

VACCINES

What I wish I had known

**Alison Fujito
Pittsburgh, PA
March 19, 2018**

The Vaccine Schedule

1960
VACCINES FOR U.S. CHILDREN
FROM BIRTH TO AGE 18

total = 3

2 months DPT
6 month Polio (OPV)
smallpox

1983
VACCINES FOR U.S. CHILDREN
FROM BIRTH TO AGE 18
total = 11

<https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg>

2 months	DPT (Diphtheria, Pertussis, Tetanus) polio (OPV)
4 months	DPT polio
6 months	DPT
15-18 months	MMR (Measles, Mumps, Rubella)
18 months	DPT polio
4 years	DPT polio
15 years	DT (Diphtheria, Tetanus)

2018

Vaccines for U.S. Children From Birth to Age 18

total = 55 or 56

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

2018

pregnancy Tdap AND Influenza

Day of birth

2 months

Hep B

DTaP

Hep B

Hib

Pravmar

Polio

Rotavirus

4 months

DTaP

Hib

Pravmar

Polio

Rotavirus

6 months

DTaP

Hep B

Hib

Influenza

Pravmar

Polio

Rotavirus

7 months

Influenza

12 months

Hep A

Hib

MMR

Pravmar

Varicella

18 months

DTaP

Influenza

Hep A

30 months

Influenza

42 months

Influenza

4 years

DTaP

MMR

Polio

Varicella

5 years

Influenza

6 years

Influenza

7 years

Influenza

8 years

Influenza

9 years

GARDASIL *

Influenza

10 years

GARDASIL *

Influenza

11 years

Influenza

12 years

Influenza

MenACWY

Tdap

13 years

Influenza

14 years

Influenza

15 years

Influenza

MenACWY

16 years

Influenza

MenB *

MenB #2*

MenB #3*

17 years

Influenza

18 Years

Influenza

VACCINES for US CHILDREN FROM BIRTH TO AGE 18

1960

2 months DPT
6 month Polio
smallpox

1983

2 months CPT
CPV
4 months CPT
CPV
6 months CPT
15-18 months MMR
18 months CPT
CPV
4 years DPT
CPV
15 years DT

2018

pregnancy Tdap AND Influenza
Day of birth Hep B
2 months DTap

Hep B
HIB
Prennar
Polio
Rotavirus
4 months DTap

HIB
Prennar
Polio
Rotavirus

8 months DTap
Hep B
Hib

Influenza
Prennar
Polio
Rotavirus

7 months Influenza

12 months Hep A
Hib
MMR
Prennar
Varicella

18 months DTap
Influenza
Hep A

30 months Influenza
42 months Influenza
4 years DTap

MMR
Polio
Varicella

5 years Influenza

6 years Influenza

7 years Influenza

8 years Influenza

9 years **GARDASIL ***

Influenza

10 years **GARDASIL ***

Influenza

11 years Influenza

12 years Influenza
MenACWY
TDaP

13 years Influenza

14 years Influenza

15 years Influenza
MenACWY

16 years Influenza

MenB *

MenB #2*

MenB #3*

17 years Influenza

18 Years Influenza

Enacted in 1986, the National Childhood Vaccine Injury Act shields vaccine manufacturers from liability resulting from vaccine injury or death.

*3 doses required if given at age 15 or later

**MenB Vaccines may be given at clinical discretion"

2018

- Mothers are given aluminum-
adjuvanted DTaP and thimerosal-
preserved (possibly) flu vaccines
during pregnancy.
- Infants are given hepatitis B
vaccine within a few hours of birth
- Both thimerosal and aluminum
can cross the placenta AND the
blood-brain barrier.
- Infants receive 16 shots
- PLUS 3 oral vaccines by the
time they're 6 months old

VACCINES for US CHILDREN FROM BIRTH TO AGE 18

1960

2 months DPT
6 month Polio
smallpox

1983

2 months DPT
OPV
4 months DPT
OPV
6 months DPT
MMF
15-18 months DPT
OPV
4 years DPT
OPV
16 years DT

2018

pregnancy DTaP AND Influenza
Day of birth Hep B
2 months DTaP
Hep B
HIB
Prevnar
Polio
Rotavirus
4 months DTaP
HIB
Prevnar
Polio
Rotavirus
6 months DTaP
Hep B
Hib
Influenza
Prevnar
Polio
Rotavirus
7 months Influenza
12 months Hep A
Hib
MMR
Prevnar
Varicella
18 months DTaP
Influenza
Hep A
30 months Influenza
42 months Influenza
4 years DTaP
MMR
Polio
Varicella
5 years Influenza
6 years Influenza
7 years Influenza
8 years Influenza
9 years GARDASIL*
Influenza
10 years GARDASIL*
Influenza
11 years Influenza
12 years Influenza
MenACWY
Tdap
13 years Influenza
14 years Influenza
15 years Influenza
MenACWY
16 years Influenza
MenB*
MenB #2*
MenB #3*
17 years Influenza
18 years Influenza

Enacted in 1986, the National
Childhood Vaccine Injury Act
shields vaccine manufacturers
from liability resulting from
vaccine injury or death.

*3 doses required if given at age 15 or later

**MenB Vaccines may be given at clinical discretion*

U.S. infant mortality rates are TWICE AS HIGH as Northern European rates

- 39% of high Infant Mortality Rate (IMR) in U.S. is due to preterm birth, BUT
- 47% of high Infant Mortality Rate (IMR) in U.S. is in full-term infants
- “For infants born at 37 weeks of gestation or more, the U.S. infant mortality rate was highest among the countries studied (2.20 per 1,000), and about twice the rates for Denmark, Finland, Norway, Sweden, and Switzerland.”

NOT TWICE THE NUMBER OF CHILDREN, **TWICE THE RATE.**

https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf Table 2

Infant mortality, 26 countries

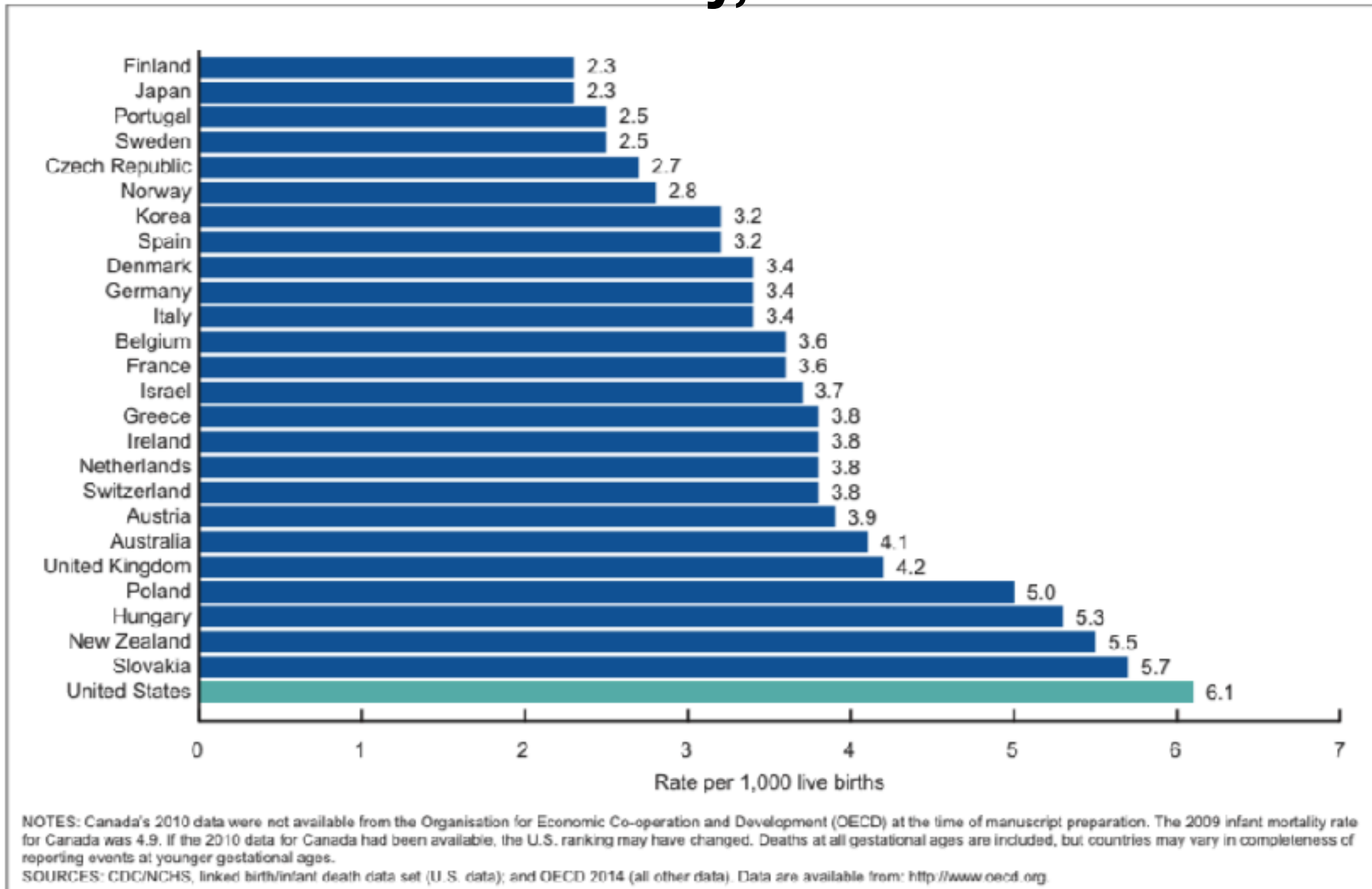


Figure 1. Infant mortality rates: Selected Organisation for Economic Co-operation and Development countries, 2010



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics
National Vital Statistics System



