

**TZIM
GEZINT**
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GEZINT
צוים געזונט

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Dear Reader,

Welcome to **Tzim Gezint**, the publication designed to shed much needed light on the facts, figures and real life scenarios regarding the importance of vaccinations.

The Hudson Valley Health Coalition was formed in 2015. A breakthrough collaboration, it represents the collective resolution of all Kiryas Yoel health practitioners and community based organizations, in conjunction with the Orange County Department of Health (OCDOH), to provide the very best in care to our community.

As your doctors, school administrators, community health organizations and health department representatives our mission is your health; our daily, ongoing efforts reinforce that mission. Though we are here to treat you and your loved ones in the event of illness, our deepest desire is to provide the necessary intervention and education to ensure, that with Hashem's help, you stay healthy to begin with.

Vaccines are one of the greatest success stories in public health. Through use of vaccines, we have eradicated smallpox and nearly eliminated wild polio virus. The number of people who experience the devastating effects of preventable infectious diseases like measles, diphtheria, and whooping cough is at an all-time low.

An ironic result of the success of vaccines is the decreased understanding of just how serious the consequences of preventable illnesses are. Instead, more focus is paid to the risks associated with vaccines. While no one can ever guarantee the 100% safety of anything, the benefits of vaccines far outweigh the risks. The reality is that Americans have never been healthier than we are today and vaccines have never been safer.

Our responsibility to you and your family includes preventing the spread of disease. Our community has an achrayus to ourselves and each other; to do our hishtadlus and halachic obligation to stay healthy. Tzim Gezint provides the educational tool to empower each of you to make informed decisions about vaccinations.

The Hudson Valley Health Coalition

Best Healthcare

Bikur Cholim

Chaim Medical Resource

Dr. Zev Zelenko

Early Headstart/Headstart

Elite Healthcare

Ezras Choilim Health Center

Kiryas Joel School District

Kiryas Joel Volunteer EMS

Refuah Helpline



THE TORAH PERSPECTIVE

from the *Divrei Yoel*

When looking for the Torah perspective on following the advice of doctors, one need not look further than Grand Rabbi Yoel Teitelbaum zt"l, the founder of Kiryas Yoel.

In his sefer Divrei Yoel, the Rebbe delves into the famous machlokes between the Ramban (רמב"ן: ויקרא) and the Rambam in (כ"ו י"א ד"ה ונתתי רמב"ם: פירוש משניות מס' נדרים מא:) regarding the Torah's obligation of ורפא ירפא. The Ramban holds that when the Torah says ורפא ירפא, it gives permission to the doctor to heal. It does not however specify that the חולה, the one who is sick, is allowed to go to a doctor seeking a refuah. Quite the opposite, in fact, says the Ramban. Those who are complete in their mitzvos and avoidas Hashem, should beseech the One Above for a refuah, not turn to a doctor.

The Ramban continues, that the words ורפא ירפא give permission to doctors to heal only those who are on

a lesser madraiga, who have no choice but to turn to a doctor, rather than to Hashem, to be healed. To emphasize this point, the Ramban brings the example of Assa, the King of Yehudah, who was reprimanded for turning to doctors, rather than to Hashem, to heal him when he was sick.

The Rambam has a totally different opinion. He holds, that not only is it permissible for a person to go to a doctor to receive medical intervention, it is actually a mitzvah; similar to how a person is obligated to eat, drink and clothe himself to maintain his health. Furthermore, this obligation includes seeking out preventative care as well. The Divrei Yoel brings down that both the וטור and the בית יוסף agree with the Rambam and it is in fact written in the (ש"י ס' של"ז) שלחן ערוך

intervention is not only an obligation, but a matter of pikuach nefesh.

The Divrei Yoel continues that although it is universally accepted to follow the Rambam on this matter, the Ramban seems to have a valid argument. If there is a natural *tevah* in the world, why should we go against it by seeking to heal an illness that is given to us by Hashem? We don't

“we must realize that our responsibility extends to working together as a community to prevent disease and illness from occurring”

believe that anything just 'happens', so why go to a doctor to cure something that Hashem brought upon us for a reason?

To better understand the place of *tevah* within healing, the Rebbe weaves a brilliant explanation based on the pasuk in האזינו: האזינו כי פרשת האזינו: ותשמע הארץ אמרי כי השמים ואדברה ותשמע הארץ אמרי כי. Both at that specific time involving Moshe Rabbeinu, and in the future with Yehoshua, the sun would stand still, acting against *tevah*, to do the will of a tzadik. This is actually why the pasuk uses both the present tense ותשמע and the future tense האזינו.

How could the שמים and ארץ go against their natural state to bear witness 'stand quietly and listen'? Didn't the Eibishter make a world filled with *tevah* that supposedly cannot be changed?? We must however understand that the Torah preceded everything and *tevah* is subservient to the Torah. The creation was in fact set



“it is a חיוב, an obligation, for us to intervene when it comes to health and to preventing illness.”

up that the *tevah*, the natural order of things, is *meshubad* to the Torah.

The Rebbe continues that this same idea applies to ורפא ירפא. If the Torah - which came before everything and to which the *tevah* is *meshubad* - states that we can heal, then it is the will of Hashem for us to seek medical intervention. It means that the Eibishter placed within the *tevah* of the world, the ability for doctors to change illness through medicine and medical intervention.

When it comes to vaccinations, there are those who say we should not 'mix in', that Hashem is in charge; if a disease is supposed to happen, it will.

The Divrei Yoel clearly illustrates that it is a חיוב, an obligation, for us to intervene when it comes to health and to preventing illness.

Our obligation is further emphasized by a concept that is the very foundation of Yiddishkeit: כל ישראל ערבים זה לזה. It is this concept that makes us so willing to help one another through tzedakah and chessed.

Once we understand that it is our responsibility to seek medical intervention and practice prevention, we must realize that our responsibility extends to working together as a community to prevent disease and illness from occurring; doing our *hishtadlus* to keep not only our children, but each other's children, healthy and well.

Microorganism:

A microscopic or tiny organism

Pathogen:

A microorganism that causes disease.



UNDERSTANDING Vaccines

What is a vaccine?

The Oxford dictionary definition states: *a vaccine is a biological substance used to stimulate the production of antibodies and provide immunity against one or several diseases, prepared from the causative agent of a disease, its products, or a synthetic substitute, treated to act as an antigen without inducing the disease.*

Simply stated, vaccines, also called

immunizations, needles or shots, contain a little bit of a disease-causing germ that is either weakened or dead. Introducing this germ inside your body makes your defense system build antibodies to fight off that specific kind of germ.

