Suppression of Vaccine Truth: A Research Insider Speaks

Gary S. Goldman, Ph.D.

October 7, 2009

8:00 pm to 9:00 pm CDT

Gary S. Goldman, Ph.D.

Computer Scientist

Education:

- 1977 B.S. in Engineering, California State University, Fullerton (CSUF)
- 1977 B.S. in Computer Science, CSUF
- 1982 Ph.D. Computer Science, Pacific Western University

Experience:

- 1995-2002 Research/Analyst for Antelope Valley Varicella Active Surveillance Project (VASP)
- Editor-in-Chief, Medical Veritas, 2004-2009. Oversaw publication of 200 peer-reviewed medical manuscripts (2,000 pages).

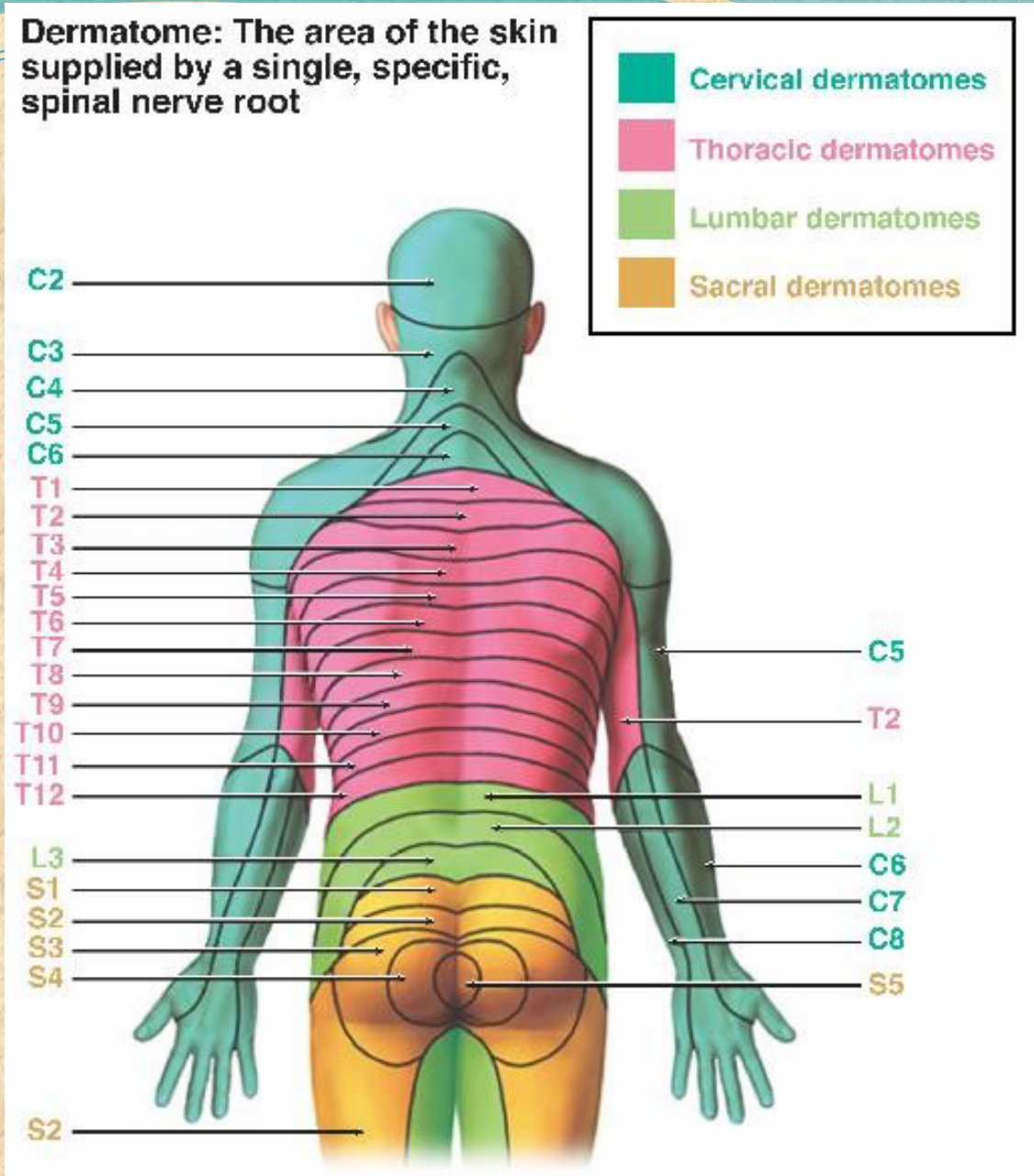
Peer Reviewer for the following Journals:

- *Journal of the American Medical Association (JAMA)*
- *Vaccine*
- *The American Journal of Managed Care (AJMC)*
- *Expert Review of Vaccines (ERV)*
- *Expert Review of Dermatology (ERD).*
- *Research and Reviews in BioSciences*

Chickenpox (Varicella) Characteristics

- Primary infection caused by the varicella-zoster virus (VZV)
- Typically a benign disease , characterized by a rash that appears in crops.
- Occurs most often among 3- to 8-year olds
- Lesions concentrated on trunk, scalp, and face
- Symptoms resolve in 7 to 10 days.
- Most contagious 1 to 2 days prior to the rash onset.

- Highly contagious, transmitted through the respiratory system.
- Average incubation period is 14 days (but can range from 10 to 21 days after exposure.
- Anti-itch lotions applied to rash.
- Occasionally bacterial infections occur.


Dermatome: The area of the skin supplied by a single, specific, spinal nerve root
Cervical dermatomes
Thoracic dermatomes
Lumbar dermatomes
Sacral dermatomes
C2
C3
C4
C5
C6
T1
T2
T3
T4
T5
T6
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T12
L3
S1
S2
S3
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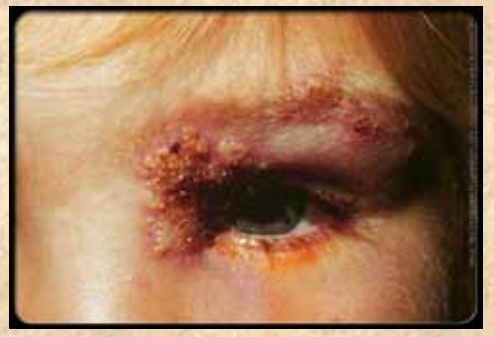
S2
C5
T2
L1
L2
C6
C7
C8
S5

Complications of Shingles

- Postherpetic Neuralgia (PHN)
- Postherpetic Itch (PHI)
- Ramsay Hunt Syndrome
- Bell's Palsy
- Meningitis and Encephalitis
- Eye Involvement
- Jaw Involvement
- Leg, Bladder, and Bowel Involvement
- Disseminated Herpes Zoster
- Stevens-Johnson Syndrome (SJS)
- Congenital Varicella Syndrome (CVS)

Shingles (Herpes Zoster)