https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf

Infant mortality excluding micro-premies US compared with 11 other countries

National Vital Statistics Reports, Vol. 63, No. 5, September 24, 2014 3

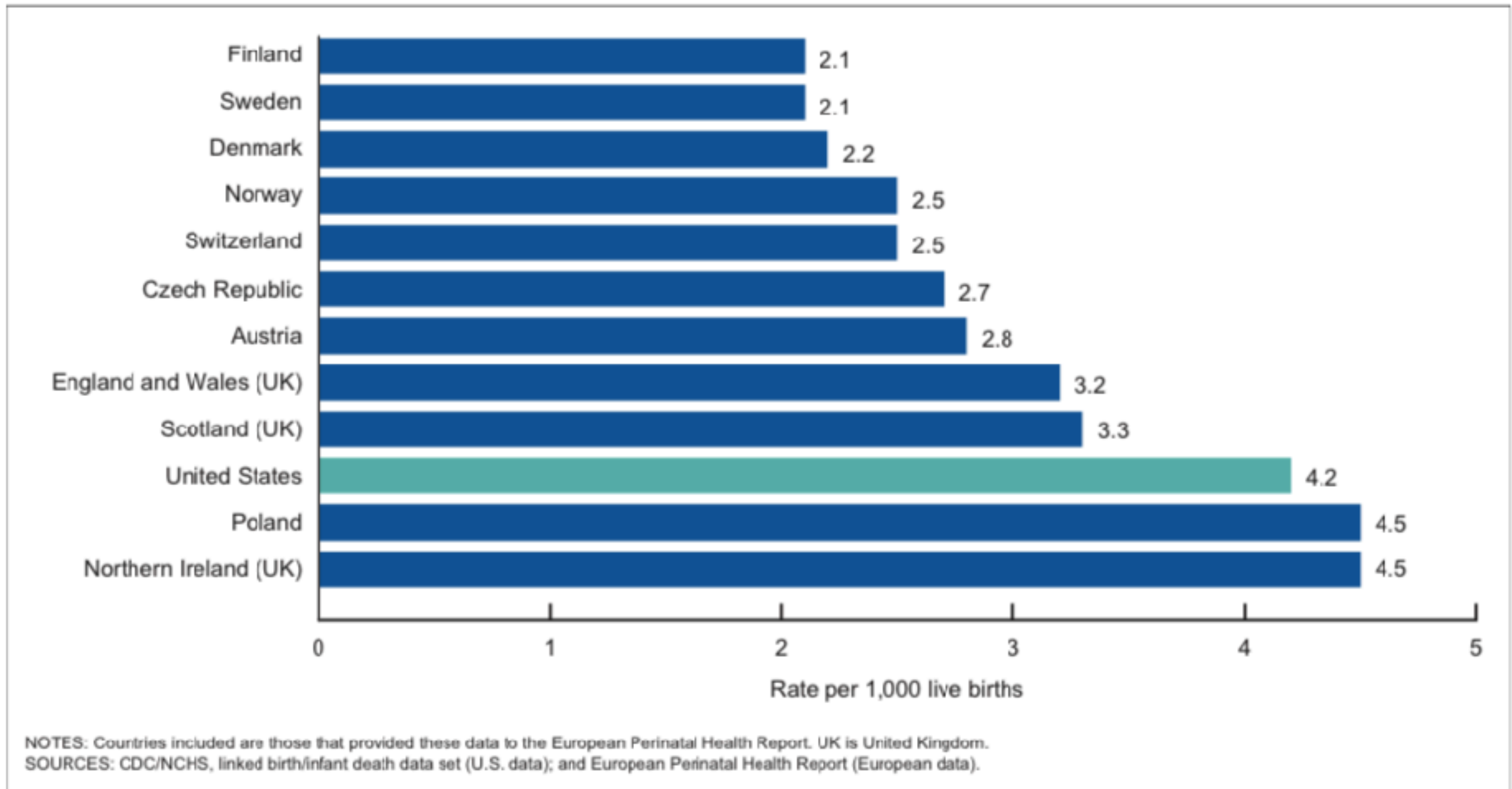


Figure 2. Infant mortality rates excluding births at less than 24 weeks of gestation: United States and selected European countries, 2010

https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf

Vaccine ingredients: are they safe?

Thimerosal

- Thimerosal is a mercury-based preservative used in vaccines and other medicines
- patented by Eli Lilly in 1927, thimerosal was given experimentally to 22 patients with bacterial meningitis in Indiana. All 22 died, most within 1 day. Eli Lilly then claimed it was safe. <https://worldmercuryproject.org/thimerosal-history/>
- Thimerosal was “grandfathered in” by the FDA, and has never been subjected to the same safety studies required by other ingredients in medicines
- Over 165 peer-reviewed, published studies show a link between thimerosal and neurological harm, including seizures, epilepsy, Tourette’s Syndrome, language delays, narcolepsy, and Sudden Infant Death Syndrome: <https://www.hindawi.com/journals/bmri/2014/247218/>

Simpsonwood, 2000

- CDC, FDA, and WHO officials met with representatives from every major vaccine manufacture in a private conference at Simpsonwood, Georgia. to discuss alarming data indicating a link between vaccines and neurological harm, as found in large study by Thomas Verstraeten <https://worldmercuryproject.org/news/salons-retraction-deadly-immunity-article-real-reason-behind/>
- “This analysis suggests that high exposure to ethyl mercury in thimerosal-containing vaccines in the first month of life increases the risk fo subsequent development of neurological development impairment.” <http://www.vaccineinjury.info/news/978-secret-cdc-verstraeten-study-shows-neurological-developmental-disorders-with-mercury-in-vaccines.html>
- Lead author, Thomas Verstraeten, left to take a job with Glaxo SmithKline — a vaccine manufacturer — after the study was written and before it was published. The U.S. Congress later cited this as an ethical violation. <https://www.fourteenstudies.org/studies.html>
- “You can play with this all you want. The results are statistically significant.” — Dr. Bill Weil, consultant for AAP *Simpsonwood transcripts:* <https://worldmercuryproject.org/wp-content/uploads/2016/10/The-Simpsonwood-Documents.pdf>

Simpsonwood: what happened next?

“The CDC paid the Institute of Medicine to conduct a new study to whitewash the risks of thimerosal, ordering researchers to "rule out" the chemical's link to autism. It withheld Verstraeten's findings, even though they had been slated for immediate publication, and told other scientists that his original data had been "lost" and could not be replicated. And to thwart the Freedom of Information Act, it handed its giant database of vaccine records over to a private company, declaring it off-limits to researchers. By the time Verstraeten finally published his study in 2003, he had gone to work for GlaxoSmithKline and reworked his data to bury the link between thimerosal and autism.”

<https://worldmercuryproject.org/news/deadly-immunity-government-cover-mercuryautism-scandal-2/>

following Simpsonwood

- In 2001, the Institute of Medicine recommended that thimerosal be removed from all pediatric vaccines
- thimerosal-preserved vaccines that had already been manufactured continued to be sold and administered for as long as their shelf life was good, as late as 2004.
- flu shots were not included in this initiative, because they were not considered “pediatric vaccines.”
- April, 2002: **for the first time**, CDC recommended flu shots for all children at that time, the vast majority of flu shots were sold in thimerosal-preserved, multi-use vials
- Currently (3/19/18), flu shots approved for babies as young as 6 months are still made in thimerosal-preserved multi-dose vials, though thimerosal-free versions can be obtained.

I did not originally plan to talk about autism, because there are so many other serious issues with vaccine safety. But I believe that the following information, whether or not it conclusively links autism with vaccines, is important for everyone to know, since it refutes what many doctors and health officials tell us.

THE BIG LIE: *“Since thimerosal was taken out of vaccines in 1999/2001, the rate of autism has continued to rise.”*

- **THE TRUTH :** the CDC announces the official autism rate for any given year based on **4-YEAR-OLD DATA** on 8-year-olds, taken from **ONLY 6-14 cities** across the U.S..
- The autism rate for children born in 2000 — who were given full schedule of thimerosal-preserved vaccines — was announced in 2012. The data was collected from 2009 records, when they were 8 years old.
- The autism rate for any given year is based on **12-YEAR-OLDS WITH AUTISM**, not on children born that year.

<https://www.cdc.gov/ncbddd/autism/addm.html>

In 2007, CDC's ADDM Network first reported that about 1 in 150 children had ASD (based on 2002 data from 14 communities). Then, in 2009, the ADDM Network reported that 1 in 110 children had ASD (based on 2006 data from 11 communities). And, in 2012, the ADDM Network reported that 1 in 88 children had ASD (based on 2008 data from 14 communities). In 2014, the ADDM Network reported that about 1 in 68 children had ASD (based on 2010 data from 11 communities). This means that the estimated prevalence of ASD increased roughly 123% during 2002 to 2010. However, the estimated prevalence of ASD stayed about the same between 2010 and 2012..

Autism and Developmental Disabilities Monitoring (ADDM) Network Sites



<https://www.cdc.gov/ncbddd/autism/addm.html>

- 2004 IOM: <https://www.ncbi.nlm.nih.gov/books/NBK25349/>
- “In this report, the committee examines the hypothesis of whether or not the [MMR](#) vaccine and the use of vaccines containing the preservative thimerosal can cause autism. The [IOM](#) has issued two previous reports examining the role of vaccines in autism. The first report, which reviewed the hypothesized causal association between the MMR vaccine and autism ([IOM, 2001a](#)), the committee concluded that the evidence at the time favored rejection of a causal relationship at the population level between MMR vaccine and autism. The committee's conclusion did not exclude the possibility that MMR could contribute to autism in small number of children, given that the epidemiological studies lacked sufficient precision to assess rare occurrences. Thus it was possible that epidemiological studies would not detect a relationship between autism and MMR vaccination in a subset of the population with a genetic predisposition to autism.
- The biological models for an association between MMRfA genetically susceptible subset of children who develop autism following vaccinations is one theoretical explanation for the findings in epidemiological studies of no association between vaccination and autism. and autism were not established, but nevertheless were not disproved.”

Identified Prevalence of Autism Spectrum Disorder

ADDM Network 2000 – 2012

Combing Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5 – 9.9)	1 in 150
2002	1994	14	6.6 (3.3 – 10.6)	1 in 150
2004	1996	8	8.0 (4.6 – 9.8)	1 in 125
2006	1998	11	9.0 (4.2 – 12.1)	1 in 110
2008	2000	14	11.3 (4.8 – 21.2)	1 in 88
2010	2002	11	14.7 (5.7 – 21.9)	1 in 68
2012	2004	11	14.6 (8.2 – 24.6)	1 in 68

NEW ADDITIONS TO THE VACCINE SCHEDULE

1991 3 doses Hepatitis B vaccine added (thimerosal)

2001: 4 doses Prevnar (pneumococcal) vaccine added

2002: flu shots for all children first recommended (thimerosal)

<https://www.cdc.gov/ncbddd/autism/data.html>

Number of vaccines in first year of life increased by 37% between 2000 and 2006

- **2000 vaccine schedule 0-12 months:**

- 3 doses hepatitis B

- 4 doses DTaP

- 4 doses Hib

- 3 doses polio

- 1 dose MMR

- 1 dose chicken pox

- 16 total shots by 12 months**

- **2006 vaccine schedule 0-12 months**

- 3 doses hepatitis B

- 3 doses rotavirus

- 4 doses DTaP

- 4 doses pneumococcal conjugate

- 3 doses polio

- 2 doses influenza

- 1 dose MMR

- 1 dose varicella

- 1 dose hepatitis A

- 22 total shots by 12 months = 37% increase**

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4902a4.htm>, and <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5451-Immunizationa1.htm>



Health	2
Fire	1
Reactivity	0
Personal Protection	E

Material Safety Data Sheet

Thimerosal MSDS

Section 1: Chemical Product and Company Identification

Product Name: Thimerosal

Catalog Codes: SLT1411

CAS#: 54-64-8

RTECS: OV8400000

TSCA: TSCA 8(b) inventory: Thimerosal

CI#: Not available.

Synonym: Ethylmercurithiosalicylic acid sodium salt;
Merthiolate

Chemical Name: Thimerosal

Chemical Formula: C₉H₉HgNaO₂S

Contact Information:

Sciencelab.com, Inc.

14025 Smith Rd.

Houston, Texas 77396

US Sales: **1-800-901-7247**

International Sales: **1-281-441-4400**

Order Online: ScienceLab.com

CHEMTREC (24HR Emergency Telephone), call:

1-800-424-9300

International CHEMTREC, call: 1-703-527-3887

For non-emergency assistance, call: 1-281-441-4400

Composition:

Name	CAS #	% by Weight
Thimerosal	54-64-8	100

Toxicological Data on Ingredients: Thimerosal: ORAL (LD50): Acute: 75 mg/kg [Rat]. 91 mg/kg [Mouse].

Section 3: Hazards Identification**Potential Acute Health Effects:**

Hazardous in case of skin contact (irritant), of ingestion, of inhalation. Slightly hazardous in case of eye contact (irritant). Severe over-exposure can result in death.

Potential Chronic Health Effects:

CARCINOGENIC EFFECTS: Not available. MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. TERATOGENIC EFFECTS: Not available. DEVELOPMENTAL TOXICITY: Not available. The substance may be toxic to kidneys, liver, spleen, bone marrow, central nervous system (CNS). Repeated or prolonged exposure to the substance can produce target organs damage. Repeated exposure to a highly toxic material may produce general deterioration of health by an accumulation in one or many human organs.

Section 4: First Aid Measures

p.

<http://www.sciencelab.com/msds.php?msdsId=9925236>

Routes of Entry: Inhalation. Ingestion.

Toxicity to Animals: Acute oral toxicity (LD50): 75 mg/kg [Rat].

Chronic Effects on Humans:

MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. May cause damage to the following organs: kidneys, liver, spleen, bone marrow, central nervous system (CNS).

Other Toxic Effects on Humans: Hazardous in case of skin contact (irritant), of ingestion, of inhalation.

Special Remarks on Toxicity to Animals: Not available.

