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MIND TECHNOLOGIES BULLETIN The most comprehensive scientific review and assessment of mind control technologies available

HARA'S QUEST A HEALING JOURNEY A Visionary Musical Adventure **By Barbara Lewis, RFD Columnist**

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SHAKEN BABY SYNDROME: AN ONLINE CONFERENCE

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SHAKEN BABY SYNDROME AND VAERS: A REVIEW AND ANALYSIS

By RFD Columnist, F. Edward Yazbak, MD, FAAP.

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Injuring or killing a child is a terrible crime, and the failure of a physician to recognize child abuse is tragic.

An erroneous diagnosis of "Non Accidental Injury" and specifically the so-called "Shaken Baby Syndrome" (SBS) is just as tragic. The resulting nightmare involving law enforcement agencies, social services and the legal system is beyond description.

Though bruises, subdural hemorrhages, retinal hemorrhages and fractured ribs are often associated with non accidental injuries, their presence singly or in combination may not be proof of guilt, unlike stab wounds, spiral fractures of long bones, depressed skull fractures and intentional drowning, smothering and strangulation.

A syndrome is a group of signs and symptoms that occur together and characterize a particular abnormality (Webster). The National Center on Shaken Baby Syndrome defines SBS as "a term used to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child". Diagnosing SBS on the basis of an isolated finding, such as a retinal hemorrhage, is therefore probably not justified. Retinal hemorrhages can be seen in scurvy (Hess, 1920), in association with subarachnoid hemorrhages (Biousse, 1988), and even in normal newborns, after vaginal delivery (Kaur, 1990). They have been noted after CPR (Goetting, 1990), and following accidental trauma (Elner, 1990), and Hepatitis B vaccination (Devin, 1996). Retinal hemorrhages may be symptoms of coagulation disorders (Nelson 1996) and some autoimmune diseases (Boucher, 1998).

ONLINE CONFERENCE CENTER

Also By Dr. Yazbak

[About Dr. Yazbak](#)

January 12, 2004

HYPING VACCINES: AN INVESTIGATION

Chickenpox, Lyme, Rotavirus, And A Highly Revealing Analysis Of Flu Statistics

December 22, 2003

DR. ANDREW WAKEFIELD IS BEING BLAMED FOR THE DECLINE IN MEASLES, MUMPS AND RUBELLA VACCINATION IN THE UK. BUT THAT'S NOT WHAT REALLY HAPPENED. THE TREND STARTED YEARS BEFORE HE PUBLISHED HIS INITIAL RESEARCH ON REGRESSIVE AUTISM

December 4, 2003

A NOT-SO-PERFECT VACCINE: THE DIPHTHERIA, TETANUS AND ACELLULAR PERTUSSIS VACCINE: AN INVESTIGATION

November 4, 2003

VACCINATION, RUBELLA AND CONGENITAL RUBELLA SYNDROME

Separating Fact From Fiction

It has become apparent lately that, at times, infants and children with the diagnosis of Shaken Baby Syndrome had developed their first symptoms shortly after receiving one or more pediatric vaccines. The CDC (Center for Disease Control and Prevention) warns that the simple fact that a symptom or a constellation of symptoms occurs shortly after a vaccination is not proof of causation. This argument is often used when MMR and Autism are discussed. When parents state that their children, who were normal, developed autism shortly after MMR vaccination, the CDC responds that the first symptoms of autism usually become apparent in the second year of life, around the time when MMR is usually administered, and that therefore, any association between the two is casual or temporal, not causal.

Situations where findings may be due to either intentional injury or a vaccine reaction will become increasingly challenging as more vaccines and combination vaccines are introduced. Some recently vaccinated infants will be abused. In these cases, the responsible adult should be held accountable. On the other hand, the physician must evaluate the infant and the situation very carefully to rule out every other possible cause for the findings, before filing a report of child abuse. Punishing an abusive parent and protecting the other children is the right thing to do. Inappropriately removing children to foster homes in the middle of the night and unleashing a cascade of events on an innocent caretaker is not, particularly at such a sad and vulnerable time.