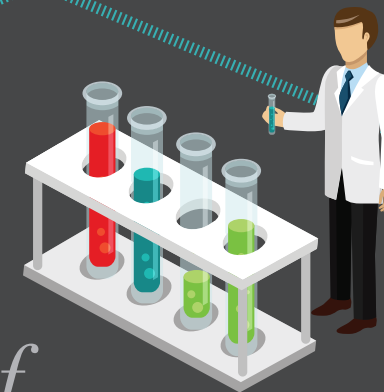
Some vaccines prevent one disease. Some are combined to protect you from several diseases with one shot. For example, the MMR vaccine fights measles, mumps and rubella (German measles).

What are antibodies?

Antibodies are the naturally occurring 'germ fighting soldiers' that help trap and kill germs found in your body that can lead to disease.

Your body can make antibodies in two ways: by getting the disease or by getting the vaccine. Getting the vaccine is a much safer way to make antibodies. You avoid the symptoms associated with vaccine preventable diseases (VPDs) and you avoid the risk

4 types of Vaccines

**LIVE ATTENUATED VACCINES:**

1 Contain a version of the living, disease-causing pathogens that has been weakened in the laboratory so it can't cause disease. Closest to a natural infection, these vaccines are good "teachers" of the immune system. Cannot generally be administered to a pregnant woman or someone with a compromised immune system.

Used in vaccines for: Tuberculosis, Oral Polio Vaccine, MMR (Measles, Mumps, Rubella), Rotavirus, Yellow Fever

INACTIVATED WHOLE-CELL (KILLED ANTIGEN):

2 Made from microorganisms (viruses, bacteria, other) that have been killed through physical or chemical processes. These killed organisms cannot cause disease but may require more than one dose of vaccine.

Used in vaccines for: Inactivated Polio shot, Hepatitis A

SUBUNIT (PURIFIED ANTIGEN):

3 Contain only a piece of the disease-causing organism or those antigens that best stimulate the immune system and not the entire microorganism. This lowers the chances of adverse reactions.

Used in vaccines for: Hepatitis B, Flu, Pertussis, Meningococcal disease

TOXOID (INACTIVATED TOXIN)

4 Used to protect against bacteria that secrete toxins, or harmful chemicals. Scientists deactivate the toxins making them harmless.

Used in vaccines for: Tetanus and Diphtheria

of becoming disabled or worse.

Antibodies are brilliant. They remember how to fight off the germ and they stay with you for a long time. Some antibodies retain this germ-fighting memory for life. Others need a booster shot to remind them how to fight. If the real germ that causes a specific disease enters your body in the future, your defense system mobilizes the antibodies to fight it off.

Where did the idea for vaccines come from?

Edward Jenner was a surgeon and an apprentice apothecary (someone who prepared and sold medicines and drugs), who lived in the late 1700's. Since he worked in medicine, he became intrigued when he heard that dairy workers who caught cowpox, which only has a mild effect on humans, were not catching smallpox, an often deadly or disfiguring disease that plagued people at that time. He decided to study what was happening.

He took the pus from the hand of Sarah Nelmes, a milkmaid with cowpox, and scratched it into the arm of James Phipps, an eight-year-old boy. He waited six weeks and then injected the boy with smallpox, introducing a tiny sample of smallpox into his body. He observed that the boy did not catch smallpox!

The year was 1796 and Edward Jenner had just discovered the power and value of vaccinations. Realizing the significance of his discovery, Jenner extended his studies and in 1798 reported that his vaccine was safe in children and adults.

The second generation of vaccines was introduced in the 1880s by Louis Pasteur, a French chemist. In 1885, Dr. Pasteur used a vaccine to successfully prevent rabies in a boy named Joseph Meister who had been bitten by a rabid dog. In the 1950s, Dr. Jonas Salk and Dr. Albert Sabin developed the inactivated polio vaccine and live polio vaccine, respectively. Their discoveries have saved countless children worldwide from polio, a disease that left children handicapped for life in wheelchairs or on crutches.

In the 1940s and 1950s, polio paralyzed and even killed children by the thousands. Before the vaccine, 13,000 to 20,000 cases of polio were reported every year in the United States. Polio was officially eliminated

from the United States and the rest of the Western Hemisphere in 1991.



Before the vaccine, 13,000 to 20,000 cases of polio were reported every year in the United States

Polio is just one example of devastating diseases of the past, now preventable by the development of vaccines. Today, thanks to vaccines, most children in the United States lead much healthier lives and parents live with much less anxiety and worry over infections during childhood.

What's the Downside to Vaccination Success?

It is difficult for young mothers in 2017 to fear the effects of a disease when we have not seen the devastating and heartbreaking results of it first-hand. As vaccines became more common, and diseases became

uncommon, the fear of children becoming horribly ill from vaccine preventable diseases disappeared. Many people began taking vaccinations for granted. Vaccines became their own worst enemy.

Then in 1998, a report was published in the medical journal, The Lancet. The report suggested vaccinations were responsible for the rise of autism. As a result, a huge controversy erupted about the MMR vaccine, causing vaccination rates to drop sharply. More and more children started coming down with measles, mumps and rubella; suffering the terrible symptoms and sometimes life changing results of these diseases.

In the years that followed many large epidemiological studies were undertaken by medical experts. Reviews of all the evidence by the leading health organizations around the world found no link. In 2010, Andrew Wakefield was found guilty of falsifying research data and was subsequently stripped of his medical license.

But the damage was done. The fear he caused still exists today. Mothers worry when it comes time to vaccinate their children. Despite being proven false, his claims continue to undermine one of the most effective prevention methods we have in safeguarding our children against devastating diseases.

Sources:
U.S. Department of Health & Human Services
Vaccines.gov
American Academy of Pediatrics 2015

What Are Vaccines Made Of?



Vaccines contain ingredients, called antigens, which cause the body to develop immunity. Vaccines also may contain very small amounts of other ingredients--all of which play necessary roles either in making the vaccine, or in ensuring that the vaccine is safe and effective. These types of ingredients are listed below. It is important to note that not all vaccines contain all of these ingredients.

