

Editorial—Why is the Hepatitis B vaccine still mandated?

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Abstract

Evidence from many sources show the hepatitis B vaccine is not safe or effective, and is linked to many autoimmune syndromes. Hepatitis B syndrome is rare (0.00024%-hovering near zero percent for both adults and children), while over 10.4% of hepatitis B vaccine recipients experience adverse vaccine reactions. According to package inserts, 1% of these are serious enough for emergency room admission. France discontinued its vaccination of school-aged children because of the types and high rate of catastrophic illnesses linked to the vaccine. Molecular markers (HBsAg, anti-HBsAg, HbeAg, anti-HbeAg, or HBV-DNA) are not diagnostic or predictive of liver disease, and Down syndrome, leukemia, and genetic polymorphisms related to differences in disease susceptibility were central to the discovery of HBV. Cell culture, animal models, and human studies have failed to show cytopathic effects in liver consistent with the hypothesized pathogenicity of HBV infection. In regions where the HBV markers are endemic, long-term study has shown that the vaccine increased the rate of hepatitis B syndrome in teens. The claim that seropositivity for HBV markers is linked to liver cancer decades later may be a form of molecular mimicry, and it is unsupported by evidence: it is like claiming that a freckle on an infant signals that melanoma will develop decades later. To date, and despite congressional investigations and numerous studies questioning the safety of the hepatitis B vaccine, informed consent and the original trial safety data has not been provided by the public health service.

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