

Vaccination and autoimmunity: reassessing evidence

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Abstract

The autoimmune risks of vaccines seem frequently overlooked. Whereas most available vaccinations are supposed to produce long-lasting immunity, the fact that they can also produce long-term detrimental immune effects seems to be ignored as evidenced by the short duration of safety studies during development. Likewise, whereas it seems natural to simply rely on surrogate markers, such as antibodies, to demonstrate vaccine efficacy, the levels of evidence required to acknowledge adverse effects is far higher. Reports to the Vaccine Adverse Event Reporting System (VAERS) are deemed more conclusive when reassuring than when suggesting significant toxicity. As a result of these blatant biases in clinical and/or epidemiological research, experts on autoimmunity and vaccine critics are limited to demonstrating *theoretical* mechanisms because evidence *in practice* is lacking.

Known as the bias of the *selective* assessment, this unbalance in the demonstration of the benefits as compared to the risks is the *bête noire* of *evidence-based medicine*. Therefore, when readjusted to the demonstrative level normally viewed as sufficient in clinical research in general and in vaccine science specifically, the corpus of data on the autoimmune hazards of vaccines appears certainly more impressive than generally recognized and calls for further research, for an overall reassessment of the benefit/risk ratio of vaccines including multiple vaccinations. Because vaccines are now aimed at preventing diseases which may be quite rare, the Hippocratic principle of prudence is more than ever a very topical issue.

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Keywords: benefit/risk ratio, bias, evidence-based medicine (EBM), Hippocratic principle, vaccination

Competing interests: Dr Girard works as an independent consultant for pharmaceutical industry, including vaccine manufacturers and a number of their competitors. He received no funding for this paper.