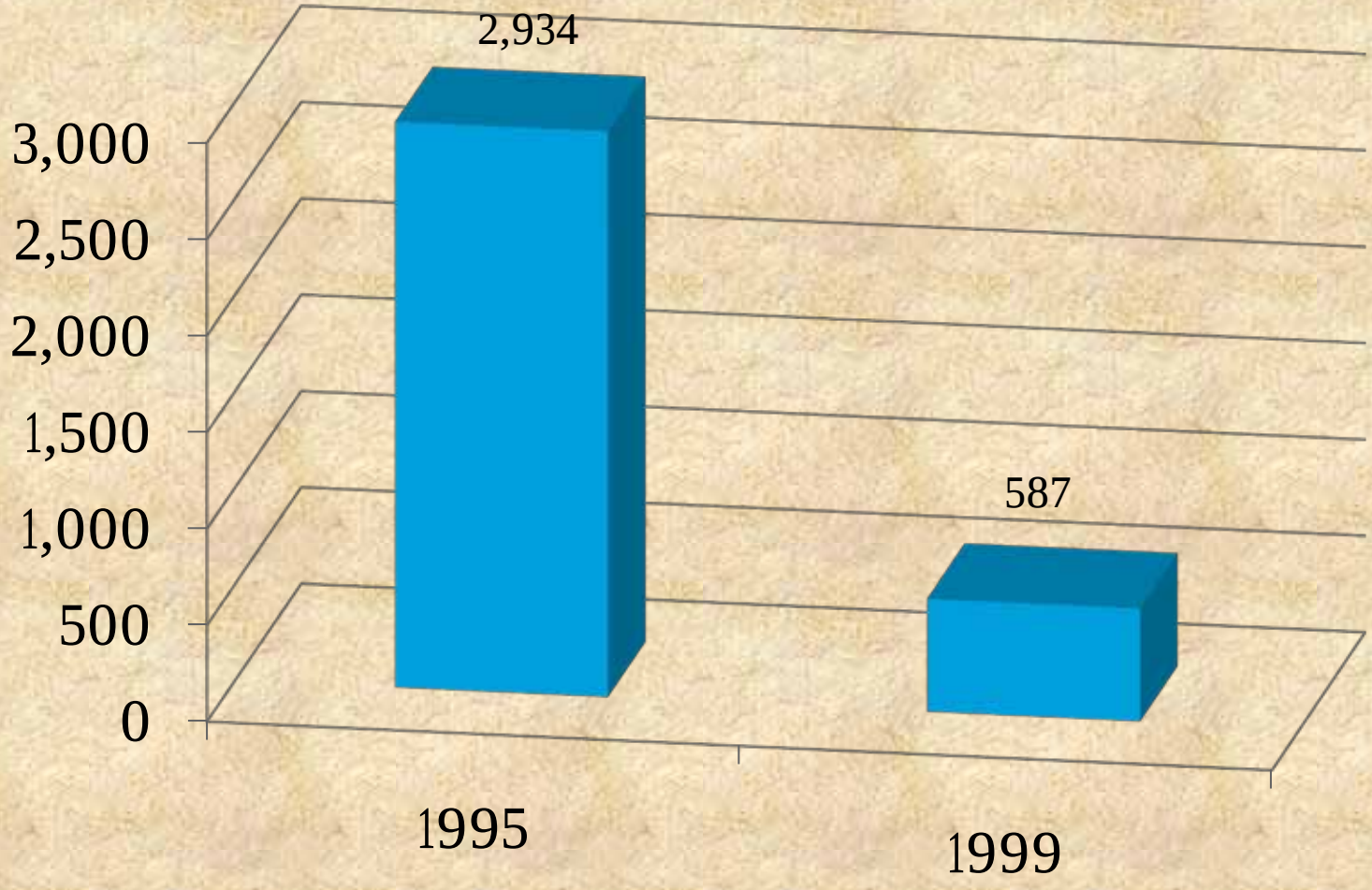
Comparison of Varicella and Herpes Zoster Diseases

Description	Varicella (Chickenpox)	Herpes Zoster (Shingles)
No. of Cases	4 million	1 million
Hospitalizations	11,000	32,000
Deaths	100[1]	400 to 500
Medical Costs	$275 million	$1.1 billion[2]
Medical Costs	25%	75%

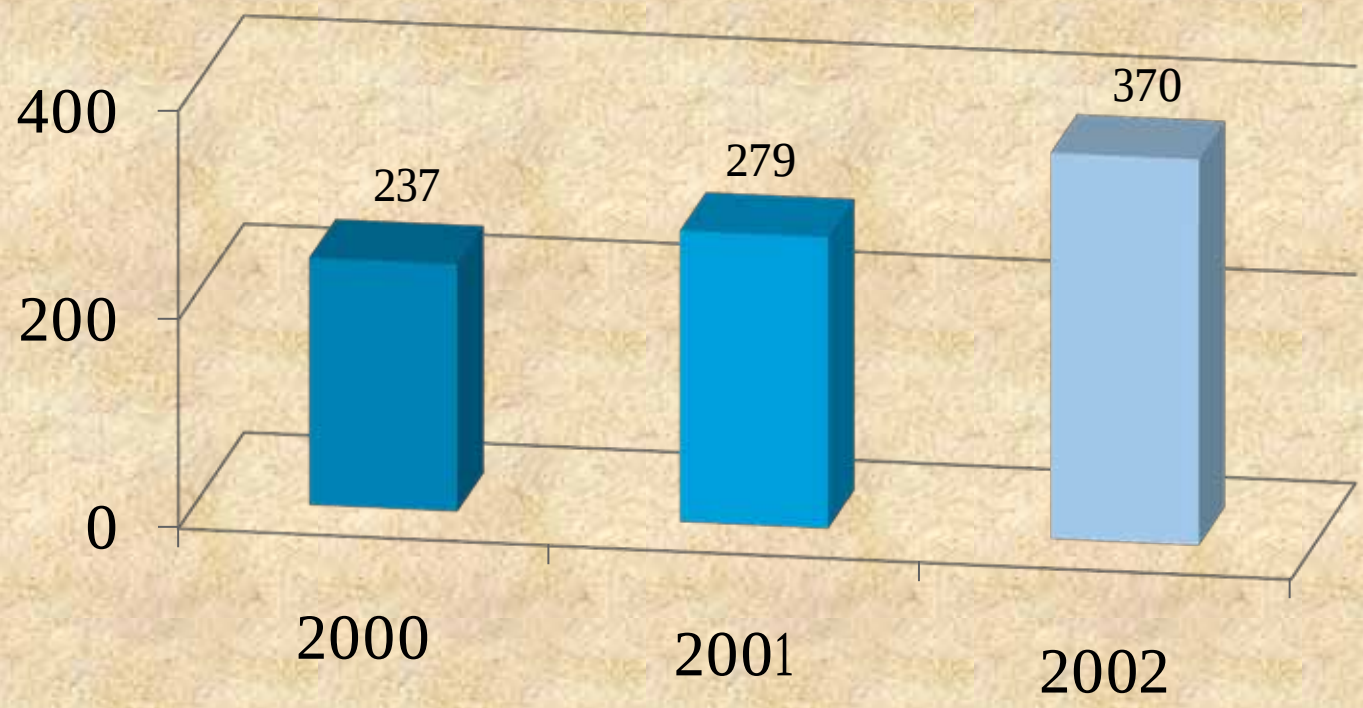
[1]There is a greater chance of a person dying by being struck by lightning in the U.S. (National Oceanic & Atmospheric—NOAA—Technical Memorandum NWS SR-193) than of a child dying from contracting chickenpox.

