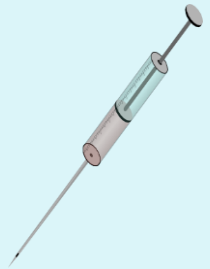

Vaccines and Sudden Infant Death

An analysis of the VAERS database and review of the medical literature

Neil Z. Miller

Toxicology Reports 8 (2021) 1324–1335

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Vaccines and sudden infant death: An analysis of the VAERS database 1990–2019 and review of the medical literature

Neil Z. Miller

Institute of Medical and Scientific Inquiry, Santa Fe, New Mexico, 87506, USA

ARTICLE INFO

Handling Editor Dr. Aristidis Tsatsakis

Keywords:
SIDS
VAERS
Infant mortality
Vaccine
Immunization
Adverse event
Synergistic toxicity

ABSTRACT

Although there is considerable evidence that [illegible] infants has an increased risk of sudden death after receiving vaccines, [illegible] authorities [illegible] "prophylactic vaccination" as an official cause of death, so medical [illegible] compelled to misclassify and conceal vaccine-related fatalities under alternate cause-of-death classifications. In this paper, the Vaccine Adverse Event Reporting System (VAERS) database was analyzed to ascertain the onset interval of infant deaths post-vaccination. Of 2605 infant deaths reported to VAERS from 1990 through 2019, 58 % clustered within 3 days post-vaccination and 78.3 % occurred within 7 days post-vaccination, confirming that infant deaths tend to occur in temporal proximity to vaccine administration. The excess of deaths during these early post-vaccination periods was statistically significant ($p < 0.00001$). A review of the medical literature substantiates a link between vaccines and sudden unexplained infant deaths. Several theories regarding the pathogenic mechanism behind these fatal events have been proposed, including the role of inflammatory cytokines as neuromodulators in the infant medulla preceding an abnormal response to the accumulation of carbon dioxide; fatal disorganization of respiratory control induced by adjuvants that cross the blood-brain barrier; and biochemical or synergistic toxicity due to multiple vaccines administered concurrently. While the findings in this paper are not proof of an association between infant vaccines and infant deaths, they are highly suggestive of a causal relationship.

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ABSTRACT

Although there is considerable evidence that a subset of infants has an increased risk of sudden death after receiving vaccines, health authorities eliminated "prophylactic vaccination" as an official cause of death, so medical examiners are compelled to misclassify and conceal vaccine-related fatalities under alternate cause-of-death classifications. In this paper, the Vaccine Adverse Event Reporting System (VAERS) database was analyzed to ascertain the onset interval of infant deaths post-vaccination. Of 2605 infant deaths reported to VAERS from 1990 through 2019, 58 % clustered within 3 days post-vaccination and 78.3 % occurred within 7 days post-vaccination, confirming that infant deaths tend to occur in temporal proximity to vaccine administration. The excess of deaths during these early post-vaccination periods was statistically significant ($p < 0.00001$). A review of the medical literature substantiates a link between vaccines and sudden unexplained infant deaths. Several theories regarding the pathogenic mechanism behind these fatal events have been proposed, including the role of inflammatory cytokines as neuromodulators in the infant medulla preceding an abnormal response to the accumulation of carbon dioxide; fatal disorganization of respiratory control induced by adjuvants that cross the blood-brain barrier; and biochemical or synergistic toxicity due to multiple vaccines administered concurrently. While the findings in this paper are not proof of an association between infant vaccines and infant deaths, they are highly suggestive of a causal relationship.

