises 61 percent of its infant mortality rate and 52 percent of the mortality rate in children under age 5.

But Miller said doctors, coroners, and other medical examiners are "compelled to misclassify and conceal vaccine-related fatalities" because alternate cause-of-death classifications associated with infant vaccination do not exist.

In addition, vaccines have "non-specific effects" that can [increase or decrease mortality](#) from infectious diseases not targeted by the vaccine. "Some deaths associated with neonatal vaccines may be delayed, possibly through some priming mechanism or cumulative toxicity that increases the risk of a severe or fatal reaction to subsequently administered vaccines," Mr. Miller added.

For example, a 2017 study [published in EBioMedicine](#) found a twofold increase in all-cause infant mortality after diphtheria-tetanus-pertussis (DTP) and oral polio vaccines were introduced in Guinea-Bissau. Survival rates of infants who received the DTP vaccine without oral polio vaccine

compared with non-DTP vaccinated children were worse.

The sequence of vaccinations can also affect all-cause mortality, according to a 2018 study [published in Vaccine](#), showing girls who received a pentavalent vaccine (five vaccines in one) after receiving a measles vaccine were five times more likely to die from all causes within six months of follow-up compared to girls who followed the recommended schedule. The authors also stated, "It is assumed that providing missing vaccine doses will always leave the child better off than not providing them. This may be wrong."

According to Mr. Miller and Mr. Goldman, 17 of 18 analyses confirm that giving more vaccine doses results in higher infant and early childhood mortality rates in developed nations. They're calling for vaccine policymakers to determine the full effect of the current vaccination schedule on deaths from any cause and for safety research into the number of recommended childhood vaccines and how they're administered to confirm they are positively impacting child survival.

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