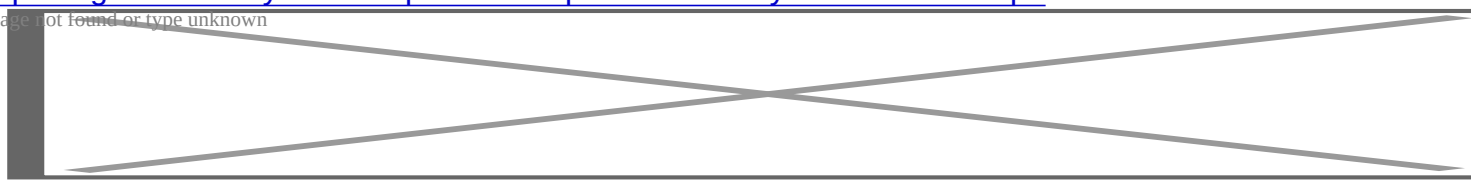
Neonatal tetanus campaign in Kenya (induced infertility)

Description

http://cognitive-liberty.online/wp-content/uploads/infertility-and-the-who.mp4



Further References

Oller, J. W., Shaw, C. A., Tomljenovic, L., Karanja, S. K., Ngare, W., Clement, F. M., & Pillette, J. R.. (2017). HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World. OALib

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“In 1993, who announced a ‘birth-control vaccine’ for ‘family planning’. published research shows that by 1976 who researchers had conjugated tetanus toxoid (tt) with human chorionic gonadotropin (hcg) producing a ‘birth-control’ vaccine. conjugating tt with hcg causes pregnancy hormones to be attacked by the immune system. expected results are abortions in females already pregnant and/or infertility in recipients not yet impregnated. repeated inoculations prolong infertility. currently who researchers are working on more potent anti-fertility vaccines using recombinant dna. who publications show a long-range purpose to reduce population growth in unstable ‘less developed countries’. by november 1993 catholic publications appeared saying an abortifacient vaccine was being used as a tetanus prophylactic. in november 2014, the catholic church asserted that such a program was underway in kenya. three independent nairobi accredited biochemistry laboratories tested samples from vials of the who tetanus vaccine being used in march 2014 and found hcg where none should be present. in october 2014, 6 additional vials were obtained by catholic doctors and were tested in 6 accredited laboratories. again, hcg was found in half the samples. subsequently, nairobi’s agriq quest laboratory, in two sets of analyses, again found hcg in the same vaccine vials that tested positive earlier but found no hcg in 52 samples alleged by the who to be vials of the vaccine used in the kenya campaign 40 with the same identifying batch numbers as the vials that tested positive for hcg. given that hcg was found in at least half the who vaccine samples known by the doctors involved in administering the vaccines to have been used in kenya, our opinion is that the kenya ‘anti-tetanus’ campaign was reasonably called into question by the kenya catholic doctors association as a front for population growth reduction.”
Ibinda, F., Bauni, E., Kariuki, S. M., Fegan, G., Lewa, J., Mwikamba, M., … Newton, C. R. J. C.. (2015). Incidence and risk factors for Neonatal Tetanus in admissions to Kilifi County hospital, Kenya. PLoS