Special Remarks on Chronic Effects on Humans:

May cause cancer based on animal data. No human data found. May cause adverse reproductive effects(female fertility - post implantation mortality, fetotoxicity)and birth defects. May affect genetic material

Special Remarks on other Toxic Effects on Humans:

Acute Potential Health Effects: Skin: Causes skin irritation. Eyes: Causes eye irritation. May cause chemical conjunctivitis. Inhalation: Causes respiratory tract irritation. May cause allergic respiratory tract irritation. Exposures to high concentrations may produce unconsciousness with cyanosis(a bluish discoloration of the skin due to deficient oxygenation of the blood) and cold extremities and may also affect the cardiovascular system (rapid pulse). Acute exposure to high concentrations of mercury vapors may also cause kidney damage and affect behavior/central nervous system, peripheral nervous system and autonomic nervous system, and liver and cause gastrointestinal effects (nausea, abdominal pain, vomiting). Ingestion: Harmful if swallowed. May cause gastrointestinal tract irritation with nausea, vomiting and diarrhea, headache. Exposure to high concentrations may affect respiration and cardiovascular system which may produce unconsciousness with cyanosis, cold extremities and rapid pulse. May also cause central nervous system effects and/or neurological effects, and may affect the urinary system (kidneys),and liver. Chronic Potential Health Effects: Skin: Prolonged or repeated skin contact may cause skin sensitization, an allergic reaction. Inhalation and Ingestion: Repeated or prolonged exposure may cause kidney damage, and may affect the liver, and bone marrow. Chronic exposure to mercury vaporsbehavior/central nervous system and peripheral nervous system (depression, irritability, nervousness, weakness, ataxia, fatigue, tremor, jerky gait, limb spasms, personality changes), metabolism (anorexia, weight loss) and cause gastrointestinal disturbances which is collectively referred to as "aesthenic-vegetative syndrome." Chronic ingestion may cause accumulation of mercury in body tissues and may result in salicylism which is characterized by nausea, vomiting, gastric ulcers, and hemorrhagic strokes.

Aluminum in vaccines: what does the FDA say?

“Aluminum salts are incorporated into some vaccine formulations as an adjuvant. An adjuvant is a substance added to some vaccines to enhance the immune response of vaccinated individuals. The aluminum salts in some U.S. licensed vaccines are aluminum hydroxide, aluminum phosphate, alum (potassium aluminum sulfate), or mixed aluminum salts. For example: aluminum salts are used in DTaP vaccines, the pneumococcal conjugate vaccine, and hepatitis B vaccines.

Aluminum adjuvant containing vaccines have a demonstrated safety profile of over six decades of use and have only uncommonly been associated with severe local reactions.”

“When evaluating a vaccine for safety and efficacy, FDA considers adjuvants as a component of the vaccine; they are not licensed separately.” <https://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm187810.htm>

RED FLAGS:

- 1) No mention of studies actually showing safety of injecting aluminum salts**
- 2) No mention of severe SYSTEMIC REACTIONS, or damage to kidney, liver, spleen, bone marrow, or central nervous system, as mentioned in MSDS.**
- 3) adjuvants are not licensed separately (so not subject to safety standards?)**

Aluminum: Injection vs Ingestion

- Studies show that aluminum is not quickly excreted from the body. My understanding is that this is WHY it's used as an adjuvant, due to the repository effect. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4514166/>
<http://vaccinepapers.org/debunking-aluminum-adjuvant-part-1/>
- "Aluminum present in food and drinking water is poorly absorbed through the gastrointestinal tract. Several small scale human studies estimated aluminum absorption efficiencies of 0.07–0.39% following administration of a single dose of the radionuclide aluminum-26 (²⁶Al) in drinking water (Hohl et al. 1994; Priest et al. 1998; Stauber et al. 1999; Steinhausen et al. 2004) <https://www.atsdr.cdc.gov/toxprofiles/tp22.pdf>
- Aluminum particles can be transported into the brain. <http://vaccinepapers.org/vaccine-aluminum-travels-to-the-brain/>
- Vaccine aluminum is now recognized as linked with Autoimmune/ inflammatory Syndromes Induced by Adjuvants (ASIA), including macrophagic myofasciitis. <https://link.springer.com/article/10.1007/s12026-016-8811-0>

Ignoring the evidence

- 1975 FDA aluminum GRAS (Generally Recognized as Safe) <http://web.archive.org/web/20170601114736/https://www.fda.gov/Food/IngredientsPackagingLabeling/GRAS/SCOGS/ucm260848.htm>
- 1953 Aluminum was injected to induce seizures in monkeys for study purposes: “Experimental Epilepsy in the Monkey Following Multiple Intracerebral Injections of Alumina Cream” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1877387/?page=1>
- 1953 describes “difficulties” in mass-vaccinating children with aluminum-containing vaccines, due to febrile reactions, aluminum cysts at the site of injection, post-vaccination encephalopathy (brain dysfunction, disease, or disorder), paralytic poliomyelitis of the injected limb, and other unfavorable results: <https://jamanetwork.com/journals/jama/article-abstract/287046>

How much aluminum are we injecting?

- FDA implies a “safe limit” for aluminum in IV’s (not injections) of 5 mcg per kg, noting that higher amounts could result in central nervous system and bone toxicity:
<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=201.323>
- average weight of newborn: 7.5 pounds/3.5 kg
- $5 \text{ mcg} \times 3.5 \text{ kg (baby weight)} = \text{safe limit of } 17.5 \text{ mcg aluminum}$
- amount of aluminum in each dose of hepatitis B vaccine (given first day of life) = 250 mcg (see chart next page)

"Safe Limit" for the average two month old infant = **25mcg***

VACCINE	Aluminum Content	VACCINE	Aluminum Content
Daptacel (DTaP - Diphtheria, Tetanus, & Pertussis)	330mcg	Engerix-B (Hepatitis B)	250mcg
Infanrix (DTaP)	625mcg	Recombivax (Hepatitis B)	500mcg
Kinrix (DTaP + Polio)	600mcg	Gardasil (Human Papillomavirus / HPV)	225mcg
Pediarix (DTaP + Polio + Hepatitis B)	850mcg	Gardasil 9 (HPV)	500mcg
Pentacel (DTaP + Polio + Haemophilus influenzae B)	330mcg	Bexsero (Meningococcal B)	519mcg
Quadracel (DTaP + Polio)	330mcg	Prevnar (Pneumococcal)	125mcg
PedvaxHIB (Haemophilus influenzae B)	225mcg	Td (Tetanus & Diphtheria)	530mcg
Havrix (Hepatitis A)	250mcg	Tenivac (Tetanus & Diphtheria)	330mcg
Vaqta (Hepatitis A)	225mcg	Adacel (Tdap)	330mcg
Twinrix (Hepatitis A & B)	450mcg	Boostrix (Tdap)	390mcg

*Not all vaccines listed are administered to 2 month olds.

ThinkLoveHealthy.com

Aluminum in Vaccines: History and Toxicity

<https://healthfreedomidaho.org/aluminum-in-vaccines-history-and-toxicity97>

	NUMBER OF SHOTS							MERCURY					ALUMINUM			
	# types of pathogen / antigens per shot	INFECTION TYPES	INFANT VACCINES	# shots/doses	# antigens per shot or dose	total # antigens		# shots/doses	mcg Hg per dose	total mcg Hg per vaccine admin	total amt mcg Mercury		# shots/doses	mcg Alum per dose	total mcg alum per vaccine admin	total amt mcg Aluminum
NOT ALL VIT K MANUF. ADD ALUMINUM			Vitamin K	1	----	---		1	---	---			1	110	110	110
Shots Birth to 1yr of age	1	1	Hepatitis B	3	1	3		3	---	---			3	500	1500	1500
	1	1	Rotavirus	3	5	15		3	---	---			3	---	---	0
	3	3	Diphtheria, Tetanus, Pertussis	3	3	9		3	---	---			3	625	1875	1875
	1	1	H influenza B (HiB)	4	1	4		4	---	---			4	225	900	900
	13	1	Prevnar 13	4	13	52		4	---	---			4	125	500	500
	1	1	Polio	3	3	9		3	---	---			3	---	---	0
	1	1	Influenza	1	3	3		1	25	25	25		1	---	---	0
TOTAL # of shots and total antigens 0 to 12 months of age -->				22		95	22 shots	Total amount Mercury 0 to 12 mon of age-->			25 mcg Hg	22	TOTAL amount Aluminum 0 to 12 mon of age-->		4,775 mcg AL +/- 110 mcg VitK	
	# types of pathogen / antigens per shot	INFECTION TYPES	CHILDHOOD VACCINES	# shots/doses	# antigens per shot or dose	total # antigens		# shots/doses	mcg Hg per dose	total mcg Hg per vaccine admin	total amt mcg Mercury		# shots/doses	mcg Alum per dose	total mcg alum per vaccine admin	total amt mcg Aluminum
Shots 1 to 6 yrs of age	3	3	Measles, Mumps, Rubella (MMR)	2	3	6		2	---	---			2	---	---	0
	3	3	Diphtheria, Tetanus, Pertussis	2	3	6		2	---	---			2	625	1250	1250
	1	1	Hepatitis A	2	1	2		2	---	---			2	450	900	900
	1	1	Polio	1	3	3		1	---	---			1	---	---	0
	1	1	Varicella (chickenpox)	2	1	2		2	---	---			2	---	---	0
	1	1	Influenza	6	3	18		6	25	150			6	---	---	0
TOTAL # shots & antigens 12 mon to 6 yrs-->				15		37	15	Mercury 12 mon to 6 yrs-->			150 mcg Hg	15	Aluminum 12 mon to 6 yrs -->		2,150 mcg AL +/- 110 mcg VitK	
TOTAL # of shots and antigens age 1 to 6 years of age -->				37		132	37	Total amount Mercury 1 to 6 yrs of age-->			175 mcg Hg	37	TOTAL amount Aluminum 0 to 6 yrs of age-->		6,925 mcg AL +/- 110 mcg VitK	
	# types of pathogen / antigens per shot	INFECTION TYPES	TEEN VACCINES	# shots/doses	# antigens per shot or dose	total # antigens		# shots/doses	mcg Hg per dose	total mcg Hg per vaccine admin	total amt MG Mercury		# shots/doses	mcg Alum per dose	total mcg alum	total amt mcg aluminum
Shots 6 to 18 yrs of age	3	1	Influenza	12	3	36		12	25	300	300		12	---	---	0
	4	1	Meningitis A,C,Y,W135	2	4	8		2	25	50	50		2	---	---	0
	9	2	HPV - Gardasil 9	3	9	27		3	---	---	0		3	500	1500	1500
	3	3	Tdap	1	3	3		1	---	---	0		1	500	500	500
	1	1	Meningitis B	2	1	2		2	---	---	0		2	1500	3000	3000
	TOTAL # shots & antigens 7 to 18 yrs-->				20		76	20	Mercury age 7 to 18 yrs-->			350 mcg Hg	20	Aluminum age 7 to 18 yrs -->		5,000 mcg AL +/- 110 mcg VitK
TOTAL # of shots and antigens age 0 to 18 years of age -->				57		208	57	Total amount Mercury 0 to 18 yrs of age-->			525 mcg Hg	57	TOTAL amount Aluminum 0 to 18 yrs of age-->		11,925 mcg AL +/- 110 mcg VitK	
https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf												Created by Dr Sherri Tenpenny 1/2018				