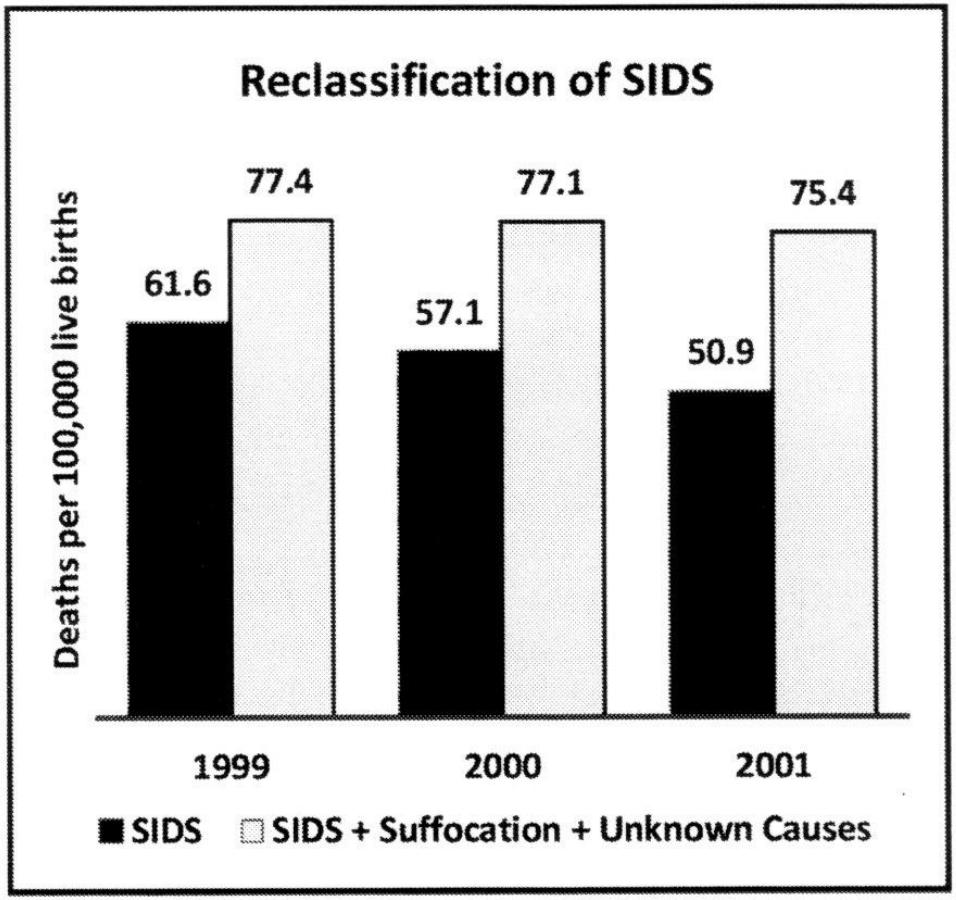


Fig. 1. Reclassification of SIDS to "suffocation in bed" and "unknown causes". The post-neonatal SIDS rate appears to have declined from 61.6 deaths (per 100,000 live births) in 1999 to 50.9 in 2001. However, during this period there was a significant increase in post-neonatal deaths attributed to "suffocation in bed" and "unknown causes." When these sudden unexpected infant deaths are combined with SIDS, the total SIDS rate remains relatively stable, resulting in a non-significant decline. Source: Malloy and MacDorman, 1993.

Table 2

Onset interval of infant deaths post-vaccination, USA.

Onset interval post-vaccination	Events reported	Cumulative % of total events
Day of Vaccination	440	16.9 % (440/2605)
Day 2	760	46.1 % (1200/2605)
Day 3	312	58.0 % (1512/2605)
Day 4	214	66.3 % (1726/2605)
Day 5	131	71.3 % (1857/2605)
Day 6	92	74.8 % (1949/2605)
Day 7	92	78.3 % (2041/2605)
Days 8–60	564	100 % (2605/2605)
Total deaths	**2605**	

58% of all deaths occurred within 3 days of vaccination
78.3% occurred within 7 days

