

MISSED DAILY DOSE OF INFORMATION

THE GREATEST

Tuesday, July 24, 1934

PUBLISH

back on it and again took up engineering. He surveyed and constructed several of the turnpikes in Campbell, Kenton and Mason Counties, Ky.

On February 2, 1849, he was elected city surveyor by the City Council of Cincinnati and later city civil engineer. He prepared plans for engine houses, market etc. Over great opposition Findlay erected

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- **MY STORY** - Why I went from extremely pro-vaccine to choosing not to vaccinate my own children.
 - **RIGHT BEFORE COVID** - Why I knew COVID was always going to be about loss of freedom through vaccine mandates.
 - **WHAT'S COMING NEXT** - The rights they plan to take away over the next 8 years as outlined in Healthy People 2030
 - Q & A

THINGS I BELIEVED:

Vaccines are safe and effective

Vaccines save lives

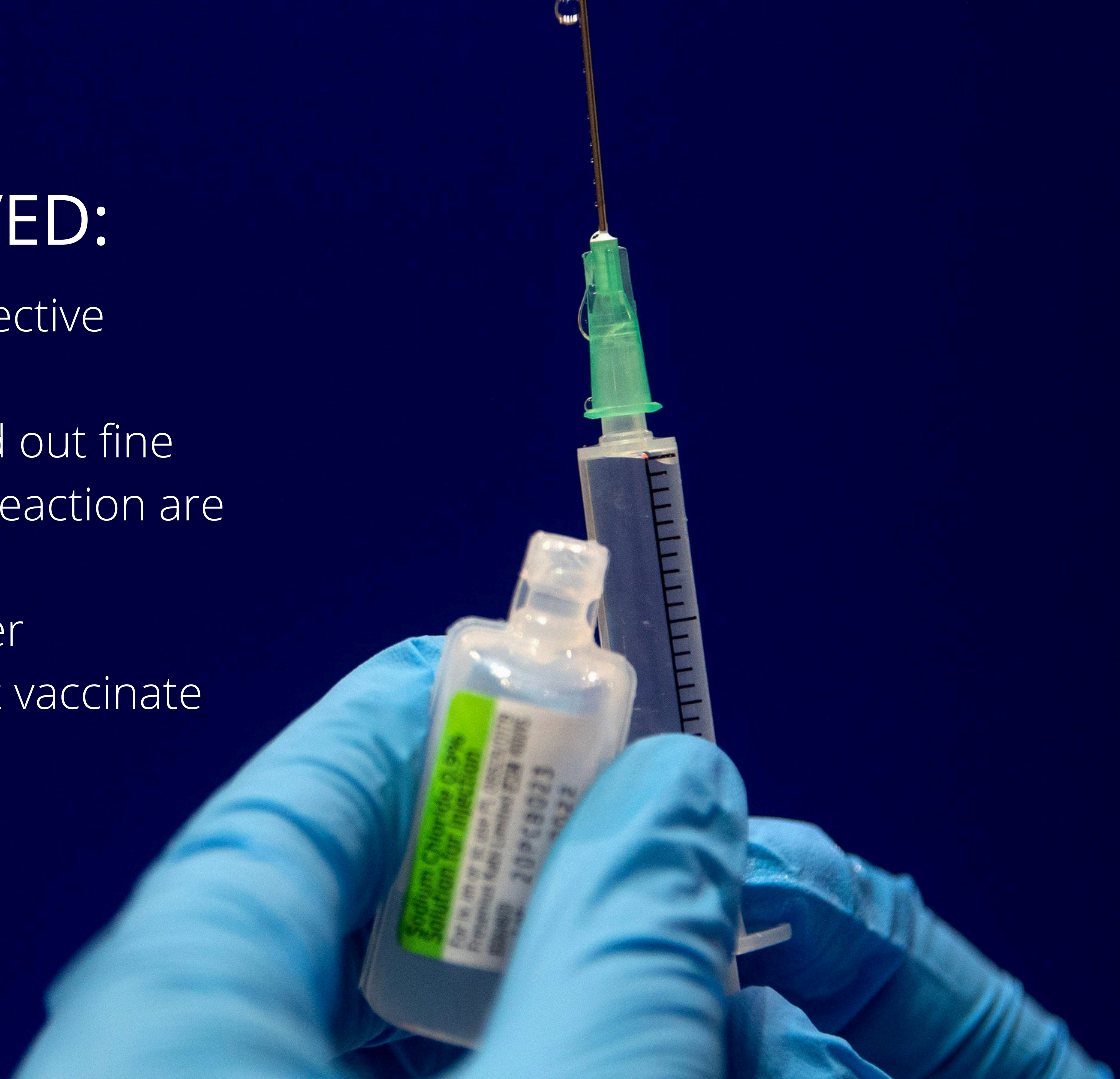
I was vaccinated and I turned out fine

Chances of having an adverse reaction are

1 in a million

Measles is a child killer

Polio will come back if we don't vaccinate



CDC Recommended Childhood Vaccine Schedule: 1983 vs 2017

1983



VACCINES BY AGE 6
VACCINES BY AGE 18

2022



VACCINES BY AGE 6
VACCINES BY AGE 18

BIRTH (12 hours)

2 MONTHS

4 MONTHS

6 MONTHS

7 MONTHS

12 - 18 MONTHS

2 - 6 YEARS

7-18 YEARS



CDC Recommended Childhood Vaccine Schedule: 1983 vs 2022

1983

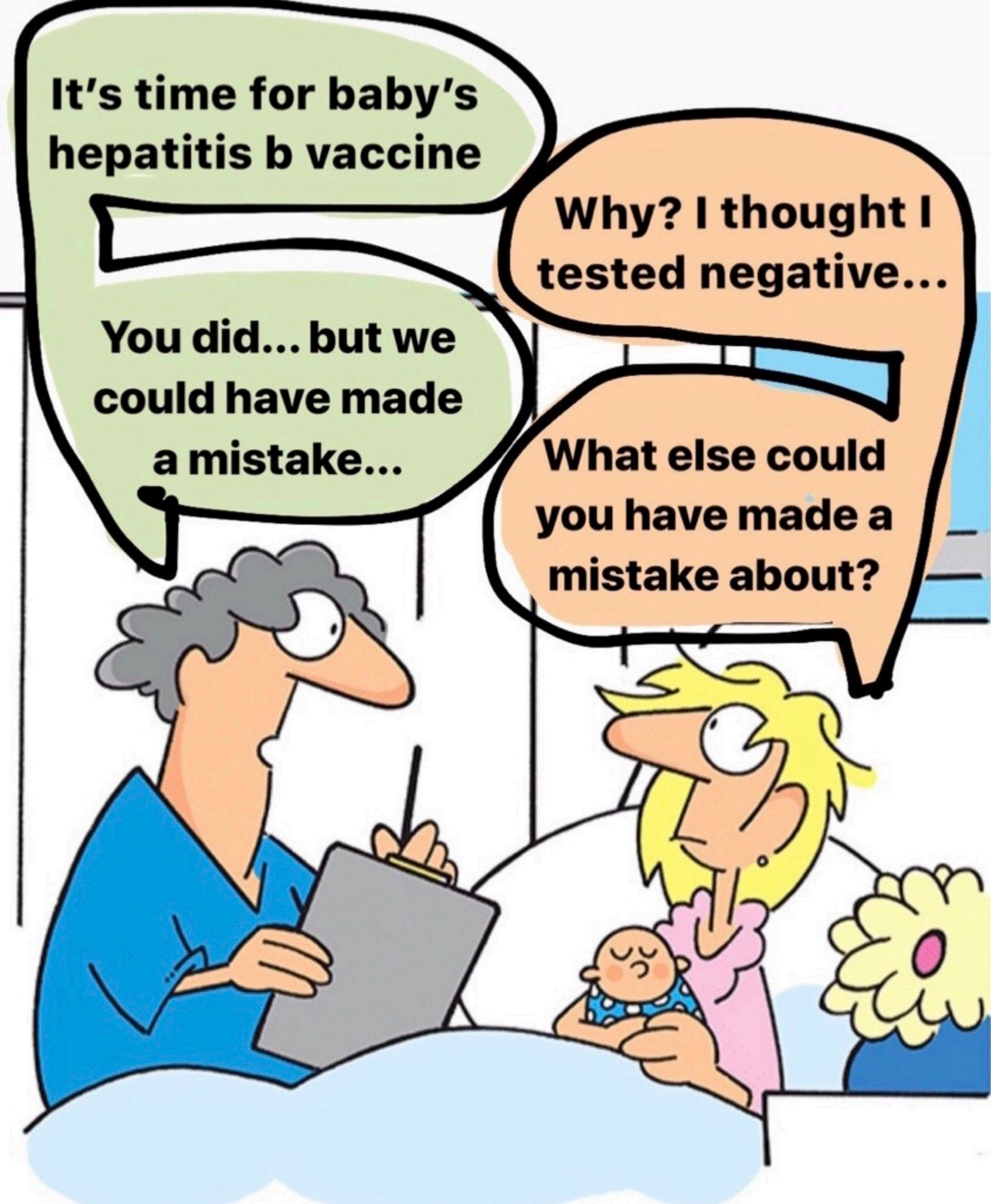
→ 22 DOSES OF 7 VACCINES BY AGE 6
24 DOSES OF 7 VACCINES BY AGE 18

2022

→ 50 DOSES OF 14 VACCINES BY AGE 6
69 DOSES OF 16 VACCINES BY AGE 18

*86 Total Doses if you get the recommended 2 doses of Flu Vaccine each year instead of just one

BIRTH (12 hours)	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	12 - 18 MONTHS	2 - 6 YEARS	7-18 YEARS
Hepatitis B	Diphtheria Tetanus Pertussis Polio	Diphtheria Tetanus Pertussis Polio	Diphtheria Tetanus Pertussis Polio	Influenza	Diphtheria Tetanus Pertussis Measles Mumps Rubella Polio - 1983 only*	Diphtheria Tetanus Pertussis Polio Measles Mumps Rubella Varicella Influenza (5)	Diphtheria Tetanus Pertussis Influenza (12) Human Papillomavirus [HPV] (2) Meningococcal (2)
	Haemophilus Influenzae Type B (HIB) Rotavirus Hepatitis B Pneumococcal (PCV)	HIB Rotavirus PCV	HIB Rotavirus Hepatitis B PCV Influenza		HIB PCV Varicella Hepatitis A (2)		



It's time for baby's hepatitis b vaccine

You did... but we could have made a mistake...


Why? I thought I tested negative...

What else could you have made a mistake about?

Why should an infant receive hepatitis B vaccine at birth before hospital discharge, even if the mother is negative for hepatitis B surface antigen (HBsAg)?

ACIP recommends that all infants receive hepatitis B vaccine at birth, regardless of the infection status of the mother (15). Infants born to HBV-infected mothers require hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth to protect them from infection. However, because errors or delays in testing, reporting, and documenting maternal HBsAg status can and do occur, administering the first dose of hepatitis B vaccine soon after birth to all infants acts as a safety net, reducing the risk for perinatal infection when maternal HBsAg status is either unknown or incorrectly documented at delivery. Also, initiating the hepatitis B vaccine series at birth has been shown to increase a child's likelihood of completing the vaccine series on schedule (15)

Vaccine Injury



UNITED STATES COURT OF FEDERAL CLAIMS

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Vaccine Claims/Office of Special Masters

The National Vaccine Injury Compensation Program ("Vaccine Program") comprises Part 2 of the National Childhood Vaccine Injury Act of 1986 ("Vaccine Act"). See Pub. L. No. 99-660, 100 Stat. 3755 (1986) (codified as amended at 42 U.S.C. §§ 300aa-1 to -34). The Vaccine Act became effective October 1, 1988. It establishes the Vaccine Program as a no-fault compensation program whereby petitions for monetary compensation may be brought by or on behalf of persons allegedly suffering injury or death as a result of the administration of certain compulsory childhood vaccines. Congress intended that the Vaccine Program provide individuals a swift, flexible, and less adversarial alternative to the often costly and lengthy civil arena of traditional tort litigation. [Read more . . .](#)

[Vaccine Rules of the United States Court of Federal Claims](#)


[Vaccine Guidelines and Sample Filings](#)

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Vaccine Safety

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Vaccine Safety

- Safety Information by Vaccine +
- Questions and Concerns +
- Information for Healthcare Providers +
- Information for Parents and Caregivers +
- Research +
- Ensuring Safety** -

Vaccine Adverse Event Reporting System (VAERS)

As of October 2021, there are [three COVID-19 vaccines](#) approved or authorized for use in the United States to protect against COVID-19 disease. These vaccines are monitored by VAERS and several other vaccine safety monitoring systems as part of the most intensive vaccine safety monitoring effort in U.S. history. This continuous, robust safety monitoring helps keep COVID-19 vaccines safe and helps ensure the benefits of vaccination continue to outweigh any risks.

Learn more about [Ensuring COVID-19 Vaccine Safety in the U.S.](#)

Healthcare providers are required to report certain adverse events following COVID-19 vaccination to VAERS. Learn about [COVID-19 vaccine Emergency Use Authorization \(EUA\) reporting requirements for healthcare providers](#) .

VAERS is the Vaccine Adverse Event Reporting System put in place in 1990. It is a voluntary reporting system that has been estimated to account for only **1% (read more about underreporting in VAERS)** of vaccine injuries. **OpenVAERS** is built from the HHS data available for download at **vaers.hhs.gov**.

The **OpenVAERS Project** allows browsing and searching of the reports without the need to compose an advanced search (more advanced searches can be done at **medalerts.org** or **vaers.hhs.gov**).

1,951,643

– **REPORTS OF VACCINE ADVERSE EVENTS IN VAERS**

– **23,149 COVID Vaccine Reported Deaths / 32,440 Total Reported Deaths**

– **124,445 Total COVID Vaccine Reported Hospitalizations/206,321 Total Reported Hospitalizations**

– **1,088,558 COVID Vaccine Adverse Event Reports**

– **Through January 28, 2022**

<https://openvaers.com/>

VACCINE ADVERSE EVENTS REPORTING SYSTEM

Typically, vaccine safety studies that are epidemiological based make inferences from the absence of specific problems. Therefore, it is important to examine and consider surveillance and risk management systems and practices.

While the Vaccine Adverse Events Reporting System [VAERS] may be lauded as the “front line” of vaccine safety, the lack of enforcement provisions and effective monitoring of reporting practices preclude accurate assessments of the extent to which adverse events are actually reported. Former FDA Commissioner David A. Kessler has estimated that **VAERS reports currently represent only a fraction of the serious adverse events.**

Results

1 in 38 doses

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference.

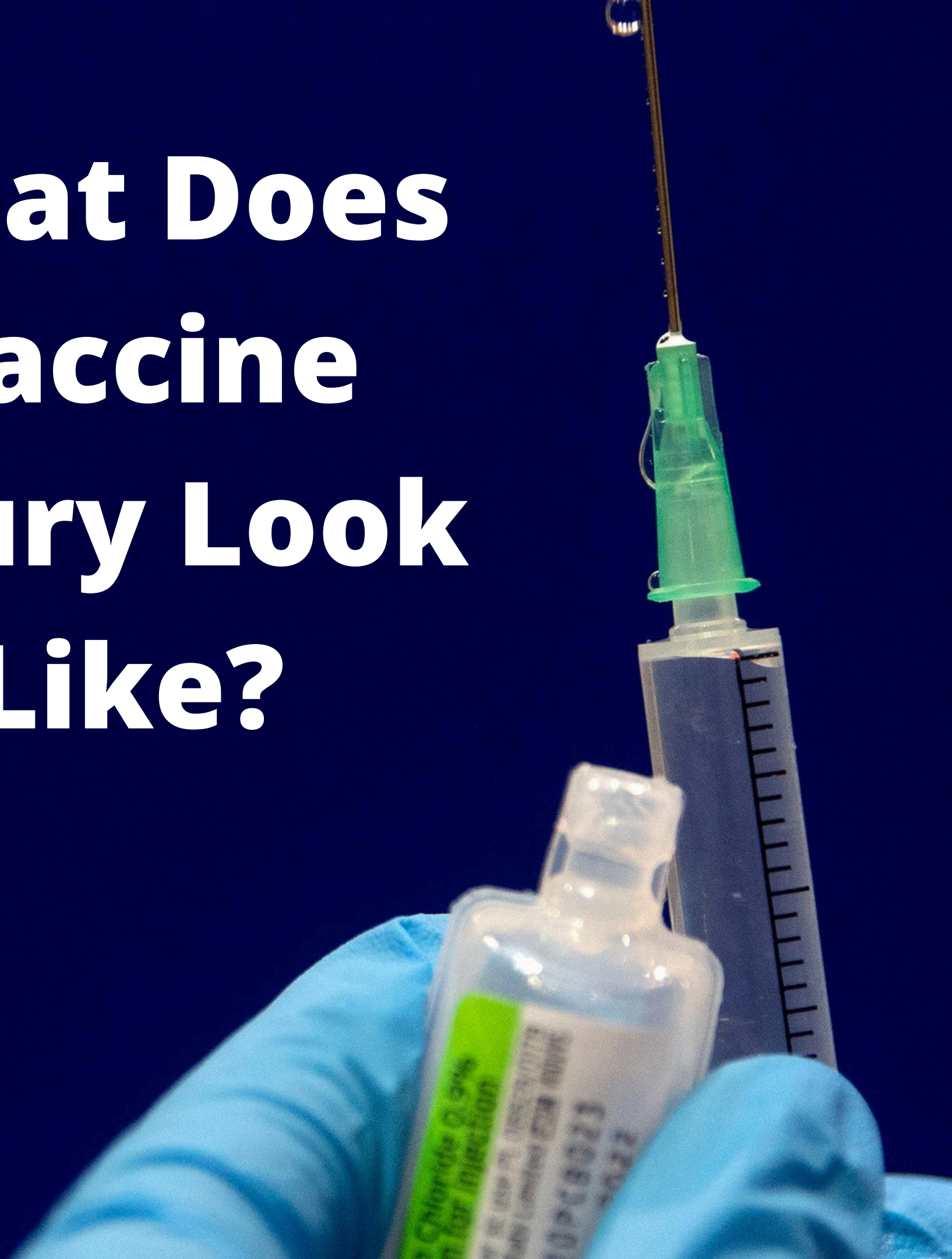
In addition, ESP:VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians’ usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs.

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

Nerve deafness Orchitis Otitis media
Nausea Parenthesis Sore throat
Cough Ataxia Encephalopathy
Paniculitis Stevens-Johnson
Arthritis Vomiting Syndrome
Fever Seizures Irritability Polyneuropathy
Aseptic Meningitis Urticaria
Pneumonia Pruritis Death
Atypical Measles Purpura
Bronchial spasm Epididymitis Vasculitis
Rash Thrombocytopenia Retinitis
Anaphylaxis Myalgia Syncope
Polyneuritis Optic neuritis Pancreatitis
Acute disseminated Malaise
Ocular palsies
encephalomyelitis Acute hemorrhagic
edema of infancy
Angioneurotic Adema
Conjunctivitis Febrile convulsions Headache
Diabetes mellitus Dizziness
Rhinitis Regional Parotitis
lymphadenopathy Arthralgia
Guillaine-Barré Transverse myelitis
Syndrome Leukocytosis
Encephalitis Pneumonitis
Arythema Multiforme Retrobulbar neuritis Diarrhea
Measles-like Rash Subacute sclerosing
Papillitis panencephalitis

What Does Vaccine Injury Look Like?



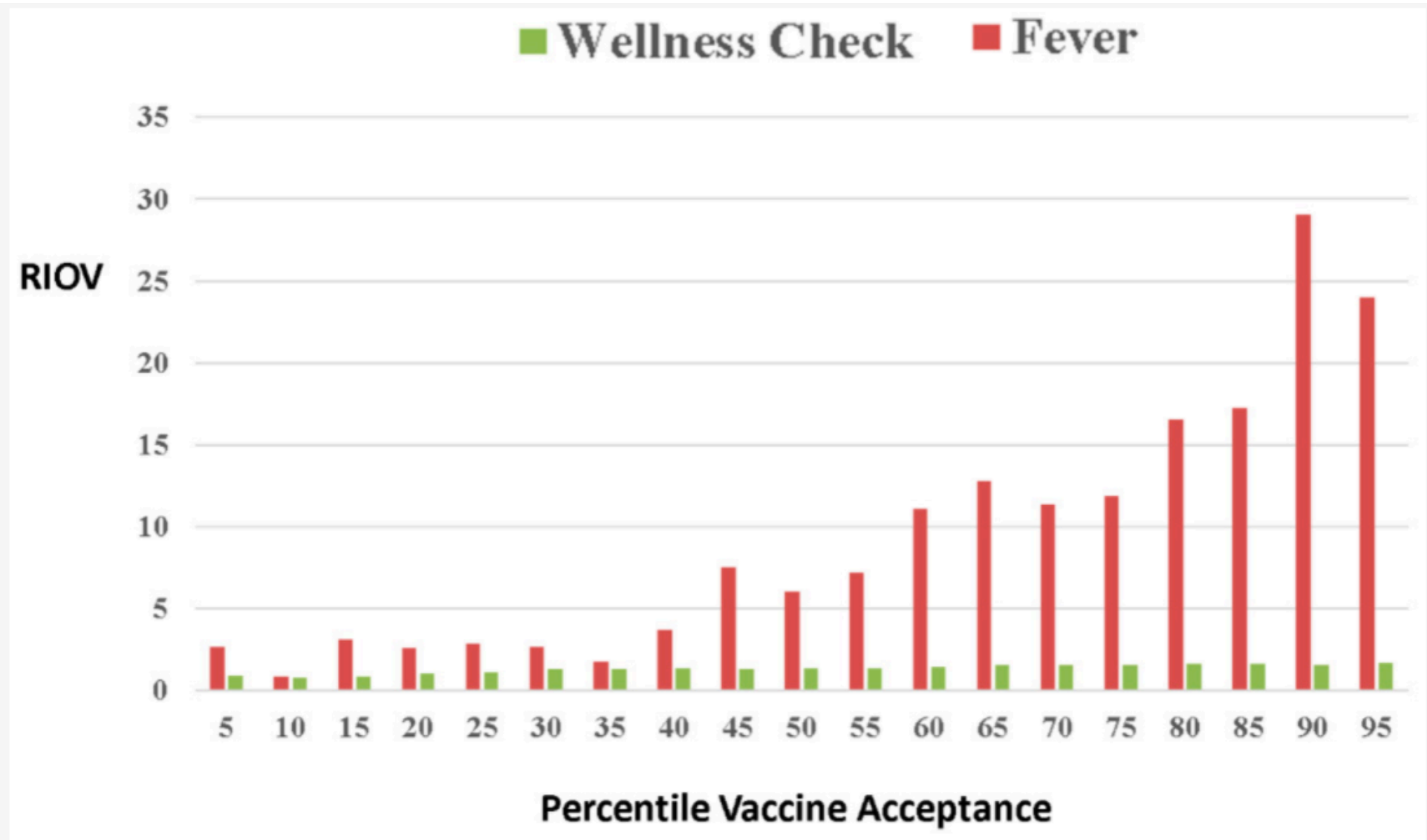
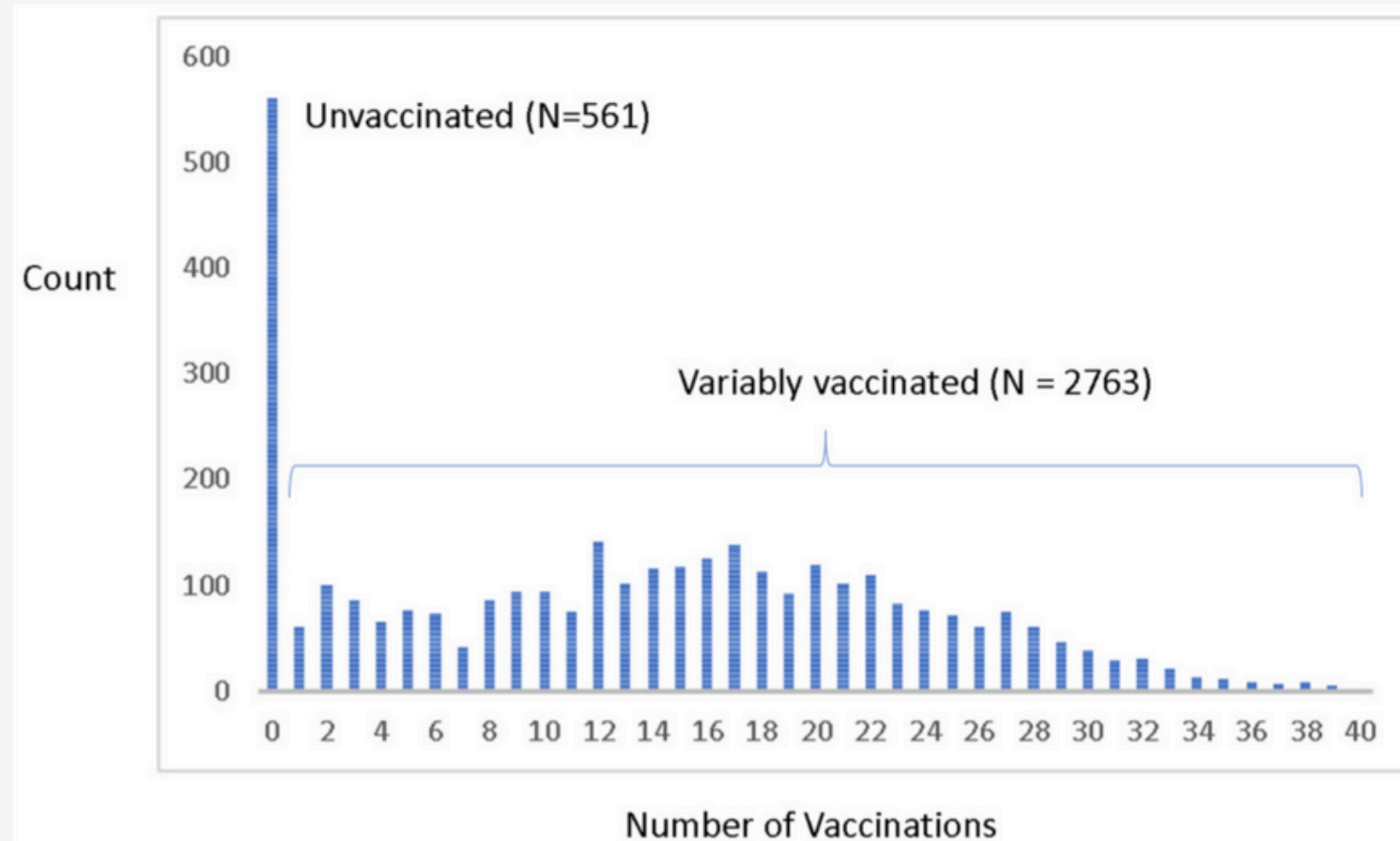
2.3. Study Population