[2]Health care utilization and cost burden of herpes zoster in a community population. Yawn BP, Itzler RF, Wollan PC, Pellissier JM, Sy LS, Saddier P. Mayo Clin Proc 2009 Sep.;84(9):787-794.

Chickenpox cases reported to VASP (all ages), 1995 and 1999

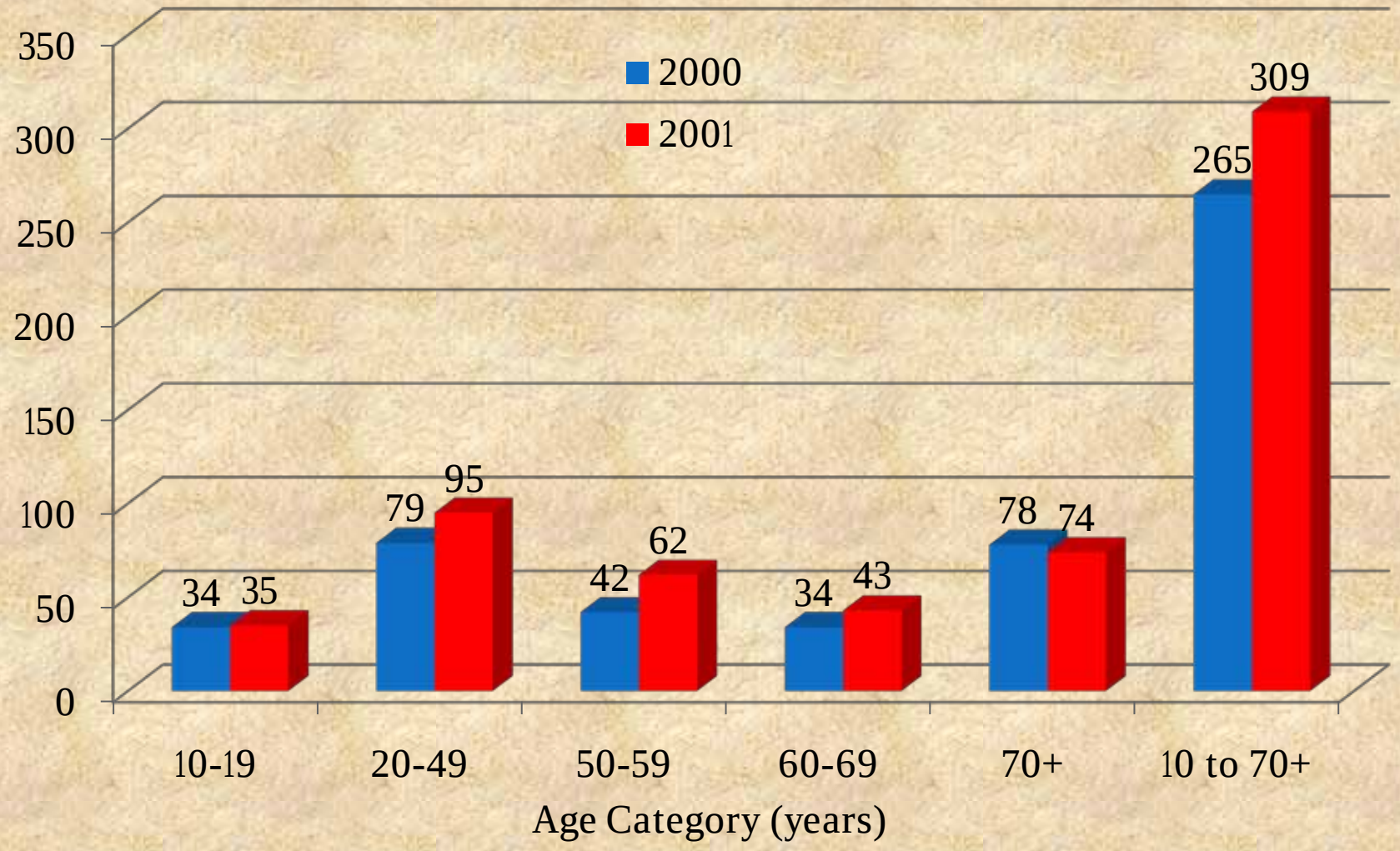


Shingles cases among adults aged >20 years, reported to Antelope Valley VASP, annually 2000 - 2002