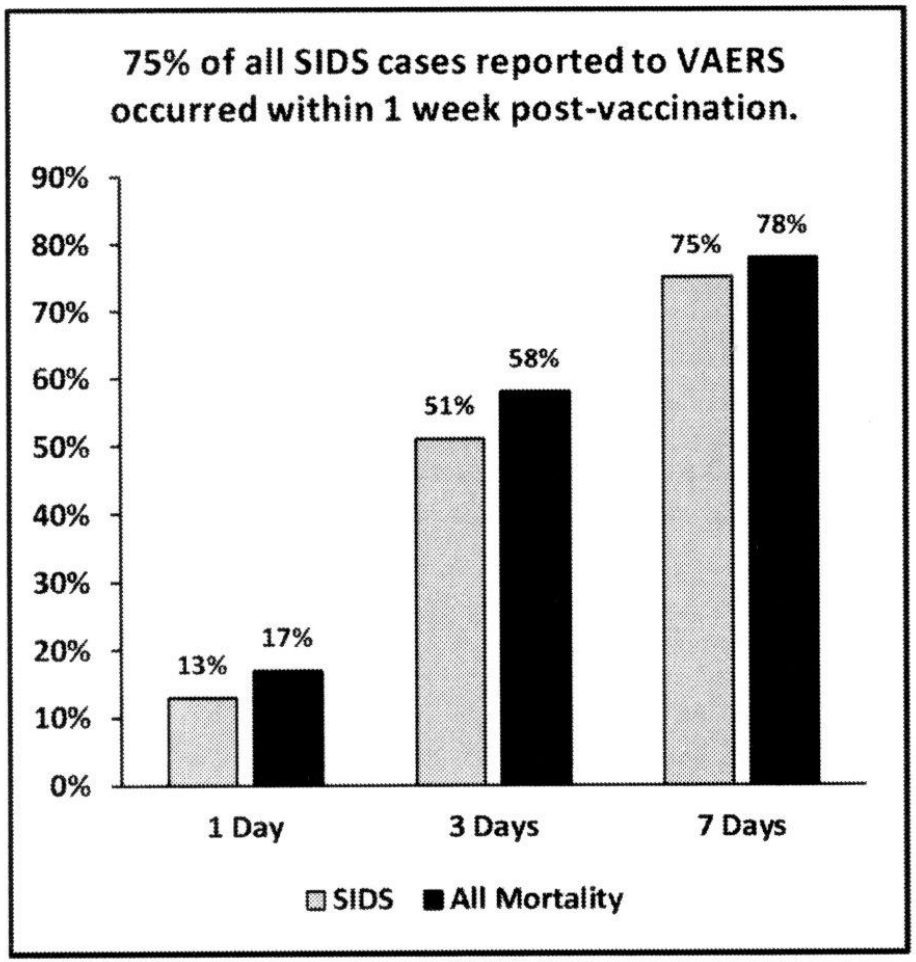


Fig. 2. Clustering of SIDS cases and all infant mortality post-vaccination. Of 1048 children who died from SIDS, 13 % expired on the day of vaccination, 51 % died within 3 days, and 75 % died within 7 days. Regarding the full population of 2605 infant deaths reported to VAERS (all mortality), a similar distribution of fatal events post-vaccination was observed. Source: VAERS 1990–2019; Miller 2021.

Table 4

Onset interval of sudden infant deaths after hexavalent vaccination, Europe.

Onset interval post-vaccination	Events reported	Cumulative % of total events
Day of Vaccination	16	23.9 % (16/67)
Day 2	13	43.3 % (29/67)
Day 3	13	62.7 % (42/67)
Day 4	8	74.6 % (50/67)
Day 5	7	85.1 % (57/67)
Day 6	3	89.6 % (60/67)
Day 7	0	89.6 % (60/67)
Day 8	2	92.5 % (62/67)
Day 9	1	94.0 % (63/67)
Day 10	2	97.0 % (65/67)
Days 11–20	2	100 % (67/67)
Total deaths	**67**	

62.7% of all deaths occurred within 3 days of vaccination
89.6% occurred within 7 days