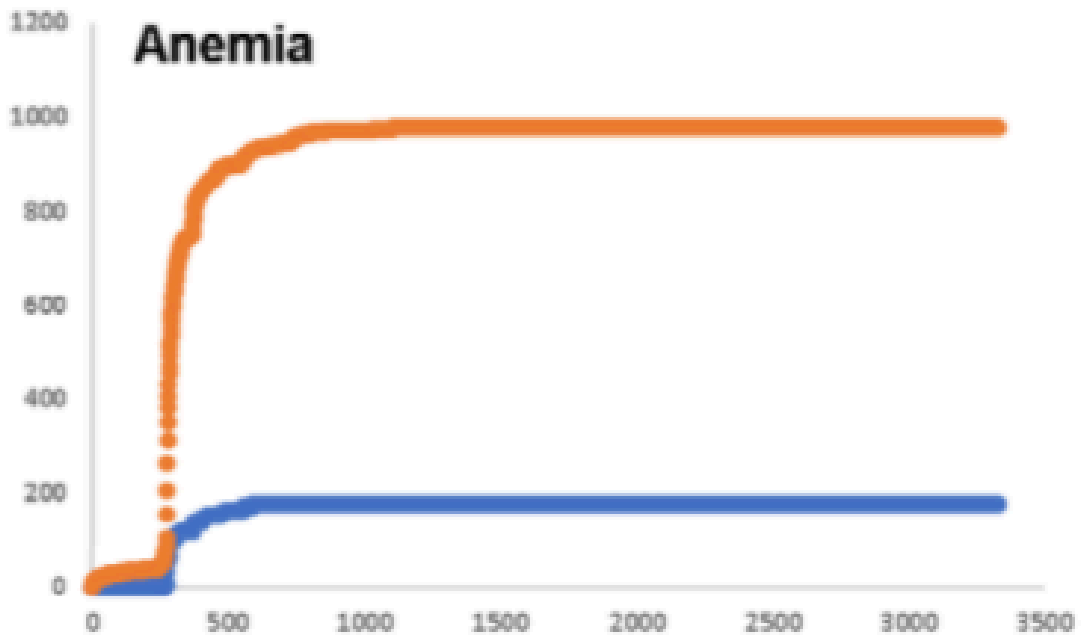
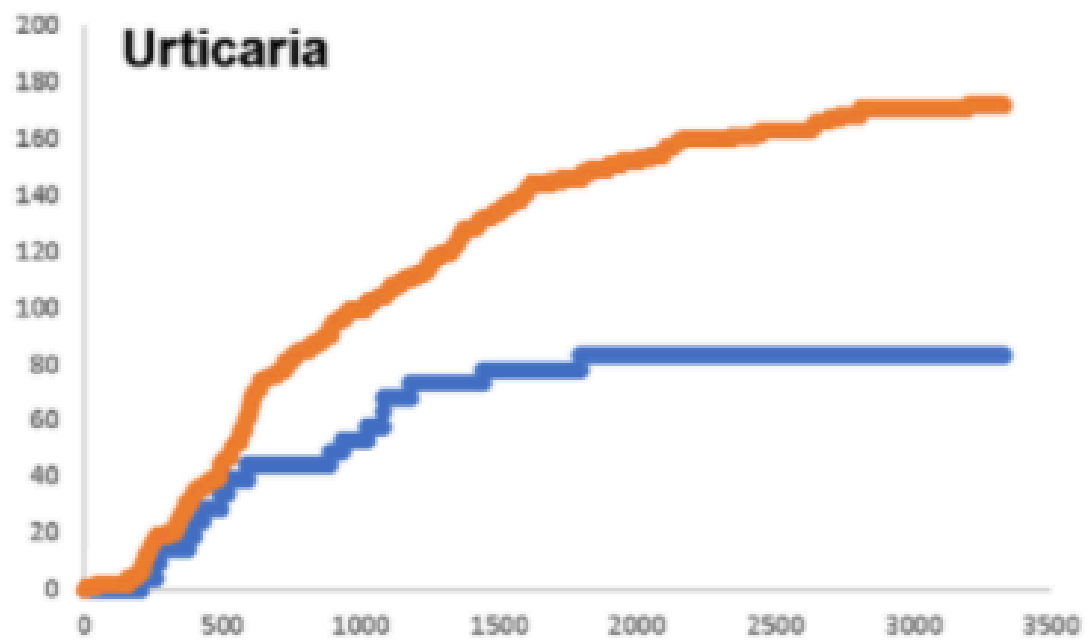
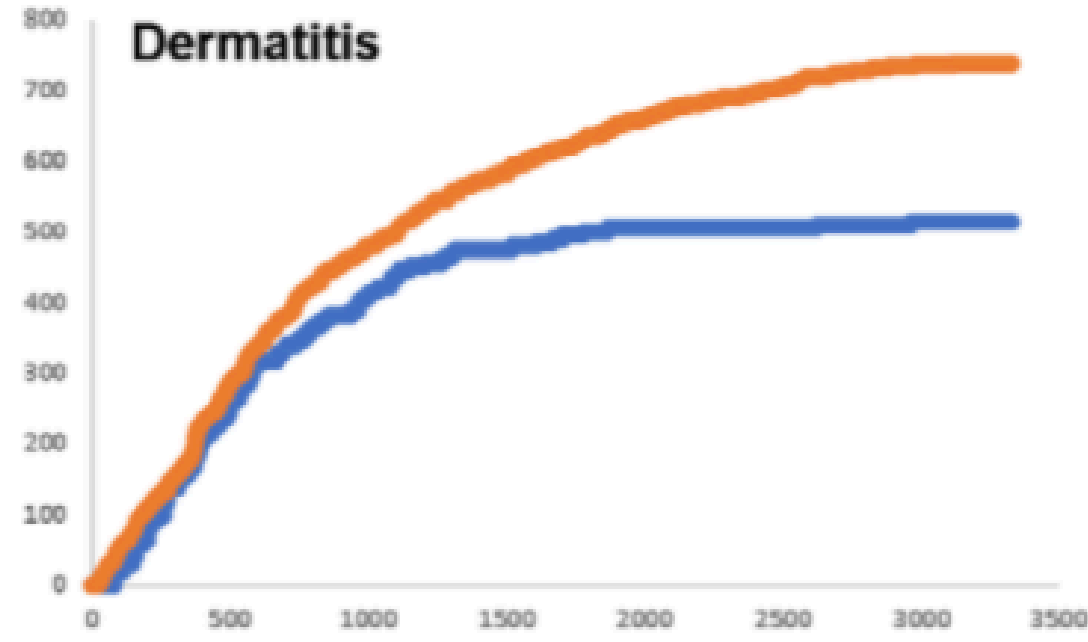
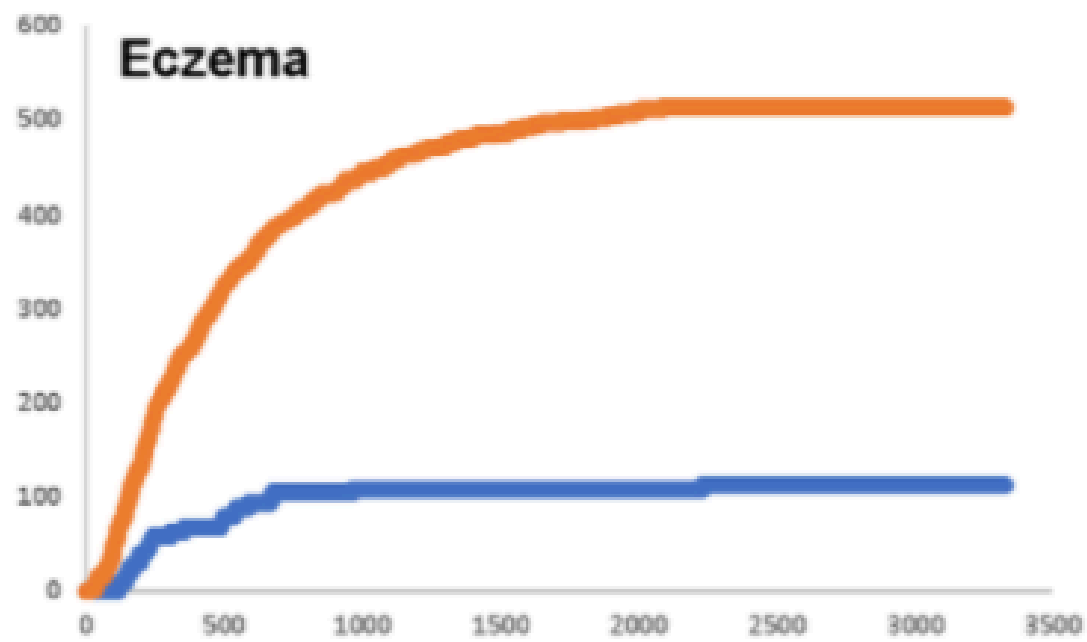
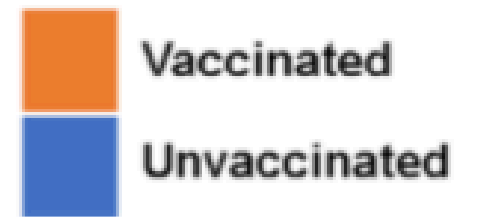
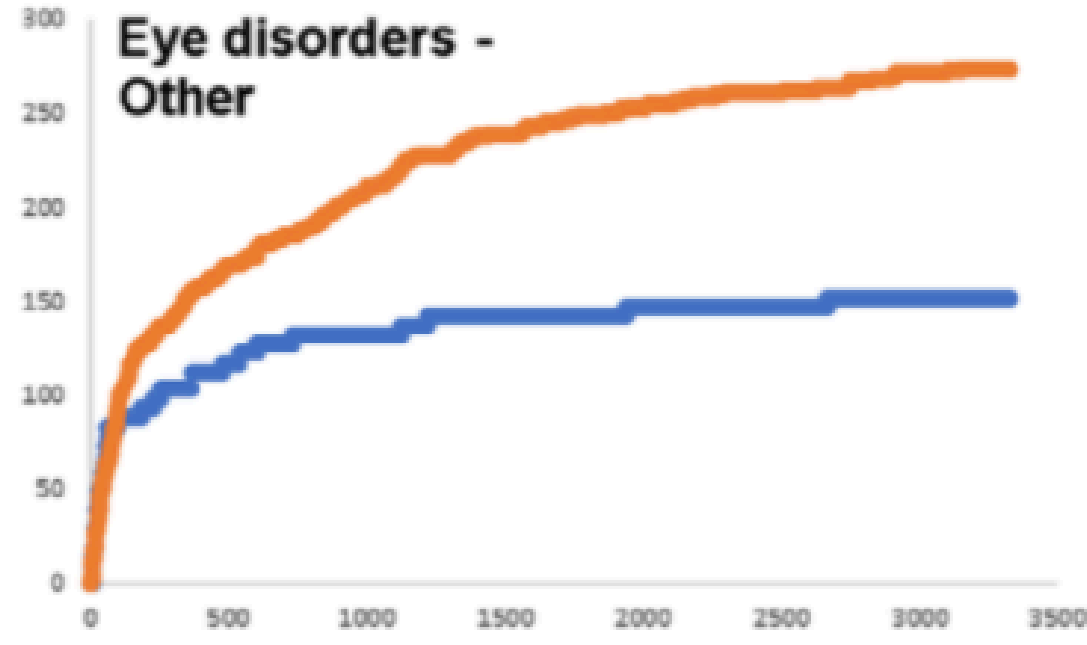
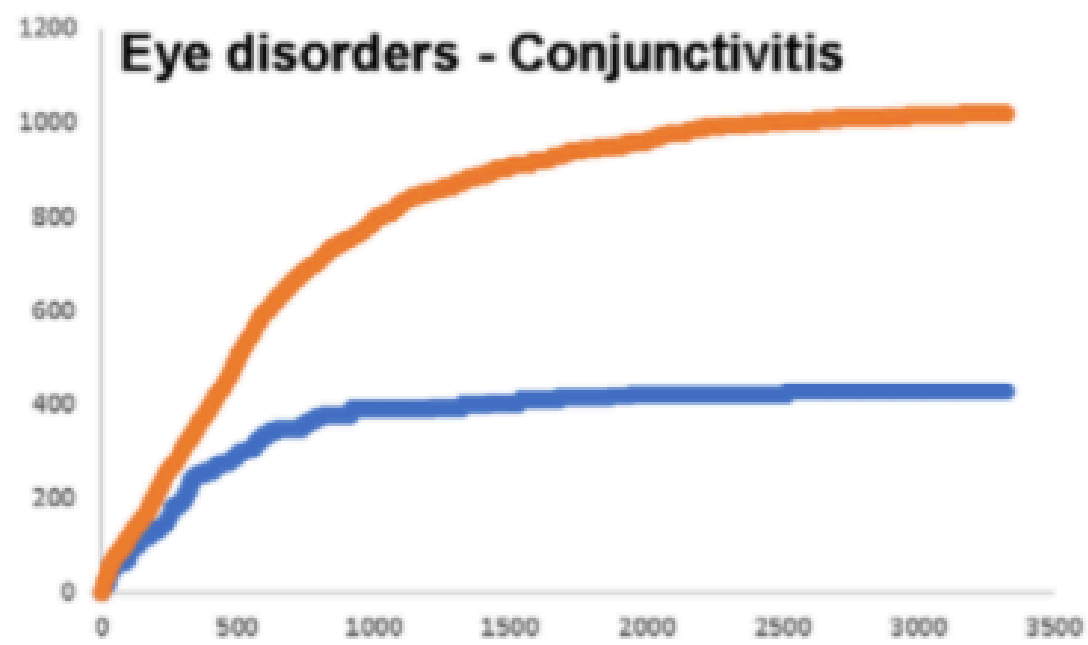
The inclusion/exclusion criteria lead to 3324 patients, of which 2763 were variably vaccinated, having received 1 to 40 vaccines (**Figure 1**).

2.4. Demographics

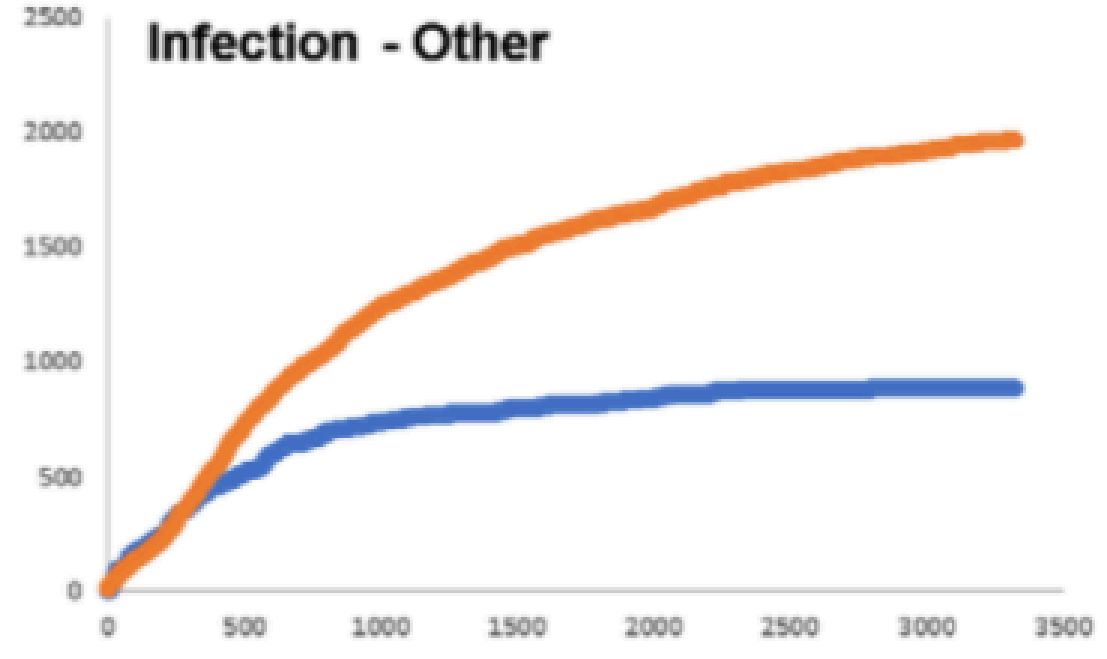
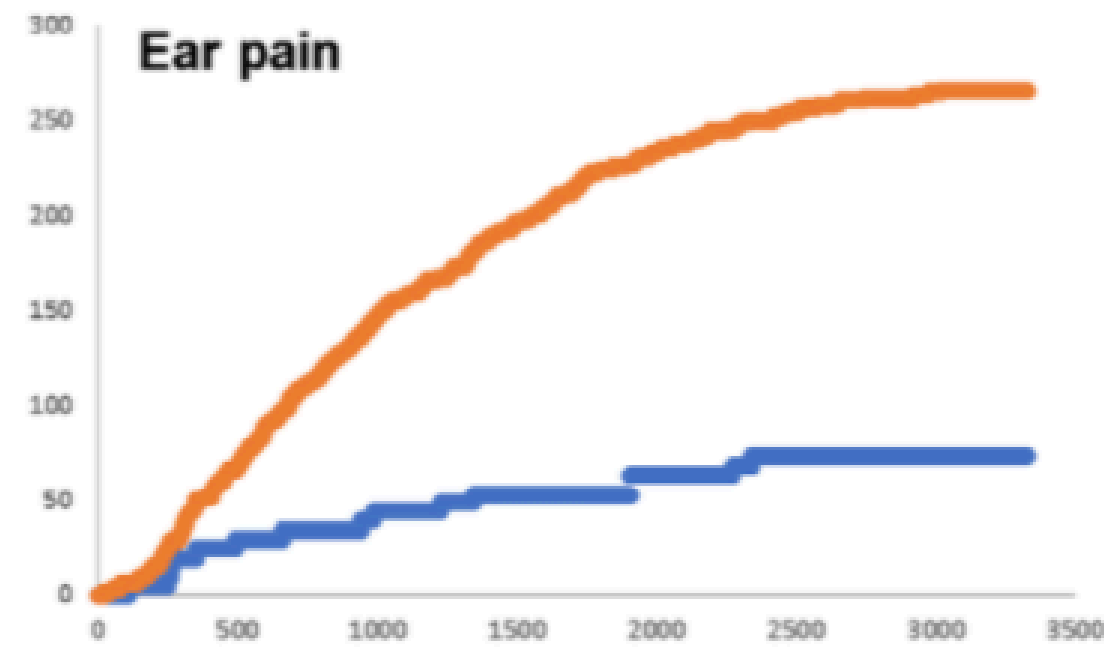
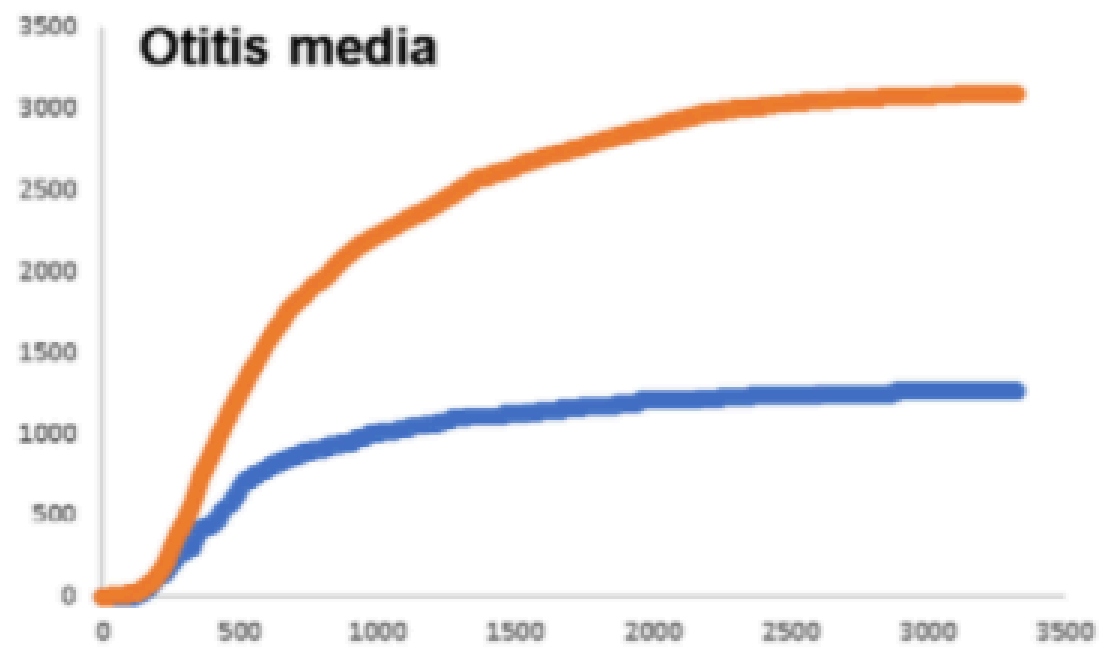
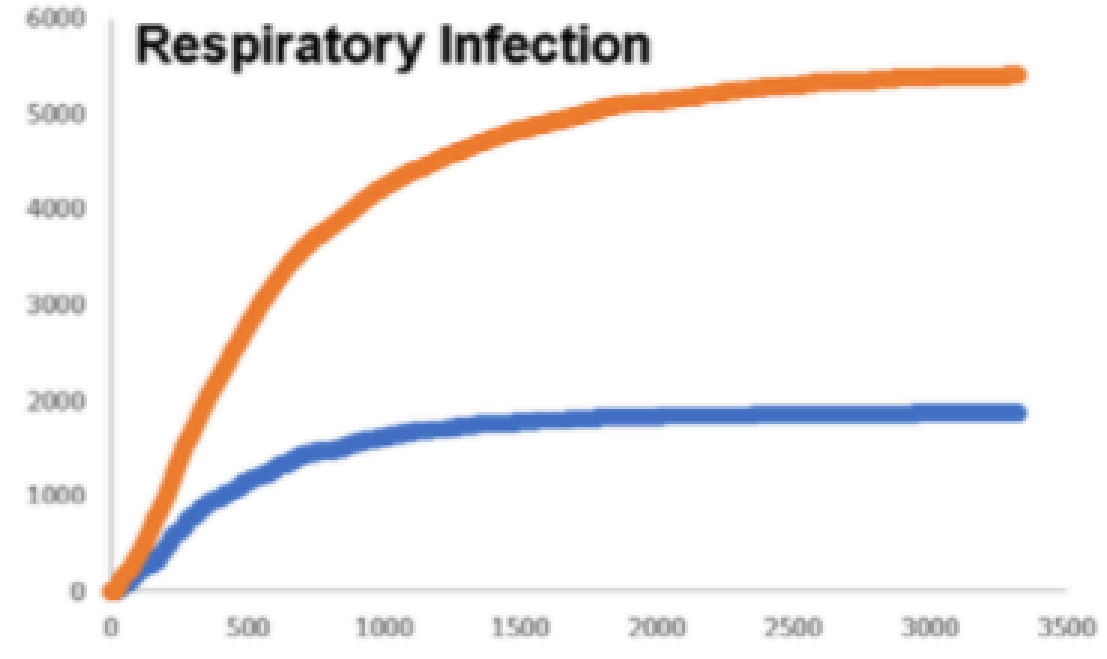
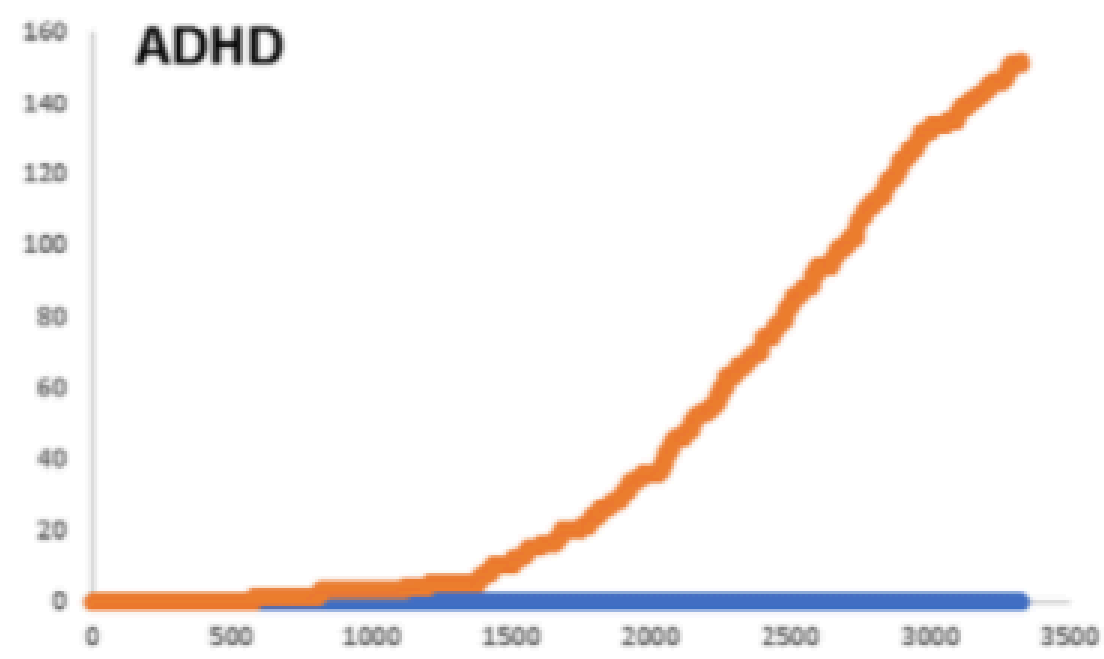
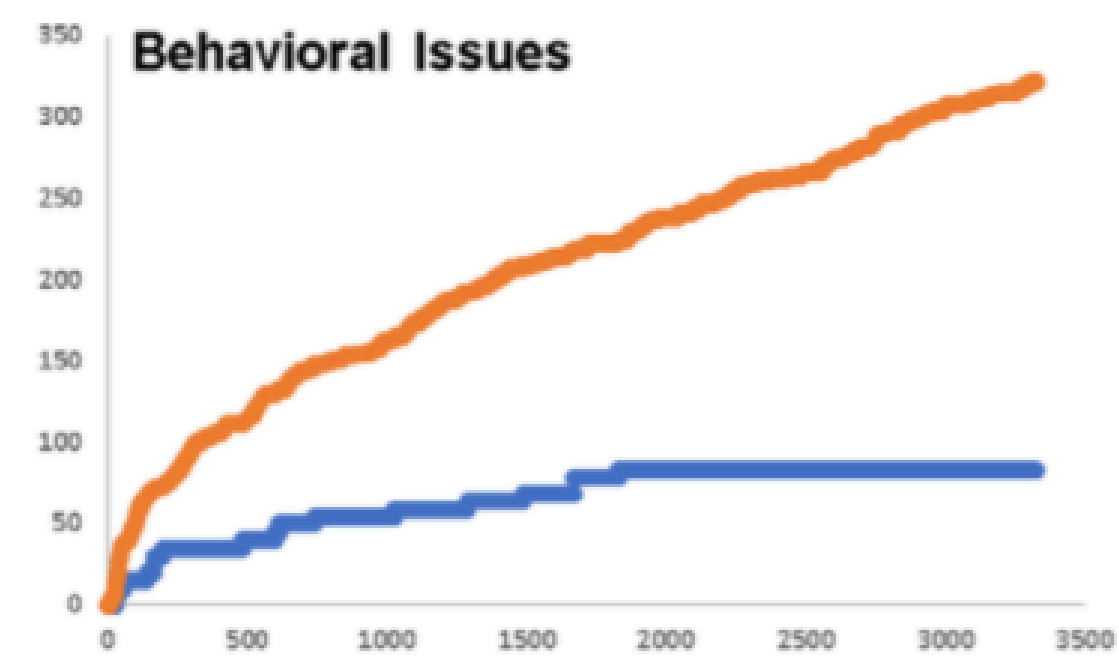
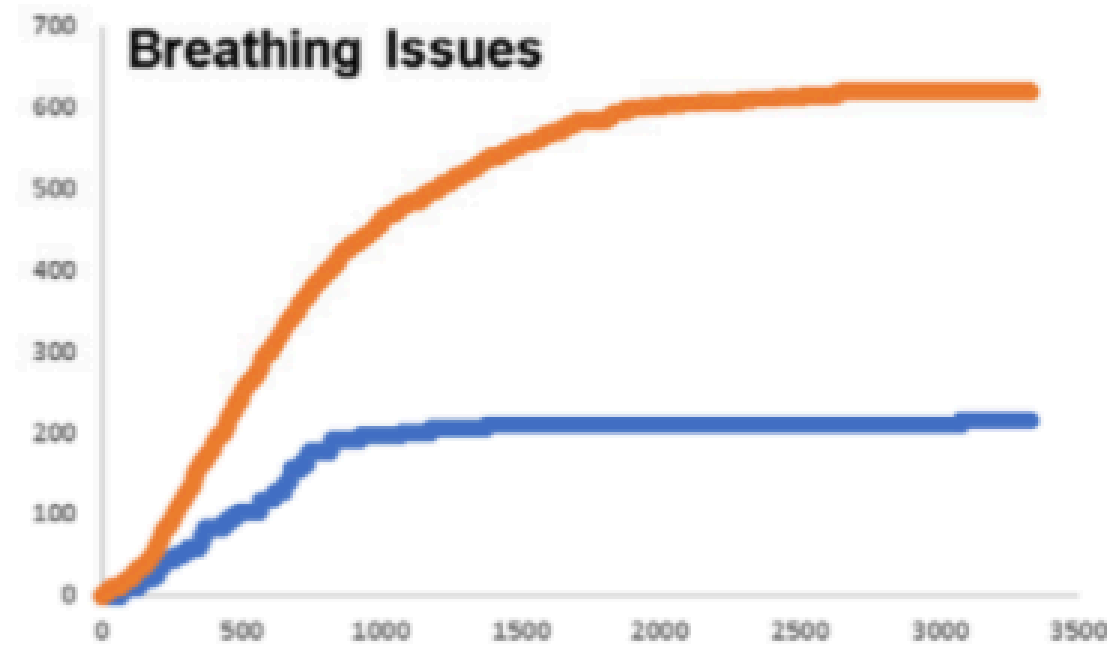
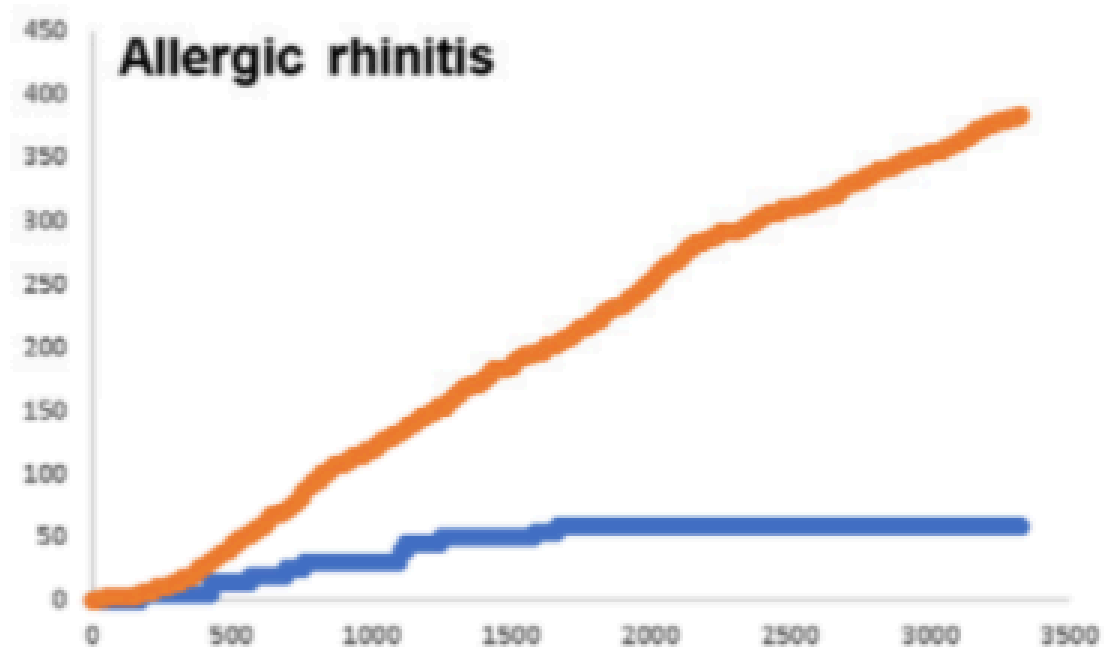
The study population had similar proportions of males and females (**Table 1**). Nearly all patients had been breastfed in both the vaccinated (96.6%) and the unvaccinated (98%) conditions. Among the vaccinated, 25.16% had a family history of autoimmunity, whereas among the unvaccinated, 31% had the same characteristic. Functionally, this also likely reflects the net effects of decisions between the patient/doctor dyad in determining risk of long-term poor outcomes sometimes associated with vaccination.

Figure 2. Distribution of vaccination across the patient cohort.





Day of Life



Office Visits

Generation 1: CDC's Unpublished Verstraeten Study on Hep B Showed Dramatic Increased Risk of Autism (7.6X), Sleep Disorders (5X), Speech Disorders (2.1X) and Neurodevelopmental Disorders (1.8X)

Verstraeten, Thomas M., MD, NIP, Division of Epidemiology and Surveillance, Vaccine Safety and Development Branch, Mailstop E-61, 770-639-8327.
 EIS Class Year of Entry: 1999
 No previous EIS Conference presentations
 Mackel Award consideration: No
 Number of abstracts submitted: 2, priority this abstract: 1
 Strong preference for poster presentation: No

Thomas M. Verstraeten, R. Davies, D. Gu, F DeStefano

Increased risk of developmental neurologic impairment after high exposure to thimerosal-containing vaccine in first month of life.