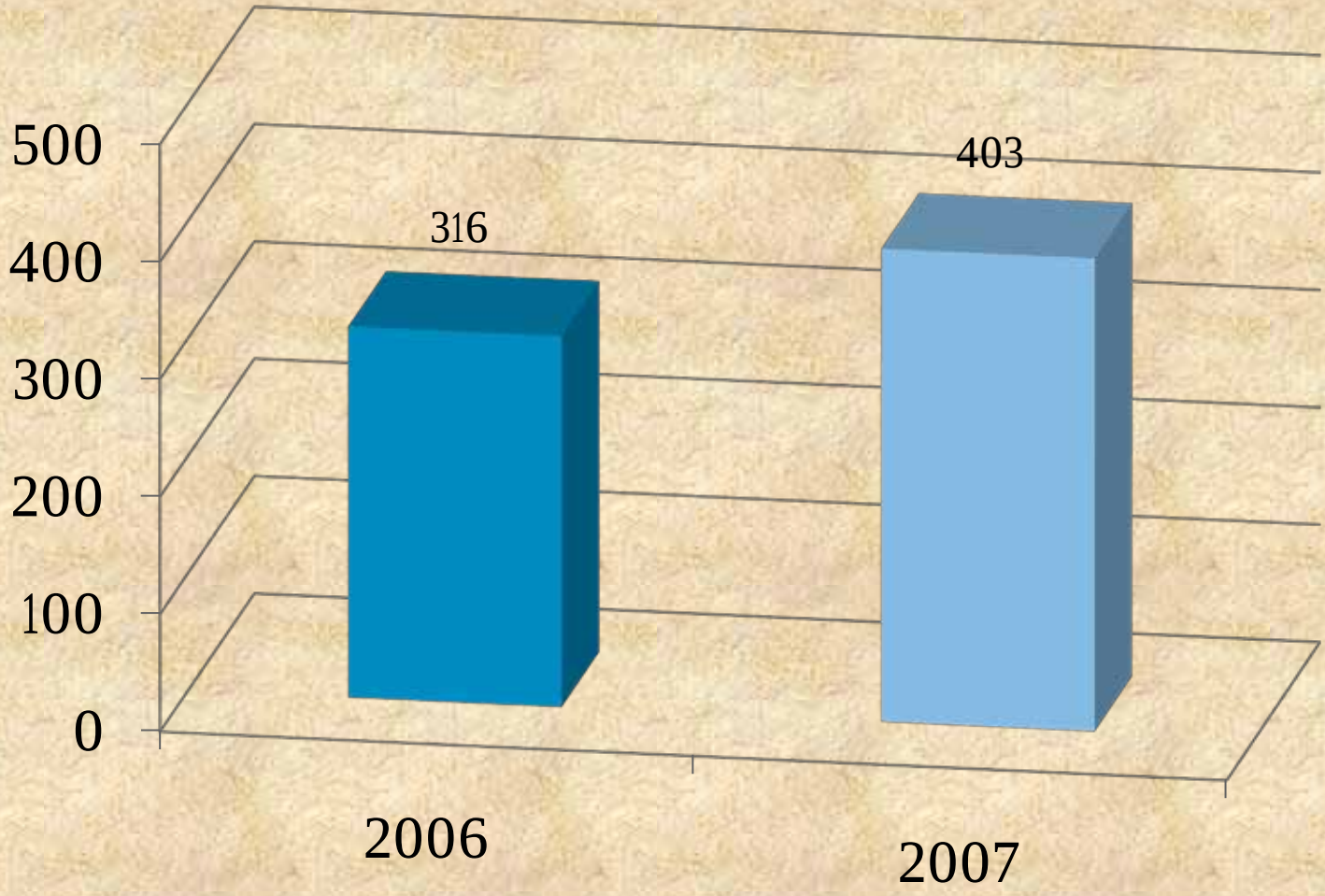


The 56.1% increase in reported shingles cases from 237 in 2000 to 370 in 2002 yields a rate ratio of 1.4 (95% C.I. 1.2-1.7). This demonstrates a statistically significant increase.

Shingles Cases reported to Antelope Valley VASP, stratified by age category, 2000 and 2001



Verified shingles cases among adults aged >50 years reported to VASP, 2006 and 2007



27.5% increase in HZ case reports 2006 to 2007

Recent Publications/Presentations

- [1] **The impact of vaccination on varicella incidence, conditional on school attendance and temperature, in Antelope Valley, CA**. Presentation at 16th International Conference on Pharmaco-epidemiology (ICPE); Barcelona, Spain; August 22, 2000; Pharmacoepidemiology and Drug Safety; 9(Suppl 1):S67.

- [2] **Varicella active surveillance: use of capture-recapture methods to assess completion of surveillance data.** 37th Interscience Conference on Antimicrobial Agents and Chemotherapy. Sep. 28 – Oct. 1, 1997, Toronto, Canada; Abstract H-111, page 233.

- [3] **Decline in varicella incidence and hospitalizations in sentinel surveillance areas in the United States, 1995-2000**. The 4th Intern. Conference on VZV, March 3-5, 2001, Oral Presentation, La Jolla, California. VZV Research Foundation in partnership with Columbia University College of Physicians and Surgeons.

- [4] **Breakthrough varicella cases since vaccine licensure in the Varicella Active Surveillance Project.** April 2001 Supplement of Pediatric Research, Presented April 28-May 1, 2001 Pediatric Academic Societies Meeting, Baltimore, Maryland.

Recent Publications/Presentations (Continued)

- [5] **Varicella Epidemiology: six years of active surveillance data following implementation of the varicella vaccination program.** Presented at the 39th Annual Meeting of the Infectious Diseases Society of America (IDSA), Abstract 943, Oct. 25-28, 2001; San Francisco, California.

- [6] **Varicella disease after introduction of varicella vaccine in the United States, 1995-2000.** JAMA 2002; 287(5):606–11.

- [7] **Second varicella infections: are they more common than previously thought?** Pediatrics. 2002 Jun;109(6):1068–73.

The entire narrative of this paper was accepted word-for-word as Goldman composed it; however, the entire section on herpes zoster was deleted without explanation.

- [8] **Varicella susceptibility among adolescents in an active surveillance site**. Maupin T, Goldman G, Peterson C, Mascola L, Seward J, Jumaan A, 36th National Immunization Conference of the CDC, May 1, 2002, Denver, Colorado.

Goldman's Letter of Resignation stated:

"When research data concerning a vaccine used in human populations is being suppressed and/or misrepresented, this very disturbing and goes against all scientific norms and compromises professional ethics."

Gary S. Goldman, Ph.D.
Computer Scientist

COUNTY OF LOS ANGELES

OFFICE OF THE COUNTY COUNSEL

648 KENNETH MANN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2712

APRIL 10, 2000

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Re: Varicella Active Surveillance Project

Dear Mr. Goldman:

...

This letter is notice to you to cease and desist in your efforts to publish or disseminate any information gathered as part of your participation on the VASP.

Askren Law Firm

1012 Park Place
Coronada, California 92118-2822
Email g.Askren@askaskren.com

M. Gayle Askren
Attorney at Law
In Practice Since 1972

Refer to Date: April 17, 2003

FACSIMILE to 619-687-4745 AND FIRST CLASS MAIL

Re: Varicella Active Surveillance Report: Our Client Gary S. Goldman, Ph.D.

Dear Mr. Ragland:

...

Dr. Goldman has no intention to cease or to desist his efforts to communicate facts openly to the public and in the fundamental interest of public safety. Any attempted action on the part of your client to exercise any prior restraint is legally objectionable and will be vigorously defended.

Response (Continued) by Goldman's attorney pertaining to Cease and Desist

In addition I have counseled Dr. Goldman that

(a) if your client persists in its efforts to restrain his findings,

(b) if his findings enhance the public health, safety, and welfare,

(c) if by seeking to restrain him from imparting valuable information concerning the lack of safety and effectiveness of the pharmaceutical being reported upon, and

(d) if the County of Los Angeles has in any way been enriched by its participation in any study the results of which it seeks to restrain in this manner or any other manner whatsoever,

then he should consider litigation under the state and federal False Claims Acts.

Ordered to "Cease and Desist" Publication

[8] **Varicella susceptibility and incidence of herpes-zoster among children and adolescents in a community under active surveillance.** Goldman G. Vaccine, 2003 Oct. 1; 21(27-30):4238–42.

[9] **Incidence of herpes-zoster among children and adolescents in a community with moderate varicella vaccination coverage**. Goldman G. Vaccine, 2003 Oct. 1; 21(27-30):4243–9.

[10] **Using capture-recapture methods to assess varicella incidence in a community under active surveillance.** Goldman G. Vaccine, 2003 Oct 1; 21(27-30):4250–55.

Comparison of Shingles (HZ) Incidence Rates: Civen R et al. (2009) vs. Goldman GS (2005)

Category (age in years)	Cumulative 2000-2006 HZ inidence[1] (95% C.I.)	Cumulative 2000-2003 HZ incidence[2]	
		Uncorrected (95% C.I.)	Ascertainment-Corrected
Vaccinated, 1-9	19 (15-25)	14 (9-21)	28
Natural Disease, 1-9	239 (193-295)	223 (180-273)	446
Natural Disease, 10-19	69 (61-77)	61 (51-72)	122

[1]**The Incidence and Clinical Characteristics of Herpes Zoster Among Children and Adolescents After Implementation of Varicella Vaccination.** Civen R, Chaves S, Jumaan A, Wu H, Mascola L, Gargiullo P, Seward JF. The Pediatric Infectious Disease Journal, 2009 Nov; 28(11):1-6.

