

The Vaccination Debate

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FOR THE 11 MILLION babies born in the United States every day, pediatricians recommend an extensive series of vaccinations to protect against 11 different diseases. These vaccinations, starting at birth, are considered routine and compulsory. This is despite much controversy regarding the safety and efficacy of vaccination.

The first vaccinations were developed in the early 1900s. Their introduction is

associated with the eradication of many diseases. However, opponents of vaccination claim that the eradication of these diseases was due to changes in sanitation and society, including cleaner roads, improved water supplies, sewage control and the introduction of antibiotics. For example, measles was at an all time high in 1920, and declined thereafter, despite the fact that the measles vaccine was not introduced until 1963.

Whether vaccination or changes in sanitation were responsible for the reduction in disease-related deaths remains controversial. Either way, it is important to be aware of the vaccine-controversy, and to make informed choices about the vaccination of your children that are relative to society today.

During the early and mid 1900s the death rate from diseases such as chicken pox, polio, and smallpox were high, and vaccines were seen as lifesavers. Today, children are routinely vaccinated against the same diseases that are now considered rare or treatable. The benefits of such vaccines seem smaller, and society looks at the potential risks with a fresh eye.

The role of vaccines in causing immune-related diseases and damage to the nervous system has been the subject of much controversy. Critics of vaccinations claim that vaccines are responsible, at least in part, for the increase in asthma, allergies and infections, because they weaken the immune system. Asthma is a serious condition that has been increasing since vaccinations were introduced, and several clinical studies have confirmed an association between asthma and vaccination.^{1,2}

The introduction of vaccination also corresponds with an increase in nervous system related diseases such as attention deficit disorder, criminal behavior and autism³. Researchers have found an association between autism and the measles vaccine^{4,5} and with the mercury preservative, thimerosal, in vaccines.

The Vaccine Safety Committee was established to review the thousands of claims reported to the Vaccine Adverse Events Reporting System. They found no causal relationship between the adverse events and the recently administered vaccines. However, they had extremely tight criteria for causal relationship. They rejected conditions with literally hundreds of reported cases as having “inadequate evidence to accept or reject a causal relation.”

To truly define the risks associated with vaccination we need studies that observe the occurrence of adverse events compared to a

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control group receiving no vaccine. Instead, the safety of a vaccine is determined by assessing the number of adverse reactions that occur within a very narrow time frame after vaccination, or by comparison with another vaccine. Adverse reactions that occur immediately after vaccination include fevers, allergic responses, deafness, convulsions, central nervous system disease and death. Reactions that are delayed are less obvious but can result in persistent conditions, including epilepsy, behavior disorders, learning difficulties, immune system disorders and injury to the nervous system.

Adverse reactions are believed to be a result of contaminants contained in the vaccines, including viruses, bacterial toxins and chemicals used in the preparation or preserving of the vaccine.

■ List Of Vaccine Ingredients:

- Aluminum hydroxide
- Aluminum sulfate
- Formaldehyde
- Formalin
- MSG
- Phenoxyethanol
- Polysorbate 20 & 80
- Sucrose
- Thimerosal
- Antibiotics
- Animal tissue: (horse, pig, rabbit, dog, monkey, calf, egg, sheep red blood cells, human fetus tissue)

■ Risks involved

Vaccines are prepared from viruses and bacteria grown in cultures of animal cells and animal meat extracts. This means that the finished vaccine may contain many contaminants in the form of animal proteins and viruses. Although most vaccines are treated to kill the live virus and are screened for known viruses, some unknown viruses can get through.

An example is the monkey SV40 virus that was transmitted through the live polio vaccine in the 1960s and is associated with an increased risk of brain tumor.⁶ Another concern with viruses is that normally safe viruses can interact to produce lethal strains of viruses.⁷

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Thimerosal is a mercury sodium salt used in vaccines as a preservative. In 1998 the FDA banned mercury in all drugs due to its recognized neuro-toxic effects. When the amount of mercury in vaccines was calculated, the results were alarming and manufacturers were advised to remove mercury from their vaccines. It was found that an infant who receives all recommended vaccines during the first six months of life would accumulate 187 micrograms of mercury, a level higher than recommended by the Environmental Protection Agency. Unfortunately, vaccine manufacturers are slow to respond and their mercury-free vaccines often continue to include mercury as a sterilizer.