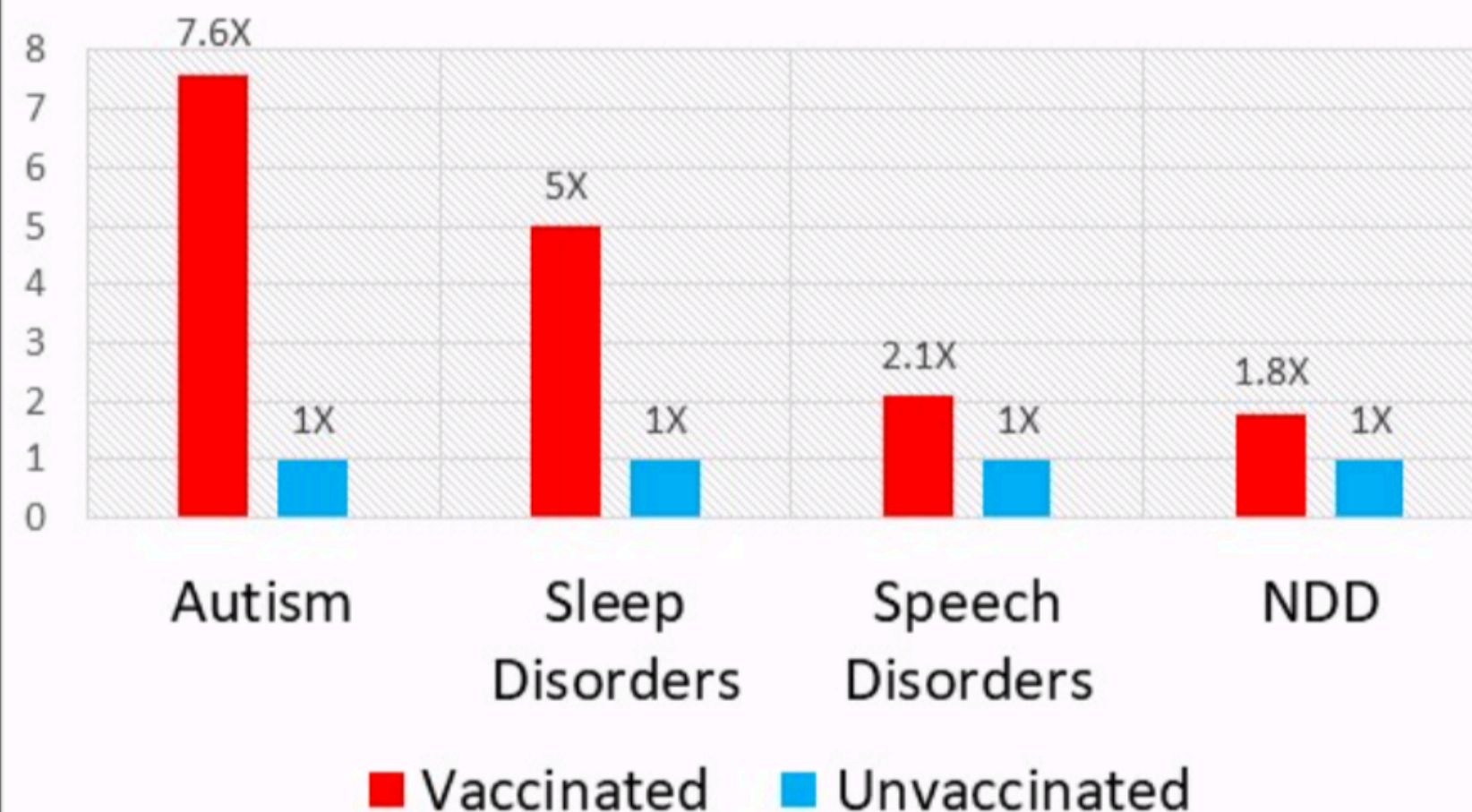
Background: Concern has risen on the presence of the ethylmercury containing preservative thimerosal in vaccines. We assessed the risk for neurologic and renal impairment associated with past exposure to thimerosal-containing vaccine using automated data from the Vaccine Safety Datalink (VSD). VSD is a large linked database from four health maintenance organizations in Washington, Oregon and California, containing immunization, medical visit and demographic data on over 400,000 infants born between '91 and '97.

Methods: We categorized the cumulative ethylmercury exposure from thimerosal containing vaccines after one month of life and assessed the subsequent risk of degenerative and developmental neurologic disorders and renal disorders before the age of six. We applied proportional hazard models adjusting for HMO, year of birth, and gender, excluding premature babies.

Results: We identified 286 children with degenerative and 3702 with developmental neurologic disorders, and 310 with renal disorders. The relative risk (RR) of developing a neurologic development disorder was 1.8 (95% confidence intervals [CI] = 1.1-2.8) when comparing the highest exposure group at 1 month of age (cumulative dose > 25 ug) to the unexposed group. Within this group we also found an elevated risk for the following disorders: autism (RR 7.6, 95% CI = 1.8-31.5), nonorganic sleep disorders (RR 5.0, 95% CI = 1.6-15.9), and speech disorders (RR 2.1, 95% CI = 1.1-4.0). For the neurologic degenerative

or renal impairment. Further confirmatory studies are needed.

Vaccinated vs. Unvaccinated Risk



CDC UNPUBLISHED DATA OBTAINED BY FOIA

“The relative risk (RR) of developing a neurologic development disorder was 1.8 (95% confidence intervals [CI] = 1.1-2.8) when comparing the highest exposure group at 1 month of age (cumulative dose > 25 ug) to the unexposed group. Within this group we also found an elevated risk for the following disorders: autism (RR 7.6, 95% CI=1.8-31.5), nonorganic sleep disorder (RR 5.0, 95% CI=1.6-15.9), and speech disorders (RR 2.1, 95% CI=1.1-4.0).”

Hepatitis B Vaccines Increase the Odds for Special Education by 8.63X

Original Articles

Hepatitis B triple series vaccine and developmental disability in US children aged 1–9 years

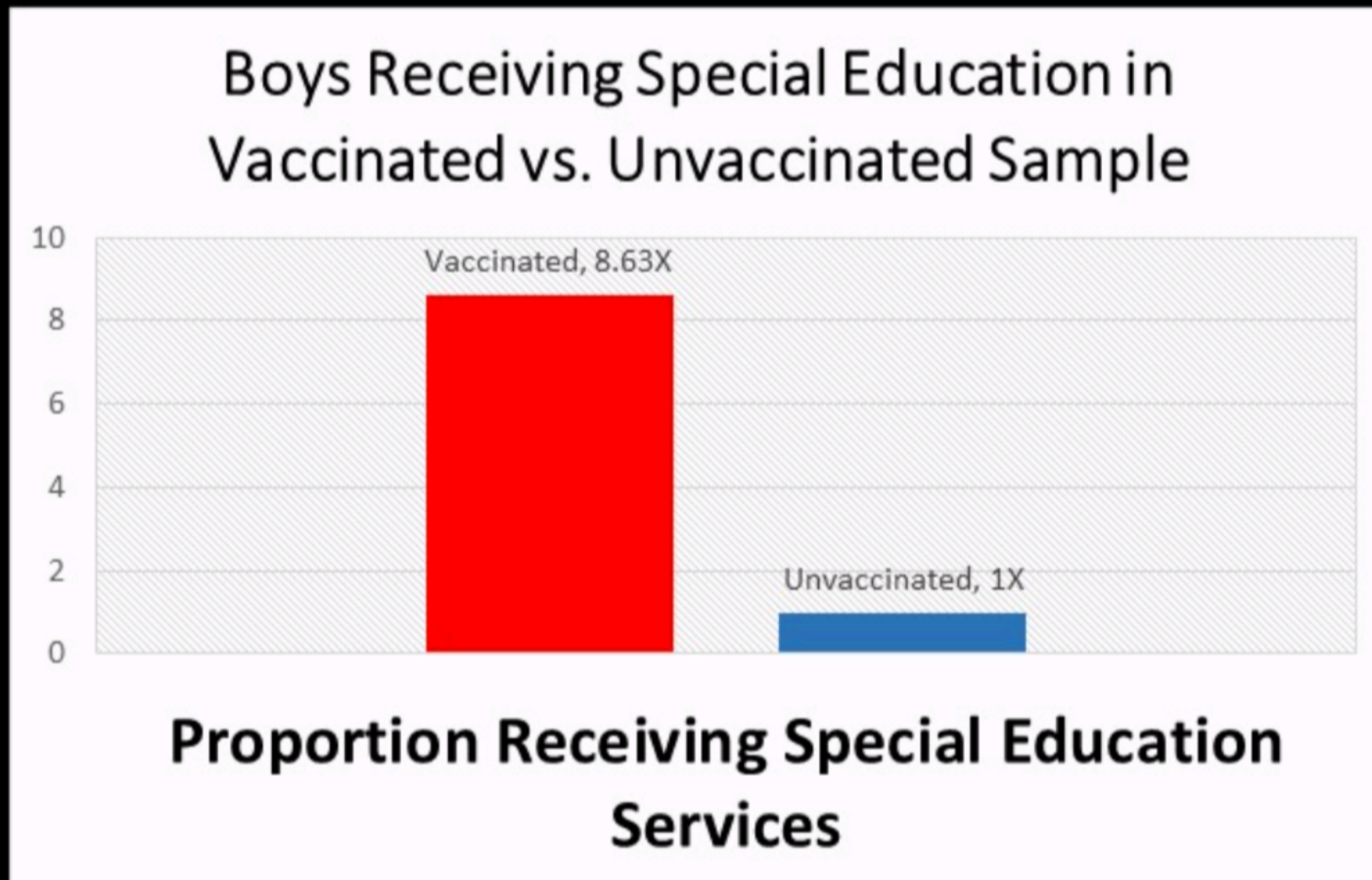
Carolyn Gallagher & Melody Goodman
Pages 997-1008 | Accepted 14 Nov 2007, Published online: 13 Nov 2008
Download citation | <https://doi.org/10.1080/02772240701806501>

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Abstract

This study investigated the association between vaccination with the Hepatitis B triple series vaccine prior to 2000 and developmental disability in children aged 1–9 years ($n = 1824$), proxied by parental report that their child receives early intervention or special education services (EIS). National Health and Nutrition Examination Survey 1999–2000 data were analyzed and adjusted for survey design by Taylor Linearization using SAS version 9.1 software, with SAS callable SUDAAN version 9.0.1. The odds of receiving EIS were approximately nine times as great for vaccinated boys ($n = 46$) as for unvaccinated boys ($n = 7$), after adjustment for confounders. This study found statistically significant evidence to suggest that boys in United States who were vaccinated with the triple series Hepatitis B vaccine, during the time period in which vaccines were manufactured with thimerosal, were more susceptible to developmental disability than were unvaccinated boys.

Published Oct 2008



“The odds of receiving EIS were approximately nine times as great for vaccinated boys ($n=46$) as for unvaccinated boys ($n=7$) after adjustment for confounders.”

Hepatitis B Vaccines in Male Newborns Increased the Odds of Autism 3X

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National Institutes of Health

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J Toxicol Environ Health A. 2010;73(24):1665-77. doi: 10.1080/15287394.2010.519317.

Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002.

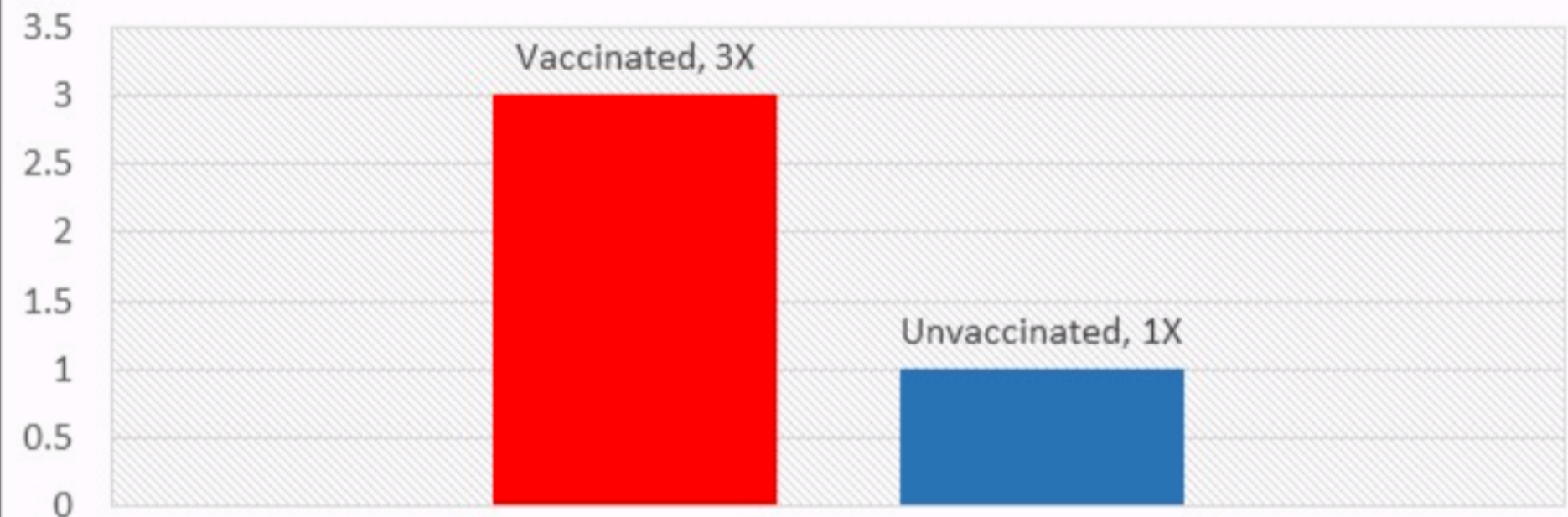
Gallagher CM¹, Goodman MS.

⊕ Author information

Abstract
Universal hepatitis B vaccination was recommended for U.S. newborns in 1991; however, safety findings are mixed. The association between hepatitis B vaccination of male neonates and parental report of autism diagnosis was determined. This cross-sectional study used weighted probability samples obtained from National Health Interview Survey 1997-2002 data sets. Vaccination status was determined from the vaccination record. Logistic regression was used to estimate the odds for autism diagnosis associated with neonatal hepatitis B vaccination among boys age 3-17 years, born before 1999, adjusted for race, maternal education, and two-parent household. Boys vaccinated as neonates had threefold greater odds for autism diagnosis compared to boys never vaccinated or vaccinated after the first month of life. Non-Hispanic white boys were 64% less likely to have autism diagnosis relative to nonwhite boys. Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period. Nonwhite boys bore a greater risk.

Published Nov 2010

Relative Odds Autism Diagnoses in Male Newborns Vaccinated with Hep B vs. Unvaccinated



Autism in Males

“Boys vaccinated as neonates had threefold greater odds for autism diagnosis compared to boys never vaccinated or vaccinated after the first month of life. Non-Hispanic white boys were 64% less likely to have autism diagnosis relative to nonwhite boys. Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period. Nonwhite boys bore a greater risk.”

DTP and Tetanus Vaccinations Increase the Odds of Allergies (1.63X) in Children

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Format Abstract - Send to

J Manoukian, Physiol Ther, 2000 Feb;23(2):81-90

Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the United States.

Hersitz EL¹, Morvonen H

Author information

Abstract

BACKGROUND: Findings from animal and human studies confirm that diphtheria and tetanus toxoids and pertussis (DTP) and tetanus vaccinations induce allergic responses; associations between childhood vaccinations and subsequent allergies have been reported recently.

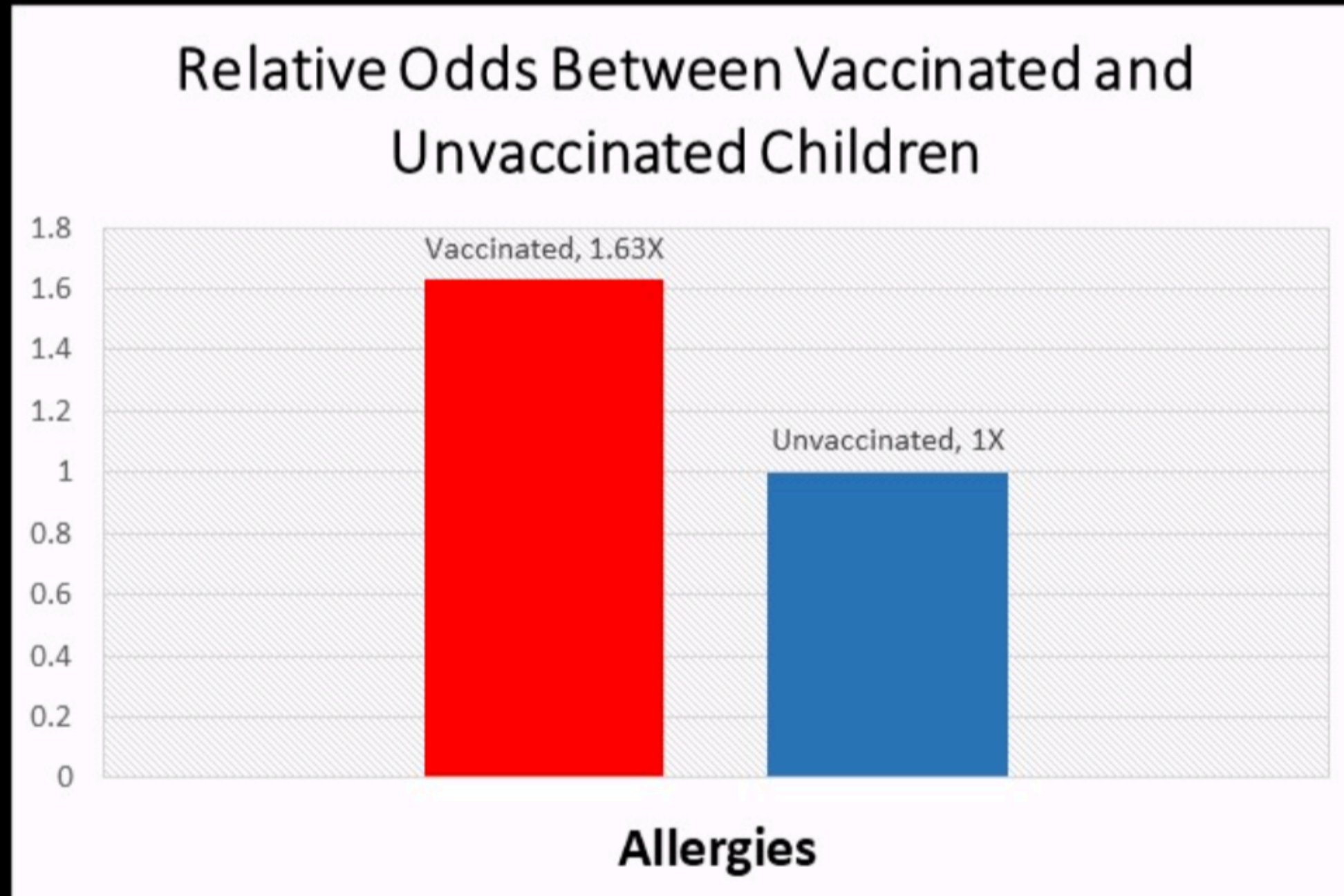
OBJECTIVE: The association of DTP or tetanus vaccination with allergies and allergy-related respiratory symptoms among children and adolescents in the United States was assessed.

METHODS: Data were used from the Third National Health and Nutrition Examination Survey on infants aged 2 months through adolescents aged 16 years. DTP or tetanus vaccination, lifetime allergy history, and allergy symptoms in the past 12 months were based on parental or guardian recall. Logistic regression modeling was performed to estimate the effects of DTP or tetanus vaccination on each allergy.

RESULTS: The odds of having a history of asthma was twice as great among vaccinated subjects than among unvaccinated subjects (adjusted odds ratio, 2.00; 95% confidence interval, 0.59 to 6.74). The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects (adjusted odds ratio, 1.63; 95% confidence interval, 1.05 to 2.54). The associations between vaccination and subsequent allergies and symptoms were greatest among children aged 5 through 10 years.

CONCLUSIONS: DTP or tetanus vaccination appears to increase the risk of allergies and related respiratory symptoms in children and adolescents. Although it is unlikely that these results are entirely because of any sources of bias, the small number of unvaccinated subjects and the study design limit our ability to make firm causal inferences about the true magnitude of effect.

Published Feb 2000



“The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects. Conclusions: DTP or tetanus vaccination appears to increase the risk of allergies and related respiratory symptoms in children and adolescents.”

Vaccination Increases Risk of Allergic Rhinitis (30X), Allergy (3.1X), ADHD (4.2X), Autism (4.2X), Eczema (2.9X), Learning Disability (5.2X) and Neurodevelopmental Disorders (3.7X)

Journal of Translational Science



Research Article

ISSN: 2059-268X

Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children

Anthony R Mawson^{1*}, Brian D Ray², Azad R Bhuiyan¹ and Binu Jacob⁴

¹Professor, Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, Jackson, MS 39213, USA

²President, National Home Education Research Institute, PO Box 13939, Salem, OR 97309, USA

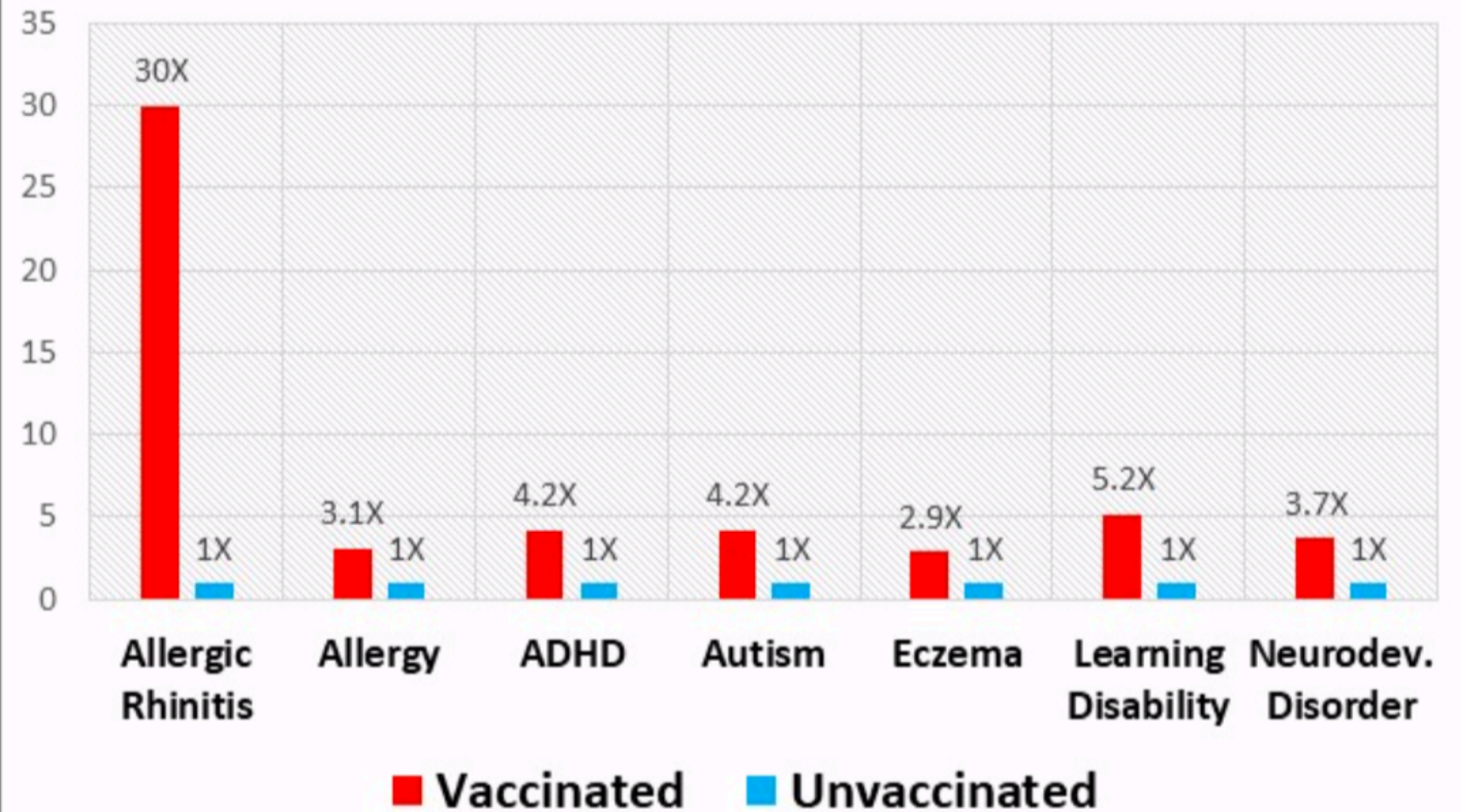
³Associate Professor, Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, Jackson, MS 39213, USA

⁴Former graduate student, Department of Epidemiology and Biostatistics School of Public Health, Jackson State University, Jackson, MS 39213, USA

Abstract

Vaccinations have prevented millions of infectious illnesses, hospitalizations and deaths among U.S. children, yet the long-term health outcomes of the vaccination schedule remain uncertain. Studies have been recommended by the U.S. Institute of Medicine to address this question. This study aimed 1) to compare vaccinated and unvaccinated children on a broad range of health outcomes, and 2) to determine whether an association found between vaccination and neurodevelopmental disorders (NDD), if any, remained significant after adjustment for other measured factors. A cross-sectional study of mothers of children educated at home was carried out in collaboration with homeschool organizations in four U.S. states: Florida, Louisiana, Mississippi and Oregon. Mothers were asked to complete an anonymous online questionnaire on their 6- to 12-year-old biological children with respect to pregnancy-related factors, birth history, vaccinations, physician-diagnosed illnesses, medications used, and health services. NDD, a derived diagnostic measure, was defined as having one or more of the following three closely-related diagnoses: a learning disability, Attention Deficient Hyperactivity Disorder, and Autism Spectrum Disorder. A convenience sample of 666 children was obtained, of which 261 (39%) were unvaccinated. The vaccinated were less likely than the unvaccinated to have been diagnosed with chickenpox and pertussis, but more likely to have been diagnosed with pneumonia, otitis media, allergies and NDD. After adjustment, vaccination, male gender, and preterm birth remained significantly associated with NDD. However, in a final adjusted model with interaction, vaccination but not preterm birth remained associated with NDD, while the interaction of preterm birth and vaccination was associated with a 6.6-fold increased odds of NDD (95% CI: 2.8, 15.5). In conclusion, vaccinated homeschool children were found to have a higher rate of allergies and NDD than unvaccinated homeschool children. While vaccination remained significantly associated with NDD after controlling for other factors, preterm birth coupled with vaccination was associated with an apparent synergistic increase in the odds of NDD. Further research involving larger, diverse populations is needed to explore these unexpected findings in order to optimize the impact of vaccines on

Odds of Chronic Diseases for Vaccinated vs. Unvaccinated Children



Published April 2017

“In this pilot study of vaccinated and unvaccinated homeschool children, reduced odds of chickenpox and whooping cough were found among the vaccinated, as expected, but unexpectedly increased odds were found for many other physician-diagnosed conditions.”

DTP Increases Mortality in Girls 10X

EBioMedicine 17 (2017) 192–198

Contents lists available at ScienceDirect

EBioMedicine

journal homepage: www.ebiomedicine.com

Research Paper

The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment

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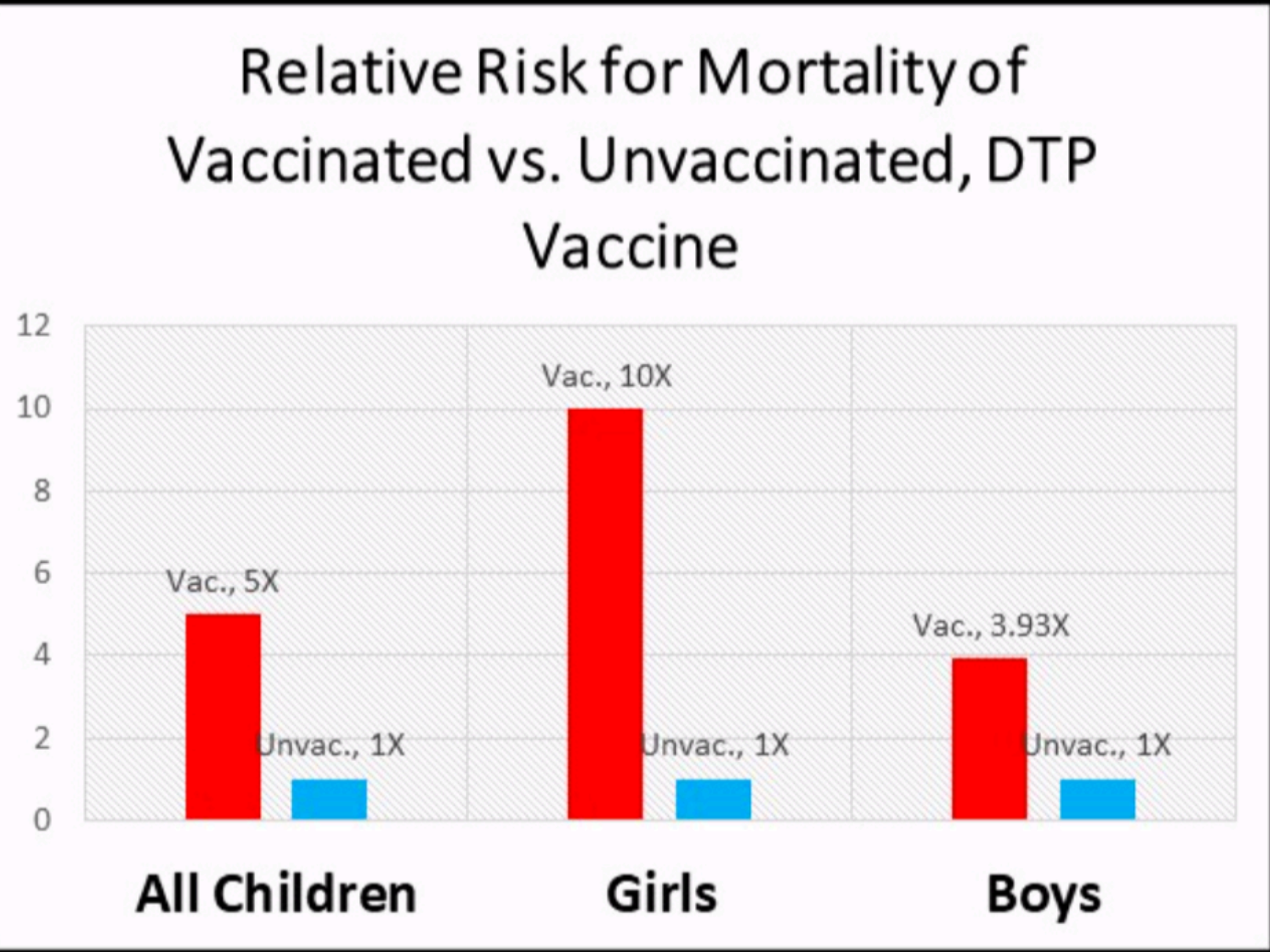
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 Oral polio vaccine

ABSTRACT

Background: We examined the introduction of diphtheria-tetanus-pertussis (DTP) and oral polio vaccine (OPV) in an urban community in Guinea-Bissau in the early 1980s.
 Methods: The child population had been followed with 3-monthly nutritional weighing sessions since 1978. From June 1981 DTP and OPV were offered from 3 months of age at these sessions. Due to the 3-monthly intervals between sessions, the children were allocated by birthday in a 'natural experiment' to receive vaccinations early or late between 3 and 5 months of age. We included children who were < 6 months of age when vaccinations started and children born until the end of December 1983. We compared mortality between 3 and 5 months of age of DTP-vaccinated and not yet DTP-vaccinated children in Cox proportional hazard models.
 Results: Among 3–5-month-old children, having received DTP (± OPV) was associated with a mortality hazard ratio (HR) of 5.00 (95% CI 1.53–16.3) compared with not yet DTP-vaccinated children. Differences in background factors did not explain the effect. The negative effect was particularly strong for children who had received DTP only and no OPV (HR = 10.0 (2.61–38.6)). All-cause infant mortality after 3 months of age increased after the introduction of these vaccines (HR = 2.12 (1.07–4.19)).
 Conclusion: DTP was associated with increased mortality; OPV may modify the effect of DTP.
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Published Jan 2017



“DTP vaccinations were associated with increased infant mortality even though there was no vaccine-induced herd immunity. When unvaccinated controls were normal children who had not yet been eligible for vaccination, mortality was 5 times higher for DTP-vaccinated children.”
 “All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus, or pertussis.”

