



Rotarix Vaccine Contaminates Millions with Pig Viruses

PARENTS MUST NOT LET THIS GO UNPUNISHED

On Monday, March 22, 2010, the Food and Drug Administration (FDA) asked pediatricians and other physicians to “temporarily” suspend administering GlaxoSmithKline’s vaccine, Rotarix. This vaccine is one of two licensed in the United States (U.S.) that target rotavirus infections. The other vaccine, RotaTeq, is manufactured by Merck & Co., Inc.

Here we must mention that GlaxoSmithKline and Merck produce the only two human papillomavirus (HPV) vaccines—Gardasil and Cervarix; and the two most widely administered Hepatitis B vaccines—Recombivax and Engerix-B, respectively. Some state governments are proposing laws to have these vaccines administered to children without the consent of their parents. We should keep this in mind as we evaluate the details surrounding the Rotarix contamination crisis.

Approximately one million children in the U.S. and about 30 million worldwide have received the Rotarix vaccine since it was FDA-approved in 2008. Nearly 70 million doses have been distributed. How will the remaining dosages be handled? Will they be discarded or will the suspension be lifted for the sake of profits. We must keep our eyes fixed on this issue.

The vaccine was contaminated with a substantial amount of DNA from the *porcine circovirus 1*, a virus known to infect pigs. An academic research team, using a novel technique to detect viruses in a range of vaccines, discovered the contamination. The research team has not been named, but it immediately alerted GlaxoSmithKline and the FDA. GlaxoSmithKline confirmed that DNA from the *porcine circovirus* was present in both the “cell bank” and the “seed” from which the Rotarix vaccine is derived. This also confirmed that the contamination occurred in the early stages of the vaccine development process.

What does this mean? It means that everyone who was administered Rotarix since 2008 is infected with the pig virus, *porcine circovirus*. How should we handle this knowledge? What does this mean to the health of those vaccinated? How did a pig virus get in the vaccine? How do people who try to avoid swine, such as Muslims and Jews, handle this information—which is, that they or their children were infected with a pig virus?

As expected, GlaxoSmithKline and the FDA contend that the DNA from the *porcine circovirus* is not harmful. In its letter to parents, dated March 22, 2010, GlaxoSmithKline stated:

FDA, along with GSK, has found that there is no evidence for a safety concern with the vaccine.

What does this mean? What evidence were they looking for? Is not the fact that the vaccine was contaminated evidence of a safety issue? This illogical statement suggests that a justification to administer a contaminated vaccine is being formed.

FDA Commissioner, Dr. Margaret Hamburg stated:

There is no evidence at this time that this material poses a safety risk.

What does the phrase “*at this time*” really mean? How about “*this material*”? Such ambiguous and baseless statements are used to glaze over the seriousness of this crisis; and to ease the minds of parents who are, naturally, very upset by this. Dr. Hamburg’s statement is also made to shield GlaxoSmithKline from lawsuits, which will come despite the FDA’s effort to protect the pharmaceutical company.

Moreover, such a statement is inconsistent with logic, science and common-sense. We must note that swine (pigs and hogs) are vaccinated against porcine circoviruses. Why is this so, if these viruses are not harmful? There is no doubt that key information is being kept from the public. This is the trend in how governments handle drug- or vaccine-related tragedies.

How extensive is this tragedy? Very extensive! According to the U.S. Centers for Disease Control and Prevention’s (CDC) national vaccination schedule for children (0 to 6 years old), the rotavirus vaccine is administered when children are 2 months, 4 months and 6 months old. This equates to 3 doses of a vaccine that contained substantial amounts of DNA from a pig virus.

In addition, by 6 months of age, under the CDC’s vaccination schedule, a child would have received 20 vaccines. How many of these vaccines were contaminated with DNA from despicable and lower animals, such as pigs? Unfortunately, a parent can only wonder.

INVESTIGATING ROTAVIRUS, ROTAVIRUS VACCINES, AND SAFER PREVENTION METHODS

Much too often, parents are oblivious to the vaccines being injected into their children. Trust is never based on ignorance. Therefore, parents that just go along with the vaccinations designated for their children without knowing all the details related to the vaccines are making foolish mistakes by putting their children at risk of injury. In addition, pediatricians force parents to submit to rotavirus vaccinations by using scare-tactics based on inflated statistics related to the illnesses caused by the infection; and without giving parents the benefit of employing safer measures to protect their children from infectious diseases.