■ What options are available to parents?

One option is to choose your vaccinations. It is not necessary to give all the recommended vaccinations. You may choose not to give vaccines for mild or rare diseases, or those associated with a high risk of adverse reactions. The pertussis, measles, rubella, hepatitis and polio vaccines tend to cause more significant observable reactions than others.

You may also choose the timing of vaccination (see table of alternative vaccination schedule). Delaying vaccination can give you time to research vaccinations and make an informed choice.

It also gives your baby's immune and nervous systems time to develop and become less vulnerable to vaccine toxic effects. In developed countries only two diseases with corresponding vaccines, whooping cough (pertussis) and Haemophilus meningitis, cause any significant problems during the first year of life. You can choose to administer individual vaccines separately rather than giving them in combination. Additionally, you can opt to use thimerosal-free vaccines, but be sure to read the package insert carefully to ensure that it is truly mercury-free.

Although vaccinations are compulsory, all states allow exemption for medical reasons. All US states except Mississippi and West Virginia allow exemption on the basis of religious beliefs. Additionally, 17 states currently allow exemption for philosophical reasons. These states include Arizona, California, Colorado, Idaho, Louisiana, Maine, Michigan, Minnesota, New Mexico, North Dakota, Ohio, Oklahoma, Rhode Island, Utah, Vermont, Washington and Wisconsin.

And remember, the stronger your baby or child's immune system, the lower their risk of contracting infections. Breast feeding, good nutrition and homeopathy help to build a strong and healthy immune system. Homeopathy can also be used to help prevent diseases and to reduce adverse reactions following vaccination.



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■ Vaccine and Disease Summary

Chickenpox (Varicella)

- A mild disease of childhood, rarely associated with complications.
- Adults have more severe infections than children so expose children to others with chicken pox to ensure life-long immunity.
- Long term immunity from vaccine is unknown, but vaccination may make the infection more common in older age groups.
- Adverse reactions common.

Diphtheria (included inDTaP)

- Disease is potentially serious.
- Less than 4 cases per year in the U.S.
- Vaccine effectiveness is questionable.

Hepatitis B

- Less than 1% of cases occur in children under 15 years.
- If mother has Hepatitis B it can be transmitted to her baby so vaccination is recommended.
- Primarily a disease in sexually active people, injected drug use or from blood transfusions.

- Vaccination during infancy is not believed to carry immunity by the time children are exposed to risk factors.
- The vaccine is associated with severe, debilitating and life-threatening reactions.

Measles (part of MMR)

- A common childhood disease with rare complications.
- Vaccine does not provide life-long vaccination.
- Vaccination associated with many serious adverse reactions including nervous system damage, inflammatory bowel disease and immune suppression.

Meningitis

Haemophilus Influenzae B (Hib)

- Potentially a life-threatening disease with long term effects including hearing loss and learning disabilities.
- Risk higher in infants that attend day care.
- Infants are believed to be protected during their first 6 months through maternal antibodies, and breast feeding offers further protection.
- The incidence of the disease has dramatically declined since introduction of the vaccine.
- Serious vaccine-associated reactions reported.

Mumps (part of MMR)

- Generally a benign disease of children.
- Complications of the disease more common in adults.
- Due to temporary immunity from vaccination the disease is becoming more common in adults and adolescents.
- Significant adverse reactions occur in 1 per 1000 cases.

Pneumococcus

- Infections associated with ear infections, meningitis, pneumonia in children.
- A more invasive disease in elderly adults, but vaccine ineffective in this group.
- Vaccine does not prevent ear infections.
- Fairly new vaccine, so long term safety unknown.

Polio (IPV)

- No cases of polio have occurred in the U.S. since 1979.
- The live virus can cause polio and has greater risk of being contaminated with other viruses.
- The killed virus also has adverse effects, but does not cause polio.

Rubella (part of MMR)

- A mild childhood disease.
- If contracted during pregnancy can cause miscarriage or birth defects.
- Due to temporary immunity from vaccination the disease is becoming more common in adults and adolescents.
- Vaccination associated with arthritis and central nervous system disorders.

