Infant-Childhood Vaccines

By Anne Elizabeth 2013, Updated 2016, Updated 2020, Updated 2023 & 2025
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I am a Certified Medical Assistant through the American Association of Medical Assisting (CMA, AAMA), and a faith-based Naturopath who advocates for natural and herbal remedies, education, nutrition and lifestyle changes. Heads up, I will make references to God or the Bible at different points. In my free time, I enjoy being able to research various topics and learn about things more in-depth, then share what I learn with others. That is the purpose of this course. I have gathered information from a wide-variety of scientific sources about this strongly debated topic, with the intent of spreading knowledge and making it easier for individuals to make informed decisions for their family's health. I have amassed as much fact on the subject of vaccines as I can, and ***if*** an opinion is offered, I have denoted it as such to make the reader aware.

There were several things going on in my life that led me down the path of questioning everything I had ever known and believed when it pertained to medicine. 1) With the "Swine Flu Epidemic" in 2009, I quickly heard numerous stories of people suffering debilitating and often devastating side effects from the vaccine; I heard the same of the HPV vaccine. 2) I decided that if and when my husband and I were able to have children, I wanted to be armed with knowledge so we could make the best decisions possible as to their health and ours. And 3) I started making connections between some long term chronic health conditions I was suffering from and chemically laden things I was ingesting (i.e. soda, fast food, etc…)

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I found, that I have strong negative reactions to chemicals; things that do not tend to bother other people, at least not obviously, tend to bother me (fragrance). As a result, I have become hyper-aware of the things that I put into and on my body. So, while this may not be a common concern for most, this has been a decades-long, labor of love, study due to these chemical hyper-sensitivities.

When I hear about various side effects of chemical ingredients (vaccine, pharmaceutical, food or otherwise), the question that gets me in the most "trouble" is why? For example, there are some vaccines where syncope (AKA fainting) is considered to be a "normal" side effect. This is not referencing a vaso-vagal response that some people have with any needle. Yet, it is considered normal in the sense that it frequently happens after vaccination; with a specific vaccine. My question, that no one has yet to answer, is why? Why, is fainting such a frequent occurrence that it is considered normal. What is in this vaccine, or what happens upon vaccination that causes that particular response?

As we go through the Section: TYPES OF VACCINES – we will read about the various associated or known side effects for each of the vaccines – some of the known side effects evoke the question: Why? What is in a vaccine that could cause swelling particularly around the ears? What is in a vaccine that could cause swelling of the brain? These questions ***should*** be asked, not poo-pooed and shouted down.

Doctors are taught in medical school that vaccines are safe and effective, that benefits vastly outweigh any potential risks, negative side-effects and vaccine injuries affect only a small portion of the population, and people who question vaccines need to be re-educated (generally). The topic of vaccines is given roughly a total of 8-24 **hours** of instruction during an 8-10 **year** medical school program, depending on the University.

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AUTHOR OPINION: This alone presents a problem because, as we can see from new research coming out all the time, things are constantly changing. What we once knew to be beneficial, can often be found to be problematic years later (smoking). With all of the changing data, it is extremely difficult, if not impossible, for our medical practitioners to have the time to keep up with all of the new findings. I have personally witnessed it.

There is research for both pro and anti-vaccination; but at the end of the day, after presenting all the facts, I only hope for everyone to make an **informed decision** for their own health and the health of their loved one. Whatever your decision may be, may it be a decision you can make with confidence, knowing that you have thoroughly researched the topic, and can take control of your health.
I have detailed everything as best as I can, with direct quotes notated, and my references listed at the end.

My goal was to remain impartial, relaying only factual information intermingled with my personal opinions which are delineated with the all caps and bold intro: **AUTHOR OPINION.** I have my own opinions, but ultimately I am **100% pro medical freedom of choice**, and **100% anti-bullying** for whatever an individual chooses. If you choose to vaccinate your child, I am here for you as much as I am here for the one who chooses not vaccinate. My hope is that this will be informative, and a large help to any who are struggling in their decision pertaining to vaccinations.

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I first published this article waaaaaay back in 2013. So, I have only added to and updated it; this means that in the References section at the very end, I have not changed any of the references I have ever used. Some of those websites, particularly in the first 20 or so listed, have since shut down or are no longer searchable. I kept them on the list intentionally, because I originally used them and some of that information is still included here.

PSA: I have included medical pictures / audio in this course. Some may be difficult to see or hear. I will do my best to mention before hand. But this is a course on a medical subject. And to be fully informed, means seeing and hearing things you may not like.

Do not feel pressured to take copious amounts of notes, but do consider having a notepad and pen available so you can write down questions as we are going along. Then feel free to reach out with any questions or concerns.

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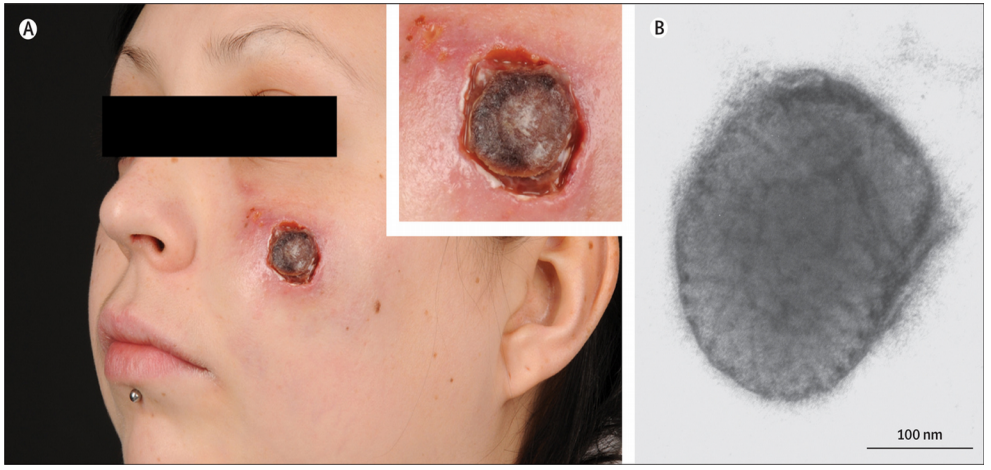
The Flu
HPV
Disease Prevention & Immune Support
Detoxing
Natural Cancer Support
MRNA Technology*

Medical picture incoming...

Section 1: A Brief History of the Origin of Vaccination

Where did the idea of vaccination originate from? Vaccinations' claim to fame was credited in 1796 to Edward Jenner – A country Doctor(25). He had the idea of taking the pus from a cowpox lesion (blister) from the hand of one person and placing it under the skin of a second person. The goal was inoculation – the deliberate introduction of an infecting agent to produce or stimulate immunity. The body's natural defense against viruses/bacteria/foreign invaders is the immune system. The immune system employs various helper cells in the defense process beginning with identifying the invader. (46)



There are many immune cells that take part in the overall immune response. T-cells and B-cells are the "special ops" of the immune system; they utilize past behaviors and interactions to learn and recognize foreign invaders (27). Once the invader has been identified and fought off the first time, our cells will remember it the next time and remember the exact sequence of events needed to fight it off. For example, once our body experiences the flu the first time, the next time we come in contact with that exact same flu strain, our cells can "see" it, and remember that, ahhhhhh yes…last time we turned up the temperature to 102, and sweated it out. It is also what enables us to be immune from catching something again for a period of time.

Section 1: A Brief History of the Origin of Vaccination

AUTHOR OPINION: Vaccines are intended to work by imitating an infection in order to engage the body's natural defenses. Edward Jenner had a brilliant idea, but there are two **major** differences between Edward Jenner's Inoculations in 1796 and the vaccines of today: 1) *his* inoculation did not include a variety of known poisonous chemicals and, 2) his inoculation did not include **74+ different** injections of said chemicals and viruses starting at a young stage of development, when the blood/brain barrier is most permeable. **Conversely**, I don't know anyone today that would allow pus to be inserted under their skin directly from someone else with absolutely zero refining process.

Ideally, we should be supporting the immune system - using the body to fight foreign invaders, educating the public on the disease life cycle and disease prevention, and advocating the importance of personal hygiene, as well as legislation that allows for adequate sick paid leave and that encourages employers to provide isolation for employees who are actively sick but unable to take the time off.

Section 2: Vaccine Requirements

Vaccines are typically required (or mandated) for children in order to attend school or daycare. Adult vaccines are not typically mandated, unless required by an individual employer or in the instance of a pandemic. Each state is different; each state has a required and a recommended list of vaccines for school attendance, some states are more lenient than others. Required vaccines are what are required for school/daycare attendance, and the recommended are not required.

(41) The first vaccine mandated in the U.S. was the smallpox vaccine. By 1922, some states had passed laws requiring that children show proof they were vaccinated for smallpox in order to attend school. By the early 1980's, the CDC recommended, and most states mandated, that children get 23 doses of seven vaccines (polio, diphtheria, tetanus, pertussis, measles, mumps, rubella) in order to attend kindergarten. Prior to the 70's, many vaccines were available individually, but over time they have been combined.

By the summer of 2022, the CDC recommended that children get 72 doses of 17 vaccines between day of birth and age 18. Most states mandate that children get 29 doses of nine vaccines just to attend kindergarten, and children enrolled in daycare in many states are required to get multiple doses of 13 vaccines.

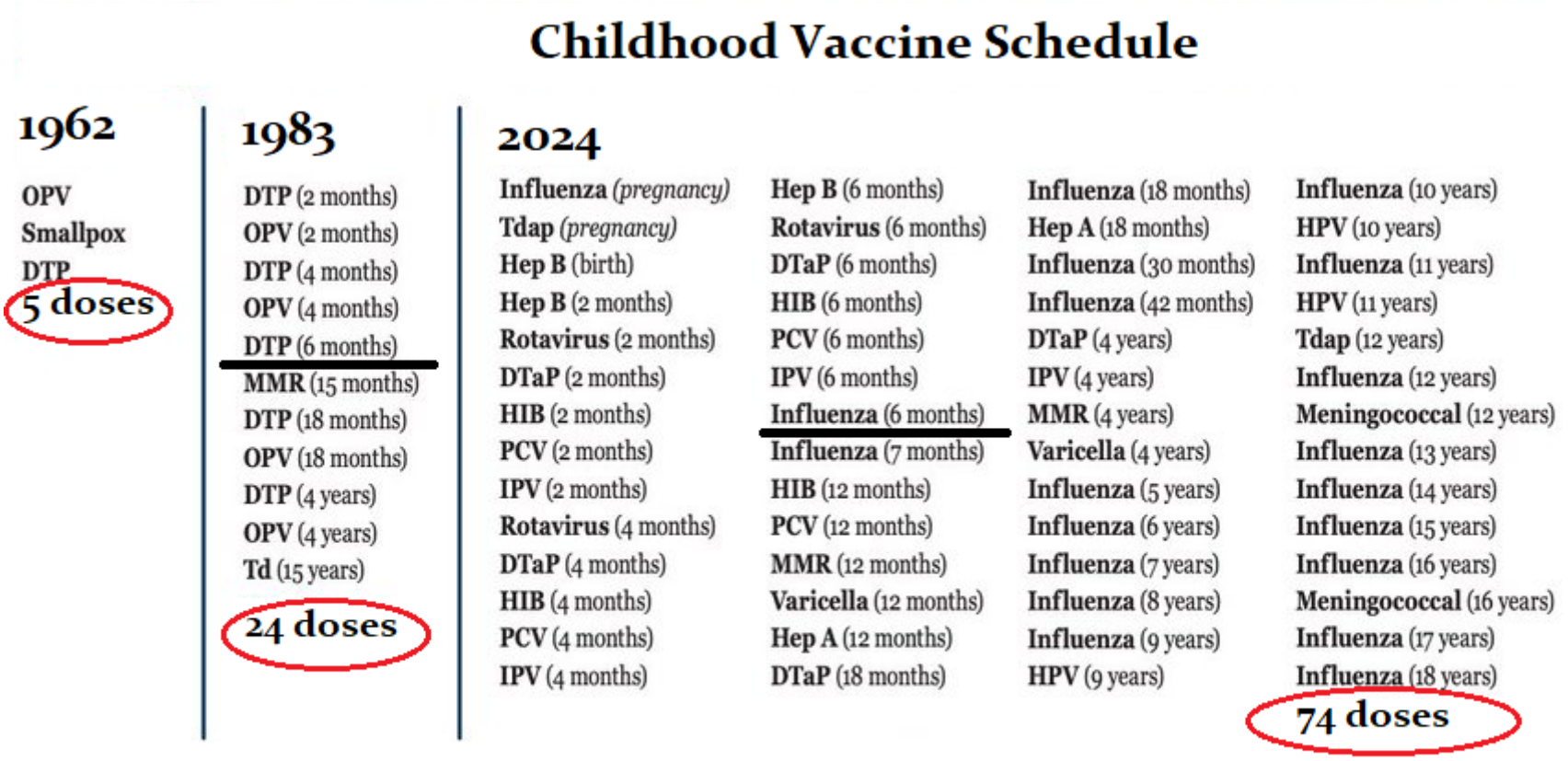
The amount of recommended vaccines has dramatically increased over the years. Next, you will see two different charts: The first is a chart of vaccine development and recommendation by decade (42); then, you will see a chart of vaccine schedule comparison between a select few decades.

Section 2: Vaccine Requirements

Vaccine Development and Recommendation Timeline

1922	1940's	1950's	1960's	1970's	1980's	1990's	Early 2000's
Smallpox	Smallpox	Smallpox	Smallpox	Diptheria	Diptheria	Diptheria	Diptheria
	Diptheria	Diptheria	Diptheria	Tetantus	Tetantus	Tetantus	Tetantus
	Tetantus	Tetantus	Tetantus	Pertussis	Pertussis	Pertussis	Pertussis
	Pertussis	Pertussis	Pertussis	Polio (IPV)	Polio (IPV)	Polio (IPV)	Polio (IPV)
		Polio (OPV)	Polio (IPV)	Measles	Measles	Measles	Measles
			Measles	Mumps	Mumps	Mumps	Mumps
			Mumps	Rubella	Rubella	Rubella	Rubella
			Rubella		Hib	Hib	Hib
						Hepatitis B	Hepatitis B
							Varicella
							Rotovirus
							Hepatitis A
							Pneumococcal
							HPV
							Influenza

Section 2: Vaccine Requirements



Section 2: Vaccine Requirements

The last chart was accounting for the yearly flu vaccine – it does NOT account for Covid, where Covid may be required.

So, looking at that chart, we can see a trend. It's trending up with regards to the amount of vaccines.

A common argument for those who are pro vaccine is: These are the same vaccines we got when we were young – not really. There are more vaccines given to children today than when we were growing up. Just look at the first six months of life: When we were little, we received 5 vaccines in 6 months of life. Today, if the child receives all of them, they get: 21 vaccines in 6 months. That is a **320% increase**.

Why is that significant? Namely, the amount of live viruses, heavy metals and various other chemicals that are being introduced to the developing infant. We will talk more about the blood/brain barrier later on.

Pay close attention to bills and laws that are brought up in your state as they can directly impact you, your family and your freedom of choice. This can be an arduous task, because they will often throw things onto the back of other bills that have nothing to do with this particular topic. For example, Missouri Homeschool bill.

OAMF

We will talk about exemptions later on in the course.

Section 2: Vaccine Requirements

Enacting and enforcing immunization laws and regulations are the responsibility of State governments. CDC supports States' decisions to require certain immunizations as recommended on the Childhood Immunization Schedule for children entering school and childcare facilities. Almost all State immunization mandates pertain to entrance into school and childcare facilities. Many States also have college immunization requirements.

States' approaches to exemptions for immunization requirements vary. All States allow medical exemptions for immunization. 44 States permit exemptions for religious reasons and 15 States permit parents to claim exemptions on philosophical grounds (this differs for adults and employers). Implementation of religious and philosophical exemptions also varies among States. In some States, immunization program staff review written applications for exemption before granting or denying religious or philosophical exemptions. In other States, parents can obtain exemptions by simply signing a form which is accepted without review.

State public health laws and regulations are enacted pursuant to the provisions of individual State constitutions. CDC guidelines are voluntary rather than regulatory. CDC works with States that are ultimately responsible for the development and enforcement of school laws. (18)

Section 2: Vaccine Requirements

State and Local governments have been given great power to invoke specific laws in regards to contagious outbreaks with the assistance of police powers to enforce those laws. They have been granted the authority to institute quarantine or mandatory vaccination laws. Many such bills have been passed over the years “piggy-backed” off of non-related bills.

The Public Readiness and Emergency Preparedness (PREP) Act came into play when George Bush signed it into law as part of the 2006 Defense Appropriations Act (HR 2863). It gives the Department of Health and Human Services (DHHS) Secretary authority to declare any disease an epidemic or national emergency requiring mandatory vaccinations.

The following chart(s) are a breakdown of required vaccines for childcare & grade school enrollment, by state. These requirements are **not** set in stone and do and can change. Also, states may have specific requirements; i.e. vaccine requirement for people born after a certain date, or two doses required. So, for the most up to date information, there are multiple sites you can find info on, but you can go to: https://www.immunize.org/official-guidance/state-policies/requirements/ and select your state.

Section 2: Vaccine Requirements

State (47)	DtaP		Hep A		Hep B		Hib		Influenza		MMR		PCV		Polio		Rotavirus		Varicella	
	Childcare	K-5th	Childcare	K-5th	Childcare	K-5th	Childcare	K-5th	Childcare	K-5th	Childcare	K-5th	Childcare	K-5th	Childcare	K-5th	Childcare	K-5th	Childcare	K-5th
Alabama	Yes	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Arizona	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
California	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Colorado	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Delaware	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Florida	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Georgia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Hawaii	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Idaho	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Illinois	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Indiana	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Iowa	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Kansas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Maine	Yes	Yes	No	No	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Maryland	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Massachusetts	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Michigan	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Minnesota	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Mississippi	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Missouri	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Montana	Yes	Yes	No	No	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes

Section 2: Vaccine Requirements

Nebraska	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Nevada	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
New Hampshire	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
New Jersey	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
New Mexico	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
New York	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
North Carolina	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
North Dakota	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Ohio	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Oregon	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Pennsylvania	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Rhode Island	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
South Dakota	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Tennessee	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Texas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Utah	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Vermont	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Virginia	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Washington	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
West Virginia	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Wisconsin	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Wyoming	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes

Section 3: Typical Childhood Vaccines

For every disease that a vaccination is recommended for, there are several companies that offer different versions of these vaccines; though the ingredients typically remain the same, some may have different variations. For simplicity's sake, I have provided the most commonly used vaccine for each disease. BUT, I encourage you to determine ahead of vaccination which specific products you are okay using. For example:

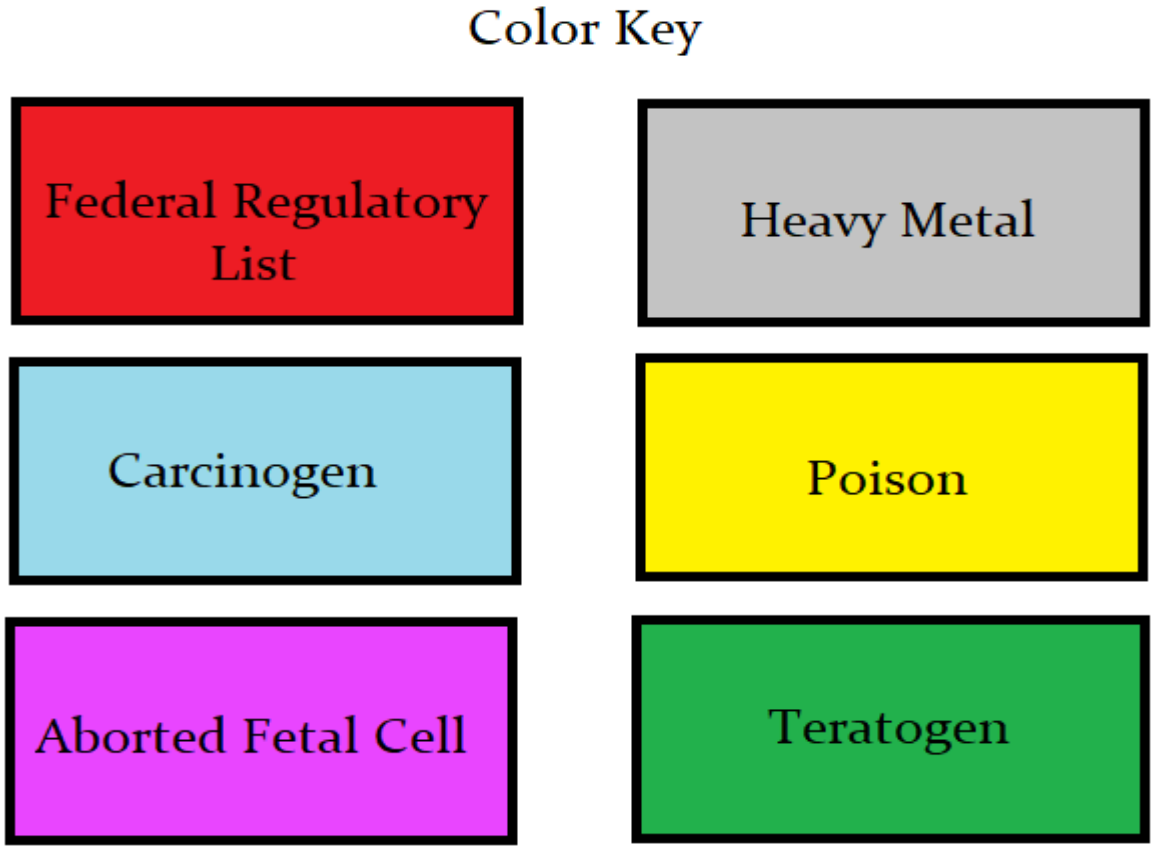
For Chickenpox, there are two vaccines: Varivax – strictly vaccinates against Chickenpox, and Proquad. It is a combination 4 live-attenuated virus vaccine: Measles, Mumps, Rubella and Varicella. Dr. Paul Thomas M.D. states in his book, The Vaccine Friendly Plan: "I do not recommend giving your toddler the combination vaccine Proquad, not only because of the side effects, but also because it contains **four live viruses**. Giving a quadruple live-virus vaccine to a toddler is a mistake. When a toddler catches an illness naturally, he does not catch four at once. I have serious concerns about hitting the immune system of a twelve month old baby with four live viruses, even though they are weakened…if your child does have a bad reaction to the vaccine, you have no way of knowing which component he is reacting to."

Each practice is different, and offers different vaccines. So, after doing your research, I would encourage you – particularly if you are concerned, to determine ahead of vaccination which vaccines you are okay using. If your family doctor/pediatrician office does not offer the vaccine you have chosen (i.e. Varivax vs Proquad), they should be able to direct you to somewhere, such as your local health department, that offers that option. That alternative site will then communicate to your practitioner so they can include it in your child's medical records.

For each disease, I have provided the vaccine name and the makers of that particular vaccine. Included is the chemical make-up of that vaccine, contraindications (those individuals that the vaccine is medically not recommended for), effectiveness or efficacy quoted directly from the manufacturer, information about the disease itself, symptoms of the disease and how it is spread, and potential adverse effects the vaccine that have been reported. The purpose with this layout of information is to help each person determine if risks of the disease outweigh potential risks of vaccination and vice versa.