After reading Dr. Buttram's excellent contribution entitled "**Vaccines, Vitamin C Depletion and Shaken Baby Syndrome**" (*Redflagdaily SBS On-line Conference*), I wondered if there had been reports of SBS to VAERS (Vaccine Adverse Events Reporting System). I did not expect that many had been filed; After all, a physician who has decided that a parent had shaken and injured his or her baby is unlikely to report the case as a vaccine reaction.

One must keep in mind that only around 10% of vaccine adverse events are ever reported to VAERS, in spite of the fact that the CDC frequently reminds health professionals to do so.

The CDC and FDA (Federal Drug Administration) warn about misinterpretation of VAERS reports and data

When evaluating data from VAERS, it is important to note that for any reported event, no cause and effect relationship has been established. VAERS is interested in all potential associations between vaccines and adverse events. Therefore, VAERS collects data on any adverse event following vaccination, be it coincidental or truly caused by a vaccine. The report of an adverse event to VAERS is not documentation that a vaccine caused the event.

It is likely that reports to VAERS prompted the decisions to remove the oral polio vaccine (OPV), the diphtheria, tetanus and whole cell pertussis vaccine (DTP) and the rotavirus vaccine from the US market.

I initiated only 3 simple searches:

Shaken, Shaken Baby Syndrome and SBS.

Some reports appeared in more than one search and some were not relevant.

My specific comments on each case are in red.

Search: Symptom Shaken

**November 1, 2003
A DETAILED REPORT ON
VACCINES AND AUTISM,
INCLUDING THE CURRENT
CONTROVERSY BOILING
OVER IN THE UK OVER THE
MMR VACCINE**

**October 15, 2003
THE SAGA OF PEDIATRIC
HEPATITIS B VACCINATION**

When it comes to the Sad Saga of the mandated Pediatric Hepatitis B Vaccination Program, there are still, twelve years later, more questions than answers. Probably the most baffling question is: why was a new vaccine recommended for a vulnerable infant without risk/benefit analysis and in order to prevent a disease that was not an immediate threat and that had a decreasing incidence?

**October 10, 2003
SIDS, VACCINES AND VAERS:
A FOLLOW-UP**

On the basis of his investigation, a physician challenges statements made by the U.S. Institute of Medicine about Sudden Infant Death Syndrome and vaccines

**September 22, 2003
SUDDEN INFANT DEATH
SYNDROME AND THE
VACCINE ADVERSE EVENT
REPORTING SYSTEM: A
REVIEW**

A Physician investigates sudden and unexpected deaths of apparently healthy infants and the possible link of some of these deaths to vaccines

**September 8, 2003
SHAKEN BABY SYNDROME
AND VAERS: A REVIEW AND
ANALYSIS**

A physician investigates reports to the Vaccine Adverse Events Reporting System and finds that some parents who were accused of causing "Shaken Baby Syndrome" in their children were probably innocent

Result: 14 reports

For the sake of brevity, only the first report (28754, filed in 1991) will be scrutinized. This case will be referred to as the "index case".

Cases 56800 (1993), 77315 (1995) and 112223 (1998) will be discussed in general terms.

<p>VAERS ID 28754</p> <p>Vaccination Date: 1991-01-31</p> <p>Age 0.2</p> <p>Date filed: 1991-03-08</p> <p>Sex F</p> <p>Where Administered: PUB</p> <p>State CO</p> <p>Purchased by: PUB</p>	<p>Life Threatening Illness? Yes</p> <p>Died? No</p> <p>Disability? No</p> <p>Recovered? Yes</p> <p>ER or Doctor Visit? Yes</p> <p>Hospitalized? No</p> <p>Current Illness: NONE</p> <p>Diagnostic Lab Data: defer to the children's Hospital, Denver.</p> <p>Previous Vaccinations:</p> <p>Other Medications: Tylenol</p> <p>Preexisting Conditions: NONE Known</p>
<p><u>Vaccinations</u> <u>Manufacturer</u> <u>Lot</u> <u>Dose</u> <u>Route</u> <u>Site</u></p> <p>1 DTP LEDERLE 289901 0 IM LL</p> <p>2 HIBV LEDERLE(PRAXIS) M030FC 0 IM RL</p>	