Chart by Dr. Sherri Tenpenny 1/2018

	NUMBER OF SHOTS					
	# types of pathogen / antigens per shot	INFECTION TYPES	INFANT VACCINES	# shots/ doses	# antigens per shot or dose	total # antigens
NOT ALL VIT K MANUF. ADD ALUMINUM			Vitamin K	1	----	---
Shots Birth to 1yr of age	1	1	Hepatitis B	3	1	3
	1	1	Rotavirus	3	5	15
	3	3	Diphtheria, Tetanus, Pertussis	3	3	9
	1	1	H influenza B (HiB)	4	1	4
	13	1	Prevnar 13	4	13	52
	1	1	Polio	3	3	9
	1	1	Influenza	1	3	3
TOTAL # of shots and total antigens 0 to 12 months of age -->				22		95
	# types of pathogen / antigens per shot	INFECTION TYPES	CHILDHOOD VACCINES	# shots/ doses	# antigens per shot or dose	total # antigens
Shots 1 to 6 yrs of age	3	3	Measles, Mumps, Rubella (MMR)	2	3	6
	3	3	Diphtheria, Tetanus, Pertussis	2	3	6
	1	1	Hepatitis A	2	1	2
	1	1	Polio	1	3	3
	1	1	Varicella (chickenpox)	2	1	2
	1	1	Influenza	6	3	18
	TOTAL # shots & antigens 12 mon to 6 yrs-->			15		37
TOTAL # of shots and antigens age 1 to 6 years of age -->				37		132
	# types of pathogen / antigens per shot	INFECTION TYPES	TEEN VACCINES	# shots/ doses	# antigens per shot or dose	total # antigens
Shots 6 to 18 yrs of age	3	1	Influenza	12	3	36
	4	1	Meningitis A,C,Y,W135	2	4	8
	9	2	HPV - Gardasil 9	3	9	27
	3	3	Tdap	1	3	3
	1	1	Meningitis B	2	1	2
	TOTAL # shots & antigens 7 to 18 yrs-->			20		76
TOTAL # of shots and antigens age 0 to 18 years of age -->				57		208

Chart by Dr. SherriTenpenny
1/2018

MERCURY			
# shots/ doses	mcg Hg per dose	total mcg Hg per vaccine admin	total amt mcg Mercury
1	---	---	
3	---	---	
3	---	---	
3	---	---	
4	---	---	
4	---	---	
3	---	---	
1	25	25	25
22 shots	Total amount Mercury 0 to 12 mon of age-->		25 mcg Hg

# shots/ doses	mcg Hg per dose	total mcg Hg per vaccine admin	total amt mcg Mercury
2	---	---	
2	---	---	
2	---	---	
1	---	---	
2	---	---	
6	25	150	
15	Mercury 12 mon to 6 yrs-->		150 mcg Hg
37	Total amount Mercury 1 to 6 yrs of age-->		175 mcg Hg

# shots/ doses	mcg Hg per dose	total mcg Hg per vaccine admin	total amt MG Mercury
12	25	300	300
2	25	50	50
3	---	---	0
1	---	---	0
2	---	---	0
20	Mercury age 7 to 18 yrs-->		350 mcg Hg
57	Total amount Mercury 0 to 18 yrs of age-->		525 mcg Hg

Chart by Dr. Sherri Tenpenny
1/2018

	ALUMINUM				
	# shots/ doses	mcg Alum per dose	total mcg alum per vaccine admin	total amt mcg Aluminum	
	1	110	110	110	
	3	500	1500	1500	
	3	---	---	0	
	3	625	1875	1875	
	4	225	900	900	
	4	125	500	500	
	3	---	---	0	
	1	---	---	0	
	22	TOTAL amount Aluminum 0 to 12 mon of age-->		4,775 mcg AL +/- 110 mcg VitK	
	# shots/ doses	mcg Alum per dose	total mcg alum per vaccine admin	total amt mcg Aluminum	
	2	---	---	0	
	2	625	1250	1250	
	2	450	900	900	
	1	---	---	0	
	2	---	---	0	
	6	---	---	0	
	15	Aluminum 12 mon to 6 yrs -->		2,150 mcg AL +/- 110 mcg VitK	
	37	TOTAL amount Aluminum 0 to 6 yrs of age-->		6,925 mcg AL +/- 110 mcg VitK	
		# shots/ doses	mcg Alum per dose	total mcg alum	total amt mcg aluminum
		12	---	---	0
2		---	---	0	
3		500	1500	1500	
1		500	500	500	
2		1500	3000	3000	
20		Aluminum age 7 to 18 yrs -->		5,000 mcg AL +/- 110 mcg VitK	
57		TOTAL amount Aluminum 0 to 18 yrs of age-->		11,925 mcg AL +/- 110 mcg VitK	
Created by Dr Sherri Tenpenny 1/2018					

Chart by Dr. Sherri Tenpenny
1/2018

1986

The National Childhood Vaccine Injury Act

You cannot sue the vaccine manufacturers for your child's adverse reactions to vaccines, no matter how serious the reaction.

You also cannot sue doctors, nurses, pharmacists, medical practices, hospitals, or clinics.

All are protected by the 1986 National Childhood Vaccine Injury Act.

NCVIA: looks good on paper...at first

NCVIA:

- acknowledges that vaccine injuries and deaths are real
- acknowledges that vaccine injured should be financially supported
- acknowledges that safety protections are needed
- vaccine injury compensation program was set up
- requires vaccine providers to give parents risk/benefit information
- requires vaccine providers to keep records of vaccine manufacturer/lot numbers given
- requires vaccine providers to enter serious reactions into child's health records
- requires vaccine providers to report serious health problems following vaccination to VAERS

BUT

- Most of it doesn't happen.

The reality

- government no longer directly acknowledges vaccine injuries.
- government ignores signals of harm
- vaccine injury program has become a battleground
- vaccine providers do not give accurate risk information
- pediatrician records of vaccine manufacturer/lot numbers are often “lost”
- vaccine reactions often go unrecognized, unacknowledges, and unreported
- no consequences for doctors who don't report reactions

Problems with VAERS (the Vaccine Adverse Event Reporting System)

- Reporting reactions or suspected reactions is not mandatory
- There are no studies on those who have had reported serious reactions, to determine possible susceptibilities
- When multiple serious reactions or deaths are reported for any specific vaccine lot, nothing is done. Pediatricians are not notified; neither are parents of children who received shots from possible “hot lots.”
- **Fewer than 1% of adverse events following vaccination are ever reported.***
- Vicious circle effect: because reactions aren’t reported, there is a mistaken belief that they don’t happen, which suggests an inaccurate picture of the level of safety.

<http://web.archive.org/web/20170217125404/https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

How do we know that 99 % of adverse events following vaccines go unreported, if they were... never reported?

- 2010 Harvard Pilgrim study, *in association with the CDC*: “This research project was funded to improve the quality of vaccination programs by improving the quality of physician adverse vaccine event detection and reporting to the national Vaccine Adverse Event Reporting System (VAERS)
- What they found: “Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). **Likewise, fewer than 1% of vaccine adverse events are reported.**” (bolding mine)
- What was the CC’s response to this information?

Although the CDC engaged consultants for this project, they became inexplicably "unavailable."

“Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.”

<http://web.archive.org/web/20170217125404/https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

Vaccine Court

Problems with the Vaccine Injury Compensation Fund and “Vaccine Court.”

- not a court, but an administrative procedure to obtain compensation
- pharmaceutical companies pay nothing; taxpayers pay for all damages via an excise tax on each vaccine
- no discovery; no precedent
- hearings are not public
- no judge; no jury
- HHS owns vaccine patents, and profits from their sales
- **government attorneys defend the government vaccine program using government-funded science; outcome is decided by government-appointed officials**

“Instead of keeping doctors and the vaccine industry directly liable for adverse reactions to vaccines, the Act created a taxpayer-financed compensation program for injuries. Unprecedented at that time, the Act was, in effect, a corporate bailout for the pharmaceutical industry, forcing the public—rather than the industry—to pay for damage from “unavoidably unsafe” products. Thus the Act deprived children of two of the most significant legal protections they had to ensure safety and remedial compensation: informed consent and the right to sue manufacturers directly.”

“The Act has failed to achieve its primary goals—to compensate for vaccine-induced injuries and to make vaccines safer. The VICP has achieved only its third goal—to insulate industry and medical professionals from liability for vaccine-induced injuries. In that area, the Act has succeeded, at the grave expense of vaccine-injured children.”

“Background on the Vaccine Injury Compensation Program: The Right to Legal Redress”

-Mary Holland, J.D. and Robert Krakow, J.D.

<https://www.ebcala.org/unanswered-questions/vaccine-epidemic>

What happens if you file a claim with Vaccine Court and lose? Can you THEN sue the manufacturer?

- That seems to have been the original intent, and the 1986 Act appeared to provide for that. However, one Pennsylvania family tried to do just that — and was prevented from doing so by the Supreme Court.

Bruesewitz v. Wyeth <https://www.oyez.org/cases/2010/09-152>

“Two hours after Hannah Bruesewitz received her six-month diphtheria, tetanus and pertussis vaccine in 1992, she started developing seizures and was hospitalized for weeks. Hannah has continued to suffer from residual seizure disorder that requires her to receive constant care, according to her parents. When their daughter was three-years-old, Russell and Robalee Bruesewitz filed a petition seeking compensation for her injuries. One month prior to the petition, new regulations eliminated Hannah's seizure disorder from the list of compensable injuries. The family's petition was denied. Three years later, in 1998, the drug company Wyeth withdrew the type of vaccine used in Hannah's inoculation from the market.”

“The Bruesewitzes filed a lawsuit against Wyeth in state court in Pennsylvania. They claimed the drug company failed to develop a safer vaccine and should be held accountable for preventable injuries caused by the vaccine's defective design. A federal judge dismissed the lawsuit, ruling that the National Childhood Vaccine Injury Act protected Wyeth from lawsuits over vaccine injury claims. The U.S. Court of Appeals for the 3rd Circuit affirmed.”

**[https://www.supremecourt.gov/
opinions/10pdf/09-152.pdf](https://www.supremecourt.gov/opinions/10pdf/09-152.pdf)**

“For the foregoing reasons, we hold that the National Childhood Vaccine Injury Act preempts all design-defect claims against vaccine manufacturers brought by plaintiffs who seek compensation for injury or death caused by vaccine side effects. The judgment of the Court of Appeals is affirmed.

It is so ordered. “

So does anyone win in “Vaccine Court?”

- Roughly 2/3 of claims are dismissed, including claims not filed within the 3-year statute of limitations.
- Over 2,000 cases of vaccine-induced brain damage have been conceded and compensated.
- Other compensated injuries include paralysis, Guillain-Barre Syndrome, transverse myelitis, encephalopathy, pervasive developmental disorder, brachial neuritis, complex regional pain syndrome, optic neuritis, acute hemorrhagic leukoencephalomyelitis, chronic inflammatory demyelinating polyneuropathy, and more.
- <http://vaccineimpact.com/wp-content/uploads/sites/5/2017/09/DOJ-Report-9.8.17.pdf>

Vaccine Court statistics

- Since 1988, over 19,178 petitions have been filed with the VICP
- 17,079 petitions have been adjudicated
- 5,928 determined “compensable”
- 11,151 dismissed
- \$3.8 billion paid out so far

<https://www.hrsa.gov/vaccine-compensation/data/index.html>

Looking at the pediatric vaccines

Hepatitis B vaccine

3 doses given to infants

- 1) Day of birth
- 2) at 2 months
- 3) at 6 months

3 vaccines currently on the market

Recombivax HB (Merck)

Engerix B (GlaxoSmithKline)

Heplisav (Dynavax) just approved in 2017

<https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/VaccinesandRelatedBiologicalProductsAdvisoryCommittee/UCM568492.pdf>

Hepatitis B disease facts

- **The vast majority of infants are not at risk for Hepatitis B infection.**
- **Hepatitis B transmission is a blood-borne infection, requiring direct contact with infected blood or body fluids.** <https://www.cdc.gov/hepatitis/hbv/index.htm>
- **Transmission is primarily through unprotected sex with an infected individual, or through sharing tainted drug needles.**
- **All mothers are tested for Hepatitis B during prenatal care AND during labor, so the infant's risk is always known, but the vaccine is given to ALL infants, regardless of risk.** <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-in-pregnant-women-screening>

**Recombivax HB (Hepatitis B vaccine)
clinical trials stopped monitoring for adverse reactions
after 5 days**

“In 3 clinical studies, 434 doses of Recombivax HB were administered to 147 healthy infants and children (up to 10 years of age) who were monitored for 5 days after each dose.”