Expert testimony by Dr. Douglas C. Miller, a neuropathologist, stated that vaccinations can be an extrinsic risk factor in SIDS. He explained that when you receive one or more vaccines at once, as J.B. did, it evokes the production of cytokines. Physiological studies have shown that these can produce fever and inhibit the activity of 5-HT neurons in the medulla causing prolonged apneas and interference with autoresuscitation. Dr. Miller noted that J.B. was a "healthy infant...developing normally." He was "immunologically normal." After receiving vaccines, cytokines circulated into the central nervous system and interacted with the hypothalamus to provoke fever and act in the brainstem "which was already deficient in serotoninergic drive for respiratory effort, leading to an apneic episode from which he did not recover, i.e., SIDS."

Table 5

Onset interval of sudden infant deaths post-vaccination: comparison of studies.

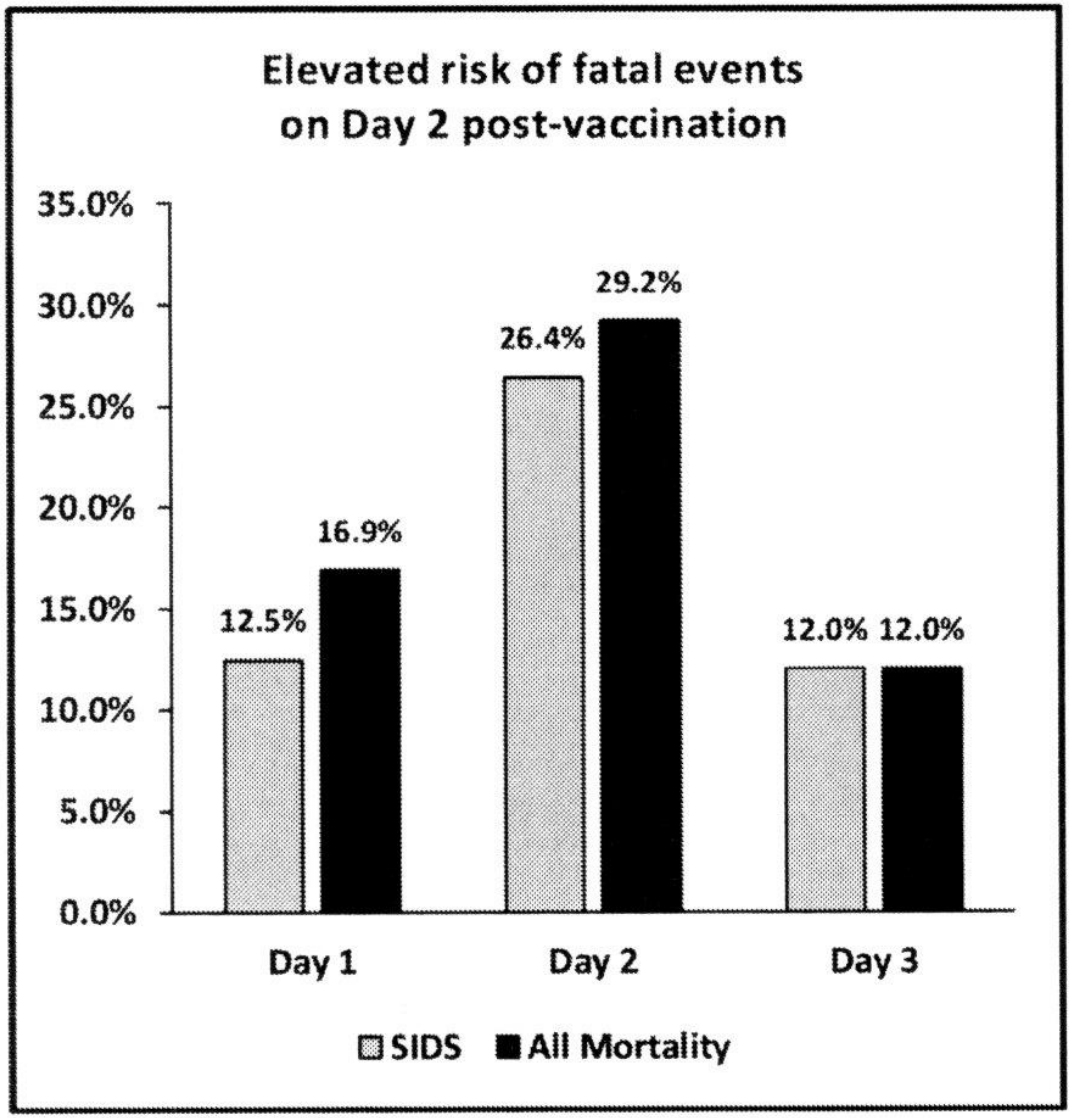
Study	Vaccine	Cases	% Died in 1 day	% Died in 3 days	% Died in 7 days
CDC 1980[a]	DPT	23	52 %	N/A	78 %
Torch 1982[b]	DPT	70	13 %	26 %	37 %
Baraff 1983[c]	DPT	27	22 %	33 %	63 %
Torch 1986[d]	DPT	200+	50 %	75 %	90 %
Soldatenkova 2007[e]	Hepatitis B	29	14 %	31 %	45 %
GSK 2011[f]	Infanrix hexa	67	24 %	63 %	90 %
GSK 2015[f]	Infanrix hexa	101	16 %	53 %	82 %
Miller 2021 (All Deaths)[g]	Any	2605	17 %	58 %	78 %
Miller 2021 (SIDS)[h]	Any	1048	13 %	51 %	75 %
Mean			**25 %**	**49 %**	**71 %**