3
OPV
LEDERLE
0627H
0
PO

Onset Date: 1991-02-03 **Number of Days:** 3

Symptoms: CONVULS HEM EYE HEMATOMA SUBDURAL
INJURY INTENT SOMNOLENCE VOMIT

Child admitted w/hx of lethargic & vomiting followed by
sz. Had retinal hemorrhage & bilateral subdural
hematoma. Dx: Shaken baby synd;

For those not acquainted with VAERS, this report states that a 2-month-old baby girl from Colorado received the first dose of DTP vaccine (lot # 289981), the first dose of HIB or Hemophilus type B vaccine (lot # M030FC) and the first dose of OPV (lot # 0627H) on 1/31/1991. Three days later, the baby convulsed and had eye and subdural hemorrhages (which were considered intentional injuries), was somnolent and threw up. The baby was admitted to Children's Hospital in Denver with a history of lethargy and vomiting followed by seizures. She had retinal hemorrhage and bilateral subdural hematoma. The condition was considered life threatening, the patient survived and recovered.

Diagnosis: Shaken baby Syndrome.

The report was filed on 3/8/1991, 37 days after vaccination.

Legally, the situation described above seems ominous. A parent could have been convicted and served time in prison. He or she may have been beaten or threatened in jail and may be still scorned by neighbors, 12 years later.

The question is: **Was that person guilty?**

A comprehensive review of the medical chart and of all the facts is not possible because identities are kept confidential. Only information about the vaccine lots is available from VAERS and a "**Hot Lot**" search was therefore conducted.

Result: Multiple reports have been filed about each of the three vaccine lots.

Unfortunately, it is impossible to properly interpret findings from "Hot Lot" searches, because the size of each lot is never revealed; fifty reports about a small lot may therefore be more significant than 200 reports about a very large lot.

DTP Lot 289901

There were 66 reports filed with VAERS including one (case 28438) describing another infant who had also received both DTP 289901 and HIB M030FC.

VAERS ID

28438

Vaccination Date:

1991-01-18

Age

0.6

Date filed: 1991-03-05

Sex

M

Where Administered:

PUB

State

CO

Purchased by:

PUB

Vaccinations
Manufacturer

Lot

Dose

Route

Site

1
DTP
LEDERLE
289901
1

LL

2
HIBV
LEDERLE(PRAXIS)
M030FC
0

RL

3
OPV
LEDERLE
619D
1
PO

Life Threatening Illness? No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized?
No

Current Illness: none

Diagnostic Lab Data: spinal tap-neg

Previous Vaccinations:

Other Medications:
none

Preexisting Conditions:

Onset Date: 1991-01-19 **Number of Days:** 1

Symptoms: CONVULS FEVER INFECT

child recvd DTP/OPV/HBOC on 18Jan, @ 3 am 19Jan woke up. Had seizures took to ER-was admitted, needed Valium to stop seizures. T increased 104.8 /p seizures. Cultured RSV

This 6-month old baby boy was also from Colorado. He was vaccinated on 1/18/1991, less than two weeks before the index case and reacted with a high fever and seizures a few hours after vaccination. The report was filed 3 days before the index case.

Where there any reports of a brain hemmorrhage with DTP lot 289901?

Search: Lot number 289901 Symptom hemorrhage

Result: Two reports:

Our index case: (28754) and another from Washington state (27445): a 2-month old female infant who was vaccinated almost two month earlier and developed major problems 24 hours after vaccination.

