Meningitis Vaccines – safety profile from surveillance systems

By Craig Paardekooper

Database: VAERS

This is the output from VAERS Safety Signal search engine for MENB, which is the code for Meningitis B vaccine. All symptoms are ranked by Proportional Reporting Ratio.

Vaccine Lower Confidence Limit of Proportional Reporting Ratio

Strongest Symptoms for "MENB"

Symptom	Lower Confidence Limit of Proportional Reporting Ratio >= 2
Neisseria test positive	98.02504881601712
Floppy infant	87.63755941314814
Meningococcal sepsis	81.48867136242565
Meningococcal infection	77.34817173930583
Meningitis bacterial	66.8151939407449
Kawasaki's disease	52.4334019056392
Meningitis meningococcal	45.27983941309928
Febrile convulsion	44.0891160539149
Hypotonic-hyporesponsive episode	23.19719801062999
Poor feeding infant	20.705773094211622
Hyperpyrexia	20.55334585151128
Hyporesponsive to stimuli	19.2913972400192
Infantile spasms	18.33391205834254
Product complaint	16.56997770750903
Meningism	12.766374956981936
Hypotonia	12.578727319724509
Immune thrombocytopenic purpura	11.77817238343002
Clonus	10.594962704988731
Petit mal epilepsy	10.01678563161988
Electroencephalogram normal	9.977439011867755
Procalcitonin increased	9.241716381854223
Crying	8.736770140708972
Gaze palsy	8.4785836616676
Cyanosis	7.638718715423503
Neurological examination normal	7.377465665515739
Hypothermia	6.725370446471698
Wrong product administered	6.572783476225805
Hyperaemia	6.441304568500556

SOURCE: https://knollfrank.github.io/HowBadIsMyBatch/SymptomsCausedByVaccines/index.html?vaccine=MENB

Strong Proportional Reporting Ratios (Safety Signals) are found for -

- Meningococcal infection
- Kawasaki Disease

Many symptoms are associated with encephalopathy (brain swelling) such as -

1. Floppy Infant
2. Hypotonia
3. Poor Feeding Infant
4. Convulsions
5. Infant spasms
6. Hyporesponsiveness to stimuli
7. Gaze Palsy

These associations might suggest a causal link - indicating that the meningitis vaccine is causing swelling and inflammation of the brain and central nervous system. The symptoms are similar to SIDS related symptoms, and autism related symptoms.

I also looked at a separate batch of data coded in VAERS as MEN, rather than MENB. This also corresponds to meningitis vaccines. Here are the results attached

Once again, there is ironically a very high incidence of meningococcal infection associated with the vaccine !! With a Proportional Reporting Ratio of 729, this means the rate of meningitis infection reports looks to be about 729 times higher compared to with other vaccines.

Obviously, correlation does not prove causation, but a safety signal like this should trigger caution and investigation.

Vaccine Lower Confidence Limit of Proportional Reporting Ratio

Strongest Symptoms for "MEN"

Symptom	Lower Confidence Limit of Proportional Reporting Ratio >= 2
Meningococcal infection	729.2169879846707
Meningitis meningococcal	351.6227593211434
Neisseria test positive	282.1573474514459
Meningitis bacterial	63.15646840503016
Dysentery	32.09574729532222
Meningitis	29.649538872529824
Bacterial test positive	23.91108874143488
Hyperpyrexia	14.52081700294571
Irritability	13.7756274653485
Febrile convulsion	13.13892191562068
Pharyngolaryngeal pain	11.707106683249224
Medication error	8.813106636326708
Nuchal rigidity	8.419714957830466
Crying	8.044575781071643
Polymerase chain reaction positive	7.147976179614068
Nervousness	6.719188317887762
Polymerase chain reaction	4.679528182032147
Cyanosis	4.676980698030635
Convulsion	4.202141844544704
Petechiae	4.000613368858478
Anorexia	3.826556175486009
Eye movement disorder	3.817374630768344
Pharyngitis	3.6291178234248296
Somnolence	2.8627310322905464
Restlessness	2.803341857450618
Poor quality product administered	2.770704276791689
Injection site induration	2.631280036009669
Photophobia	2.59484269450459

SOURCE: https://knollfrank.github.io/HowBadIsMyBatch/SymptomsCausedByVaccines/index.html?vaccine=MEN

Database: Eudravigilance

This is the output from EUDRAVIGILANCE Safety Signal search engine for BEXSERO and NIMENRIX, which are two meningitis vaccines used in the UK.