Table 3
 Mortality rate and hazard rate (HR) for children from 3 months of age until first examination without vaccination or 6 months of age. Natural experiment.

Age group	Mortality rate (deaths/person-years)	HR (95% CI) DTP vs unvaccinated
3–5 months		
All Unvaccinated (N = 651)	4.5 (5/111.4)	
DTP (± OPV) (N = 462)	17.4 (11/63.1)	5.00 (1.53–16.3)
DTP only (N = 101)	35.2 (5/14.2)	10.0 (2.61–38.6)

10X

Vaccinated Children Have a 5.9X Greater Risk of Pneumonia and a 3.8X Greater Risk of Ear Infections

Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children

Anthony R Mawson^{1*}, Brian D Ray², Azad R Bhuiyan³ and Binu Jacob⁴

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²President, National Home Education Research Institute, PO Box 13939, Salem, OR 97309, USA

³Associate Professor, Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, Jackson, MS 39213, USA

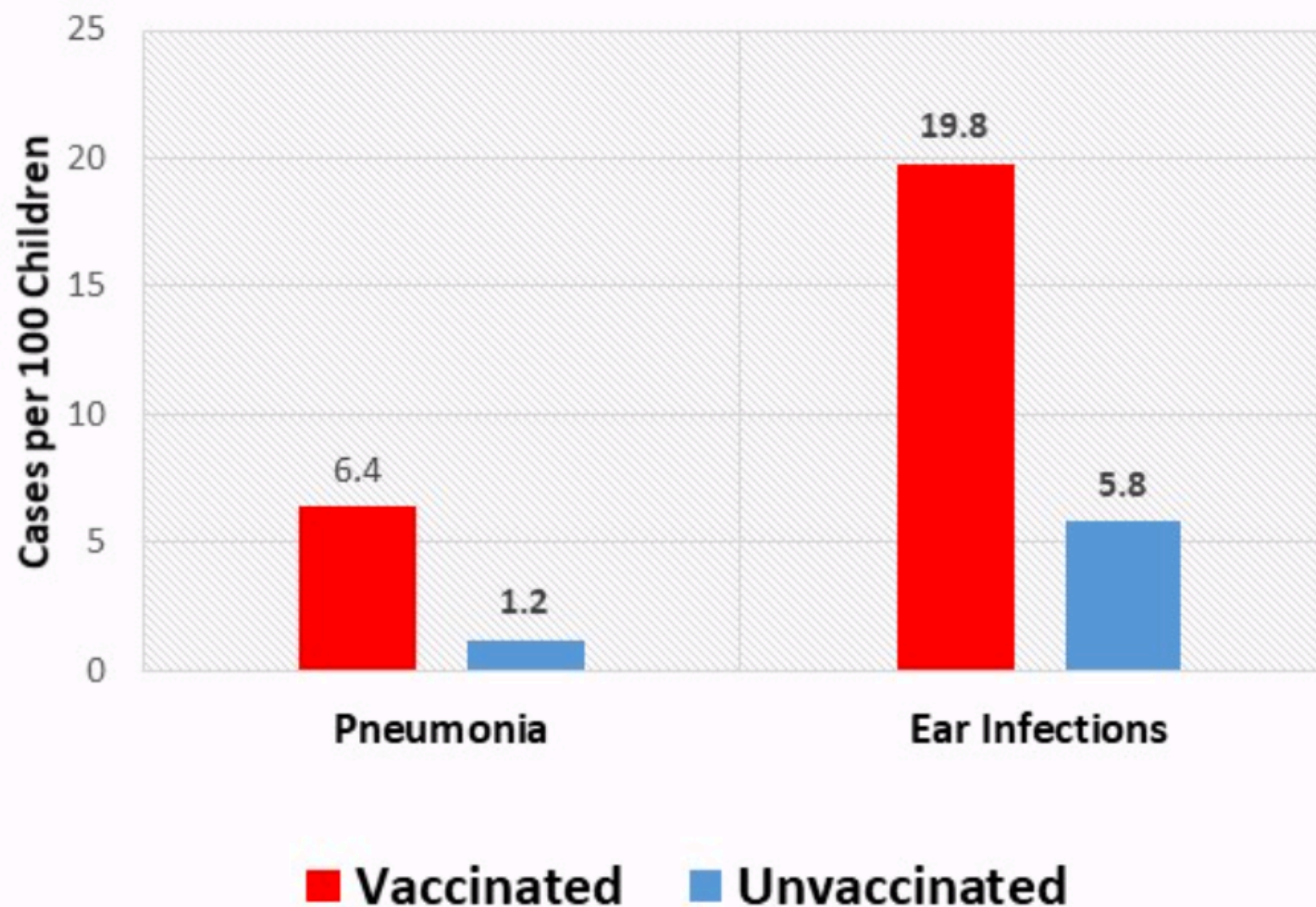
⁴Former graduate student, Department of Epidemiology and Biostatistics School of Public Health, Jackson State University, Jackson, MS 39213, USA

Abstract

Vaccinations have prevented millions of infectious illnesses, hospitalizations and deaths among U.S. children, yet the long-term health outcomes of the vaccination schedule remain uncertain. Studies have been recommended by the U.S. Institute of Medicine to address this question. This study aimed 1) to compare vaccinated and unvaccinated children on a broad range of health outcomes, and 2) to determine whether an association found between vaccination and neurodevelopmental disorders (NDD), if any, remained significant after adjustment for other measured factors. A cross-sectional study of mothers of children educated at home was carried out in collaboration with homeschool organizations in four U.S. states: Florida, Louisiana, Mississippi and Oregon. Mothers were asked to complete an anonymous online questionnaire on their 6- to 12-year-old biological children with respect to pregnancy-related factors, birth history, vaccinations, physician-diagnosed illnesses, medications used, and health services. NDD, a derived diagnostic measure, was defined as having one or more of the following three closely-related diagnoses: a learning disability, Attention Deficient Hyperactivity Disorder, and Autism Spectrum Disorder. A convenience sample of 666 children was obtained, of which 261 (39%) were unvaccinated. The vaccinated were less likely than the unvaccinated to have been diagnosed with chickenpox and pertussis, but more likely to have been diagnosed with pneumonia, otitis media, allergies and NDD. After adjustment, vaccination, male gender, and preterm birth remained significantly associated with NDD. However, in a final adjusted model with interaction, vaccination but not preterm birth remained associated with NDD, while the interaction of preterm birth and vaccination was associated with a 6.6-fold increased odds of NDD (95% CI: 2.8, 15.5). In conclusion, vaccinated homeschool children were found to have a higher rate of allergies and NDD than unvaccinated homeschool children. While vaccination remained significantly associated with NDD after controlling for other factors, preterm birth coupled with vaccination was associated with an apparent synergistic increase in the odds of NDD. Further research involving larger, independent samples and stronger research designs is needed to verify and understand these unexpected findings in order to optimize the impact of vaccines on children's health.

Mawson et al. 2017 Journal of Translational Science doi: 10.15761/JTS.1000186

Infections in Vaccinated and Unvaccinated Children



“However, the vaccinated were significantly more likely than the unvaccinated to have been diagnosed with otitis media (19.8% vs. 5.8%, $p < 0.001$; OR 3.8, 95% CI: 2.1, 6.6) and pneumonia (6.4% vs. 1.2%, $p = 0.001$; OR 5.9, 95% CI: 1.8, 19.7).”

Raw CDC Data Shows Vaccination on Time with MMR Increased Odds of Autism 3.64X

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Pediatrics, 2004 Feb;113(2):259-66.

Age at first measles-mumps-rubella vaccination in children with autism and school-matched control subjects: a population-based study in metropolitan atlanta.

DeStefano F¹, Bhasin TK, Thomson WW, Yeargin-Allsopp M, Boyle C.

Ⓜ Author information

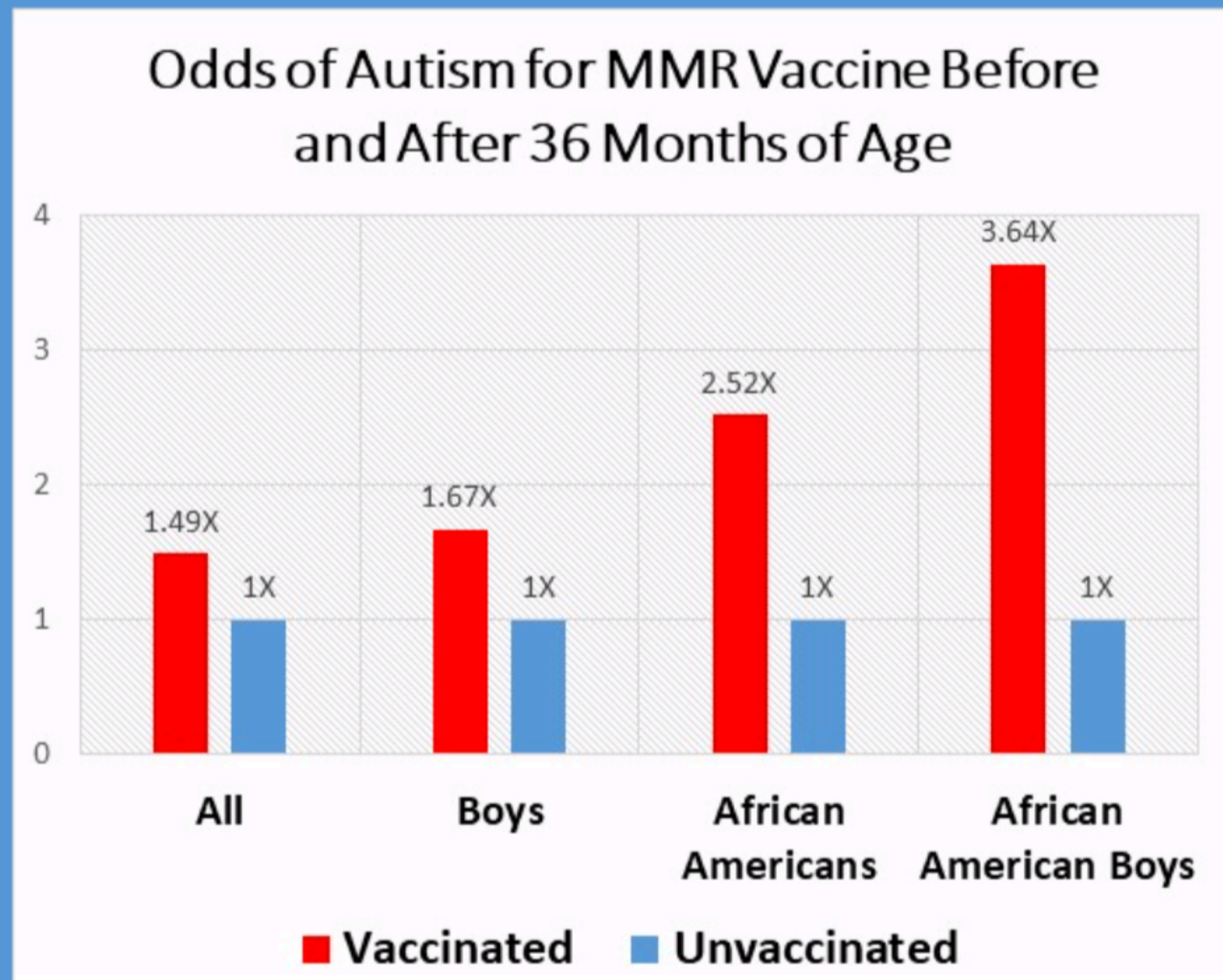
Abstract

OBJECTIVE: To compare ages at first measles-mumps-rubella (MMR) vaccination between children with autism and children who did not have autism in the total population and in selected subgroups, including children with regression in development.

METHODS: A case-control study was conducted in metropolitan Atlanta. Case children (N = 624) were identified from multiple sources and matched to control children (N = 1824) on age, gender, and school. Vaccination data were abstracted from immunization forms required for school entry. Records of children who were born in Georgia were linked to Georgia birth certificates for information on maternal and birth factors. Conditional logistic regression was used to estimate odds ratios (ORs).

RESULTS: The overall distribution of ages at MMR vaccination among children with autism was similar to that of matched control children; most case (70.5%) and control children (67.5%) were vaccinated between 12 and 17 months of age. Similar proportions of case and control children had been vaccinated before 18 or before 24 months. No significant associations for either of these age cutoffs were found for specific case subgroups, including those with evidence of developmental regression. More case (93.4%) than control children (90.6%) were vaccinated before 36 months (OR: 1.49; 95% confidence interval: 1.04-2.14 in the total sample; OR: 1.23; 95% confidence interval: 0.64-2.36 in the birth certificate sample). This association was strongest in the 3- to 5-year age group.

CONCLUSIONS: Similar proportions of case and control children were vaccinated by the recommended age or shortly after (ie, before 18 months) and before the age by which atypical development is usually recognized in children with autism (ie, 24 months). Vaccination before 36 months was more common among case children than control children, especially among children 3 to 5 years of age, likely reflecting immunization requirements for enrollment in early intervention programs.



CDC UNPUBLISHED DATA OBTAINED BY FOIA



Press Release, August 2014: "I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal *Pediatrics*. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism." – Dr. William Thompson, *CDC senior vaccine safety scientist*

Delaying the First Three DPT Vaccine Doses Reduces Asthma Risk by 61%

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National Institutes of Health

McDonald Huq 2008 pertussis asthma
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J Allergy Clin Immunol. 2008 Mar;121(3):626-31. doi: 10.1016/j.jaci.2007.11.034. Epub 2008 Jan 18.

Delay in diphtheria, pertussis, tetanus vaccination is associated with a reduced risk of childhood asthma.

McDonald KL¹, Huq SJ, Lix LM, Becker AB, Kozynski AL.

Author information

Abstract

BACKGROUND: Early childhood immunizations have been viewed as promoters of asthma development by stimulating a T(H)2-type immune response or decreasing microbial pressure, which shifts the balance between T(H)1 and T(H)2 immunity.

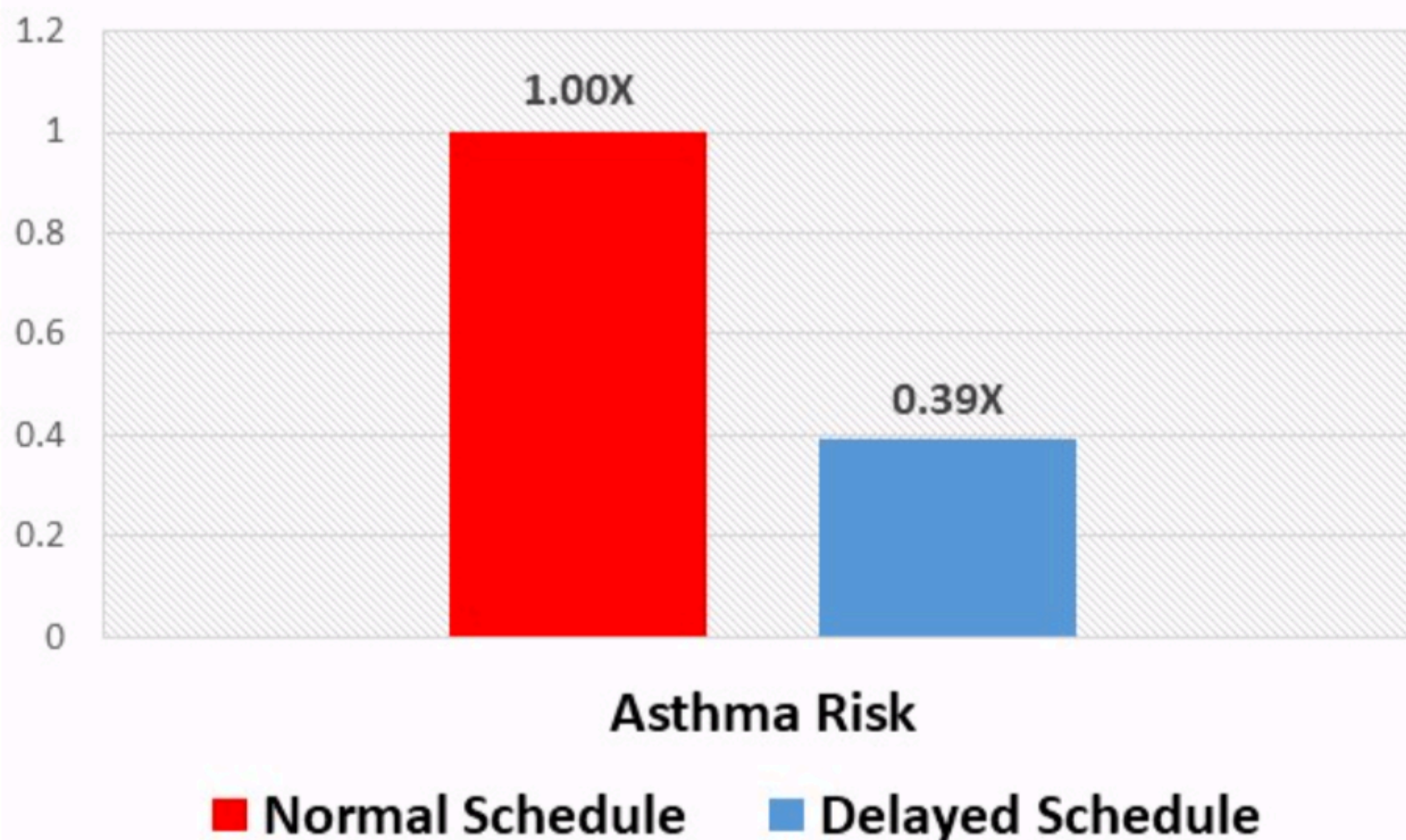
OBJECTIVE: Differing time schedules for childhood immunizations may explain the discrepant findings of an association with asthma reported in observational studies. This research was undertaken to determine whether timing of diphtheria, pertussis, tetanus (DPT) immunization has an effect on the development of childhood asthma by age 7 years.

METHODS: This was a retrospective longitudinal study of a cohort of children born in Manitoba in 1995. The complete immunization and health care records of cohort children from birth until age 7 years were available for analysis. The adjusted odds ratio for asthma at age 7 years according to timing of DPT immunization was computed from multivariable logistic regression.

RESULTS: Among 11,531 children who received at least 4 doses of DPT, the risk of asthma was reduced to (1/2) in children whose first dose of DPT was delayed by more than 2 months. The likelihood of asthma in children with delays in all 3 doses was 0.39 (95% CI, 0.18-0.86).

CONCLUSION: We found a negative association between delay in administration of the first dose of whole-cell DPT immunization in childhood and the development of asthma; the association was greater with delays in all of the first 3 doses. The mechanism for this phenomenon requires further research.

Risk of Asthma Following the Recommended Schedule of DPT Versus a Delayed Schedule



“Among 11,531 children who received at least 4 doses of DPT, the risk of asthma was reduced to (1/2) in children whose first dose of DPT was delayed by more than 2 months. The likelihood of asthma in children with delays in all 3 doses was 0.39 (95% CI, 0.18-0.86).”

Vaccination with DTP simultaneously with measles vaccine or DTP after measles vaccine increased risk of death (2.59X)

PubMed.gov
Aaby senegal 2015 vaccination

Format: Abstract +

Trans R Soc Trop Med Hyg, 2015 Jan;109(1):77-84. doi: 10.1093/trstmh/tru180.

Sex-differential and non-specific effects of routine vaccinations in a rural area with low vaccination coverage: an observational study from Senegal.

Aaby P¹, Nielsen J², Benn CS², Trape JF³.

Author information

- 1 Institut de Recherche pour le Développement (IRD), Laboratoire de Paludologie, Épidémiologie et Zoologie afrotropicales, BP 1386, Dakar, Senegal Bandim Health Project, InDEPTH Network, Apartado 861, Bissau, Guinea-Bissau p.aaby@bandim.org.
- 2 Research Center for Vitamins and Vaccines (CVIVA), Statens Serum Institut, Copenhagen, Denmark.
- 3 Institut de Recherche pour le Développement (IRD), Laboratoire de Paludologie, Épidémiologie et Zoologie afrotropicales, BP 1386, Dakar, Senegal.

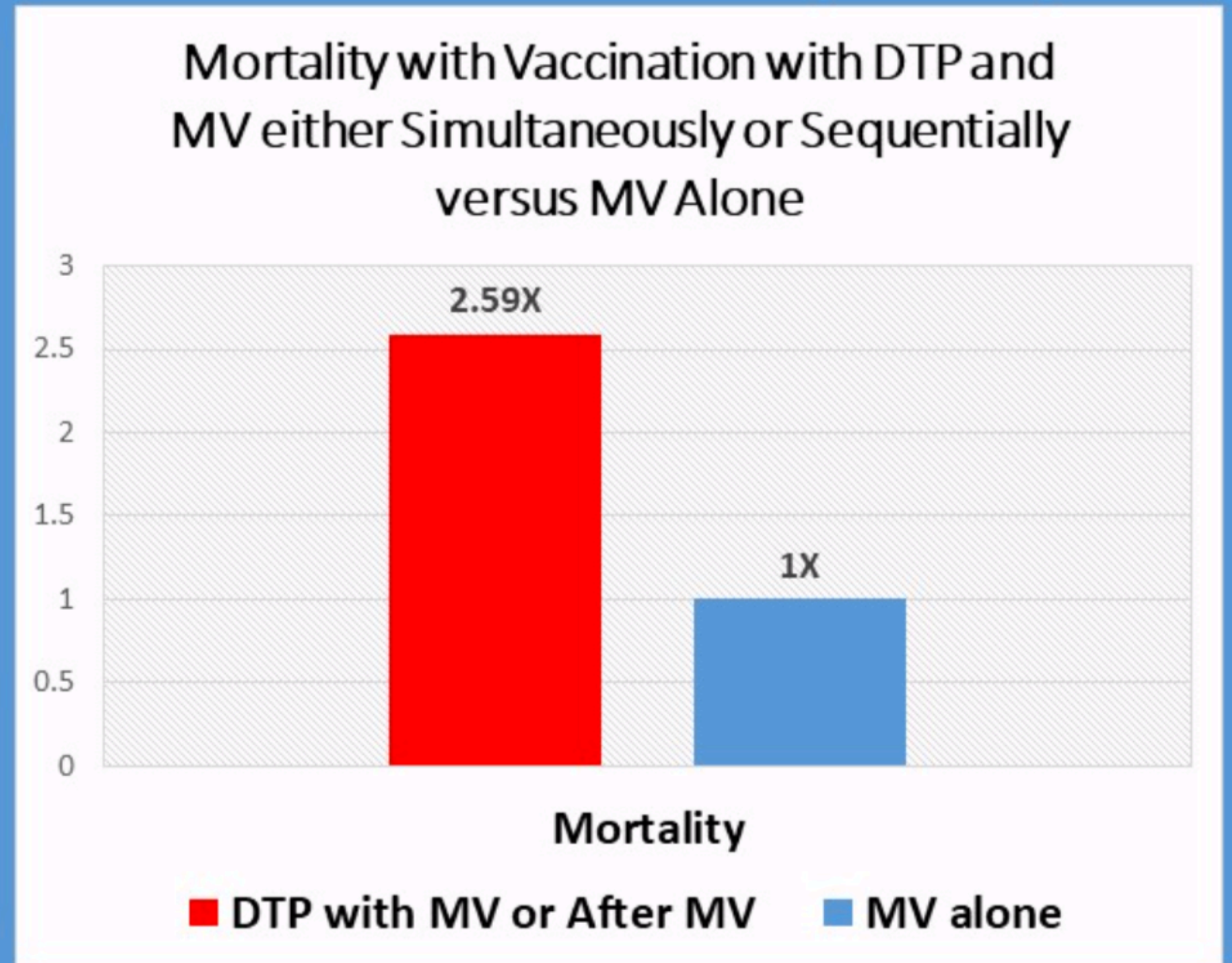
Abstract

BACKGROUND: We examined the potential sex-differential and non-specific effects of bacille Calmette-Guérin (BCG), diphtheria-tetanus-pertussis (DTP) and measles vaccine (MV) in a rural area of Senegal.

METHODS: The 4133 children born in the area between 1996 and 1999 were included in the study. Vaccinations were provided at three health centres. Vaccine information was collected through 3-monthly home visits. The survival analysis compared the effects of BCG and DTP according to the following sequence of vaccinations: BCG-first, BCG+DTP1-first, or DTP1-first. We compared DTP and MV between 9 and 24 months of age, as 9 months is the minimum age for MV.

RESULTS: At 12 months the vaccination coverage was 44%, 46% and 9%, respectively, for BCG, DTP1 and MV. Most children received BCG+DTP1-first and this combination was associated with a significantly lower mortality rate ratio (MRR) of 0.69 (0.53-0.89) compared with unvaccinated children. There was no benefit for children receiving BCG-first or DTP1-first. The female-male MRR was 0.79 (0.64-0.96) among unvaccinated children, but was significantly inverted with 1.45 (1.00-2.10) for children receiving DTP vaccination (test of homogeneity, $p=0.006$). Children who had received DTP simultaneously with MV or DTP after MV had significantly higher mortality (MRR=2.59 [1.32-5.07]) compared with children having MV-only as their most recent vaccination. After 9 months, the female-male MRR was 0.61 (0.31-1.19) for measles-vaccinated children but remained 1.54 (1.03-2.31) for DTP-vaccinated children who had not received MV ($p=0.01$).

CONCLUSIONS: The sequence of routine vaccinations is important for the overall impact on child survival and these vaccines are associated with sex-differential effects.



“Children who had received DTP simultaneously with MV or DTP after MV had significantly higher mortality (MRR=2.59 [1.32–5.07]) compared with children having MV-only as their most recent vaccination.”

Polio Vaccination Increases Type I Diabetes 2.5X

The Open Pediatric Medicine Journal, 2008, 2, 7-10

7

Risk of Vaccine Induced Diabetes in Children with a Family History of Type 1 Diabetes

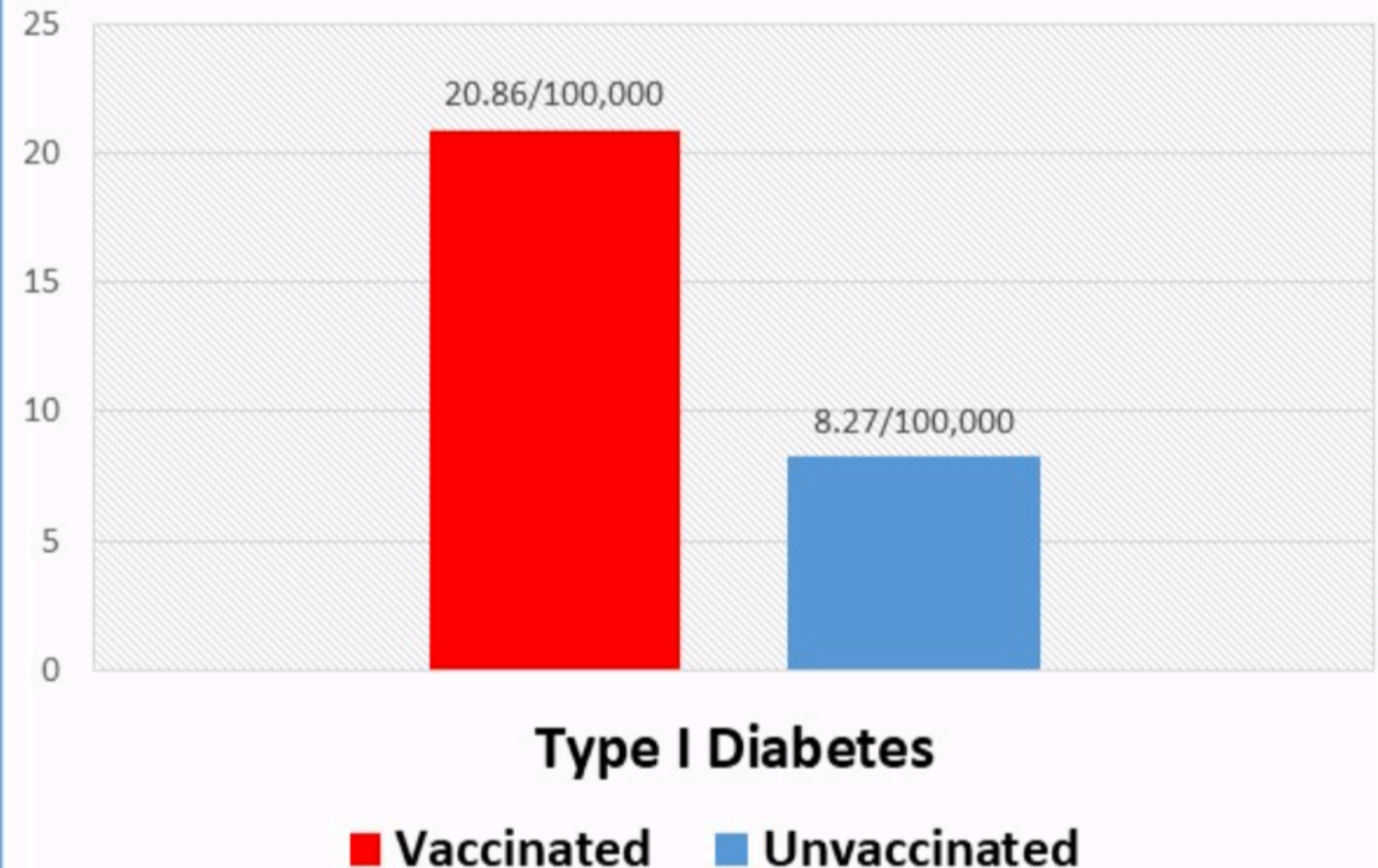
John Barthelow Classen*

Classen Immunotherapies Inc., 6517 Montrose Avenue, Baltimore, MD 21212, USA

Abstract: Cohort data from Denmark in all children born from January 1, 1990 to December 31, 2000 was analyzed to assess the association between immunization and type 1 diabetes in all Danish children and in a subgroup where children had a sibling with type 1 diabetes. Pediatric vaccines were associated with a statistically significant increased risk of type 1 diabetes in 12 of 21 endpoints in the general population. The rate ratios in children who received at least one dose of a specific vaccine were also elevated in the subgroup and were statistically the same as in the general population. Three doses of the hemophilus vaccine were associated with a rate ratio of 1.23 ($1.02 << RR << 1.48$) and an absolute risk in the general population of three cases/100,000 per year compared to 1.58 ($0.60 << RR << 4.15$) and an absolute risk of 2885 cases/100,000 per year in the subgroup with a sibling with type 1 diabetes. The hemophilus immunization is associated with a cumulative attributable risk of 2.3/100 (2.3%) in the subgroup.

Keywords: Type 1 diabetes mellitus, vaccines, hemophilus, pertussis, polio.

