

**HCCC REFERENCE 09/1695**

**TOM SIDWELL**

**25 MARCH 2010**

**TO: MS LEANNE EVANS  
INVESTIGATION OFFICER  
HEALTH CARE COMPLAINTS COMMISSION**

**RE: MERYL DOREY AND THE AVN RESPONSE TO HCCC COMPLAINT  
OF 7 SEPTEMBER 2009 – AN ANALYSIS OF HER REFERENCES**

Dear Ms Evans,

My previous submissions to the HCCC have dealt with a total of fifteen articles referenced by Ms Meryl Dorey in her reply of September 2009 to Mr Ken McLeod's initial complaint. In this document I will examine the remaining four articles she cites as evidence (excluding the now-retracted Wakefield paper, which is cited, but not as evidence).

The four articles are references 2, 3 20 and 26 in Ms Dorey's reply, and I shall cover them in this order.

**Section 1 – Reference '2'**

The first of these references, listed as: "*Pertussis in the Netherlands: an Outbreak Despite High Levels of Immunization with Whole-Cell Vaccine; <ftp://ftp.cdc.gov/pub/EID/vol3no2/adobe/melker.pdf>; Emerging Infectious Diseases, Vol. 3, No. 2, April-June 1997*" [1] discusses a pertussis outbreak in a highly vaccinated population. As suggested by follow up research [2 and 3], this appears to be a case of antigenic drift. Antigenic drift refers to a microbe mutating to the point that it is antigenically different. Vaccines are designed to protect against specific antigens, which are often strain-specific. It is a common mis-understanding among anti-vaccinationists that if a vaccine does not offer protective immunity against a species of microbe then it has failed – this is not the case: if they confer some degree of protective immunity against that for which they were designed, then they have succeeded. Her implication - that this is a failure of the vaccine – demonstrates, at best, a mis-understanding on her part of how vaccines work; or, at worst, intentional deception on her part.

**Section 2 – Reference '3'**

The second of these four references, "*Impact of routine vaccination with a pertussis toxoid vaccine in Denmark; 10.1016/j.vaccine.2004.03.046*" [4] is used by Ms Dorey to support her statement "...we are seeing an outbreak of pertussis despite a substantial increase in vaccination against it – an experience which is being

*duplicated in every country for which mass vaccination against this illness exists.”*

This reference does not support Ms Dorey’s assertion. To quote the final paragraph of the article; “*Our study is the first to evaluate the effectiveness of pertussis vaccination in a unique nationwide cohort with longitudinal individual-level information on vaccination history and pertussis. It shows that the pertussis toxoid vaccine used in Denmark has been highly effective in preventing pertussis. However, pertussis incidence has increased among the youngest infants, a direct consequence of the new schedule.*” Presumably the outbreak Ms Dorey is referring to is this increase amongst those too young to be vaccinated. A comparatively high proportion of pertussis in the unvaccinated is not a failure of the pertussis vaccine, but rather evidence of its efficacy. Ms Dorey’s inability to understand this point demonstrates her ignorance of this issue. This is a dangerous trait inherent in someone who provides healthcare advice.

### **Section 3 – Reference ‘20’**

“*Prod Roy Soc Med, 1974; 67: 24*” [5] is the source cited by Ms Dorey for the figure stated in this paragraph of her reply:

*I can with great confidence (because I have a primary reference) state that,*

*“Convulsions after measles vaccine injections occurred in 1 in every 526 vaccine recipients”*

This paper does not contain the figure stated by Ms Dorey. Furthermore, this paper has nothing to do with neither measles nor vaccines. The paper is titled *Necrolytic migratory erythema with carcinoma of pancreas*, and is a case report of someone suffering the condition mentioned in the title. Ms Dorey’s statement remains unsourced.

It is difficult to understand why Ms Dorey would cite a paper completely unrelated to the topic at hand in her HCCC reply. One plausible explanation, which I intend to substantiate, is that she uncritically copied and pasted the reference from another place where it was identically incorrectly listed.

### **Section 3.1 – Implications of Reference ‘20’**

The citation’s lack of a title and author names as well as the uncommon abbreviation of the journal name (*Prod* rather than *Proc*) are features that do not fit with the format of the previous references in Ms Dorey’s reply. Had the citation been copied from elsewhere, with no follow-up, this would explain the deviation from the standard of the other references. A simple Google search of the terms “*Prod Roy Soc Med*” “*1974; 67: 24*” returns two (non-AVN) sites which list the reference as it appears in Ms Dorey’s reply, along with the erroneous statistic [6 and 7]. One [6] is a letter sent to the British Medical Journal, titled ‘*Vaccination MYTHOLOGY*’ which invokes government-level conspiracies to explain why vaccines are accepted as safe. The other [7] is the same letter, hosted on the site <http://www.whale.to/>.