TYPE OF INGREDIENT	EXAMPLE	PURPOSE
ADJUVANTS	Aluminum salts	To help stimulate the body's response to the antigen
STABILIZERS	Sugars, gelatin	To keep the vaccine potent during transportation and storage
RESIDUAL CELL CULTURE MATERIALS	Egg protein	To grow enough of the virus or bacteria to make the vaccine
RESIDUAL INACTIVATING INGREDIENTS	Formaldehyde	To kill viruses or inactivate toxins during the manufacturing process
RESIDUAL ANTIBIOTICS	Neomycin	To prevent contamination by bacteria during vaccine manufacturing

THE JOURNEY of YOUR CHILD'S VACCINE **1** PART

Before a new vaccine is ever given to people, extensive lab testing is done that can take several years. Once testing in people begins, it can take several more years before clinical studies are complete and the vaccine is licensed.

HOW A NEW VACCINE IS DEVELOPED, APPROVED AND MANUFACTURED

Food and Drug Administration (FDA) sets rules for the three phases of clinical trials to ensure the safety of the volunteers. Researchers test vaccines with adults first.

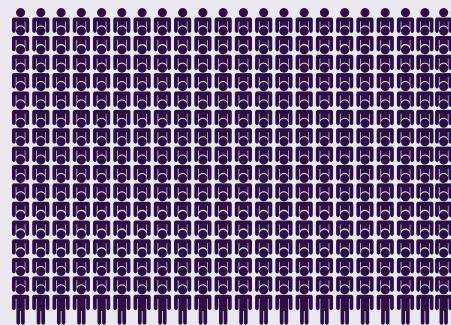
PHASE 1



20-100 healthy volunteers

- Is this vaccine safe?
- Does this vaccine seem to work?
- Are there any serious side effects?
- How is the size of the dose related to side effects?

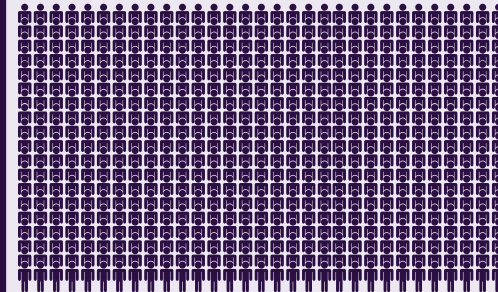
PHASE 2



several hundred VOLUNTEERS

- What are the most common short-term side effects?
- How are the volunteers' immune systems responding to the vaccine?

PHASE 3

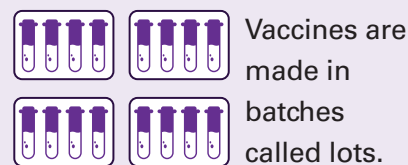


HUNDREDS or THOUSANDS of VOLUNTEERS

- How do people who get the vaccine and people who do not get the vaccine compare?
- Is the vaccine safe?
- Is the vaccine effective?
- What are the most common side effects?

FDA licenses the vaccine only if:

- It's safe and effective
- Benefits outweigh risks



Vaccines are made in batches called lots.



Manufacturers must test all lots to make sure they are safe, pure and potent. The lots can only be released once FDA reviews their safety and quality.



The FDA inspects manufacturing facilities regularly to ensure quality and safety.

FOR MORE INFORMATION, VISIT [HTTP://WWW.FDA.GOV/CBER](http://www.fda.gov/cber)

If the FDA licenses a vaccine, experts may consider adding it to the recommended immunization schedule.

See Part 2 on the next page.

THE JOURNEY of YOUR CHILD'S VACCINE **2** PART

HOW A VACCINE IS ADDED TO THE U.S. RECOMMENDED IMMUNIZATION SCHEDULE

The Advisory Committee on Immunization Practices (ACIP) is a group of medical and public health experts. Members of the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) are among some of the groups that also bring related immunization expertise to the committee. This group carefully reviews all available data about the vaccine from clinical trials and other studies to develop recommendations for vaccine use.

When making recommendations, ACIP considers:



- How safe is the vaccine when given at specific ages?
- How well does the vaccine work at specific ages?
- How serious is the disease this vaccine prevents?
- How many children would get the disease the vaccine prevents if we didn't have the vaccine?

ACIP recommendations are not official until the CDC Director reviews and approves them and they are published. These recommendations then become part of the United States official childhood immunization schedule.

New vaccine to protect your child against a disease is added to the schedule.

FOR MORE INFORMATION, VISIT [HTTPS://WWW.CDC.GOV/VACCINES](https://www.cdc.gov/vaccines)

After being added to the U.S. Recommended Immunization Schedule, health experts continue to monitor the vaccine's safety and effectiveness.

See Part 3 on the next page.

THE JOURNEY of YOUR CHILD'S VACCINE

PART 3

HOW A VACCINE'S SAFETY CONTINUES TO BE MONITORED

FDA and CDC closely monitor vaccine safety after the public begins using the vaccine.

The purpose of monitoring is to watch for adverse events (possible side effects).

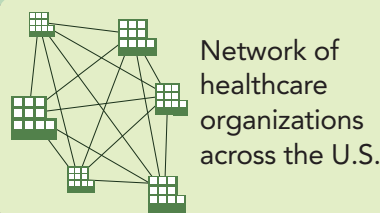


Monitoring a vaccine after it is licensed helps ensure that possible risks associated with the vaccine are identified.

VACCINE ADVERSE EVENT REPORTING SYSTEM

VAERS collects and analyzes reports of adverse events that happen after vaccination. Anyone can submit a report, including parents, patients and healthcare professionals.

VACCINE SAFETY DATALINK



Network of healthcare organizations across the U.S.



Healthcare information available for a population of over **9 million** people.

Scientists use VSD to conduct studies to evaluate the safety of vaccines and determine if possible side effects are actually associated with vaccination.

Vaccine recommendations may change if safety monitoring shows that the vaccine risks outweigh the benefits (like if scientists detect a new serious side effect).

FOR MORE INFORMATION, VISIT [HTTPS://WWW.CDC.GOV/VACCINESAFETY](https://www.cdc.gov/vaccinesafety)

The United States currently has the safest vaccine supply in its history. These vaccines keep children, families and communities protected from serious diseases.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Dr. Alan Werzberger,
Dr. Avraham Polinger
and **Dr. Seth Kurtz**
share their thoughts, policies and personal expertise about vaccinations.



Our Doctors, Our Guides

Antigen:
Any substance foreign to the body that triggers an immune response.

Do you vaccinate your own children?

Dr. AP Absolutely. I never had a doubt. The same science that developed the antibiotics we trust to make us better is applied to the vaccines that keep us well.