Type I Diabetes Incidence per 100,000 Children Vaccinated or Unvaccinated with All 3 Recommended Polio Vaccines



“Pediatric vaccines were associated with a statistically significant increased risk of type 1 diabetes in 12 of 21 endpoints in the general population.”

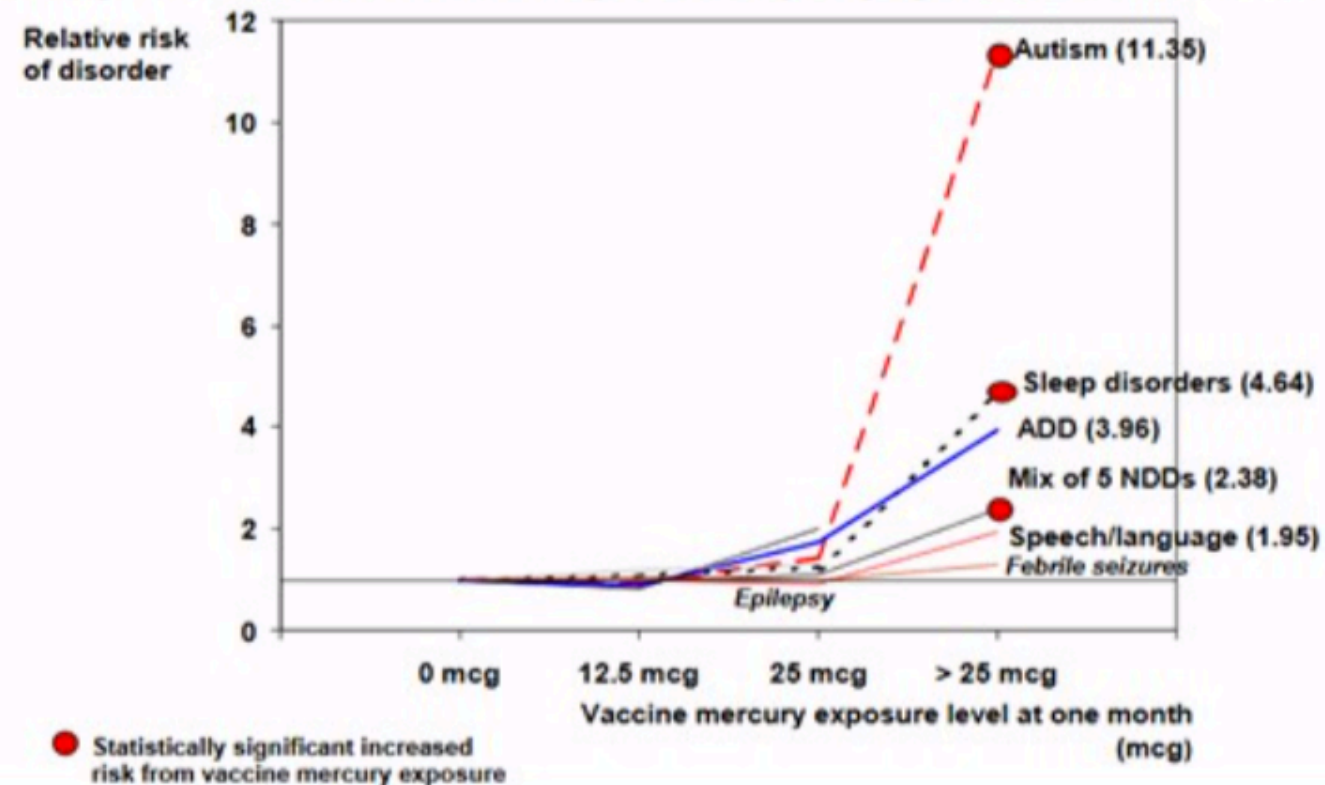
Highest Levels of Thimerosal Exposure Increase Autism Risk 11.35X

GENERATION ZERO

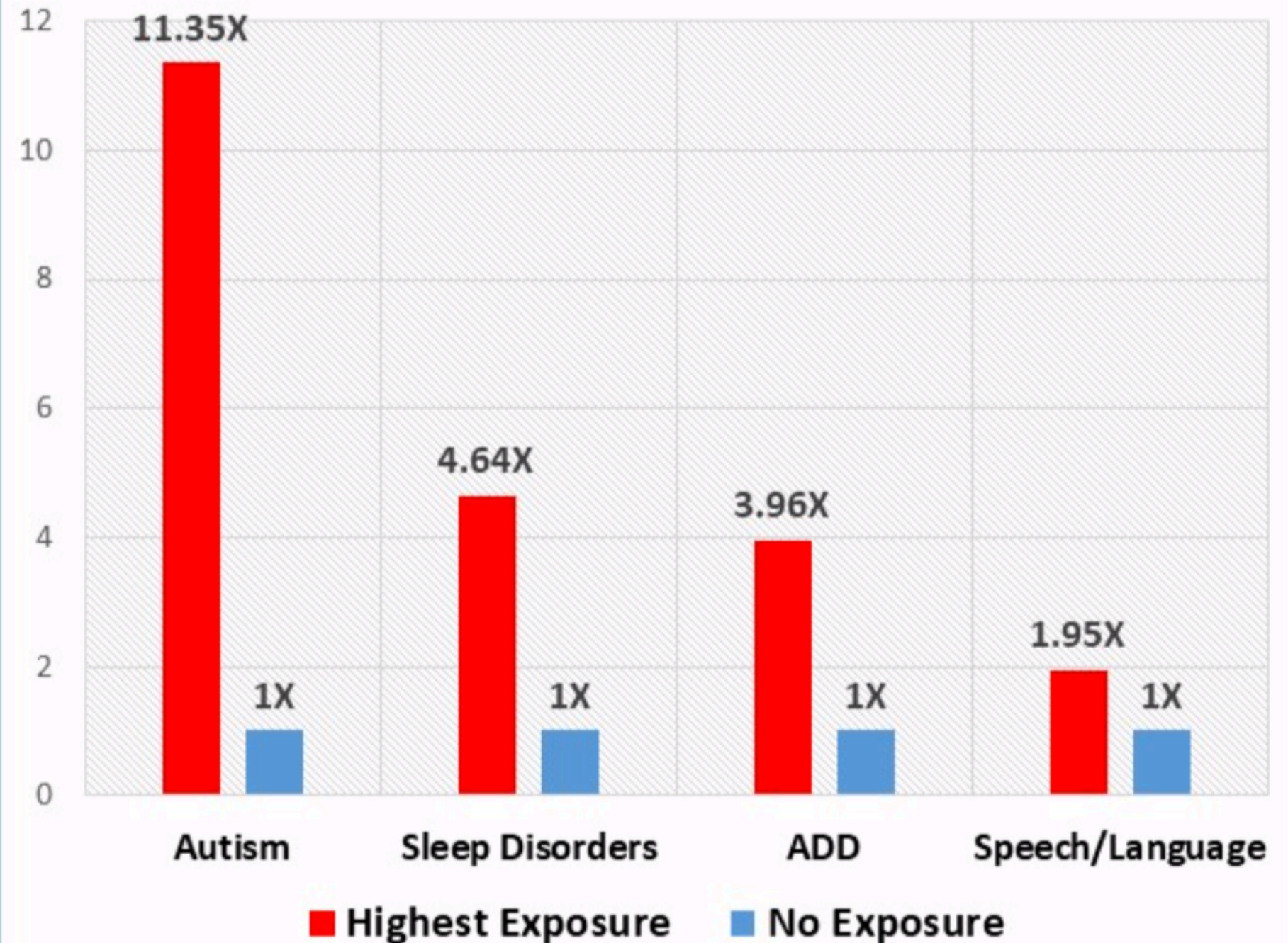
Thomas Verstraeten's First Analyses of the Link Between Vaccine Mercury Exposure and the Risk of Diagnosis of Selected Neuro-Developmental Disorders Based on Data from the Vaccine Safety Datalink: November-December 1999

Safe Minds
September 2004

ONE MONTH EXPOSURE: SUMMARY ANALYSIS OF FIVE NDDs Comparison to Control Diagnoses Epilepsy and Febrile Seizures



Highest Level of Exposure Versus No Exposure



CDC UNPUBLISHED DATA OBTAINED BY FOIA



“Autism risks were the highest of all the diagnostic codes, with a relative risk at one month of 11.35 between the high and zero exposure groups.”

Thimerosal Containing Triple HepB Series in the First Six Months of Life Increases Odds of Emotional Disturbances by 2.37X

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US National Library of Medicine
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Brain. 2017;31(2):272-278. doi: 10.1093/brain/aww052. Epub 2017 Jan 19.

Thimerosal exposure and disturbance of emotions specific to childhood and adolescence: A case-control study in the Vaccine Safety Datalink (VSD) database.

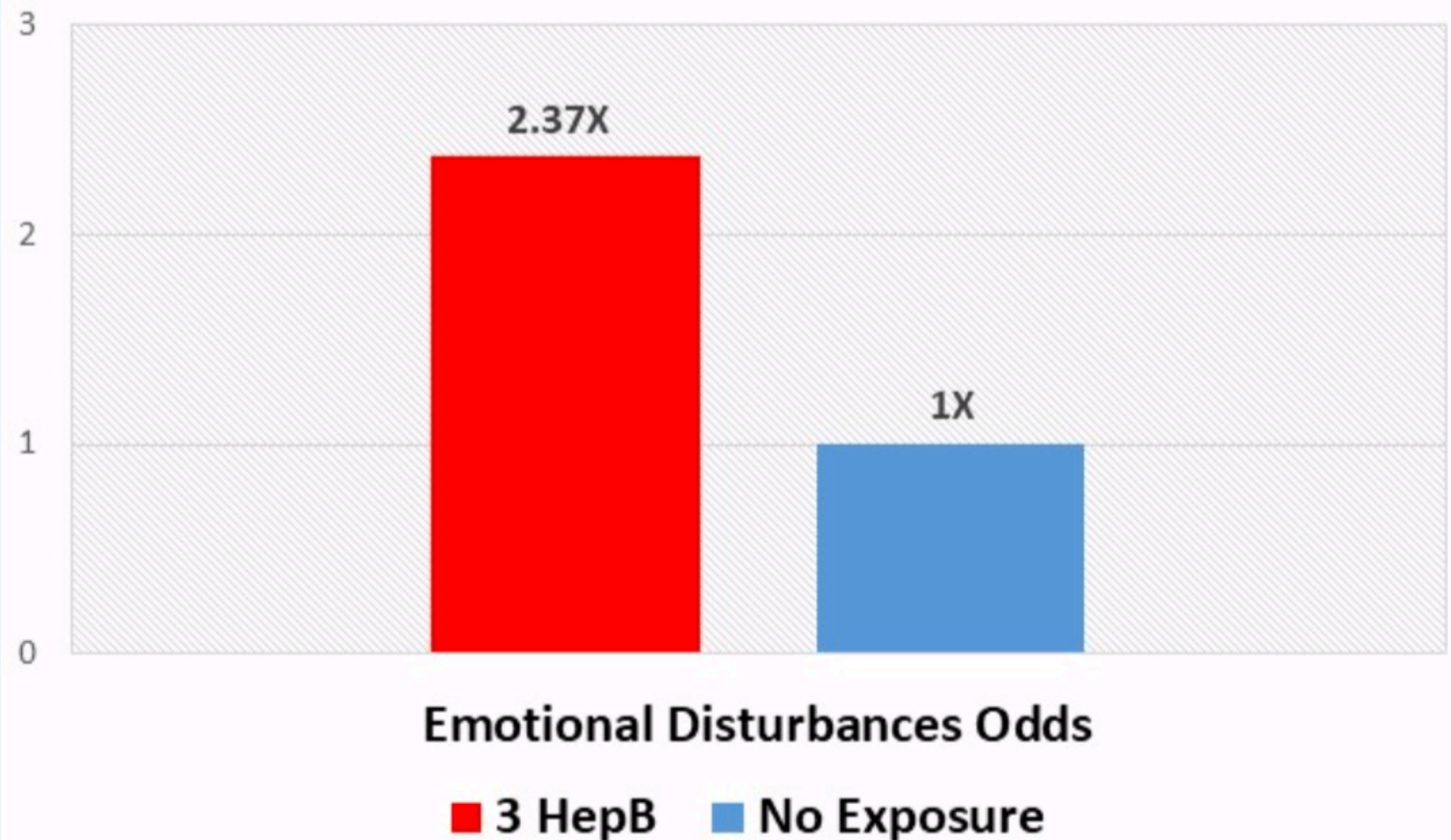
Geier DA^{1,2}, Kern J^{1,3}, Homme KG⁴, Geier MR^{1,2}.

Author information

Abstract
BACKGROUND: This study evaluated Thimerosal-containing childhood vaccines and the risk of a diagnosis called disturbance of emotions specific to childhood and adolescence (ED). Thimerosal is an organic-mercury (Hg)-containing compound used in some vaccines.
METHODS: A hypothesis-testing prospective, longitudinal case-control study evaluated Hg exposure from Thimerosal in hepatitis B vaccines administered at specific times within the first 6 months of life and its association with medically diagnosed ED (313.xx) (n = 517) in children born between 1991-2000 in comparison to controls (n = 27 491) in the Vaccine Safety Datalink (VSD) database.
RESULTS: Cases diagnosed with ED were significantly more likely than controls to have received increased Hg exposure within the first month of life (odds ratio (OR) = 1.3384), the first 2 months of life (OR = 1.3367) and the first 6 months of life (OR = 2.37). When the data were separated by gender, similar significant adverse effects were observed for males, but not females. On a per microgram Hg basis, cases diagnosed with ED were significantly more likely than controls to have received increased exposure within the first 6 months of life (OR = 1.025 per microgram Hg).
CONCLUSIONS: The results show a significant relationship between Hg exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an ED diagnosis.
KEYWORDS: Emotional disturbances; anxiety; ethylmercury; mercury; merthiolate; shyness; social impairment; thiomersal

PMD: 28102704 DOI: 10.1093/brain/aww052. Epub 2017 Jan 19.

Odds of Emotional Disturbances After Exposure to Thimerosal Containing Triple HepB Series



“The results show a significant relationship between mercury exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an emotional disturbances diagnosis.”

Human Papilloma Virus Vaccine Increases the Odds of Asthma 8.01X

SAGE Open Med, 2019 Jan 8;7:2050312118822650. doi: 10.1177/2050312118822650. eCollection 2019.

A cross-sectional study of the relationship between reported human papillomavirus vaccine exposure and the incidence of reported asthma in the United States.

Geier DA^{1,2}, Kern JK^{1,2}, Geier MR^{1,2}.

© Author information

Abstract

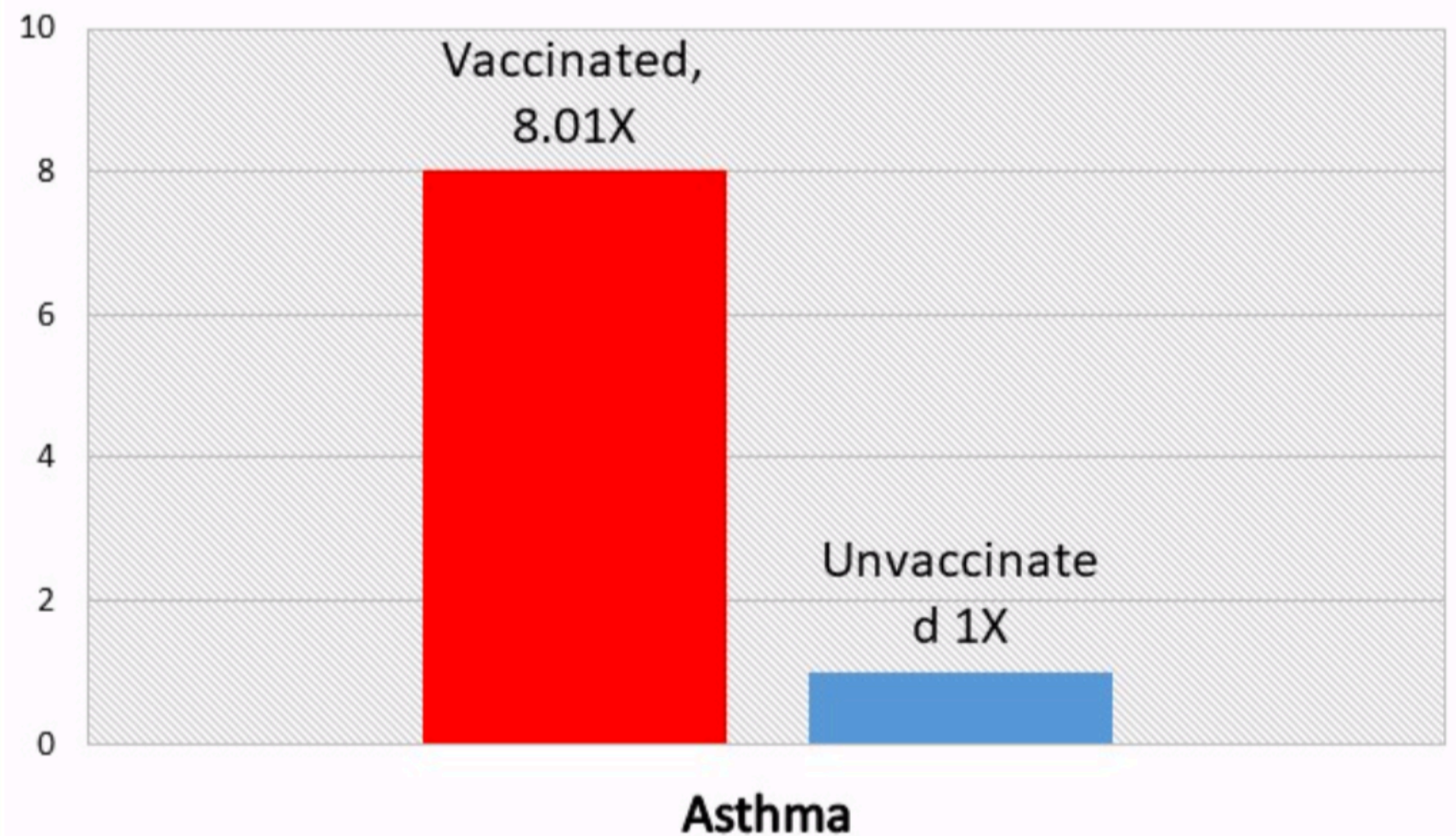
OBJECTIVES: Asthma is a chronic disorder that affects persons of all ages impacting the quality of their lives. This cross-sectional hypothesis-testing study evaluated the relationship between human papillomavirus vaccine and the risk of an incident asthma diagnosis in a defined temporal period post-vaccination.

METHODS: The 2015-2016 National Health and Nutrition Examination Survey data were examined for a group of 60,934,237 weighted persons between 9 and 26 years old in Statistical Analysis Software.

RESULTS: Reported incident asthma significantly clustered in the year of reported human papillomavirus vaccination. When the data were separated by gender, the effects observed remained significant for males but not females.

CONCLUSION: The results suggest that human papillomavirus vaccination resulted in an excess of 261,475 asthma cases with an estimated direct excess lifetime cost of such persons being US\$42 billion. However, it is unclear what part of the vaccine and/or vaccine medium may have increased an individual's susceptibility to an asthma episode, whether the asthma diagnosis represented one asthma episode or if it is chronic, and how much therapeutic support was needed (if any) and for how long, which would impact cost. Despite the negative findings in this study, routine vaccination is an important public health tool, and the results observed need to be viewed in this context.

Odds of Asthma Diagnosis After HPV Vaccine



“The results suggest that human papillomavirus vaccination resulted in an excess of 261,475 asthma cases with an estimated direct excess lifetime cost of such persons being US\$42 billion.”

HPV Vaccine Increases the Risk of Celiac Disease by 1.56X

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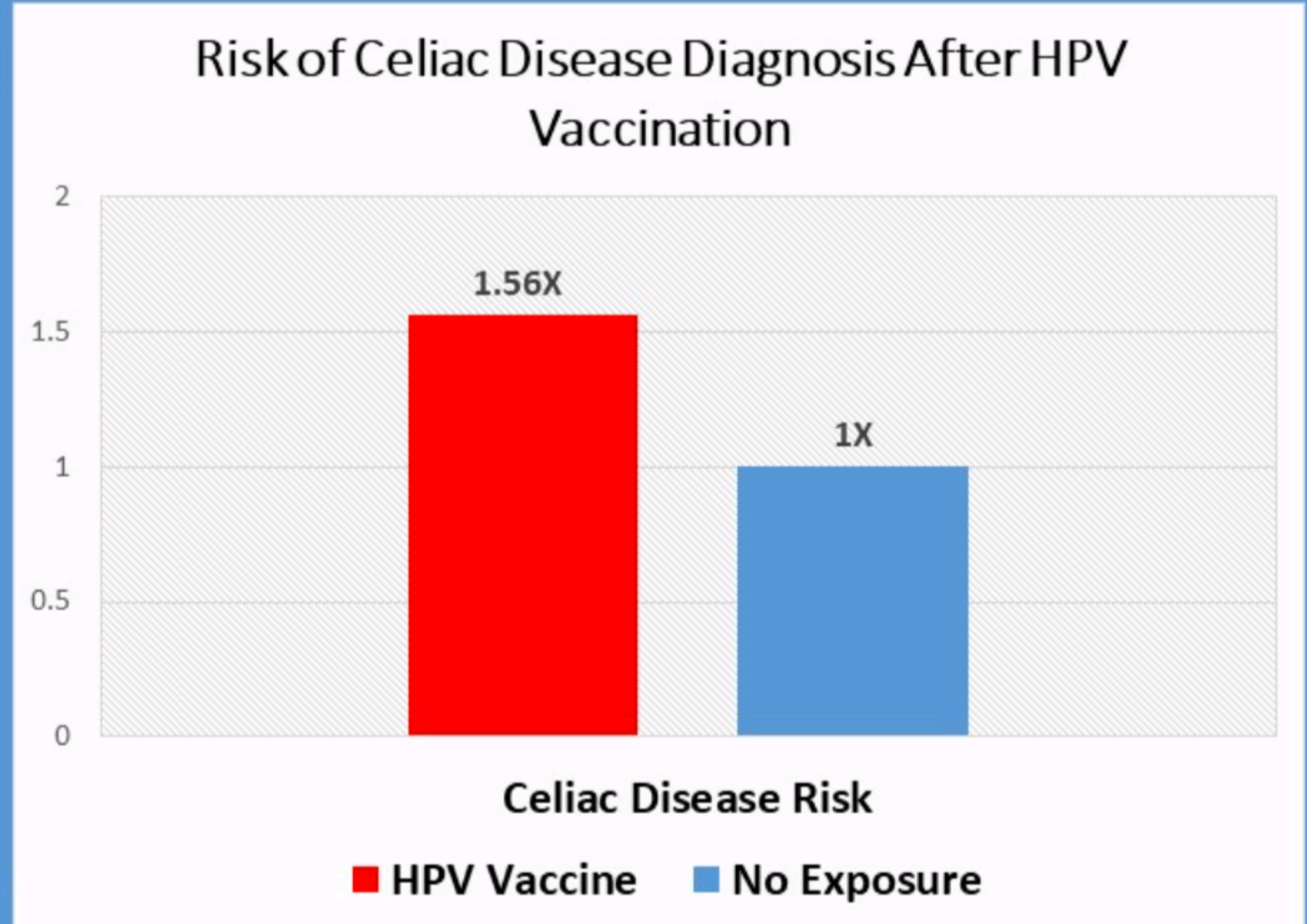
J Intern Med, 2018 Feb;283(2):154-165. doi: 10.1111/joim.12694. Epub 2017 Oct 18.

Human papillomavirus vaccination of adult women and risk of autoimmune and neurological diseases.

Hvid A¹, Svanström H¹, Scheller NM¹, Grönlund Q², Pasternak B^{1,3}, Arnheim-Dahlström L².

Author information

Abstract
BACKGROUND: Since 2006, human papillomavirus (HPV) vaccines have been introduced in many countries worldwide. Whilst safety studies have been reassuring, focus has been on the primary target group, the young adolescent girls. However, it is also important to evaluate safety in adult women where background disease rates and safety issues could differ significantly.
OBJECTIVE: We took advantage of the unique Danish and Swedish nationwide healthcare registers to conduct a cohort study comparing incidence rate ratios (RRs) of 45 preselected serious chronic diseases in quadrivalent HPV (qHPV)-vaccinated and qHPV-unvaccinated adult women 18-44 years of age.
METHODS: We used Poisson regression to estimate RRs according to qHPV vaccination status with two-sided 95% confidence intervals (95% CIs).
RESULTS: The study cohort comprised 3 126 790 women (1 195 865 [38%] Danish and 1 930 925 [62%] Swedish) followed for 16 386 459 person-years. Vaccine uptake of at least one dose of qHPV vaccine was 8% in the cohort: 18% amongst Danish women and 2% amongst Swedish. We identified seven adverse events with statistically significant increased risks following vaccination-Hashimoto's thyroiditis, coeliac disease, localized lupus erythematosus, pemphigus vulgaris, Addison's disease, Raynaud's disease and other encephalitis, myelitis or encephalomyelitis. After taking multiple testing into account and conducting self-controlled case series analyses, coeliac disease (RR 1.56 [95% confidence interval 1.29-1.89]) was the only remaining association.
CONCLUSION: Unmasking of conditions at vaccination visits is a plausible explanation for the increased risk associated with qHPV in this study because coeliac disease is underdiagnosed in Scandinavian populations. In conclusion, our study of serious adverse event rates in qHPV-vaccinated and qHPV-unvaccinated adult women 18-44 years of age did not raise any safety issues of concern.



“Relative Risks for celiac disease were increased for both the period any time after vaccination (RR 1.56, 1.29–1.89), the first 179 days (1.54, 1.16–2.03) and the more than 180 days after vaccination period (1.58, 1.22–2.05).”

Two H1N1-Containing Influenza Vaccines Prior to and During Pregnancy Increases Miscarriage Odds by 7.7X

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Vaccine, 2017 Sep 25;35(40):5314-5322. doi: 10.1016/j.vaccine.2017.06.069.

Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010-11 and 2011-12.

Donahue JG¹, Kleks BA², King JP³, DeStefano F⁴, Mascola MA⁵, Irving SA⁶, Cheetham TC⁷, Glanz JM⁸, Jackson LA⁹, Klein NP¹⁰, Naleway AL¹¹, Weintraub E¹², Belongia EA¹³.

© Author information

Abstract
INTRODUCTION: Inactivated influenza vaccine is recommended in any stage of pregnancy, but evidence of safety in early pregnancy is limited, including for vaccines containing A/H1N1pdm2009 (pH1N1) antigen. We sought to determine if receipt of vaccine containing pH1N1 was associated with spontaneous abortion (SAB).

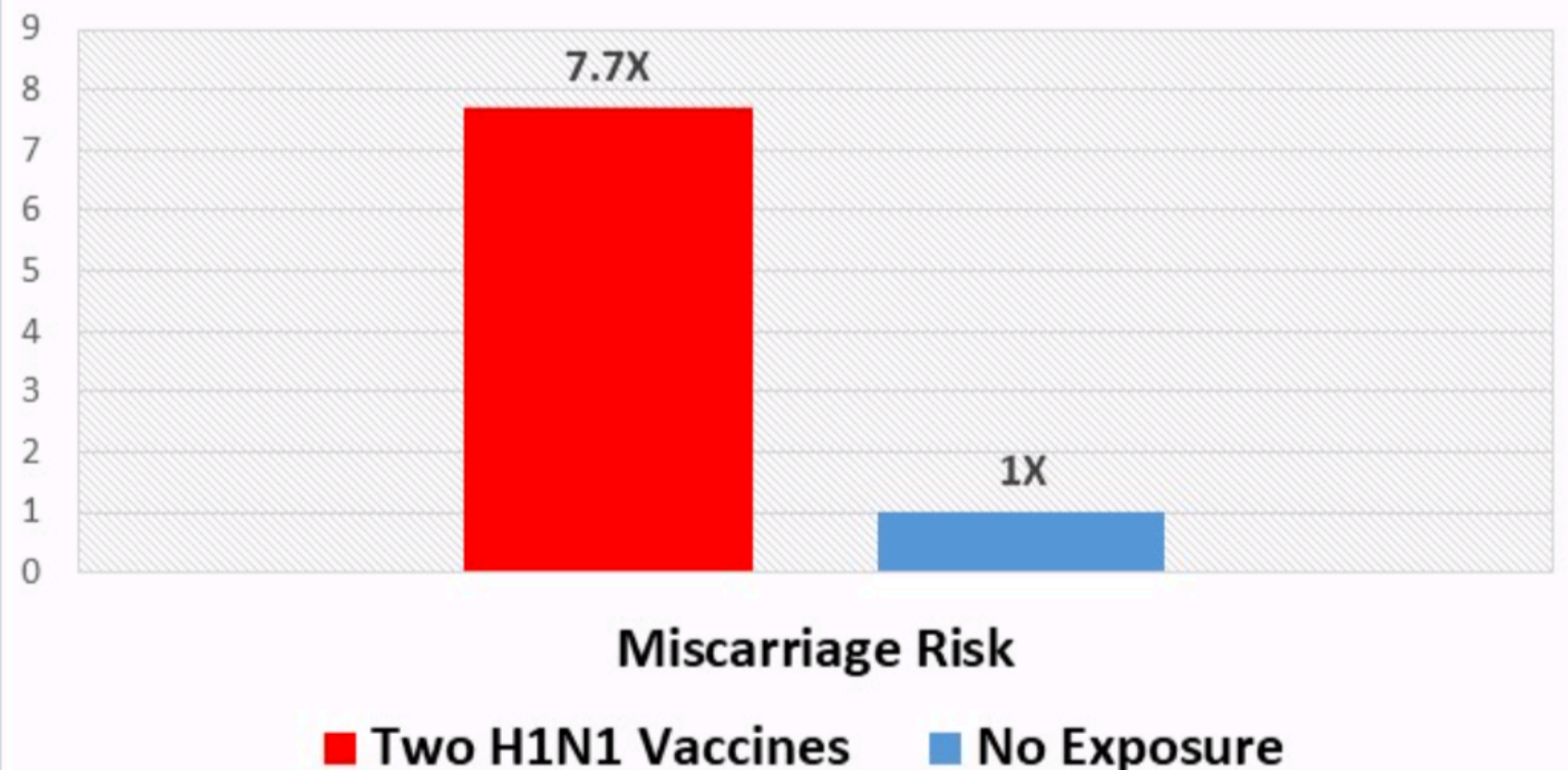
METHODS: We conducted a case-control study over two influenza seasons (2010-11, 2011-12) in the Vaccine Safety Datalink. Cases had SAB and controls had live births or stillbirths and were matched on site, date of last menstrual period, and age. Of 919 potential cases identified using diagnosis codes, 485 were eligible and confirmed by medical record review. Exposure was defined as vaccination with inactivated influenza vaccine before the SAB date; the primary exposure window was the 1-28days before the SAB.