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“Background neonatal tetanus (nt) is a preventable cause of mortality and neurological sequelae that occurs at higher incidence in resource-poor countries, presumably because of low maternal immunisation rates and unhygienic cord care practices. we aimed to determine changes in the incidence of nt, characterize and investigate the associated risk factors and mortality in a prospective cohort study including all admissions over a 15-year period at a county hospital on the kenyan coast, a region with relatively high historical nt rates within kenya. methods we assessed all neonatal admissions to kilifi county hospital in kenya (1999-2013) and identified cases of nt (standard clinical case definition) admitted during this time. poisson regression was used to examine change in incidence of nt using accurate denominator data from an area of active demographic surveillance. logistic regression was used to investigate the risk factors for nt and factors associated with mortality in nt amongst neonatal admissions. a subset of sera from mothers (n = 61) and neonates (n = 47) were tested for anti-tetanus antibodies. results there were 191 nt admissions, of whom 187 (98%) were home deliveries. incidence of nt declined significantly (incidence rate ratio: 0.85 (95% confidence interval 0.81-0.89), p<0.001) but the case fatality (62%) did not change over the study period (p = 0.536). younger infant age at admission (p = 0.001) was the only independent predictor of mortality. compared to neonatal hospital admittee controls, the proportion of home births was higher among the cases. sera tested for antitetanus antibodies showed most mothers (50/61, 82%) had undetectable levels of antitetanus antibodies, and most (8/9, 89%) mothers with detectable antibodies had a neonate without protective levels. conclusions incidence of nt in kilifi county has significantly reduced, with reductions following immunisation campaigns. our results suggest immunisation efforts are effective if sustained and efforts should continue to expand coverage.”
Melgaard, B., Mutie, D. M., & Kimani, G.. (1988). A cluster survey of mortality due to neonatal tetanus in Kenya. International Journal of Epidemiology

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“Three house-to-house surveys were conducted in three different districts in kenya, using a cluster survey technique for estimation of neonutal tetanus death retes. the results showed neonatal death rates of 10, 16 and 23 per 1000 livebirths and neonatal tetanus death rates of 6, 11 and 16 per 1000 livebirths respectively.a recall method based on interviews with women attending antenatal clinics gave much lower rates.the community surveys indicate a total neonatal tetanus death rate of per 1000 livebirths and it is estimated that each year between 8000 and 12000 children die in kenya from this preventable disease. © 1988 international epidemiological association.”
Maitha, E., Baya, C., & Bauni, E.. (2013). He burden and challenges of neonatal tetanus in Kilifi district, Kenya-2004-7.

East African Medical Journal

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“Objectives: to describe the incidence of neonatal tetanus (nnt) and to describe the trends between 2004 and 2007; to show the geographical distribution of nnt in kilifi district and to describe routine immunisation coverage, catch-up campaigns and mop-ups. design: retrospective study setting: kilifi district, coastal kenya subjects: children diagnosed with neonatal tetanus (nnt) attending health facilities in the district. results: the incidence of nnt in kilifi increased from 0.6 in 2004 to 1.0 per 1000 live births in 2007. over 50% of kilifi district was a high risk area for nnt. it was a public health problem (>1 per 1000 live births) in 19/36 locations. immunisation (tt2+) increased from 4% in 2004 to 17% in 2007 for women of childbearing age and from 22% to 98% for pregnant women in the same period. all cases of nnt were delivered at home. 83% of nnt cases had potentially infectious materials applied to their cords. conclusions: neonatal tetanus was an increasing problem in kilifi district in the period 2004-2007. immunisation coverage was low for women of childbearing age. tt immunisation data capture was a mix-up (pregnant women and women of childbearing age) at various health facilities and was a challenge to accurate estimates of tt2+ immunisation coverage.”
Organización Mundial de la Salud, & Salud, O. M. de la. (2006). Tetanus vaccine; WHO position paper. Weekly Epidemilogical Report

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“Recent tetanus cases associated with male circumcision in eastern and southern africa (esa) prompted an examination of tetanus immunity by age and sex using multiplex serologic data from community surveys in three esa countries during 2012.2013. tetanus seroprotection was lower among children 5.14 years versus 1.4 years of age in kenya (66% versus 90%) and tanzania (66% versus 89%), but not in mozambique (91% versus 88%), where children receive two booster doses in school. among males . 15 years of age, tetanus seroprotection was lower than females in kenya (45% versus 96%), tanzania (28% versus 94%), and mozambique (64% versus 90%). tetanus immunity from infant vaccination doses wanes over time, and only women of reproductive age routinely receive booster doses. to prevent immunity gaps in older children, adolescents, and adult men, a life-course vaccination strategy is needed to provide the three recommended tetanus booster doses.”

