

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPERIOR COURT
CIVIL ACTION NO. _____

TAMAR MASSOYAN-ARTINIAN, on behalf of
her children, and MADISON SCHILTZ,

Plaintiffs,

v.

MONICA BHAREL, in her official capacity as
Commissioner of the Massachusetts
Department of Public Health and the
MASSACHUSETTS DEPARTMENT OF
PUBLIC HEALTH,

Defendants.

EXPERT AFFIDAVIT OF P. AABY AND C. STABELL BENN

We, Peter Aaby and Christine Stabell Benn, state as follows:

1. We submit this affidavit in support of Plaintiffs' Motion for a preliminary injunction. We have personal knowledge of the facts set forth herein and if called to testify, each of us could competently testify as to the following:

EXPERIENCE & CREDENTIALS

2. I, Christine Stabell Benn, am a medical doctor (1996), PhD (2003), and DMSc (2011), Professor in Global Health at University of Southern Denmark (since 2013), Chair at the Danish Institute for Advanced Study (since 2017), and member of the *Academia Europaea* (since 2020). My research focuses on how vaccines affect the immune system in more general ways than

previously thought. I have published 293 articles, mainly about vaccines, in peer-reviewed journals. My CV is attached in Exhibit A.

3. I, Peter Aaby, an anthropologist, who has studied vaccination policy in West Africa for more than 40 years, am a PhD (1974), DMSc (1988), Professor (1995), Doctor Honoris Causa (Universidade Nova de Lisboa), and member of the *Academia Europaea*. I showed in 1980-1990 that WHO's new high-titer measles vaccine (HTMV) was associated with two-fold increased female mortality in spite of being fully protective against measles infection. This conundrum led to the discovery that vaccines have nonspecific effects, unrelated to protection against the vaccine-targeted infection. WHO had to withdraw the HTMV (1992). My CV is attached in Exhibit B.

4. We have not received any compensation, either directly or in-kind, for this affidavit.

UNIVERSAL DECLARATION ON BIOETHICS AND HUMAN RIGHTS

5. UNESCO's Universal Declaration on Bioethics and Human Rights¹ aims to provide a universal framework of principles and procedures to guide States in the formulation of their legislation, policies or other instruments in the field of bioethics. Article 6.1 of the Declaration states: *"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."* **Accordingly, vaccines cannot be forced upon anybody**, directly or

¹ http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html.

indirectly through deprivation of privileges the individual would otherwise have had (*e.g.*, the right to go to school, to have a job, or to earn a living), all of which can be equated with coercion.

COMPARISON WITH DENMARK

6. Denmark has never recommended an influenza vaccine for all ages. Currently, influenza vaccine is only recommended to the elderly above 65 years of age, people with chronic diseases, people working with vulnerable people, and pregnant women. The Danish Health Authority has evaluated the need for other groups to receive influenza vaccine. The report is currently in public hearing.² It establishes that it may be cost-beneficial to offer (but not mandate; no vaccines are mandated in Denmark) influenza vaccine to children aged 0-6 years and to health care workers, but there is no reason to vaccinate older children or adults below 65. ***Thus, The Danish Health Authority does not find it indicated to recommend influenza vaccine to healthy people aged 6 to 65 years.***

7. Denmark is praised for its COVID-19 response, the mortality rate by 13 December being 16/100,000,³ yet has not changed its recommendations with respect to influenza vaccine as a way of fighting COVID-19.

VACCINES HAVE NON-SPECIFIC EFFECTS THAT MAY BE HARMFUL

8. Following the studies showing that new measles vaccine (HTMV) was associated with increased all-cause mortality for females, numerous studies have documented that all the commonly used vaccines have nonspecific effects.⁴ Sometimes the effects are beneficial, reducing susceptibility to unrelated infections. However, sometimes the vaccine effects are deleterious,

²<https://prodstoragehoeringspo.blob.core.windows.net/c161d76d-572e-4fa5-8b85-a380b9acc084/H%C3%B8ringsversion%20-%20MTV%20for%20influenzavaccination.pdf>.

³ <https://covid19.who.int/region/euro/country/dk>.

