

Parent Case Report

Encephalomyelitis caused by Hepatitis B vaccination

Nino Gulua, MD

Sanzona 4a building, flat #28

0191 Tbilisi, Republic of Georgia

Phone: 995 32 603715; Mobile: 995 77 792099.

Email: ngulua@hotmail.com Website: www.hapihealth.com

I want to tell the story of an accident that changed radically my son George Kobalia's life as well as our family's.

On March 18, 2002 the Hepatitis B vaccination was administered to my son George Kobalia in the polyclinic. At that time, George was 12¼-years-old. This particular vaccine was manufactured by Green Cross Vaccine Corporation in Korea and was imported in Georgia by the UN Children Fund - UNICEF humanitarian mission.

Three days following vaccination, the child suffered acute headache, general weakness, a loss of coordination that was followed by diminished mental capacity and he lapsed into a coma. An ambulance from Center of Catastrophic Medicine rushed the child to Kutaisi, and then to intensive care at Children's Republican Hospital in Tbilisi, under the care of Dr. David Pulariani who initiated the child's connection to an artificial respirator. These circumstances were the basis for the Georgian press and television broadcast that "12-year-old George Kobalia was struggling with death."

It is hard to describe the pain and suffering George has undergone, including the suffering of our family and relatives. George was one of the best pupils and dancers of the Tsalenjikha Lyceum. It is difficult for his parents to comprehend that today George is incapable of doing any of the previous activities he engaged in. Such kind of post-vaccination complications are described in the foreign medical literature: 1 in 600,000 cases. That one case appeared to be crucial for

On July 11, 2002, the child was brought to the abovementioned clinic on the basis of an agreement laid down by the Ministry of Health of Georgia and the administration of Salzburg Neurological Clinic where he had undergone a medical treatment and testing. According to that agreement, the Ministry of Labor, Health and Social Affairs had to pay the clinic 10,000 Euro. Due to some unknown reason, the transfer of the money did not happened, so the parents were forced to find a sponsor through the own efforts and the sponsor took George back to Georgia. The parents found a sponsor through their own efforts who took George to Germany—more specifically, to the Staffelstein Rehabilitation Center, where he was treated for 8 months. Our family will never forget the warmth and sympathy the German people showed toward George. Especially the medical personnel of the clinic and its chairman who covered the expenses of George's treatment and rehabilitation.

The post-vaccination encephalomyelitis was diagnosed in Germany. This rare and at the same time serious adverse reaction was repeatedly covered by local press and television.

Now George's mind is clear; he likes mathematics, knows English and computers, but his condition is still extremely serious. He has a tracheal tube because of diaphragmatic nerve paresis and this is also why his hand reflex is weak. Due to these conditions, George is incapable of doing tasks on his own and always requires a nurse to assist him; costly medical treatment and rehabilitation are necessary for George, and our doctor's family does not have the needed financial resources.

We initiated legal action from the Tbilisi regional court against the Ministry of Labor, Health and Social Affairs, National Center of Statistics and Disease Control, Korean pharmaceutical firm "Green Cross Vaccine Corporation" and UN Children's Fund-UNICEF.

Responses from the lawsuit took a very long time. After about 3 months, the respondents were:

1. Ministry of Labor, Health and Social Affairs;
2. National Center of Statistics and Disease Control;
3. Georgian lawyer hired by the Korean pharmaceutical firm;
4. UN Children's Fund - UNICEF who imported the Korean vaccine to Georgia by humanitarian mission and now totally ignores the adverse reaction and is not interested in the child's fate.

The litigation took place on 17th of December. Television and press existing in Georgia got actively involved in lawsuit and would observe how objectively the lawsuit ran. In our claim it was pointed out that George permanently requires a nurse and requires treatment and rehabilitation courses three



George.

months per year at the European Rehabilitation Center of demyelination illness. The rehabilitation cost is 680 Euros per day or about 21,000 Euros per month.

Yet in Georgia it would cost US \$1,600 including treatment, rehabilitation and education. Noted sum was counted for 50 years and according to this scheme it amounted to over US \$3 million. (Rehabilitation cost is based on rates established in 2002. By today's situation rehabilitation cost is 689 Euros per day, or 21,080 Euros per month).