?hCG

Talwar, G. P., Gupta, J. C., Rulli, S. B., Sharma, R. S., Nand, K. N., Bandivdekar, A. H., … Singh, P.. (2015). Advances in development of a contraceptive vaccine against human chorionic gonadotropin. Expert Opinion on Biological Therapy

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“Introduction: there is continuing need for contraceptives. according to world health organization, 210 million pregnancies occur each year, out of which some 80 million are unintended. a vaccine offering

privacy and periodic intake would be an attractive proposition.areas covered: the article is a brief review of three vaccines developed against human chorionic gonadotropin (hcg) with progressively better attributes. clinical trials have proven in more than one country the complete safety and reversibility of the anti-hcg vaccine(s) in women. vaccination does not entail any disturbance in levels of reproductive tract hormones of the woman or any disturbance in menstrual regularity and bleeding profiles. phase ii clinical trials show the effective prevention of pregnancy in sexually active women of proven fertility. a recombinant vaccine amenable to industrial production has been developed; it induces substantially higher antibody titers in mice of four different genetic strains than those required to prevent pregnancy in women. rigorous toxicology studies have been completed on this vaccine in rodents and marmosets.expert opinion: this unique vaccine, requiring periodic intake and demonstrating no impairment of ovulation, hormonal profiles and menstrual regularity, is on the verge of final clinical trials under the aegis of the indian council of medical research and should be a valuable addition to the available contraceptives."
Gupta, S. K., Shrestha, A., & Minhas, V.. (2014). Milestones in contraceptive vaccines development and hurdles in their application. Human Vaccines and Immunotherapeutics

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"Contraceptive vaccines have been proposed for controlling the growing human population and wildlife population management. multiple targets such as gonadotropin releasing hormone (gnrh), luteinizing hormone, follicle stimulating hormone, gonadotropin receptors, sperm-specific proteins and zona pellucida glycoproteins have been exploited to develop contraceptive vaccine and their efficacy investigated and shown in various experimental animal models. vaccines based on gnrh have found application in immuno-castration of male pigs for prevention of boar-taint. vaccines based on zona pellucida glycoproteins have shown promising results for population management of wild horses and white-tailed deer. phase ii clinical trials in women with ?-human chorionic gonadotropin (?-hcg)-based contraceptive vaccine established proof of principle that these can be developed for human application. block in fertility by ?-hcg contraceptive vaccine was reversible. further research inputs are required to establish the safety of contraceptive vaccines, improve their immunogenicity and to develop novel vaccine delivery platforms for providing long lasting immunity. © 2014 landes bioscience."
Stevens, V. C.. (1996). Progress in the development of human chorionic gonadotropin antifertility vaccines. American Journal of Reproductive Immunology

Plain numerical DOI: 10.1111/j.1600-0897.1996.tb00024.x
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"Prototype human chorionic gonadotropin (hcg) vaccines have demonstrated the feasibility of effectively eliciting antibodies in women and inhibiting fertility in both humans and nonhuman primates. also, no serious side-effects due to immunization against self antigens have been revealed to date. however, the formulations so far tested in clinical trials are not suitable for widespread applications due