RESULTS: The overall adjusted odds ratio (aOR) was 2.0 (95% CI, 1.1-3.6) for vaccine receipt in the 28-day exposure window; there was no association in other exposure windows. In season-specific analyses, the aOR in the 1-28days was 3.7 (95% CI 1.4-9.4) in 2010-11 and 1.4 (95% CI 0.6-3.3) in 2011-12. The association was modified by influenza vaccination in the prior season (post hoc analysis). Among women who received pH1N1-containing vaccine in the previous influenza season, the aOR in the 1-28days was 7.7 (95% CI 2.2-27.3); the aOR was 1.3 (95% CI 0.7-2.7) among women not vaccinated in the previous season. This effect modification was observed in each season.

CONCLUSION: SAB was associated with influenza vaccination in the preceding 28days. The association was significant only among women vaccinated in the previous influenza season with pH1N1-containing vaccine. This study does not and cannot establish a causal relationship between repeated influenza vaccination and SAB, but further research is warranted.

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Odds of Miscarriage Within 28 Days of H1N1-Containing Influenza Vaccine in Women Receiving the Same Vaccine in the Previous Year



“SAB (spontaneous abortion) was associated with influenza vaccination in the preceding 28 days. The association was significant only among women vaccinated in the previous influenza season with pH1N1-containing vaccine.”

THEY'VE DONE STUDIES YOU KNOW.

60% OF THE TIME, IT WORKS EVERY TIME.



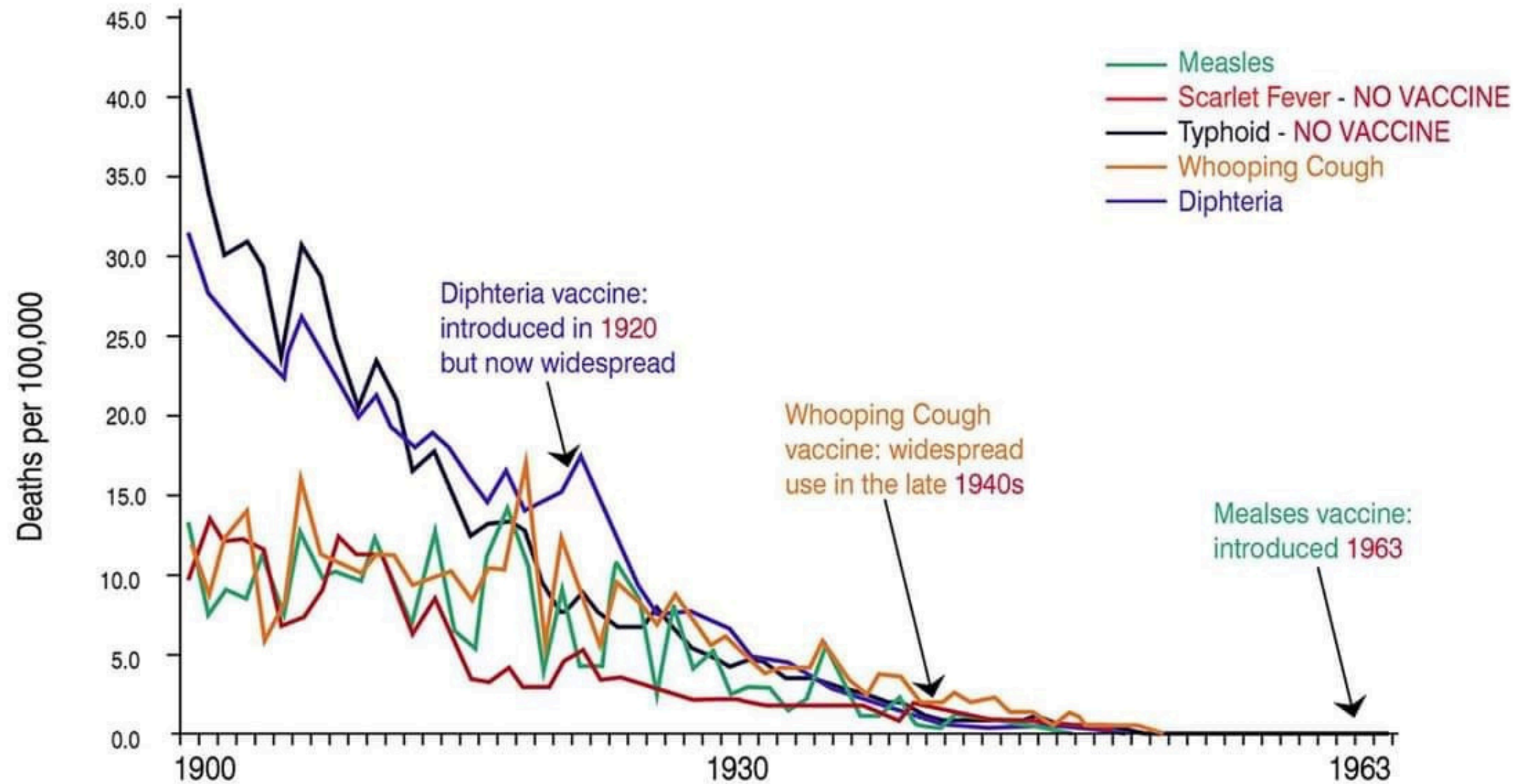
**VISITS FOREIGN COUNTRY:
"VACCINES WILL PROTECT ME!"**



**VISITS THE STORE:
"OMG! AN UNVAXXED
CHILD! 😱😱😱 RUN!!!"**

United States: Disease Mortality Rates

References: Vital Statistics of the United States 1937, 1938, 1943, 1944, 1949, 1960, 1967, 1976, 1987, 1992;
Historical Statistics of the United States: Colonial Times to 1970 part 1



Despite common belief, infectious disease deaths **DECREASED 85 - 90% BEFORE VACCINES** were introduced in the U.S.

Diseases **WITHOUT VACCINES** - including Scarlet Fever, Tuberculosis, Cholera and Typhoid - followed the **SAME** trend.

*Trends in the Health of Americans during the 20th Century. Pediatrics

LearnTheRisk.org/diseases



Rates of Measles Severity and Complications in the U.S.*

Hospitalization	1 out of 4 cases
Encephalitis (inflammation of the brain)	1 per 1,000 cases
Death	1-2 per 1,000 cases

Complications are more common in children <5 years and adults >20 years old.

*Source: www.cdc.gov/measles/about/complications.html

500/500,000
reported
cases = .001

U.S. Measles Burden: Before 1963 Vaccine Development*

- Each year, measles caused an estimated 3 to 4 million cases
- Close to 500,000 cases were reported annually to CDC, resulting in:
 - 48,000 hospitalizations
 - 1,000 cases with encephalitis (brain swelling)
 - 400 to 500 deaths

U.S. Measles Burden: Before 1963 Vaccine Development*

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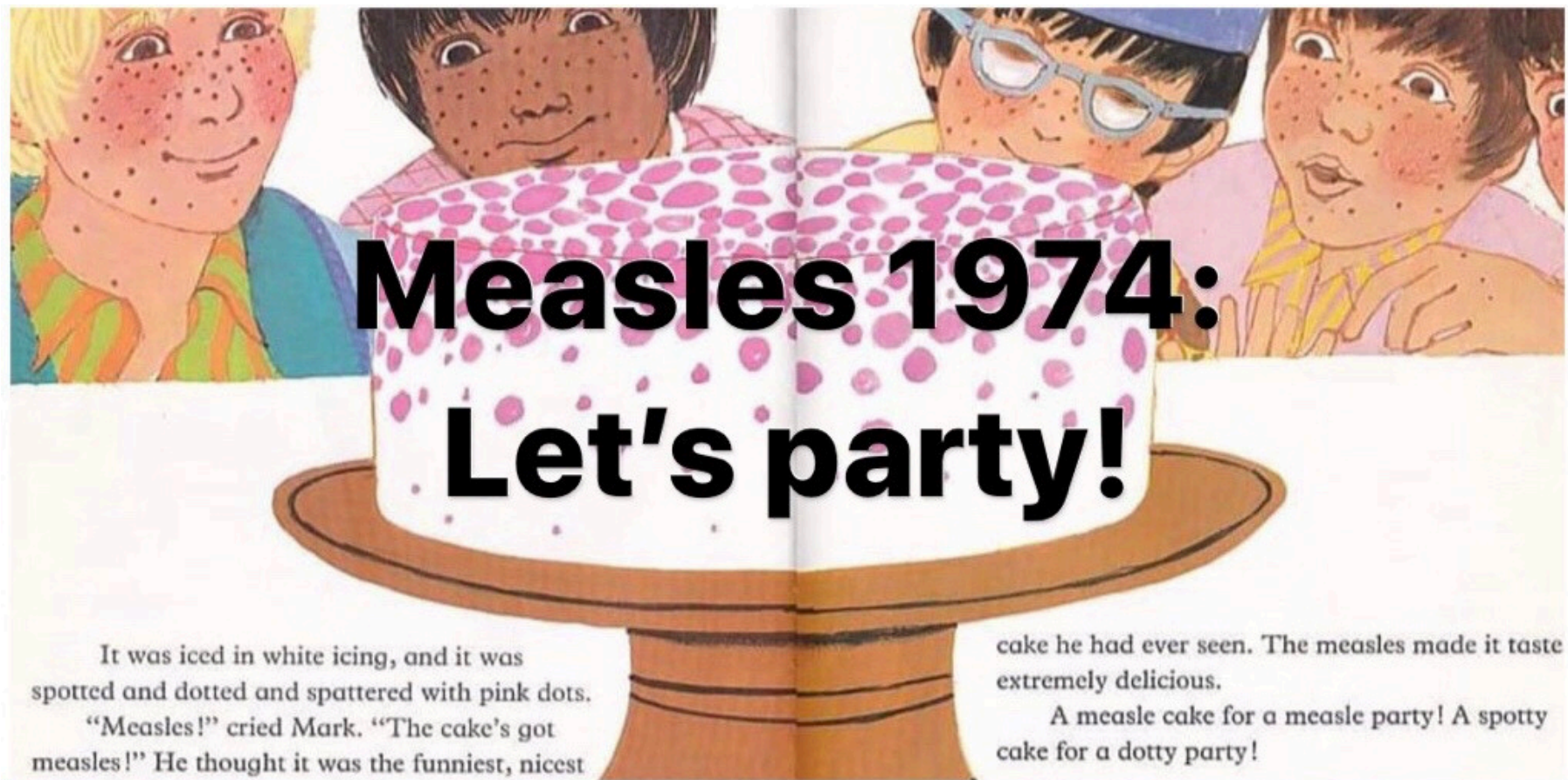
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 - 48,000 hospitalizations
 - 1,000 cases with encephalitis (brain swelling)
 - 400 to 500 deaths

source: www.cdc.gov/measles/about/history.html

But 500/3,000,000
≧ **actual** ≦
cases = .00016667



*If you have to get sick,
sure can't beat the measles*



It was iced in white icing, and it was spotted and dotted and spattered with pink dots. "Measles!" cried Mark. "The cake's got measles!" He thought it was the funniest, nicest

cake he had ever seen. The measles made it taste extremely delicious. A measles cake for a measles party! A spotty cake for a dotty party!



**Measles Today:
Martial Law**

AB262 : https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB262

New Zealand Government confirm that more than 75% of "measles" cases tested by PCR are not wild-type measles.

This is particularly important to understand because the Samoan government have reported that their index case of measles was imported from New Zealand

https://www.parliament.nz/en/pb/order-paper-questions/written-questions/document/WQ_36752_2019/36752-2019-dr-shane-reti-to-the-health-associate-minister

outbreaks (2–6) and a recent transitory suspension of the elimination status (7). An important component of the public health response to a measles outbreak is vaccination of unimmunized contacts (8). Since approximately 5% of recipients of measles virus-containing vaccine experience rash and fever which may be indistinguishable from measles (9), it is very important to identify vaccine reactions to avoid unnecessary isolation of the patient, as well as the need for contact tracing and other labor-intensive public health interventions. Recent measles outbreaks in the Canadian provinces of Alberta and British Columbia have emphasized the need for rapid differentiation of vaccine reactions (18, 19) from reactions to infection with the wild-type virus.

During the measles outbreak in California in 2015, a large number of suspected cases occurred in recent vaccinees (3). Of the 194 measles virus sequences obtained in the United States in 2015, 73 were identified as vaccine sequences (R. J. McNall, unpublished data). In contrast, only 11 of 542 cases genotyped in the National Reference Center for Measles, Mumps, and Rubella in Germany were associated with the vaccine virus.

<https://journals.asm.org/doi/10.1128/jcm.01879-16?permanently=true>

CDC:

Why should my child get the MMR shot?

- Protects your child from measles, a potentially serious disease, as well as [mumps](#) and [rubella](#).
- Protects your child from getting an uncomfortable rash and high fever from measles.
- Keeps your child from missing school or child care and you from missing work.

Also CDC:

What are the side effects of the shot?

Most children don't have any [side effects](#) from the shot. The side effects are:

- Soreness, redness, or swelling where the shot was given
- Fever
- Mild rash
- Temporary pain and stiffness in the joints

POLIO

**CDC RECOMMENDS 4 DOSES AT AGES 2/4/6 MONTHS
AND 4 YEARS OLD**

1% of polio cases result in paralysis, and of that 1%, only 5-10% will cause death.

This product with a life-threatening adverse reaction is considered safe.

IPOL can cause:

- + Lymphadenopathy
- + Anaphylactic shock
- + Arthralgia (joint pain)
- + Myalgia (muscle pain)
- + Convulsion
- + Febrile convulsion
- + Headache
- + Paresthesia (skin crawling)
- + Somnolence (long period of sleep)
- + Urticaria (hives)

SOURCES FROM FDA + SANOFI

WHAT IS POLIO?

Polio is caused by one of three types of poliovirus, which are members of the *Enterovirus* genus.

In about 95% of all polio cases, the person has no symptoms at all. These are known as asymptomatic cases. The rest of polio cases can be divided into three types: abortive polio, non-paralytic polio, and paralytic polio.

Abortive polio: In these cases, polio is a mild illness, with viral-like symptoms such as fever, fatigue, headache, sore throat, nausea, and diarrhea.

Non-paralytic polio: These cases typically involve the symptoms of abortive polio, with additional neurological symptoms, such as sensitivity to light and neck stiffness.

Paralytic polio. The first signs of paralytic polio, after an initial period of viral-like symptoms, typically begin with loss of superficial reflexes and muscle pain or spasms. Paralysis, usually asymmetric, follows. Fewer than 1%-2% of people who contract polio become paralyzed. In most cases of paralytic polio, the patient recovers completely. However, for a certain number of people, paralysis or muscle weakness remains for life.

In severe cases of paralytic polio, the throat and chest may be paralyzed. Death may result if the patient does not receive artificial breathing support. Between 2%-5% of children affected with paralytic polio die, whereas for adults, 15%-30% die.

Fewer than 2% of people who contract polio become paralyzed. Of this 2%, between 2%-5% of children die and 15%-30% of adults die.

<https://www.historyofvaccines.org/content/articles/history-polio-poliomyelitis>

is there a polio vaccine strain?

With the introduction and widespread use of OPV (containing live attenuated poliovirus strains), vaccine-associated paralytic poliomyelitis (VAPP) was recognized. By 1973, for the first time in the United States, more cases of vaccine-associated disease were reported than paralytic disease caused by wild poliovirus.^[1] This trend continued, and in 1997 the Advisory Committee on Immunization Practices (ACIP) recommended changing to a sequential polio immunization schedule that included two doses of IPV, followed by two doses of OPV.^[2] VAPP occurred less frequently under this schedule, and in 2000, this recommendation was updated to a schedule of all IPV.^[3-5] OPV is no longer manufactured or available in the United States.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00045949.htm>

VAPP occurs very rarely after administration of OPV vaccine. The mechanism of VAPP is believed to be a mutation, or reversion, of the attenuated vaccine poliovirus to a more neurotropic form. Reversion is believed to occur in almost all vaccine recipients, but it only rarely results in paralytic disease. The paralysis that results is identical to that caused by wild poliovirus. IPV vaccine does not contain live virus, so it cannot cause VAPP.

vaccine-derived polioviruses (VDPVs), which are Sabin vaccine strains that have reverted and re-acquired the virulence and transmissibility of wild polioviruses.

Polio is usually spread via the fecal-oral route (i.e., the virus is transmitted from the stool of an infected person to the mouth of another person from contaminated hands or such objects as eating utensils). Some cases may be spread directly via an oral to oral route.

<https://www.immunize.org/catg.d/p4215.pdf>

At its peak incidence in the early 1950s, **poliomyelitis** occurred at a rate of 13.6 cases per 100,000 population. The incidence of cancer today, by comparison is 566.1 per 100,000.

<https://amhistory.si.edu/polio/virusvaccine/vacraces.htm>

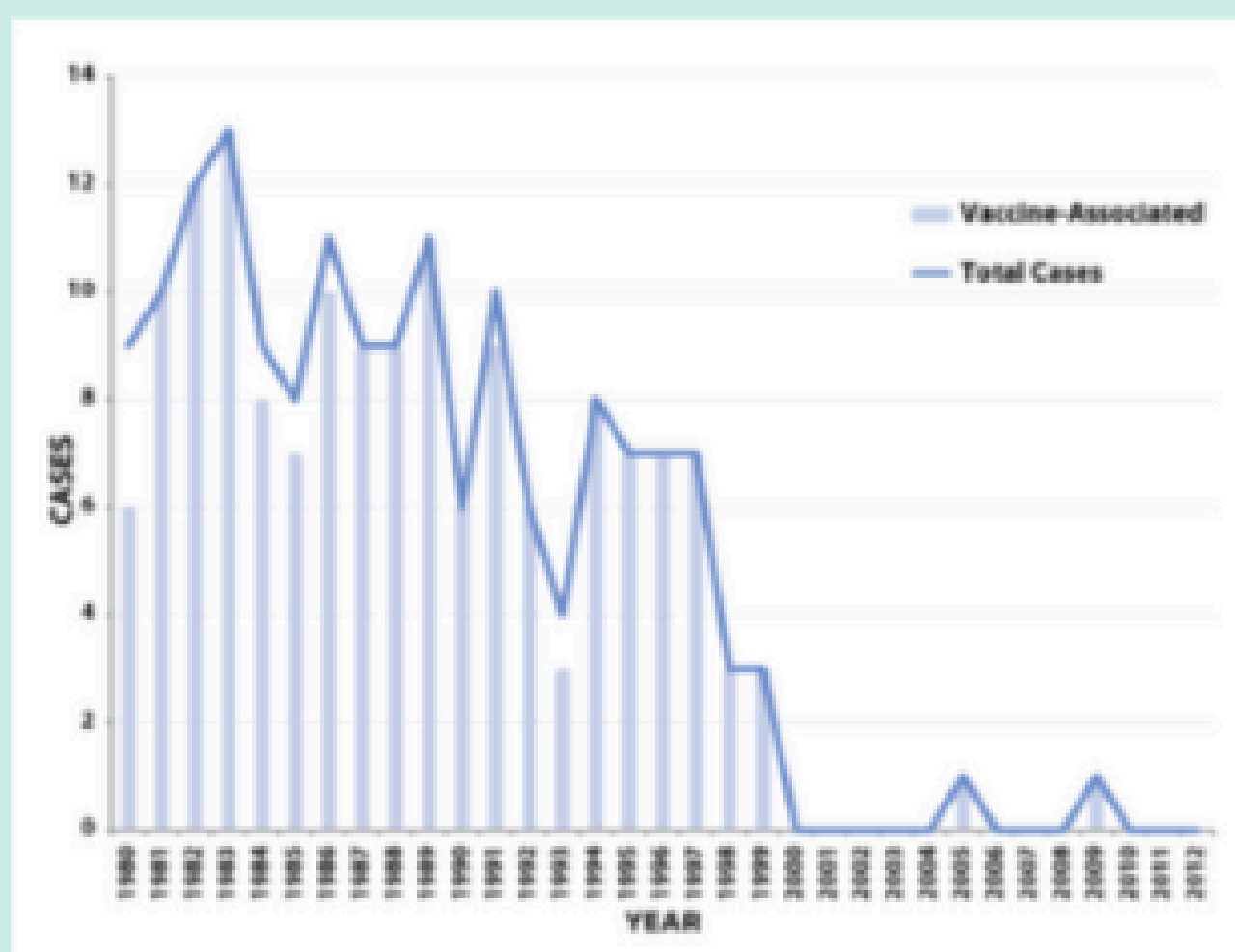


Figure 1: Total number of reported paralytic poliomyelitis cases (including imported cases) and number of reported vaccine-associated cases—United States, 1980–2012

The risks of paralysis and manifestations of paralysis caused by VDPVs are similar to those of wild poliovirus of the same serotype. Outbreaks of circulating VDPVs have been responsible for more than 1,200 cases of paralytic polio during 2000–2019 and have exceeded the wild poliovirus case count since 2017.

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

ACCORDING TO THE CDC, MORE CASES OF VACCINE-ASSOCIATED POLIO THAN WILD POLIO OCCURRED STARTING IN 1973.

“As long as one single child remains infected, children across the country and even beyond are at risk of contracting polio,” UNICEF Philippines representative Oyun Dendevnorov said.

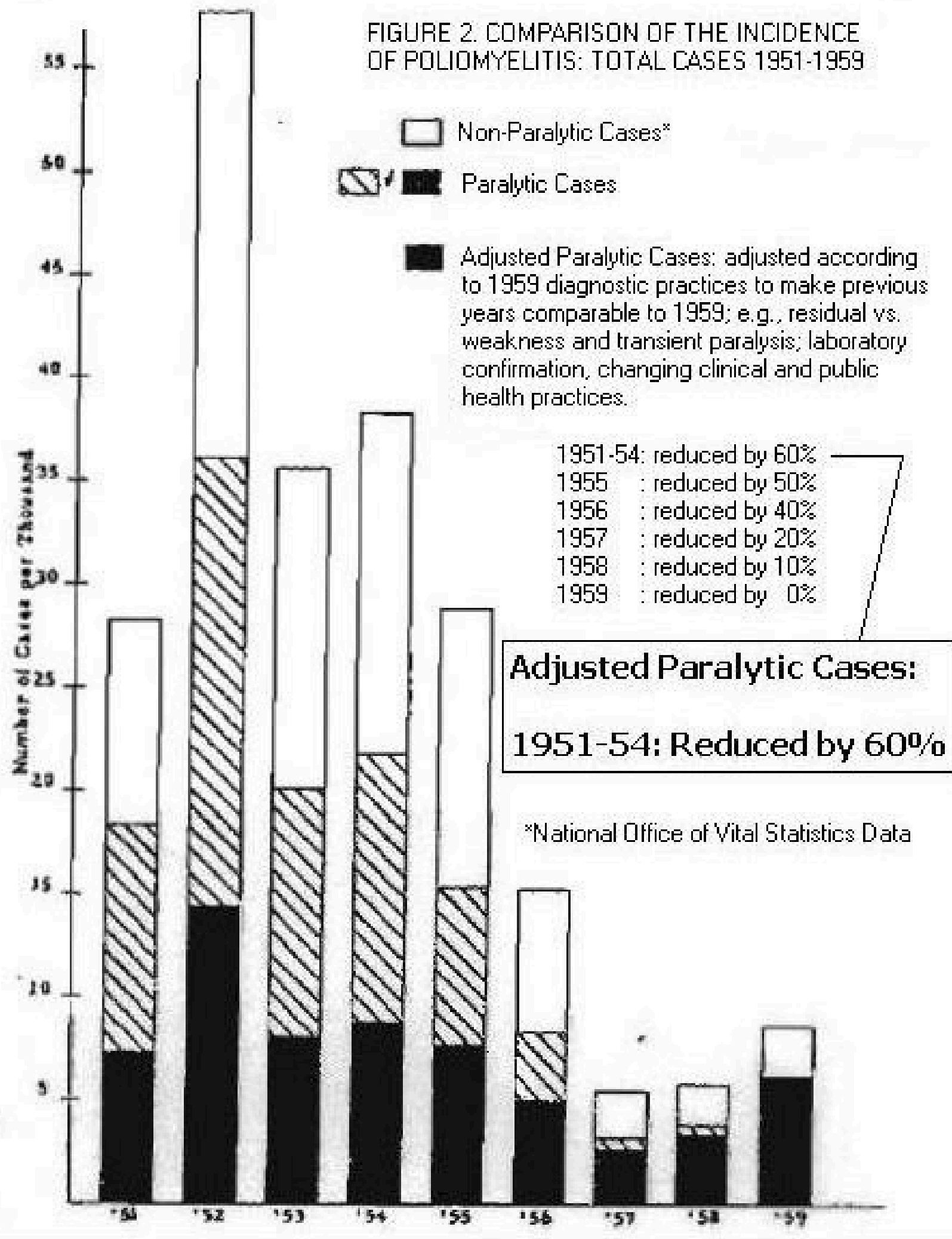
WHO and UNICEF said in a joint statement the polio outbreak in the Philippines is concerning because it is caused by vaccine-derived poliovirus type 2.

The weakened virus used in vaccines replicates for a short time in children’s intestines and is excreted in their feces. In rare instances, they said, the weakened virus can strengthen in areas with poor sanitation and hygiene. Children who have not been properly immunized can be susceptible.

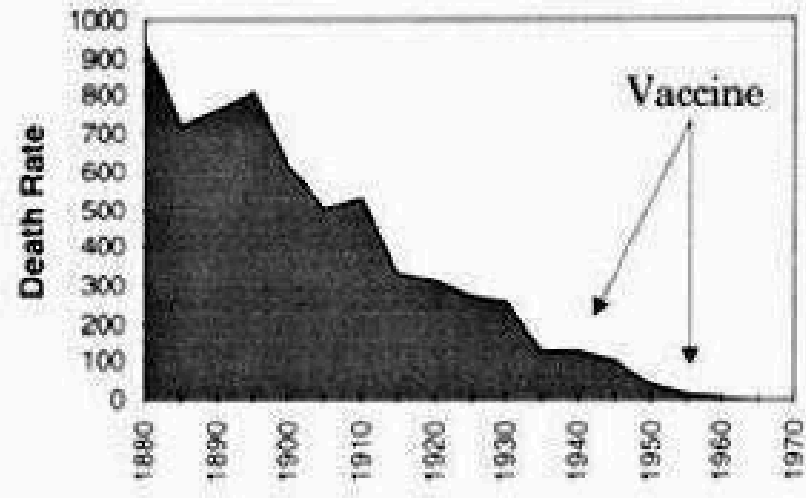
They said the last known case from a wild strain of the virus in the Philippines was in 1993. Wild poliovirus type 2 was declared globally eradicated in 2015.