The Korean party mainly relies on the conclusion drawn by World Healthcare Organization expert, Mr. Stiven Vasilak, who arrived in Georgia with a scheduled visit to monitor a different case. He arrived in Georgia on a poliomyelitis-planned visit and had not planned to study George's case. It is notable that in our conversation he mentioned that he is not qualified for this case and left many unanswered questions that were posed by colleagues.

His examination did not go beyond conversation with doctors and general history; he was not even interested in seeing the child who had been in the worst state – connected to the artificial respirator. Representatives of World Healthcare Organization tried hard not to mention post-vaccine complications and this is natural because the World Health Organization had issued the quality certificate for that vaccine.

Their conclusion stated that there is no causative link between vaccine and disease because only a short period of 72- hours passed from vaccination to development of disease. However, they

emphasize the fact that it is *practically impossible* to thoroughly exclude encephalomyelitis following vaccination.

The court made a biased ruling – George will get US \$10,000 for moral damage and monthly aid in total of US \$500. The National Center of Disease Control and Healthcare Ministry was obligated to pay. The court freed from responsibility and left inviolable the Korean pharmaceutical firm which most of all must be held responsible for the damage caused by the vaccine produced by them. In the vaccine literature there was no mention of the complications that appeared to be applicable in George's case. American literature indicates that the Hepatitis B vaccine may cause disseminated sclerosis, encephalitis and serious damage of the nervous system. But in the Korean literature for the vaccine, there is no mention concerning any such types of complications. It is beyond belief that the Korean pharmaceutical firm was free from any responsibility. All this creates doubts and question: who lobbies for the Korean pharmaceutical firm? Moreover, the lawyer of the Ministry of Health and Social Affairs announced with a menacing tone at the lawsuit that if the parents did not keep quiet, they could fire them! It is inconceivable to me why I, the parent, should be silent? Who else is going to defend the rights of my son?

Our case has now been referred to the Supreme Court in an attempt to obtain an objective decision and enable us to conduct a course of rehabilitation at the leading European clinics. In case the Supreme Court decision provides no relief, the last hope will be with the International Court of Justice which guarantees to protect children and patient rights.

Preliminary report

Salzburg, 19.09.2002

PATIENT

Kobalia Georg Anzor, geb. 22.12.1989

5. Maiokorski Street, 384730 Tsalenjicka, Georgien
AZ:020349548302

Station: NE Station f. Neurorehab. (2007)
Aufnahmedatum: 11.07.2002

To whom it may concerns,

Anamnesis:

On March 18th 2002 the patient was vaccinated the first time against hepatitis B.

The next day March 19th he felt pain and weakness of the right leg. The following day March 20th he had a sore throat, felt apathic complained about general muscular weakness und vomited. The parents of the boy noticed a change of the voice. He was admitted in hospital and stayed in intensive care treatment until June 25th. At that time artificial ventilation could be stopped and the boy was breathing spontaneously through a trachea! cannule. Neurologically he showed a bulbar palsy and was tetraplegic except for minor movements in both hands.

He was treated with corticoids, immunoglobulines and antibiotics.

His arrival and admission in the hospital was on the 11th July 2002.

Neurological findings:

I: normal.

II: visual field normal.

III, IV, VI: pupilles round, reacting well on light and accommodation, no double vision, nystagmus in endposition.

V: mot. and sens, normal.

VII: normal.

VIII: no hypacusis.

IX-X: palsy of the left N. hypoglossus, atrophy of the left half of the tongue, fibrillations.

Upper extremities:

Power, tonus, motility with spastic severe paresis both hands, left more than right, generalized atrophy. Reflexes brisk, some on both sides.

Neck:

The patient is not able to hold his neck in position, weakness of all cervical muscles especially sternocleidomastoid muscle.

The patient has a tracheal cannule without the possibility to speak.

Lower extremities: Power paraplegic without increased tone as spasticity, cramps. Pyramidal tracts positive. Reflexes exaggerated both sides. Sens. normal.

General Investigation:

No abnormality found.

Investigations: Cranial CT normal; Chest X-ray normal; Cervical spine X-ray normal; Neurosonology normal; EEG normal; Evoked potentials: visual, acoustic pathways normal, sensorimotor; EP Lesion of the central pathways; Videocinematography of deglutition normal; Spect of the brain (rCBF): small areas of lower perfusion in both hemispheres; Knee X-ray: no significant alteration. ONT of removal of the tracheal tube failed; At two control investigations a removal was impossible; MRI (in copy).