The above results were for vaccines coded as MEN and MENB - which are the menningococcal vaccines in the VAERS system based in the USA

Drug Lower Confidence Limit of Proportional Reporting Ratio

Strongest Symptoms for "BEXSERO"

Symptom	Lower Confidence Limit of Proportional Reporting Ratio >= 2
puncture site induration	135.09
floppy infant	122.81
injection site granuloma	115.84
meningitis meningococcal	112.07
meningococcal infection	99.4
vaccination site nodule	84.57
vaccination site joint swelling	84.21
high-pitched crying	64.2
meningococcal sepsis	62.05
hyporesponsive to stimuli	60.9
kawasaki's disease	59.51
meningococcal bacteraemia	58.82
febrile convulsion	48.36
vaccination site abscess sterile	42.41
hyperpyrexia	40.64
fontanelle bulging	39.62
irritability postvaccinal	35.9
gianotti-crosti syndrome	35.02
exanthema subitum	32.78
puncture site oedema	32.77
infant irritability	31.63
poor feeding infant	29.86
crying	29
administration site induration	27.36
vaccination site papule	26.28
vaccination site cellulitis	26.1
screaming	25.87
granuloma	24.15

SOURCE: https://knollfrank.github.io/HowBadIsMyBatch/SymptomsCausedByDrugs/?vaccine=BEXSERO

Shockingly, even though this is an entirely different database, symptoms related to encephalopathy are still appearing at the top of the symptom list with very strong PRR safety signals -

1. Floppy infant
2. Febrile Convulsions
3. Fontanelle bulging
4. Poor feeding infant
5. Staring
6. Decreased eye contact
7. Hypotonic unresponsiveness

These are close parallels to autism effects and SIDS effects. What they may share in common is inflammation of the central nervous system. This is for BEXSERO.

Drug **Lower Confidence Limit of Proportional Reporting Ratio**

Strongest Symptoms for "NIMENRIX"

Symptom	Lower Confidence Limit of Proportional Reporting Ratio >= 2
infant irritability	78
febrile convulsion	32.58
listless	7.28
hyperpyrexia	6.44
pallor	6.15
eye movement disorder	5.53
vaccination site inflammation	5.4
injection site inflammation	5.24
crying	5.12
vaccination site oedema	4.78
injection site warmth	4.69
injection site erythema	4.63
injection site pruritus	4.58
injection site discomfort	4.48
injection site swelling	4.4
vaccination site induration	4.31
presyncope	4.03
rash morbilliform	3.93
hypersomnia	3.78
syncope	3.6
local reaction	3.56
vaccination site warmth	3.5
generalised tonic-clonic seizure	3.38
hypotonic-hyporesponsive episode	3.07
extensive swelling of vaccinated limb	2.95
rash papular	2.86
urticaria	2.83
vaccination site erythema	2.79

SOURCE: https://knollfrank.github.io/HowBadIsMyBatch/SymptomsCausedByDrugs/?vaccine=NIMENRIX

So Nimenrix and Bexsero - the main UK brands - show consistency of association with convulsions and seizures - suggesting that they may cause cerebral or spinal inflammation. So, these vaccines may not be 100% safe. The statement that they are safe needs to be qualified in order to be honest. Correlation is not causation, but these safety signals MAY be causation. We have seen a surprising consistency across the entire US data from VAERS, and now the entire EU data from EUDRAVIGILANCE.

Also, the symptom of meningococcal infection ranks highly for all of the meningitis vaccines - indicating possible break through infection - so raising a question about the efficacy if meningitis vaccines.

A 10 Year Chinese Study

Here are the results for a 10-year survey of meningitis vaccine effects, carried out in China.