Some of the ingredients in the vaccines are highlighted…this is **because they are considered toxic and/or poisonous, are a result of ethically questionable practice, or are on federal regulatory lists**. Section IV is an in-depth definition of these ingredients.

Section 3: Typical Childhood Vaccines



Section 3: Typical Childhood Vaccines

The reported vaccine side effects are what are **known** or attributable, and associated with the individual vaccines. Due to inconsistency in reporting and data gathering, it is entirely possible there may be even more side effects than what are known.

AUTHOR OPINION: Many of the diseases that these vaccines have been created for, are contracted by coming into contact with bodily fluid: saliva, feces, blood, etc… So it stands to reason, if society as a whole were to teach and practice good hygiene, stay home when sick, and take immune-boosting vitamins and supplements, that ***may*** be a valid way to combat many of these diseases and ultimately negate the perceived need for some vaccinations.

Conversely, it is impossible to control what other people do, and while good hygiene practices are common sense, common sense seems to be lacking across much of society today. You can only attempt to influence those around you by leading by example. It is also becoming less and less common for employers to offer sufficient sick PTO. For people to stay home for the required amount of time (7-10 days after the last day of symptoms) in order to halt the disease cycle and prevent its spread, is financially impossible for many people, unless you happen to be so lucky as to work from home.

There will be some medical photos and some audio files to help us better understand these diseases. Some of these pictures and sounds can be hard for a parents heart to handle, but it is essential to our learning. The diseases that these vaccines are purported to protect against are real, and can be severe – even resulting in death, as can the potential side effects to the vaccines. It is important to be well educated on the topic as a whole to make the best decision possible for your little one.

Section 3: Typical Childhood Vaccines

A word on Efficacy:

Efficacy (Percentage effectiveness of the vaccine at protecting an individual from the disease) varies not only based on vaccine, but also age given. When stated, I have presented the stated efficacy from the manufacturer. There have been numerous times I have had to really do some digging; meaning, it is not easy to determine because it is not directly stated or is spread out across several studies.

JUST BECAUSE SOMETHING IS REPORTEDLY EFFECTIVE, DOES NOT MEAN YOU/YOUR CHILD CANNOT GET SICK FROM THE RESPECTIVE VIRUS NOR DOES IT MEAN YOU CANNOT SPREAD THE VIRUS EVEN IF YOU ARE ASYMPTOMATIC.

We will discuss this particular note in one of the later course parts.

Section 3: Typical Childhood Vaccines

DtaP (Diptheria, Tetanus & Pertussis) + Hepatitis B & Polio

Hepatitis A

HiB (Haemophilus Influzena Type B)

Meningicoccal (Infection of the Brain, Spinal Cord & Blood Stream)

MMR (Measles, Mumps and Rubella)

PCV (Pneumococcal)

Rotavirus (Viral Gastroenteritis AKA Stomach Flu)

RSV (Respiratory Syncytial Virus)

Varicella (Chicken Pox)

Vitamin K

Section 3: Typical Childhood Vaccines

Diptheria, Tetanus and Pertussis + Hep B, and Polio
Vaccine Name : Pediarix
Produced by GlaxoSmithKline (GSK)
Recommended doses: 5
Efficacy: *86% (**pertussis** to age 6)
Aluminum content: 850 mcg

CHEMICAL MAKEUP: A combination-5 vaccine produced using Aluminum hydroxide, Formaldehyde, Thimerosal,Gluteraldehyde, Filamentous hemagglutinin (FHA), Diphtheria toxoid, Tetanus toxoid, Sodium Hydroxide, Medium 199, 2 – Phenoxyethanol, Inactivated Pertussis Toxoid, Type 1 poliovirus (Mahoney), Type 2 poliovirus (MEF-1), Type 3 poliovirus (Saukett), Pertactin, HbsAg, yeast, polymyxin, neomycin, Polysorbate 80, Stopper vial may contain dry latex rubber.

Historically, probably the most controversial of all the vaccines; media coverage of the DTaP vaccine's damaging effects heightened in the late 70's and early 80's. Parent's accounts of sudden onset autism-like symptoms, Sudden Infant Death Syndrome, anaphylaxis (severe or life-threatening allergic reaction) shock, and other forms of neurological issues rang through documentaries, newspapers and magazine articles.

As of 2023, Pediarix **HAS NOT** been evaluated for carcinogenic or mutagenic potential or for impairment of fertility. (29) Safety information is not available for giving Pediarix and HiB and PCV all at the same time (30). Thimerosal is used during the early stages of production, and subsequently removed, leaving only a clinically insignificant trace (30). Pediarix should not be administered to anyone younger than six weeks or older than six years of age.

Section 3: Typical Childhood Vaccines

Diptheria, Tetanus and Pertussis + Hep B, and Polio
Vaccine Name : Pediarix
Produced by GlaxoSmithKline (GSK)
Recommended doses: 5
Efficacy: *86% (**pertussis** to age 6)

EFFICACY: (60) "Recent data shows that the current acellular vaccines are not as effective in providing protection against whooping cough as they were even just a few years ago. Australia, with a population of 1 million, had more than 150,000 cases of Pertussis from 2008-2012, despite high vaccine uptake rates…Some researchers hypothesize that the high rates of Pertussis among vaccinated Australians show that the bacterium itself is evolving and the vaccine does not cover the current infectious strains.

In one 2015 study of fully vaccinated teens in Washington State, researchers found that the Tdap vaccine was only 73% effective after one year, and 24% effective 2-4 years later, leading them to conclude that the "lack of long-term effectiveness may contribute to increases in Pertussis among adolescents.""

This efficacy rate does not disclose efficacy against Diptheria, Tetanus, Hep B or Polio. That information was not available. So this combination 5 live/weakened virus vaccine is determined to be 86% effective at protecting against 1 virus; with no statistics on protection against the other 4.

Medical pictures next two slides incoming…

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: DIPTHERIA, once called the "strangling angel of children", is spread by breathing in diphtheria bacteria after an infected person has coughed or sneezed. People also get diphtheria from close contact with discharges from an infected person's mouth, nose, throat, or skin. Symptoms occur 2-5 days after exposure. There have been no reported deaths from diptheria in children for at least 35 years. (60)

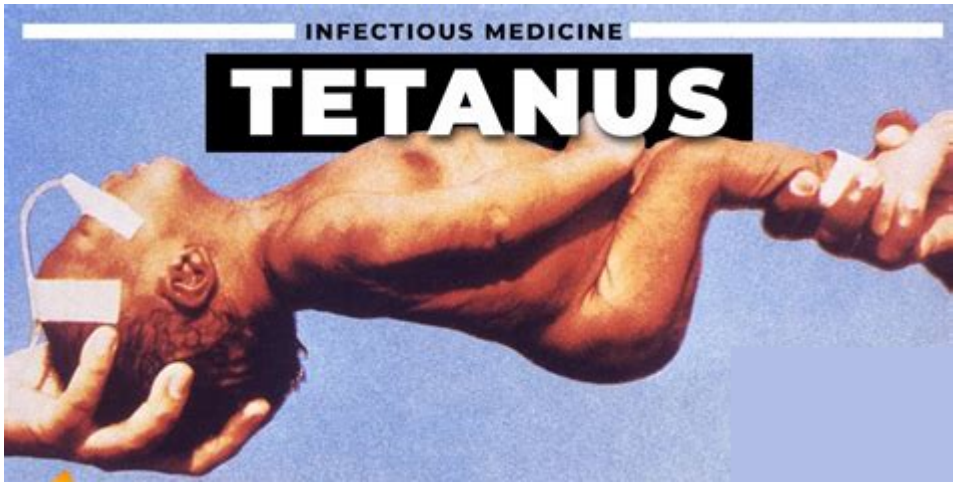
SYMPTOMS OF DIPTHERIA: include a sore throat, croupy cough, low-grade fever, runny nose, difficulty breathing and a fiber like coating on the tonsils, pharynx, or inside of nose. Neck swelling is usually present in severe disease. Complications can include myocarditis (heart inflammation), polyneuritis (inflammation of the nerves), kidney damage, and airway obstruction.

TREATMENT: Diptheria is a bacterial infection, so it is treated conventionally with antibiotics. Naturopathy and Homeopathy offer treatments as well...these treatments will be discussed in the course titled: Disease Prevention and Immune Support.

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: TETANUS (AKA Lockjaw) occurs when spores of the tetanus bacteria enter the body through an open wound, they produce a powerful nerve poison; it is **not** communicable. Tetanus spores are found throughout the environment, usually in soil, dust, and animal waste. Tetanus is a sustained muscular contraction (charlie horse *localized). The incubation period for tetanus infection, from time of exposure to appearance of the first symptoms, ranges from three days to three weeks.
Typically, you think of tetanus as the result of stepping on a rusty nail. But, for infants, there is a potential for Tetanus Neonatorum (43): which can occur from an infection of an unhealed umbilical stump, particularly when a stump is cut with a non-sterile instrument. Such exposures have a very poor potential outcome for the child.

SYMPTOMS OF TETANUS: include muscular stiffness of the jaw and neck, headache, seizures, changes in heart rate and changes in blood pressure, fever, and chills. Complications include bone fractures, vocal cord spasms, impaired breathing, pulmonary embolism, pneumonia, infections acquired in the hospital during the course of treatment, and death. (45)



Section 3: Typical Childhood Vaccines

TREATMENT (48):

Immediate treatment with medicine called human tetanus immune globulin (TIG)

Aggressive wound care

Drugs to control muscle spasms

Antibiotics

Tetanus vaccination

Depending on how serious the infection is, a machine may be required to help someone with tetanus breathe.

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: PERTUSSIS (AKA Whooping Cough) Pertussis, commonly referred to as whooping cough, is a highly contagious and common, respiratory disease. The major symptom of B. pertussis whooping cough disease is uncontrollable coughing. (44)

SYMPTOMS OF PERTUSSIS: at its onset are similar to the common cold, or an allergy attack with stuffy or runny nose, dry cough, loss of appetite, fatigue and, sometimes, a low grade fever. After one to two weeks, the disease usually progresses to bursts of spasmodic coughing (paroxysms) with large amounts of mucous, gagging and vomiting with or without a whoop that becomes worse at night. During the day, the child or adult may look and feel fine with the exception of frequent coughing spasms. A final recovery stage with only occasional coughing fits may last for weeks or even months. Most deaths tend to occur in the very young infant as a result of not getting enough air or of apnea.

TREATMENT: Pertussis is a bacterial infection, so it is treated conventionally with antibiotics. The earlier treatment begins, the better the potential outcome. **When taking an infant in for persistant coughing, ask specifically to test for petussis – the natural inclination is to assume it is bronchitis. (49) Antibiotics will not alter the course of the illness or prevent transmission if they are given later in the course of illness. Naturopathy and Homeopathy offer treatments as well…these treatments will be discussed in the course titled: Disease Prevention and Immune Support.

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: Hepatitis B virus is transmitted by contact with blood or body fluids of an infected person – the same way as the human immunodeficiency virus (HIV). However, HBV is 50 to 100 times more infectious than HIV.

The main ways of getting infected with HBV are:

- perinatal (from mother to baby at the birth)
- child-to-child transmission
- unsafe injections and transfusions
- sexual contact

Worldwide, most infections occur from mother-to-child, from child-to-child (especially in household settings), and from reuse of unsterilized needles and syringes. In many developing countries, almost all children become infected with the virus. In 1991 the CDC recommended Hepatitis B vaccination for all infants because public health officials could not persuade adults in high risk groups to take the vaccine.

SYMPTOMS OF HEPATITIS B: generally appear in 90 days and last a few weeks. About half of infected adults and children over the age of five will have symptoms, while many children under the age of five will not. Children with Hepatitis B are at risk of liver problems later in life. Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, discolored (clay) bowel movements, joint pain and jaundice (yellowish skin or eyes) (24). The vaccine is given to **all** newborns at the hospital before discharge regardless of maternal infection status (8). *DTaP

Section 3: Typical Childhood Vaccines

TREATMENT: According to conventional medicine, (50) after exposure to hepatitis B, quick prophylactic treatment can prevent infection and thus keep the patient from developing chronic infection or liver disease. Prophylactic treatment tends to revolve around quick administration of the hepatitis B vaccine, but, it may also be paired with hepatitis B immune globulin for added protection. Beyond that, treatment may include active surveillance (being followed by a Doctor) and treatment of the symptoms of the disease. Naturopathy and Homeopathy may help to manage the condition. Natural methods that help support the liver and potentially reduce the hepatitis B viral load will be discussed in the course titled: Disease Prevention and Immune Support.

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: POLIO (1) Poliomyelitis, commonly called polio, is an infection caused by a virus that multiplies in the gastrointestinal tract. There are three main types of polio virus: PCV1, PCV2 and PCV3. Polio is transmitted when the virus enters the mouth or nose and infects the throat and gastrointestinal tract. In about 95% of cases, polio infection is not severe and is asymptomatic (does not cause symptoms). This means that most people who are exposed to the virus will have no clinical symptoms of illness. Between 4 and 8% of individuals exposed to the poliovirus will develop mild symptoms, which often include flu-like illness, respiratory tract infections, and gastroenteritis. Approximately 1% of polio cases present as aseptic meningitis, and symptoms generally include severe back, neck, or leg spasms. Full recovery usually occurs within 10 days.

SYMPTOMS OF POLIO: In 4-5% of cases there may be minor symptoms, such as sore throat, low grade fever, headache, fatigue and nausea followed by stiff neck, meningitis (brain inflammation) and temporary paralysis of an arm or leg, but in most cases there is full recovery within a few weeks. In less than 1% of cases, the polio virus infects the central nervous system and paralyzes the muscles of the arms and legs or muscles needed for breathing and swallowing, which can lead to permanent paralysis or death. The live attenuated oral polio vaccine (OPV) can cause vaccine derived polio in the vaccinated person, or in a person who comes in contact with a recently vaccinated person's body fluids (urine, stool, saliva); because the vaccine derived polio virus is shed for several weeks after vaccination. Vaccine derived polio can cause mild or severe and permanent paralysis similar to the paralysis caused by wild type polio(24). Because of this, the United States has largely switched to the Inactivated Polio Vaccine (IPV), but still insists that OPV is safe and is continued to be used in other countries.

Section 3: Typical Childhood Vaccines

TREATMENT: POLIO (52) Because no cure for polio exists, the focus is on increasing comfort, speeding recovery and preventing complications. Depending on the severity of disease, supportive treatments may include:

Bed rest

Pain relievers

Hot moist packs to control muscle pain and spasms

Portable ventilators to help with breathing

Physical therapy exercises to prevent bone deformity and loss of muscle function

Splints or other devices to encourage good position, or alignment, of the spine and limbs. Full recovery usually occurs within 10 days.

GBS

Section 3: Typical Childhood Vaccines

Pediarix Reported vaccine side effects

Common **reported** side effects include: local injection site reactions (pain, redness, and swelling), fever (≥100.4°F), drowsiness, irritability/fussiness, and loss of appetite.

Apnea (absence of breathing) following intramuscular vaccination has been observed in some infants born prematurely.

Besides **vaccine-derived paralytic poliomyelitis (VAPP)**, the polio vaccine has been linked to acute **flaccid paralysis** (loose, floppy and uncontrolled limbs), **Guillain Barre syndrome** (A condition in which the immune system attacks the nerves – can result in numbness of limbs and paralysis), cancer, demyelination and more.

In clinical trials, PEDIARIX was associated with higher rates of fever relative to separately administered vaccines.

Section 3: Typical Childhood Vaccines

Pediarix Contraindications (30)

Hypersensitivity to any component of the vaccine, including yeast, neomycin (antibiotic) and Polymyxin B.

Anyone with a life-threatening allergy to yeast should NOT get a Hepatitis B vaccine.

History of anaphylaxis (life threatening allergic reaction) after a previous dose of Pediarix or any of its components.

History of encephalopathy (swelling of the brain) within 7 days of a previous dose of any pertussis-containing vaccine.

Those with progressive neurologic disorders including: infantile spasms, uncontrolled epilepsy, or progressive encephalopathy.

There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

Hepatitis A

Vaccine Name : Havrix
Produced by GlaxoSmithKline (GSK)
Recommended doses: 2
Efficacy: 94% (58)*
Aluminum Content: 250 mcg

CHEMICAL MAKEUP: Produced using inactivated Hep A, formalin, Formaldehyde, Aluminum Hydroxide, phenoxyethanol, polysorbate 20, residual MRC5 proteins Human Diploid Cells (Originating from human aborted fetal tissue.)

Includes 250 mcg of Aluminum or 0.25 mg.

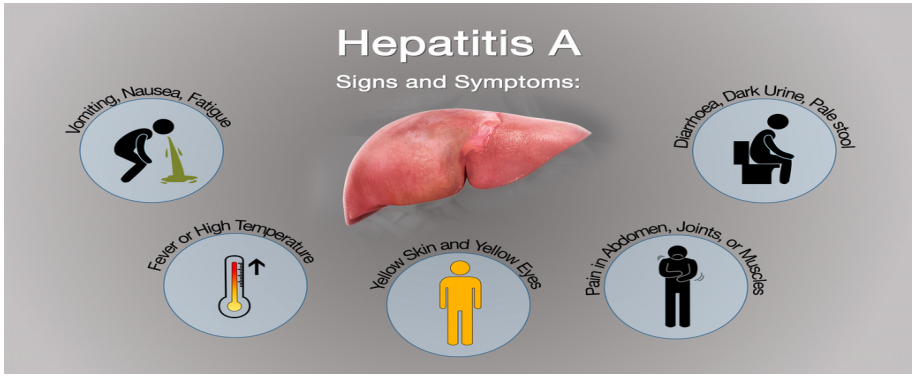
*Efficacy: (60) Dr. Paul Thomas M.D. states in his book, The Vaccine Friendly Plan: "Since the disease is almost never seen in children, it becomes very difficult to assess the effectiveness of these vaccines. However, research done in children and adults has found hepatitis A vaccine effectiveness to be between 82% and 95%."

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: Hepatitis A is a viral liver disease that can cause anywhere from mild to severe illness. It is usually spread from person to person by contaminated food or water or hand-to-mouth contact with bodily fluids from an infected person. It can also be spread by men having sex with men or people sharing needles. Almost everyone recovers fully from Hep A with a lifelong immunity; however there is a small percentage of people that do die. Unlike Hep B and C, Hep A rarely causes chronic liver disease and is rarely fatal(23).

It generally takes an average of four weeks (range of two to seven weeks) following exposure to hepatitis A for symptoms to develop.

(60)It is relatively rare in the United States; there are fewer than 2,000 reported cases yearly; rarely in children.



SYMPTOMS OF THE DISEASE: Symptoms often occur suddenly and include fatigue, abdominal and/or joint pain, loss of appetite, fever, nausea, jaundice, dark urine, clay-colored bowel movements, and diarrhea. Young children are often asymptomatic and show no clinical signs of infection. Most infected individuals recover fully within 2 months, however, approximately 10 to 15 percent of infected individuals can have lingering symptoms for up to 6 months.

Section 3: Typical Childhood Vaccines

TREATMENT: (57) No specific treatment exists for hepatitis A. Your body will clear the hepatitis A virus on its own. In most cases of hepatitis A, the liver heals within six months with no lasting damage.

Hepatitis A treatment usually focuses on keeping comfortable and controlling symptoms. Depending on symptom severity, you may need to seek medical assistance.

Naturopathy and Homeopathy both offer treatment options for supporting the body during healing and helping with side effects and symptoms; these treatments will be discussed in the course titled: Disease Prevention and Immune Support.

Section 3: Typical Childhood Vaccines

Havrix Reported vaccine side effects

Headache after vaccination, local reactions at the injection site, fever, fatigue, malaise, nausea and loss of appetite, stomach pain, diarrhea, vomiting, and joint pain, anaphylaxis (Severe/potentially life-threatening allergic reaction), jaundice (a yellowing of the skin and eyes due to liver complications), convulsions, multiple sclerosis, Guillain-Barre syndrome (A condition in which the immune system attacks the nerves – can result in numbness of limbs and paralysis), and neuropathy (a disorder of the nerves that can cause numbness, weakness or pain).

Havrix Contraindications

CONTRAINDICATIONS: (32) Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any hepatitis A-containing vaccine, or to any component of HAVRIX, including neomycin.

There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

Haemophilus Influenza B (HiB)

Vaccine Name : ActHIB
Produced by Sanofi
Recommended doses: 4
Efficacy: ?

CHEMICAL MAKEUP: haemophilus influenzae type b strain 1482, capsular polysaccharide tetanus toxoid conjugate antigen injection, powder, lyophilized, for solution, Formaldehyde

From a toxic load chemical standpoint, the ActHIB vaccine is the cleanest of all of the vaccines. (60)

CONTAINS NO MERCURY OR ALUMINUM

Carcinogenesis, Mutagenesis, Impairment of Fertility has not been evaluated

Section 3: Typical Childhood Vaccines

Haemophilus Influenza B (HiB)

Vaccine Name : ActHIB
Produced by Sanofi
Recommended doses: 4
Efficacy: ?

Efficacy: Unable to find anything definitive

(61) Vaccination with ActHIB vaccine may not protect 100% of individuals. Safety and effectiveness of ActHIB have not been established in infants below the age of 6 weeks and children and adolescents 6 years of age and older. Because simultaneous administration of common childhood vaccines is not known to affect the efficacy or safety of any of the routine recommended childhood vaccines, simultaneous administration of all vaccines appropriate for age and previous vaccination status at separate sites with separate syringes is indicated.

Duration of Effect In children who received four doses of Act-HIB®
(at 2, 4, 6 and 18 months), anti-PRP antibodies remained above 0.15 mcg/mL at 4-5 years of age in 99%, and all responded vigorously to restimulation, consistent with persistent immune memory.

(60) Dr. Paul Thomas was in his residency stages when the vaccine was introduced and notes a significant decrease in the amount of meningitis and epiglottitis cases.

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: HiB is transmitted by direct contact with respiratory secretions and enters the body through the upper respiratory tract. In most cases, Hib can remain in the mouth and nose for up to several months, without causing illness. In general, *H. influenzae* disease is considered to be minimally contagious. In general, the transmission of Hib is considered to be limited and when it occurs, it usually affects only close contacts such as household members. Prior to the introduction of the Hib vaccine, most children acquired natural immunity to Hib by the time they were 5 or 6 years old

SYMPTOMS OF THE DISEASE: HiB can cause many different kinds of infections depending on what part of the body is affected:
Fever and chills, cough, shortness of breath or difficulty breathing, sweating, chest pain, headache, muscle pain or aches, excessive tiredness, pain in the stomach, nausea with or without vomiting, diarrhea, anxiety, confusion, stiff neck or sensitivity to light. (28)

Haemophilus influenzae type b (Hib) is a bacterial infection that can cause severe illnesses in children, and in severe cases can lead to issues such as meningitis (an inflammation (swelling) of the protective membranes covering the brain and spinal cord), epiglottitis (A condition where the cartilage which covers the windpipe, swells and **blocks the flow of air into the lungs),** pneumonia, arthritis, and cellulitis (inflammation and infection of the skin)

Section 3: Typical Childhood Vaccines

TREATMENT: HiB is a bacterial infection, and therefore is treated conventionally with antibiotics. (62) Depending on how serious the infection is, people with H. influenzae disease may need care in a hospital. Other treatments may include:

Breathing support
Medication to treat low blood pressure
Wound care for parts of the body with damaged skin
When H. influenzae causes milder infections, like bronchitis or ear infections, doctors may give antibiotics to prevent complications.