VAERS ID
27445

Vaccination Date:
1990-12-03

Age
0.2

Date filed: 1991-01-21

Sex
F

Where Administered:
UNK

State
WA

Purchased by:
UNK

Life Threatening Illness? No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? Yes
(days in hospital:)

Prolonged Hospitalization? No

Vaccinations

Manufacturer

Lot

Dose

Route

Site

1
DTP
LEDERLE
289901
0

2
HIBV
LEDERLE(PRAXIS)
M190SD
0

3
OPV
LEDERLE
291966
0

Current Illness:

Diagnostic Lab Data:

CT scan reveals intracranial hemorrhage; hosp course from 14Dec90; problem#1-fluids, electrolyte,nutrition: serum Na+ -125; hyponatremic.Problem #2-respiratory rate 20-40.Problem#3-cardiovascular myocardial damage requiring ICU.

Previous Vaccinations:

Other Medications:

Preexisting

Conditions: Dx small ventricular septal defect, inguinal hernia surgery preformed doing well

Onset Date: 1990-12-04 **Number of Days:** 1

Symptoms: APNEA CARDIOVASC DIS COAGUL DIS CONVULS DYSPNEA HEART FAIL HEM INTRACRAN HYPONATREM KIDNEY FAIL SWEAT

24 hrs after DTP/OPV/HIB given, pt had sweating & difficulty breathing, taken to ER where pt had cardio-resp failure, intubated & hospitalized had sz&renal fail,DX of disseminated intravascular coagulation, CAT scan- intracranial hemorrhage

The baby had cardio-respiratory failure, renal failure, disseminated intravascular coagulation, myocardial damage and intracranial hemorrhage. Her condition was certainly life threatening and should have been listed as such.

The case was filed as a straightforward vaccine adverse event within a month

Where there any deaths reported with DTP lot 289901?

Search: Lot number 289901 Symptom Death

Result: 2 reports.

Both infants were 2-months old, were also vaccinated in the last 10 days of January 1991 and in both instances, the cause of death was listed as SIDS (Sudden Infant Death Syndrome). The first baby, from Washington, died 6 days after vaccination; the second, from South Carolina, died some 48 hours after receiving a dose of DTP lot 289901 and OPV.

<p>VAERS ID 29345</p> <p>Vaccination Date: 1991-01-28</p> <p>Age 0.2</p> <p>Date filed: 1991-03-29</p> <p>Sex M</p> <p>Where Administered: OTH</p> <p>State WA</p> <p>Purchased by: UNK</p>	<p>Life Threatening Illness? No</p> <p>Died? Yes (date died: 1991-02-03)</p> <p>Disability? No</p> <p>Recovered? No</p>
<p><u>Vaccinations</u> <u>Manufacturer</u> <u>Lot</u> <u>Dose</u> <u>Route</u> <u>Site</u></p> <p>1 DTP LEDERLE 289901 0 IM RL</p> <p>2 HIBV</p>	<p>ER or Doctor Visit? No</p> <p>Hospitalized? No</p> <p>Current Illness: NONE</p> <p>Diagnostic Lab Data:</p> <p>Previous Vaccinations: NA</p> <p>Other Medications:</p>

2 OPV LEDERLE 283943 0 PO	Preexisting Conditions:
Onset Date: 0000-00-00 Number of Days: Symptoms: SIDS infant death-pending autopsy	

Were there possibly more deaths in infants who had received DTP 289901?

(This time, instead of listing death under symptom, I simply clicked yes after Died?)

[Search: Lot 289901 Died? Yes](#)

Result: Four reports.

The first two are 29345 and 29754 (above).

The last two (29756 and 29769) are incomplete and cannot be interpreted, but they are still relevant to this discussion. Case 29756 is a 4 ms-old baby girl who received DTP / OPV on 1/8/1991 and died 2/2/1991. Case 29769 is a 7 ms-old baby boy, who was vaccinated (DTP / HIB) on 3/4/1991 and expired on 3/23/1991.

Both cases were from South Carolina just like case 29754, and all 3 cases were reported to VAERS on the same day, 4/10/1991. Obviously, causation cannot be implied, simply because 3 reports arrived from the same state on the same day describing 3 infants who died suddenly, shortly after receiving a vaccine from the same lot.

HIB Lot M030FC

There were 58 reports to VAERS. One, case 27451, described a 3 months old male infant from Oregon who died 9 days post vaccination. The diagnosis listed was SIDS.