Vaccine contamination is a risk that is intrinsic in vaccine development. Anyone receiving a vaccine bears this risk; therefore, it is in our best interest to learn about the virus for which we are being vaccinated, and then consider choosing “tried and true” methods to protect ourselves. Such measures date back trillions of years, and were effective long before vaccination was alleged to be the foremost disease prevention method.

Unfortunately, incidents such as the Rotarix contamination, as well as the ever-increasing incidence of autism and other vaccine-induced diseases, affirm that vaccinations cause diseases, not prevent them. The medical industry has done little to change this reality and perception.

As parents, the questions we must ask before having our children vaccinated with rotavirus vaccines are:

- What is the rotavirus?
- What ailments or diseases does the rotavirus cause?
- How is the rotavirus transmitted?
- What is the rotavirus vaccine claimed to accomplish?
- What ingredients are in rotavirus vaccines?
- How do the ingredients in rotavirus vaccines affect the lives of newborns/infants?
- What are safer ways to protect newborns/infants from rotavirus infections?

WHAT IS THE ROTAVIRUS?

Scientifically, the rotavirus is a double-stranded RNA virus in the family Reoviridae—viruses that have affinities for the digestive and respiratory tracts. These viruses infect humans and animals. The virus was identified in 1943, but not officially named until 1974. After it was named, efforts immediately began to develop a vaccine for it.

WHAT AILMENTS OR DISEASES DOES THE ROTAVIRUS CAUSE?

The rotavirus causes inflammation of the intestinal tract, called gastroenteritis. This usually produces discomfort, including diarrhea, which is also seen as the body’s attempt to dispel the virus and resolve the infection. Rotavirus infection rarely causes death. In fact, much speculation surrounds this. Today, however, the CDC makes statistical claims without producing one shred of evidence to support its numbers. At one time, only 40 people were “estimated” to die from rotavirus infections.

On this basis alone, many people initially viewed the development of rotavirus vaccines as a means to garner money and to spread the disease among children. The vaccine has proved to cause more injuries than the alleged infections.

HOW IS THE ROTAVIRUS TRANSMITTED?

Rotavirus is transmitted by the fecal-oral route. What is this route? The fecal-oral route, also called the oral-fecal route, is when fecal matter infected with pathogens is introduced into the oral cavity or mouth of a person. This commonly occurs through several “intermediate” modes, such as:

- water that has come in contact with feces and is then inadequately treated before drinking;
- food that has been handled with feces present;
- poor sewage treatment along with disease vectors like houseflies;
- poor or absent cleaning after handling feces or anything that has been in contact with it;
- sexual fetishes that involve feces, known collectively as coprophilia (its eating is known as coprophagia).

WHAT IS THE ROTAVIRUS VACCINE CLAIMED TO ACCOMPLISH?

According to GlaxoSmithKline, Rotavirus is “indicated for the prevention of rotavirus gastroenteritis caused by G1 and non-G1 types (G3, G4, and G9).” The vaccine is FDA-approved for use in infants 6 weeks to 24 weeks of age.

This is simply a claim, not a fact. GlaxoSmithKline alleges that rotavirus G1 and non-G1 types (G3, G4, and G9) cause gastroenteritis. Merck’s rotavirus vaccine targets other rotavirus types. Both companies caution that their vaccines do not prevent diseases caused by rotavirus types that are not specific to their vaccines. How many types are they? We need to examine this nonsense.

Vaccination is based upon theory, not actual facts. This is why such a claim includes a clause that the “vaccine may not work or be effective.”

WHAT INGREDIENTS ARE IN ROTAVIRUS VACCINES?

Generally, all vaccines contain secretive genetically-engineered microorganisms, industrial chemicals and elements. Some contain metals and drugs, such as antibiotics.

GlaxoSmithKline’s vaccine, Rotarix, contains the following ingredients:

- Live attenuated human rotavirus RIX4414 strain
- Sucrose, Dextran 40, Sorbitol, Amino Acids, Dulbecco's Modified Eagle Medium (DMEM), Calcium Carbonate, Xanthan Gum

Merck’s rotavirus vaccine, RotaTeq, contains the following ingredients:

- Five (5) live rotavirus strains (G1, G2, G3, G4, and P1)
- Sucrose, Sodium Citrate, Sodium Phosphate Monobasic Monohydrate, Sodium Hydroxide, Polysorbate 80 and Fetal Bovine Serum.