[2]**Universal Varicella Vaccination: Efficacy Trends and Effect on Herpes Zoster.** Goldman GS. International Journal of Toxicology, 2005 Jul/Aug; 24(4):203-213.

Recent Publications/Presentations (Continued

Elsevier, publishers of *Vaccine*, postponed this manuscript from print for over 1-year based on a single phone call from CDC.

[11] **Cost-benefit analysis of universal varicella vaccination in the U.S. taking into account the closely related herpes-zoster epidemiology.** Goldman G. Vaccine, 2005 May; 23(25):3349–55.

Recent Publications/Presentations (Continued)

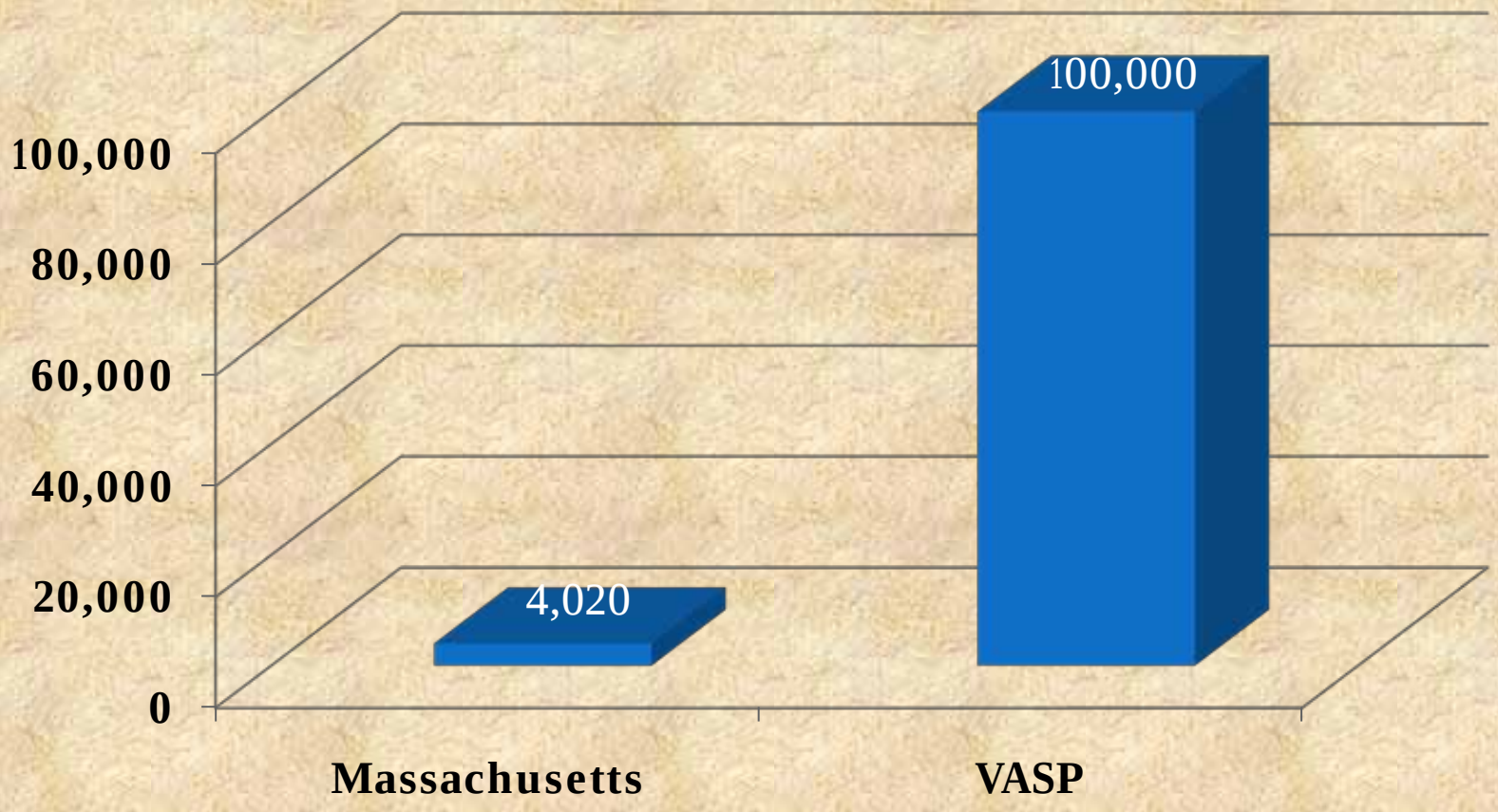
- [12] **An investigation of the association between MMR vaccination and autism in Denmark.** Goldman G, Yazbak EF, Journal of Association of American Physicians and Surgeons, Fall 2004; 9(3):70–5.

- [13] **Response to Letter to Editor by Jumaan: Goldman's role in the Varicella Active Surveillance Project.** Goldman GS. *Vaccine*, 2004 Sep; 22(25-26):3232–6.

- [14] **Universal varicella vaccination: Efficacy trends and effect on herpes-zoster.** Goldman GS. *International Journal of Toxicology*, 2005 July-Aug.;24(4):205–13.