VAERS ID

27451

Vaccination Date:

1990-11-20

Age

0.3

Date filed: 1991-01-21

Sex

M

Where Administered:

PVT

State

OR

Purchased by:

PVT

Life Threatening Illness? No

Died? Yes (date died: 1990-11-29)

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness: None

Diagnostic Lab Data: SIDS investigation & autopsy done

Previous Vaccinations:

Other Medications: None

Preexisting Conditions:

Vaccinations
Manufacturer

Lot
Dose
Route
Site

1
DTP
CONNAUGHT LABS
OL11101
1

LL

2
HIBV
LEDERLE(PRAXIS)
M030FC
0

RL

3
OPV
LEDERLE
0619L
1
PO

<p>Onset Date: 1990-11-29 Number of Days: 9</p> <p>Symptoms: SIDS</p> <p>Dx sudden infant death syndrome died 29Nov90</p>	
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Seizures after vaccination with HIB lot M030FC were reported 4 times: cases 27166, 27648, 28438 and 29464. In one case, 27648, MMR was administered concomitantly. In the other 3, the patient also received DTP. Seizures occur more frequently after DTP and MMR than after HIB vaccination.

There were 11 reports of hospitalization following vaccination with HIB lot M030FC: Cases 26275, 27274, 27444, 27648, 28434, 28438, 28754, 28815, 29132, 30437 and 54162. In 4 cases, 27224, 27444, 27648 and 28438, the child had invasive HIB disease. In case 29132, the diagnosis was Guillain Barre Syndrome, a possible vaccine complication.

Polio Lot 0627H

There were 28 cases reported where vaccines from this particular lot had been administered. Six of them were hospitalized and all had convulsions: Cases 30013, 36382, 36397, 36726, 38019 and the index case. Here again, it must be stressed that oral polio vaccination alone rarely if ever causes seizures. One case (36726) will be reviewed because the infant also received DTP 289901.

<p>VAERS ID 36726</p> <p>Vaccination Date: 1991-02-05</p> <p>Age 0.3</p> <p>Date filed: 1991-12-05</p> <p>Sex M</p> <p>Where Administered: PUB</p> <p>State CO</p> <p>Purchased by: PUB</p>	<p>Life Threatening Illness? No</p> <p>Died? No</p> <p>Disability? No</p> <p>Recovered? No</p> <p>ER or Doctor Visit? Yes</p> <p>Hospitalized? Yes (days in hospital: 7)</p> <p>Prolonged Hospitalization? No</p>
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<p><u>Vaccinations</u> <u>Manufacturer</u> <u>Lot</u> <u>Dose</u> <u>Route</u> <u>Site</u></p> <p>1 DTP LEDERLE 289901 1</p> <p>2 OPV LEDERLE 0627H 1</p>	<p>Current Illness: NONE</p> <p>Diagnostic Lab Data: MRI, Sp tap, Blood work, EEG's, Cat Scan all neg/normal;</p> <p>Previous Vaccinations:</p> <p>Other Medications:</p> <p>Preexisting Conditions: NONE</p>
<p>Onset Date: 1991-02-25 Number of Days: 20</p> <p>Symptoms: CONVULS GRAND MAL</p> <p>Had a grandmal sz last for 50 min was transported to Hosp in ICU for 3 days; had a Cat Scan, sp tap & blood work all normal; no fever; was put on Dilantin @ that time; Was referred to a neurologist which are still seeing; is now on Depakote</p>	

This 3-month old baby from Colorado received the same lot DTP and Polio vaccines five days after our index case. He had a grand mal seizure lasting 50 minutes, was in ICU for 3 days, and in a pediatric ward for another 4 (possibly in the same children's hospital as the index case). He developed epilepsy, was prescribed Depakote and is under the care of a neurologist. I consider a 50-minute grand mal seizure in a 3-month old infant a life-threatening event.