Much can be said about the dangers associated with deliberately infecting children with “live” viruses. Also, the ingredients in the vaccine are known to injure human beings, especially children. We cannot address this issue in its entirety in this document. For a thorough education on this subject, read the books, [Against Compulsory Vaccination \(Vol. 1 and 2\)](#) and [The Case Against Hepatitis B Vaccination](#).



However, it is prudent to warn both physicians and parents that we must eliminate the concept of “side-effects” from our vocabulary when it comes to vaccines. The biological reactions caused by vaccines are not side-effects. Vaccines affect our health for the long-term; therefore, the safety of a vaccine can only be substantiated after long-term use. This casts a dark cloud on the approval of vaccines based on short-term clinical trials.

The chronic neurological diseases, such as autism, which now afflicts 1 in every 100 children, is a true measure of vaccine safety, specifically the lack thereof. This is easily proven. In fact, it has already been proven.

HOW DO THE INGREDIENTS IN ROTAVIRUS VACCINES AFFECT THE LIVES OF NEWBORNS/INFANTS?

We must first consider the backdrop, which is that children are vaccinated with three (3) doses of the rotavirus vaccines—generally administered, according to the CDC, Merck and GlaxoSmithKline, as follows:

- Dose 1: When your child is 8 weeks old
- Dose 2: When your child is 16 weeks old
- Dose 3: When your child is 24 weeks old

This question can now be answered using one word or many words. The one word is “devastating.” Again, that a child will experience autoimmune and neurological diseases after receiving numerous vaccinations is imminent. The ingredients in vaccines confirm this. Unfortunately, these two conditions are epidemic among children, and are shrouded by phrases such as “learning disabilities” or “immuno-compromised” illnesses.

The many words involved in answering this question (What are the affects of rotavirus vaccine ingredients?) take into account the following:

- Injuries caused by having “live” viruses injected/inserted into newborns/infants
- Injuries caused by each ingredient in vaccines
- Injuries caused by the interaction among the numerous vaccines injected/inserted into newborns/infants
- Injuries caused by the interaction between numerous vaccines and drugs given to newborns/infants

In the book, [Against Compulsory Vaccination \(Vol. 2\)](#), I included an interview with Dr. Akili X Graham. He described how the immune system develops, and how this, alone, shows the senselessness of vaccinating newborns and infants. He states:

Prior to birth, a fetus does produce some blood products (mostly red cells) through their liver and spleen. After birth, the production of blood makes a transition to the bone marrow which is a soft substance contained inside the bone. Blood consists of red blood cells, white blood cells, platelets and plasma (which are mostly water). Red cells are for carrying oxygen, white cells are for fighting infections/foreign bodies, platelets are for clotting blood and plasma is for transport.

As is understood, the child has to grow and mature in every aspect of the body. In early life, the most important of that maturation is that of the brain and immune system. There are 2 types of immune cells that are produced which include the immediate response and the memory cells. The immediate response attacks anything foreign that enters the body through breaks in skin, breathing or eating. They attack and kill (engulf) the foreign substance. The memory immune cells do the same process but they must be exposed to the substance so that they will have a lifelong memory of what is not wanted/needed in the body.

This memory system does not have its capability until approximately the 5th to 7th month of life. So as a child is maturing, the breast milk serves as the memory cell producer. In early age, a child is usually around the mother so the mother and child are exposed to the same foreign bodies, therefore the mother passes on protection (passive immunity).

The immunization process is an attempt to get the child's body to memorize the infections. This explanation should help us understand that immunizing a child is a flawed concept, especially from birth to 6 months of age!

Given this reality, how can vaccinating a newborn make sense when the baby does not yet have an immune system that is adequate enough to protect itself? It does not make sense. Therefore, safer and natural methods must be used to truly protect our newborns and infants from infections.

WHAT ARE SAFER WAYS TO PROTECT NEWBORNS/INFANTS FROM ROTAVIRUS INFECTIONS?

The answer to this question is rooted in the information given above. To begin, we must consider whether our newborns/infants are vulnerable to any of the following:

- Water that has come in contact with feces and is then inadequately treated before drinking;
- Food that has been handled with feces present;
- Poor sewage treatment along with disease vectors like houseflies;
- Poor or absent cleaning after handling feces or anything that has been in contact with it;
- Sexual fetishes that involve feces, known collectively as coprophilia (its eating is known as coprophagia).

If an infant is vulnerable to any of these conditions, then the environment must be made safer. There is no getting around this fact. Why is this? A child vaccinated against the rotavirus is still not protected against experiencing the diseases associated with the infection. Preventing the virus from infecting the child is the only true preventive and protective measure.