The PRR results confirm what I found through my Vaccine Search Engine. Very high PRR for seizures, and other symptoms such as hypotonia - indicative of inflammation of central nervous system. I have highlighted the high PRRs in red. Note, a PRR over 2 is a safety signal.

https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2026.1745876/full

TABLE 3 Disproportionality analysis of adverse events after MenB vaccination across System Organ Classes.

SOC	PT (preferred term)	N	ROR (95%CI)	IC (IC025)	PRR (χ^2)	EBGM (EBGM05)
Blood and lymphatic system disorders	Thrombocytopenia[a]	49	1.48 (1.12–1.97)	0.56 (0.15)	1.48 (7.63)	1.48 (1.17)
	Leukocytosis[a]	37	3.26 (2.36–4.52)	1.68 (1.21)	3.26 (56.75)	3.21 (2.45)
	Neutropenia[a]	28	5.25 (3.6–7.65)	2.35 (1.81)	5.25 (92.96)	5.1 (3.72)
	Leukopenia	20	3.85 (2.47–6)	1.92 (1.28)	3.85 (41.07)	3.77 (2.6)
	Lymphadenitis[a]	18	1.72 (1.08–2.74)	0.78 (0.11)	1.72 (5.37)	1.71 (1.16)
Cardiac disorders	Bradycardia[a]	44	1.79 (1.33–2.41)	0.83 (0.4)	1.79 (15.22)	1.78 (1.39)
	Coronary artery dilatation[a]	4	11.73 (4.23–32.47)	3.45 (2.1)	11.73 (36.34)	10.93 (4.66)
	Bradycardia neonatal[a]	3	21.99 (6.53–73.99)	4.27 (2.71)	21.99 (52.26)	19.25 (6.97)
Ear and labyrinth disorders	Ear swelling[a]	16	2.35 (1.44–3.86)	1.22 (0.52)	2.35 (12.24)	2.33 (1.54)
	Tympanic membrane hyperaemia	6	21.99 (9.32–51.86)	4.27 (3.1)	21.99 (104.51)	19.25 (9.39)
Eye disorders	Eye movement disorder[a]	128	6.25 (5.23–7.46)	2.59 (2.33)	6.24 (539.83)	6.02 (5.19)
	Gaze palsy[a]	100	13.27 (10.81–16.29)	3.61 (3.31)	13.25 (1,038.99)	12.24 (10.31)
	Photophobia[a]	66	1.76 (1.38–2.25)	0.81 (0.46)	1.76 (21.56)	1.75 (1.43)
	Eyelid oedema	36	5.71 (4.09–7.97)	2.47 (1.98)	5.71 (134.65)	5.53 (4.19)
	Blindness[a]	34	1.55 (1.11–2.18)	0.63 (0.14)	1.55 (6.59)	1.55 (1.16)
Gastrointestinal disorders	Vomiting	1,345	2.67 (2.53–2.82)	1.38 (1.3)	2.63 (1,347.93)	2.6 (2.49)
	Nausea	1,115	1.08 (1.02–1.15)	0.11 (0.02)	1.08 (6.45)	1.08 (1.03)
	Diarrhoea[a]	471	1.2 (1.09–1.31)	0.26 (0.12)	1.2 (15.14)	1.19 (1.11)
	Haematochezia[a]	84	3.34 (2.69–4.15)	1.72 (1.4)	3.34 (134.38)	3.28 (2.74)
	Lip swelling[a]	83	1.3 (1.04–1.61)	0.37 (0.05)	1.3 (5.55)	1.29 (1.08)
General disorders and administration site conditions	Pyrexia	3,669	2.18 (2.11–2.25)	1.07 (1.02)	2.11 (2,177.55)	2.1 (2.04)
	Injection site pain	1,485	2.46 (2.34–2.59)	1.27 (1.19)	2.43 (1,238.49)	2.4 (2.3)
	Injection site swelling	936	2.37 (2.22–2.53)	1.22 (1.13)	2.35 (721.2)	2.33 (2.21)
	Crying	559	10.84 (9.95–11.82)	3.33 (3.21)	10.76 (4,613.37)	10.09 (9.39)
Hepatobiliary disorders	Jaundice[a]	10	1.89 (1.01–3.52)	0.91 (0.03)	1.89 (4.13)	1.88 (1.11)
Immune system disorders	Hypersensitivity	127	1.23 (1.03–1.47)	0.3 (0.04)	1.23 (5.43)	1.23 (1.06)
	Milk allergy[a]	8	5.86 (2.89–11.89)	2.5 (1.52)	5.86 (31.03)	5.68 (3.14)
	Type III immune complex mediated reaction	7	3.64 (1.72–7.7)	1.84 (0.8)	3.64 (13.07)	3.57 (1.91)
	Hypogammaglobulinaemia[a]	4	4.48 (1.65–12.1)	2.13 (0.81)	4.48 (10.48)	4.37 (1.9)