⁴ Benn et al, Lancet Infect Dis 2020: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(19\)30742-X/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30742-X/fulltext).

enhancing susceptibility to unrelated infections and increasing mortality. The general pattern seems to be that live vaccines (Measles vaccine, Measles-mumps-rubella vaccine, oral polio vaccine, BCG, smallpox vaccine) have beneficial effects. However in contrast, six non-live vaccines (DTP, HBV, IPV, pentavalent vaccine, H1N1 influenza vaccine, and RTS,S malaria vaccine) have negative effects, particularly for females.⁵

CONCLUSION

9. Mandating vaccines goes against UNESCO's Universal Declaration on Bioethics and Human Rights. Other countries like Denmark, with free universal health care, high average mean age and good population health, are not recommending universal influenza vaccines. Vaccines may have negative nonspecific effects; however, these have not been thoroughly investigated for influenza vaccine.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY,



Christine Stabell Benn



Peter Aaby

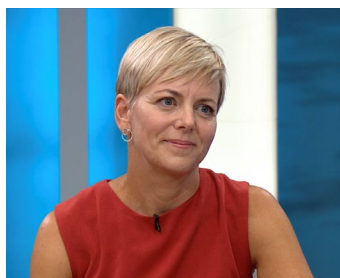
Signed this 16th day, December 2020.

⁵ *Id.*

EXHIBIT A

PERSONAL INFORMATION

Christine Stabell Benn



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Date of birth 15/06/1968 | Nationality Danish | ORCID [0000-0001-6102-3810](https://orcid.org/0000-0001-6102-3810)

WORK EXPERIENCE

2013->	Professor, OPEN, University of Southern Denmark (USD)/Odense University Hospital
2012->	Center leader, Research Center for Vitamins and Vaccines (CVIVA)
2012->	Head, Bandim Health Project Copenhagen Division (hosted at SDU from 2020)
2008-2015	External associate professor, University of Copenhagen, Denmark (UCD)
2007-2011	Senior researcher, Bandim Health Project (BHP), Statens Serum Institut (SSI)
2005-2007	Post-doc, Bandim Health Project, SSI, and Dept. of Infectious Diseases, Rigshospitalet
2003-2004	Post-doc, Dept. of Epidemiology Research, SSI
1999-2003	PhD-student, Dept. of Epidemiology Research, SSI
1998	Maternity leave (March 1998-December 1998)
1996-98	Residence in Surgery, Internal Medicine and GP, Copenhagen
1995	Maternity leave (September 1995-February 1995)
1993	12 months' scholarship, Institute of Epidemiology and Social Science, University of Aarhus, Denmark (UAD) and BHP, Guinea-Bissau

EDUCATION AND TRAINING

2014	Advanced course in responsible research conduct, SSI
2011	Doctor of Medical Science, UCD
2006	One month at Pediatric Immunology Department, Stanford University, US
2003	PhD, UCD
1996	MD, UCD
1994	Diploma in Medical Research, UAD
1987-96	Medical Student, UAD and UCD

HONOURS AND AWARDS

2019	University of Southern Denmark's "Innovation Prize"
2018	Selected to give a TEDx talk (https://www.youtube.com/watch?v=_d8PNIXHJ48)
2017	Chair, Danish Institute for Advanced Studies
2015	Prize for Best Publications, Department of Clinical Research, USD
2014	Nominated for "Best Danish research result of the year"
2011	Selected by the Danish National Research Foundation for a "Center of Excellence"
2010	Received an ERC Starting Grant
2009+2011	2 nd prize: "Best Danish research result of the year"
2009	Received a Female Research Leader Grant (Danish Council for Independent Research)
2005	Awarded Young Research Leader Grant (Strategic Research Council) as one among the 19 most talented young Danish Researchers
2004	Nominated for EURYI award as one among the 9 most talented Danish Researchers

ORGANISATIONAL SKILLS/ MENTORING

- **Responsible for a team of ~15 people at SDU, Denmark**
- **One of seven member of the Steering Board of the Bandim Health Project, Guinea-Bissau**
- **The principal investigator/co-investigator for many large-scale randomised trials in Guinea-Bissau, e.g.:**
 - 1993-1995: The effect of vitamin A supplementation on the antibody-response to measles vaccine (*Lancet* 1997, *Lancet* 2002)
 - 2002-2004 : The effect on mortality of 50,000 IU vitamin A given with BCG at birth to normal-birth-weight neonates (*BMJ* 2008)
 - 2005-2008: The effect on mortality of 25,000 IU vitamin A given with or without BCG to low-birth-weight-neonates (*BMJ* 2010)
 - 2007-2011: An evaluation of the WHO vitamin A policy: Vitamin A given with vaccines after 6 months of age (*Pediatrics* 2014)
 - 2008-2012 : The effect on mortality of providing oral polio vaccine at birth (*Clin Inf Dis* 2015)
 - 2008-2014: The effect on mortality of providing early BCG vaccine to children with low weight (*Clin Inf Dis* 2017)
- **The previous or current supervisor of 26 PhD students and >40 Research year/Masters students.**