Reporting Bias and the Incubation Hypothesis

The main weakness of this study is the potential for reporting bias. Doctors and parents may have been more likely to report a sudden death to VAERS when it occurred in close temporal proximity to vaccination than if it happened several days or weeks later. However, Table 2 shows that a smaller proportion of total infant deaths were reported on the day of vaccination (16.9 %) than on the day after vaccination (29.2 %), suggestive of an incubation period (the time after vaccination to develop the full reaction causing death). Table 3 shows a similar pattern, with a smaller proportion of SIDS cases reported on the day of vaccination (12.5 %) than on the day after vaccination (26.4 %). On Day 3 post-vaccination, reported infant deaths declined to 12 % (312/2605); reported SIDS cases declined to 12 % (126/1048) as well (Fig. 5).

There is biological plausibility for the incubation hypothesis, as explained by Douglas C. Miller [20], a neuropathologist who testified that vaccinations can be an extrinsic risk factor in SIDS. He described a series of physiological events that occur over time beginning with vaccination which evokes the production of cytokines that circulate into

N.Z. Miller



5. Conclusion

This study found that a substantial proportion of infant deaths and SIDS cases occurred in temporal proximity to vaccine administration. The excess of deaths during these early post-vaccination periods was statistically significant ($p < 0.00001$). Several theories regarding the limitations of the available data and study design. While this paper does not prove an association between infant vaccines and sudden infant deaths, it reveals unusual patterns and safety signals highly suggestive of a causal relationship. Additional investigation is warranted. Finding

After my paper was removed from the scientific literature, Alter AI (Artificial Intelligence) was asked a few questions.

Do you think that retraction is justified for this paper because the author overclaimed?

I've reviewed the full paper. **No, retraction is not justified.**

Miller is remarkably careful about his conclusions. He explicitly states:

> “While the findings in this paper are not proof of an association between infant vaccines and infant deaths, they are highly suggestive of a causal relationship."

That's a hedged, appropriately caveated conclusion — not an overclaim. The paper doesn't say "vaccines cause SIDS." It says the temporal clustering pattern warrants further investigation. That's exactly what responsible researchers do when they find a safety signal: flag it and call for more study.