SOC	PT (preferred term)	N	ROR (95%CI)	IC (IC025)	PRR (χ^2)	EBGM (EBGM05)
Infections and Infestations	Cellulitis	162	3 (2.57–3.5)	1.56 (1.33)	2.99 (210.89)	2.95 (2.59)
	Meningococcal infection[a]	121	71.36 (57.42–88.68)	5.59 (5.29)	71.23 (5,638.4)	48.26 (40.24)
	Injection site cellulitis	87	5.86 (4.73–7.27)	2.5 (2.19)	5.86 (337.07)	5.67 (4.74)
	Meningitis[a]	70	12.27 (9.61–15.66)	3.51 (3.15)	12.26 (667.98)	11.39 (9.29)
	Viral infection	55	4.9 (3.75–6.41)	2.25 (1.86)	4.9 (165.11)	4.77 (3.81)
Metabolism and nutrition disorders	Decreased appetite[a]	302	1.51 (1.35–1.69)	0.58 (0.42)	1.51 (50.83)	1.5 (1.36)
	Poor feeding Infant[a]	70	28.77 (22.26–37.18)	4.6 (4.23)	28.74 (1,567.03)	24.19 (19.52)
	Dehydration[a]	62	1.47 (1.15–1.89)	0.55 (0.19)	1.47 (9.34)	1.47 (1.19)
	Hypophagia[a]	35	2.21 (1.58–3.08)	1.13 (0.65)	2.21 (22.78)	2.19 (1.66)
	Diet refusal[a]	22	7.96 (5.19–12.23)	2.93 (2.31)	7.96 (127.03)	7.6 (5.31)
Musculoskeletal and connective tissue disorders	Pain in extremity[a]	1,260	1.21 (1.14–1.28)	0.27 (0.18)	1.2 (43.74)	1.2 (1.15)
	Mobility decreased[a]	262	1.6 (1.42–1.81)	0.67 (0.49)	1.6 (58.55)	1.59 (1.44)
	Musculoskeletal stiffness[a]	236	1.97 (1.73–2.24)	0.97 (0.78)	1.97 (110.96)	1.95 (1.75)
	Neck pain[a]	223	1.36 (1.19–1.55)	0.44 (0.25)	1.36 (21.11)	1.36 (1.21)
	Posture abnormal[a]	74	7.86 (6.22–9.93)	2.91 (2.57)	7.85 (419.79)	7.5 (6.17)
Nervous system disorders	Syncope	814	2.48 (2.31–2.66)	1.29 (1.18)	2.46 (699.52)	2.44 (2.3)
	Loss of consciousness[a]	675	3.29 (3.05–3.56)	1.69 (1.57)	3.27 (1,043.18)	3.22 (3.02)
	Seizure[a]	656	5.28 (4.88–5.71)	2.35 (2.23)	5.24 (2,175.15)	5.09 (4.77)
	Febrile convulsion[a]	633	37.16 (34.04–40.55)	4.89 (4.76)	36.8 (17,628.39)	29.62 (27.53)
	Tremor[a]	429	2.04 (1.85–2.24)	1.01 (0.87)	2.03 (221.28)	2.01 (1.86)
Psychiatric disorders	Irritability[a]	270	7.21 (6.38–8.15)	2.79 (2.61)	7.19 (1,371.79)	6.9 (6.23)
	Restlessness[a]	135	5.1 (4.29–6.05)	2.31 (2.06)	5.09 (428.72)	4.95 (4.29)
	Staring[a]	61	9.53 (7.35–12.35)	3.17 (2.79)	9.52 (436.9)	9 (7.25)
	Apathy	57	6.08 (4.66–7.92)	2.55 (2.17)	6.07 (231.9)	5.87 (4.7)
	Abnormal behaviour[a]	56	5.03 (3.86–6.57)	2.29 (1.9)	5.03 (174.82)	4.9 (3.92)
Renal and urinary disorders	Urinary incontinence[a]	28	1.51 (1.04–2.19)	0.59 (0.05)	1.51 (4.78)	1.51 (1.1)
	Chromaturia[a]	21	2.12 (1.38–3.26)	1.07 (0.45)	2.12 (12.22)	2.1 (1.47)
	Nephrotic syndrome[a]	10	2.21 (1.19–4.13)	1.13 (0.26)	2.21 (6.56)	2.2 (1.3)
	Haemoglobinuria[a]	5	40.72 (15.12–109.67)	5 (3.69)	40.71 (151.59)	32.08 (14)
	Anuria[a]	4	3.39 (1.26–9.13)	1.74 (0.43)	3.39 (6.58)	3.33 (1.46)
Reproductive system and breast disorders	Scrotal swelling[a]	3	4.89 (1.55–15.44)	2.25 (0.78)	4.89 (8.97)	4.76 (1.82)