<https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm110114.pdf>

**Engerix B (hepatitis B vaccine)
clinical trials stopped monitoring for adverse reactions
after 4 days**

“In 36 clinical studies, a total of **13,495** doses of ENGERIX-B were administered to **5,071** healthy adults and children who were initially seronegative for hepatitis B markers, and healthy neonates.

All subjects were monitored for
4 days post-administration.”

QUESTIONS: how many test subjects did not complete the trial? If every test subject was given 3 doses (as per schedule), the total should have been 15,213 doses.

Why were 1,518 doses not given?

<https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/>

Heplisav (Hepatitis B vaccine) Clinical trials compared safety endpoints with Engerix B vaccine

- “A numerical imbalance in pulmonary embolism was noted in the integrated safety analysis with five Heplisav subjects and no Engerix-B subjects reporting this SAE [Severe Adverse Event].”
- “Heplisav consists of rHBsAg and a synthetic unmethylated single strand cytosine phosphoguanine oligodeoxynucleotide (CpG ODN) adjuvant, 1018 ISS.”
- “Limited prior human experience exists for the adjuvant 1018 ISS.”

<https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/VaccinesandRelatedBiologicalProductsAdvisoryCommittee/UCM568492.pdf>

Hepatitis B reports to VAERS

- 86,406 adverse events reported in association with vaccines containing the Hepatitis B component
- 17,244 reports of serious adverse events following Hepatitis B vaccination
- 1944 deaths following Hepatitis B vaccination
- 82% of the deaths were in children under the age of 3

Rotavirus

**a virus that causes diarrhea,
transmitted by the fecal-oral
route**

ROTAVIRUS TIMELINE

- **1985-1991**, pediatric deaths in the US from diarrhea from ALL causes numbered around 300 per year: <http://www.ncbi.nlm.nih.gov/pubmed/7563485>

- **1998** ACIP voted to add Rotashield to recommended pediatric vaccines

Paul Offit was a member of ACIP at this time, and added his vote for Rotashield, even though he was working on a competing vaccine, Rotateq (Merck)

Conflict of interest — this established a market for his own vaccine

- **1998** Rotashield was withdrawn for safety concerns
- **2006** Rotateq added to pediatric schedule
 - 1206 reports of intussusception
 - 403 reports of death

Rotavirus Timeline, continued

- **2007** CDC changes how it lists pediatric deaths due to diarrhea (now “infant deaths”)

413 Gastritis, duodenitis, and noninfective enteritis and colitis

68 Hernia of abdominal cavity and intestinal obstruction without hernia

196 All other and unspecified diseases of digestive system

total = 677 infant deaths from “diseases of the digestive system, which is more than double the number reported BEFORE introduction of Rotavirus vaccine https://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

- **2008** Rotarix (GSK) added to pediatric schedule

- **2010**

316 Diarrhea and gastrointestinal from infectious origin

29 gastritis, duodenitis, and non-infective enteritis and colitis

51 hernia of abdominal cavity and obstruction without hernia

124 all other and unspecified diseases of digestive system.

total = 520 infant deaths http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf

Missing from the timeline:
data showing the need for rotavirus vaccine in the US

- **1985-1991**, pediatric deaths in the US from diarrhea from ALL causes numbered around 300 per year: <http://www.ncbi.nlm.nih.gov/pubmed/7563485>
- “Peaks in winter deaths previously associated with rotavirus were prominent in the early years among infants aged 4 through 11 months. **Such peaks have virtually disappeared since 1985.**”
 - Trends of diarrheal disease--associated mortality in US children, 1968 through 1991. <http://www.ncbi.nlm.nih.gov/pubmed/7563485>

THAT WAS 13 YEARS BEFORE THE FIRST ROTAVIRUS VACCINE.

Rotavirus: the CDC's numbers don't add up

- The CDC claims that, in the pre-vaccine era, “80% of US children have had a rotavirus infection by the age of 5, 1 in 7 are hospitalized from it, and 1 in 200,000 children in the US would die from rotavirus in the first 5 years of life.”
<http://web.archive.org/web/20160401123602/http://www.cdc.gov/vaccines/pubs/surv-manual/chpt13-rotavirus.html>
- Approximately 4 million babies are born in the US every year <https://www.nichd.nih.gov/health/topics/infantcare/conditioninfo/born>
- 80% of 4 million is 3,200,000 5-year-olds who have had rotavirus infections (according to the CDC). 1 in 200,000 dying would mean that 16 of those 3,200,000 died.
- **QUESTION: If 16 children were dying of rotavirus every year in the pre-vaccine era, why has this never been recorded in the US National Vital Statistics Records?**

Rotateq side effects

**The most common reported side effects
of Rotateq vaccine include
diarrhea
vomiting
ear infections**

https://www.merck.com/product/usa/pi_circulars/r/rotateq/rotateq_pi.pdf

ROTATEQ: DATA FROM THE PACKAGE INSERT

https://www.merck.com/product/usa/pi_circulars/r/rotateq/rotateq_pi.pdf

Risk of seizure: twice as high for Rotateq vs placebo

DAY RANGE	1-7	1-14	1-42
Rotateq	10	15	33
Placebo	5	8	24

Kawasaki Disease (Severe autoimmune disease/inflammation of blood vessels): Risk with Rotateq nearly 5 times risk with placebo

"In the phase 3 clinical trials, infants were followed for up to 42 days of vaccine dose. Kawasaki disease was reported in 5 of 36,150 vaccine recipients and in 1 of 35,536 placebo recipients with unadjusted relative risk 4.9 (95% CI 0.6, 239.1)."

REPORTS TO VAERS IN ASSOCIATION WITH ROTATEQ SINCE 2006

- 18,170 reports to VAERS, as of 3/15/18:
- 4,363 listed as serious
- 1206 reports of intussusception
- 403 deaths
- by comparison: Rotashield was pulled from market after 73 reports of intussusception

WHY IS ROTATEQ STILL RECOMMENDED?

HIB

HIB (haemophilus influenza type B) is a potentially dangerous bacterial infection .

But the vaccine is problematic.

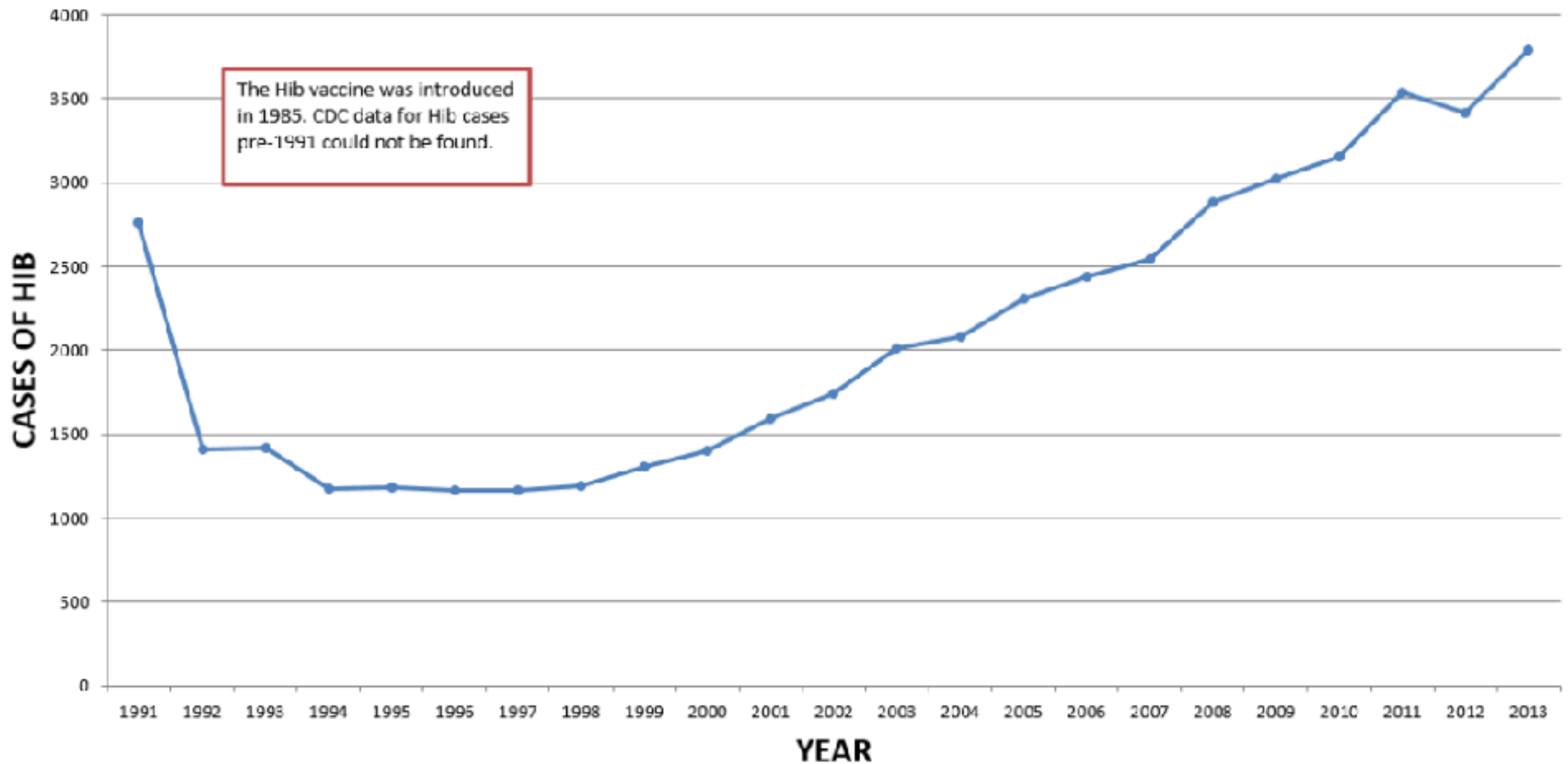
Immunologist Tetyana Obukhanych finds problems with Hib vaccine

- The vaccine has caused type replacement, where non-vaccine strains become more prevalent, and also more virulent.
- “Despite its sole intention to reduce symptomatic and asymptomatic (disease-less) Hib carriage, **the introduction of the Hib vaccine has inadvertently shifted strain dominance towards other types of *H. influenzae* (types a through f).** These types have been causing invasive disease of high severity and increasing incidence in adults in the era of Hib vaccination of children. The general population is more vulnerable to the invasive disease now than it was prior to the start of the Hib vaccination campaign.”

<http://thinkingmomsrevolution.com/an-open-letter-to-legislators-currently-considering-vaccine-legislation-from-tetyana-obukhanych-phd-in-immunology/>“Increasing incidence of Haemophilus Influenzae in adults,” Utah, USA

<https://www.ncbi.nlm.nih.gov/pubmed/21888789>

Cases of Hib 1991-2013



graph from
<https://vaccines.procon.org/view.additional-resource.php?resourceID=005970#cases>

HIB VACCINE REPORTS TO VAERS

- **51,512 reports to VAERS since 1990**
- **11,925 listed as serious**
- **1,670 deaths**
- **94% of the deaths in children under the age of 3**

Polio

Polio facts according to the CDC

- Up to 72% of all polio cases in children are asymptomatic
- Approximately 24% of polio infections consist of minor, nonspecific symptoms, such as fever and sore throat, with complete recovery within a week
- 1-5% of children may have non-paralytic aseptic meningitis (symptoms of stiffness in neck, back, and/or legs, 2-10 days, followed by complete recovery
- Fewer than 1% result in paralysis
- “Many persons with paralytic poliomyelitis recover completely and, in most, muscle function returns to some degree.”