Dr. AW Yes. I have no hesitations. The benefits of administering vaccines by FAR outweigh any the risks involved in contracting any of the vaccine preventable diseases (VPD). If people really understood that, they would be vaccinating.

Dr. SK I agree. The only time I ever had a question was when the varicella vaccine was first introduced. I was hesitant about the lack of data regarding how long the effects last. When the ACIP (Advisory Committee on Immunization Practices) came out with the booster shot, which furthers the immunity I felt better about it.

I don't want to be an enforcer; I want to practice preventative medicine on behalf of my patients. *Dr. Kurtz*



Have you seen a shift in attitude towards vaccinations? Let's start with Dr. Werzberger since you've been in practice the longest.

Dr. AW Twenty-five years ago, there was no such thing as not giving vaccines on time! Except if someone had a cold. Unlike today, among the young, first-time mothers, it wasn't even something you had to discuss. It was literally unheard of.

Dr. SK I've seen three things happening: Firstly, people are becoming more hands on regarding their health and reaching out for information, but without understanding that not all studies are trustworthy. A patient might tell me, "I've done my research" and I'll respond, "What was your source?? Is it reliable? Is it accurate?" Then, because the benefits of vaccinations are not tangible, people have become less aware of how vital they are. And I have also seen a general growing distrust over the years with anything government related.

Dr. AP I found it interesting when I noticed that there was a higher non-vaccination rate amongst my Jewish patients in comparison to non-Jews. If not vaccinating is really based on believable facts and data that someone could find online, then it would make more sense that those who have greater access to the internet, media etc. would

be the ones who have a higher rate of non-vaccination. But the opposite is true. People in our community do not have access to this information, yet there are more people in KJ not vaccinating than in other, secular communities. Because the community's access and exposure to data is very limited, all it takes is a few people repeating mistruths for everyone to get scared. I find that mothers are not vaccinating because someone else told them not to, not because they are really educated about the subject.

Dr. AW Like Dr. Kurtz said, I believe that the increase of negativity and distrust in the general population has had an impact. Even in an insular culture, like Kiryas Yoel, the secular way of thinking will influence the community. But I do see the reluctance to vaccinate improving slowly, as efforts are put in by the medical experts in the community. It takes time to talk to mothers. Time that is difficult to find. It's something my son is integrating very effectively into his practice. I think as people get the factual details, they understand vaccinations better and are slowly shifting back.

Dr. SK The basis of this very publication was to create a vehicle by which to educate the community and correct the seed of doubt.

While on the subject of education, what is the biggest misconception you encounter about vaccines? What's your response?

Dr. AW Mothers think that vaccines negatively affect the immune system. This is simply not true. What we're administering is purified antigens. On any given day, your child is exposed to thousands of antigens in a non-sterile way! It's simply not true that the antigens which vaccines contain, which are purified, are harming you. If you believe that, then you have to believe that the very air we breathe is harmful. You would need to keep your child in a bubble!

Vaccinations have become the victim of their own success. Because vaccinations work, we have lost sight of the bigger picture: vaccines are there to keep your child healthy. *Dr. Polinger*



Dr. SK I come across many misconceptions. That vaccinations cause autism. That the studies are inaccurate and the FDA just pushes the vaccinations through to make money for the drug companies. That the studies that prove safety are paid for by drug companies and can't be trusted. And that we don't have to vaccinate for diseases that no longer exist. None of the above are true.

Dr. AP There's this attitude of "I bring in a totally healthy child and now you want to pump them full of chemicals!" Vaccinations have become the victim of their own success. No one sees meningitis, or children on ventilators, or kids with pneumonia hospitalized for

In my experience, I've found that once someone is truly educated they understand the value inherent in vaccinations.

Dr. Werzberger



weeks. Because vaccinations work, we have lost sight of the bigger picture: vaccines are there to keep your child healthy. Everything about them is under strict scrutiny; the components of each vaccine have been proven to be harmless and are constantly monitored. That being said, we can never be one hundred percent sure of anything. It is an ongoing process; anyone that tells you it's perfect is wrong. But neither are Tylenol or antibiotics or Vitamin C.



What would you like the community to know about how you deal with vaccinations in your respective offices?

Dr. AW We very, very aggressively push vaccines. While I don't ask the question of vaccination when a new patient comes to me, if a mother is outright anti-vaccination and is unwilling to discuss it, I won't accept that. I would love to be able to take the position that if someone doesn't vaccinate I won't accept them in the office but I am not abandoning the kids because of their parents' lack of education. In my experience, I've found that once someone is truly educated they understand the value inherent in vaccinations. Ninety percent of the decision is emotional-what your friends are saying, what you're reading, what your neighbors or family are pushing. This current phase of mistrust is something that we as health care professionals are working hard to correct. This

I have a hard time accepting that the same mothers who come to me to heal their children disregard me when their kids are well. You either trust your doctor or you don't!

Dr. Polinger

publication is a step in that direction.

Dr. AP I've found that very few people walk in and are proud that they don't vaccinate. They realize their viewpoint is not mainstream. Though, like Dr. Werzberger, if someone does tell me they don't want to vaccinate, I will still accept them as patients. Otherwise it's not fair to the children. 65-70 percent of my time is spent with sick kids. I have a hard time accepting that the same mothers who come to me to heal their children disregard me when their kids are well. You either trust your doctor or you don't!

I do not recommend delaying the administering of vaccines. Babies need the immunization benefits the most. Their immune system is weakest. I make the time to speak to mothers and explain the process and my thoughts about it. If I believe in it so strongly I have to make the time!

Dr. SK I'm the only practitioner in KJ who has the policy that if you don't vaccinate you can't stay. Years ago, a mother who did not vaccinate, brought her child with the measles into my office, exposing everyone who was sitting there including newborn babies; who had not yet had the chance to be immunized! I was furious when I realized what had happened. We had to contact each parent; they were all understandably frantic. Each baby needed to be given a specially prepared immunoglobulin shot that we acquired through the NYC DOH.

I always tell parents, my job is to help you make decisions, not make them for you. I try and figure out the basis of a parent's fears and show them its inaccuracies. I am not militant about following the vaccination schedule. I don't promote delaying, but I will work with parents as long as they are serious with follow up. I don't want to be an enforcer; I want to practice preventative medicine on behalf of my patients.