Medico-legal remark I: In 1991, this case would have been compensated through the vaccine injury compensation program as an adverse event after DTP. Now, it is not considered a "table injury" because of the 20 days interval.

Medico-legal remark II: Two infants from the same state received two identical vaccinations

(Same dose, same product, same manufacturer and same lot number) five days apart. They both developed problems shortly thereafter. The family of the first infant became embroiled in a legal nightmare; the second family was eligible for compensation.

Cases 56800, 77315 and 112223.

<p>VAERS ID 56800</p> <p>Vaccination Date: 1993-09-16</p> <p>Age 0.8</p> <p>Date filed: 1993-11-01</p> <p>Sex M</p> <p>Where Administered: PUB</p> <p>State ID</p> <p>Purchased by: PUB</p>	<p>Life Threatening Illness? Yes</p> <p>Died? No</p> <p>Disability? No</p> <p>Recovered? No</p> <p>ER or Doctor Visit? No</p> <p>Hospitalized? Yes (days in hospital: 4)</p> <p>Prolonged Hospitalization? No</p>
<p><u>Vaccinations</u> <u>Manufacturer</u> <u>Lot</u> <u>Dose</u> <u>Route</u> <u>Site</u></p> <p>1 DTPH LEDERLE 353905 2</p>	<p>Current Illness:</p> <p>Diagnostic Lab Data: EEG, Ct Scan, MRI all nl;</p> <p>Previous Vaccinations:</p> <p>Other Medications:</p> <p>Preexisting Conditions: mom drank ETOH during pregnancy</p>
<p>Onset Date: 1993-09-22 Number of Days: 6</p> <p>Symptoms: AGITATION CONVULS HEM RETINAL HYPERTONIA STUPOR</p> <p>6 days p/vax pt had stiffness, eyes fixed & staring to side, irritable cry; adm to hosp pt had shaken baby synd w/retinal hemorrhages; altered consciousness for 1 more day; began seizing;</p>	

DTPH is a combination of DTP and HIB.

The fact that a mother drank alcohol during pregnancy, regardless of circumstances and frequency, is damning with Social Services but may be irrelevant to this case.

I do not condone drinking alcohol during pregnancy.

Altered consciousness and seizures may be due to many causes, including vaccines. Head MRI and CT-scan did not reveal any structural changes suggesting direct injury to the brain. The diagnosis of SBS in this case may have been based on the retinal hemorrhages.

There were 45 reports to VAERS with DTPH lot 353905. Five children were hospitalized and one died, case 57614. This 3-month old male infant from Oregon was also vaccinated (DTPH +OPV) in the fall of 1993. He developed symptoms within 24 hours and died a day later. Though he had fever, petechiae and hemorrhages, SIDS was listed as the diagnosis.

<p>VAERS ID 77315</p> <p>Vaccination Date: 1995-01-30</p> <p>Age 0.2</p> <p>Date filed: 1995-09-18</p> <p>Sex M</p> <p>Where Administered: PVT</p> <p>State MN</p> <p>Purchased by: PVT</p>	<p>Life Threatening Illness? Yes</p> <p>Died? No</p> <p>Disability? Yes</p> <p>Recovered? Yes</p> <p>ER or Doctor Visit? Yes</p> <p>Hospitalized? Yes (days in hospital:)</p> <p>Prolonged Hospitalization? No</p>
<p><u>Vaccinations</u> <u>Manufacturer</u> <u>Lot</u> <u>Dose</u> <u>Route</u></p> <p><u>Site</u></p> <p>1 DTPH LEDERLE 384977 0</p> <p>2 HEP UNCLASSIFIED</p>	<p>Current Illness: recent hosp liver malfunc w/protime ane</p> <p>Diagnostic Lab Data: 14FEB95 gross, blood CSF; CT 14FEB95 hydrocephalis; MRI 4MAR95 massive brain/retinal bleed;</p> <p>Previous Vaccinations: unk</p> <p>Other Medications: NONE</p> <p>Preexisting Conditions: recent</p>