OTHER QUALIFICATIONS

- **Member of the Scientific Advisory Committee for EDCTP 2019->**
- **Member of the Life Science assessment panel of ERC Starting Grants 2019**
- PI for a Nordic project "Childhood morbidity and potential non-specific effects of the childhood vaccination programmes", involving the National Immunization Programs in Denmark, Norway, Sweden and Finland (with funding from "NordForsk"), 2017-2022
- Participant, EDCTP Stakeholder Meeting on Co-infections and Co-morbidities, Den Haag 2017
- Member of the PhD grant assessment committee, Odense University Hospital, 2014-2016
- **Technical Advisor, WHO** (Neonatal vitamin A policy), 2008, 2014-16
- **Member of WHO/SAGE working group** on non-specific effects of vaccines 2013-2014 (www.who.int/immunization/sage/sage_wg_non_specific_effects_vaccines_march2013/)
- **Expert member of working group, NIH** (INSPIRE), USA, 2012-2014
- Co-funder of "OPTIMMUNIZE", a consortium which aims to investigate the immunological mechanisms behind the non-specific and sex-differential effects of health interventions, 2010->

SCIENTIFIC INTERESTS

My research focusses on **epidemiological studies** of **health interventions** and their **effect on overall health** in real life. We have observed that that vitamins and vaccines affect **the immune system** in much more general ways than previously thought. Vitamins and vaccines have so-called **non-specific effects**. Based to a large extent on work done in one of the world's poorest countries, Guinea-Bissau, I have formulated the hypothesis that these **health interventions interact**, the interventions and the interactions are **sex-differential**, and the effect of a given intervention may depend more on these interactions than on the specific effects of the interventions.

My main contribution has been to take the observations on non-specific effects forward to **randomised controlled trials**. I have also bridged to **immunological studies**, and explored the **biological mechanisms** underlying the non-specific effects of vitamins and vaccines. Furthermore, we have taken the observations back to Denmark, to test in randomised trials and observational **register-based studies** whether non-specific effects of vaccines are important in high-income settings. Most recently, we are testing whether non-specific effects of BCG vaccine and oral polio vaccine can provide partial protection against COVID-19. I am the **author of 293 scientific articles for peer-reviewed journals**.

Total number of publications in peer reviewed journals (not abstracts): 293. H-index=43 (Web of Science)