Tetanus (individually or part of DTaP)

- Potentially life threatening disease that progresses rapidly.
- Infection occurs through open wounds.
- There is a potential risk in the U.S., but is rarely fatal in children.
- A series of vaccinations provide immunity for 10 years, then need boosters.
- Some severe short term reactions reported, but most are mild. Long term effects unknown.

Whooping Cough or Pertussis (included inDTaP)

- The disease is serious, although the incidence in the U.S is low.
- One of the most reactive vaccines produced.

- Adverse vaccine reactions include seizures, brain damage and death.

References

1. **Kemp et al.** *Is infant immunization a risk factor for childhood asthma or allergy?* *Epidemiology* 1997;8:678. 1997.
2. **Odent et al.** Letter to the editor. *Pertussis vaccination and asthma: Is there a link?* *JAMA* 1994;272: 592-593
3. **Coulter.** *Vaccination, Social Violence, and Criminality: The Medical Assault on the American Brain.* Berkeley, CA: North Atlantic Books, 1990.
4. **Wakefield.** Testimony before Congressional Oversight Committee on Autism and Immunization. April 6, 2000.
5. **O'Leary.** Testimony before Congressional Oversight Committee on Autism and Immunization. April 6, 2000.6. Waters & Krause, 2001 –p.49
6. **Rosa et al.** Response to: *Neurologic tumors in the offspring after inoculation of mothers with killed poliovirus vaccine.* *New England Journal of Medicine* 1988; 319:1226.
7. **Javier, Sedarati, Stevens.** *Two avirulent herpes simplex viruses generate lethal recombinants in vivo.* *Science.* 1986; 234(4777): 746-748.

Resources

- www.909shot.com.
- *The Vaccination Guide* by Randall Neustedter, OMD.

ABOUT THE AUTHOR

Dr. Diana Fatayerji graduated from Sheffield University, England, with a Masters in Human Nutrition and a Doctorate in Clinical Biochemistry. She has a private Nutritional Practice in San Diego, California where she treats both adults and children with specific nutritional issues. Diana's background in biochemistry and physiology enables her to identify metabolic imbalances and to treat these using diet, nutritional support and traditional herbs. For further information visit: www.doctordiana.com.

Vaccination Schedule

Age	Birth	1 Mos	2 Mos	3 Mos	4 Mos	5 Mos	6 Mos	7 Mos	8 Mos
■ Hepatitis B	Hep.B.#1	Hep.B.#2							
■ Diphtheria ■ Tetanus ■ Pertussis			DTaP	DTaP	DTaP				
■ H.influenzae type b			Hib	Hib	Hib				
■ Inactivated polio			IPV	IPV					
■ Pneumococcus Conjugate			PCV	PCV	PCV				
■ Measles ■ Mumps ■ Rubella									
■ Varicells									

Alternative Vaccination Schedule**

Age	Birth	1 Mos	2 Mos	3 Mos	4 Mos	5 Mos	6 Mos	7 Mos	8 Mos
■ Hepatitis B									
■ Diphtheria ■ Tetanus ■ Pertussis					D Ta		D Ta		D Ta
■ H.influenzae type b				Hib		Hib		Hib	
■ Inactivated polio				(IPV)		(IPV)		(IPV)	
■ Pneumococcus Conjugate									
■ Measles ■ Mumps ■ Rubella									
■ Varicells									

PCV = 8 vaccines in 1
51 vaccines by 6 months
77 vaccines by school

** Always consult your physician before making any health decisions.

THE VACCINATION DEBATE

9 Mos	12 Mos	15 Mos	17 Mos	18 Mos	24 Mos	3 Yrs	4 Yrs	11 Yrs
	Hep.B.#3							
		DTaP					DTaP	
	Hib							
	IPV						IPV	
	PCV							
	MMR						MMR	MMR
		Var						

9 Mos	12 Mos	15 Mos	17 Mos	18 Mos	24 Mos	3 Yrs	4 Yrs	11 Yrs
						Hep B		
			D Ta			D Ta		
		Hib				Hib		
		(IPV)				(IPV)		
								Rb*
						Var*		Var*

* Request a lab test for titers to find out if the child is already immune. If test shows immunity inherited from mother then vaccination is not necessary.