to problems associated with complexities in production, burdensome application procedures, the need for frequent booster immunizations or cost of manufacture. current research efforts involve the development of delivery systems to permit annual or biannual intervals between immunizations for protection from pregnancy, procedures for mucosal immunizations, methods to reduce hypersensitivity and local reactions, and procedures for reducing the cost of production. recent progress in understanding the crystalline structure of the hcg molecule has stimulated further studies to define immunological epitope sequences that might constitute immunogens in future vaccines. the incorporation of vaccine components into biodegradable microspheres has resulted in formulations that elicit elevated antibody levels in rabbits for more than one year. preclinical and clinical studies with such formulations are planned. studies using totally synthetic peptide immunogens constituting hcg b-cell epitopes and ‘promiscuous’ t-cell epitopes from bacterial or viral proteins have been shown to be equally immunogenic as conjugates of hcg peptides with macromolecular carriers. still other peptide immunogens have been developed that can elicit antibody production without detectable proliferation of helper t cells. some of these peptides can induce systemic immunity from oral immunization or systemic injections. alternative vehicles for administering vaccine components with reduced local reactivity show promise for new vaccine formulations.”
Gupta, S. K., & Bansal, P.. (2010). Vaccines for immunological control of fertility. Reproductive Medicine and Biology

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“Vaccines have been proposed as one of the strategies for population control. immunocontraceptive vaccines can be designed to inhibit: (1) production of gametes (sperm and egg); (2) functions of gametes, leading to blocking of fertilization; and (3) gamete outcome (pregnancy). immunization with gonadotropin-releasing hormone coupled to different carriers has shown curtailment in the production of sperm with concomitant infertility in various species. immunization of nonhuman primates and men with ovine follicle stimulating hormone has also resulted in reduced sperm output. various spermatozoa-specific proteins such as fa1, ph-20, ldh-c4, sp-10, sp-17, sp56, spag9, and izumo have been proposed as candidate antigens to develop contraceptive vaccines, which have shown efficacy in inhibiting fertility in different animal models. immunization with zona pellucida glycoproteins-based immunogens also results in curtailment of fertility in a variety of species. however, ways to overcome the observed oophoritis associated with zona proteins immunization have yet to be discovered, a necessary step before their proposal for control of human population. nonetheless, this is a very promising approach to control wildlife animal population. phase ii clinical trials of ?-human chorionic gonadotropin-based vaccine in women have established the proof of principle that it is possible to inhibit fertility without any untoward side-effects by vaccination. further scientific inputs are required to increase the efficacy of contraceptive vaccines and establish their safety beyond doubt, before they can become applicable for control of fertility in humans. © japan society for reproductive medicine 2009.”
Talwar, G. P., Singh, O. M., Pal, R., Chatterjee, N., Sahai, P., Dhall, K., … Saxena, B. N.. (1994). A vaccine that prevents pregnancy in women. Proceedings of the National Academy of Sciences of the United States of America

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“We report here results of clinical trials on a birth control vaccine, consisting of a heterospecies dimer of the ? subunit of human chorionic gonadotropin (hcg) associated noncovalently with the ? subunit of ovine luteinizing hormone and conjugated to tetanus and diphtheria toxoids as carriers, that induces antibodies of high avidity (k(a) ? 1010 m-1) against hcg. fertile women exposed to conception over 1224 cycles recorded only one pregnancy at antibody titers of >50 ng/ml (hcg bioneutralization capacity). the antibody response declines with time; fertility was regained when titers fell to <35 ng/ml. this study presents evidence of the feasibility of a vaccine for control of human fertility.”
Talwar, G. P., Gupta, J. C., Purswani, S., Vyas, H. K., Nand, K. N., Pal, P., & Ella, K. M.. (2021). A unique vaccine for birth control and treatment of advanced stage cancers secreting ectopically human chorionic gonadotropin. Exploration of Immunology

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“This article is a tribute and homage to gerard chaouat who invited me to contribute this article. my years in france have remained very memorable to me. reviewed briefly is the vaccine that was made against human chorionic gonadotropin (hcg) to prevent unwanted pregnancy in sexually active women. it has now been developed as a genetically engineered recombinant vaccine and passed onto industry for its production under good manufacturing practices (gmp) conditions for confirmatory trials. the trials have received the approval of the drugs controller general of india. the trials have started but have been interrupted by the coronavirus disease 2019 (covid-19) pandemic. this vaccine is likely to have another highly beneficial application in the treatment of cancers expressing ectopically hcg.”
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