There is no known cure for polio, which can only be prevented with vaccines. Duque said his department will launch a mass vaccination campaign next month for children under age 5, starting in the Manila

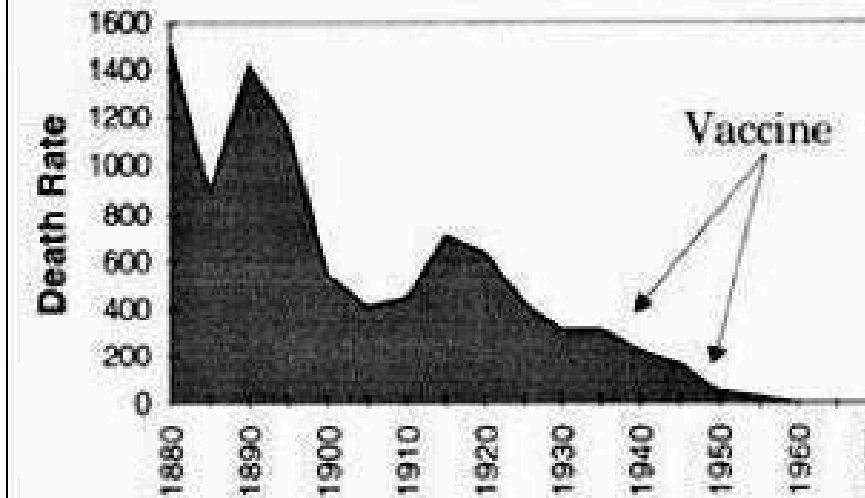
FIGURE 2. COMPARISON OF THE INCIDENCE OF POLIOMYELITIS: TOTAL CASES 1951-1959



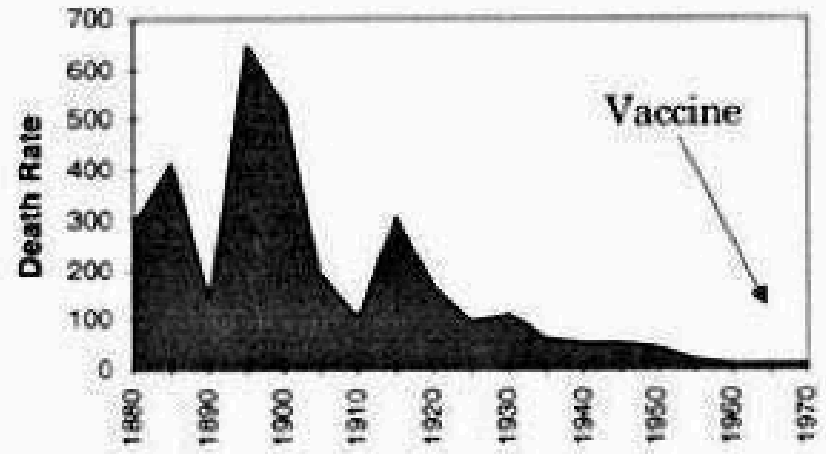
Whooping Cough



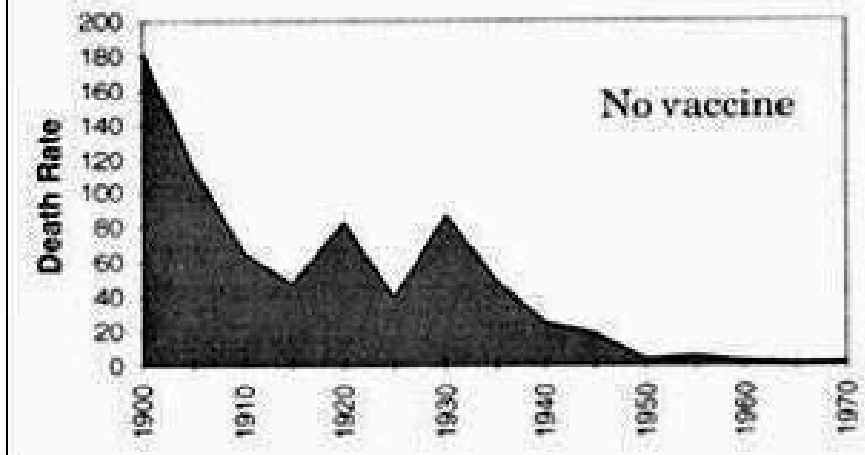
Diphtheria



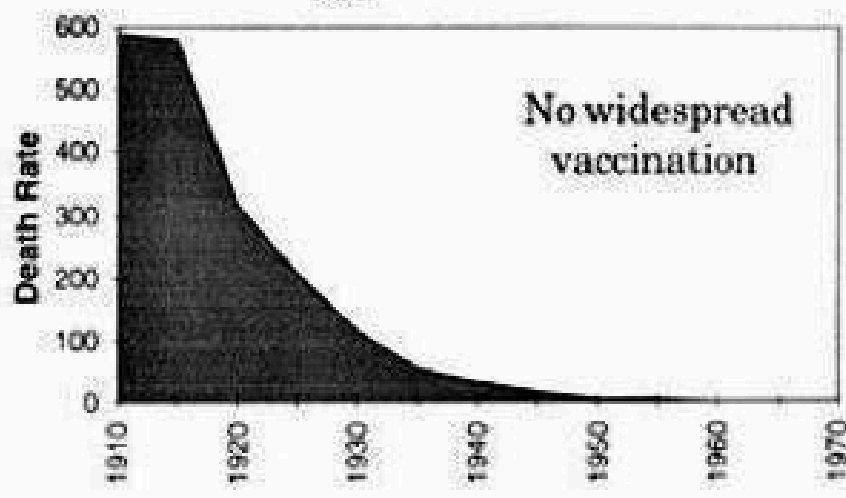
Measles



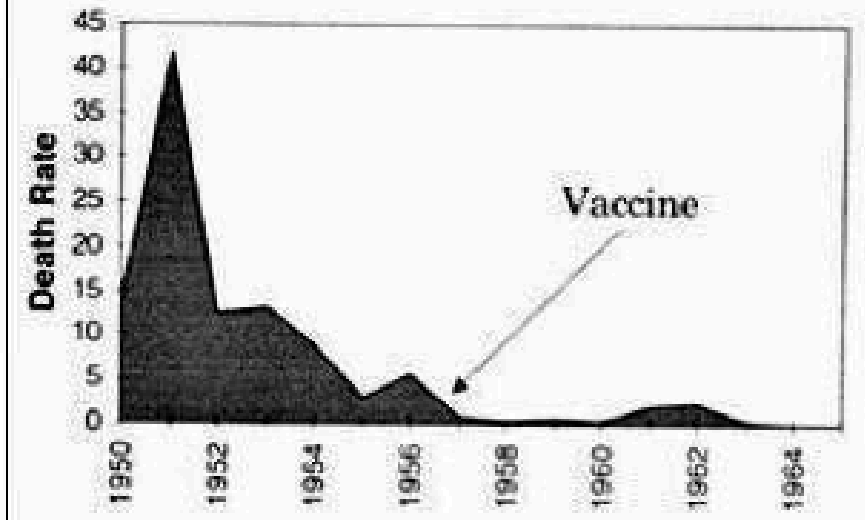
Scarlet Fever

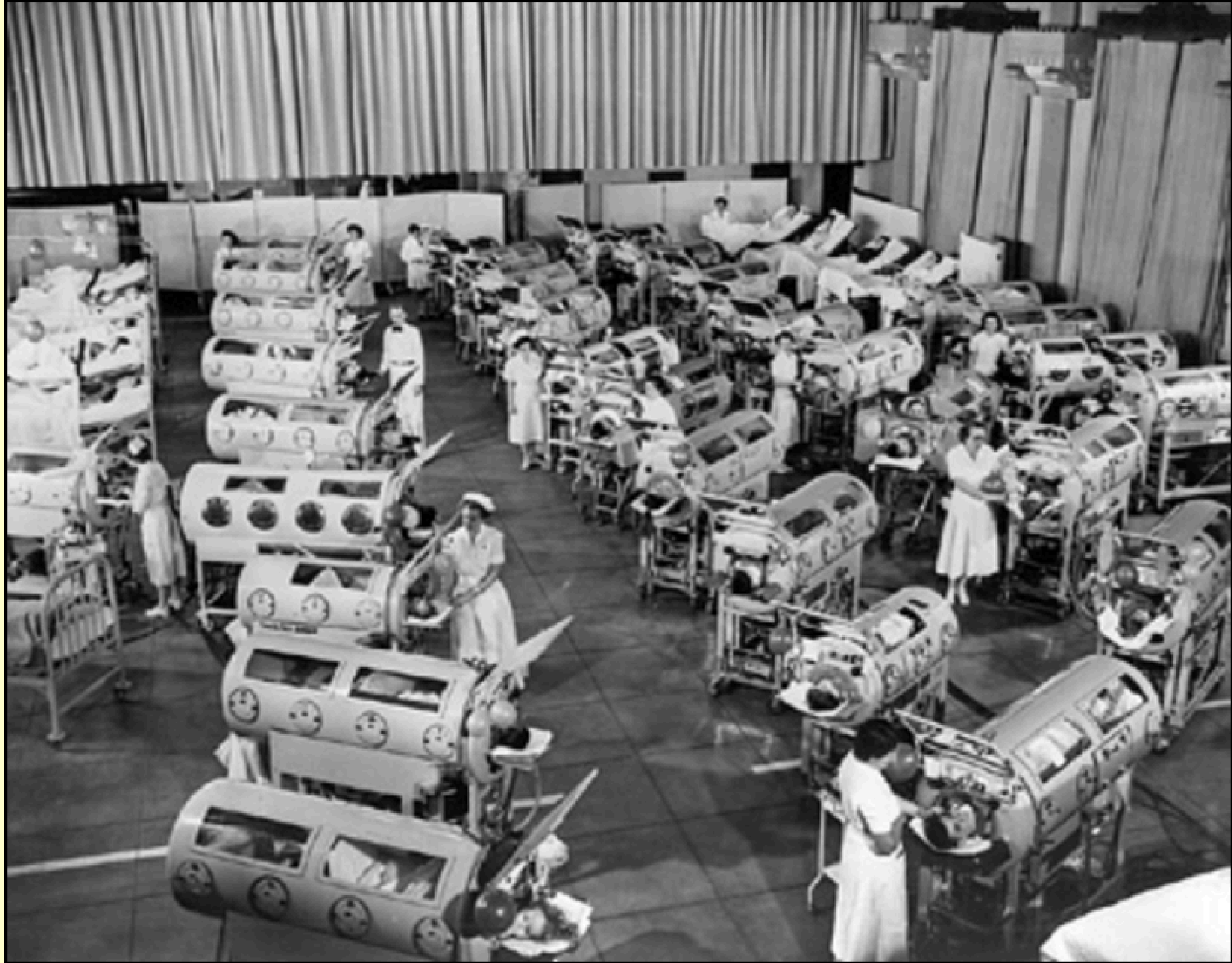


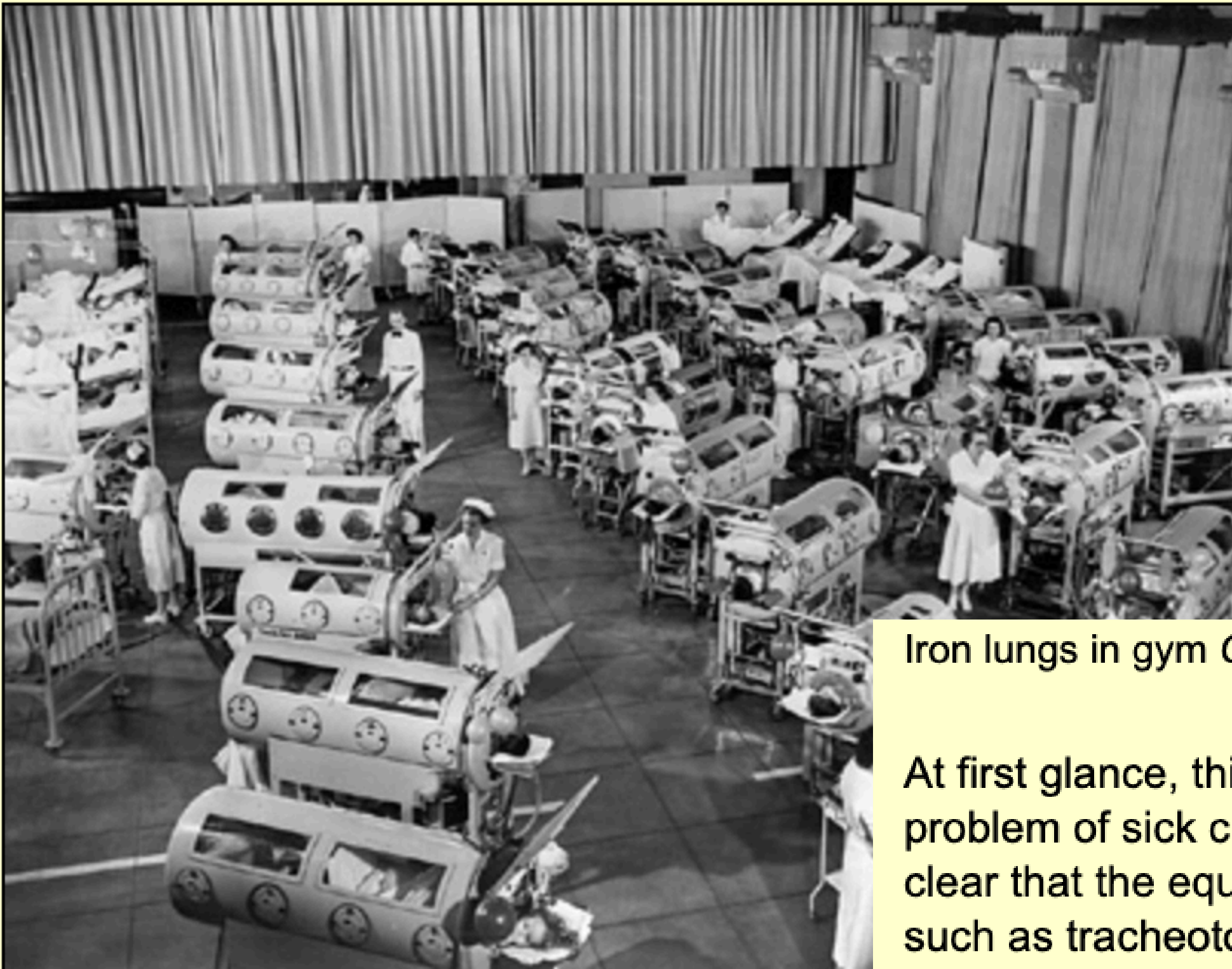
Typhoid Fever



Polio







Iron lungs in gym *Courtesy of Rancho Los Amigos National Rehabilitation Center*

At first glance, this image shocks and saddens from the enormity of the problem of sick children in need of iron lungs. On closer examination, it is clear that the equipment that usually accompanied people using iron lungs, such as tracheotomy tubes and pumps and tankside tables, is not present (compare the picture to photographs in the section on the iron lung). This scene was staged for a film. It is not historically accurate as a respirator ward, but is an example of an established photographic technique (famously used, for example, by WPA photographers in the 1930s) of directing the viewer's response by creating a shot that would not naturally occur.



AT AGE 13, COLTON BERRETT was a motocross king. He loved shooting, ice sports and scouting. Muscular, athletic... he was the all-American teen male.

As time went on, his top-down paralysis got worse. He was told he would eventually stop breathing. So they intubated him. Permanently.



The doctors realized that Colton was experiencing a serious adverse reaction to the Gardasil vaccine so they reported it to [VAERS, the Vaccine Adverse Event Reporting System](#).

Two weeks after his third course of Gardasil, Colton was experiencing a sore neck. Then serious lethargy came. Then paralysis in his right arm and hand. The scans showed that Colton had serious inflammation from the C1 to T12 vertebrae. He was given an initial diagnosis of transverse myelitis.

Colton had to have constant therapy to help him in recovery. He had to learn how to walk again and also to do daily tasks differently, and he never regained full function of his lungs, neck, and right arm.

Just before going on a Scouting trip, he went in for a medical exam. His doctor advised him, and his parents, to take the HPV vaccine because, according to his doctor: "It can help prevent cancer". He was told that even if he was not promiscuous, he could in the future potentially pass HPV on to his wife.

He learned to live a semi-active life. His Dad took him Razor Riding, and he would go camping with his family. He even learned to ride a modified bicycle.

But Colton needed a breathing apparatus – and someone to carry it for him.

Colton never complained. He smiled a lot – all the time. He wore a headband that read "Caught U Staring".

The vaccine changed the life of his family forever – and now, Colton is gone – forever.

Dissolving Illusions

**Disease, Vaccines, and
the Forgotten History**

**Suzanne Humphries, MD
Roman Bystrianyk**



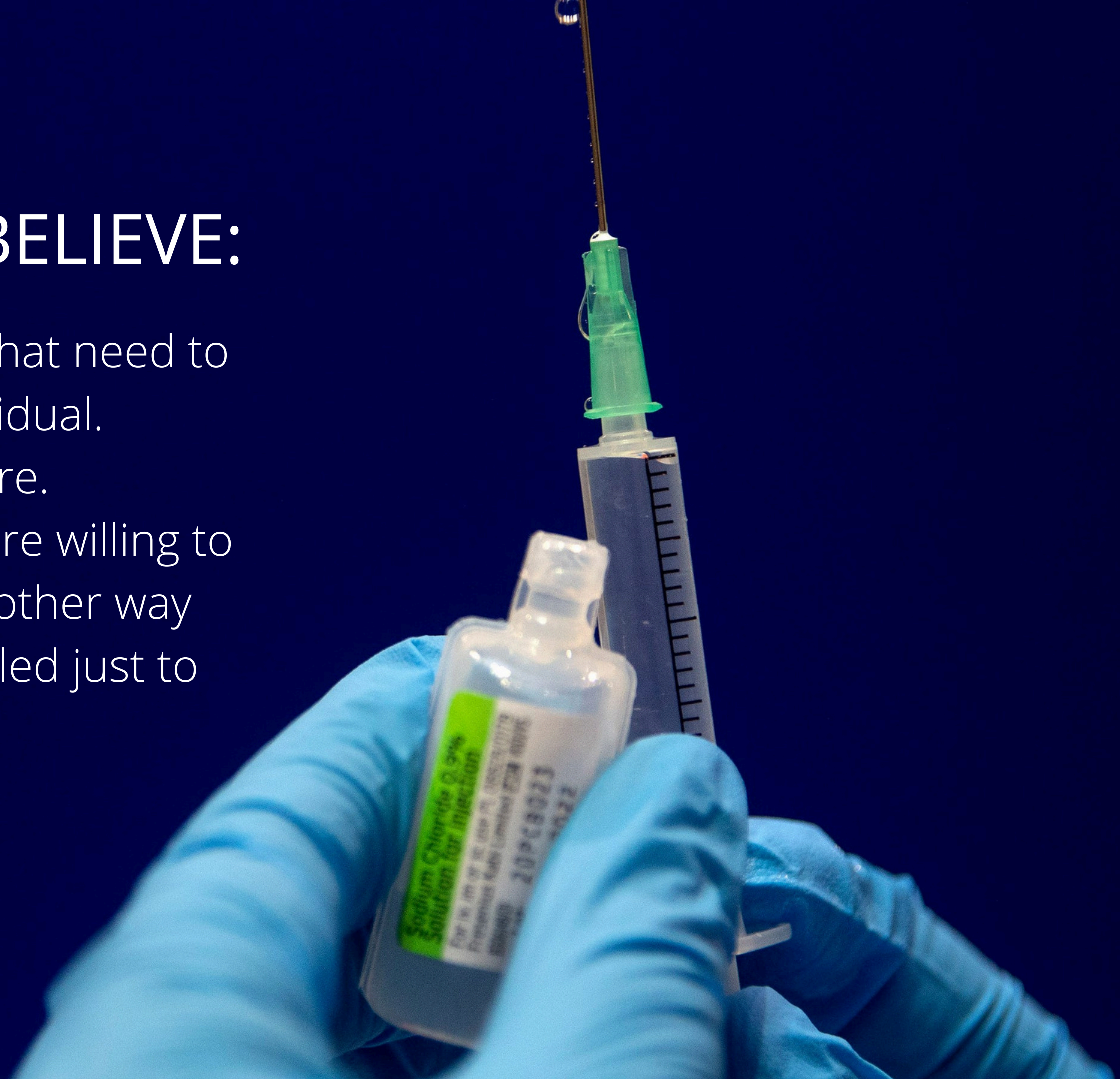
“We still have just as much paralysis if not more today than we did back then. We just treat it differently so the outcome looks different... If somebody developed poliomyelitis within 30 days of having their vaccine - they weren't counted as a case of polio either. So that eliminated vaccine failures and cases that were caused by the vaccine. So there was all kinds of clever manipulation...”

THINGS I CAME TO BELIEVE:

Vaccines have risks & benefits that need to be weighed by each individual.

Vaccine injury is not rare.

There are those in power who are willing to deceive nations and look the other way when people are injured or killed just to stay in power.



BEFORE COVID...

NY Supreme Court Rules That The Amish Cannot Exercise Religious Vaccine Exemption To Attend Their Own Private Amish School Of 24 Amish Children.

nodeception.org/ny-supreme-cou...



Get Vaccinated or Leave School: 26,000 N.Y. Children Face a Choice

Religious exemptions for vaccinations are no longer available. With the start of the school year, some parents face a reckoning.



Jacquelynn Vance-Pauls, a real estate lawyer in upstate New York, has scheduled vaccinations for her four children despite her fear of vaccines. Desiree Rios for The New York Times



Health

Unvaccinated children banned from public spaces amid measles outbreak in New York suburb

Much of the measles cases in New York have been concentrated among children of Orthodox Jewish families, many of whom attend religious schools where the vaccination rates are below 95 percent, which is the threshold considered necessary to maintain immunity among the community, known as herd immunity, according to Kaiser Health News.

There is "no such thing" as a religious exemption from being immunized, Day said, adding that just 72 percent of the those under 18 in Rockland County are vaccinated.

Rockland County officials announced that starting at 12 a.m. on Wednesday, anyone under 18 who has not yet been vaccinated will be barred from public places until they receive the MMR vaccine or until the emergency declaration expires in 30 days. Public places are being defined by county officials as "any place where people get together for civic or social reasons," such as shopping centers, schools and restaurants. Outdoor areas, such as playgrounds, are not included, according to county officials.

Law enforcement will not be asking people for vaccination records, but if parents are found to be in violation, their cases will be forwarded to the district attorney, Rockland County Executive Ed Day told reporters in a news conference Tuesday. Violations will be charged as misdemeanors punishable by up to six months in jail and a \$500 fine.

BEFORE COVID...

SEARCH ...

SB18 Bill Will Allow Authorities To Enter Unvaccinated Kids Homes

March 29, 2017 Sean Adl-Tabatabai 148



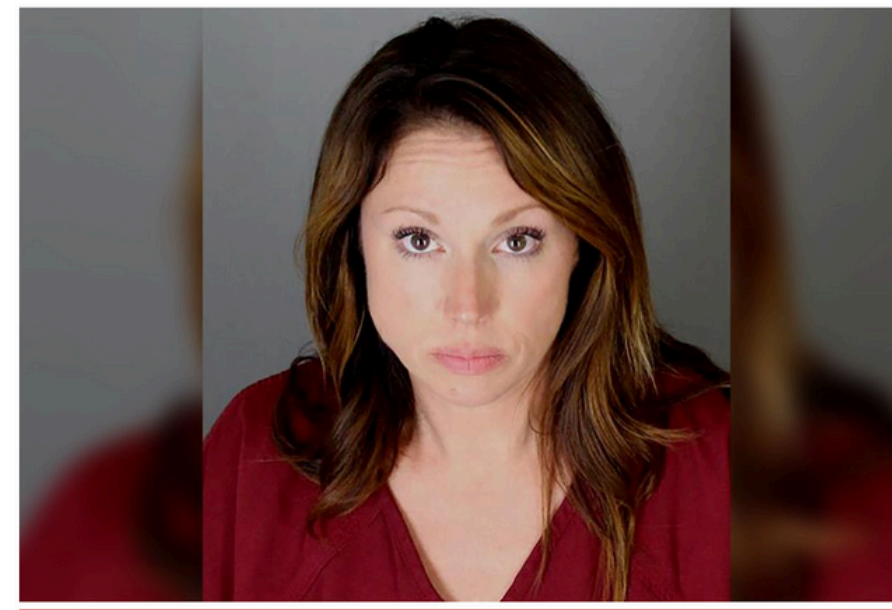
Trump celebrates release of US student Xiyue Wang — and blames Obama for his plight

Pensacola shooter Mohammed Saeed Alshamrani hosted dinner party to watch mass shooting videos: report

Ex-priest hit-and-run Christmas

Mom loses primary custody after refusing to vaccinate son

By Jackie Salo
October 12, 2017 | 3:42pm



Rebecca Bredow

A Michigan mom lost primary custody of her 9-

IN SUMMARY

Doctors will no longer be the final authority on medical exemptions and could be investigated if they write too many. Opponents say physicians may now be afraid to provide waivers, even for kids who need them.

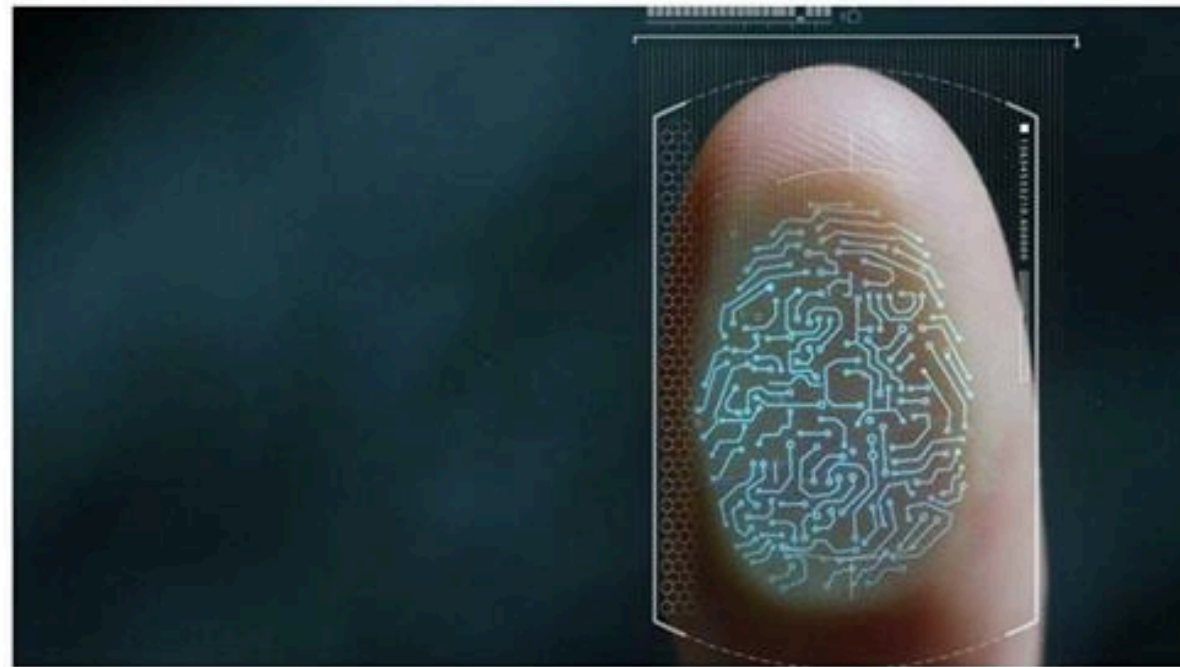
California has a new vaccination law on the books. It cracks down on inappropriate use of medical exemptions that allow kids to skip some or all vaccines and still enter school. It gives power over the exemption process to public health officials and will create a vaccination database of all children with medical dispensation.

BEFORE COVID...

ID2020 and partners launch program to provide digital ID with vaccines

Sep 20, 2019 | [Chris Burt](#)

CATEGORIES [Biometrics News](#) | [Civil / National ID](#) | [Healthcare Biometrics](#) | [ID for All](#)



The [ID2020 Alliance](#) has launched a new digital identity program at its annual summit in New York, in collaboration with the Government of Bangladesh, [vaccine alliance Gavi](#), and new partners in government, academia, and humanitarian relief.

The program to [leverage immunization](#) as an opportunity [to establish digital identity](#) was unveiled by ID2020 in partnership with the [Bangladesh Government's Access to Information \(a2i\) Program](#), the Directorate General of Health Services, and [Gavi](#), according to the announcement.

["We are implementing a forward-looking approach to digital identity that gives individuals control over their own personal information, while still building off existing systems and programs,"](#) says Anir Chowdhury, policy advisor at a2i. ["The Government of Bangladesh recognizes that the design of digital identity systems carries far-reaching implications for individuals' access to services and livelihoods, and we are eager to pioneer this approach."](#)

Gavi CEO Seth Berkley says that [89 percent of children and adolescents who do not have identification](#) live in countries where the organization is active. ["We are enthusiastic about the potential impact of this program not just in Bangladesh, but as something we can replicate across Gavi-eligible countries, providing a viable route to closing the identity gap,"](#) he says.

A partnership was also formed earlier this year between Gavi, NEC, and Simprints to use [biometrics to improve vaccine coverage](#) in developing nations.

["Digital ID is being defined and implemented today, and we recognize the importance of swift action to close the identity gap,"](#) comments ID2020 Executive Director Dakota Gruener. ["Now is the time for bold commitments to ensure that we respond both quickly and responsibly."](#)

We and our ID2020 Alliance partners, both present and future, are committed to rising to this challenge."

ID2020 also announced new partnerships and provided progress reports on initiatives launched last year. Since last year's summit, the ID2020 Alliance has been joined by the City of Austin, UC Berkeley's CITRIS Policy Lab and Care USA.

The City of Austin, ID2020, and several other partners are working together [with homeless people and the service providers who engage with them](#) to develop a blockchain-enabled digital identity platform called MyPass to empower homeless people with their own identity data.

A pair of inaugural pilot programs launched last year in partnership with iRespond and [Everest](#) have each made progress, ID2020 says.

The iRespond program has improved continuity of care for more than 3,000 refugees receiving treatment for chronic conditions from the International Rescue Committee in Thailand, according to the announcement, while Everest has assisted with the provision of access to critical energy subsidies and a range of additional services with secure and user-centric digital identities without relying on a smartphone.

BEFORE COVID...



BEFORE COVID...



BEFORE COVID...



BEFORE COVID...



Rick Wilson ✓
@TheRickWilson



Anti-vaxxers are a scourge and a strong argument for re-education camps, the immediate seizure of their property, and putting their children into protective custody.

twitter.com/BrandyZadrozny...

9:51 AM · Dec 6, 2019



7.1K Reply Copy link

[Read 2.4K replies](#)



Opinion: Anti-vaxxers are dangerous. Make them face isolation, fines, arrests.



A bottle of measles, mumps and rubella virus vaccine at the Salt Lake County Health Department in Salt Lake City. (George Frey/Getty Images)



By [Juliette Kayyem](#)

April 30, 2019

BEFORE COVID...

Vaccination policy - Wikipedia

W https://en.m.wikipedia.org/wiki/Vaccine_policy

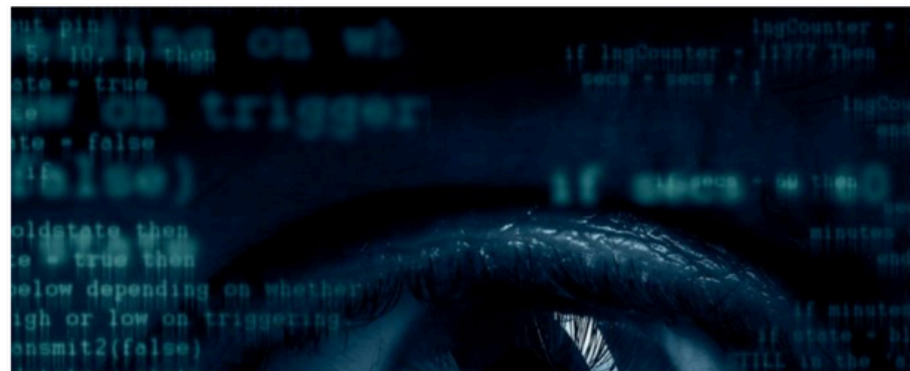
In December 2018, **Argentina** enacted a new **vaccine** policy requiring all persons who are medically able, both **adults** and children, to be vaccinated against specified diseases. Proof of vaccination is required to attend any level of school, from infancy through adulthood, or obtain a **marriage license**, or any kind of government ID, including a passport or driver's license .

Federal Government Prepares to Track Unvaccinated Adults

by Theresa Wrangham

Published July 3, 2015 | Vaccination, Schedules

250
SHARES



Adults Targeted as Federal Government Prepares to Track the Unvaccinated

Posted: 3/18/2015 12:19:08 PM | with 118 comments

By Theresa Wrangham, NVIC Executive Director

During the National Vaccine Advisory Committee's (NVAC) February meeting, American adults were put on notice by Big Brother that non-compliance with federal vaccine recommendations will not be tolerated. Public health officials have unveiled a new plan to launch a massive nationwide vaccination promotion campaign involving private business and non-profit organizations to

2017-2019

- NY REMOVES RELIGIOUS EXEMPTION
- CALIFORNIA REMOVES RELIGIOUS & MEDICAL EXEMPTIONS
- NJ ATTEMPTS TO REMOVE RELIGIOUS EXEMPTIONS
- NASHVILLE HEALTH DEPARTMENT URGES THE STATE TO REMOVE RELIGIOUS EXEMPTIONS
- CONGRESS DRAFTS BILL TO REMOVE RELIGIOUS EXEMPTIONS NATIONWIDE

video



About Healthy People

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Vision

A society in which all people live long, healthy lives.

Mission

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.



THE NATIONAL VACCINE PROGRAM OFFICE
**NATIONAL ADULT
 IMMUNIZATION PLAN**



TABLE 1. HEALTHY PEOPLE OBJECTIVES SPECIFIC TO ADULT VACCINATION, 2013 COVERAGE AND 2020 TARGETS

Objective IID-12: Increase the percentage of children and adults who are vaccinated annually against seasonal influenza.	2013 Percentage	2020 Target Percentage*
Adults age >18 years	39 [†]	70
Health care personnel	62 [‡]	90
Pregnant women	52 [§]	No target, in development

GOAL 3 OBJECTIVES

GOAL 3 INCLUDES THREE OBJECTIVES TO INCREASE COMMUNITY DEMAND FOR ADULT IMMUNIZATIONS:

GOAL 3 OBJECTIVE 3.1	GOAL 3 OBJECTIVE 3.2	GOAL 3 OBJECTIVE 3.3
Educate and encourage <i>individuals</i> to be aware of and receive recommended adult immunizations.	Educate and encourage <i>health care providers</i> to recommend and/or deliver adult vaccinations.	Educate and encourage <i>other groups</i> (e.g., community and faith-based groups, tribal organizations) to promote the importance of adult immunization.

Objective 3.1:

Educate and encourage *individuals* to be aware of and receive recommended adult immunizations.