Section 3: Typical Childhood Vaccines

ActHIB Reported vaccine side effects

It is difficult to precisely attribute reaction to ACTHIB because it is often given in conjunction with DTaP vaccines (in the same injection)(1). The more common side effects after vaccination are: diarrhea, loss of appetite, vomiting, fever, irritability, redness-pain-swelling-tenderness-heat at the injection site, reduced physical activity, restlessness, sleeplessness.

The less common side effects are: earache, redness or swelling in the ear, prolonged crying lasting more than 4 hours, unusual high-pitched crying.

Rare, but reported side effects include: chest pain, chills, cough, fever over 102 degrees, lack of or loss of strength, seizures, sneezing, sore throat, tightness in the chest, trouble breathing, bloating or swelling of the face-arms-legs-hands-feet, bluish lips or skin, dizziness, fast heartbeat, hives or welts, skin rash, swelling of the face-lips-tongue-throat-eyelids, reddening of the skin (especially around the ears), sudden and severe unusual tiredness or weakness, swollen-painful-tender lymph nodes or glands.

Safety studies have shown that HiB vaccines can cause anaphylaxis (severe or life-threatening allergic reaction), edema (swelling of the body), joint pain, Guillan Barre - A condition in which the immune system attacks the nerves – can result in numbness of limbs and paralysis), transverse myelitis, (a potentially paralyzing disease of the spinal cord) thrombocytopenia (Low blood platelets which can cause bleeding disorders) and other autoimmune and neurological disease, rashes, seizures, and death.

One small study has shown a small increase in the risk of type I Juvenile diabetes – but a larger study showed no link (60)

Section 3: Typical Childhood Vaccines

ActHIB Contraindications

Those who have had a severe allergic reaction (e.g., anaphylaxis) after a previous dose of any H. influenzae type b or tetanus toxoid-containing vaccine or any component of the vaccine is a contraindication to administration of ActHIB vaccine

There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

Meningococcal

Vaccine Name : Menomune
Produced by Aventis
Recommended doses: 2 *AFTER AGE 2
Efficacy: See Notes

CHEMICAL MAKEUP: Produced using Aluminum hydroxide, Tetanus toxoid, Meningococcal group C polysaccharide, Latex, Thimerosal, Sodium chloride, Lactose.

*Safety and effectiveness of Menomune – A/C/Y/W-135 vaccine in children below the age of 2 years have not been established

Section 3: Typical Childhood Vaccines

Meningococcal

Vaccine Name : Menomune
Produced by Aventis
Recommended doses: 2 *AFTER AGE 2
Efficacy:

Efficacy (65):

During a meningococcal serogroup A epidemic in sub-Saharan Africa, children 3 months to 16 years of age were vaccinated with a high molecular weight serogroup A/C meningococcal 4 polysaccharide vaccine. In case-control studies, after 1 year of observation, vaccine efficacy (5) against meningococcal serogroup A disease was estimated to be 87%; . After 3 years, efficacy was estimated to be 67% among children who were 4-16 years of age at the time of vaccination, and 8% among children who were 1-3 years of age at the time of vaccination.

The efficacy of a serogroup C meningococcal vaccine in infants and young children was evaluated in a placebo-controlled trial during a serogroup C epidemic in Brazil. Vaccine efficacy was estimated to be 12% among children 6 to 23 months of age and 55% among children 24 to 36 months of age.

Medical pictures incoming...

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE:
Meningococcal Meningitis is caused by bacteria that often live in our bodies. Usually these germs stay in the intestines or in the nose and throat, where they may or may not make us sick. But if they spread to the tissues (meninges) that surround the brain and spinal cord, they can cause inflammation. It is spread through saliva, respiratory and throat secretions. **(63)**

Meningococcal disease is a serious and potentially life-threatening illness caused by the bacteria *Neisseria meningitides*. Most frequently, the illness can result in inflammation of the meninges of the brain (meningitis) and a serious bloodstream infection (septicemia/meningococcemia). Invasive disease can also present as arthritis and pneumonia. **(64)**

It is <u>not</u> easily spread, and requires one to be susceptible to the infection and to have regular close contact with a person who is colonizing the bacteria. Meningococcal rates are low in the U.S. and have steadily declined since the 1990's. In 2017, there were approximately 350 cases and 45 deaths attributed to meningococcal disease. Individuals most at risk for contracting meningitis are babies under a year old and young adults between the ages of 16 and 23

Section 3: Typical Childhood Vaccines

SYMPTOMS OF THE DISEASE:

Symptoms of meningitis begin to appear between 3 and 7 day after exposure to the bacteria. At first, symptoms may appear mild and similar to cold or flu symptoms and may include headache, fever, aches and pains. As the illness progresses, additional symptoms can include skin rash, severe headache, stiff neck, nausea, vomiting, inability to look at bright lights, mental confusions and irritability, extreme fatigue/sleepiness, convulsions and unconsciousness. In babies, symptoms can include a high-pitched moaning cry, difficulty or refusal to feed, and the fontanel, the soft area on the top of the head, may also be bulging.

TREATMENT (66):

Conventional medicine treats meningococcal disease with a number of antibiotics. It is important that treatment start as soon as possible. Severe, or fatal infections occur when it is not treated quickly enough. Depending on how serious the infection is, people with meningococcal disease may need other treatments, including: Breathing support, medications to treat low blood pressure, surgery to remove dead tissue, wound care for parts of the body with damaged skin. Even with antibiotic treatment, 10 to 15 in 100 people with meningococcal disease will die. Up to 1 in 5 survivors will have long-term disabilities, such as: Loss of limb(s), deafness, nervous system problems and brain damage

Section 3: Typical Childhood Vaccines

Menomune Reported vaccine side effects

Common adverse events in children 2 to 10 years of age were injection site pain, drowsiness, irritability, and diarrhea.

Common adverse events in persons 11 to 55 years of age were pain, redness, and induration at the injection site, headache, fatigue, arthralgia, and diarrhea, muscle and joint pain, chronic fatigue

(8) Serious adverse events associated with meningococcal vaccines include anaphylaxis, wheezing, upper airway swelling, difficulty breathing, hypotension, itching, hives, lymph node swelling, Guillain-Barre syndrome, convulsions, facial palsy, vasovagal syncope, paresthesia, transverse myelitis, acute disseminated encephalomyelitis, extensive swelling of the injected limb and injection site.

(8) Meningococcal B vaccines have not been given a routine recommendation by the CDC due to several factors. These factors included the high number of vaccinations that would be required to prevent a single case of the disease, low rates of disease, cost of the vaccine, lack of efficacy and safety data, and the possibility of serious adverse vaccine reactions exceeding the number of cases prevented.

Section 3: Typical Childhood Vaccines

Menomune Contraindications (65)

To avoid diagnostic confusion between manifestations of an acute illness and possible vaccine adverse effects, vaccination with Menomune – A/C/Y/W-135 vaccine should be postponed in persons with moderate or severe acute illness.

There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

MMR (Measles, Mumps & Rubella)

Vaccine Name : Attenuvax (Alt ProQuad)
Produced by Merck & Co, Inc
Recommended doses: 2
Efficacy: See note

CHEMICAL MAKEUP: The MMR Vaccine is a combination of three vaccines. Produced using Gelatin, Monosodium Glutamate (MSG), Neomycin, Phenol, Sorbitol, Sodium bicarbonate, Sucrose, Sodium phosphate, Sodium hydroxide, Hydrochloric acid, Medium 199, Potassium phosphate, Virus: Measles, Virus: Mumps, Virus: Rubella, Minimum Essential Medium, Neomycin, Sorbitol, Chick embryo cells, Mrc5 Proteins Human Diploid Cells (Originating from Human Aborted Fetal Tissue)

Efficacy: (70) **Efficacy rate results were derived from efficacy studies that were previously conducted for the individual component vaccines** of M-M-R II which were used to define levels of serum antibodies that correlated with protection against measles, mumps, and rubella. When averaging the case study ranges, we can land on 97% efficacy according to the manufacturer.

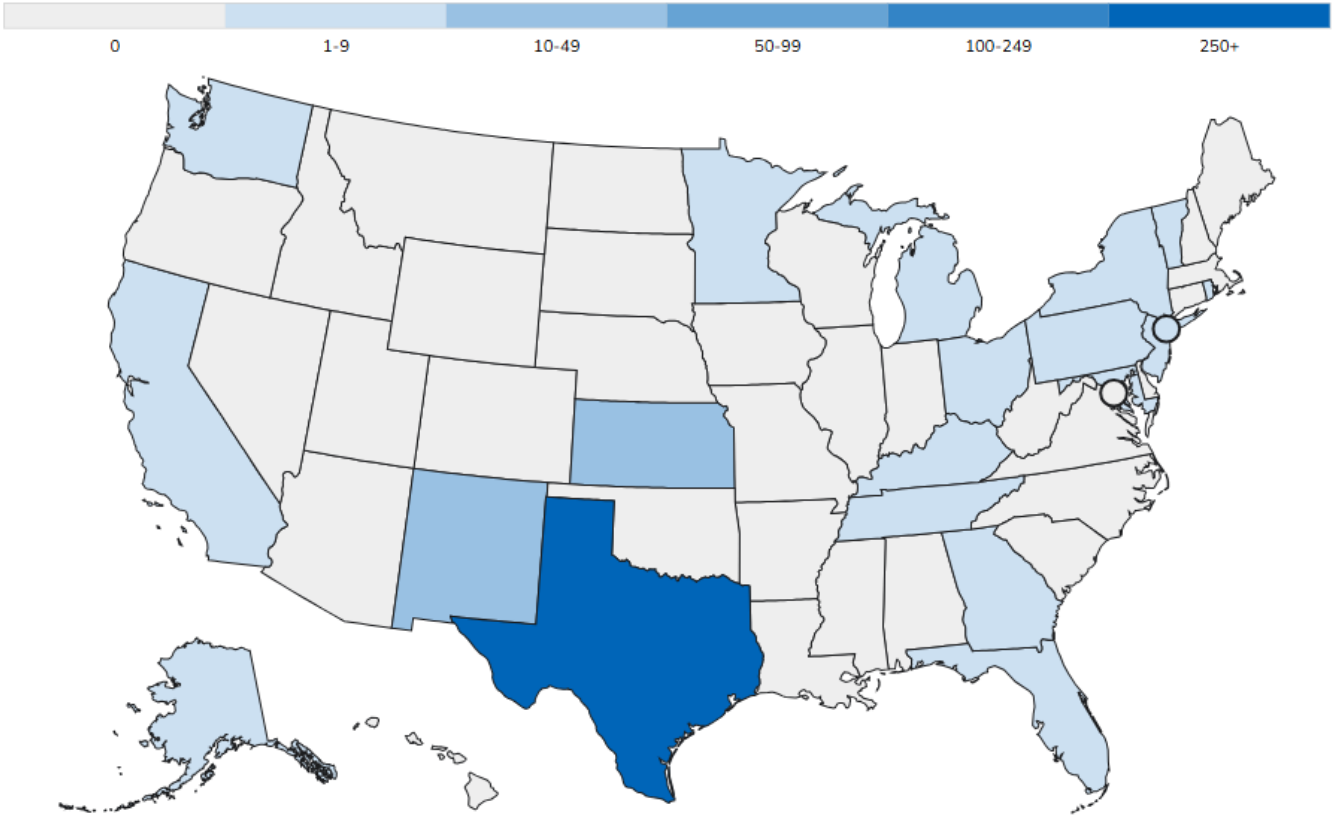
(60) Dr. Paul Thomas M.D. in his book: The Vaccine Friendly plan states: "MMR Vaccine efficacy is a thorny question that epidemiologists and researchers have had trouble answering…I have found that the MMR vaccine provides excellent immunity against Measles IF the shot is delayed until age three. When given at age three or later, the immune response to the MMR vaccine is so robust that your child usually does not need a second MMR."

If your child has had Measles, have your childs measles immunity; IgG (immune Globulin) tested. Also have it tested 3.5 half years after vaccination, if you wait until your child is three or older, to determine the need for the second MMR. Get a copy of the results. Those lab results are your proof that they are protected. Schools are required to honor proof of immunity regardless of vaccination status.
Medical pictures incoming…(graphic on next page from 107)

Map of measles cases in 2024 & 2025

as of March 27, 2025

2025 2024



Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: MEASLES: is a highly contagious respiratory disease spread by coughing, sneezing, or simply being in close contact with an infected individual. The disease can be spread even when the rash is not visible. Measles tends to be more severe in children under 5 and adults over 20. It is known to linger in the air for up to 2 hours, and remain active on surfaces for 7-10 days. **(67)**

Measles complications can include: Ear infections, diarrhea, Pneumonia (1 in 20 cases), Encephalitis (1 in 1000 cases), Eye infections/Blindness, SSPE (progressive deadly infection that starts 7-10 years after measles and most commonly impacts children who get measles 2 and under), seizures and death (0.2% of cases)

Section 3: Typical Childhood Vaccines

SYMPTOMS OF THE DISEASE: MEASLES: Seeping and crusting of the eyes and nose, with sneezing and dry and short coughs are the preliminary symptoms and can be difficult to distinguish from the common cold. These symptoms usually last 2-4 days and appear 1-2 weeks after exposure.

Koplik spots are a defining characteristic and are found inside the mouth.

The iconic skin rash usually appears on the third or fourth day after sleep. It begins as a smooth, pink, blotchy rash behind the ears and spreads over the face then down the neck and chest. The rash begins to fade after day 5-7 in the same way it appeared (face, down). The areas where the rash was, may appear brownish or even peel for a time after it is gone.
Temperature can reach 103-104 and linger for the duration of the rash.

In a mild case, a child can feel better within a matter of days. Whooping cough is a complicating co-morbidity, and in a combined case, the outcome can be severe if not fatal.

Section 3: Typical Childhood Vaccines

TREATMENT:

A vitamin A megadose is standard treatment in both conventional and natural medicine. The CDC recommends two megadoses on consecutive days for people diagnosed with measles.

Most children/people recover without complications. If complications arise, those are typically treated in the hospital. It is purported that Vitamin A deficiency is associated with severe measles infections.

If you are not going to vaccinate, I encourage you to take extra precautions: continue to allow them around the same group of children they are normally around (i.e. if they are in nursery at church or in a small class – but consider keeping them away from public play areas and out of the store; not exposing them to germs from children they are not accustomed to being around.)

Be prepared as from incubation to end the whole Measles process takes, roughly, a month.

Naturopathy and Homeopathy may be able to help manage the symptoms and offer additional immune and comfort support. Natural methods will be discussed in the course titled: Disease Prevention and Immune Support.

Medical picture incoming…

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: MUMPS is transmitted by respiratory secretions; the infection begins in the nose and throat, and regional lymph nodes. After exposure, it generally takes 12 to 25 days for symptoms to develop. Mumps is generally a mild disease in childhood, but it can result in complications, though mostly in adults. It is an uncomfortable illness that can make you very sick.

SYMPTOMS OF THE DISEASE: MUMPS: These symptoms typically include headache, muscle aches, tiredness, fever and loss of appetite. During this time, the virus is present in the blood and spreads throughout the body's tissues. Swelling of the parotid gland on one or both sides of the face under the ears and chin, is the most common clinical feature of a mumps infection, and typically occurs within the first two days. Up to 30 percent of people infected with mumps will have no symptoms of infection and up to 50 percent may exhibit signs of a mild nonspecific illness.

Complications of mumps can include inflammation of the testicles in males, inflammation of the breast tissue and ovaries in females, meningitis, encephalitis, and loss of hearing. Fertility problems following mumps infection are rare. Mumps rarely results in death and most people recover from mumps infection within a few weeks(24).

(72)

Section 3: Typical Childhood Vaccines

TREATMENT:

There is no standard treatment for Mumps beyond comfort measures. It is almost always mild in childhood illness. If complications arise, those are typically treated in the hospital. It is purported that Vitamin A deficiency is associated with severe mumps infections.

Naturopathy and Homeopathy may be able to help manage the symptoms and offer additional immune and comfort support. Natural methods will be discussed in the course titled: Disease Prevention and Immune Support.

Medical picture incoming…

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: RUBELLA: is a mild viral infection that primarily occurs in childhood but can also affect adults. Known as the "German measles" or "three day measles," rubella infection produces a rash that resembles a mild case of rubeola (measles). About 20% to 50% of rubella infections are asymptomatic. Rubella is mild in children, but can be more dangerous for young adults, especially women of child-bearing years.

Rubella is a respiratory infection that is spread from person-to-person through coughing and sneezing. The virus can be found in an infected person's throat and blood. Incubation period is from exposure to symptoms is 14 to 21 days.

SYMPTOMS OF THE DISEASE: RUBELLA: symptoms may begin with a mild fever, runny nose, sore throat, swollen lymph nodes and progress to a pink rash that starts on the face and spreads to the neck, arms, chest and sometimes the legs, disappearing as it moves downward on the body. The rash is not as red or blotchy as measles and generally fades by the third to fifth day.

Recovery from rubella usually confers lifelong immunity, although there are rare reports of repeat cases(24).

(73)

Section 3: Typical Childhood Vaccines

TREATMENT:

No treatment shortens the course of rubella infection, and symptoms do not usually need to be treated because they are often mild.

Naturopathy and Homeopathy may be able to help manage the symptoms and offer additional immune and comfort support. Natural methods will be discussed in the course titled: Disease Prevention and Immune Support.

Section 3: Typical Childhood Vaccines

Attenuvax Reported vaccine side effects (69)(71)

Body as a Whole: Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability.
Cardiovascular System: Vasculitis
Digestive System: Diarrhea, vomiting, nausea.
Blood and Lymphatic System: Thrombocytopenia, purpura; lymphadenopathy; leukocytosis.
Immune System: Anaphylaxis has been reported as well as related phenomena such as angioneurotic edema (including peripheral or facial edema) and bronchial spasm in individuals with or without an allergic history.
Musculoskeletal: Arthralgia, myalgia (joint pain/swelling).
Nervous System: Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE), subacute sclerosing panencephalitis (SSPE); Guillain-Barré syndrome (GBS); febrile convulsions; afebrile convulsions or seizures; ataxia; ocular palsies.
Respiratory System: Pneumonitis, cough, rhinitis.
Skin: Stevens-Johnson syndrome; erythema multiforme; urticaria; rash. Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; vesiculation at injection site.
Special Senses — Ear: Nerve deafness; otitis media.
Special Senses — Eye: Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis.
Urogenital: Swelling of the testicles (live virus)

Section 3: Typical Childhood Vaccines

Attenuvax Contraindications (69) (70)

Use caution when administering MMR to individuals with anaphylaxis or immediate hypersensitivity following egg ingestion.
Use caution when administering MMR to individuals with a history of thrombocytopenia.
Evaluate individuals for immune competence prior to administration of MMR if there is a family history of congenital or hereditary immunodeficiency: Measles inclusion body encephalitis {4} (MIBE), pneumonitis {5} and death as a direct consequence of disseminated measles vaccine virus infection have been reported in immunocompromised individuals inadvertently vaccinated with measles-containing vaccine.

Do not give to:
Those with a history of febrile seizures: There is a risk of fever and associated febrile seizure in the first 2 weeks following immunization with MMR vaccine.
Those with a history of hypersensitivity to gelatin
Those with a history of allergy or hypersensitivity to neomycin

Attenuvax may interact with steroids, medicines to treat or prevent organ transplant rejection, or medications to treat psoriasis, rheumatoid arthritis, or other autoimmune disorders.

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases.

There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

Attenuvax Contraindications (69) (70)

In 2008, a team of five scientists led by Stephen Schultz at the University of California, published a study that found that children who were given tylenol after receiving the MMR vaccine were significantly more likely to be diagnosed with Autism than children who did not receive Tylenol. While the study had several weaknesses, the findings were signifcant: Children given acetaminophen between 12-18 months of age were 8-20 times more likely to have autism than children of the same age range who were given Ibuprofen. Research on lab rats has proven that acetaminophen, especially in the presence of Testosterone, can wreak havoc on living cells including mitochondrial disruptions and depletion of glutathione (nature's mop). Glutathione is an essential biochemical that binds to toxins and escorts them out of your system. Children with Autism diagnoses have been found to have lower Glutathione levels.

Section 3: Typical Childhood Vaccines

PCV (Pneumococcal)

Vaccine Name : Prevnar 13
Produced by Pfizer
Recommended doses: 5
Efficacy: 95%
Aluminum: 125 mcg (lowest amount of all aluminum containing vaccines)

CHEMICAL MAKEUP: Saccharides for serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F, CRM Protein and adsorbed on aluminum phosphate, sodium chloride, succinic acid and polysorbate 80 (100 mcg).

This vaccine contains 13 different types of pneumococcal bacteria.

VACCINE EFFICACY: Prevnar 13 is not 100% effective and is only purported to protect against the 13 strains of pneumococcal bacteria in the vaccine. (35) Those strains are: 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F. There are more than 100 strains of pneumococcal bacteria, though not all of them lead to infection.

The efficacy of Prevnar 13 in Infants born prematurely has not been established (35)
Prevnar 13 has not been evaluated for the potential to cause carcinogenicity, genotoxicity or fertility impairment.

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE:
Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia; Pneumococcal bacteria are one of the most common causes of pneumonia. Besides pneumonia, pneumococcal bacteria can also cause:

- Ear Infections
- Sinus Infections
- Meningitis (Infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)

Most pneumococcal infections are mild, however, some can result in long-term problems such as brain damage or hearing loss. Small children are most vulnerable to sepsis. Meningitis, bacteremia and pneumonia caused by pneumococcal disease can be fatal. (33)
Pneumococcal bacteria are primarily transmitted through respiratory secretions by coughing and sneezing. Persons most at risk of developing invasive pneumococcal disease include immunocompromised individuals, smokers, persons with chronic cardiac, lung, or kidney disease, individuals without a spleen, and persons with cochlear implants or a cerebrospinal fluid leak. Children attending daycare are also at a higher risk. (8)

ABOUT THE SYMPTOMS:
Symptoms of pneumococcal infection include sudden onset of fever and fatigue, sneezing and cough with mucus and shortness of breath. The infection may start with a general feeling of being unwell, a low-grade fever and a cough that doesn't include mucus before symptoms worsen. Symptoms of pneumococcal meningitis (brain inflammation) include stiff neck (inability to touch the chin to chest without moderate to severe pain in the back of the neck and head); headache; extreme fatigue or seizures. Symptoms of otitis media include a painful ear, red or swollen eardrum, fever, and irritability. (8)

TREATMENT:

Pneumococcal infections are treated conventionally with antibiotics. Naturopathy and Homeopathy offer treatments as well…these treatments will be discussed in the course titled: Disease Prevention and Immune Support.

Section 3: Typical Childhood Vaccines

Prevnar 13 Reported vaccine side effects

__Apnea: A temporary pause in breathing following vaccination has been observed in some infants born prematurely (35)__ The most commonly reported serious adverse events in infants and toddlers were: Bronchiolitis (an infection of the lungs), Gastroenteritis (inflammation of the stomach and intestines), and pneumonia. Redness, swelling, pain or tenderness at the injection site, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after pneumococcal conjugate vaccination. Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine (33).