Tips

TO MAKE SHOTS
LESS
Stressful

1. Distract your child with a toy, a story, a song, or something interesting in the room. Make eye contact, smile, talk softly, or sing. Take deep breaths with an older child to help "blow out" the pain.

2. If you notice redness, soreness, or swelling from the shot, place a clean, cool washcloth on the area.

3. If your child runs a fever, try a cool (not cold) sponge bath. Ask your doctor if you can give a non-aspirin pain reliever.

4. Make sure your child gets plenty to drink.

5. If you're worried about anything, call your doctor.

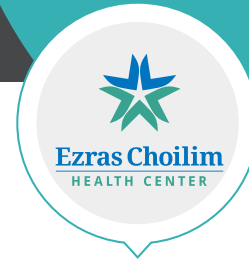
6. Be prepared for possible 24-48 hours of crankiness. Schedule vaccinations with that in mind. Don't choose the day before a chasunah...

7. After the shot, hug, cuddle, and praise your child. For babies, swaddling, nursing or giving a bottle may offer quick relief. Comfort and reassure older children if they cry.

THE ASSOCIATES SPEAK

Dina Dick, MD, FAAP

Ezras Choilim Health Center



As a mother, I want people to know two things: I vaccinate my children and in the twenty years I've been treating patients I have only ever seen minor reactions- such as redness, fever, rash and irritability. I have however, dealt with a lot of fear and opposition surrounding vaccines; I appreciate that fear. Mothers don't want to make a choice that they are going to regret.

However, at the end of the day, we have to know what we are really scared of. Thank G-d vaccines have been so successful we don't see the horrible diseases and their results. Nowadays bacterial meningitis is rare, but not so long ago it was a very real fear, simply because the vaccine that prevents it was not around. The same is true for all the other diseases we vaccinate for.

My personal approach is for parents to know I am here to listen, educate and work with them. It is important that parents understand the consequences of their choices. For example, one mother wanted to vaccinate but opted to space out her child's shots. As a result of going back to get the shots one at a time, her child was so terrified she has changed her mind and will vaccinate her next child on the standard schedule. I have also been there to witness the frustration and guilt of a parent who chose to not vaccinate and then found themselves caring for a child with a vaccine preventable disease--flu, pertussis.... Don't forget: the vaccine schedule is endorsed by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) and is established based on proven tests and results.

About ten years ago, I had a patient whose first child was vaccinated and then began showing developmental delays. They blamed vaccinations, but then their second child was born, received no vaccinations and then had the same developmental delays. We don't really know what causes these developmental delays, I wish we did. But it does not mean that vaccines are the source of the problem. We have to trust the experts. They have dedicated their lives to the protection of our children's health.

Samuel Werzberger, MD, FAAP

Best Healthcare Inc



Since joining the practice I have been extremely impressed with the level of devotion and care of the mothers in Kiryas Yoel. Overall I find our mothers to be extremely accepting of the information I provide; they recognize the truth. I feel honored and thankful to the Ribono Shel Oilam that I can help Yiddish mothers do the proper and appropriate medical hishtadlus so that they can raise healthy Yiddishe kinderlach.

I've been thinking long and hard as to why there seems to be an increased resistance, not only towards vaccines but to doctors' advice in general. Mothers seem to have a disproportionate level of trust for what they're reading and hearing. If they checked the sources, they would find that more often than not, the information is incorrect, incomplete and outdated, and is also based on emotion rather than statistical fact.

I take the time to speak to mothers about their specific fears regarding vaccinations and have found that the most common fears are the thought of injecting a tiny baby with so many chemicals and that vaccines weaken the immune system. These concerns prove that it is really the fear of the unknown, as neither one is true.

After spending a few short minutes explaining just a bit of the science and that it is precisely during the crucial early months of development that a baby's immature immune system needs to be protected from potential life threatening diseases; mothers understand the value and agree to vaccinate.

Meir Adler, PA-C

Elite Healthcare



I just saw a patient an hour ago; she came in with two little boys and told me she does not vaccinate. Her reasoning was that once she started vaccinating, her older son started getting ear infections.

It is important to me that patients really understand vaccinations. I gave her the example of looking both ways before you cross the street. Unfortunately, there are times when someone is about to cross the street, looks both ways and then is hit by a car anyway. You wouldn't say he got hit by the car because he looked both ways! It is understood that despite his best efforts, looking both ways was not enough and getting hit was inevitable. The same is true for vaccinations. Immunizing our children is the equivalent of looking both ways before you cross. It is the smart, dependable and proven best method to avoid childhood diseases. If ear infections or other issues arise, it is not because you vaccinated.

The other factor that I encourage mothers to keep in mind is that any fear, concerns about or reactions to vaccines are way overshadowed by the reality of how bad these vaccine preventable diseases really are.

It is important to me that my patients know that although we are an office that highly encourages vaccines, I am not militant about it. In fact, I encourage mothers to make an appointment, with their husband, to come in and speak with me. I want you to have the information you need to make an informed decision.

NATURAL IS NOT ALWAYS BEST

THE ASSOCIATES
SPEAK



One of the most common concerns regarding vaccinations is the idea of putting “so many unnatural chemicals into my baby”. The world is filled with many natural resources that, with the correct application, could be very helpful, but when misused and misunderstood they can be very harmful, especially in small children. The following real life examples, experienced by Dr. Samuel Werzberger, illustrate this point.

1 A mother refused to give “toxic” Tylenol or Motrin to her newborn and instead chose a homeopathic remedy. When the contents were

examined they were found to contain an opioid which is similar to morphine and heroin. Too large of a dose could have killed her child.

2 A six-week-old infant with a double ear infection was given unpasteurized and unsterilized goat milk directly into her ears as a replacement for antibiotics. Newborns have relatively no immune system of their own. This milk introduced unknown, new, and potentially deadly bacteria into her tiny body, in close proximity to her brain. And did not heal the infections.

3 There is a lot of talk about the potential benefits of plain water enemas. While this can seem to be a safe, natural remedy, in reality it can be extremely dangerous in a small child. The water can be fully absorbed by the colon into the blood stream, diluting the blood and creating a dangerous drop in sodium leading to a potentially deadly seizure (as reported in Eretz Yisroel, when this fad was introduced in the 1980s).



THE FOUNDER OF NUTRI- SUPREME WEIGHS IN

Mr. Eliezer Gruber CN, renowned founder and President of Nutri-Supreme and a certified nutritionist, made a decision years ago, not to delve into the vaccination debate.