Healthy People 2030

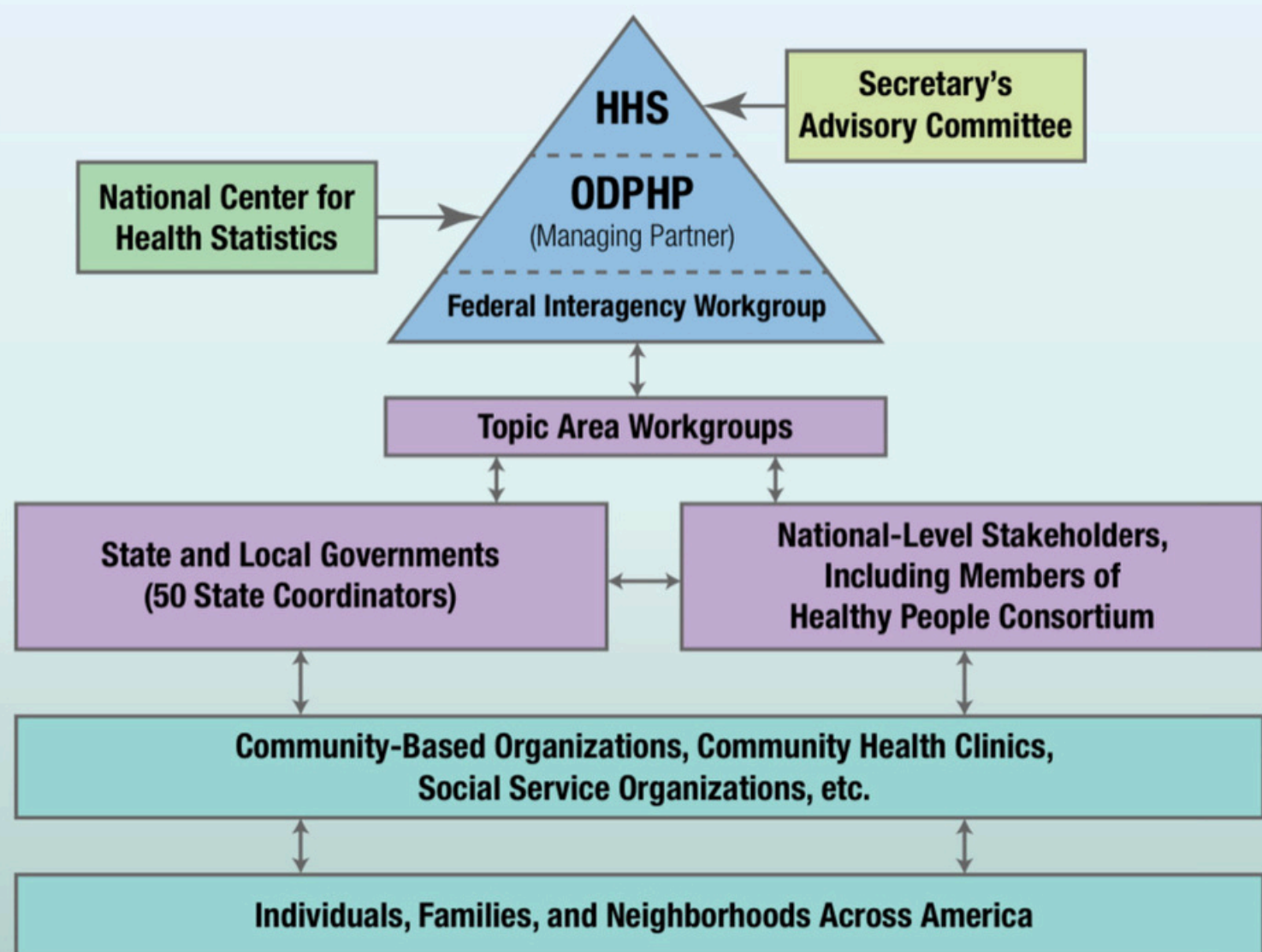
Building a healthier future for all

About Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them.



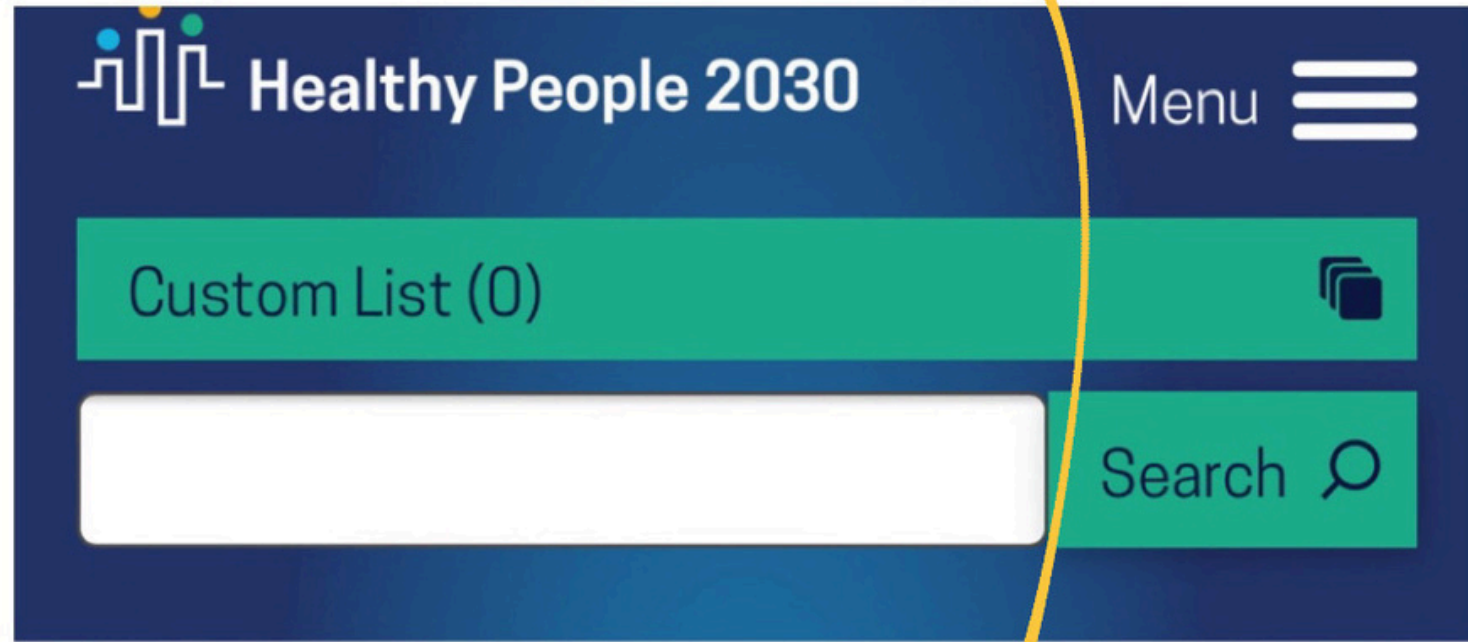
Healthy People Stakeholders



What is Healthy People 2030?

Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first 4 decades.

GOAL



« [Vaccination](#)

Increase the proportion of adolescents who get recommended doses of the HPV vaccine — IID-08

Objective Overview

Status: Baseline only

[Learn more about our data release schedule](#)



Most Recent Data:
48.0 percent (2018)



Target:
80.0 percent



Desired Direction:
Increase desired



Baseline:
48.0 percent of adolescents aged 13 through 15 years received recommended doses of the HPV vaccine by 2018

**Increase it by 32%
(or roughly 5.4
million kids each
year)**

Summary

HPV (human papillomavirus) can lead to cancer in both men and women. Almost all HPV-related cancers can be prevented by the HPV vaccine, but many adolescents aren't getting the vaccine. Strategies to make sure more adolescents get vaccinated include using vaccination information systems, sending patient reminders, and starting vaccination programs in schools.

Topics: [Vaccination](#), [Adolescents](#), [Sexually Transmitted Infections](#)

Workgroup:

[Immunization and Infectious Diseases Workgroup](#)

Increase the proportion of adolescents who receive recommended doses of the human papillomavirus (HPV) vaccine

Target-Setting Method: Maintain consistency with national programs, regulations, policies, or laws

Data Source: [National Immunization Survey - Teen \(NIS-Teen\)](#), [CDC/NCIRD](#)

[Learn more about data measurement for this objective](#)

Consistency = trying to make it the same in every city/state.

programs would require minor consent laws, like these:

- Cities in two states (San Francisco in CA and Philadelphia in PA), have moved to allow minors, ages 12 and older, to self-consent for COVID-19 vaccination.
- In one state (AZ), if a parent refuses to consent for COVID-19 vaccination, but if a child or a doctor requests it, a court order can be obtained to allow for vaccination.
- In **5 states**, a minor's ability to self-consent is based on a specific age as follows:
 - Two states where a minor must be at least 16 (RI and SC)
 - One state where a minor must be at least 15 (OR)
 - One state where a minor must be at least 14 (AL)
 - One state where a minor must be at least 11 (DC; in DC, each healthcare provider may institute additional requirements which could include requiring a parent or guardian to be present).

- Washington state has a "Mature Minor Doctrine" established by [Smith v. Seibly](#) in the Washington Supreme Court in 1967. This doctrine allows some providers to determine whether a minor has the capacity to understand the proposed health care service or treatment and is sufficiently mature to make their own health care decisions.
- The remaining **5 states** apply the "mature minor doctrine", meaning that there is no specific age cut-off but providers have discretion to decide if a minor possesses the maturity to consent for themselves (AR, ID, NC, TN, WA).
- This means that parental consent has already been required for 16-17 year-olds in most states (**41**) since the initial authorization of the Pfizer vaccine on December 11, 2020. Two additional states require consent for some subset of 12-15 year-olds, bringing the count to 43 states where most minors in this age group would need parental consent. Once the next group of children is eligible for vaccination, those below age 12, this number will grow to 45.

DC has the most anti-parental-rights laws of all... if you utilize religious for any job or simply opt out of HPV, your child could be coerced into getting it at school anyway and they do not have to inform you about it.

"(2) If a minor student is utilizing a religious exemption for vaccinations or is opting out of receiving the Human Papillomavirus vaccine, but the minor student is receiving vaccinations under section 600.9 of Title 22-B of the District of Columbia Municipal Regulations (22-B DCMR § 600.9), the health care provider shall leave blank part 3 of the immunization record, and submit the immunization record directly to the minor student's school. The school shall keep the immunization record received from the health care provider confidential; except, that the school may share the record with the Department of Health or the school-based health center."

Mature Minor Doctrine

The “mature minor” doctrine in Tennessee permits healthcare providers to treat certain minors without parental consent, according to the “Rule of Sevens.” (See *Cardwell v. Bechtol*, 724 S.W.2d. 739 (Tenn. 1987)).

- Under the age of 7 there is no capacity, and the physician must have parental consent to treat (unless a statutory exception applies).
- Between the ages of 7 and 14, there is a rebuttable presumption that there is no capacity, and a physician generally should get parental consent before treating (unless a statutory exception applies).
- Between the ages of 14 and 18, there is a rebuttable presumption of capacity, and the physician may treat without parental consent unless the physician believes that the minor is not sufficiently mature to make his or her own health care decisions.

Certain statutes also explicitly permit the treatment of minors for specific conditions without parental consent, including treatment of juvenile drug abusers (T.C.A § 63-6-220), emergency situations (T.C.A § 63-6-222), treatment for STDs (T.C.A § 68-10-104(c), providing contraception (T.C.A § 68-34-107), and providing prenatal care (T.C.A § 63-6-223). In the case of abortion, however, the legislature has made clear that no minor may obtain an abortion without either parental consent or a court order in exceptional circumstances.

Tennessee county health departments follow Tennessee law and provide medical treatment and vaccinations to patients as young as 14 without parental consent if the individual provider determines that the patient meets the definition of a “mature minor” in accordance with Tennessee law.

Vaccination Programs: Home Visits to Increase Vaccination Rates

About this resource:

Systematic Review

Source: The Guide to Community Preventive Services

Last Reviewed: February 2016 

Workgroups: [Immunization and Infectious Diseases Workgroup](#), [Access to Health Services Workgroup](#)

The Community Preventive Services Task Force (CPSTF) recommends home visits to increase vaccination rates in children and adults. In these interventions, home visitors:

- Assess whether people have gotten recommended vaccines
- Discuss why it's important to get recommended vaccines
- Either provide vaccines or refer people elsewhere

CPSTF noted that home visits can be expensive compared to other options.

Increase the proportion of people with vaccination records in an information system — IID-D02

Objective Overview

Remove from Custom List

Status: Developmental 

[Learn more about our data release schedule](#)

Increase the proportion of immunization information systems that track adult immunizations across the lifespan

Summary

This objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it, but doesn't yet have reliable baseline data. Once baseline data are available, this objective may be considered to become a core Healthy People 2030 objective.

Topics: [Vaccination](#), [Infectious Disease](#), [Public Health Infrastructure](#)

Workgroup: [Immunization and Infectious Diseases Workgroup](#)

Discrimination

Healthy People 2030 organizes [the social determinants of health](#) into 5 domains:

1. Economic Stability
2. Education Access and Quality
3. Health Care Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

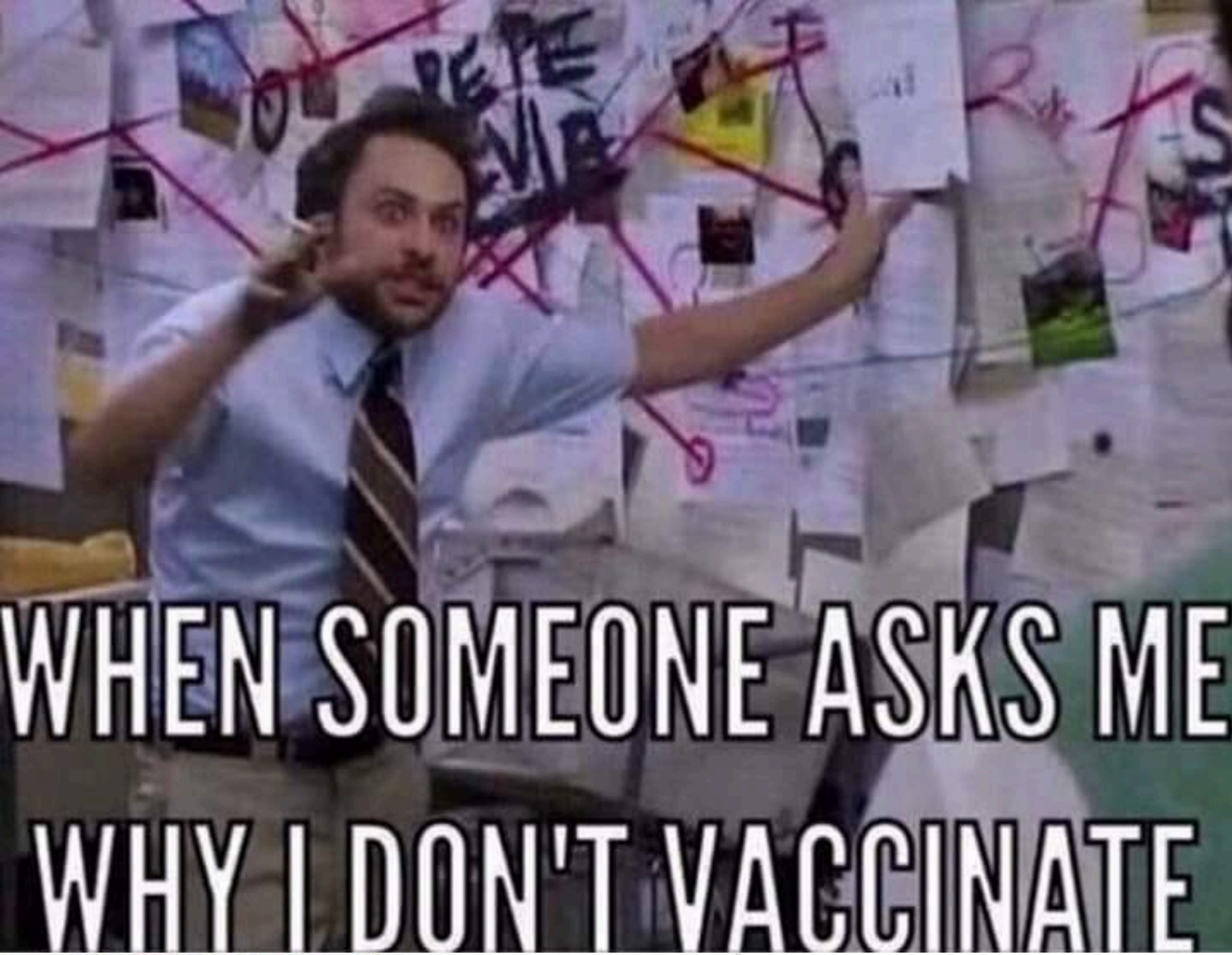
Discrimination is a key issue in the Social and Community Context domain.

Discrimination is a fairly common experience; 31% of U.S. adults report at least 1 major discriminatory occurrence in their lifetime, and 63% report experiencing discrimination everyday.³ Experiencing discrimination may be related to health behaviors that have clear associations with particular disease outcomes, such as smoking^{26, 27} or alcohol abuse.²⁸ It may also be related to not participating in health-promoting behaviors, such as cancer screening, diabetes management, and condom use.^{5, 29, 30, 31}

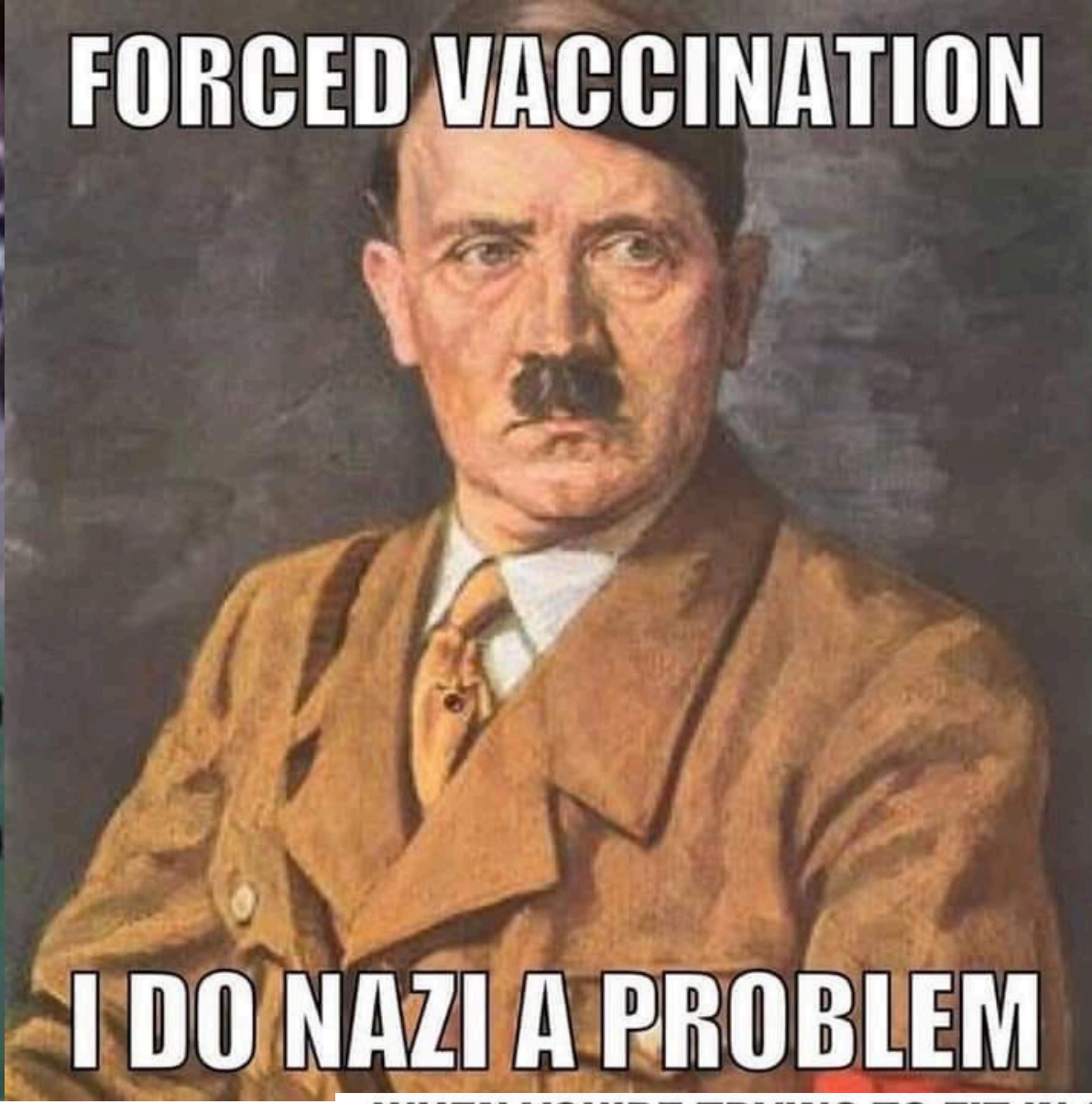
Various forms of discrimination impact different population groups, including racial/ethnic minorities,^{23, 32, 33} women,^{8, 34, 35} lesbian, gay, bisexual, and transgender (LGBT) individuals,^{36, 37, 38, 39, 40} older adults,^{3, 41} and people with disabilities.^{42, 43, 44}

Discrimination is a socially structured action that is unfair or unjustified and harms individuals and groups.^{1, 2, 3, 4} Discrimination can be attributed to social interactions that occur to protect more powerful and privileged groups at the detriment of other groups.^{3, 4} While not all stressful experiences negatively affect health, or occur because of discrimination, many do impact health and can be related to discrimination.⁵

This summary attempts to show how discrimination, as defined above, can adversely affect health in various populations.



WHEN SOMEONE ASKS ME WHY I DON'T VACCINATE



FORCED VACCINATION

I DO NAZI A PROBLEM



I WANT THE TRUTH!

FACEBOOK KEEPS BANNING THE TRUTH!



WHAT MAKES SEX NOT RAPE?

CONSENT



WHAT MAKES A JOB NOT SLAVERY?

CONSENT



WHAT MAKES A TRANSACTION NOT ROBBERY?

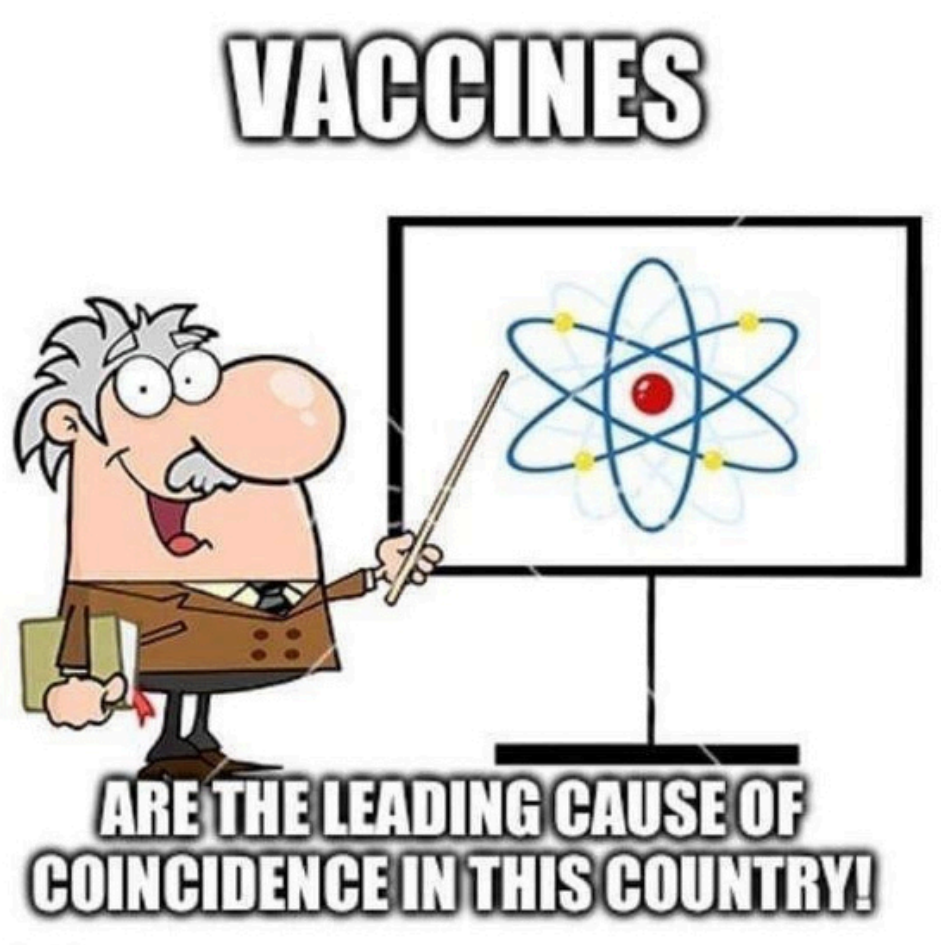
CONSENT



WHAT MAKES MANDATORY VACCINATION NOT TYRANNY?



MAGICAL FAIRY DUST



VACCINES

ARE THE LEADING CAUSE OF COINCIDENCE IN THIS COUNTRY!

WHEN YOU'RE TRYING TO FIT IN AT A SOCIAL GATHERING AND PEOPLE START TALKING TO YOU ABOUT FLU SHOTS



MOST PEOPLE WHEN SOMEONE ANNOUNCES THEY ARE PREGNANT: "CONGRATULATIONS!"



Me:

"don't vaccinate that baby!"

Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations.

<https://www.ncbi.nlm.nih.gov/m/pubmed/22235057/>

Because children may be most at risk of vaccine-induced complications, a rigorous evaluation of the vaccine-related adverse health impacts in the pediatric population is urgently needed.

<https://childrenshealthdefense.org/?s=aluminum+>

Myalgia and chronic fatigue syndrome following immunization: macrophagic myofasciitis and animal studies support linkage to aluminum adjuvant persistency and diffusion in the immune system

<https://www.sciencedirect.com/science/article/abs/pii/S1568997219301090>

We present epidemiological, clinical and experimental evidence that Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) constitutes a major type of adverse effect of vaccines, especially those containing poorly degradable particulate aluminum adjuvants.

<https://thinklovehealthy.com/2017/07/28/why-you-cannot-compare-the-amount-of-aluminum-in-breastmilk-to-vaccines-2/>

Material Safety Data Sheet - Aluminum Sulfate

<https://childrenshealthdefense.org/wp-content/uploads/Aluminum-Sulfate-MSDS.pdf>

Section 11 of the MSDS for aluminum sulfate states: "Symptoms may include cramping, nausea, vomiting, diarrhea. Ingestion also produces a feeling of dryness and puckering of the mucous membranes of the mouth and throat. It may affect behavior/central nervous system and cause ataxia and seizures. High blood concentrations of aluminum may cause aluminum-induced encephalopathy with [...]"

Is exposure to aluminium adjuvants associated with social impairments in mice? A pilot study

<https://www.sciencedirect.com/science/article/pii/S0162013417304749>

First Experimental Study on Baby Mice Finds Autism-like Response to Common Vaccine Ingredient By Claire Dwoskin, Founder, Children's Medical Safety Research Institute, a Children's Health Defense Partner A breakthrough study by scientists from the University of British Columbia in Vancouver, Canada has been published in the Journal of Inorganic Biochemistry demonstrating that significant [...]"

Immunoexcitotoxicity as the central mechanism of etiopathology and treatment of autism spectrum disorders: A possible role of fluoride and aluminum

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5909100/?report=classic>

Fluoride and aluminum, alone or in combination, can produce the condition of "immunoexcitotoxicity" that leads to the pathological changes seen in autism.

Reconsideration of the immunotherapeutic pediatric safe dose levels of aluminum

<https://childrenshealthdefense.org/wp-content/uploads/Lyons-Weiler-2018-Reconsideration-of-the-immunotherapeutic-pediatric-safe-dose-levels-of-aluminum-.pdf>

The levels of aluminum present in individual vaccines and in the modern vaccine schedule as a whole are problematically high.

Synergism in aluminum and mercury neurotoxicity

<https://www.oatext.com/synergism-in-aluminum-and-mercury-neurotoxicity.php>

Aluminum and mercury sulfates may contribute to neurodegeneration and progressive age-related functional decline such as Alzheimer's disease.

What is the risk of aluminium as a neurotoxin?

<https://www.ncbi.nlm.nih.gov/pubmed/24779346>

Aluminium is neurotoxic. Its free ion, Al(3+) (aq), is highly biologically reactive and uniquely equipped to do damage to essential cellular (neuronal) biochemistry. This unequivocal fact must be the starting point in examining the risk posed by aluminium as a neurotoxin in humans.

Critical analysis of reference studies on the toxicokinetics of aluminum-based adjuvants

<https://www.sciencedirect.com/science/article/pii/S0162013417303380>

Aluminum adjuvants are not rapidly eliminated from the body through urine.

Combined subchronic toxicity of aluminum (III), titanium (IV) and silicon (IV) oxide nanoparticles and its alleviation with a complex of bioprotectors

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5877698/>

The use of nanoparticles—including metallic nanoparticles—has exploded in industry, commerce and medicine over the past several decades. A Russian research team assessed the “nano-toxicity” of three types of metal nanoparticles (titanium, silicon and aluminum oxide) alone and in combination. Repeated injection into rats showed that all three were “toxic for several target organs.” However, “for the majority of these effects,” the aluminum oxide nanoparticles “proved to be the most noxious,” even though the aluminum dose was half that of the titanium and silicon doses. No other publications have reported on these metal nanoparticles’ combined toxicity, despite their “potentially hazardous nano-impacts on human health.”

Aluminum Should Now Be Considered a Primary Etiological Factor in Alzheimer’s Disease

<https://content.iospress.com/download/journal-of-alzheimers-disease-reports/adr170010?id=journal-of-alzheimers-disease-reports%2Fadr170010>

The unequivocal neurotoxicity of aluminum must mean that when brain burdens of aluminum exceed toxic thresholds that it is inevitable that aluminum contributes toward disease. Aluminum acts as a catalyst for an earlier onset of Alzheimer’s disease in individuals with or without concomitant predispositions, genetic or otherwise. Alzheimer’s disease is not an inevitable consequence of aging in the absence of a brain burden of aluminum.

Aluminum and Alzheimer's disease: after a century of controversy, is there a plausible link?

<https://www.ncbi.nlm.nih.gov/pubmed/21157018>

Misconceptions about Al bioavailability may have misled scientists regarding the significance of Al in the pathogenesis of AD. The hypothesis that Al significantly contributes to AD is built upon very solid experimental evidence and should not be dismissed. Immediate steps should be taken to lessen human exposure to Al, which may be the single most aggravating and avoidable factor related to AD.

Aluminium in brain tissue in autism

<https://childrenshealthdefense.org/wp-content/uploads/Mold-2017-Aluminum-in-Brain-Tissue-and-Autism.pdf>

Autism spectrum disorder is a neurodevelopmental disorder of unknown aetiology. It is suggested to involve both genetic susceptibility and environmental factors including in the latter environmental toxins. Human exposure to the environmental toxin aluminium has been linked, if tentatively, to autism spectrum disorder.

<https://www.sciencedirect.com/science/article/pii/S0946672X17308763>

Additional Resources to

Explore:

childrenshealthdefense.com

icandecide.org

thehighwire.com