Section 3: Typical Childhood Vaccines

Prevnar 13 Contraindications

PCV is not recommended to be given at the same time as flu vaccine (33)
Children younger than 2 years old should not get Pneumococcal Polysaccharide Vaccine (PPSV23) (34)
Anyone younger than 19 years old should not get Pneumococcal Conjugate Vaccine (PCV20) (34)
Those who have had an allergic reaction to any vaccine containing Diptheria Toxoid (for example, DTAP) (34)
There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

(81) Tell the vaccination provider if you or the child has:
a bleeding or blood clotting disorder such as hemophilia or easy bruising; or
a weak immune system (caused by disease or by using certain medicine).

Before your child receives Prevnar 13, tell your doctor if the child was born prematurely.

If your child is actively sick or has a fever, wait until they are completely better before vaccinating.

Section 3: Typical Childhood Vaccines

Rotavirus (Oral Vaccine)

Vaccine Name : Rotarix
Produced by GlaxoSmithKlein
Recommended doses: 3
Efficacy: 87.1%

CHEMICAL MAKEUP *2 Formulations*: Formulation that requires mixing

This formulation of ROTARIX contains weakened human rotavirus. Rotarix contains up to five strains of rotavirus. It is made from both human and animal sources.

Calcium carbonate, dextran, sorbitol, sucrose, amino acids, xanthan, Dulbecco's Modified Eagle Medium (DMEM), and sterile water (the ingredients of DMEM are as: sodium chloride, potassium chloride, magnesium sulphate, ferric (III) nitrate, sodium dihydrogen phosphate, sodium pyruvate, D-glucose, concentrated vitamin

, L-cystine, L-tyrosine, amino acids solution, L-glutamine, calcium chloride, and sodium hydrogenocarbonate.)

Porcine circovirus type 1 (PCV-1), a virus found in pigs, is present in this formulation of ROTARIX. PCV-1 is not known to cause disease in humans

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: ROTAVIRUS: (69) The clinical case definition of severe rotavirus gastroenteritis is an episode of diarrhea (passage of 3 or more loose or watery stools within a day), with or without vomiting, where rotavirus is identified in a stool sample, requiring hospitalization and/or rehydration therapy.

(8) The rotavirus is a very contagious RNA virus that belongs to the Reoviridae family, and is thought to be the most common cause of severe diarrhea among children worldwide. Laboratory testing is required to confirm a diagnosis of rotavirus, and most cases occur in children ages three to 35 months; however older children and adults can still develop the infection.

Virtually all children become infected with rotavirus in the first five years of life. The virus spreads when individuals come into contact with an infected person's body fluids or feces, or items that have been in contact with the feces of an infected person

ABOUT THE SYMPTOMS:
(82) A rotavirus infection usually starts within two days of exposure to the virus. Early symptoms are a fever and vomiting, followed by three to seven days of watery diarrhea. The infection can cause abdominal pain as well.

TREATMENT:
Although rotavirus infections are unpleasant, you can usually treat this infection at home with extra fluids to prevent dehydration. Occasionally, severe dehydration requires receiving fluids intravenously at the hospital. Naturopathy and Homeopathy offer treatments which will be discussed in the course titled: Disease Prevention and Immune Support.

Section 3: Typical Childhood Vaccines

Rotarix Reported vaccine side effects

The most common side effects of ROTARIX are: crying, fussiness, fever, diarrhea, vomiting, loss of appetite, irritability, otitis media (inflammation of the middle ear), nasopharyngitis (inflammation of the nasal passages and cold-like symptoms), and bronchospasm (asthma and bronchitis-like symptoms).

Call your doctor right away or go to the emergency department if your baby has any of these problems after getting ROTARIX, **even if it has been several weeks since the last vaccine dose** because these may be signs of a serious problem called intussusception: severe vomiting, severe diarrhea, bloody bowel movement, high fever, severe stomach pain (if your baby brings his/her knees to his/her chest while crying or screaming).

Studies showed an increased risk of intussusception (a blockage of the intestines) after the first and second dose of vaccine, especially in the first 7 days. Since FDA approval, reports of infants with intussusception have been received by Vaccine Adverse Event Reporting System (VAERS). Intussusception occurred days and sometimes weeks after vaccination. Some infants needed hospitalization, surgery on their intestines, or a special enema to treat this problem. Death due to intussusception has occurred.

Other reported side effects include: Kawasaki disease (a serious condition that can affect the heart; symptoms may include fever, rash, red eyes, red mouth, swollen glands, swollen hands and feet, and, if not treated, death can occur).

Section 3: Typical Childhood Vaccines

Rotarix Contraindications (69) Do not give to your infant if:

• He or She has had an allergic reaction after getting a dose of ROTARIX
• He or She is allergic to any of the ingredients of this vaccine
• A doctor has told you that your baby's digestive system has a defect (is not normal)
• He or She has a history of a serious problem called intussusception that happens when a part of the intestine gets blocked or twisted
• He or She has Severe Combined Immunodeficiency Disease (SCID), a severe problem with his/her immune system
• He or she has an allergy to latex

Be aware:

• Tell your Doctor if he or she has cancer
• Tell your Doctor if he or she will be in close contact with someone who has problems with his/her immune system or is getting
treated for cancer, **as the spread of vaccine virus to non-vaccinated contacts could occur**
• Hand washing is recommended after diaper changes to help prevent the spread of vaccine virus
There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

RSV (Respiratory Syncytial Virus)

Vaccine Name : Synagis (Palivizumab)
Produced by: Sanofi
Recommended doses: 6
Efficacy: 1 Month / 55%*

CHEMICAL MAKEUP: palivizumab, chloride, glycine, and histidine; Synagis is a composite of human (95%) and murine (5%) antibody sequences.

Palivizumab is a monoclonal antibody produced by recombinant DNA technology.

(86) Monoclonal anitbody: Monoclonal antibodies (also called moAbs or mAbs) are proteins made in laboratories that act like proteins called antibodies in our bodies. Antibodies are parts of your immune system. They seek out the antigens (foreign materials) and stick to them in order to destroy them. Laboratory-made monoclonal antibodies help stimulate your own immune system. The word “monoclonal” refers to the fact that the antibodies created in the laboratory are clones. They are exact copies of one antibody. The generic names of the products often include the letters “mab” at the end of the name.

Recombinant DNA Technology: Recombinant DNA molecules are DNA molecules formed by laboratory methods of genetic recombination that bring together genetic material from multiple sources, creating sequences that would not otherwise be found in the genome.

Section 3: Typical Childhood Vaccines

(83) Synagis is recommended to be given before the start of RSV “season”, and then every 28-30 days for 5 months.

Carcinogenesis, mutagenesis and reproductive toxicity studies have not been performed.

Efficacy: The Manufacturer website sites Synagis has been found to be effective at significantly reducing RSV hospitalizations by 55%.

(85) The safety and efficacy of SYNAGIS have not been established for treatment of RSV disease. *Yet, they still recommend completing the vaccine course even if the child is diagnosed with RSV.

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE RSV: (60) RSV is common and usually very mild in healthy children and adults, who often don't even know they have it. It can be serious in infants, especially premature babies. RSV is the most common cause of bronchiolitis and pneumonia in children under one. It is very rare that a baby with RSV will have to be hospitalized to receive extra oxygen.

ABOUT THE SYMPTOMS: Cough with squeak or wheeze when exhaling, hoarse voice after inhaling, grunting noises, chest caving in with each breath, blue skin signs from lack of oxygen, runny nose, cough and mild fever.

TREATMENT: There is no treatment for RSV beyond symptom management.

Video

Section 3: Typical Childhood Vaccines

Synagis Reported vaccine side effects (38)

Most common: fever, rash, injection site pain

More common-severe: Bluish color of the fingernails, lips, skin, palms, or nail beds, blurred vision, confusion, cough, difficulty with breathing, difficulty with swallowing, dizziness, faintness, or light-headedness when getting up suddenly from a lying or sitting position, fast heartbeat, fever, hives or welts, irregular, fast or slow, or shallow breathing, itching, large, hive-like swelling on the face, eyelids, lips, tongue, throat, hands, legs, feet, or sex organs, loss of strength or energy, muscle pain or weakness, redness of the skin, shortness of breath, skin rash, sweating, tightness in the chest, unresponsiveness, unusual tiredness or weakness, wheezing

Section 3: Typical Childhood Vaccines

Synagis Contraindications

To make sure Synagis is safe for your child, tell your doctor if the child has ever had:

a bleeding or blood clotting disorder; or low levels of platelets in the blood: SYNAGIS should be given with caution to

children with thrombocytopenia or any coagulation disorder.

(83) This medication can cause unusual results with certain medical tests; RSV DIAGNOSTIC TESTS.

There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

Varicella (Chicken Pox)

Vaccine Name : Varivax
Produced by Merck Co, Inc
Recommended doses: 2
Efficacy:

CHEMICAL MAKEUP: Gelatin, Monosodium Glutamate (MSG), Human Diploid Cells (Orginating from Human Aborted Fetal Tissue), MRC5 and WI-38, neomycin, sucrose, sodium chloride, sodium phosphate-monobasic, sodium phosphate-dibasic dodecahydrate, Bovine serum (cow), potassium phosphate, ethylenediaminetetraacetic acid (EDTA), potassium chloride, glutamate.

*There is an alternative Chickenpox vaccine named Proquad. It is a combination 4 live-attenuated virus vaccine: Measles, Mumps, Rubella and Varicella. Dr. Paul Thomas M.D. states in his book, The Vaccine Friendly Plan (60): "I do not recommend giving your toddler the combination vaccine Proquad, not only because of the side effects, but also because it contains four live viruses. Giving a quadruple live-virus vaccine to a toddler is a mistake. When a toddler catches an illness naturally, he does not catch four at once. I have serious concerns about hitting the immune system of a twelve month old baby with four live viruses, even though they are weakened…if your child does have a bad reaction to the vaccine, you have no way of knowing which component he is reacting to."
Medical picture incoming…

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: Chickenpox (varicella) is an illness caused by the varicella zoster virus, a DNA virus that is part of the herpes virus family and associated with shingles. The virus first presents as a chickenpox infection; however, if the virus reactivates, it will present as a shingles infection. Chickenpox is transmitted through direct contact with chickenpox blisters, by inhaling particles from the chickenpox blisters, and possibly from contact with respiratory secretions infected with the virus. Symptoms of chickenpox generally begin between 10 and 21 days following exposure to the virus and the illness typically lasts between 5 and 10 days. The varicella virus is found only in humans and outbreaks generally occur between March and May in the United States. Recovery from chickenpox confers long lasting natural immunity and a second attack is rarely experienced. Re-exposure to chickenpox has been found to boost immunity and reduce the risk of shingles infection in older children and adults.

SYMPTOMS OF THE DISEASE: Fever, Loss of appetite, Headache, Tiredness and a general feeling of being unwell, fussiness, Skin rash may appear in 3 phases, itchy/raised pink or red bumps, Fluid filled blister bumps, Crusts and scabs that cover the broken blisters.

Section 3: Typical Childhood Vaccines

TREATMENT: **Do NOT give aspirin to children with chickenpox: The use of aspirin in children with chickenpox is associated with Reye's syndrome, a severe disease that affects the liver and brain and can cause death.*

There are antiviral medications conventional medicine may recommend for chickenpox depending on the severity of the disease in your child. Otherwise, treatment is mostly focused on comfort and preventing skin infections.

Naturopathy and Homeopathy both offer treatment options as well to aid in the healing process and protect from infections. Discussed in the future course: Disease Prevention & Immune Support

Did you know: (101) Normally, immunity is boosted by exposure to infected children; as more children are vaccinated against chickenpox, adult immunity against herpes zoster (shingles) is decreased.

Section 3: Typical Childhood Vaccines

Varivax Reported vaccine side effects

There have been **no** long-term studies done to determine the effects of Varicella vaccine ingredients. There is the potential for the typical post-injection side effects such as fever, soreness, redness, swelling at the injection site, and there is the potential for the more serious side effects such as shock, encephalitis (swelling of the brain), thrombocytopenia (Low blood platelets which can cause bleeding disorders) and death. Because there is so little determinative study on the effects of the vaccine, one must consider the alternative. A study conducted in 2002 proved that adults that had been exposed to the chicken pox virus as a child, developed a natural immunity against shingles; therefore the concern is that injecting an unnatural vaccine into the body may cause future shingles epidemics.

Section 3: Typical Childhood Vaccines

Varivax Contraindications (31)

Those who are allergic to any of its ingredients; this includes gelatin or neomycin.
Those with a weakened immune systems; this includes individuals taking high doses of steroids.
Those with an active fever.
Those with active tuberculosis that is not treated.
Those who are pregnant or plan to get pregnant within the next three months.
DO NOT TAKE ASPIRIN OR ASPIRIN CONTAINING PRODUCTS FOR 6 WEEKS AFTER GETTING VARIVAX
There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

Vitamin K

Vaccine Name : Phytonadione
Produced by Amphastar Pharmaceutical Company
Recommended doses: 1-2
Efficacy: ?
Aluminum is an ingredient in some Injectable Vit K brands

CHEMICAL MAKEUP: Phytonadione, polysorbate 80, propylene glycol, sodium acetate anhydrous, and glacial acetic acid.

Vitamin K is recommended for all newborns within 6 hours of birth to reduce the incidence of intracranial hemorrhage due to birth trauma and of classic hemorrhagic disease of the newborn (risk of increased bleeding 1 to 7 days after birth) (1). It is also used prophylactically before surgery.

* Serious and fatal adverse reactions including "gasping syndrome" can occur in neonates and infants treated with benzyl alcohol preserved drugs, including Phytonadione. The "gasping syndrome" is characterized by central nervous system depression, metabolic acidosis, and gasping respirations

Efficacy: I was unable to locate an efficacy percentage. Given the noticeable lack of reported incidents of Vitamin K Deficiency Bleeding (VKDB), one can reasonably conclude that there is something to giving infants Vitamin K – in one form or another. Conversely, I was also unable to find an incidence rate of VKDB without Vitamin K administration to know how prevalent a problem it is or is not.

Section 3: Typical Childhood Vaccines

ABOUT THE DISEASE: (88) (60) Newborns have very low stores of Vitamin K. Their bodies begin to produce vitamin K on their own around day 7-8.

Vitamin K deficiency causes hemorrhagic disease of the newborn, which usually occurs 1 to 7 days postpartum. In affected neonates, birth trauma can cause intracranial hemorrhage. A late form of this disease can occur in infants about 2 to 12 weeks old, typically in infants who are breastfed and are not given vitamin K supplements. If the mother has taken phenytoin antiseizure drugs, coumarin anticoagulants, or cephalosporin antibiotics, the risk of hemorrhagic disease is increased.

Newborns are prone to vitamin K deficiency because of the following:
(1)The placenta transmits lipids and vitamin K relatively poorly. (2)The neonatal liver is immature with respect to prothrombin synthesis. (3)Breast milk is low in vitamin K, containing about 2.5 mcg/L (cow's milk contains 5000 mcg/L). (4)The neonatal gut is sterile during the first few days of life.

Medical picture incoming

Section 3: Typical Childhood Vaccines

SYMPTOMS OF THE DISEASE: (88)
Bleeding is the usual manifestation. Easy bruisability and mucosal bleeding (especially epistaxis, gastrointestinal [GI] hemorrhage, menorrhagia, and hematuria) can occur. Blood may ooze from puncture sites or incisions.

Hemorrhagic disease of the newborn and late hemorrhagic disease in infants may cause cutaneous, GI, intrathoracic, or, in the worst cases, intracranial bleeding. If obstructive jaundice develops, bleeding—if it occurs—usually begins after the 4th or 5th day. It may begin as a slow ooze from a surgical incision, the gums, the nose, or GI mucosa, or it may begin as massive bleeding into the GI tract.

Section 3: Typical Childhood Vaccines

TREATMENT:

There is no cure for VKDB – only treating the emergent symptoms once they appear. VKDB is real and can have devastating and/or life-altering affects. Only 6 incidences of VKDB were reported in 2017 – luckily all 6 children survived, but 3 were left with life-long brain damage.

I Like what Dr. Paul Thomas says in The Vaccine Friendly Plan: "Do I think your baby should have the shot? Perhaps, provided it is an aluminum-free brand. A shot of vitamin K can prevent brain damage (from Vitamin K Deficiency Bleeding (VKDB)). It seems a worthwhile step to take…Another option is to give your newborn oral vitamin K, which is widely done in Europe…babies given oral vitamin K in Denmark have had excellent outcomes. (2mg soon after birth, one week and one month). Due to other worrisome ingredients, like polysorbate 80, I now think it is reasonable to give your newborn oral vitamin K."

If a child is not given Vitamin K either by injection or orally and suffers from VKDB, aside from stopping the hemorrhage, Doctors will administer Vitamin K.

Section 3: Typical Childhood Vaccines

Reported vaccine side effects

The following adverse reactions have been identified during post-apporval use of Phytonadione Injectable Emulsion. Because these reactions were reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Cardiac Disorders: Tachycardia, hypotension.
General disorders and administration site conditions: Generalized flushing; pain, swelling, and tenderness at injection site.
Hepatobiliary Disorders: Hyperbilirubinemia
Immune System Disorders: Fatal hypersensitivity reactions, anaphylactic reactions.
Neurologic: Dysgeusia, dizziness.
Pulmonary: Dyspnea.
Skin and Subcutaneous Tissue Disorders: Erythema, pruritic plaques, scleroderma-like lesions, erythema perstans.
Vascular: Cyanosis.

Section 3: Typical Childhood Vaccines

Contraindications (31)

Studies of carcinogenicity, genotoxicity or impairment of fertility have not been conducted with phytonadione.

Fatal and severe hypersensitivity reactions, including anaphylaxis, have occurred with intravenous or intramuscular administration of Phytonadione Injectable Emulsion. Reactions have occurred despite dilution to avoid rapid intravenous infusion and upon first dose. These reactions have included shock, cardiorespiratory arrest, flushing, diaphoresis, chest pain, tachycardia, cyanosis, weakness, and dyspnea. Administer Phytonadione Injectable Emulsion subcutaneously whenever feasible. Avoid the intravenous and intramuscular routes of administration unless the subcutaneous route is not feasible and the serious risk is justified.

Parenteral administration of vitamin K replacements (including Phytonadione Injectable Emulsion) may cause cutaneous reactions. Reactions have included eczematous reactions, scleroderma-like patches, urticaria, and delayed-type hypersensitivity reactions. Time of onset ranged from 1 day to a year after parenteral administration. Discontinue Phytonadione Injectable Emulsion for skin reactions and institute medical management.

There have been no clinical studies to determine contraindication in infants who have had drug exposure in the womb.

Section 3: Typical Childhood Vaccines

AUTHOR OPINION: All vaccines carry an inherent risk, as do the diseases they are supposed to protect against. Vitamin K is no different. As a woman of faith, I believe that God created us, and that He does not make mistakes. Following that line of thinking, there may be very good reasons for why the infants body is low in Vitamin K until day 8.

First, in order to absorb vitamin K you must have a functioning biliary and pancreatic system. Your infant's digestive system isn't fully developed at birth, which is why we give babies breast milk (and delay solids) until they are at least 6-months-old, and why breast milk only contains a small amount of highly absorbable vitamin K. Too much vitamin K can tax the liver and can result in brain damage.

Second, cord blood contains stem cells, which protects a baby against bleeding disorders and performs all sorts of needed repairs inside an infant's body. In order for a baby to get this protective boost of stem cells, cord-cutting needs to be delayed and the blood needs to remain thin so stem cells can easily travel and perform their functions.

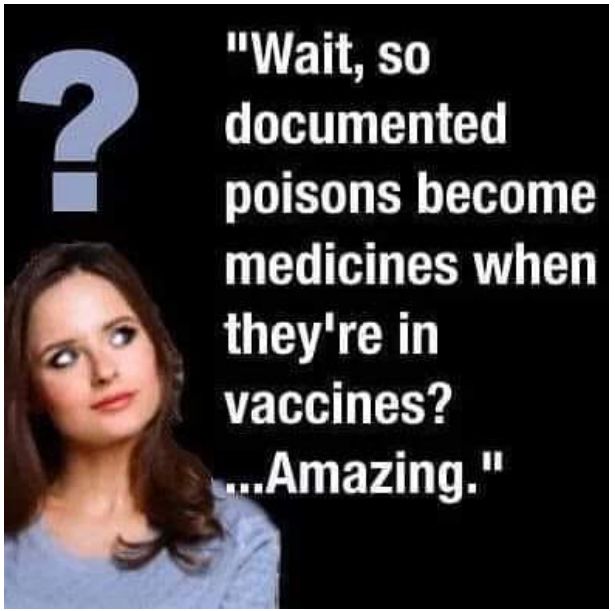
Third, a newborn might have low levels of vitamin K because the intestines are not yet colonized with enough bacteria to synthesize it. So then, if we bypass the gut and inject vitamin K right into the muscle, we run into the issue that baby's kidneys aren't fully functional either, and therefore not as able to process.

Fourth, babies are born with low levels of vitamin K compared to adults, but this level is still overall sufficient to prevent problems; however, as I said before I believe God created our bodies to perform perfectly - - that being said, we live in a broken and fallen world in which sickness and death do occur. So, while in a perfect world, there would be no hemorrhaging issues at all, one must consider the inherent risks: Consider medications mom is on, consider mom's diet – did she get enough vitamin K herself during the pregnancy (i.e. take prenatals, green leafy vegetables), is there a family history of bleeding disorders, was cord clamping delayed?

Section 3: Typical Childhood Vaccines

AUTHOR OPINION Cont'd: Injectable vitamin K produces levels that are roughly 100 times higher than the average adult. With baby's blood thickened, it can make it more difficult for stem cells to move where they are needed. Is it possible that thinner blood at birth is beneficial because it allows freer and quicker access of cord blood stem cells to any part of the body damaged during birth?
But bear in mind, that the process of birth can cause any number of internal injuries to occur. You can choose not get the vitamin K shot and have a healthy baby, but you could also experience something devastating if you choose not to get it. If you are really on the fence, you may consider the oral Vitamin K drops.

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?



The issue of vaccine ingredients really boils down to safety. Manufacturers and proponents both proclaim that because the ingredients are minuscule, they are therefore safe, and they often reference placebo studies. Most, if not all vaccine safety studies contain no **true** placebo control groups. "Placebo groups" tend to receive other vaccines that contain all of the ingredients of the vaccine being studied, minus the antigen.

The individual components of vaccines and their excipients (or additives), allergens and contaminants *must* be considered when determining the safety of the vaccines themselves, as well as other factors we will discuss. Some of the ingredients, individually, are toxic, and can have detrimental effects on human health. (1) **Many** have not be adequately researched.

There is no accessible safety data supporting the vaccination of pregnant women; despite making the recommendation that **all** pregnant women be given flu, Hep B and DtaP vaccines.
There have been **no** clinical or safety studies on any impact to the blood brain barrier for infants who were born with neonatal abstinence syndrome (victims of drug use in the womb), and what kind of affect(s) these toxins can have on them. **Author Opinion**: It seems, there is an overall lack of safety studies for something that is so mainstream and taboo to question.

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

Highlighted ingredients below are known to be cancer-causing, and/or poisonous by themselves. You will also see some of the ingredients are noted as being on Federal Regulatory Lists. They have earned a spot on these lists because they are prohibited or restricted from use in other countries. An example would be an agent that is known to cause cancer in animals but is restricted to allow for residual or small amounts as an ingredient, or restricted to a particular method of application or injection.