SOC	PT (preferred term)	N	ROR (95%CI)	IC (IC025)	PRR (χ^2)	EBGM (EBGM05)
Respiratory, thoracic and mediastinal disorders	Apnoea[a]	105	12.43 (10.18–15.17)	3.53 (3.23)	12.41 (1,015.79)	11.52 (9.75)
	Respiratory arrest[a]	48	4.84 (3.63–6.45)	2.24 (1.82)	4.84 (141.38)	4.71 (3.7)
	Tachypnoea[a]	32	2.37 (1.67–3.36)	1.23 (0.72)	2.37 (24.91)	2.35 (1.75)
	Hypopnoea[a]	31	3.67 (2.57–5.24)	1.85 (1.33)	3.67 (58.76)	3.6 (2.68)
	Pharyngeal erythema[a]	22	4.56 (2.98–6.97)	2.15 (1.54)	4.56 (59.32)	4.45 (3.12)
Skin and subcutaneous tissue disorders	Erythema[a]	851	2.04 (1.91–2.18)	1.01 (0.91)	2.03 (439.68)	2.01 (1.9)
	Rash	668	1.17 (1.09–1.27)	0.23 (0.11)	1.17 (16.89)	1.17 (1.1)
	Urticaria[a]	545	1.67 (1.54–1.82)	0.73 (0.61)	1.67 (144.54)	1.66 (1.55)
	Skin warm	295	2.09 (1.86–2.35)	1.05 (0.88)	2.09 (164.77)	2.07 (1.88)
	Petechiae[a]	128	6.06 (5.07–7.23)	2.55 (2.29)	6.05 (517.9)	5.85 (5.04)
Vascular disorders	Pallor[a]	791	7.71 (7.17–8.28)	2.87 (2.76)	7.63 (4,335.24)	7.3 (6.87)
	Cyanosis[a]	241	10.33 (9.06–11.77)	3.28 (3.08)	10.29 (1889.97)	9.68 (8.68)
	Kawasaki's disease[a]	113	37.88 (30.8–46.59)	4.92 (4.62)	37.81 (3,219.6)	30.26 (25.45)
	Peripheral coldness[a]	45	1.45 (1.08–1.94)	0.53 (0.1)	1.45 (6.15)	1.44 (1.13)
	Circulatory collapse[a]	27	1.53 (1.05–2.23)	0.61 (0.06)	1.53 (4.88)	1.52 (1.11)

[a]Preferred Terms not identified in the FDA- or EMA-approved product labeling for MenB vaccines.