Parents, therefore, must keep fecal matter from entering a newborn or infant via our hands, water and food. This should not be difficult to do, given that babies usually persist in clean environments. Breast



feeding ensures that babies obtain good and clean nutrition. Also, most babies are given clean water. Modern living and sanitary standards have eliminated the spread of filthy viruses.

This is primarily the reason why an increasing number of people fault vaccine manufacturers for preserving and spreading pathogens that would not be able to exist if left alone in today's environment. Let us consider this.

For example, a rotavirus that did not exist in your modernized house, now exists in your child through the vaccine. With this in mind, it seems to be a waste of a parent's effort to protect her newborns/infants from being exposed to pathogens through unsanitary surroundings, then directly infect them with live viruses through vaccinations.

ROTARIX PORCINE CIRCOVIRUS CONTAMINATION

Given all the above, two important questions stand out:

- How did GlaxoSmithKline's Rotarix get contaminated with a pig virus?
- What are the potential health effects of those infected by this pig virus?

HOW DID GLAXOSMITHKLINE'S ROTARIX GET CONTAMINATED WITH A PIG VIRUS?

According to the document, [Rotarix \(RIX4414\): An Oral Human Rotavirus Vaccine](#), by Miguel O'Ryan, the rotavirus used in Rotarix was obtained from an infant who experienced a natural rotavirus infection and disease during the 1988-1989 rotavirus season. This raises many questions, the foremost being the false notion that the rotavirus has not changed in more than 30 years, while all viruses are known to evolve, some even yearly. The second question is the concept of a "rotavirus season." How can this be?

The virus was passaged without plaque purification 26 times in primary African Green Monkey Kidney cells (AGMK). It was then passaged 7 more times in another AGMK cell line. The "candidate" vaccine virus was further cloned by plaque purification and cultured from passage level 33 to 43 in Vero cells, resulting in the Rotarix vaccine.

This process seems complicated, but it isn't. Let us clarify several things. First, plaque purification is a technique used to select and extract a bacterial/viral strain with desired genetic traits from a bacterium/virus. Purification is relative and does not mean 100% purified. Moreover, the entire vaccine development process is volatile.

Secondly, the Vero cell line is derived from African Green Monkey kidney epithelial cells. These cells have been used to culture viruses destined for vaccines since the early 1960s. Most vaccines destined for humans are harvested in the cells of other animals and insects. This is what makes vaccination inherently dangerous.

Where is the pig virus, *porcine circovirus*, in this manufacturing process, especially given that monkey kidney cells were used to harvest the virus? Given that GlaxoSmithKline confirmed that the DNA contaminant was present in the early stages of vaccine development, in both the “cell bank” and the “seed” from which the vaccine is derived, then the truth concerning this tragedy is being withheld. Both the FDA and GlaxoSmithKline admit that the *porcine circovirus* is known to infect populations of swine, yet has offered no explanation about how pig viruses were found in the vaccine.

When we consider this, a more serious question is raised: Is this truthfully an issue of “contamination” or was swine cells deliberately used to harvest the vaccine? Consider the following from the professional medical journal, [Xenotransplantation](#), in the April 2004 paper, [Infection Studies on Human Cell Lines with Porcine Circovirus Type 1 and Porcine Circovirus Type 2](#):

The lack of human donor organs in allotransplantation has led to a proposal for the use of porcine tissues and organs as alternative therapeutic material for humans. Besides immunological problems like graft rejection, one of the major concerns is the transmission of porcine microorganisms as viruses, bacteria and fungi to a human recipient.

These studies specifically involved infecting human cell lines with porcine circovirus type 1 (PCV1) and type 2 (PCV2) to determine whether PCV can replicate in human epithelial cells and lymphocytes. These viruses did, in fact, replicate in human cells. This is underway in children infected with this virus.

This points to the reality that the vaccine manufacturing process is “secretive.” No one outside those closely involved in the manufacturing process actually knows the microorganisms, and the animal and insect cells being used to produce vaccines earmarked for “humans.” This subject is detailed in the book, [Against Compulsory Vaccination \(Vol. 1\)](#).

WHAT ARE THE POTENTIAL HEALTH AFFECTS OF THOSE INFECTED BY THIS PIG VIRUS?

The porcine circovirus (PCV) is a single-stranded DNA virus marked by an un-segmented circular genome. It is a member of the virus family Circoviridae—encompassing swine and chicken viruses.