Some terminology the reader should know:

Adjuvant: is an ingredient used in some vaccines that is (supposed) to create a stronger immune response in people receiving the vaccine. (39)
Excipient: is an all-encompassing word for the "other ingredients" in each vaccine, besides the weakened virus strains they may include.
Federal Regulatory List: The FDA has regulatory requirements, that define FDA's level of control over medical and food products. This includes limitations of ingredients.

Terms of measurement:
One milligram (mg) is one-thousandth (1/1000) of a gram (gm).
One gram is the weight of one-fifth of a teaspoon of water.
It takes one million micrograms to eaqual one gram.

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

The reason stated on many of the vaccine manufacturer inserts and on many different vaccine ingredient definitions for inclusion is that it is in the vaccine in "clinically insignificant" or "trace" amounts. I was never able to find actual quantitative amounts listed, so – we will take their word for it.

AUTHOR OPINION: Our bodies were not designed to process certain things. We are not cars, and therefore eating or injecting substances containing ethylene glycol (a component found in antifreeze) should not occur. Yet, we see that as an ingredient in slushies, ice-creams and in some vaccines. As much attention as we are paying as a society to "clean" living and "clean" food, this is **not** an area to overlook. Just because this is how things have been for the last century+, why would we not strive for better? Ingredients matter to me as much as in the food I eat, as it does in the vaccinations or prescriptions I am given.

I struggle to understand why hazardous chemicals, especially those found to be **known** carcinogens (cancer causing), and **known** teratogens (substances that can cause abnormalities or birth defects in developing babies) should be included as an ingredient in *anything* we ingest. The explanation often seen in the insert literature for many vaccines is that a particular ingredient included is in a "miniscule" amount. That's all well and good, but these children are not being given one miniscule amount at a time. They are often hit with 5,6,7 "miniscule amounts" at one time. The conventional medical community does not tend to give parents the option or draw attention to the option for a delayed or staggered schedule. Their main concern is compliance, and they find that parents are less likely to return for multiple vaccine-trips, and they assert that is because it results in more sticks for the child.

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

AUTHOR OPINION Cont'd:

A well known-saying amongst the "clean community" is: If it didn't come from the earth, or it didn't have a mother, don't eat it. I like what Ann Wigmore, N.D. said:

"The food you eat can be either the safest
and most powerful form of medicine,
or the slowest form of poison."

Take out the word "food" and replace it with "prescription" or "vaccine"; this really encompasses my personal philosophy of life. I'm not perfect, I do have my downfalls, but overall, I really strive to live our lives chemical-free. This philosophy is why I was paying $8 for a dozen (organic/free-range) eggs **long** before inflation struck; I wanted the best for my family and for myself.

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

AUTHOR OPINION Cont'd:

I again assert, if it is poison, it remains poison no matter how "miniscule" an amount it may be. And one **must** account for body size and development – which they don't. The same quantity of vaccine is given to an 18 year old as a 1 year old.

(87)

An infant weighing 7lbs has about 8.4 fluid ounces or 1.05 cups of blood (1.2 fluid ounces of blood volume for every pound of body weight)	A toddler weighing 16lbs has about 19.2 fluids ounces or 2.4 cups of blood
An adult female weighing about 165lbs and standing about 5 feet 5 inches tall has an estimated 4.3 liters, or 18 cups of blood	An adult male weighing about 200lbs and standing about 6 feet tall has an estimated 5.7 liters or 24 cups of blood

That is a HUGE difference. What I am referencing here is blood volume and dilution. Ingredients will be much more concentrated in the smaller blood volume than they would be in the larger. 5 drops of blue dye in a cup of water has a much more obvious or potent effect than they would have in 24 cups.

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

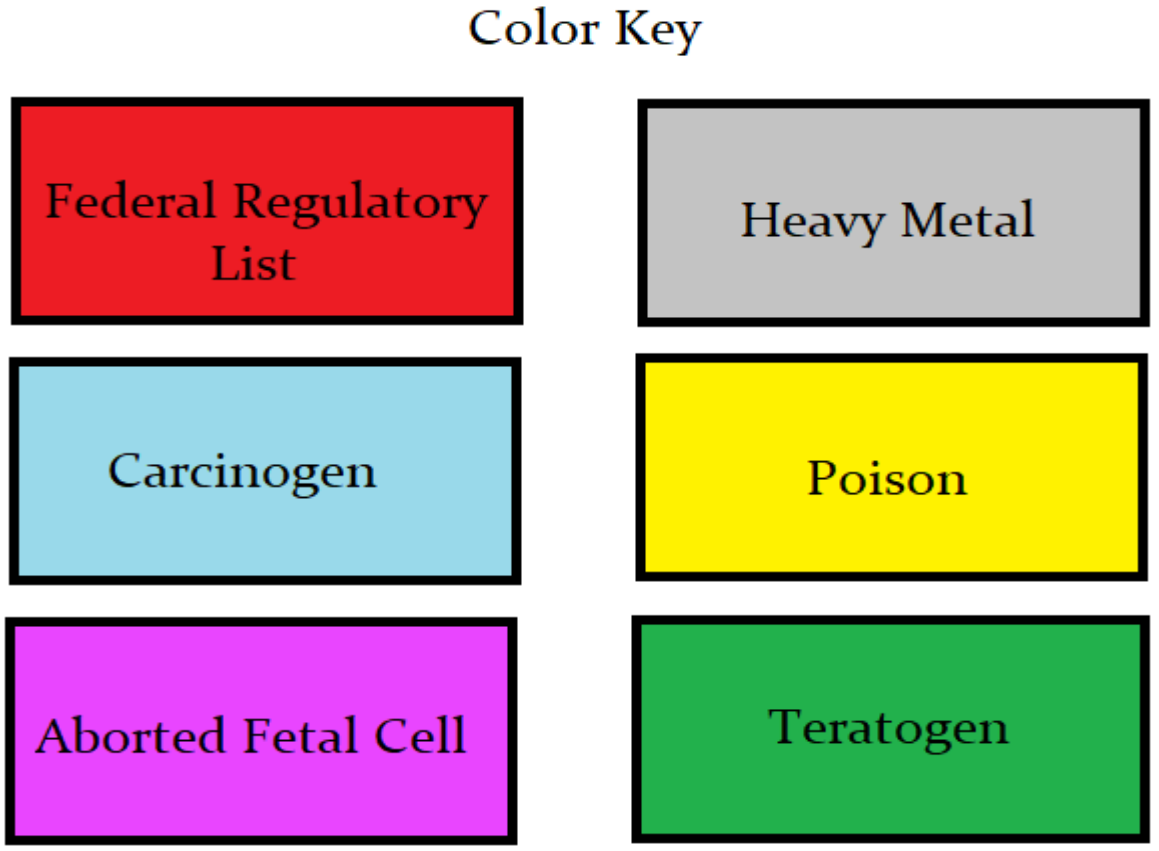
Another argument in defense of such ingredients is that many of them (Aluminum, Formaldehyde…) are found in food, formula and drinking water and that we ingest more through food than what is in the vaccines.

There are different ways to ingest substances: Eating/drinking (gastrointestinal), Inhaling (Naso-bronchial), Injection (Intramuscular), Intravenous (I.V.), Topical Absorption (the skin). That is important to bear in mind when talking about ingredients and toxicity. Each mode of ingestion/absorption has its own barriers, so injection of a substance into the muscle would not have quite the same effect as injecting that same substance into the vein – directly into the bloodstream.

Nor would it have the same effect if that same substance was consumed via food/drink. The stomach and intestines, while primary points of absorption, have a robust breakdown and filtering capacity. Eventually, everything *does* make it into the blood stream to be absorbed into cells – to some degree; but it passes through various barriers which can significantly decrease the potential for negative effects.

In all of the studies and literature that I read that excuses these ingredients, I never once found any studies that really looked at the difference between ingestion routes. I'm not saying those studies are not out there…I'm just saying that I haven't found them yet.

Section 4: Breakdown of Ingredients



SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

Chemical Profiles and Definitions taken from: EDF (Environmental Defense Fund), Drugs.com, Cdc, WebMD & MME (Mosby's Medical Encyclopdia), FDA.gov and MSDS. For the sake of time and sanity, I will NOT be reading all of these…you're welcome

2 Phenoxyethanol	Phenoxyethanol 2-Phenoxyethanol Euxyl-K 400 PhE	An ingredient in cosmetic products that serves as a preservative. In soaps and perfumes, it is used as a stabilizer. Other uses include:Insect repellentAntisepticSolventAnesthetic in fish
Alpha-Tocopheryl	ATA Alpha-Tocopheral Acetate Vitamin E	A synthetic form of vitamin E

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

Chemical Profiles and Definitions taken from: EDF (Environmental Defense Fund), Drugs.com, Cdc, WebMD & MME (Mosby's Medical Encyclopdia), FDA.gov and MSDS. For the sake of time and sanity, I will NOT be reading all of these…you're welcome

Aluminum **ON AT LEAST 2 FEDERAL REGULATORY LISTS.** **DTAP, Hep A, Hep B, HiB, HPV, Meningococcal, Pneumoccocal Vaccines**	AAHS (Amorphus Aluminum Hydroxyphosphate Sulfate)	Aluminum is among the most abundant metals on the planet and is a recognized neurotoxin. Aluminum adjuvants are used in vaccine manufacturing to "stimulate" the immune system. Federal regulations set by the FDA have limited the amount of allowed aluminum at 1250 micrograms (mcg)/1.25 milligrams (mg) or 0.00125 grams (g) per dose. Most vaccine inserts do not list out the amount in the vaccine. I listed where I found it. Aluminum is excreted by the renal system, and patients with renal (kidney) diseases should avoid aluminum-containing medications. According to A scientific paper published by Hoseini F Otukesh: Glomerular function in neonates; Infants have only 20% glomerular filtration rate at birth. Cumulative toxicity is of concern because not only is Aluminum present in vaccines, which tend to be given in multiples at one time, but it also present in infant formula (In particularly high doses in soy-based formula) and can be passed through breast milk as well. The blood-brain barrier is efficient at blocking the passage of aluminum into the brain; however, this barrier is not fully developed until 6 months . Because preterm infants are known to have immature renal function. BBB efficacy is also unknown in infants who are exposed to drugs in the womb. Animal and human studies have shown that aluminum can cause nerve cell death (5) and that vaccine aluminum adjuvants can allow aluminum to enter the brain, (6,7) as well as cause inflammation at the injection site, leading to chronic joint and muscle pain and fatigue (8,9). EDF lists Aluminum as a suspected cardiovascular or blood toxicant, neurotoxin, respiratory toxicant. More hazardous than most chemicals in 2 out of 6 ranking systems. The Children's Hospital of Philadelphia found that while vaccines introduce about 4.4 mg (4400 mcg) of aluminum in the first six months of life, "breastfed infants ingest about seven milligrams, formula-fed infants ingest about 38 mg (38,000), and infants who are fed soy formula ingest almost 117 mg (117,000 mcg) of aluminum during the first six months of life." The FDA limitation does not include safety considerations; current amounts of aluminum are not adjusted to body weight of an infant. An adult weighing 132 lbs receives significantly less aluminum per injection of 850mcg than an infant weighing 7lbs. A Child equivalent dose would put the safety dose at 4-5 mcg (77) (78).

SECTION 4: Breakdown of Ingredients

Ammonium Sulfate	Sulfuric acid diammonium salt Mascaganite	Ammonium sulfate has <u>not</u> been evaluated for carcinogenic potential by the International Agency for Research on Cancer or the U.S. EPA. Ammonium sulfate is registered as a pesticide adjuvant. It is used to assist the application of other pesticides and as a synthetic fly attractant. Inhalation of ammonium sulfate for short durations can cause respiratory distress in asthmatics. EDF suspected gastrointestinal or liver toxicant, neurotoxicant,respiratory toxicant. (1)
Amphotericin B	Amphocin	<u>(a preservative: antifungal, bactericide):</u> MME definition: "a drug used to treat serious, life-threatening fungal infections. Known allergies to this drug prohibit use. Side effects can include blood clots, blood defects, kidney problems, nausea and fever. When used on the skin, allergic reactions can occur." Very often a most serious acute reaction after the infusion (1-3 hours later) is noted consisting of fever, shaking chills, hypotension, anorexia, nausea, vomiting, headache, dyspnea and tachypnea. Ephrotoxicity (kidney damage) is a major issue and can be severe and/or irreversible. Electrolyte imbalances may also occur.
Beta-Propiolactone **<u>ON AT LEAST 5 FEDERAL REULATORY LISTS</u>**	Propiolactone Propanolide	<u>(An attenuating or weakening/inactivating agent) Alternated with formaldehyde for viral inactivating:</u> EDF Recognized – carcinogen, more hazardous than most chemicals in 3 out of 3 ranking systems. Is ranked as one of the most hazardous compounds (worst 10%) to humans. EDF Suspected - gastrointestinal or liver toxicant, respiratory toxicant, skin or sense organ toxicant. According to SDS: For research and development purposes, not suitable for human consumption or veterinary use.
Bovine Serum (Cow)		In the manufacture of viral vaccines, the virus may be grown in cells. These cells need a source of nutrition, which in some instances may be provided by fetal bovine serum. Cow components are often used simply because cows are very large animals, commonly used for food, and thus much material is available. Animal-derived products used in vaccine manufacture can include amino acids, glycerol, detergents, gelatin, enzymes and blood. Cow milk is a source of amino acids, and sugars such as galactose. Cow tallow derivatives used in vaccine manufacture include glycerol. Gelatin and some amino acids come from cow bones. Cow skeletal muscle is used to prepare broths used in certain complex media. Many difficult to grow microorganisms and the cells that are used to propagate viruses require the addition of serum from blood to the growth media.

SECTION 4: Breakdown of Ingredients

Chick Embryo Cells & Egg Protein	Ovalbumin Egg	In the manufacture of viral vaccines, the virus may be grown in cells. These cells need a source of nutrition, which in some instances may be provided by chick embryo cells.
Ethylenediaminetetraacetic Acid (EDTA)		EDTA is a molecule called a chelating agent. A chelating agent is a claw-like substance that can grab and stick to heavy metals and help move them through the body faster.
Filamentous Hemagglutinin (FHA)		(FHA) is a primary component of the acellular pertussis vaccine and an important virulence factor. FHA is initially produced as a large protein that is processed during secretion to the bacterial surface. It is a cell surface protein of Bordetella pertussis which functions as an adhesin for this organism.
Formaldehyde **ON AT LEAST 8 FEDERAL REGULATORY LISTS.**		(An attenuating or weakening agent, Preservative, Disinfectant and Fixative): Formaldehyde is used early in the manufacture process primarily to weaken live viruses, the amount of residual formaldehyde left at the end of the process is purported to be trace. More hazardous than most chemicals in 5 out of 12 ranking systems. Ranked as one of the most hazardous compounds (worst 10%) to ecosystems and human health. EDF Recognized - carcinogen suspected - gastrointestinal or liver toxicant, immunotoxin, neurotoxin, reproductive toxicant, respiratory toxicant, skin or sense organ toxicant.
Formalin		A disinfectant

SECTION 4: Breakdown of Ingredients

Glacial Acetic Acid	Ethanoic acid	It is an organic chemical compound that has a distinctive pungent odor and sour flavor, recognizable as the scent and flavor of vinegar. Acetic acid that contains a very low amount of water (less than 1%) is called anhydrous (water-free) acetic acid or glacial acetic acid. The reason it's called glacial is because it solidifies into solid acetic acid crystals just cooler than room temperature at 16.7 °C. Removing the water from acetic acid lowers its melting point by 0.2 °C. Although acetic acid is considered a weak acid, safe enough to drink in vinegar, glacial acetic acid is corrosive and can injure skin on contact. Acetic acid, even at 1 percent concentration, is an effective antiseptic, used to kill Enterococci, Streptococci, Staphylococci, and Pseudomonas. Dilute acetic acid may be used to control skin infections of antibiotic bacteria, particularly Pseudomonas. The injection of acetic acid into tumors has been a cancer treatment since the early 19th century.1 The application of dilute acetic acid is a safe and effective treatment for otitis externa.2 Acetic acid is also used as a quick cervical cancer screening test.3 Acetic acid swabbed onto the cervix turns white in one minute if cancer is present.
Gentamicin Sulfate		An Antibiotic: Gentamicin can cause deafness or a loss of equilibrium. Gentamicin can also be highly nephrotoxic (kidney toxic), particularly if multiple doses accumulate over a course of treatment.
Glutaraldehyde		Glutaraldehyde is a similar kind of organic compound to Formaldehyde, which is also used to inactivate toxins from bacteria used in vaccines.
Hydrochloric Acid & Sodium Hydroxide		When these are used they react together to form water and harmless salts, and so do not appear in the final vaccine in their original form. One of a number of different products used in very small quantities to help keep the pH balance right while vaccines are being manufactured.

SECTION 4: Breakdown of Ingredients

Hydrogen Succinate	Succinic Acid	Involved in several chemical processes in the body, one of a number of different products used in very small quantities to help keep the pH balance right while vaccines are being manufactured.
Lactose		Derived from milk or sugar, in small quantities is used as a stabilizer
Medium 199		A solution which contains amino acids (the building blocks of proteins), mineral salts and vitamins – in small quantities is used as a stabilizer
Monosodium Glutamate (MSG)		A salt made from the common amino acid glutamine. In vaccines it is used in small quantities as a stabiliser.
Neomycin		An antibiotic: known to interfere with Vitamin B6 absorption. An error in the uptake of B6 can cause a rare form of epilepsy and mental retardation.

SECTION 4: Breakdown of Ingredients

Phenol **ON AT LEAST 8 FEDERAL REGULATORY LISTS**		More hazardous than most chemicals in 4 out of 12 ranking systems. It is also used in the production of drugs, weedkillers, and synthetic resins. Exposure of the skin to concentrated phenol solutions causes chemical burns which may be severe. Phenol was also used as a means of extermination by the Nazis during the Second World War. Phenol injections were given to thousands of people in concentration camps, especially at Auschwitz-Birkenau**.** EDF Suspected - cardiovascular or blood toxicant aka Carbolic Acid developmental toxicant, gastrointestinal or liver toxicant, kidney toxicant, neurotoxin, respiratory toxicant, skin or sense organ toxicant.
Polymyxin		**(an antibiotic):** used for infections, but may be neurotoxic and nephrotoxic.
Polyribosylribitol		**(an artificial Sweetener):** a component of the Hib bacterium.
Polysorbate 20		**(a detergent, emulsifier, solubilizer and stabilizer):** Similar to detergent in its ability to increase cell permeability, damage and bursting. After injection, it can rapidly metabolize into sorbitol and ethylene oxide which is much more toxic than the original chemical. These polysorbates have been shown to cause dangerous, sometimes fatal effects, when given through a needle. Changes in heart function can occur immediately. The blood-brain-barrier (BBB) can be weakened and penetrated, followed by seizures and even death. Anaphylaxis and other reactions can occur. Infants are particularly susceptible. These polysorbates also demonstrate synergistic toxicity with a range of chemicals (here and here) including lindane, thalidomide -- even Polymyxin B. Detergents and emulsifiers can promote tumors and cause cells to leak or explode by weakening their walls. With no mechanism for regulating destructive activity. Detergents are used extensively in cell research precisely because of their ability to break cells open for further analysis. This catastrophically mimics the membrane attack complex (MAC). EDF Suspected - skin or sense organ toxicant.

SECTION 4: Breakdown of Ingredients

Polysorbate 80		An emulsifier: a common chemical added to some vaccines and food (added to mustard to make more spreadable and ice cream creamier). One 2015 study found that in rodents, ingesting polysorbate 80 disrupted the composition of bacteria in the gut, causing low-grade inflammation and obesity. Some consumer advocates are convinced that P80 may be to blame for rising rates of bowel disease. However, there is very little information on the safety of injecting P80. Though considered by FDA to be generally safe, one 2005 study found that injecting P80 can trigger anaphylactic reaction. Recent research in mice suggests that this chemical causes metabolic dysfunction and may be a contributing factor in the increase in chronic inflammatory diseases and metabolic disorders.
Sodium Phosphate		Salts based on potassium phosphate and sodium phosphate. These are common and harmless. As well as keeping the pH balance, they also help to keep the fragments of active ingredient suspended in the water, so that they do not settle out. A product called Hanks' Salts, which contains these salts and others, is sometimes used.
Sorbitol		Sorbitol plays a vital step in the 'polyol pathway'. The sudden injection of extra sorbitol can ruin the equilibrium of enzymes that regulate the conversion of glucose to fructose in a process associated with the onset of diabetes and its complications. Further, the polyol pathway is involved with a complex network of metabolic activities; disruption leads to a cascade of problems such as mitochondrial failure, cell apoptosis, and DNA fragmentation. In general, sorbitol induces cell hyperosmotic stress resulting in phosphorylation -- an important on/off switch regulating enzymes and signaling networks. Citations include a government record prominently stating under Drug Warnings that sorbitol is "not to be injected". There is a growing opinion within the medical community that it should be listed as an active ingredient, because too much Sorbitol (about 50g or more for adults) can cause severe gastro-intestinal problems... Too much sorbitol in cells can cause damage... Sorbitol can also aggravate irritable bowel syndrome and fructose mal-absorption. EDF Suspected - gastrointestinal or liver toxicant. Less hazardous than most chemicals in 1 ranking system

SECTION 4: Breakdown of Ingredients

Sucrose		Refined sugar
Streptomycin		**(an antibiotic):** An adverse effect of this medicine is ototoxicity. It can result in permanent hearing loss.
Thimerosal		**(a preservative)** very toxic compound which is harmful by inhalation and ingestion. It is a neoplastigen (new growth tumors) and a teratogen (an agent or factor that causes malformation of an embryo.). Thimerosal is also dangerous to the environment. EDF suspected: immunotoxicant, Kidney toxicant, skin or sense organ toxicant. (1) Thimerosal, which is 49.6 percent ethyl mercury by weight, was phased out of most U.S. childhood immunizations beginning in 1999, but the CDC recommends flu shots for pregnant women and last year began recommending them for children 6 to 23 months old. Most of those shots contain thimerosal.
Tri(n)butylphosphate: **ON AT LEAST 1 FEDERAL REGULATORY LIST.**		**(an attenuating agent, solvent and platicizer):** An odorless liquid, colorless to pale yellow in appearance, with applications in industrial and nuclear chemistry. It is slightly flammable and moderately dangerous to humans. EDF Suspected - kidney toxicant and neurotoxin. More hazardous than most chemicals in 2 out of 3 ranking systems.

SECTION 4: Breakdown of Ingredients

Yeast		Should be avoided in infants younger than 6 months of age. Yeast is a fungus that can cause digestive upset and/or rashes. (40) Anyone with a life-threatening allergy to baker's yeast, should not get hepatitis B vaccine.

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

ABORTED FETAL CELLS:

Human Diploid cells: MRC5 proteins: WI-38 (WI-38 is a diploid human cell line composed of fibroblasts derived from lung tissue of a 3-month-old female): derived from normal lung tissue of a 14-week old male fetus; susceptible to a wide range of human viruses. (1) Fetal cells were originally used because viruses tend to grow better in human cells than animal cells. Fetal cells do not divide as many times as other cell types, so they can be used for longer periods of time. In addition, because it's possible to keep these cells at very low temperatures, such as in liquid nitrogen, scientists are able to continue using the same fetal cell lines that were originally created decades ago. Vaccine manufacturers obtain human cell lines from FDA-certified cell banks. After processing, very little, if any, of that tissue remains in the vaccine. (59)

There is **no** solid data on how much DNA in vaccines that are grown using fetal cells remains after production. The long-term safety ramifications of injecting human DNA into humans is also unknown and unresearched.