1. **Stabell C**, Balé C, da Silva AP, Olsen J, Aaby P. No evidence of fontanelle-bulging episodes after vitamin A supplementation of 6- and 9-months old infants in Guinea-Bissau. *Eur J Clin Nutr* 1995; 49: 73-74
2. **Benn CS**, Whittle H, Aaby P, Balé C, Michaelsen KF, Olsen J. Vitamin A and measles. *Lancet* 1995; 346: 503-504
3. **Benn CS**, Aaby P, Balé C, Olsen J, Michaelsen KF, George E, Whittle H. Randomised trial of effect of vitamin A supplementation on antibody response to measles vaccine in Guinea-Bissau, West Africa. *Lancet* 1997; 350: 101-105
4. **Benn CS**, Lisse IM, Balé C, Michaelsen KF, Olsen J, Hedegaard K, Aaby P. No strong long-term effect of vitamin A supplementation in infancy on CD4 and CD8 T-cell subsets. A community study from Guinea-Bissau, West Africa. *Ann Trop Paediatr* 2000; 20: 259-264.
5. **Benn CS**, Jeppesen DL, Hasselbalch H, Olesen AB, Nielsen J, Björkstén B, Lisse IL, Aaby P. Thymus size and head circumference at birth and development of allergic diseases. *Clin Exp Allergy* 2001; 31: 1862-1866.
6. **Benn CS**, Bager P, Jensen H, Lisse I, Aaby P. Measles and atopy – rash on rash? *Allergy* 2001; 56: 800-801.
7. **Benn CS**, Balde A, George E, Kidd M, Whittle H, Lisse IM, Aaby P. Long-term effect of vitamin A supplementation with measles vaccine in infancy on measles-specific antibody levels in Guinea-Bissau, West Africa. *Lancet* 2002; 359: 1313-14.
8. **Benn CS**, Bendixen M, Krause TG, Olesen, AB. Questionable coexistence of Th1 and Th2-related diseases. *J Allergy Clin Immunol* 2002; 110: 328-29.
9. **Benn CS**, Thorsen P, Jensen JS, Kjær BB, Bisgaard H, Andersen M, Rostgaard K, Björkstén B, Melbye M. Maternal vaginal microflora during pregnancy and risk of asthma hospitalization and anti-asthma medication in early childhood. *J Allergy Clin Immunol* 2002; 110: 72-77.
10. Bager P, Westergaard T, Rostgaard K, **Benn CS**, Melbye M. Mode of delivery and risk of allergic rhinitis and asthma. *J Allergy Clin Immunol* 2003; 111: 51-6.
11. Westergaard T, Begtrup K, Rostgaard K, Krause TG, **Benn CS**, Melbye M. Reproductive history and allergic rhinitis among 31,145 Danish Women. *Clin Exp Allergy* 2003; 33:301-5.
12. **Benn CS**, Benfeldt E, Andersen PK, Olesen AB, Melbye M, Björkstén B. Atopic Dermatitis in Young Children: Diagnostic criteria for Use in Epidemiological Studies Based on Telephone Interviews. *Acta Derm Venereol* 2003; 83: 347-350.
13. **Benn CS**, Balé C, Sommerfelt H, Friis H, Aaby P. Vitamin A supplementation and childhood mortality: Amplification of the non-specific effects of vaccines? *Int J Epidemiol* 2003; 32:822-8.
14. Aaby P, Jensen H, Rodrigues A, Garly ML, **Benn CS**, Lisse IM, Simondon F. Divergent female-male mortality ratios associated with different routine vaccinations among female-male twin pairs. *Int J Epidemiol* 2004; 33:367-73.
15. **Benn CS**, Böttcher MF, Pedersen BV, Filteau SM, Duchén K. Mammary epithelial paracellular permeability in atopic and non-atopic mothers versus childhood atopy. *Pediatr Allergy Immunol* 2004; 15:123-6.
16. **Benn CS**, Melbye M, Wohlfahrt J, Björkstén B, Aaby P. The sibling effect, infectious diseases, and risk of atopic dermatitis before 18 months of age. *BMJ* 2004; 328:1223-8.
17. Aaby P, Rodrigues A, Biai S, Martins C, Veirum JE, **Benn CS**, Jensen H. Oral polio vaccine and low case fatality at the paediatric ward in Bissau. *Vaccine* 2004; 22: 3014-7.
18. **Benn CS**, Wohlfahrt J, Aaby P, Westergaard T, Benfeldt E, Michaelsen KF, Björkstén B, Melbye M. Breastfeeding and Risk of Atopic Dermatitis During The First 18 Months of Life by Parental History of Allergy. *Am J Epidemiol* 2004; 160:217-23.
19. Linneberg A, Petersen J, Grønbæk M, **Benn CS**. Alcohol during pregnancy and atopic dermatitis in the offspring. *Clin Exp Allergy* 2004; 34: 1678-1683.
20. Nielsen J, **Benn CS**, Bale C, Martins C, Aaby P. Vitamin A supplementation during war-emergency in Guinea-Bissau 1998-1999. *Acta Trop* 2005; 93: 275-82.
21. Aaby P, Rodrigues A, Biai S, Martins C, Veirum JE, **Benn CB**, Jensen H. Vaccines and unexpected observations: Flaws or cause for concern? *Vaccine* 2005; 23: 2407-8.
22. **Benn CS**, Melbye M, Wohlfahrt J, Björkstén B, Aaby P. [Kohortestudie af effekten af søskende og infektionssygdomme på udvikling af atopisk dermatitis]. *Ugeskr Laeger* 2005;167 :1754-7
23. Aaby P, Jensen H, **Benn CS**, Lisse IM. Non-specific effects of vaccination: survival bias may explain findings. *BMJ* 2005; 330:844-5.
24. Jensen H, **Benn CS**, Aaby P. Diphtheria-tetanus-pertussis vaccination in low-income countries: improved child survival or survival bias? *BMJ* 2005; 330:845-6.
25. Olesen AB, Andersen G, Jeppesen DL, **Benn CS**, Juul S, Thestrup-Pedersen K. Thymus is enlarged in children with current atopic dermatitis. A cross-sectional study. *Acta Dem Venereol* 2005; 85: 240-243.