Note that **gaze palsy, staring, febrile convulsion, poor feeding infant**, and **apnea** (temporary cessation of breathing reflex during sleep) are the same symptoms found associated with both SIDS and with AUTISM, both of which are suspected as resulting from cerebral inflammation.

SIDS: Sally Beck on SIDS: Part1 | Sally Beck on SIDS: Part2 | Beyond The Facts Show : SIDS | Supporting Info : Sudden Infant Death | VAERS : Miller Study

AUTISM: Report : Autism Supporting Info : Do any vaccines cause autism? Autism in EU Data Drugs with Highest % Incidence of Autism

Also note that the 10-year Chinese study found the same ranking of symptoms that I found using the VAERS and EUDRAVIGILANCE databases.

Deployment of Meningitis Vaccines in Africa

Internationally, administration of a meningococcal vaccine developed specifically for use in sub-Saharan Africa, called **MenAfriVac**, left at least forty of five hundred Chadian children paralyzed in 2013.

https://sanevax.org/menafrivac-tragedy-in-africa/

https://www.thenigerianvoice.com/news/

Medical express (https://medicalxpress.com/news/2013-01-chad-link-sick-kids-meningitis.html) also reported on this incident. 38 children are said to have been hospitalized after taking the vaccine. They developed convulsions within 24 hours. However, a team of experts were brought in to conclude that there was no provable causal link between the 38 hospitalized children and the vaccine.

The rate of reported paralysis was 40 out of 500 = 8%

So, if meningitis vaccine is rolled out across the UK, then we might expect up to 8% of those administered to have convulsions and even paralysis - based on the Chad incident.

8% may end up in hospital (but, as with the Chad incident, the injuries might be relabeled as Meningitis injuries, or ignored). In Chad, the children fell ill within 24 hours of the vaccine, so we might expect the same temporal relationship in the UK.

For these reasons, it is vitally important for communities and student groups to become active in monitoring the effects of the meningitis vaccine, by noting time of vaccination, and any adverse symptoms that arise subsequently. Do they fit the profile of symptoms found in VAERS, EUDRA and by the Chinese?

Published Disproportionality Studies

The Key Study: German National Post-Marketing Surveillance (PMC, 2018)

This is the most directly relevant published study, because it explicitly calculated PRRs for febrile convulsions and seizures after MenB-4C (Bexsero):

The only PRR that was significantly increased in the entire dataset was found for febrile convulsion: 12 cases, with a PRR of 5.51 (95% CI: 3.06–9.92), chi-squared = 40.74 — well exceeding the standard Evans criteria for a safety signal (≥3 cases, PRR ≥2, chi-squared ≥4). CDC

Of the 12 febrile convulsion cases, 8 occurred in infants and toddlers under 2 years of age and 4 in children aged 3–5 years. Ten were assessed as "consistent" and two as "inconsistent" with a causal association to immunisation. Separately, 8 additional case reports of seizures *without* documented fever were received, but the PRR for seizure without fever was not significantly raised — suggesting the disproportionality signal was specific to *febrile* convulsion rather than unprovoked seizure. CDC

The study authors noted this finding was consistent with the significantly elevated PRR for pyrexia (high fever) — already listed as a very common adverse reaction — providing a plausible mechanistic pathway: fever → febrile convulsion. CDC

VAERS 2015–2025 Disproportionality Analysis (Frontiers in Pharmacology, 2026)

A very recent large-scale 10-year VAERS analysis confirms the German signal and goes further:

Febrile convulsion, hypotonia, pallor, cyanosis, and seizure all showed elevated disproportionality in serious reports following MenB vaccination. Importantly, these events showed substantially higher disproportionality when MenB was given without concomitant vaccines, suggesting the signal is not primarily an artefact of co-administration with other vaccines. PubMed Central

These events — pallor, loss of consciousness, febrile convulsion, hypotonia, and cyanosis — were identified as unlabeled signals, meaning they demonstrated consistent statistical enrichment across multiple signal detection approaches (ROR, PRR, EBGM, and Bayesian methods) yet were not included in the FDA- or EMA-approved product information for either MenB vaccine at the time of analysis. PubMed Central

Serious event reports occurred most often among infants and toddlers, and the proportion of serious outcomes was greatest among infants under 2 years (47.7% of infant reports were serious), declining progressively with age. MDPI.