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/polio.pdf>

**The same year the polio vaccine was
introduced,
the diagnostic criteria for polio
was redefined**

“Prior to 1954, the following undoubtedly hid behind the name “poliomyelitis”: Transverse Myelitis, viral or “aseptic” meningitis, Guillain-Barre Syndrome (GBS) — (what Franklin Delano Roosevelt had), Chinese Paralytic syndrome, Chronic Fatigue Syndrome, epidemic cholera, cholera morbus, spinal meningitis, spinal apoplexy, inhibitory palsy, intermittent fever, famine fever, worm fever, bilious remittent fever, ergotism, post-polio syndrome, acute flaccid paralysis.”

Included under the umbrella term “Acute Flaccid Paralysis” are Poliomyelitis, Transverse Myelitis, Guillain-Barré syndrome, enteroviral encephalopathy, traumatic neuritis, Reye’s syndrome etc.

—“Smoke, Mirrors, and the Disappearance of Polio,” by Suzanne Humphries, M.D.

http://drsuzanne.net/wp-content/uploads/2012/07/Smoke-Mirrors-and-the-“Disappearance”-Of-Polio-_-International-Medical-Council.pdf

**Inactivated polio vaccine (used today) does not prevent colonization
& transmission of polio**

The “Cuba study”

Children who were vaccinated with IPV were then given OPV (the live-virus oral polio vaccine). They colonized at the rate of 94-97% — compared to 91% of the children who had not been vaccinated. High counts of live virus were recovered from the feed of children in both groups.

Polio is shed through infected feces.

<https://www.ncbi.nlm.nih.gov/pubmed/17429085>

Reports to VAERS for adverse events associated with polio vaccines since 1990

- 93,672 reports of adverse events
- 18,844 listed as serious
- 2,564 deaths
- 93% in children under 3

DTaP
Diphtheria
Tetanus
acellular Pertussis

Diphtheria

“When diphtheria vaccine became available, it was generally believed that it induced immunity that protected individuals from symptomatic illness but not from asymptomatic infection. This was based on the observation that immunity is related to the neutralization of toxin elaborated by C diphtheria and not interference with diphtheria infection.”

Some authors have estimated that if 70 or 80% of the population were adequately immunized against diphtheria, the spread of diphtheria would be prevented. However, outbreaks have been described in populations with as much as 94% of the population having been previously immunized.”

“These outbreaks, the known importance of carriers in the spread of diphtheria, and the demonstrated failure of toxoid to prevent the carrier state lead us to conclude that the concept of herd immunity is not applicable in the prevention of diphtheria.”

1972, Diphtheria Immunization Effect Upon Carriers and the Control of Outbreaks <https://jamanetwork.com/journals/jamapediatrics/article-abstract/504408?redirect=true>

Tetanus
is not a communicable disease

Pertussis component of DTaP

DTaP vaccine does not prevent vaccinated individuals from colonizing and spreading pertussis. It DOES prevent symptoms, but immunity wanes over time.

FDA NEWS RELEASE

For Immediate Release: Nov. 27, 2013

Media Inquiries: FDA- Jennifer Rodriguez, 301-796-8232, jennifer.rodriguez@fda.hhs.gov

NIH- Nalini Padmanabhan, 301-402-1663, padmanabhannm@niaid.nih.gov

Consumer Inquiries: 888-INFO-FDA, OCOD@fda.hhs.gov

FDA study helps provide an understanding of rising rates of whooping cough and response to vaccination

Animals that received an acellular pertussis vaccine had the bacteria in their airways for up to six weeks and were able to spread the infection to unvaccinated animals.

In contrast, animals that received whole-cell vaccine cleared the bacteria within three weeks.

“...Animals that received an acellular pertussis vaccine had the bacteria in their airways for up to six weeks and were able to spread the infection to unvaccinated animals. In contrast, animals that received whole-cell vaccine cleared the bacteria within three weeks.

This research suggests that although individuals immunized with an acellular pertussis vaccine may be protected from disease, they may still become infected with the bacteria without always getting sick and are able to spread infection to others, including young infants who are susceptible to pertussis disease.”

Some pertussis strains are more likely to attack VACCINATED individuals

Resurgence of Pertussis (p.6)

“Findings indicated that 85% of the isolates [from six Enhanced Pertussis Surveillance Sites and from epidemics in Washington and Vermont in 2012] were PRN-deficient and vaccinated patients had significantly higher odds than unvaccinated patients of being infected with PRN-deficient strains. Moreover, when patients with up-to-date DTaP vaccinations were compared to unvaccinated patients, the odds of being infected with PRN-deficient strains increased, suggesting that PRN-bacteria may have a selective advantage in infecting DTaP-vaccinated persons.”

Meeting of the Board of Scientific Counselors, Office of Infectious Diseases, Centers for Disease Control and Prevention, Tom Harkins Global Communication Center, Atlanta, Georgia, December 11-12, 2013

https://www.cdc.gov/maso/facm/pdfs/BSCOID/2013121112_BSCOID_Minutes.pdf

Reports to VAERS for DTaP and DTaP-combined vaccines

- 84,060 reports since 1992
- 12,711 listed as serious
- 1,514 deaths, 95% in children under 3 years old

Flu shots and influenza

The next 11 slides are from Peter Doshi's
“Selling Sickness.”

Peter Doshi, Ph.D, is on the faculty of University of Maryland's School of Pharmacy, and is also assistant editor of the BMJ (British Medical Journal). He has published several articles and presentations criticizing US policy on influenza vaccines.

Selling Influenza

Who's buying?

Peter Doshi

pnd@jhu.edu

Johns Hopkins University

February 21, 2013

Selling Sickness 2013 conference

Washington, DC

If you have asthma, diabetes, heart disease, or certain other chronic medical conditions, you're at risk for flu complications that can lead to hospitalization and even death. Vaccination is your best protection against flu.

Get vaccinated.



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE
CONTROL AND PREVENTION

CS253082.2

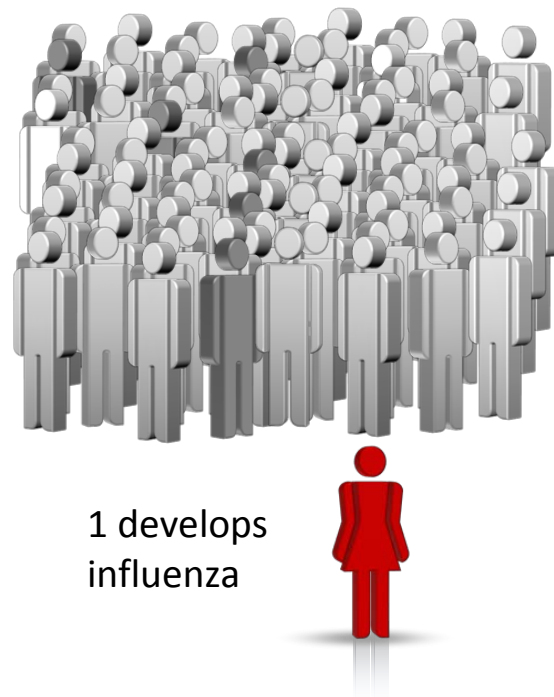
(WHEN VACCINE STRAINS PERFECTLY MATCH CIRCULATING STRAINS)

Efficacy of influenza vaccine in healthy adults

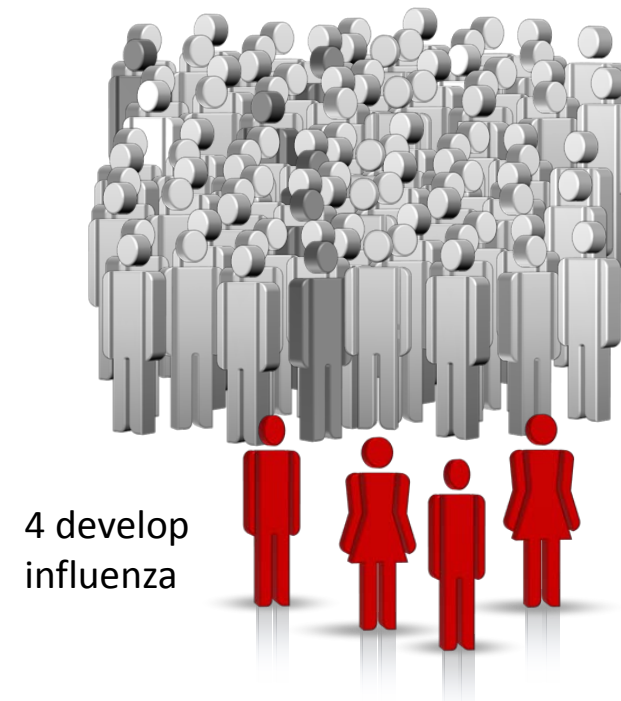
(vaccine content completely matching circulating strain)

Based on 8 clinical trials, 11,285 participants

100 healthy adults, **vaccinated**



100 healthy adults, **not vaccinated**

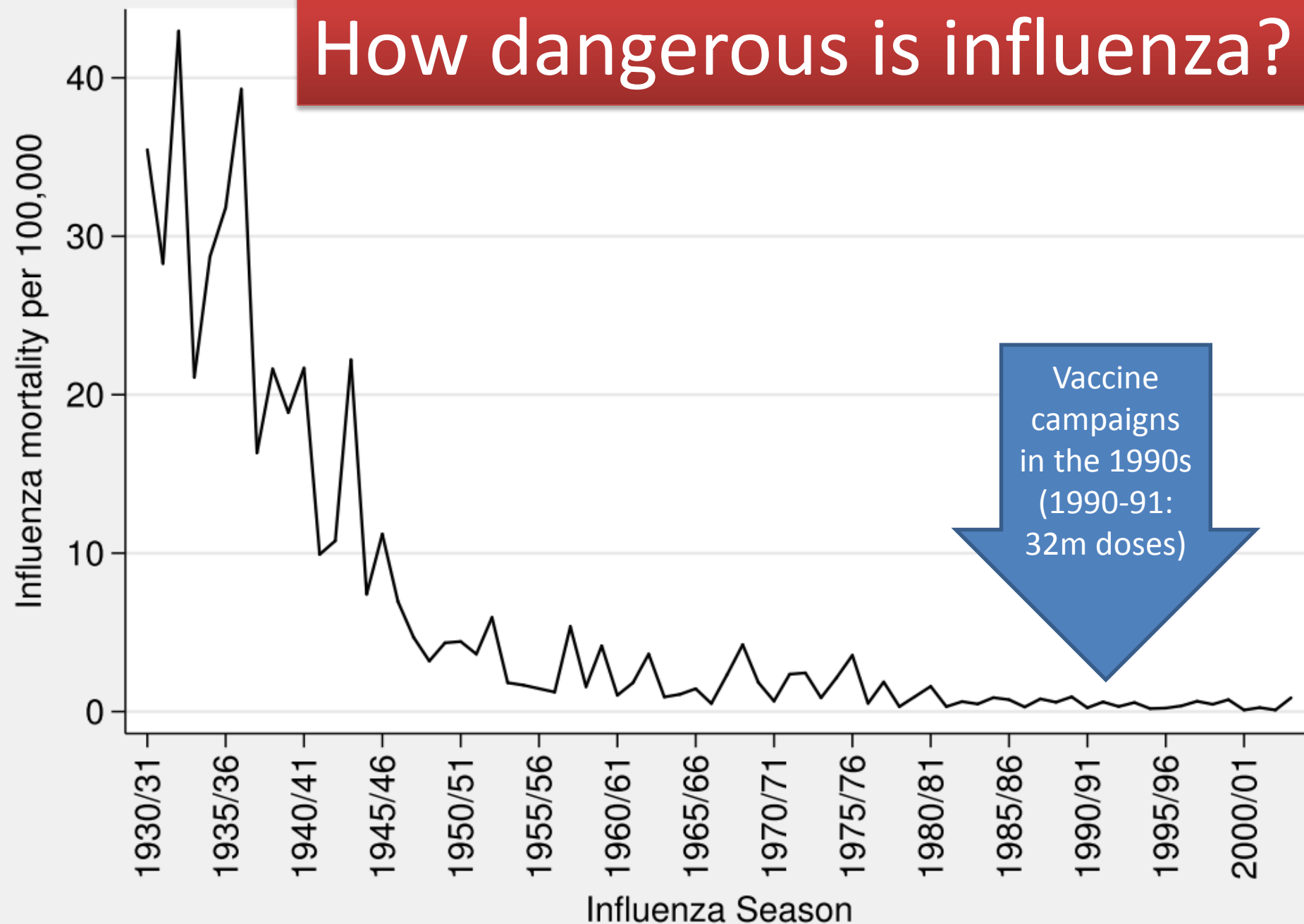


Courtesy Tom Jefferson, Cochrane Collaboration, based on Cochrane review of influenza vaccines in healthy adults www.cochranejournalclub.com

Slide by Dr. Peter Doshi

<http://sellingsickness.com/wp-content/uploads/2013/04/Peter-Doshi.pdf>

How dangerous is influenza?