As I explained in my third submitted analysis, (titled ‘**RE: MERYL DOREY AND THE AVN RESPONSE TO HCCC COMPLAINT OF 7 SEPTEMBER 2009 – AN ANALYSIS OF HER SOURCES**’, submitted as ‘*Source of AVN references.pdf*’ on

March 7), there are five websites it appears Ms Dorey may have uncritically copied and pasted citations from. One of those was whale.to – where this citation and the associated statistic can be found.

The laziness shown by Ms Dorey in not only researching, but also in follow up, demonstrates just how dangerous she is in the position of a health care provider.

#### **Section 4 – Reference ‘26’**

The fourth paper, “*ANNUAL REPORT: SURVEILLANCE OF ADVERSE EVENTS FOLLOWING IMMUNISATION IN AUSTRALIA, 2007; Glenda Lawrence, Michael S Gold, Richard Hill, Shelley Deeks, Amy Glasswell, Peter B McIntyre, CDI Vol 32 No 4 2008*” [8] details, according to the abstract, “*Australian passive surveillance data for adverse events following immunization (AEFI) reported to the Therapeutic Goods Administration for 2007, and describes reporting trends over the 8-year period 2000 to 2007*”. In this extract Ms Dorey is avoiding a response to Mr McLeod’s actual complaint by treating a statement, by a CDC spokesperson, as if it is the basis of Mr McLeod’s complaint. This is a typical strawman fallacy. That the number of complaints about gardasil is less than those about other drugs is inconsequential to the point Mr McLeod was making; for Ms Dorey to obfuscate the way she has demonstrated just how conscious she is of her inability to defend her original statement.

#### **Section 5 – Conclusion**

As has been shown throughout this analysis, and my previous three analyses, Ms Dorey’s HCCC reply references papers which do not support her conclusions (or suggest the opposite); are unrelated to the statements she states they support; and appear to be copied directly from conspiracy websites. Her reply provides no sound scientific support for the assertions that she or the AVN make, and exemplifies the apparent contempt which she, and the organization, have toward research, responsibility and science.

The reply concludes (bold mine):

“*Since we have shown that our information is:*

- ***Sourced from peer-reviewed medical journals***
- *Given freely to those who request it*
- *Not medical advice or education*
- ***Not dangerous to the broader community***
- *Legal under the Australian Constitution*

*We hope to see a quick and positive resolution to this complaint and a complete exoneration of the work of the AVN and myself.”*

As I have shown, not all the information provided from the AVN is from peerreviewed journals, and that which is does not support their conclusions. Given their statements are not grounded in fact and most likely sourced from those with ulterior motives, as I have demonstrated, the advice given are definitely dangerous to the broader community, as can be seen in areas where herd immunity has broken down,

as indicated in Mr Ken McLeod's initial complaint.

Yours sincerely,

Tom Sidwell

## References

- [1] Pertussis in The Netherlands: an outbreak despite high levels of immunization with whole-cell vaccine; de Melker HE, Conyn-van Spaendonck MA, Rümke HC, van Wijngaarden JK, Mooi FR, Schellekens JF. *Emerg Infect Dis.* 1997 Apr-Jun;3(2):175-8. PMID: 9204299
- [2] Waning immunity and sub-clinical infection in an epidemic model: implications for pertussis in The Netherlands; van Boven M, de Melker HE, Schellekens JF, Kretzschmar M. *Math Biosci.* 2000 Apr;164(2):161-82. PMID: 10748285
- [3] Comparative genomic profiling of Dutch clinical *Bordetella pertussis* isolates using DNA microarrays: identification of genes absent from epidemic strains; King AJ, van Gorkom T, Pennings JL, van der Heide HG, He Q, Diavatopoulos D, Heuvelman K, van Gent M, van Leeuwen K, Mooi FR. *BMC Genomics.* 2008 Jun 30;9:311. PMID: 18590534
- [4] Impact of routine vaccination with a pertussis toxoid vaccine in Denmark; Hviid A, Stellfeld M, Andersen PH, Wohlfahrt J, Melbye M. *Vaccine.* 2004 Sep 9;22(27-28):3530-4. PMID: 15315832
- [5] Necrolytic migratory erythema with carcinoma of pancreas; Warin AP. *Proc R Soc Med.* 1974 Jan;67(1):24-6. PMID: 4821588
- [6] <http://www.bmj.com/cgi/eletters/320/7229/240>
- [7] <http://www.whale.to/drugs/heptonstall.html>
- [8] Annual report: surveillance of adverse events following immunisation in Australia, 2007; Lawrence G, Gold MS, Hill R, Deeks S, Glasswell A, McIntyre PB. *Commun Dis Intell.* 2008 Dec;32(4):371-87. PMID: 19374268