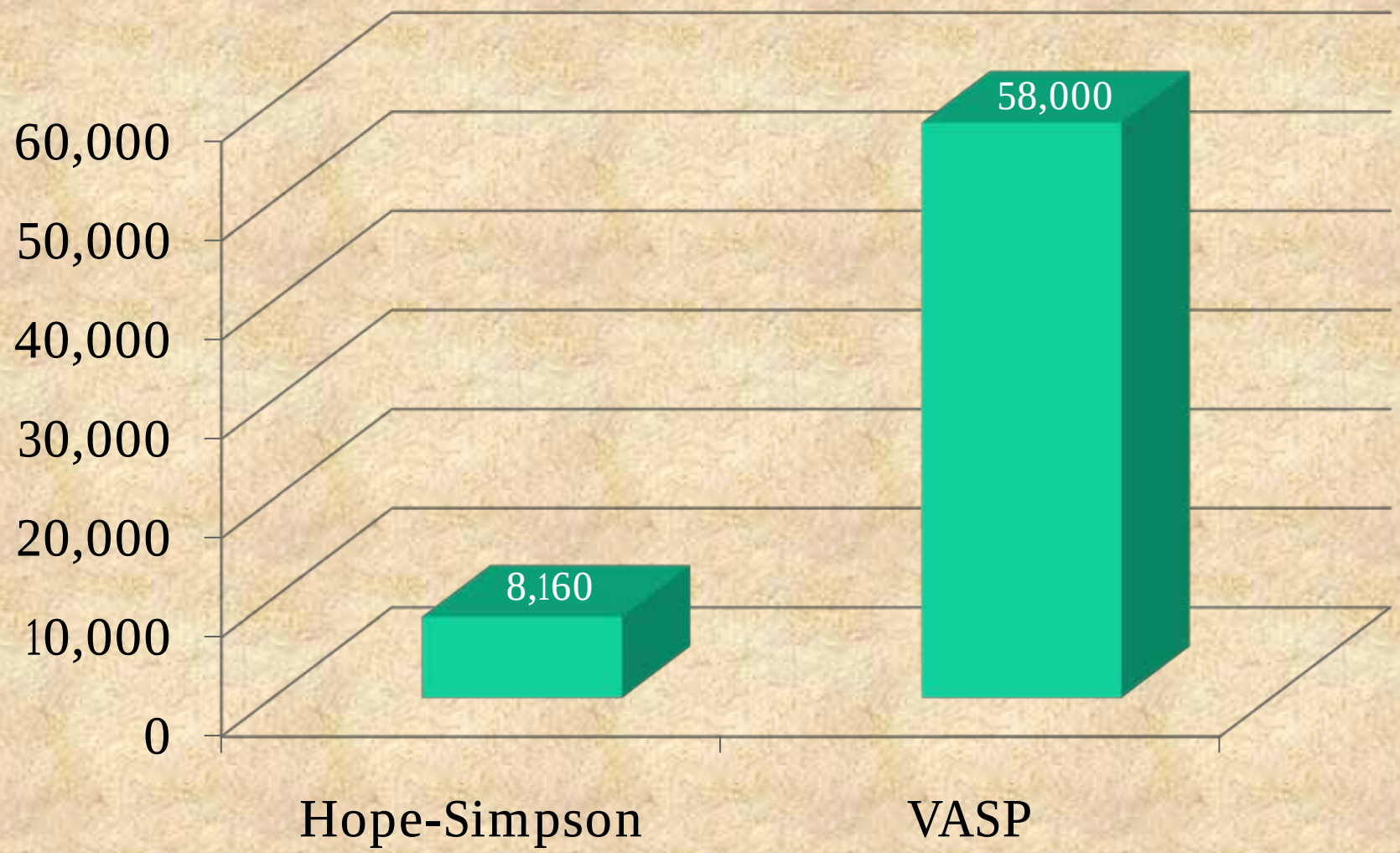
- [15] **The Case against Universal Varicella Vaccination.** [Commentary] Goldman GS. *International Journal of Toxicology*, 2006 Sept.-Oct.,25(5):313–17.

Population of 1-19 year-olds in two different studies: Massachusetts Dept. of Public Health vs. Antelope Valley Active Surveillance Project (VASP)

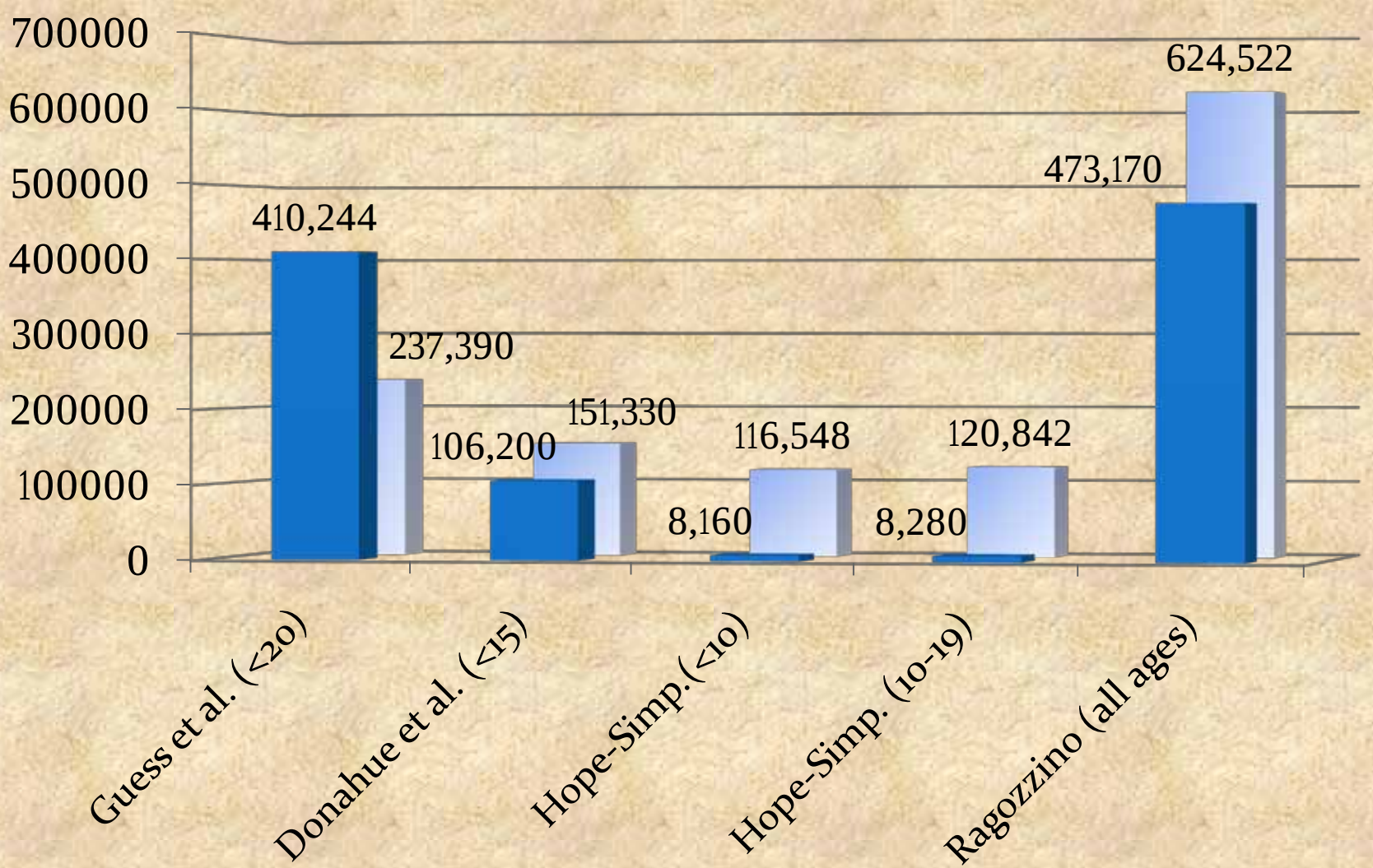


Insufficient statistical power in the Massachusetts study made it improper for Dr. Jane F. Seward to conclude “no increase in shingles incidence has occurred.”