SECTION 4: Breakdown of Ingredients: What are we putting in our Bodies?

ABORTED FETAL CELLS:

Vaccines that use aborted fetal cells as a growth medium: (1)
Acambis 1000 (smallpox) Acambis -- MRC5
Avaxim (hepatitis A) Pateur Merieux -- MRC5
Biavax (mumps, rubella) Merck -- RA273, WI-38
Ervevax (rubella) GlaxoSmithkline Beecham -- MRC5
Havarix (hepatitis A) GlaxoSmithkilne Beecham -- MRC5
Imovax HDCV, DCO (rabies) Pasteur Merieux Connaught -- MRC5
Meruvax II (rubella) Merck -- RA273, WI-38
MMR II (Measles, mumps, rubella) Merck Sharp & Dohme -- WI-38
MR VAX (measles, rubella) Merck -- RA273, WI-38
Poliovax (polio, IPV) MRC5
Priorix (measles, mumps, rubella) GlaxoSmithkline Beecham -- MRC5
Proquad (mmr, chickenpox/varicella) Merck -- RA273, WI-38, MRC5
Twinrix (hepatitis A and B) GSK -- MRC5
VAQTA (hepatitis A) MSD -- MRC5
Varivax (chickenpox, varicella) MSD -- WI-38
Zostavax (shingles) Merck -- MRC5, WI-38

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

AUTHOR OPINION: One of the many issues I see, is specifically with the combined vaccines and the amount of chemicals & live (weakened) viruses given at one time. Should you choose to vaccinate, you have some options to consider that may reduce the risk or severity of vaccine injury.

1) You may desire to be selective and only get a few vaccines, (i.e. only get the required vaccines, not recommended).

2) You may wish to delay any vaccines until your child is older and the blood/brain barrier more established. If you are able to keep them out of daycare or school, or if you have an option for an exemption, this may be a good route.

3) Your Doctors office may offer different vaccine brands than the ones featured here, which may include one or two that are not combined. For example, some offices prefer Pedarix (which combines 5 vaccines in one), and some other offices carry DTaP, with Polio and Hep B separate That may be a better choice, to cut down on the amount of heavy metals & chemicals given at one time.

4) You may also wish to space them out. It may mean more trips to the Doctors office, and ultimately more pokes for your little one, but doing so allows your little ones body time to acclimate and process, and makes it easier to determine a culprit should any significant side effects arise. They will more than likely not have any memory of this point in their lives. You can talk with your provider about following a modified vaccine schedule.

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

5) If your child is sick, or has been recently ill, I would personally wait, and it is advised to wait until they fully recover before getting any vaccine. Getting off schedule a little is certainly not the end of the world.

A word on combined vaccines: The medical community at large prefers the combined vaccines (i.e. Pediarix/Proquad). There is a real push for vaccine adherence; both insurance and pharmaceutical companies monitor adherence as well as offer incentives to reach and maintain vaccine compliance. And there is a general concern among providers that if a parent or guardian has to make multiple trips, and see their child "poked" multiples times, they will be less likely to do so. After all, it is unpleasant to see any child receive multiple vaccines.

AUTHOR OPINION: What is not discussed or considered is the increased amount of heavy metals and toxins in the combined vaccines. When at the hospital, they will desire to give the first round of vaccinations. Depending on your state, you can request none or only one be given, but "one" does not clearly communicate that you want only **one** disease vaccine. So, saying only one vaccine, they would likely choose a combined vaccine. So, be clear, and ask questions if your desire is to wait. You can also say, not at this time, we will follow up with our primary care provider.

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

I also find it interesting, that (55) The Centers for Disease Control and Prevention (CDC) recommends introducing just one food at a time to your baby, waiting 3 to 5 days between new menu items so that, if your child happens to have a negative reaction to something they ate, this allows you to identify the culprit more easily. But the same care and caution are not given with respect to vaccine schedule recommendations.

The last thing I want to note here, is the problem you are going to run into; specifically until your child is able to talk, you will have no idea what the problem is if your child has a vaccine injury or is suffering through side effects. They are simply too young to be able to effectively communicate the problem to you. Seizures and fever, vomiting – those are obvious. But you have no idea what or how they are feeling. Imagine if that was you – unable to communicate exactly what you are feeling.

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

THE MOST COMMON KNOWN VACCINE SIDE EFFECTS			
Abdominal pain	Body Aches	Chills	Cough
Diarrhea	Discomfort	Dizziness	Fainting
Fatigue	Fever	Headache	Hives
Itching at injection site	Joint pain	Loss of appetite	Mild rash
Nausea	Redness at injection site	Runny nose	Soreness at injection site
Sore throat	Stuffy nose	Swollen glands	Upper respiratory infection
Vomiting	Weakness		

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

MORE SERIOUS/LESS COMMON VACCINE SIDE EFFECTS	
Autoimmune • Allergies / Asthma • Anaphylactic Reactions • Arthritic Conditions • Diabetes • Guillain Barre Syndrome • Lupus	**Developmental** • ADD / ADHD / Learning Disabilities • Alzheimer's Disease • Autism-like symptoms
Local/Acute (Sudden onset) • Bowel blockage • Diarrhea • Fever • Headache • Hemorrhaging (bleeding) • High-Pitched Screaming • Inflammation of the stomach • Limb Swelling • Local Swelling • Nausea • Pain • Redness • Vomiting	**Neurological** • Aseptic Meningitis • Ataxia / Unconsciousness • Coma • Demyelination • Encephalitis • Gulf War Syndrome • Multiple Sclerosis (MS) • Paralysis • Cerebral Palsy • Restlessness • Seizures/Epilepsy/Convulsions

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

Organ Dysfunction	Systemic (affecting the whole body or an entire organ system)
• Ear/ Deafness / Vertigo • Eye / Blindness • Heart / Cardiovascular Diseases / Blood • Hormonal / Glandular • Intestinal Disorders • Kidney / Liver Disease • Reproductive Problems • Respiratory Diseases / Pneumonia • Skin Diseases • Urological Disorders / Blood in the urine	• Cancers / Tumors • Caused Disease it was Meant to Prevent • Chromosomal / Genetic Damage • Death • Fibromyalgia / Chronic Fatigue • SIDS (Sudden Infant Death Syndrome)

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

Vaccine shedding, according to the CDC (103) is: The release or discharge of any of the vaccine components in or outside of the body and can only occur when a vaccine contains a live weakened version of the virus (MMR, Smallpox, Chickenpox, Rotavirus, Yellow Fever, Oral Polio). Such vaccines are made of live viruses that have been genetically altered to be safe, but which can still replicate in humans. These can be shed for a brief period.

(104) With live attenuated vaccines, since the virus is weakened but not inactivated or "killed," the virus can still replicate in the body, although much less so than a natural virus. "When a pathogen replicates in the body, it can be shed in respiratory secretions or in stool. We call that shedding," said, Benjamin Lopman, professor of epidemiology and environmental health at Emory University's Rollins School of Public Health. "In some instances, it is possible for the shedding of pathogens from live attenuated vaccines to be transmitted to other persons. However, since live attenuated vaccines are safe, this generally does not present a problem," he said.

(106) According to the Centers for Disease Control and Prevention, live attenuated vaccines "usually do not cause disease such as that caused by the wild form of the organism. When a live, attenuated vaccine does cause disease, it is usually much milder than the natural disease and is considered an adverse reaction to the vaccine."

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

(102)Live-attenuated vaccines for which shedding has been documented include the following:

Flu nasal spray vaccine: Shedding of the virus used in this vaccine is common, particularly in younger individuals, according to the Centers for Disease Control and Prevention (CDC). While transmission of these viruses can occur, it's rare and not typically associated with symptoms.

Chickenpox vaccine: According to the CDC, there have been reports of only 11 healthy vaccinated individuals worldwide spreading the chickenpox vaccine virus to 13 unvaccinated people.

Rotavirus vaccine: Rotavirus vaccine virus can be shed in feces for days after vaccination. An older 2011 study in twins found that the vaccine virus could be transmitted to unvaccinated individuals, but wasn't associated with symptoms.

MMR vaccine: The rubella part of the MMR vaccine may be present in the breastmilk of recently vaccinated mothers. But transmission of the vaccine virus to breastfeeding infants is generally believed to be unlikely or rare.

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

(105) In a 2006 clinical study among 197 children, ages 9 months to 3 years, who received a flu vaccine or placebo: 80% of the vaccine recipients shed at least one vaccine strain, and one transmission was documented. The probability of transmission was calculated at 0.58%. "No clinically significant illness occurred among children who received vaccine or placebo or in the child to whom the vaccine virus was transmitted," according to the study.

AUTHOR OPINION: I understand the concern among many parents about vaccine shedding. Just as a person can shed radioactive isotopes while undergoing radiation treatments (and I always take extra cleaning precautions when such a patient comes in), measured studies have not been conducted by unbiased sources to be able to quantify the potential effects of vaccine shedding; but the general consensus among the studies available all come to the same conclusion; that live virus vaccines can produce viral shedding – in small amounts.

I don't want my child to contract measles whether it is via vaccine shedding or wild type virus contact.
At this present moment in time, my personal concern is not as much about vaccine shedding as it is about general lack of cleanliness, hygiene, sanitation and staying home when sick. Granted, many viruses are most contagious 24 hours before symptoms appear, but you remain contagious, in most cases, during viral propagation (while the virus is replicating inside your body), during symptoms, and for 7-10 days after the last day of symptoms.

Once the transition is made from current vaccines to mRNA vaccines, my concern may change as there is no experiential information available on mRNA vaccine shedding and its affects.

SECTION 5: Common Vaccine Side Effects, the Immune Response and Vaccine Shedding

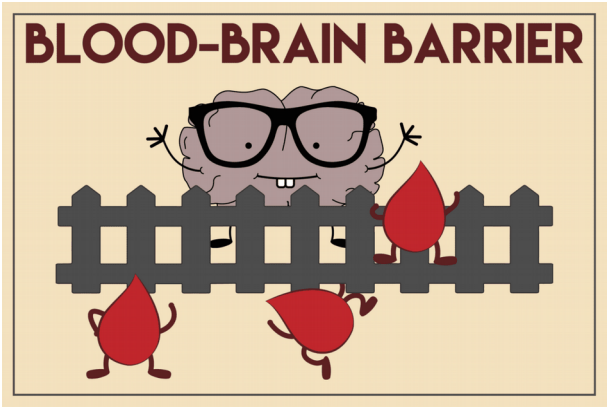
Vaccine shedding precautions

(102) Vaccine shedding is highly unlikely to be harmful to most healthy people. But it is possible that it may pose a risk to immunocompromised people, like:

* people undergoing treatment for cancer
* individuals living with human immunodeficiency virus (HIV)
* those taking immunosuppressive medications
* recipients of an organ or bone marrow transplant

If you have recently had a live-attenuated vaccine, it may be a good idea to avoid close contact with immunocompromised people in the days after your vaccination. Additionally, frequent hand washing during this time is also important.

SECTION 6: The Blood Brain Barrier (92)



What is the blood brain barrier? It is a semi-permeable layer of cells that protects the brain from pathogens and other toxins. Imagine a very thin, nearly translucent layer fully encasing the brain. Outside that layer is blood that transports both nutrients and toxins. Inside that layer is another environment that contains exactly what the brain needs to be healthy.

The Blood Brain Barrier is vital for protecting and maintaining proper brain function. It is composed of tightly woven brain cells and blood vessel cells. It maintains a constant environment for the brain. The blood-brain barrier was discovered more than 100 years ago when it was found that blue dye injected into the bloodstream of mice stained all of the tissues in the body except the brain and the spinal cord.

(99) The purpose of the blood–brain barrier is to protect against circulating toxins or pathogens that could cause brain infections, while at the same time allowing vital nutrients to reach the brain.
Its other function is to help maintain relatively constant levels of hormones, nutrients and water in the brain – fluctuations in which could disrupt the finely tuned environment.

SECTION 6: The Blood Brain Barrier (92)

There is no consistent/solid data on the efficacy of the blood brain barrier at different ages or stages of development. There are some who believe that it is fully developed by the time a child is born – **AUTHOR OPINION** I do not hold that view and believe since nothing else on the baby is 100% FULLY developed, the blood brain barrier is not either. No matter what the answer is, even if it ***is*** a fully developed barrier, we are still bombarding it with a whole host of toxins and, in some cases, multiple viruses at one time, in a very short span of time.

There is **zero** research on the correlation of drug use during pregnancy and how it may impact the blood brain barrier in the developing infant. This is key because, since the use of drugs has become epidemic in recent years, when considering post vaccine heavy metal toxicity and the development of neurological diseases, as well as increased risk for vaccine induced disease particularly with regards to meningitis. If the blood brain barrier has been impacted due to intrauterine drug use and is less effective at protecting the brain, then the child may be at greater risk for vaccine injury – such an increased risk could warrant medical exemption.

It is largely believed that barrier transporting properties (transporting nutrients to and from the blood & brain) would be determined very early in development, while the **sealing** function (the dense weaving of vessels to prevent toxins from entering the brain) would be acquired gradually across development. There is not enough research done to determine the effects of metal toxicity/exposure on blood brain barrier development. Since we have seen such a dramatic increase in the last 2 decades in Autism and neurodivergent diagnoses, perhaps it is time we take a closer look.

SECTION 6: The Blood Brain Barrier (92)

(99) So what happens if the blood–brain barrier is damaged or somehow compromised?
One common way this occurs is through bacterial infection, as in meningococcal disease. Meningococcal bacteria can bind to the endothelial wall, causing tight junctions to open slightly. As a result, the blood–brain barrier becomes more porous, allowing bacteria and other toxins to infect the brain tissue, which can lead to inflammation and sometimes death.

It is also thought the blood–brain barrier's function can decrease in other conditions. In multiple sclerosis, for example, a defective blood–brain barrier allows white blood cells to infiltrate the brain and attack the functions that send messages from one brain cell (neuron) to another. This causes problems with how neurons signal to each other.

Regardless, there is has been insufficient research to determine BBB development, sufficiency and efficacy, as well as insufficient research to determine how a compromised BBB may respond to our current vaccine schedule.

SECTION 7: Genetics: Autism & MTHFR

What we don't know can hurt us…and what we don't know could fill thousands of books.

MTHFR:
Have you ever considered that people are like snowflakes…there are no two exactly alike; not even fraternal twins. On the microscopic level we all differ in some way. Genetics is a severely unresearched arena that affects people greatly. When it comes to vaccines and vaccine reactions, you may have heard of MTHFR (Methylenetetrahydrofolate reductase) and MTHFR defects. The MTHFR gene gives the body instructions for making an enzyme by that same name. As many as 40% of Americans may have some kind of defect in that gene.

(60) An MTHFR defect is a mutation in the genetic code of an individual that causes metabolism disruption, often making it difficult to rid the body of toxins and create neurotransmitters. When the body is unable to rid itself of toxins, they build up. As many toxins as we are exposed to on a regular basis, the side effects can be life-changing; often presenting as neurological, behavioral, gastrointestinal or dermatological in nature. Variations in the MTHFR gene (called polymorphisms) have been associated with an increased risk of some birth defects.

For those who have an MTHFR defect, certain things that have minimal, if any, effects on others should be avoided: Aspartame, food dyes, heavy metals (cooking utensils). The seemingly slightest thing can negatively impact them. This is problematic because at the first vaccines and subsequent appointments, more often than not there has not been any testing done to determine if MTHFR is something to be concerned about…let alone any other genetic factors that could negatively impact vaccine response. Individuals with MTHFR defects are at a much higher risk for regressive medical injuries with vaccination.

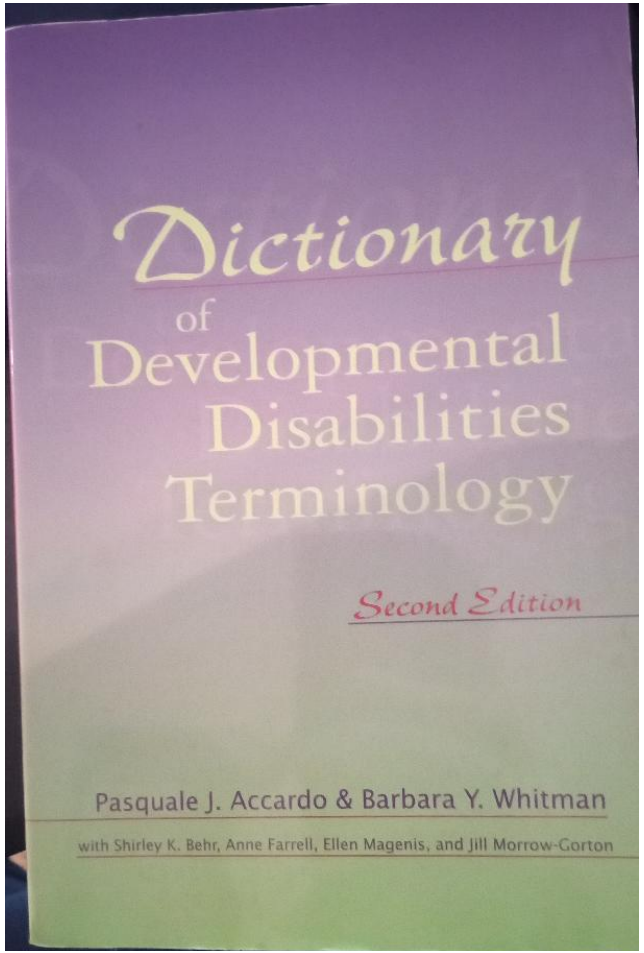
SECTION 7: Genetics: Autism & MTHFR

AUTISM:
Let's talk about autism (deep breath)
I'm going to give an opinion here that is controversial from both sides. If you believe that vaccines cause autism, please hang in there, don't jump off in a huff after I make my initial statement. Trust me, I'm going to tie all of this together.

I have a lot of hard copy books, some of which I've just kind of acquired through the years going through different schooling, some I've picked up from half Price books or from thriftbooks. I like the hard copies, especially since the powers that be have decided to redefine a lot of terms in recent years. But if you look at hard copies, particularly hard copies that were written before 2019, you will see a streamlined definition for several things that we're going to discuss in the remainder of this course

Autism is one of them. I took a picture of the book and of the definition from the book that I used so you can see I'm not making anything up. For the longest time the autism was defined as follows:

SECTION 7: Genetics: Autism & MTHFR



breath sounds or a fetoscope to auscultate an unborn infant's heart rate.

autism *Kanner syndrome; autistic disorder; early infantile autism.* A pervasive developmental disorder characterized by a pattern of deficits that include impaired (delayed and deviant) communication skills; failure to develop social relationships; and restricted, repetitive, and stereotypical behaviors. Although approximately half of children with autism will also have some degree of mental retardation, this may be difficult to determine in early childhood when the autistic behaviors interfere with accurate cognitive assessment. Autism was first described by Leo Kanner (1894–1981) in 1943 and was, for many years, thought to reflect maternal ambivalence toward the child; it is now recognized as a neurological organic brain disorder with many different etiologies. Autism occurs in nearly 1% of selected populations. It is unclear whether the incidence may be rising; increased awareness may be identifying more cases; or sporadic increases in the identification rate may relate to other more local factors. Most children with autism exhibit all of the behavioral features of attention-deficit/hyperactivity disorder.

Autism Behavior Checklist (ABC) A 57-item questionnaire designed to screen for autism. The ABC is part of the Autism Screening Instrument for Educational Plan-

SECTION 7: Genetics: Autism & MTHFR

Notice that it says it is a neurological disorder of **organic origin**. When talking about disorders or syndromes you may hear the term 'organic origin' used. The phrase: 'organic origin' means that there is no external cause There was no exposure to something that was damaging either in the womb or out. It is something that just naturally occurred during development and would have occurred even if the mother had spent her whole life on an island with zero vaccines or exposures to chemicals.

You'll also notice from this definition that it mentions the fact that autism rates occur in about 1% of the population. **AUTHOR OPINION**: That is still true today. Vaccines, here comes my main statement, vaccines do not cause autism however, here's my but, they *can* cause **autism-like symptoms** and it is most likely tied to individual genetics.

You may be thinking, Annie - really? Potato/Potato. But there really is a difference. Naturally occuring autism, is something that affects such a small portion of the population that up until about the 90s it was really rare to see. And it is something that can be seen in un-vaccinated populations because it is naturally occurring. Naturally occurring autism, as of this moment, has no treatment, nothing can "correct it". But Autism-like symptoms are different; they should be treated differently as well.

Often you will find autism diagnosis occurring after the 12 to 15 month mark. I've read countless testimonies from parents whose children were diagnosed with autism who state, unequivocally, that their child was completely normal, developing totally fine and right on time, and then all of the sudden out of the blue they regressed verbally, they stop making eye contact, they start flailing limbs and head banging and grunting. It seems like there's something that's happening around the 12 to 15 month mark that all of a sudden alters the course of development for these children.

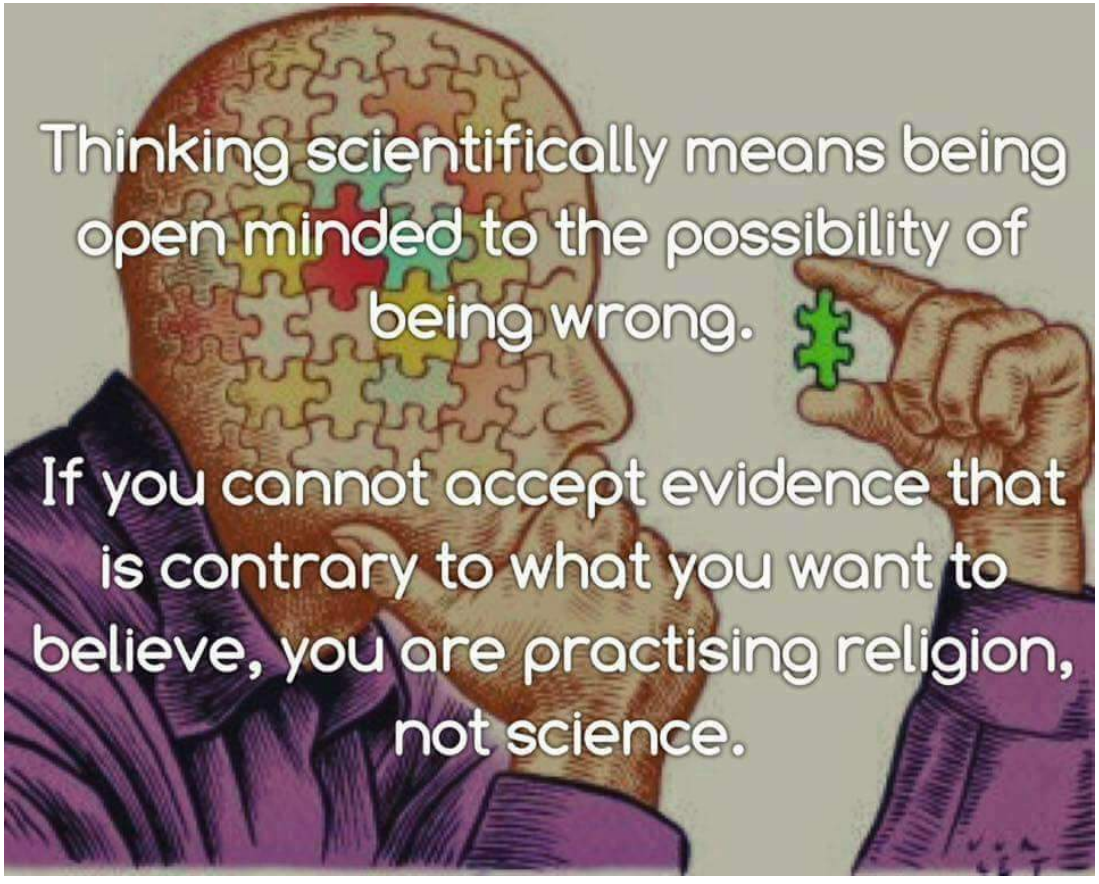
SECTION 7: Genetics: Autism & MTHFR

Consider that at this point, at the 12 to 15 month mark, this child, assuming their parents have followed all the guidelines and are 100% in compliance, has received 27 doses of vaccines, often multiple vaccines at one time. We also know that formula and infant foods contain aluminum and mercury in varying levels - however, remember they are introduced via a different route. And there are other environmental factors to take into consideration as well. But for the number of testimonies and parents that have seen almost overnight changes, overnight regressions in their child, I strongly suspect that these types of rapid-onset autism-like symptoms at that particular stage are not in fact naturally occurring autism, but rather an unreported / unrecognized vaccine injury. That is **my personal opinion**.