26. **Benn CS**, Michaelsen KF. Does the effect of breast-feeding on atopic dermatitis depend on family history of allergy? *J Pediatr* 2005;147(1):128-9.
27. **Benn CS**, Martins C, Rodrigues A, Jensen H, Lisse IM, Aaby P. Randomised study of the impact of different doses of vitamin A on childhood morbidity and mortality. *BMJ* 2005; 331:1428-32.
28. Linneberg A, Simonsen JB, Petersen J, Stensballe LG, **Benn CS**. Differential effects of risk factors on infant wheeze and atopic dermatitis emphasize a different etiology. *J Allergy Clin Immunol* 2006; 117(1):184-9.
29. Kamper-Jørgensen M, Wohlhahrt J, Simonsen J, Thrane N, **Benn CS**. Temporal trends in paediatric infections in Denmark. *Arch Dis Child* 2006; 91:401-4.
30. **Benn CS**, Diness B, Fisker AB, Christoffersen D, Friis H. [Høj-dosis vitamin A tilskud sænker børnedødeligheden i lavindkomstlande – kan det blive bedre?]. *Ugeskr Laeger* 2006; 168: 2442- 2445.
31. Aaby P, Gustafson P, Roth A, Rodrigues A, Fernandes M, Sodemann M, Holmgren B, **Benn CS**, Garly ML, Lisse IM, and Jensen H. Vaccinia scars associated with better survival for adults. An observational study from Guinea-Bissau. *Vaccine* 2006; 24:5718-25.
32. Aaby P, Vessari H, Nielsen J, Maleta K, **Benn CS**, Jensen H, Ashorn P. Non-specific and sex-differential effects of routine immunizations in rural Malawi. *Ped Inf Dis J* 2006; 25:721-727.
33. **Benn CS**, Fisker AB, Diness BR, Aaby P. Sex-differential effects of neonatal vitamin A supplementation on mortality? *J Infect Dis* 2006; 194: 719.
34. Kamper-Jørgensen M, Wohlfahrt J, Simonsen J, Grønbaek M, **Benn CS**. Population-based study of the impact of childcare attendance on hospitalizations for acute respiratory infections. *Pediatrics* 2006; 118: 1439-46.
35. Stensballe LG, Kristensen K, Simoes EAF, Jensen H, Nielsen J, **Benn CS**, Aaby P. Atopic Disposition, Wheezing, and Subsequent Respiratory Syncytial Virus Hospitalization in Danish Children Younger Than 18 Months: A Nested Case-Control Study. *Pediatrics* 2006;118: 1360-8.
36. **Benn CS**, Aaby P. [Kønsforskelle i respons på præventive sundhedsprogrammer]. *Ugeskr Laeger* 2006; 168: 3045-3046.
37. Poulsen A, Stensballe LG, Nielsen J, **Benn CS**, Balde A, Roth A, Lisse IM, Aaby P. Long-term consequences of respiratory syncytial virus acute lower respiratory tract infection in early childhood in Guinea-Bissau. *Ped Inf Dis J* 2006; 25: 1025-1031.
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39. Aaby P, **Benn CS**, Nielsen J, Lisse IM, Rodrigues A, Jensen H. Estimating the effect of DTP vaccination on mortality in observational studies with incomplete vaccination data. *Trop Med Int Health* 2007;12:15-24.
40. Jensen H, **Benn CS**, Nielsen J, Lisse IM, Rodrigues A, Andersen PK, Aaby P. Survival bias in observational studies of the impact of routine immunisations on childhood survival. *Trop Med Int Health* 2007; 12:5-14.
41. **Benn CS**, Fisker AB, Jørgensen MJ, Aaby P. Why worry: Vitamin A with DTP vaccine? *Vaccine* 2007; 25: 777-779.
42. Aaby P, Biai S, Veirum JE, Sodeman M, Lisse I, Garly ML, Jensen H, **Benn CS**, Rodrigues A. DTP with or after measles vaccination is associated with increased in-hospital mortality in Guinea-Bissau. *Vaccine* 2007; 25: 1265-69.
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44. Jensen ML, Dave S, van der Loeff MS, da Costa C, Vincent T, Leligidowicz A, **Benn CS**, Roth A, Ravn H, Lisse IM, Whittle H, Aaby P. Vaccinia Scars Associated with Improved Survival among Adults in Rural Guinea-Bissau. *PLoS ONE* 2006; 1: e101.
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46. Aaby P, Garly ML, Jensen H, Martins C, Balé C, **Benn CS**, Rodrigues A, Lisse IM. Inactivated polio and diphtheria-tetanus-pertussis vaccines associated with increased female mortality prior to measles vaccination: Observations from vaccination trials in Guinea-Bissau. *Ped Inf Dis J* 2007; 26: 247-52.
47. Nante E, Diness BR, Ravn H, Roth A, Aaby P, **Benn CS**. No adverse events associated with simultaneous vitamin A supplementation and Baccille Calmette-Guerin vaccination in normal-birth-weight infants in Guinea-Bissau. *Eur J Clin Nutr* 2007 May 30;
48. **Benn CS**, Aaby P. Sex-differential responses to preventive health interventions. *Dan Med Bull* 2007; 54: 153-4.

