Aluminum in Childhood Vaccines Is Unsafe
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ABSTRACT

Aluminum is a neurotoxin, yet infants and young children are repeatedly injected with aluminum adjuvants from multiple vaccines during critical periods of brain development. Numerous studies provide credible evidence that aluminum adversely affects important biological functions and may contribute to neurodegenerative and autoimmune disorders. It is impossible to predetermine which vaccinated babies will succumb to aluminum poisoning. Aluminum-free health options are needed.

Introduction

From 1999 through 2002, several vaccines containing mercury were phased out of the childhood immunization schedule. Manufacturing of childhood vaccines with thimerosal ceased in 2001, but those that were not past their expiration date remained on the market for sale until January 2003. They were replaced with low-mercury or “thimerosal-free” vaccines. In the years that followed, autism rates continued to rise, prompting health authorities to assert that autism is not linked to mercury in vaccines and that vaccination policies are safe and appropriate. If mercury in vaccines contributed to autism, then rates should have dropped after mercury was removed.) However, in 2002, during this so-called phase-out period, the Centers for Disease Control and Prevention (CDC) actually added two doses of mercury-containing influenza vaccines to the list of inoculations urged for all babies 6 to 23 months of age. Two years later, the CDC also added pregnant women in their first trimester to the list of people officially recommended and actively encouraged to receive influenza vaccines, even though a majority of available doses contained mercury.

In addition to these questionable actions during this highly publicized “phase-out” of mercury, four doses of a new vaccine with high aluminum content were added to the childhood immunization schedule in February 2000 (for pneumococcus) and two doses of another aluminum-containing vaccine (for hepatitis A) were added in 2005. These changes to the vaccine schedule resulted in a substantial increase of aluminum-containing vaccine doses—from 10 to 16 injections—that babies are still mandated to receive by 18 months of age.

Prior to the mercury phase-out (pre-2000), babies received 3,925 micrograms (mcg) of aluminum by 18 months of age. After pneumococcal and hepatitis A vaccines were added to the schedule, babies began receiving 4,925 mcg of aluminum during the same age period—a 25% increase. In 2011, CDC recommended that pregnant women receive a pertussis vaccine (Tdap), which also contains aluminum. Studies show that aluminum crosses the placenta and accumulates in fetal tissue. Thus, millions of babies in utero, infants, and young children were injected with, and continue to receive, unnaturally high doses of neurotoxic substances—mercury and aluminum—long after unsuspecting parents were led to believe that vaccines were purified and made safe.

Figure 1. Aluminum Content from Childhood Vaccines

Vaccines containing aluminum were added to the childhood immunization schedule when some vaccines containing mercury were removed. Prior to the mercury phase-out (pre-2000), babies received 3,925 mcg of aluminum by 18 months of age. After pneumococcal and hepatitis A vaccines were added to the schedule, babies began receiving 4,925 mcg of aluminum during the same age period—a 25% increase.

Source: The vaccine manufacturers’ product inserts and the CDC’s annual childhood vaccination schedules.

Aluminum

Aluminum adjuvants are added to several vaccines to elicit a more robust immune response and increase vaccine efficacy. In the United States, Canada, Europe, Australia, and many other parts of the world, infants and young children receive high quantities of aluminum from multiple inoculations. For example, in the U.S. the hepatitis B, DTaP (for diphtheria, tetanus and pertussis), pneumococcal (PCV), Haemophilus influenzae type b (Hib), and hepatitis A vaccines are all administered during early childhood. Each of these...