Data source: Doshi. *American Journal of Public Health*. 2008; 98: 939-945.

Slide by Dr. Peter Doshi

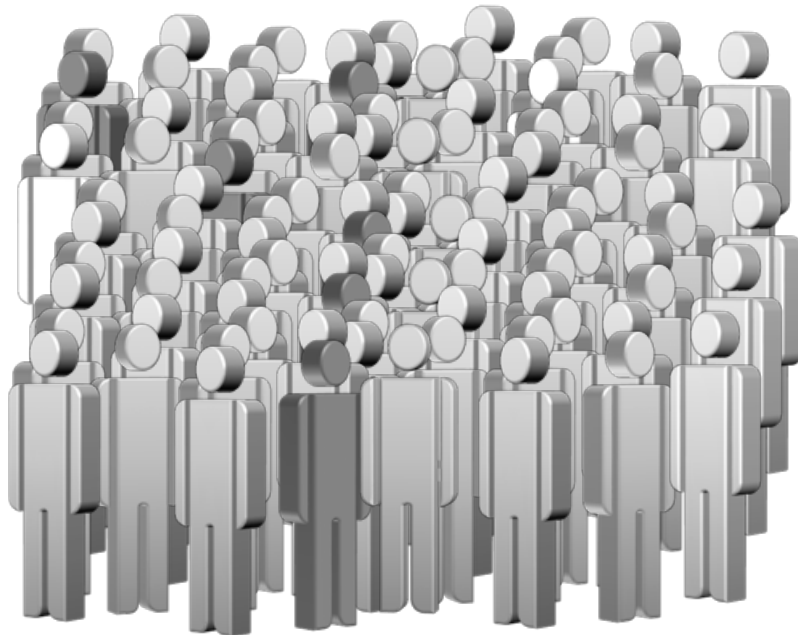
<http://sellingsickness.com/wp-content/uploads/2013/04/Peter-Doshi.pdf>

Efficacy of influenza vaccine in healthy adults

(vaccine content incompletely matching circulating strain or not reported)

Based on 6 clinical trials with 10,331 participants

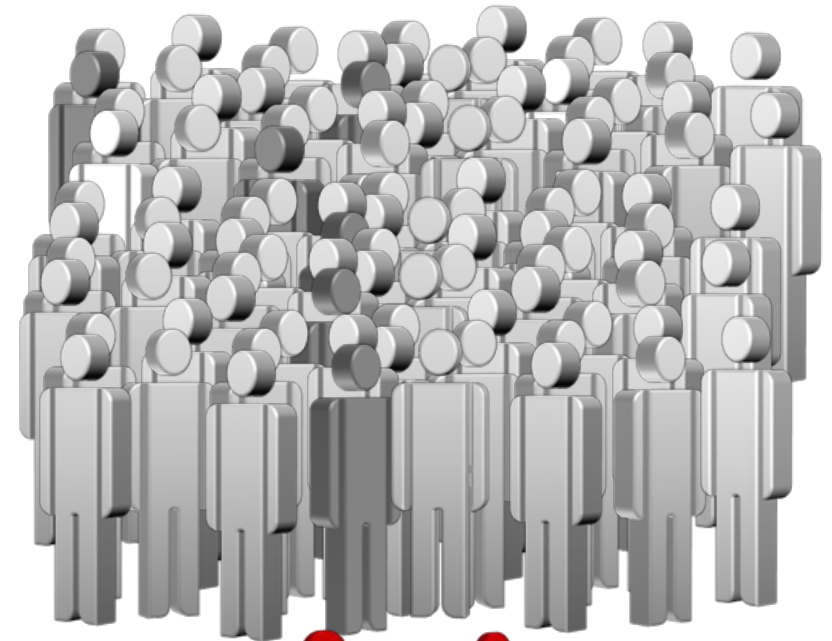
100 healthy adults, **vaccinated**



1 develops
influenza



100 healthy adults, **not vaccinated**



2 develop
influenza



Courtesy Tom Jefferson, Cochrane Collaboration, based on Cochrane review of influenza vaccines in healthy adults

www.cochranejournalclub.com

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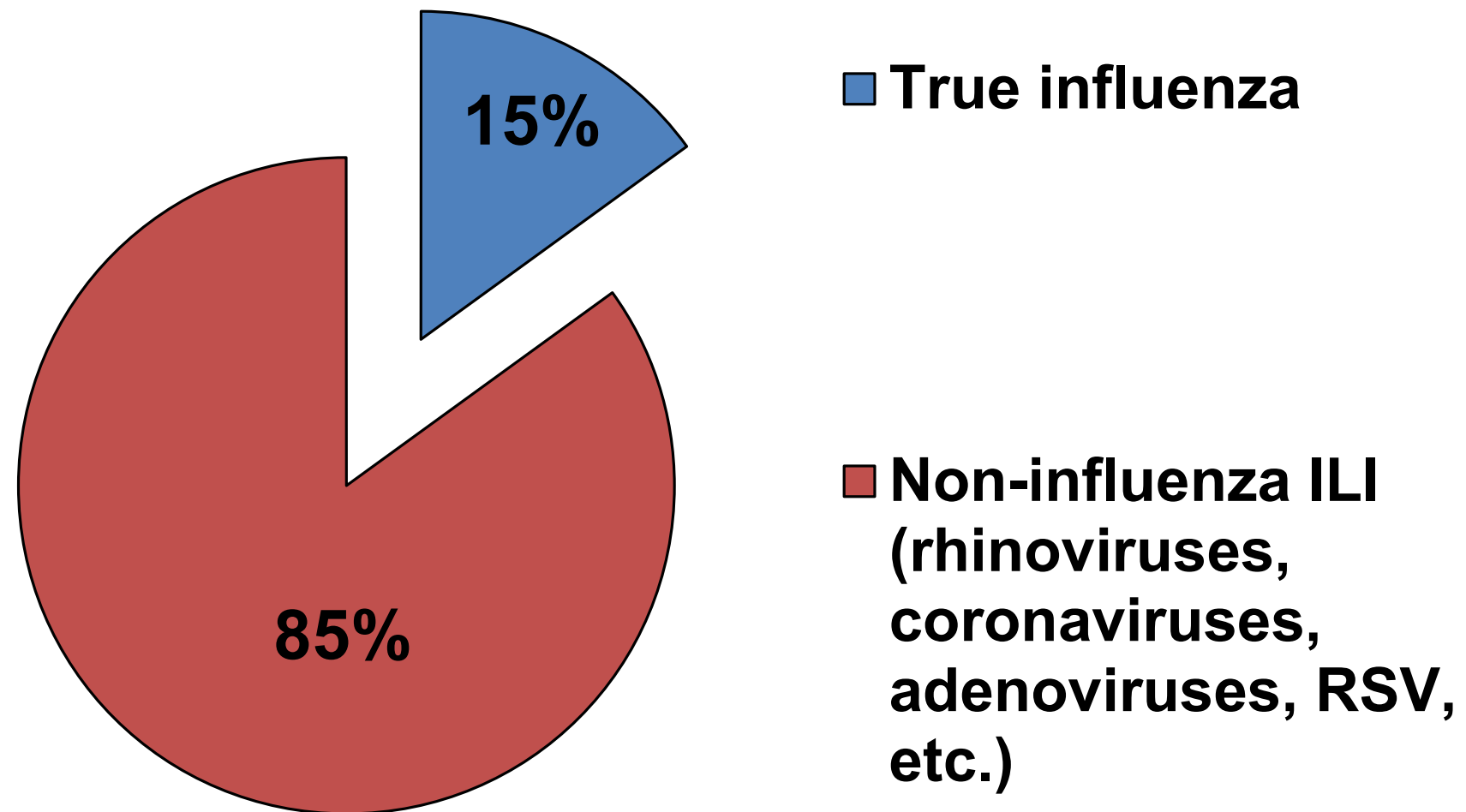
Slide by Dr. Peter Doshi

<http://sellingsickness.com/wp-content/uploads/2013/04/Peter-Doshi.pdf>

WHO/NREVSS laboratories, USA

Season	Specimens Tested	Influenza negative	Influenza positive	Percent positive for influenza
1997-1998	99072	86143	12929	13%
1998-1999	98582	84340	14242	14%
1999-2000	92403	78630	13773	15%
2000-2001	99497	88991	10506	11%
2001-2002	109139	92737	16402	15%
2002-2003	96871	87030	9841	10%
2003-2004	152262	127158	25104	16%
2004-2005	186590	162020	24570	13%
2005-2006	179772	158362	21410	12%
2006-2007	179268	155515	23753	13%
2007-2008	225329	185502	39827	18%
2008-2009	519543	412765	106778	21%
2009-2010	456302	366067	90235	20%
2010-2011	246128	191902	54226	22%
2011-2012	202600	177378	25222	12%
Average				15%

What causes “the flu” (i.e. ILI)?



Source: CDC WHO/NREVSS data. Seasonal average of 15 seasons (1997-98 to 2011-12).

Selling Sickness & Disease Mongering

- Female Sexual Dysfunction
- Social Anxiety Disorder
- Male pattern baldness
- Bipolar disorder
- ADHD
- Erectile Dysfunction

Slide by Dr. Peter Doshi

<http://sellingsickness.com/wp-content/uploads/2013/04/Peter-Doshi.pdf>

Disease Mongering

How it's presented by officials	Closer to the truth?
Influenza is a serious, deadly disease	For the vast majority, influenza is unpleasant but self-limiting
Flu shot is (virtually) risk free	Unexpected serious adverse events have occurred
Flu shot saves lives	No evidence the "flu shot" is saving lives

Box 1. The Major Disease-Mongering Tactics Identified by Lynn Payer [1]

1. "Taking a normal function and implying that there's something wrong with it and it should be treated" (p. 88)
2. "Imputing suffering that isn't necessarily there" (p. 89)
3. "Defining as large a proportion of the population as possible as suffering from the 'disease'" (p. 89)
4. "Defining a [condition] as a deficiency disease or disease of hormonal imbalance" (p. 93)
5. "Getting the right spin doctors" (p. 93)
6. "Framing the issues in a particular way" (p. 94)
7. "Selective use of statistics to exaggerate the benefits of treatment" (p. 95)
8. "Using the wrong end point" (p. 96)
9. "Promoting technology as risk-free magic" (p. 96)
10. "Taking a common symptom that could mean anything and making it sound as if it is a sign of a serious disease" (p. 98)

Cited in Tiefer L (2006) Female sexual dysfunction: A case study of disease mongering and activist resistance. PLoS Med 3(4): e178.

Slide by Dr. Peter Doshi

<http://sellingsickness.com/wp-content/uploads/2013/04/Peter-Doshi.pdf>

Cochrane systematic review (2010)

“This review looked at evidence from experimental and non-experimental studies carried out over 40 years of influenza vaccination. We included 75 studies. ... The results are mostly based on non-experimental (observational) studies, which are at greater risk of bias, as not many good quality trials were available. ... Due to the poor quality of the available evidence, **any conclusions regarding the effects of influenza vaccines for people aged 65 years or older cannot be drawn.**”

Jefferson et al (2010). Vaccines for preventing influenza in the elderly. *Cochrane Database of Systematic Reviews*.