49. Fisker AB, Lisse IM, Aaby P, Erhardt J, Rodrigues A, Bibby B, **Benn CS**. Impact of neonatal vitamin A supplementation with BCG vaccine on vitamin A status at 6 weeks and 4 months of age. *Am J Clin Nutr* 2007; 86:1032-9.
50. Diness BR, Fisker AB, Roth A, Yazdanbakhsh M, Sartono E, Whittle H, Nante JE, Lisse IM, Ravn H, Rodrigues A, Aaby P, **Benn CS**. The effect of high-dose vitamin A supplementation on the immune response to Bacille Calmette-Guérin vaccination. *Am J Clin Nutr* 2007; 86:1152-9.
51. Kamper-Jørgensen M, Woodward A, Wohlfahrt J, **Benn CS**, Simonsen J, Hjalgrim H, Schmiegelow K. Childcare in the first two years of life reduces the risk of childhood acute lymphoblastic leukaemia. *Leukaemia* 2008; 22 :189-93.
52. Eriksson M, Sartono E, Martins CL, Balé C, Garly ML, Whittle H, Aaby P, Pedersen BK, Yazdanbakhsh M, Erikstrup C, **Benn CS**. A comparison of ex vivo cytokine production in venous and capillary blood. *Clin Exp Immunol* 2007; 150 :469-76.
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54. Aaby P, **Benn CS**, Nielsen J, Ravn H. Sex-differential non-specific effects of BCG and DTP in Cebu, The Philippines. *Int J Epidemiol* 2008; 38:320-3
55. **Benn CS**, Fisker AB, Jørgensen MJ, Aaby P. Conflicting evidence for neonatal vitamin A supplementation. *Vaccine* 2008; 26:4111-2.
56. Hersoug L-G, **Benn CS**, Simonsen JB, Kamper-Jørgensen M, Linneberg A. Maternal employment in childcare institutions and the risk of infant wheeze and atopic dermatitis in the offspring. *Ped All Immunol* 2008; 19(8):688-95
57. **Benn CS**, Diness BR, Roth A, Nante E, Fisker AB, Lisse IM, Whittle H, Rodrigues A, Yazdanbakhsh M, Aaby P. Randomised trial of the effect on mortality of 50,000 IU vitamin A given with BCG vaccine to infants in Guinea-Bissau, West-Africa *BMJ* 2008; 336:1416-20.
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59. **Benn CS**, Fisker AB, Rodrigues A, Ravn H, Sartono E, Whittle H, Yazdanbakhsh M, Aaby P. Sex-differential effect on infant mortality of oral polio vaccine administered with BCG at birth in Guinea-Bissau. A natural experiment. *PLoS ONE* 2008; 3(12):e4056.
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Miscellaneous:

Reports

Mutua M, Welega P, Zandoh C, Kagoné M, Hanifi MA, Ravn H, Fisker A, Andersen A, **Benn CS**, Thyssen S, Martins C, Aaby P. Analysis of Coverage of Fully Immunized Child, Associated Factors, Outcomes, and Impact Using Routinely Collected Population Cohort Data 2001-2014. Report to Global Alliance for Vaccine Implementation (2015).