“My focus is nutrition and as such I do not want to overstep my boundaries.” Most people, he thinks, do vaccinate. Mr. Gruber is more concerned about the general lack of balance when it comes to making health decisions.

“People have to ask themselves: ‘What is in the food I am feeding my children? The air they are breathing. I’ve had people express concerns about mercury in fish oil [pills]. My response is, ‘Do you ask the same question about the fish you buy for Shabbos?’”

“I have no doubt that there are parents out there, questioning vaccination ingredients without realizing that their baby is crawling around on a floor and being exposed to all kinds of germs and substances. Everyone is looking for something to blame for the alarming increase in childhood diseases, including autism.”

Parents, he says, are looking for a quick fix rather than addressing the need to first understand, then change, the basic foundations of our health and how we live. “I’ve been quoted several times advising everyone not to overspend on vitamins. Before you buy, are you aware of the harmful substances in your own home and in the food you eat?!”

Mr. Gruber is passionate about the need for better overall health and nutrition education in our communities. “People go wrong when they don’t have all the information.”



CRUNCHING the NUMBERS with JACKIE LAWLER



Jackie Lawler MPH, CPH
Epidemiologist, Orange County Health Department

VPD:
Vaccine Preventable Disease

Ms. Lawler has an undergraduate degree in biology and a master's in public health and epidemiology. She was hired by the Orange County Health Department (OCHD) the same year that Kiryas Yoel experienced a very large outbreak of the mumps. Eight hundred people became sick. Jackie and her colleagues worked tirelessly to bring the outbreak under control, vaccinating 1,800 students in a short time thereby stopping further spread of this vaccine preventable disease (VPD).

Today, in her seventh year at the OCHD she plays two main roles: getting involved any time there is an outbreak of a communicable disease, including any VPD. She is also in charge of putting together the community health assessment, which collects and describes various data and statistics used to improve the community's health and wellbeing.

Jackie explains the public health law which requires that doctors report certain diseases to the local health department. When a doctor suspects that a patient has a VPD, such as mumps, he or she needs to inform the health department. Usually the

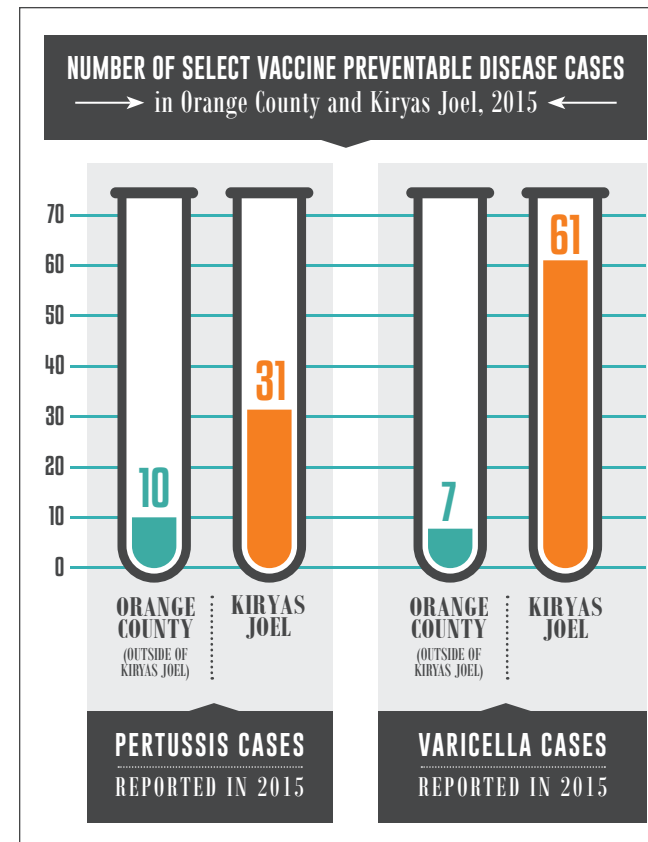
doctor will order lab work to confirm the diagnosis. If the lab work comes back positive, the doctor must inform the health department and forward the lab report.

"Once we receive the report, it goes to the health department's VPD

nurses. They will call the provider and gather more information including symptoms and onset. They also call the family."

The health department's involvement doesn't end there. Follow up is done based on the individual

When you give vaccinations, you're not only protecting your child, but your neighbor's and your friend's as well.



case and disease. Medication can be part of the follow up. In addition, educating the patient and the family how to avoid spreading the disease is also important. Based on the recommendations from scientists and experts in the field, the decision is made whether or not the family needs post-exposure prophylaxis (PEP), medicine given after being exposed to a communicable disease.

Mandatory reporting enables the health department to gather data on how many people get sick in a certain area and with which diseases. "The numbers we have are very reliable because they come directly from the health care providers themselves. We also conduct many checks to ensure that each report meets our criteria to be classified as a case."

Some of the recent numbers for Kiryas Yoel are alarming, especially in comparison to the rest of Orange County (see chart). In three months in 2015, between September and November, there were 35 cases of pertussis. That number is equal to what is usually

Some of the recent numbers coming out of Kiryas Yoel are alarming, especially in comparison to the rest of Orange County.

reported in one full year. 2015 also saw 62 cases of chicken pox between March and July. Half of those cases were in children who had not been vaccinated.

In order to fully appreciate the magnitude and importance of those numbers one needs to understand the very vital concept of herd immunity. Basically, although people who are not vaccinated are not immune to the disease, they are protected from contracting the disease if they are surrounded by other people who are vaccinated.

Then, if there are a handful of people who cannot be vaccinated, such as newborn babies, children who are allergic to the vaccine, people who are unwell or immunosuppressed, they are protected because enough of the population is vaccinated to ensure that the disease cannot spread. In other words, once enough people are vaccinated, they help protect the vulnerable community members by reducing the spread of the disease.

However, as fewer people are vaccinated there is a threshold, or point, after which the herd immunity drops, putting those who cannot be vaccinated at greater risk. Their chances of contracting a VPD increase; and for them, having the disease can be life threatening.

"The love thy neighbor mentality and way of life that I have seen and come to know and admire in the KJ community would emphasize this idea of taking care of one another. So, it always surprises me to hear that anyone within the community is not vaccinating. When you give vaccinations, you're not only protecting your child, but your neighbor's and your friend's as well."