Slide by Dr. Peter Doshi

<http://sellingsickness.com/wp-content/uploads/2013/04/Peter-Doshi.pdf>

Flu shot reports to VAERS

- 151,459 reports to VAERS since 1989
- 16,130 listed as serious
- 1,431 deaths

Cochrane on influenza vaccines

- The content and results of previous versions of this review have been extensively misquoted especially in public policy documents ([Jefferson 2009c](#)). Two types of common misquotes are the generalisation of evidence from this review to all age and risk groups and the generalisation of estimates of effect to all outcomes (especially complications and deaths). The misquotes then assume that the performance of influenza vaccines is uniform across all age groups and from symptom prevention to all outcomes. Both generalisations are not supported by any evidence and seem to originate from the desire to use our review to support decisions already taken.
- There are three subtle manipulations in the text. First, the review is cited with single study references.
- Second, the impression reading the text is that vaccines have effect against all outcomes when the evidence quoted refers to cases (or symptoms as we call them in this latest update of the review).
- Third, our review (which only includes RCT evidence of effectiveness) shows no effect on hospitalisations, CDC quote reference 125 which is a 2007 observational study. The CDC authors clearly do not weight interpretation by quality of the evidence, but quote anything that supports their theory.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD001269.pub4/full>

MMR: MEASLES, MUMPS, AND RUBELLA VACCINE

- Measles IS highly contagious
- In developed countries, measles has historically had a low death rate: 4.3 per 100,000 as long ago as 1922 bottom of page 28:

<https://books.google.com/books?id=weVakfrglooC&pg=PA28&lpg=PA28&dq=measles+death+rate+1913&source=bl&ots=rE1sW6nWtq&sig=mwQFNGYgOqaIIWKEW463BtGwsl4&hl=en&sa=X&ved=oahUKEwiulfvQwpvKAhVFthQKHeLXC14Q6AEIMTAD#v=onepage&q=measles%20death%20rate%201913&f=false>

- babies were born with passive immunity to measles, conferred by their mothers, who had had measles themselves as children
- babies today are born from vaccinated mothers, who never had the illness themselves; they have lower rates of passive immunity, and are more at risk
- the populations most at risk for complications from measles are infants and older adults.

MMR: “That study by the discredited British doctor”

- It wasn't a study; it was a case series — a report on 12 consecutively referred cases of children with **INTESTINAL ISSUES**, who also happened to have autism.
- The paper's findings: “Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to aphthoid ulceration.”
- **CLEARLY STATED:** “We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described.”

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(97\)11096-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(97)11096-0/fulltext)

MMR efficacy issues

- Merck promised lifetime immunity to measles and mumps from one shot <https://www.cdc.gov/vaccines/vpd/mmr/hcp/about.html>
- we currently have 2 shots on the schedule, yet there is evidence of waning immunity to both measles and mumps in adulthood <https://academic.oup.com/jid/article/206/10/1542/858893>
- in 2010, 2 of Merck's own virologists filed a whistleblower lawsuit against Merck, alleging that they had been forced to falsify efficacy data in the prelicensure testing <https://kellergrover.com/cases/whistleblower-actions/active-cases-whistleblower-actions/united-states-ex-rel-krahling-and-wlochowski-v-merck-co/>
- 2014 Nov. 24-28 Entire Pittsburgh Penguins team given MMR http://www.espn.com/blog/nhl/post/_id/33575/penguins-doctor-lays-out-timeline-for-sidney-crosbys-mumps-diagnosis
- Within the next month 5 Penguins plus one radio intern with the Penguins diagnosed with mumps

MMR: the CDC whistleblower

FOR IMMEDIATE RELEASE-AUGUST 27,2014

STATEMENT OF WILLIAM W. THOMPSON, Ph.D., REGARDING THE 2004 ARTICLE EXAMINING THE POSSIBILITY OF A RELATIONSHIP BETWEEN MMR VACCINE AND AUTISM

My name is William Thompson. I am a Senior Scientist with the Centers for Disease Control and Prevention, where I have worked since 1998.

I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed.

I want to be absolutely clear that I believe vaccines have saved and continue to save countless lives. I would never suggest that any parent avoid vaccinating children of any race. Vaccines prevent serious diseases, and the risks associated with their administration are vastly outweighed by their individual and societal benefits.

My concern has been the decision to omit relevant findings in a particular study for a particular subgroup for a particular vaccine. There have always been recognized risks for vaccination and I believe it is the responsibility of the CDC to properly convey the risks associated with receipt of those vaccines.

MMR: another whistleblower lawsuit

Merck's own virologists filed suit, claiming they were forced to falsify efficacy data

- Former Merck Scientists Sue Merck Alleging MMR Vaccine Efficacy Fraud

“This is a major federal case alleging fraud in vaccine testing; it encapsulates how medical research can be manipulated to achieve desired results, and why it may be wise to question the integrity and the validity of “science-based medicine.”

The suit charges that Merck knew its measles, mumps, rubella (MMR) vaccine was less effective than the purported 95% level, and it alleges that senior management was aware and also oversaw testing that concealed the actual effectiveness. According to the lawsuit, Merck began a sham testing program in the late 1990's to hide the declining efficacy of the vaccine. The objective of the fraudulent trials was to “report efficacy of 95% or higher regardless of the vaccine's true efficacy.”

According to Krahling and Wlochowski's complaint, **they were threatened with jail were they to alert the FDA** to the fraud being committed.”

<http://ahrp.org/former-merck-scientists-sue-merck-alleging-mmr-vaccine-efficacy-fraud/>

MMR-CONTAINING VACCINES VAERS REPORTS SINCE 1989, AS OF 3/24/18

- 88,314 reports of adverse events associated with MMR or MMRV
- 31,674 emergency room visits
- 8,403 listed as serious
- 6,425 hospitalized
- 402 deaths

DOES VAERS HIDE REPORTED SEIZURE REACTIONS TO MMR-CONTAINING VACCINES?

Reports to VAERS, accessed via medalerts.org as of 3/24/18

- **294** reports where Symptom is Seizure or Seizure anoxic or Seizure cluster or Seizure like phenomena
- **160** reports Epilepsy or Epileptic encephalopathy
- 32 reports clonic convulsion or clonus
- 22 reports partial seizures
- 15 reports complex partial seizures
- 12 reports infantile spasms
- 66 reports Myoclonic epilepsy or Myoclonus
- 79 reports Tonic clonic movements or Tonic convulsion
- **1,040** reports tremor or tremor neonatal
- **3,279** reports Convulsion or Convulsion in childhood or Convulsion neonatal or Convulsions local

**The most likely timeframe for
seizures associated with
MMR vaccine is
8-14 days post-vaccination**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC320893/>

- Most doctors — and, of course, parents — mistakenly believe that serious vaccine reactions like seizures occur within 24 hours. But that's FAR less likely than 8-14 days later.
- Fewer than 1% of adverse events following vaccination are reported to VAERS. <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

GARDASIL

Vaccine for human papilloma virus, marketed as “vaccine against cervical and other cancers”

What do we know about risk factors for cervical cancer?

- long-term use of oral contraceptives TRIPLES the risk
- smoking DOUBLES the risk
- multiple sex partners DOUBLES the risk
- giving birth before the age of 17 DOUBLES the risk
- other STD's
- diet low in fruits and vegetables
- being overweight
- DES exposure
- weakened immune system

<https://www.cancer.org/cancer/cervical-cancer/causes-risks-prevention/risk-factors.html>

2016 Medscape article pushes Gardasil — but details are troubling: “ASCO urges aggressive efforts to increase HPV vaccination”

- 2016 Diane Harper MD, professor at University of Louisville, and also a lead researcher involved in early clinical trials with HPV vaccines: “There are no long-term follow-up studies that show that cancers will be averted.” http://www.medscape.com/viewarticle/861783_1#vp_2
- American Society of Clinical Oncology: ...because of the long latency and the prolonged preinvasive phase after infection with HPV, many years of follow-up are needed for the ongoing trials to demonstrate a significant reduction in HPV-related cancers.”
- Howard Bailey, Director of University of Wisconsin’s Carbone Cancer Center, suggests dismissing adverse events reported in association with HPV vaccine: *“I would be very reluctant right now to shut down the goals of vaccination over what has been reported. I don't want to stop whatever progress we are making when there is at best disagreement over whether these things are associated....maybe if it was my daughter, I would feel differently.”*

GARDASIL

In 2016, the Nordic Cochrane Center filed a report against the European Medicines Agency regarding the handling of reports of safety issues with hpv vaccines.

The Nordic Cochrane Center is an international medical review group that is widely considered the GOLD STANDARD of independent mainstream medical review—their JOB is to review available data and studies on medical procedures, treatments, and devices, and publish their conclusions.

- In their complaint, they noted that **the manufacturers used their own data, were never independently checked for accuracy of that data, substituted a suspected neurotoxin for placebo in safety trials, and have a huge vested interest in NOT finding possible harms.**
- “In all the vaccine trials apart from a small one, the control group was given a ‘placebo’ that contained an aluminium adjuvant, which is suspected of being neurotoxic.”
- “The EMA asked the companies to search for side effects of the vaccine in their own databases and did not check the companies’ work for accuracy.”
- **“The companies have a huge vested interest in not finding these possible harms in their databases.”**

[https://www.medscape.com/viewarticle/865686?](https://www.medscape.com/viewarticle/865686?nlid=108050_2201&src=WNL_mdplsnews_160708_mscpedit_honc&uac=156704FJ&spon=7&implID=1150400&faf=1#vp_1)

[nlid=108050_2201&src=WNL_mdplsnews_160708_mscpedit_honc&uac=156704FJ&spon=7&implID=1150400&faf=1#vp_1](https://www.medscape.com/viewarticle/865686?nlid=108050_2201&src=WNL_mdplsnews_160708_mscpedit_honc&uac=156704FJ&spon=7&implID=1150400&faf=1#vp_1)

GARDASIL: VAERS reports, as of 3/17/18

- The vaccine has only been on the market since 2006
- 56,168 VAERS reports, as of 3/17/18
- 7,984 classified as “serious”
- 412 deaths
- VAERS is U.S. reports, ONLY
- Remember, fewer than 1% of vaccine adverse events reported to VAERS

Meningitis Vaccines

Safety and prelicensure testing : Meningitis vaccines

***Menactra** 1 % had serious adverse events

<https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm131170.pdf>

***Menveo** 1 % had serious adverse events.

<https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm201349.pdf>

***Menomune** 1.3% had serious adverse events

<https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm308370.pdf>

***0.3 percent** of reported "serious adverse events" from meningitis vaccines were deaths. (CDC Pink Book <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/mening.pdf>)

For every 100,000 given the vaccine, 1,000 will have serious adverse events, and 3 will die.

Meningitis vaccine facts according to the package inserts and the CDC Pink Book

- 1% serious adverse event following Menactra
- 1% serious adverse event following Meveo
- 1.3% serious adverse event following Menommmune
- 0.3% of serious adverse events are fatal
- 3 fatalities for ever 100,000 vaccinated

<http://www.immunize.org/fda/>

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/mening.pdf>

Meningitis

risk from the disease vs risk from the vaccine

2016: 355 cases of meningitis in US

<https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6603md.pdf>

2016 US population 323,410,000

<http://www.multpl.com/united-states-population/table>

chance of getting meningitis

1 in 908,197

chance of dying from meningitis vaccine

1 in 33,333

Meningitis vaccine reactions reported to VAERS

- 27,674 reports since 1990
- 3,180 listed as serious
- 162 deaths

**Where do we go
from here?**

More resources

nvic.org

<http://icandecide.org>

informedconsentpa.org

drsuzanne.net

<http://www.academia.edu/22603471/>

[Millers Review of Critical Vaccine Studies 400 Important Scientific Papers Summarized for Parents and Researchers](#)

worldmercuryproject.org

ipaknowledge.com

<http://vaccineepidemic.com>

22 documentaries: <https://www.naturalnews.com/2016-12-15-22-must-see-vaccine-documentaries.html>