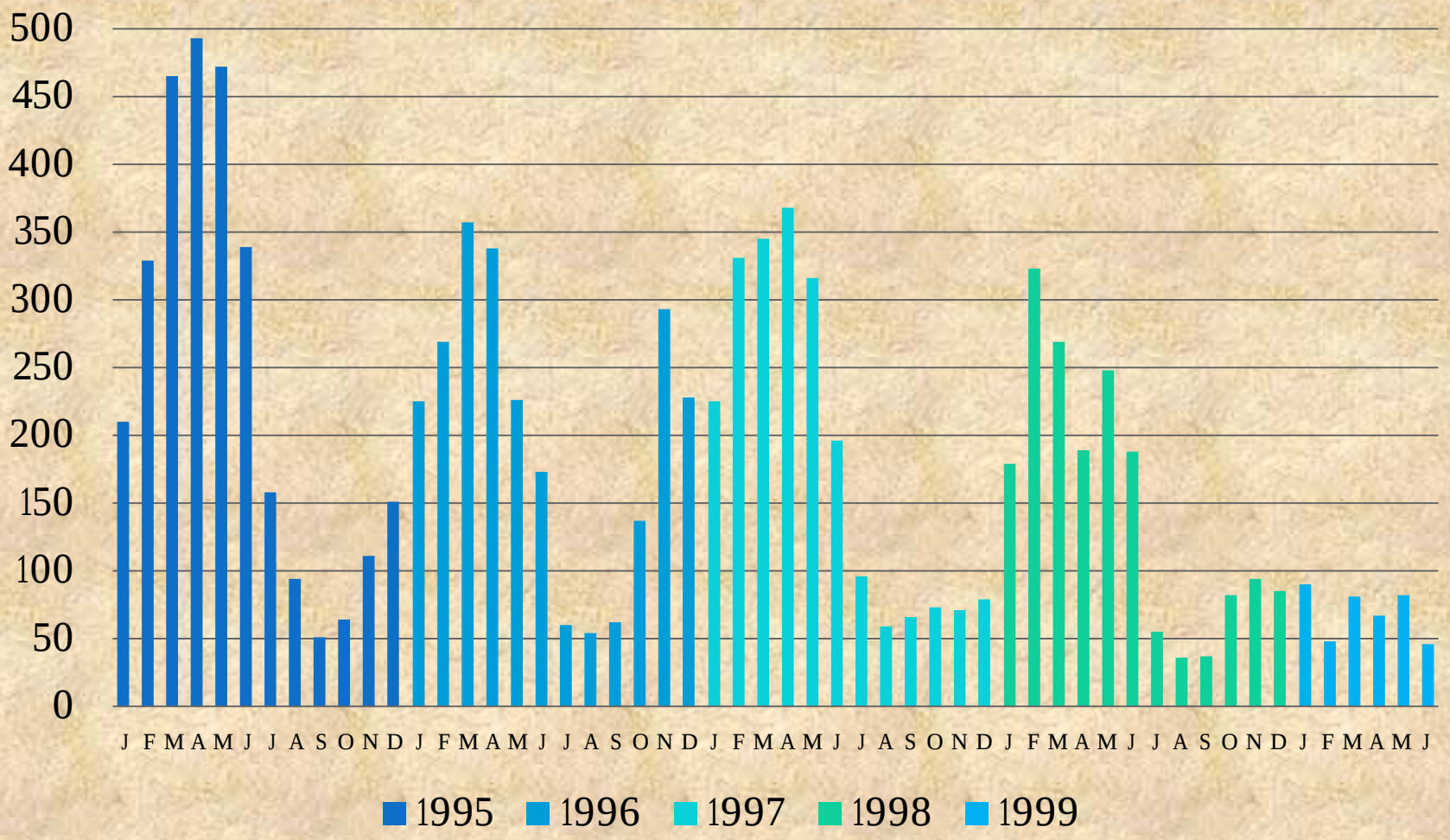
Observation time (person-years) among children <10 years old: Hope-Simpson (16 years) vs. VASP (1 year)



Comparison of Observation time between VASP (2000-2001 shown in light blue) and Other Studies



Verified Varicella Cases by Month in the Antelope Valley, 1995 – 1999

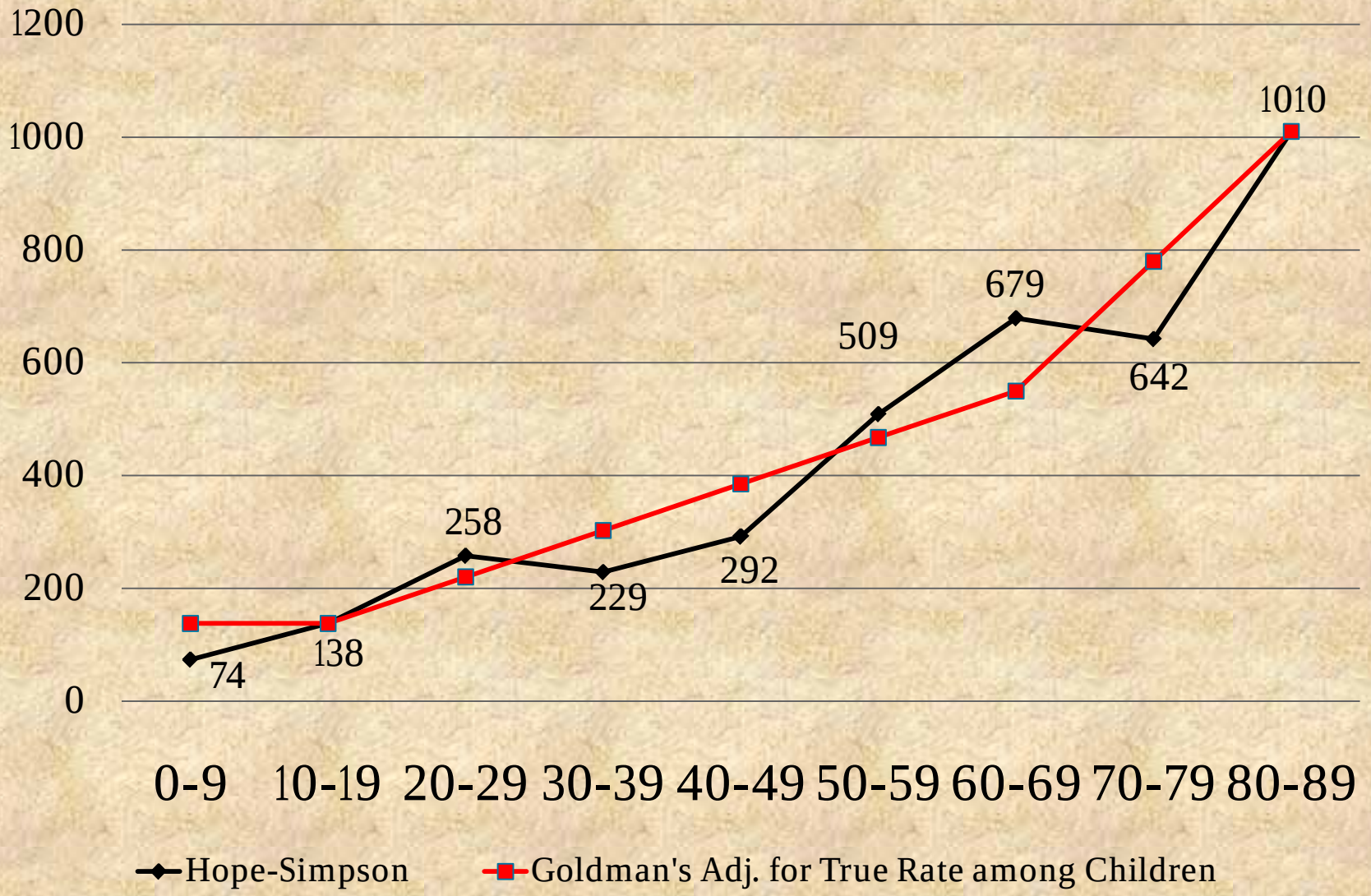


"The peculiar age distribution of zoster may in part reflect the frequency with which the different age groups encounter cases of varicella and because of the ensuing boost to their antibody protection have their attacks of zoster postponed."