1	<p>hospitalization liver malfunction w/ prolonged prothrombin anemia-esophageal bleed;</p>
<p>Onset Date: 1995-02-13 Number of Days: 14</p>	
<p>Symptoms: CRY ABNORMAL CSF ABNORMAL EYE DISHEM CEREBRAL HEM RETINAL HYDROCEPHALUS INJURY INTENT SOMNOLENCE</p>	
<p>parents c/o pt lethargic, one eye wandered, fussy, no appetite; hospitalized 13FEB95; high pitched scream noted by MD CT documented hydrocephalus-(retroactive reading brain bleed present); dx shaken baby;</p>	

Note: In VAERS reports, the first dose of a vaccine is referred to as dose 0. The second dose becomes dose 1 and so on.

This 2-month old male infant was "at risk" when he received the first dose of DTPH and the second dose of Hepatitis B vaccine on 1/31/1995. He had recently been in the hospital where he was found to have liver disease, and prolonged prothrombin time, both potential causes of bleeding. Indeed he had esophageal bleeding, a very serious event at any age and more so, under the age of 2 months. Bleeding problems have been described after Hepatitis B vaccination. In this case, the findings prior to 1/30/1993 could have been related to the first Hepatitis B vaccination. Lot numbers for both doses of the vaccine are not listed and further review is not possible.

Two weeks after receiving DTPH and a second Hepatitis B vaccine, the baby crashed. A diagnosis of SBS was listed because the infant had a high-pitch cry (an accepted reaction to DTP) and, by CT scan, a bleed in the brain and hydrocephalus. A CT scan is not a good tool to detect the "age" of a brain hemorrhage. A post-mortem autopsy may be the only way to prove conclusively whether the bleed is old (It could have occurred at the time of the esophageal bleeding), new or a re-bleed (A recent bleeding superimposed on an old one). Both the history and findings do not seem to support a diagnosis of SBS.

Medico-legal comment: If the family had a good attorney and a knowledgeable expert witness, it would be unlikely that an informed judge or jury would return a guilty verdict in this case today. I actually believe, that in a civil litigation, the preponderance of evidence would probably be in favor of the parents. Knowing the lot numbers of the hepatitis B vaccines would be helpful.

DTPH lot 384977: There were 99 reports and 3 deaths (75164, 76307, 77681). Case 76307 had also received a Hepatitis B vaccine and had petechiae.

VAERS ID

112223

Vaccination Date:

1998-03-18

Age

0.2

Date filed: 1998-07-01

Sex

U

Where Administered:

OTH

State

Purchased by:

OTH

Life Threatening Illness? Yes

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:
unk

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: unk

Preexisting Conditions:

Vaccinations
Manufacturer
Lot
Dose
Route
Site

1
DTAP
LEDERLE
447831
0

2
HEP
UNCLASSIFIED

3
HIBV
LEDERLE(PRAXIS)

0

4
OPV

LEDERLE

O
PO**Onset Date:** 1998-03-19 **Number of Days:** 1**Symptoms:** BRAIN SYND ACUTE HEM CEREBR INFARCT
CEREBR INJURY INTENT

1 days p/vax pt devel focal hemorrhages in subdural area; the reporter, ped neurologist eval pt & stated that looks like pt is a subject of child abuse & dx shaken baby synd; A defense attorney allegedly attributes this event to Acel-immune;

The pediatrician who knew the family and saw this baby on 3/18/1998 did not suspect child abuse or else he would/should have called the police and social services, instead of administering four vaccines and handing the baby back to the parents.

The baby developed major problems a day later.

A diagnosis of SBS, based only on a finding of "focal hemorrhages in the subdural area" without any other evidence of trauma, is debatable and should be easily challenged in court. In all likelihood, the neurologist who diagnosed SBS only met the parents for a few minutes. Most people would probably agree with the defense attorney in this case.

Note: Parents, like everyone else, react differently to stress and threatening situations. Their comportment, whatever it is, can suggest guilt to their accusers. If they are screaming and crying, they are "acting" because they are guilty. If they are quiet and composed, they "must be guilty" because they are not appropriately upset.

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