TALKING IMMUNIZATIONS with THE DEPARTMENT of HEALTH

Interview with Dr. Elizabeth Rausch-Phung
Director, Bureau of Immunization, Albany, NY

CDC: Centers for Disease Control and Prevention
VFC: Vaccines for Children
VPD: Vaccine Preventable Disease

Can you tell us more about yourself and what brought you to the DOH?

I'm a physician and a mom. I grew up in a suburb of Albany, went to SUNY Upstate Medical University Syracuse for medical school and decided that I really wanted to be on the prevention end of health care. I went back to school, got my Master of Public Health, did a Preventive Medicine residency and came back to my roots in

Albany. I started in the DOH as an assistant medical director the same time as the mumps outbreak in Kiryas Joel; it was my first introduction to vaccines and vaccine preventable diseases. Two years ago, I was promoted to Director. I really love what I do and am passionate about disease prevention though the responsibility is overwhelming sometimes.

What is the function of your office?

We have several major functions, the biggest of which is administering the Vaccines for Children (VFC) program through the Federal government, which provides vaccines for children who are on Medicaid, Child Health Plus, or have no insurance at all as well as for American Indian and Alaskan children. We enroll physicians, track orders, report back to the CDC (Centers for Disease Control and Prevention), make sure providers are appropriately storing and administering vaccines.

We also manage the New York State Immunization Information System, referred to as NYSIIS, a registry for all immunizations given outside of New York City (which has its own registry). Our office works with the State Education Department to educate schools and health care providers about school immunization requirements, conduct required annual surveys for schools to report the percentages of children immunized, and conduct audits of schools.

We also conduct disease surveillance for VPD (Vaccine Preventable Disease) reportable diseases. County health departments lead investigations under our support and guidance and we provide direct support when disease crosses county lines or any time counties request assistance. We also educate and train health care providers

about vaccines, communicate with and respond to questions from the public, and contract with county health departments and other partners to promote vaccines in New York State.

On any given day, what kind of tasks are you called upon to attend to?

There are always different priorities. Typically, I have regular meetings with the lead staff in all the units, oversee special projects, oversee the annual build up to school year, etc. Outbreaks can completely change my schedule. I'll be on the phone with clinical staff, and we'll work with other programs within the DOH that investigate diseases and work with the VFC program to provide vaccines for the outbreak as necessary.

Why have a governing body over immunizations?

Vaccines have always been a part of public health and a priority, since they've been available. Formal immunization grants started when the Federal Government created the VFC program in 1993, during Bill Clinton's first term. The program equalized every child's access to vaccines, reducing one of the major barriers to increase vaccination rates. New York State had a requirement in effect before the Affordable Care Act that health insurances cover childhood vaccines, but certain health insurance plans were exempt from this requirement, and that made vaccines unaffordable to people enrolled in exempt plans.

Who funds the Bureau of Immunization?

Firstly, to correct a misconception, we take no funding from drug manufacturers or industry researchers. Most of our funding comes from CDC grants. The CDC in turn is funded by federal taxes. The rest of our funding comes from the State.

Does the government make money on vaccinations?

No. The Federal Government is actually spending billions to buy vaccinations and we're spending millions at the state level. We don't charge anything. Health care providers can charge administration fees for staff time and syringes.

We are not directly involved in providing vaccines for patients who have private health insurance. In those cases, generally health care providers will purchase directly from the drug company or third party vendor, will charge health insurance for vaccine and the Affordable Care Act dictated that insurances cannot charge a copay.

You mentioned that you are a mother. Does being privy to the information you have make you more or less confident than the average mother when you vaccinate your own children?

Probably more confident. I am very confident about vaccinating my two children and am always encouraging friends and family members to go ahead. I work with vaccines every day, read research articles, and am constantly learning new information and hearing about

the dangers of diseases. However, I can really understand new moms' concerns. That's why education about vaccines is so important.

It helps to remember that vaccines have been studied for a really long time. They have been available for decades; millions of children have received them and they have a proven safety record. When I was a kid in the 80's and I had to get my shots, my mom would tell me, "You're lucky you don't have to get the measles." She remembered what it was like to be so sick with the disease.

What's the one thing about immunizations you wish everyone truly understood?

I think to me, it's that these diseases have really been reduced because of vaccines, but they do still happen around the world and even here in NY. They still exist. Your child is at risk. I see people downplay the flu shot, saying, "it's just the flu". Only someone who hasn't had the flu would say that. I don't think people realize how serious these diseases can be.

What progress would you like to see in the years ahead?

At the state level, I'd like to better understand people's concerns and find the best way to educate everyone. I hope this project accomplishes that! I'd like to see more vaccines being created for diseases such as the Zika Virus, and

something to protect pregnant women against Respiratory Syncytial Virus (RSV), a dangerous and severe lung infection in newborn babies. I hope that during my career there will be a universal flu vaccine, something more like a tetanus shot that would be given once every five to ten years or even once in the lifetime.

What would you say to the people out there who truly want to do what's best, but have been convinced that there is harm inherent in giving vaccinations?

I would start by emphasizing that we're on the same side; we at the DOH want to keep your children safe and healthy. You want that as well. Vaccines really have such a strong safety record. We listen to all concerns, and studies continue to be done and the data really does show that vaccines are safe and effective.

Take for example the fears back

in the 1990s about autism being caused by mercury in vaccines. In response to the fears (as opposed to the data which found no link) the CDC took out the ingredient that contained minute amounts of mercury from all vaccines (except for some flu shots). Yet autism levels continue to rise.

If a mother is considering not vaccinating her child, she needs to understand that it's not just about avoiding a safety concern, in not vaccinating you are still putting your child at risk - for these diseases. If your children are not vaccinated, they are not protected. What parent would not want to help their child breathe easily?! If you speak to parents who lived through pertussis outbreaks, vaccinations take on a whole different perspective.

We listen to all concerns, and studies continue to be done and the data really does show that vaccines are safe and effective.





שאל אביך ויגדן זקניך ויאמרו לך

It is safe to say that young mothers today cannot comprehend the severity of hepatitis A. Outbreaks were frequent and spread like wildfire; sickening hundreds, and sending many to the hospital. It took several days, even weeks to recover and was completely debilitating. Ask your parents or grandparents how sick they were! If they came down with hepatitis A, they will never forget it. Thanks to the Monroe Efficacy Trial, this generation will never remember.

When I started my practice in July of 1985 there was a hepatitis A outbreak underway in Monroe. I diagnosed almost 100 cases from September through November in my office alone. Hepatitis A outbreaks had been widespread in Monroe and other chassidish communities, happening every 2-3 years.