(60) In 2008, a team of five scientists led by Stephen Schultz at the University of California, published a study that found that children who were given tylenol after receiving the MMR vaccine were significantly more likely to be diagnosed with Autism than children who did not receive Tylenol. While the study had several weaknesses, the findings were significant: Children given acetaminophen between 12-18 months of age were 8-20 times more likely to have an autism diagnosis, than children of the same age range who were given Ibuprofen. Research on lab rats has proven that acetaminophen, especially in the presence of Testosterone, can wreak havoc on living cells including mitochondrial disruptions and depletion of glutathione (nature's mop). Glutathione is an essential biochemical element that binds to toxins and escorts them out of your system. Children with Autism diagnoses have been found to have lower Glutathione levels.

The refusal of those in the medical, pharmaceutical and scientific communities to draw any kind of causal relationship between vaccines that are being received at this stage of development and sudden-onset autism-like symptoms, indicates to me that those who refuse to make any potential correlation may be practicing religion rather than medicine.

SECTION 7: Genetics: Autism & MTHFR



SECTION 7: Genetics: Autism & MTHFR

The fact that there is such a large amount of the medical and scientific communities that completely disregard any potential connection between developmental issues and vaccines, to the point of refusing to field questions on the subject, shows me they are practicing religion, not medicine or science – or they are a slave to the almighty dollar.

The very foundation of science: is asking questions. The very fact that we have a facet of education called science is because somebody asked a question and dared to think critically. It is theory, it is testing, it is retesting, it is proving, disproving, reproving…**true** science, does not ever stand still…it is in a constant state of motion. But vaccine science is at a stand still and has apparently reached perfection.

This word "Science" - that so may people love to pull out of their back pockets and wave tirelessly anytime someone questions vaccine safety – the primary tool of it is: to question. What they actually have is a theory of science, without actually practicing it.

SECTION 7: Genetics: Autism & MTHFR

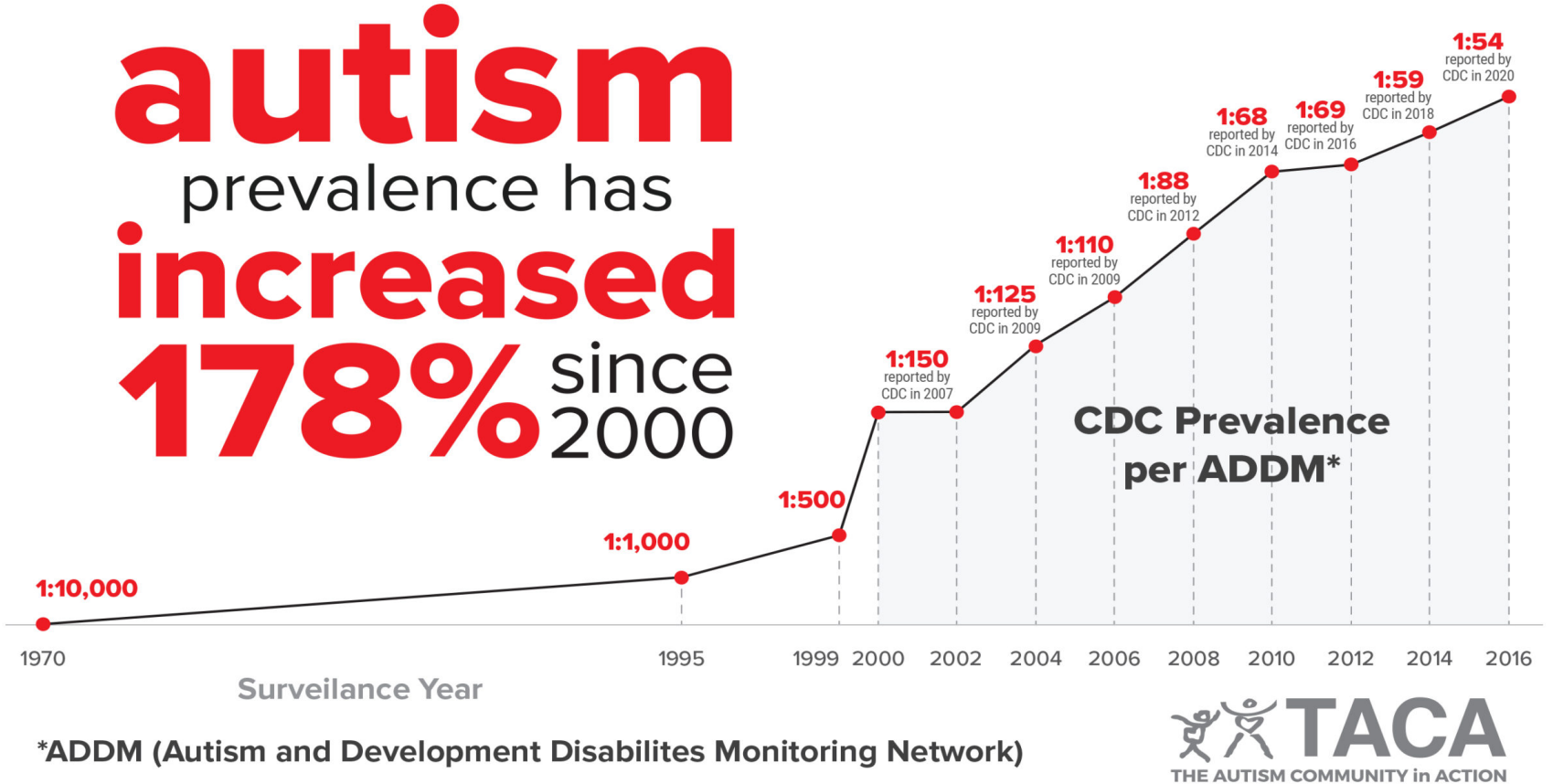
Another difference between sudden onset autism like symptoms and naturally occurring autism is treatment options. I cannot tell you that I have personally witnessed any healing, any solid treatments. I've just not encountered it, I have read of detoxing, chelation, supplementation, diet changes and CBD helping to heal. Whether it is 100% healing or not I cannot say, because I don't follow those clients or patients myself.

There's another factor to consider when looking at the increase in autism diagnosis; that is: the specialist. If you take your child to someone who specializes in something there's a **really, really, really** good chance they are going to be diagnosed with that particular thing that that specialist specializes in. I can personally attest to this.

When I was in middle school, my parents took me to an ADHD specialist on the recommendation of a teacher. Mind you, I was just about the laziest child out there – zero ADHD symptoms. I went in, after one session I was diagnosed and received a script for ritalin. Thankfully, my parents quickly realized I did not have ADHD, and we all moved on.

And ADHD really became pretty trendy in the 90s, so did autism. Most of the charts that I have seen about autism rates in the United States show a sharp incline starting from the 1990's. Conventional medicine will tell you that the increase in diagnosis are simply because we are getting better at diagnosing. Never mind that there is a quantifiable increase in the actual disorder.

SECTION 7: Genetics: Autism & MTHFR (98)



SECTION 7: Genetics: Autism & MTHFR

If you believe your child has Autism-like symptoms due to vaccination, unfortunately, and I believe wrongly, the burden of proof lies with the victim rather than with the manufacturer. No one has successfully been able to legally prove that their child's autism like symptoms were caused by a vaccine. There are a handful of people that have been able to prove that the injury was close enough to the time of vaccination, and they were able to "win" some kind of compensation from their state. But largely, vaccine injury is chocked up to the child's genetics; it's just the luck of the draw – or genetic russian roulette.

My answer to that is; as the manufacturer, the one whose product can have such an effect on an individual's genetics, **YOU** should be offering genetic testing prior to the use of your product: simply put, stand by your product.

SECTION 8: Vaccine Laws, The CDC & FDA

The National Childhood Vaccine Injury Act (October 1st, 1986)

This law freed manufacturers from all liability when injury or death after vaccination occurs. As a result, vaccine makers have zero incentive to make their products safe or conduct further studies for safety or efficacy. No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings. The act was established after lawsuits against vaccine manufacturers and healthcare providers threatened to cause vaccine shortages and reduce vaccination rates.

(110)The Vaccine Injury Compensation Trust Fund

The Vaccine Injury Compensation Trust Fund provides funding for the National Vaccine Injury Compensation Program (next page) to compensate vaccine-related injury or death petitions for covered vaccines administered on or after October 1, 1988. Funded by a $.75 excise tax on vaccines recommended by the Centers for Disease Control and Prevention for routine administration to children, the excise tax is imposed on each dose of a vaccine. Trivalent influenza vaccine for example, is taxed $.75 because it prevents one disease; measles-mumps-rubella vaccine, which prevents three diseases, is taxed $2.25.

The Department of Treasury collects the excise taxes and manages the Fund's investments.

SECTION 8: Vaccine Laws, The CDC & FDA

(109) The Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program is an alternative to traditional medical malpractice litigation for persons injured by one or more of the standard childhood vaccines. The VICP was intended to encourage vaccination by providing a more efficient system for compensation where an injury results from vaccination. Almost 9,500 people have been paid in excess of $4.5 billion since the Program's 1988 inception. Individuals who believe they have been injured by a covered vaccine can file a claim against the Secretary of the Department of Health and Human Services (HHS) in the U.S. Court of Federal Claims seeking compensation from the Vaccine Trust Fund. Civil Division, Torts Branch attorneys in the Office of Vaccine Litigation defend HHS against claims filed under the VICP, and ensure that fair compensation is awarded in every case meeting the eligibility criteria.

Vaccines covered under the Program include those that protect against diphtheria, tetanus, pertussis (whooping cough), measles, mumps, rubella (German measles), polio, hepatitis A, hepatitis B, varicella (chickenpox), Hemophilus influenzae type b, rotavirus, pneumococcal conjugate, trivalent influenza (seasonal flu), meningococcal conjugate and human papillomavirus.

Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. As we saw in the section about side effects, it can take up to a year to experience side effects or notice that there could be a problem. Visit the VICP website at http://www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

SECTION 8: Vaccine Laws, The CDC & FDA

The Project BioShield Act of 2004

This act became law on July 21, 2004 "to provide protections and countermeasures against chemical, radiological, or nuclear agents that may be used in a terrorist attack against the United States by giving the National Institutes of Health contracting flexibility, infrastructure improvements, and expediting the scientific peer review process, and streamlining the Food and Drug Administration approval process of countermeasures", such as with vaccines.

Vaccine laws are constantly changing and evolving. When laws are passed, they not always transparent – they are often tacked on to the back of other, larger bills. Things can be passed under the radar, and frequently are. Some states have health freedom watchdog groups. Ohio has Ohio Advocates for Medical Freedom (OAMF) as an example. Because paying attention to every bill introduced can be a daunting task, I encourage you to see if you can find such a group in your State so you can be made aware of any potential issues.

(113) HHS

The Secretary of Health and Human Services (HHS) oversees The CDC and FDA, among other programs in charge of vaccine regulation. However, individual States are responsible for enacting and enforcing vaccine laws.

SECTION 8: Vaccine Laws, The CDC & FDA

(113) The CDC

The Centers for Disease Control and Prevention is responsible for providing recommendations to the public about when and how to use approved (or authorized) vaccines. This includes issuing the U.S. adult and childhood immunization schedules, which gives guidance on the age(s) when vaccines should be given, the number of doses recommended, timing of doses, and other information. CDC also oversees the Vaccines for Children (VCP) program, which provides free vaccines to Medicaid eligible, uninsured and under-insured children.

(111) The FDA

The FDA (The U.S. Food and Drug Administration) oversees review of the safety and efficacy of candidate vaccines, and is authorized to determine whether or not to approve vaccines for use. The FDA's Center for Biologics Evaluation and Research (CBER) is responsible for regulating vaccine use in the United States. Vaccine development, from start to finish, is purported to most often take 10-15 years. However, in certain circumstances, this length of time can be circumvented (as in the instance of the HPV vaccine, discussed in another course).

(112) The FDA has the authority to permit an experimental vaccine to be used outside the standard regulatory framework in the instance that the Secretaries of Health and Human Services (HHS) or Department of Defense (DOD) declare a national emergency (such as a pandemic, i.e. covid), whether or not one exists and regardless of whether treatments available are tested, safe and effective. Around $6 billion or more per year will be spent to develop, produce, and stockpile vaccines and other drugs to counteract claimed and potential bioterror agents. Even vaccine manufacturers admit that vaccines are neither completely safe, by their very nature, nor always effective at preventing disease.

SECTION 9: Vaccine Injury Reporting & the Vaccine Adverse Event Reporting System

Adverse vaccine reactions should be reported to the **Vaccine Adverse Event Reporting System (VAERS)**. Your health care provider is supposed to file this report – though they may not be aware or may not ask the connecting question if you or your loved one show up with signs of a vaccine injury. You can do so yourself. Visit the VAERS website at http://www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff does not give medical advice.

If you suspect a vaccine injury, start off on the right foot, and document absolutely everything: every conversation (date/time/name/Phone number dialed/case#). Obtain medical records – this should include the vaccine Lot# given as well as specific manufacturer information. If you take your recently vaccinated child to the E.R. for a sudden on-set illness, even if its been more than a few days since their vaccine, you need to make it known that they had one recently; it is often a missed question. Tell all hospital staff you interact with to increase the likelihood someone will chart it. Not only so that staff can take appropriate treatment measures, but so it can be reported. And if they refuse to report it, you report it yourself.

You may also search for medical freedom establishments in your state. They may have advocacy resources and be able to assist in getting the word out. Additional resources that may be helpful:

Informed Consent Action Network (ICAN) https://icandecide.org/
The National Health Federation https://thenhf.com/
The Vaccine Safety Research Foundation https://www.vacsafety.org/
National Vaccine Information Center https://www.nvic.org/
The National Center for Life and Liberty https://www.ncll.org/
Frontline Health Advocates https://frontlinehealthadvocates.com/
Siri Law https://www.sirillp.com

SECTION 9: Vaccine Injury Reporting & the Vaccine Adverse Event Reporting System

Sadly, vaccine related injuries are woefully under-reported. Many health care professionals do not know they can/should report suspected vaccine related injuries, some do not know how. Many doctors are either not trained to recognize the symptoms or do not report due to pressure within their profession. To admit that vaccines can cause harm is professional suicide for most doctors and medical professionals. (21) The CDC/HHS admits that VAERS is under-reported, and probably only representative of 1/10th the actual number of injuries; inferring that the actual numbers may be staggeringly larger.

Most individuals are not aware that there is something called the *National Vaccine Injury Compensation Program*. There are laws in place granting immunity to vaccine and drug manufacturers from law suits for injuries or death resulting from vaccines. The law was passed by Ronald Reagan in 1986; prior to the passage of the law, there were so many vaccine injury suits that the pharmaceutical companies threatened Congress they would stop making vaccines if they did not pass laws to protect them.

Once that law was passed, we saw the recommended vaccines jump by **48 additional dosages.**
If you or someone you know, suffered harm or death due to a vaccine, you cannot sue the manufacturer of the vaccine directly; you must sue the Federal Government and try to obtain compensation from the *Vaccine Injury Compensation Trust Fund,* which is funded by taxes paid on vaccines. (21)
So, there is virtually no out-of-pocket expense on part of the manufacturers.

Lets look at a few vaccine injury cases…intense medical pictures incoming.

SECTION 9: Vaccine Injury Reporting & the Vaccine Adverse Event Reporting System

(80)Julia Lawson has permanent brain damage after receiving her MMRV (Measle, Mumps, Rubella, Varicella) (AKA Proquad) Vaccine at 1 year old.
A week after receiving her vaccine, she was found in her crib after a nap; blue and cold, and her body was arched, her eyes were looking in opposite directions, and she was covered in feces and vomit.

She was rushed to the hospital having seizures and placed in a medically induced coma. After spending many days in the ICU, she was given a diagnosis of encephalitis – a known potential side effect of the MMR vaccine.

Julia has little to no verbal skills, has daily seizures and will remain on medications for the rest of her life.

I find it important to note that the initial hospital staff did not acknowledge a link between the encepahlitis and the recent vaccine. It was a Pediatrician her mother spoke to after the incident that filed a report with the VAERS and VIRC. Advocate! Advocate! Advocate!

HARD MEDICAL PICTURE INCOMING

SECTION 9: Vaccine Injury Reporting & the Vaccine Adverse Event Reporting System

(75) Ian Gromowski was born June 25th, 2007 completely healthy. He lived 47 days after receiving his Hepatitis B vaccination on July 1st, 2007. It is important to note, he had a fever above 100 degrees when he received his vaccination. Immediately after vaccination, the following symptoms occurred:

- Platelets dropped from 248,000 to 131,000 – severe thrombocytopenia
- Scalded-like rash appeared
- Seizures noted
- Irritable, crying non-stop
- Stopped eating
- Viral-like symptoms

His picture speak a million words. Within 12 hours of his vaccination he had the rash, within 24 hours the severe thrombocytopenia set in, and then he was in a fatal state from then on.

IF FOR NO OTHER REASON – THIS CHILD IS WHY QUESTIONING/HESITANCY SHOULD NOT BE LOOKED DOWN UPON

SECTION 9: Vaccine Injury Reporting & the Vaccine Adverse Event Reporting System

(108) Alexis Lorenze

In January 2024, Alexis was diagnosed with a rare, life-threatening immune & blood disorder called paroxysmal nocturnal hemoglobinuria (PNH). In September 2024, Alexis entered the hospital for treatment– Staff at UCI Medical Center in Orange, California informed her she would have to receive three vaccines prior to treatment. She and her family had abstained from vaccines due to religious reasons leading up to this incident. She actually told staff she couldn't be vaccinated due to her medical condition and they insisted anyway. Because of her rare blood disorder, extra precaution should have been taken as the MMR vaccine is contraindicated for individuals with other blood disorders (.i.e thrombocytopenia – a bleeding disorder).

Within minutes of receiving the dTap, Pneumococcal and MMR vaccines, she began experiencing extreme adverse reactions, leaving her battling for her life. From losing vision in both eyes to severe internal bleeding and painful purple patches (purpura – hemorrahging lesions resulting from bleeding under the skin*A KNOWN MMR VACCINE SIDE EFFECT) spreading across her body. She is currently making a recovery despite all odds.

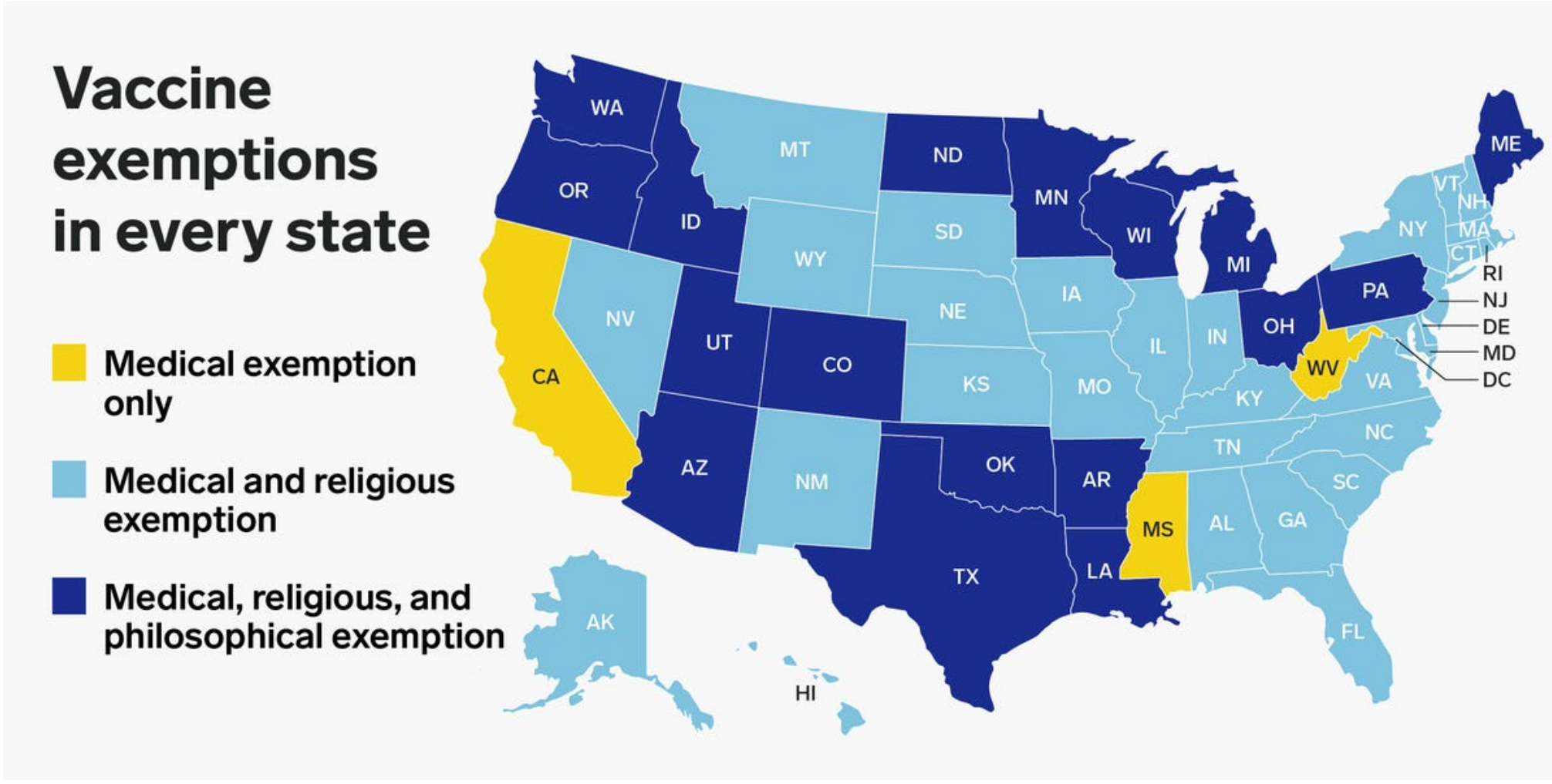
SECTION 10: Vaccine Exemptions by State

An exemption is the state-recognized option you have available to decline vaccination for your child for school/daycare attendance. There are three categories of exemption: Philosophical, Religious and Medical. State laws are the general rule of thumb, individual institutions should be following the state requirements. Again, remember there are **required** vaccines and **recommended**. Recommended vaccines are not **required** for school or daycare attendance. As with everything else, exemptions change frequently, so keep an eye on your states laws.