Book chapters

Benn CS, Rieckmann A, Jensen KJ, Aaby P. The role of maternal priming and boosting for the non-specific effects of BCG vaccine. Chapter. In: The Value of BCG and TNF in Autoimmunity, 2nd Edition. Editor: Denise Faustmann, Director of Immunology, Massachusetts General Hospital, Harvard. Elsevier. <http://elsev.spi-bpo.com/books/EComp/FAUSTMAN978-0-12-814603-3/1/OTc4LTAtMTIt/index.php?Type=E> (2018)

Articles in “The Conversation”

Christine Stabell Benn: Vaccines have health effects beyond protecting against target diseases. <https://theconversation.com/vaccines-have-health-effects-beyond-protecting-against-target-diseases-1063832019> (2019)

[More than 57000 reads]

Christine Stabell Benn: Declaring vaccine hesitancy one of the ten biggest health threats in 2019 is unhelpful
<https://theconversation.com/declaring-vaccine-hesitancy-one-of-the-ten-biggest-health-threats-in-2019-is-unhelpful-123628> (2019) [More than 46000 reads]

TEDx talk: How vaccines train the immune system in ways no one expected | Christine Stabell Benn | TEDxAarhus.
https://www.youtube.com/watch?v=_d8PNIXHJ48 (2019) [More than 57000 views]

EXHIBIT B

Peter Aaby, DMSc, professor

Education/training

1974 Mag. Scient., Social Anthropology, University of Copenhagen

1988 Dr. Med. Sc., University of Copenhagen

Positions and Employment

1968-1991 Institute of Anthropology, University of Copenhagen; Associated with SAREC, Sweden (1978-1981); Associated with Danish Church Aid (1987-1991)

1991- Statens Serum Institut; Research Professor DANIDA/SSVF (1995-2001); Novo Nordisk Foundation professorship grant (2002-2014)

Honours

2000 Novo Nordisk prize for "Ground-breaking epidemiological research especially with regard to vaccinations against measles infection"

2009 Ministry of Foreign Affairs: 5th most important Dane for fighting global poverty

2009 + 2011+ 2014: Nominated as one of 10 best Danish research result of the year; on two occasions 2nd prize

2010 Step 2 for ERC, Advanced Grant, not funded

2012-2016 Adjunct Professor, University of Southern Denmark

2012-2017 Co-organiser of Research Center for vitamins and vaccines (CVIVA), center of excellence sponsored by the DNRF (Centre leader: Christine S Benn)

2015 Doctor Honoris Causa, Universidade Nova de Lisboa

2017 SEB Pensions Hæderpris

2017-2022 Adjunct Professor, University of Southern Denmark

2020 Member Academia Europaea

Scientific Focus

Since 1978 I have built a large health and demographic surveillance system in Guinea-Bissau. Under-5 child mortality was 500/1000 when we started. Contrary to all expectations, the high measles case fatality (25%) was not due to malnutrition but to the intensity of exposure as a secondary case within the family. Intensity of exposure was subsequently shown to explain severity in many childhood infections including pertussis, chickenpox, polio and RSV.

We were the first to introduce measles vaccine (MV) in Bissau in 1979. The MV campaign reduced overall child mortality by two-thirds, an effect not explained by prevention of measles infection.

This led to a series of discoveries contradicting the specific-disease paradigm. Vaccines affect susceptibility to unrelated infections and these non-specific effects (NSEs) are far more important

for child survival than the specific preventive effects. Live vaccines, including MV, BCG, OPV and smallpox vaccination, have major beneficial NSEs, whereas non-live vaccines, including DTP, inactivated polio vaccine (IPV), hepatitis B vaccine (HBV), Pentavalent, H1N1 influenza vaccine and RTS,S malaria vaccine have negative effects for female survival.

We have also found that boosting with live vaccines, as happens in eradication campaigns, enhances the beneficial NSEs. Under-5 mortality has now declined to 65-70/1000. The numerous eradication campaigns with OPV and MV are responsible for much of this decline. We have also found for both BCG and MV that maternal priming enhances the beneficial NSEs of these vaccines.