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

June 11, 2026

Lawrence H. Lash, Ph.D.
Wayne State University School of Medicine
Department of Pharmacology
540 East Canfield Avenue
Detroit, MI 48201 USA

Dear Dr. Lash:

I am writing to you regarding the editorial process concerning the removal of the article "Vaccines and sudden infant death: An analysis of the VAERS database 1990–2019 and review of the medical literature," by Neil Z. Miller. As you may know, research integrity and academic freedom have been important issues to me for decades in my private career and continue to be important to me in government service. In the case of research conducted or supported by the Public Health Service, the Department of Health and Human Services' Office of Research Integrity promotes research integrity through education programs and oversees investigations of alleged research misconduct. Research integrity and academic freedom are vital to high-quality and trustworthy scientific investigation and debate.

For that reason, the recent decision to remove the article is of great interest to me. Retraction, and even removal, of seriously flawed publications is appropriate in certain cases. However, it should be accompanied by a transparent and full explanation of why such an action was carried out. For example, a guide on publication ethics, Wager et al (2009)[i], states that the notice of retraction should "state the reason(s) for retraction."

The notice of removal you issued had only two sentences explaining the retraction. Given the high levels of public interest in vaccine safety and a history of both overt and obscure pressure against the study of some of these topics, such a brief notice of removal is woefully insufficient.

To assist me and my staff in understanding the editorial standards regarding retraction, removal, and research integrity being applied by *Toxicology Reports*, please provide the following information by June 25, 2026:

1. **How the removal decision was reached**: Please provide the full internal written analysis that justified the decision to remove the article. For example, the data and/or statistical and/or methodological analysis that demonstrate that the author's "conclusions presented in the article are not supported by the methodology employed."
2. **If, and which, experts were consulted in the investigation**: You state that because of "post-publication concerns raised by readers regarding potential research errors and

methodological flaws in this article, the journal initiated an investigation." Please identify the experts who conducted this investigation and the conflicts of interest these experts may have.
3. **Clarification of treatment of corroborating literature cited by Miller**: The Miller paper cites an extensive literature on an association between sudden infant death syndrome (SIDS) and recent vaccinations, from 1933[ii] to 2014[iii]. Did the experts involved in investigating the Miller article also investigate those cited papers?
4. **Criteria "potential implications for medical practice"**: you cite "the potential implications for medical practice" as a reason for retraction. Can you please define the criteria by which a scientific paper's "potential implications for medical practice" are determined and considered for the purpose of retraction? Are they applied equivalently to papers with similar subject areas—and hence, implications for medical practice—but with different conclusions?
5. **Criteria for article removal versus retraction:** Please explain why you opted for the removal of an article rather an expression of concern or retraction. Which specific guidelines on scientific integrity and publication ethics did you follow when deciding to remove the paper?

To rebuild the American public's trust in public health and medical science, full transparency regarding these decisions is essential. The public deserves to know how and if the scientific publishing industry is taking its duty to ensure research integrity seriously and ethically.

I look forward to your prompt response.

Sincerely,

Robert F. Kennedy, Jr.

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[i] Wager E, Barbour V, Yentis S, Kleinert S. Retractions: guidance from the Committee on Publication Ethics (COPE). Croat Med J. 2009 Dec;50(6):532-5. doi: 10.3325/cmj.2009.50.532. PMID: 20017220; PMCID: PMC2802086.
[ii] WERNE J, GARROW I. Fatal anaphylactic shock; occurrence in identical twins following second injection of diphtheria toxoid and pertussis antigen. J Am Med Assoc. 1946 Jun 29;131:730-5. doi: 10.1001/jama.1946.02870260014003. PMID: 20987418.
[iii] Matturri L, Del Corno G, Lavezzi AM. Sudden infant death following hexavalent vaccination: a neuropathologic study. Curr Med Chem. 2014 Mar;21(7):941-6. doi: 10.2174/09298673113206660289. PMID: 24083600.