Hope-Simpson RE. The nature of herpes zoster: a long-term study and a new hypothesis.

Proc R Soc Med 1965 Jan;58:9-20.

Incidence (Cases per 100,000 person-years) of Herpes Zoster, reported by Dr. Hope-Simpson (1947-1962)



Antelope Valley Active Surveillance Project, Annual Efficacy, 1997-2002

Year of Study	Vaccine Efficacy % (95% C.I.)
1997	87 (75-93)
1998	94 (83-98)
1999	96 (83-99)
2000	86 (74-92)
2001	74 (58-84)
2002	59 (14-80)

MMRV contains 7X the varicella *PFUs* compared to single-valent Varicella vaccine.

Recent Studies

- **Herpes zoster-related hospitalizations and expenditures before and after introduction of the varicella vaccine in the United States.** Patel MS, Gebremariam A, Davis MM. Infect Control Hosp Epidemiol. 2009 May; 30(5):495-496.

Since the introduction of the chickenpox vaccine, hospitalization costs for complications of shingles have increased by more than $700 million annually for those over 60 years old.

- **The incidence of varicella and herpes zoster in Massachusetts as measured by the Behavioral Risk Factor Surveillance System (BRFSS) during a period of increasing varicella vaccine coverage, 1998-2003.** Yih WK, Brooks DR, Lett SM, Jumaan AO, Zhang Z. Clements KM, Seward JF. BMC Public Health. 2005 Jun 16;5(1):68.

As varicella vaccine coverage in children increased, the incidence of varicella decreased and the occurrence of herpes zoster among adults increased 90%.

Recent Studies (Continued)

- **A Population-Based Study of the Incidence and Complication Rates of Herpes Zoster Before Zoster Vaccine Introduction** (Department of Research, Olmsted Medical Center, 210 Ninth St SE, Rochester, MN, USA. yawnx002@umn.edu) Yawn BP, Saddier P, Wollan PC, St Sauver JL, Kurland MJ, Sy LS. Mayo Clin Proc 2007 Nov;82(11):1341-1349.

RESULTS: A total of 1669 adult residents with a confirmed diagnosis of HZ were identified between January 1, 1996, and December 31, 2001. Most (92%) of these patients were immunocompetent and 60% were women. **When adjusted to the US adult population, the incidence of HZ was 3.6 per 1000 person-years (95% confidence interval, 3.4-3.7), with a temporal increase from 3.2 to 4.1 per 1000 person-years from 1996 to 2001.**

Recent Studies (Continued)

- Oxman MN, Levin MJ, Johnson GR, Schmader KE, Straus SE, Gelb LD, *et al.* A vaccine to prevent herpes zoster and postherpetic neuralgia in older adults. *N. Engl. J. Med. 2005;*352:2271–2284.

At $168 per Dose of Zostavax (Shingles Vaccine)	
Cost to Prevent 1 case of Shingles	$9,912
Cost to prevent one case of PHN (mild to severe)	$60,480
Cost to prevent one case of PHN (moderate to severe)	$168,000

Zostavax has 14 times the plaque-forming units (PFUs) as Varicella Vaccine

Faulty Basis for the Universal Varicella Vaccination Program

The universal varicella vaccination program was justified, in part, on the basis of reducing "societal" costs that included lost income as a result of a parent staying home from work to take care of a child with chickenpox.

Three initial assumptions were used to justify the U.S. Universal Varicella Vaccination Program and its cost-benefit analysis (Lieu 1994):

1. A single dose (modeled at $35/dose) provides life-long immunity.
2. There is no (immunologically-mediated) link between decreasing chickenpox incidence and increasing shingles incidence.
3. The vaccine is safe.

These assumptions have proven false:

1. Now a booster dose is required and administered usually between the ages of 4 and 6 years (vaccine is currently $64.53 from Aug. 24, 2009 CDC Vaccine Price List)
2. Several studies (Yih et al. and Patel et al.) demonstrate dramatic increases in herpes zoster associated with increasing varicella vaccination.
3. 20,004 VAERS reports filed from May 1995 through Dec. 2003

Conclusions

- Prior to the universal varicella vaccination program, 95% of adults experienced natural chickenpox (usually as school age children)—these cases were usually benign and resulted in long term immunity.

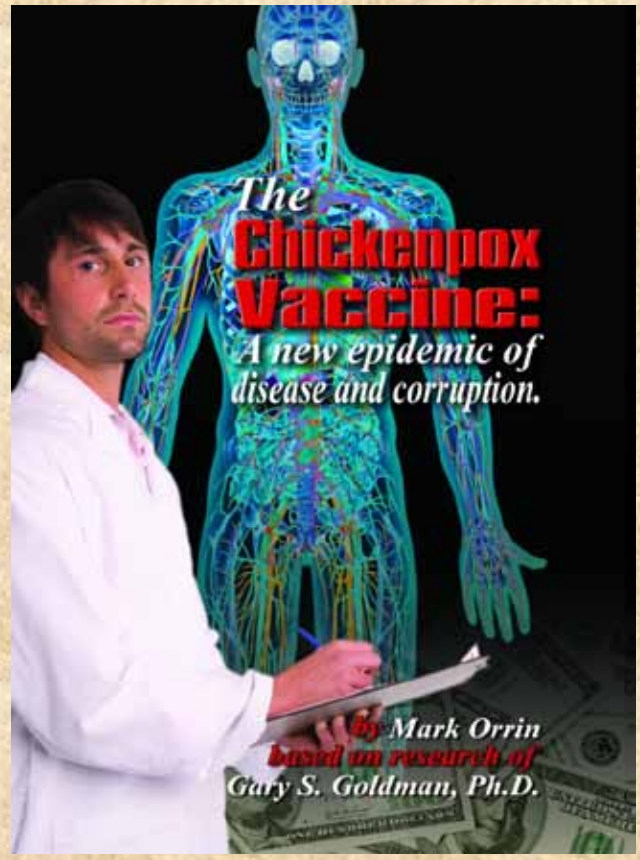
- This high percentage of individuals having long term immunity has been compromised by mass vaccination of children which provides at best 70 to 90% immunity that is temporary and of unknown duration—shifting chickenpox to a more vulnerable adult population where chickenpox carries 20 times more risk of death and 15 times more risk of hospitalization compared to children.

Conclusions (Continued)

- Add to this the adverse effects of both the chickenpox and shingles vaccines as well as the potential for increased risk of shingles for an estimated 30 to 50 years among adults.
- The Universal Varicella (Chickenpox) Vaccination Program now requires booster vaccines; however, these are less effective than the natural immunity that existed in communities prior to licensure of the varicella vaccine. Routine vaccination against chickenpox has produced continual cycles of treatment and disease.

The Chickenpox Vaccine: A New Epidemic of Disease and Corruption

ISBN-13: 978-0-9788383-2-4



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Finalist in the *Current Events: Political/Social* category of the **National Indie Excellence 2007 Book Awards**