An important implication of the NSEs is that if we eradicate a disease and then stop the corresponding live vaccine, we may have done more harm by stopping beneficial immune-training than the good we did by eradicating the disease and preventing the disease-related deaths. We have shown in both Guinea-Bissau and Denmark that smallpox vaccination had beneficial effects on survival long after smallpox was eradicated (1977). A similar problem is likely to occur with polio (to be eradicated 2019-2020) and measles (within the next 10-15 years). If we stop live OPV and MV without finding replacement vaccines we may see increases in child mortality.

A new paradigm emphasizing the immune system as a learning entity which can be trained to reduce susceptibility or misdirected to enhance susceptibility to unrelated infections is needed. Pursuing this paradigm can lead to major reductions in child mortality in low-income countries and to health care cost-savings in the high-income countries.

Peer reviewed publications

Since I started in epidemiology, I have published 613 papers in the medical field; 165 first authored; 202 last/corresponding author; H-index: 89 (Google Scholar): i10:487; 30,110 citations.

Research training

Experience in research training based on work in West Africa: 9 researchers have obtained a doctoral degree, 59 have obtained a PhD degree. The first PhD from Guinea-Bissau, Amabelia Rodrigues became the first director of the National Institute of Health, Guinea-Bissau. Kåre Mølbak became the state epidemiologist of Denmark. Christine S Benn has become the first Danish physician to receive an ERC starting grant and has received a Danish National Research Foundation Centre of Excellence grant. Many previous students are professors or senior registrars.

International collaboration

Extensive international collaboration with the INDEPH Network of demographic surveillance sites in low-income countries and with immunologists within the OPTIMMUNIZE network which focuses on potential biological mechanism for the non-specific effects of vaccines.

PUBLICATIONS: PETER AABY

1981

1. Aaby P, Bukh J, Lisse IM, Smits AJ. Measles vaccination and child mortality. *Lancet* 1981; ii:93.
2. Aaby P, Bukh J, Lisse IM, Smits AJ, Smedman L, Jeppson O, Lindeberg A. Breastfeeding and measles mortality in Guinea-Bissau. *Lancet* 1981; ii:1231

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3. Aaby P, Bukh J, Lisse IM, Smits AJ. Measles mortality, state of nutrition, and family structure: A community study from Guinea-Bissau. *J Infect Dis* 1983; 147:693-701
4. Aaby P, Bukh J, Lisse IM, Smits AJ. Spacing, crowding, and child mortality in Guinea-Bissau. *Lancet* 1983; ii:161
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6. Aaby P, Bukh J, Lisse IM, Smits AJ, Gomes J, Fernandes MA, Indi F, Soares M. High case fatality rate in twins with measles. *Lancet* 1983;ii:690

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10. Aaby P, Bukh J, Lisse IM, Smits AJ. Measles vaccination and reduction in child mortality: a community study from Guinea-Bissau. *J Infect* 1984; 8:13-21
11. Aaby P, Bukh J, Lisse IM, Smits AJ. Risk factors in subacute sclerosing panencephalitis(SSPE): Age- and sex-dependent host reactions or intensive exposure. *Rev Infect Dis* 1984: 6:239-250

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12. Aaby P. Epidemics among Amerindians and Inuits. A preliminary interpretation. In: Brøsted J, Dahl J, Gray A, Gulløv HC, Henriksen G, Jørgensen JB, Kleivan I(eds): *Native Power*. Bergen: Universitetsforlaget, 1985; 329-339.
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15. Aaby P, Bukh J, Lisse IM, Smits AJ. Severe measles in Sunderland, 1885: A European-African comparison of causes of severe infection. *Int J Epidemiol* 1986; 15:101-7
16. Aaby P, Bukh J, Lisse IM, Smits AJ. Cross-sex transmission of infection and increased mortality due to measles. *Rev Infect Dis* 1986; 8:138-43.
17. Smedman L, Aaby P, Lindeberg A, Zetterstrom R. Survival 0-6 years of age in a periurban community in Guinea-Bissau: a longitudinal assessment. *Ann Trop Pediatr* 1986;6:67-72
18. Aaby P, Bukh J, Lisse IM, Smits AJ, da Silva C. Determinants des formes severes de rougeole: consequences au niveau de l'action preventive. In: Cantrelle P, Dormont S, Fargues Ph, Goujard J, Guignard J, Rumeau-Rouquette (eds): *Estimation de a mortalite du jeune enfant(0-5 ans) pour guider les actions de sante dans les pays en developpement*. Paris: INSERM, 1986: 429-442.
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