The contamination of more than 30 million children with *porcine circovirus* pushes us to revisit our biology lessons, as a way of understanding the potential ramifications of this catastrophe. A whirlwind of health problems for those contaminated may already be underway.

There are two realities we must face, with respect to logic and science—and not based on assumptions by FDA, CDC or GlaxoSmithKline officials. The first reality is that all viruses that infect us cause some level of damage. This is due to the nature of a virus. This “nature” is the quest of all viruses to reproduce themselves; thereby, alternating the genetic makeup of those they infect. Regarding humans, this potentially transforms us into something else, other than human.



How is this so? The front cover of the December 2004 edition of the Scientific American magazine, asked (and answered) the question: Are Viruses Alive? — in an article written by Luis P. Villarreal. Of course, we know that viruses are absolutely alive. However, what many people may not know is the following, as stated in this article:

...But viruses directly exchange genetic information with living organisms—that is, within the web of life, itself. A possible surprise to most physicians, and perhaps to most evolutionary biologists as well, is that most known viruses are persistent and innocuous, not pathogenic. They take up residence in cells, where they may remain dormant for long periods or take advantage of the cells' replication apparatuses to reproduce at a slow and steady rate.

These viruses have developed many clever ways to avoid detection by the host immune system—essentially every step in the immune process can be altered or controlled by various genes found in one virus or another.

Furthermore, a virus genome (the entire complement of DNA and RNA) can permanently colonize its host, adding viral genes to host lineages and ultimately becoming a critical part of the host species' genome.

Indeed, this might be “a possible surprise to most physicians.” The mass vaccination of children with vaccines that contain viruses or active viral materials proves that physicians are not aware of the workings of viruses. Why do they lack this essential knowledge? The answer to this question opens Pandora's Box.

Mr. Villarreal's scientifically-supported and accurate description of viruses is 100% contrary to the casual manner of which the FDA is handling the contamination of 30 million people worldwide, with a pig virus, as a result of receiving GlaxoSmithKline's Rotarix. The infection is being falsely portrayed as inconsequential, when the reality is that pig DNA is now intertwined in the genome of all those vaccinated, including millions of newborns and infants. There is no telling what illnesses and diseases will result or are currently brewing from this seemingly deliberate catastrophe.

PRUDENT NEXT STEPS

Our first obligation is to accept the contamination of Rotarix for what it is—a CATASTROPHE! We cannot allow GlaxoSmithKline and the FDA to make light of this crisis. Neither can we allow this issue to fade away. If we do, we will find our children being injected with contaminated vaccines because the reality that GlaxoSmithKline must discard millions of vaccines, is something that the company intends to do everything within its power to prevent. Billions of dollars are at stake, and history has shown that profits are more important than human life.

We can assume that attorneys all over the world are examining this crisis, especially in light of the information presented in this paper. Filing a lawsuit is always seen as the next step. A lawsuit against

GlaxoSmithKline for this tragedy is a “no brainer.” All parents should join in a class-action lawsuit. The infection of their children with a pig virus cannot be undone. And, although the FDA and GlaxoSmithKline alleged that the *porcine circovirus* is found in meat products, this is irrelevant to the issue for several reasons.

First, millions of people do not eat meat. Secondly, millions of people do not eat pork. Third, the digestive system affords the body purifying measures through its gastric juices, which are absent when a vaccine is sprayed in a child’s nose. More can be said on this point. Finally, what does the meat industry have to say about this implication? Meat processors are supposed to have mechanisms that prevent contamination with viruses such as these. We need to hear from them.

Indeed, the FDA and GlaxoSmithKline are running for cover by issuing bogus and unsupported statements. We cannot let them get away with this.

In reality, whether a class-action lawsuit will be successful is another story. It will likely be cast down by judges because of the inordinate power that pharmaceutical companies have over all branches of government. We must enter this with the mindset of being disappointed.

In my opinion, the “true” next step is for parents to thoroughly educate themselves about the dangers of vaccinations. How long must we continue to get “burned,” and then seek litigation as the chief means of relief and justice? This has proven futile, and has never solved the long-term problem regarding vaccinations.

Justice for our children is that we prevent them from being infected with viruses, altogether. We must take a very strong and careful examination of the “vaccination” issue. As it stands, the thing that we think the least about—vaccination—is the very thing causing us the greatest injuries and hardships.

There is no indication of what “temporary suspension” means, but it seems prudent for U.S. citizens to consider a moratorium on vaccinations.