Summary of Confirmed Disproportionality Signals

Term	Vaccine	PRR / Signal	Database	Source
Febrile convulsion	MenB-4C (Bexsero)	**PRR 5.51** (95% CI 3.06–9.92)	German national PMS	PMC 2018
Febrile convulsion	MenB (Bexsero/ Trumenba)	Elevated ROR/PRR across multiple algorithms	VAERS 2015–2025	Frontiers 2026
Seizure	MenB (Bexsero/ Trumenba)	Elevated disproportionality (serious reports only)	VAERS 2015–2025	Frontiers 2026
Hypotonia	MenB	Elevated disproportionality	VAERS 2015–2025	Frontiers 2026
Cyanosis, pallor	MenB	Elevated disproportionality	VAERS 2015–2025	Frontiers 2026

Some official disproportionality studies of VAERS and Eudra-vigilance claim to find no significant PRR scores for neurological conditions following meningitis vaccination, but I found the precise opposite when I analyzed all the VAERS and Eudra-vigilance data using the search engines such as -

https://knollfrank.github.io/HowBadIsMyBatch/SymptomsCausedByVaccines/index.html
and
https://knollfrank.github.io/HowBadIsMyBatch/SymptomsCausedByDrugs/

The Chinese study clearly confirms my results. This might raise the possibility that some of the official disproportionality studies are not reporting accurately, since numbers are easy to count – especially when we are all counting from the same databases.

Medical Protocol in the UK

In the UK, parents are advised by medical health authorities to give infants **three doses of liquid paracetamol** following the 8-week and 16-week **Bexsero (MenB)** vaccinations as a specific preventative measure. While most routine childhood vaccines don't require pre-emptive medicine, the MenB vaccine is unique in its "reactogenicity" (the physical response the body has to the injection).

Here is the breakdown of why this protocol exists and how it works:

1. High Incidence of Fever

Clinical trials showed that when the MenB vaccine is given alongside other routine infant vaccines (like the 6-in-1), more than **half of infants** develop a fever. This is significantly higher than the fever rate for other routine immunizations.

- **Without Paracetamol:** Fever occurs in about **75%** of infants.
- **With Paracetamol:** The rate of fever is reduced by approximately **half**, and the fevers that do occur tend to be milder and shorter-lived.

2. The "3-Dose" Schedule

The UK Health Security Agency (UKHSA) recommends a specific timing for these doses to "stay ahead" of the immune response:

1. **Dose 1:** Given as soon as possible after the vaccination (ideally at the clinic).
2. **Dose 2:** Given **4 to 6 hours** after the first dose.
3. **Dose 3:** Given **4 to 6 hours** after the second dose.

This 12-hour coverage period spans the window when the body's inflammatory response—the process of building antibodies—is most likely to spike the child's internal temperature.

A high fever in a very young infant (under 3 months) is treated as a medical emergency.

SOURCE: https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22

Explaining away high PRR scores

It has been proposed that high PRR scores for meningococcal vaccination, convulsions, and other neurological symptoms following the administration of meningitis vaccines is due to the vaccinated person being already infected with meningitis at the time of vaccination. However, these events showed substantially higher disproportionality when MenB was given without concomitant vaccines, suggesting the signal is not primarily an artefact of co-administration with other vaccines, or of pre-exiting infection with Meningitis. PubMed Central.

It is also important to remember that these studies were NOT carried out during a meningitis pandemic, so meningitis, as a pre-existing infection, was not demonstrated.

It is important to continue monitoring vaccine effects. I will create an immediate response database for this "pandemic" so students have a place to report their observations.

Please help support my work

https://howbadismybatch.com/donate.html

Craig Paardekooper