Laboratory examinations (in copy)

On the day of arrival the young patient showed signs of bulbar palsy (hypoglossospasm left and tongue atrophy with fibrillation) with a severe weakness of both upper limbs and a spastic plegia of lower limbs with tonic spasms and positive pyramidal signs. He had a severe weakness of cervical and truncus muscles. Due to the weakness of the auxiliary muscles for breathing the attempt to remove the tracheal cannule was not successful. We had to reapply a new one.

For further diagnostics we did another MRI with Gadolinium which showed a little improvement of the known lesions in the medulla oblongata and the cervical spinal cord, a Videocinematography with a normal deglutition, neurophysiological testings and blood controls. Under treatment with physio, ergo therapy and speech therapy the paresis and the spasticity improved. Very positive results were obtained with botox therapy against the spasticity of the legs. The control of the head improved considerably; the patient is now able to hold his head in position over a period of 10 minutes and more and is able to sit and travel in a wheel chair. In addition we prescribed thymoleptics, some antispastics and anagetics per oral.

Diagnosis:

Transversal myelitis.

Since other causes are missing and reports are available showing similar neurological features in patients with hepatitis B, the vaccination has to be seen as the most likely reason for the myelitis.

We would advise further physiotherapy and medical treatment with: Mezlocillin 2 g/2 g/1 g i.v. until 23.09.2002; Fluoxetine Sirup 10 mg; Tizanidine 1/1/1/2/ mg; Tramadol 50 mg; Oxazepam 25 mg 0/0/0/1; Pentoxifyllin 200 mg 1/0/1

With kind regards

Hofrat Prim.Univ.Prof.Dr. G. Landum

Editorial Comment

We would like to pre-empt the first comment that would be forthcoming from ardently pro-vaccine members of the medical orthodoxy regarding the preceding Parent's case report. Of course the "ask-no-questions, pro-vaccination at any cost" position is to admit to a certain level of iatrogenesis caused by vaccines, and that this regrettable manifestation of "rare" side effects is the trade-off for significant public health advancement, and the reduction of infectious disease—disease that, if left alone without vaccine intervention, would be far worse in terms of the toll taken upon humanity.

The *Medical Veritas*TM journal editors' retort to this anticipated response is that first of all, the level of iatrogenic Vaccine Adverse Reactions (VARs) to Hepatitis B vaccine is uncertain, and quite probably underestimated with respect to the official figures given, as is the case with all vaccines (underreporting of VARs being a previously recognized problem with estimating the extent of iatrogenesis).¹ In developing countries, for obvious reasons, the VAR estimates are even more inaccurate.

Secondly, the main question in the context of Hepatitis B is that this is a program which is in place for dubious reasons, and very poor justifications have been given for the necessity for children in low risk categories to be administered the vaccine. Hence suffering as given by this example may even lack an ample fundamental justification.

The 'salt in the wound' is the issue of the inordinate lack of responsibility taken by authorities and corporations once such

events occur. This is shocking, and deeply against the basic premise of the vaccine program's supposed humanitarian aims. How many children and parents have to suffer this kind of fate in the developing world, and who have not even the resources of the Gulua family...the larger corollary is the unimaginable inverse of purported medical intentions.

This comes at a time when the Simpsonwood incident (see *Medical Veritas*, 2004;1(1):64–7) shows us that the dogmatically pro-vaccine advocates reluctantly remove thimerosal from domestic vaccine lots, and yet are adamant regarding the need to keep this potential neurotoxin flowing into the bloodstreams of third world children everywhere.

The possible ramifications of such public and medical policies are yet to be overtly seen, but they are not unforeseeably catastrophic.

¹Rosenthal S, Chen R The reporting sensitivities of two passive surveillance systems for vaccine adverse events. *Am J Public Health* 1995; 85:1706-1709; Weibel RE, Benor DE Reporting vaccine-associated paralytic poliomyelitis: concordance between the CDC and the National Vaccine Injury Compensation Program. *Am J Public Health*, 1996; 86:734–7. Available online at <http://www.nap.edu/openbook/0309048958/html/318.html> (see page 323) and <http://www.consumerdefense.com/index.php?option=content&task=view&id=33&Itemid=2>