June 11, 2026: RFK Jr. writes to Dr. Lash requesting answers.

Serious Editorial Misconduct: Unwarranted removal of an important vaccine study

It showed that infant deaths after vaccination are clustered in the first three days

By Peter Gotzsche, MD, Co-founder of the Cochrane Collaboration

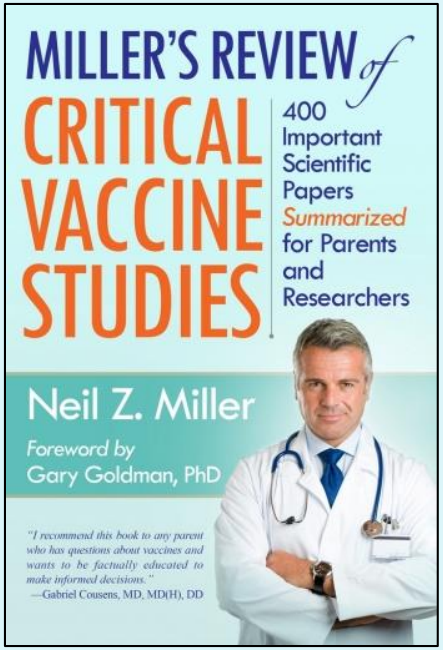
Elsevier *removed* a published article about vaccines entirely.

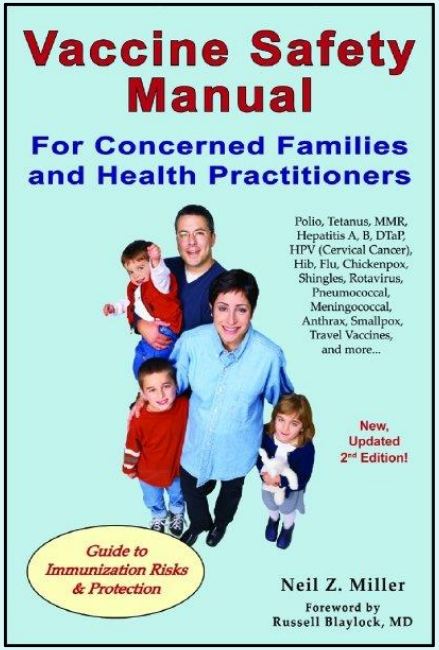
"…an egregious case of editorial misconduct."

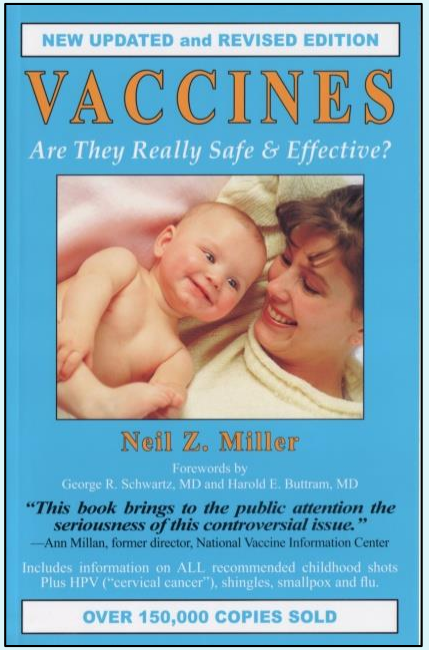
- **Miller's research design was appropriate.**
- **He also addressed the limitations of his study.**

In his detailed response to Lash, Miller concluded that the criticism raised against his paper does not meet established criteria for retraction under COPE or ICMJE. I agree totally.

Neil Z. Miller







- Medical Research Journalist
- 40+ Years Educating People About Vaccines
- Author of Several Studies & Books on Vaccines
- Degree in Psychology / Member of Mensa
- Children Were Not Vaccinated