Philosophical: Those who object to immunizations because of personal, moral or other beliefs.
Religious: Those who have religious objections to immunizations.
Medical: Those who have medical (verified by a Medical Doctor) reasons not to be vaccinated.
*If you are having difficulty obtaining a medical exemption due to your child having an MTHFR defect, you may consider reaching out to Frontline Health Association and receive one through the American Disability Act.

Most states no longer recognize Philosophical objections, most states currently allow for religious and all states allow for medical exemptions.

SECTION 10: Vaccine Exemptions by State (97)



SECTION 11: Herd Immunity

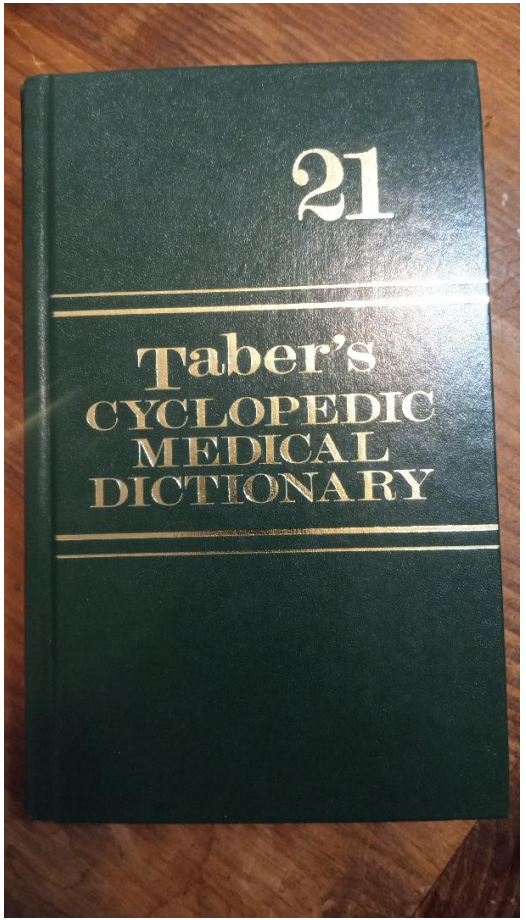
Since the phrase herd immunity came into existence it has had only one meaning. It has only been in the last 10 years, since vaccine hesitancy has reached a peak that they have changed or altered the definition. You can find the original definition in many textbooks that were produced prior to 2010. And they all said the same thing:

"The ability of a community to resist epidemic disease. Heard immunity may develop naturally in a society as a result of widespread exposure to disease, **or** it may be stimulated artificially by mass vaccination programs."

Since vaccine hesitancy has become more mainstream, they have altered the definition as follows:

"The protection given to a community against an epidemic of a contagious disease when a sufficient number of the population are immunised or otherwise develop immunity." Notice that the emphasis now lies strictly on immunization as the means to reach herd immunity.

SECTION 11: Herd Immunity



include monocytes, neutrophils, basophils, and lymphocytes; those of local origin include endothelial cells, mast cells, tissue fibroblasts, and macrophages. Other mediators of inflammation include cytokines, interleukins, and neuropathies.

immune reaction **1.** A demonstrated antigenic response to a specific antibody. **2.** The specific reaction of host cells to antigenic stimulation. SEE: *immune response*.

immunifacient (ĭ-mū″nĭ-fā′shĕnt) [″ + *facere*, to make] Making immune.

immunity (ĭm-ūn′ĭ-tē) [L. *immunitas*] Protection from diseases, esp. infectious diseases. SEE: *immune response; immune system; immunization; vaccine*.

acquired i. Immunity that results either from exposure to an antigen or from the passive injection of immunoglobulins.

active i. Immunity resulting from the development within the body of antibodies or sensitized T lymphocytes that the immune system.

cellular i. T-cell–mediated immune functions requiring cell interactions (e.g., graft rejection or destruction of infected cells).

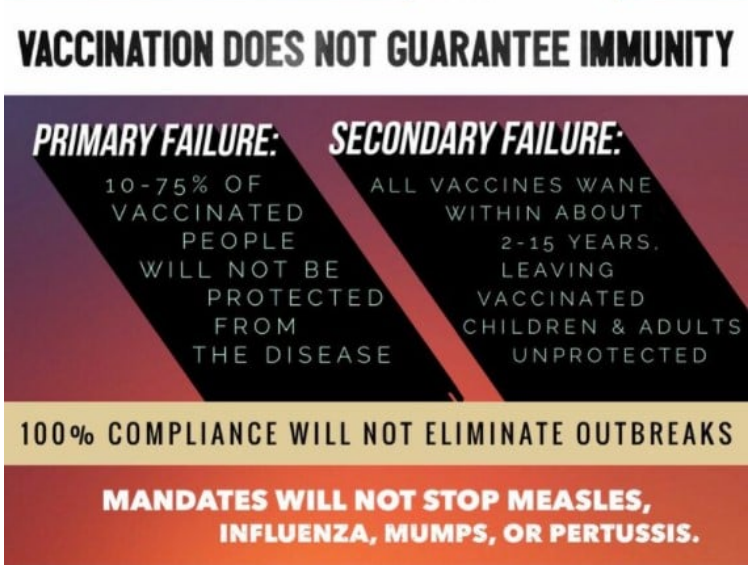
community i. A synonym for herd immunity.

congenital i. Immunity present at birth. It may be natural or acquired, the latter depending on antibodies received from the mother's blood.

herd i. The ability of a community to resist epidemic disease. Herd immunity may develop naturally in a society as a result of widespread exposure to disease, or it may be stimulated artificially by mass vaccination programs.

humoral i. The protective activities of antibodies against infection or reinfection by common organisms (e.g., streptococci and staphylococci). B lymphocytes with receptors to a specific antigen react when they encounter that antigen by producing plasma cells (which produce antigen-specific antibodies) and memory cells (which enable

SECTION 11: Herd Immunity



SECTION 12: A Word on Medical Autonomy

What is Medical Autonomy? Simply put, it is Medical Freedom of Choice. Be you for or against vaccinations, everyone should ***always*** be Pro Medical freedom of choice. Taking away the rights of the individual to make decisions for their own health and what they will or wont put into their body, is a hallmark of tyranny…medical tyranny. We forget because we are not taught in most schools, that the United States has removed medical freedom of choice before, in the not-so-distant past, and the results were traumatic and nothing short of an abuse of power.

In an effort to improve the gene pool for the greater good of humanity, laws were enacted across 32 states that mandated sterilization of those "less-favorable's" of society, also known as American citizens, men and women, without their consent and sometimes without their knowledge. This forced sterilization continued from the early 1900's all the way until the 1970's; and again in some instances between 2000-2010 for immigrants. Many in power believed family history of criminality, mental disorders (including addiction, depression and anxiety), unwed, and being poor would be passed down through the generations and continue to contaminate the gene pool and the world. As a result, such individuals were deemed unfit to procreate. (26).

SECTION 12: A Word on Medical Autonomy

Conversely, those that were deemed fit to procreate where given "certificates" to prove their freedom to do so. I have heard stories of late of various governing authorities both in the U.S. and overseas, throwing around ideas of requiring "certificates of vaccination" that would allow citizens to freely move about - go to the store, to work, to restaurants. Those who do not know history are doomed to repeat it.

SECTION 12: A Word on Medical Autonomy

In the 1934 movie Tomorrow's Children, we follow a young woman who the U.S. elected to be forcibly sterilized because she came from a family with a history of alcoholism, mental illness and physical disabilities…traits that the Eugenics board considered to be biologically determined and inferior. Tomorrow's Children criticized forced sterilization and the eugenics movement in the United States, in addition to protesting film censorship regulations in the early 1900s (27).

Supporters of positive eugenics encouraged those deemed to have superior genes, typically those who were white and wealthy, to have many children. To promote positive eugenics, governmental officials, public health officials, and supporters created contests that provided prizes for families who had many children that met certain eugenic criteria, like physical appearance, intelligence, or athleticism. Supporters of negative eugenics advocated for eliminating bad genes from the human population by prohibiting those who they considered biologically inferior or unfit to reproduce.

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So what does this have to do with Vaccines?? Quite a bit. Vaccines have become mandates within recent years, at least for some employees, all in the name of the "greater good." Commercials support you supporting your family, friends, loved ones and community by getting vaccinated. Conversely, those same commercials promoting positive vaccinations imply that you do not love your loved ones if you do not get vaccinated. Those who are outspoken against or at least questioning of vaccines are publicly shamed, "canceled", illegitimized and mocked.

All of these things combined with post pandemic concerns can potentially pave the way for more mandates. The vilification of vaccine opponents is a current issue. This should bother everyone, even those who are staunchly pro-vaccine. If one people group can have their rights to bodily autonomy revoked, so can the other. Give an inch…they ***will*** take a mile.

Questioning is the cornerstone of Science; it is how we learn. Science questions, re-questions, tests and retests rigorously, or it is supposed to, to ensure accuracy and progress…but for some reason, even those in the medical and science fields are condemning those who question. Our society cannot reasonably demand tolerance, while being intolerant of those who question or believe differently from them. That is the very definition of hypocrisy…which, ironically, is what those demanding tolerance are supposedly standing against!

SECTION 13: Medical Self Advocacy

(74) Renee Gentry, a Washington D.C.–based vaccine-injury attorney and president of the Vaccine Injury Petitioners Bar Association, believes that injuries, however rare, should be a part of the public conversation. “Vaccines are incredibly important, but we should treat them as they are — man-made pharmaceuticals that carry risk. The fear is that if you talk about that at all, people won’t vaccinate.” But not discussing it, she says, is to deny reality. “To say there is nothing unsafe about vaccines — when you can have a reaction to an aspirin — makes no sense.” She adds, “Informed consent is the underlying basis of medical care, and parents shouldn’t have to be afraid to raise questions with their doctors. Because yes, (severe) vaccine injuries are rare, but they **do** exist.”

I strongly encourage mom-to-be to establish a birth plan prior to birth that you can take with you to the hospital so everyone is aware of your wishes and it is in writing. I would make sure everyone working with you has a physical copy and understands your wishes. It should include things like you desired birthing position (because they can push for you to remain on your back), pain meds, what happens immediately after the birth, your preferences for eye gel and injections. Make it easy enough for a 6 year old to understand. There are hundreds of birth plan documents online to look through and tailor to you. I will provide a link with this course to one.

SECTION 13: Medical Self Advocacy

There is a lot of trepidation when it comes to medical self advocacy and taking a stand on certain "hot topics". Not only because the topic of vaccination is known to draw loud criticism, depending on your stance, but also because there are real consequences to not vaccinating: i.e. job loss, not being able to attend school, patient removal from practice, workplace shunning, etc…As much as it is proposed that not vaccinating is due to fear and ignorance, the negative consequences attached to not vaccinating are equally the result of fear and ignorance.

This is why knowledge is power – whether you choose to vaccinate yourself or your child(ren), or not, being well educated on the topic of your decision is essential not only to your personal confidence in your choice, but also in your ability to deal with the fallout from that choice. When you head into battle well-armed, the likelihood of having a positive emotional and mental outcome is significantly increased.

Often, particularly after birth and prior to leaving the hospital, the staff will state (as fact) that your child just has to have some vaccines and then they can be discharged. Sometimes, you will get lucky and they will give you an option or ask if you want them to have any. But often it is simply a part of the process, and many parents do not know they can decline.

SECTION 13: Medical Self Advocacy

So, you have decided not to vaccinate…or, you have decided to allow some vaccines, or even have decided on an extended schedule: So how do you talk to your doctor about that choice? Every Doctor is different in their response; nearly all have been trained the same. Unless you are fortunate enough to work with a DO (a Doctor that is more educated in holistic and alternative medicine than their M.D. counterparts), chances are good the response may be, at least, pushy. How you decide to word things is entirely up to you; I personally err on the side of less is more.

I would simply say something to the effect of: "We are delaying for now, while we do more research." This type of a response indicates that you are not set in your path and that you may at least be open to discussion. You are much more likely to get understanding in that type of a response than a confrontational one. Blasting away with all of your barrels of information communicates your lack of trust in your Doctor; which they tend to take very personally.

You may not outright say, "I dont trust you." But, that is what they hear…and, not to be disparaging towards Doctors, because this is certainly not true of all of them; but there does tend to often be pride or ego attached to their credentials. You can wound that ego with your unspoken words and generate an angry or threatened response which could end with swift removal from their practice, and increased anxiety in you. That doesn't make such a response appropriate, rather my hope is that you will understand where it comes from.

SECTION 13: Medical Self Advocacy

If that *is* their response, and they are unwavering in it and dismissive, then I say: good riddance. However, it can be difficult to find new care, especially if it is needed. If you feel the need to switch practices, I would encourage you to do so slowly and under the radar. Leave that appointment with your/your child's medical records in hand if possible. Then, take time researching and finding the practitioner you would like to handle your family's care. Schedule an initial appointment and be sure to **interview** them; this role, is an important one. Once you have decided on a new Doctor, then leave your previous Doctor.

Find a practitioner that will partner with you, not try to rule over you. Healthcare is a jigsaw puzzle…and it's not a 12 piece, it is a 100,000 piece jigsaw puzzle. These are medical procedures and ones that can have negative effects…you should have someone knowledgeable that can hold your hand as you navigate these difficult and deeply personal decisions.

SECTION 14: Ridding the Body of Toxins after Vaccination

As previously stated earlier in this article, most people would not knowingly eat or drink anything with the ingredients listed in the vaccines, and yet we inject them, allowing them to absorb into our blood stream. Whether we did so by choice or believing we did not have a choice, we can flush many of the harmful toxins from our bodies. To do so would require time, dedication and diet changes. The body does its part, but needs to be functioning optimally, and will need assistance to eliminate these toxins.

None of the ingredients found in vaccines are “good” for you, many may be stored in the body or built up over time, and can contribute to health issues, both immediate and long-term (22). One must also take into account that a majority of the populations’ diet consists of equally harmful, often genetically modified, processed, hormone saturated and toxin absorbing foods.

SECTION 14: Ridding the Body of Toxins after Vaccination

There are good foods and supplements that assist with ridding the body of metals and toxins (otherwise known as chelation); and there are other things to exclude as they can hamper the effects of any chelating foods or supplements. Most importantly, I would recommend finding a Naturopathic or Homeopathic Doctor that can guide you through the process. They may also recommend IV Chelation with EDTA to grab the heavy metals and help you excrete them.

Ridding the body of toxins should be done carefully as it can be a shock to the system. Testing along the way for levels of toxins and heavy metals to determine the extent as well as the rate of healing should be done - particularly with regards to this topic. There are many ways our bodies naturally release toxins on the macroscopic (large) level: Waste excretion, urine output, sweating...Then there is microscopic or cellular detoxing.

You will want to be drinking **lots** of fluids to help flush the toxins from your system. Eat lots of organic raw fruits and vegetables for their nutrient density and high fiber content, both of which help with detoxification. While detoxing, you will also need to help strengthen your immune system and lay a healthy foundation to rebuild healthy gut flora.

I will be diving deeply into detoxification in a later course, as well as supporting the immune system - so signup and stay tuned!

SECTION 15: Facilitating Civil Conversations (Language Matters)

There are some people, unfortunately **many** people, who are so driven by emotion today that no matter how you phrase things, no matter how calm your tone of voice is, they simply will not listen. You are going to have to determine in the conversations you have if that person or conversation is worth expending your energy on. Jesus puts it pretty bluntly: Do not cast your pearls before swine. Matthew 7:6. He was referencing sharing the gospel with people who refused to hear it, but it is equally accurate with regards to hot button topics these hot button topics.

Conversation really does a take a turn when using the wrong wording. Again, rightly or wrongly…if you are talking about vaccine safety with someone in the medical or science community and the topic of vaccines and autism comes up – the minute someone says vaccines **cause** autism, the opposing side immediately assumes your ignorance and automatically disregards any further arguments. I'm speaking in broad terms here…but generally, this kind of error can turn a productive conversation into a flop pretty quickly.
Straying away from absolutes…i.e. Vaccines DO or DO NOT, is your best bet for facilitating civil conversations; using general terms like CAN or MAY is the best wording.
Let's look a few hot button topics - things that when we talk about them can shut down a conversation immediately.

SECTION 15: Facilitating Civil Conversations (Language Matters)

Aborted fetal cells:
Whether you're a pro-life or pro-choice there are aborted fetal cell lines that are used in the development phase of some vaccines. They are used specifically as a growth medium for whatever virus that particular vaccine is being developed against. Some vaccines use the aborted fetal cell lines, some vaccines are grown in chicken egg medium, others use Chinese hamster ovary cells or bovine or porcine growth medium.

When those who are anti-vax or even just uncertain say, "there are aborted babies in vaccines". That statement, particularly when stated like fact, for those who know better , and even for those who don't, will end the conversation pretty quickly. They will automatically assume that you do not know what you're talking about. And they are right. The babies are not ***in*** the vaccines – but unknown amounts of their DNA **is**.

Autism:

Saying: Vaccines CAN cause AUTISM-LIKE SYMPTOMS is the best and most productive way to discuss that particular concern vs: Vaccines Cause Autism.

Herd Immunity:

Since the phrase herd immunity came into existence it is had one meaning. It has only been in the last 10 years since vaccine hesitancy has reached a peak that they have changed or altered the definition. You can find the original definition in many textbooks that were produced prior to 2010. And they all said the same thing:

The ability of a community to resist epidemic disease. Heard immunity may develop naturally in a society as a result of widespread exposure to disease, or it may be stimulated artificially by mass vaccination programs.

SECTION 15: Facilitating Civil Conversations (Language Matters)

Advertising:
I'm going to play a commercial; this one is for the flu vaccine, this commercial is played religiously year after year at least for the last few years. It's almost categorically true across the board that every prescription, every vaccine displays these kinds of subliminal messages if you will. We're going to take a listen to this commercial and then we're going to go through it.

Did you know that in some European countries, advertising for medications and vaccines is not allowed. It's essentially product pedaling, and it has been banned. It's such a huge money making tool, I don't see it ever going away here.

I call it subliminal, because these statements in the commercial communicate these underlying messages. I experienced the result of these underlying messages firsthand in the conventional medical field. I had numerous patients on multiple days, patients that didn't have any relation to each other, they would all say the same thing. It was during a period when the facility I was working at decided they were going to mandate the flu vaccine they would allow for an exemption which I took, but in exchange you had to wear your "Scarlett letter", you had to mask up during flu season. This was prior to covid.

I had multiple patients that would ask me why I was wearing a mask, and my response was always just to keep us both safe during flu season. Their response, multiple people's response and bear in mind this was a small portion of the population that I was seeing, their response was almost verbatim the same: “Oh, you don't have to worry about me, I've been vaccinated.”

SECTION 15: Facilitating Civil Conversations (Language Matters)

That response indicates to me that from this commercial, and probably from other things they've been told, they are under the impression that they cannot either catch the flu or that they cannot spread the flu whether they have symptoms or not. **That is simply not the case**. The flu vaccine has a 50% efficacy rate, which means that you have a 50% chance of catching it and a 50% chance of not catching it. So whether you get vaccinated with the flu vaccine or not you can get it, or not. Whether you have symptoms of the flu, or not, you can still be a carrier and you can still spread the virus. But these commercials, this form of advertising, communicates to everyone that if you get vaccinated you're going to protect other people. And that translates into: "If I get vaccinated, I won't be spreading anything."

The advertisers will argue that, that is not their message; but essentially it is. When you word things as absolutes, and make statements like, "protect your loved ones" or "show your loved ones that you care" - it communicates to the general population that the vaccines WILL protect, and that if you do not get vaccinated you either do not care about your loved ones, or they will think you don't care. This type of language is similar to a double entendre.

Bear in mind, that you can say everything right, you can research these things yourself and have a preponderance of evidence to support the things that you say, and you can even watch your language and the other person can still stop listening and walk away or try to shout you down or shame you. People are very led by their emotions these days, so you really need to be able to gauge where someone is at to determine whether or not you're going to expend your energy in a conversation or not.

SECTION 16: Closing Thoughts

Author Final Thoughts

Why questioning is so important

Not only is questioning the cornerstone of science, but the ability to ask questions plays a major role in both self-advocacy and in critical thinking and independent thought. Questioning should **NEVER** be looked down on or punished. Remember, you have hired the medical professionals in your life – they *should* be your health **partners**. If they cannot respect that you have questions and concerns, and are unwilling to have healthy discussions with you, find someone who will.

Medical bullying is a real issue, and parenting is hard enough without feeling pressured into things. If you can stay home with your baby, then you can take your time researching your choices. If you cannot stay home, consider an alternative schedule and consider spacing out. Find a doctor who will partner with you in that endeavor.

SECTION 16: Closing Thoughts

Author Final Thoughts

Instead of vaccinating, let's work together to educate those around us to modify lifestyle to promote health and support disease response:
1) Take immune supporting supplements, particularly during flu season
2) Eat home-cooked immune-boosting foods that detox/support immune systems and promote healthy gut bacteria
3) Remove shoes at the door so as not to track germs throughout the house for pets or children to track into bed
4) Promote hand-washing to reduce bacteria and viral exposure
5) **Stay home when sick:** Advocate for disease prevention support with your employer
6) Rest to decrease recovery time and prevent spreading to other people
7) Become your family's first line of defense.
Research what herbs and supplements are best for immune support, anti-viral support and anti-bacterial support. Herbs like: Oil of Oregano, Echinacea, Elderberry, Cilantro, Dandelion, Honeysuckle, Ginger, Vitamin C, Silica, Royal Jelly, Probiotics (Because roughly 80% of the immune system is located in the gut), Red Clover, Stinging Nettle, Burdock Root, Milk Thistle, Peppermint and Eucalyptus to name a few. Research their detoxifying and healing properties and how they support the detox process. As always, be careful introducing new things to your body and if you have questions or concerns, consult an ND, DO, Holistic Practitioner or Homeopathic doctor.

SECTION 16: Closing Thoughts

8) Detox your system to promote a healthy foundation for your immune system. Working with a Practitioner in the Alternative Health field will help to guide you through your detox process. It may take multiple methods, multiple tries, and during your detox period, you will need to make sure you are supporting you primary detox organs; i.e. the kidneys, the liver, the gut and the skin – all which help in eliminating the toxins from the body.

9) Your best defense is knowledge; knowledge about vaccines and their ingredients, knowledge about the human body and how it really has the power to heal itself when properly supported and knowledge of how to lay a healthy foundation for yourself and your family. No matter what you decide, the decision *is* and *should* be yours, and yours alone to make…after all, it is *your* body. So make your decision with knowledge and confidence.

I hope this has helped and given you a desire to educate yourself further and question the things you put into your body.

If you have questions, you may email me at: foundationsforhealthandwellness@yahoo.com. I may not have all the answers, but I am happy to research and get back with you. May your life be long, informed, healthy and happy. Look for future articles & courses on: The Flu vaccines, The HPV vaccine, Covid-19 Vaccines, Elderly Vaccines and more!

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