Hepatitis A is a highly contagious infection of the liver; under certain conditions the germs can stay alive on tables, chairs and toilets for weeks and even months. It usually begins like a regular virus: fever, chills, loss of appetite, nausea, dark urine, but after about a week jaundice sets in. The disease has an average incubation period of 28 days. That means that you have it in your system for a while before you have symptoms. The virus can cause almost no symptoms in children, sometimes coming and going without parents even realizing it.

However, it can make adults very sick and even die from liver failure or other complications. On average, an adult who came down with hepatitis A was bedridden for 27 days!

The Investigation

I wanted to get to the bottom of what was going on. I was directed to the then retired head of infectious disease at NYU, Dr. Saul Krugman, who was in his 80s. Known as an expert in hepatitis, he proved to be extremely helpful and never took a penny for his advice.

Our first thought that was that since the disease was very prevalent in bochorim, perhaps the spread was related to the mikvah. We drew blood, conducted testing and concluded that was not the cause.

Our next step was to partner with the Bureau of Communicable Disease Control in Albany and Dr. Perry Smith, an Epidemic Intelligence Service officer with the CDC who later became the Director of the Division of Epidemiology at the New York State Department of Health. We decided to draw blood from random families within the community with no apparent history of hepatitis A. The results were surprising and gave us the starting point we were looking for. The bloodwork told us that 3-5 year olds were the ones getting and spreading the disease, with most of them having no symptoms at all. The older the age group, the more people had already had the disease and were therefore immune.

The body makes two kind of antibodies to fight most viruses: IgG and IgM. IgM refers to the antibodies that are produced immediately after you get sick with a disease. IgG antibodies means you are immune to the disease because you have already had it or had a vaccine against it. The serology showed IgG/immunity levels as follows: children 28% immune; teenagers 41% immune; young adults 65% immune; adults over 40 100% immune.



As told by **Dr. Alan Werzberger**

To evaluate the efficacy of the hepatitis A vaccine in protecting against clinically apparent disease, we conducted a double-blind, placebo-controlled trial in a Hasidic Jewish community in upstate New York that has had recurrent outbreaks of hepatitis A.

At the beginning of a summer outbreak, 1,037 healthy seronegative children 2 to 16 years of age were randomly assigned to receive one intramuscular injection of a highly purified, formalin-inactivated hepatitis A vaccine or placebo. A total of 519 children received vaccine, and 518 received placebo. The vaccine was well tolerated, with no serious adverse reactions. From day 50 after the injection, 25 cases of clinically apparent hepatitis A occurred in the placebo group and none in the vaccine group confirming that the vaccine had 100 percent protective efficacy in this group.

excerpted from the New England Journal of Medicine, August 13, 1992

Alan Werzberger, M.D., Barbara Mensch, R.N., Barbara Kuter, M.P.H., Leora Brown, M.Sc., John Lewis, Ph.D., Robert Sitrin, Ph.D., William Miller, M.S., Daniel Shouval, M.D., Brian Wiens, M.S., Gary Calandra, M.D., Ph.D., John Ryan, Ph.D., M.D., Philip Provost, Ph.D., and David Nalin, M.D.



We had found the “vector of spread” the agents that were transmitting the disease: the 3-5 year olds! They would come home infected and then about a month later, older siblings at home and even the parents were getting sick and no one knew where they were getting it from.

Remember that there was hardly a family in Monroe then without a young child. Hundreds and hundreds of families were being exposed to Hep A without knowing it. And the cycle would continue every two or three years when there was a new sibling who reached preschool age. It is very hard to make sure three year olds are always washing their hands with soap. They would get sick and the outbreak would take off.

Setting the Stage for Success

We now knew what was happening but did not have a way to control it. Then in 1987 there was a shigella outbreak. Shigella, an intestinal disease characterized by diarrhea, is very catchable and very devastating to kids. It is a reportable disease, which means doctors have to report cases to the Department of Health. I decided to try and stop the spread by educating the children on proper hand washing, the key to stopping the spread. I contacted the school principal, Rabbi Eli Shlomo Kohn, who was very eager to help and made arrangements to go into the

classrooms. I remember seeing the little girls run to the windows, so excited that their doctor was in school!

I went from classroom to classroom, to kids as young as three, explaining that it is a matter of *sakunas nefushos* and that they can save the day, if they wash their hands, rubbing them and counting to ten. They took it so seriously, I even heard that kids were getting parents to wash their hands. Sure enough, the shigella outbreak stopped after a month. Three months later, we got a call from the Health Department wanting to know what measures we took to stop the outbreak.

A few months later, in 1990, there was a terrible measles outbreak. At the time, although there was a shot, there was no booster shot. You can prevent secondary spread if you inject family members and friends with the measles vaccine within 72 hours of being exposed. However, it is so contagious, if you have one case, you need to inject the entire class.

Just before Shavuot, which that year was a three-day Yom Tov, one of the bochurim in Yeshiva was diagnosed. The three days meant that if we did not act immediately, hundreds of boys could get sick. We partnered with Hatzalah, who jumped into their cars and went around Monroe making announcements via loudspeaker systems. We ended up giving 600 shots in 3 hours before Shavuot. No other bochur in the Yeshiva came down with the measles.

Then we had a measles case in

the girls’ school and we set up in the school to administer shots. All told, we administered 4,000 shots over 1 month and as a result of the quick action prevented a significant measles outbreak. There were only 9 cases.

The Trial

These cases and our successful measures to stop them put Monroe on the map when it came to fighting outbreaks and helped us develop a level of trust within the community. At the same time, we were still working to figure out a way to stop hepatitis A. Based on our earlier findings we realized that if we could come up with a way to keep the three to five year olds from getting sick, we would be able to stop the disease. There were hepatitis A vaccinations under development by two major drug companies, Smith Kline and Merck. Dr. Krugman reached out to Merck and got me in to make a presentation of our findings.

In order for a vaccine to receive final approval from the FDA, it goes through a lengthy process. The last step is to conduct an efficacy trial, where you administer the vaccine in a controlled environment and study its effects. I used the data we had collected to show Merck that we had narrowed down the vector of spread to the little kids. I knew that if we could get these little kids vaccinated, we would be able to shut down hepatitis A completely.

Merck agreed and Monroe was chosen for their hepatitis A vaccine efficacy trial. We hired a full-time staff person and worked alongside Merck to develop a two-dose regimen. I went with Dr. Krugman to the Rebbe, Rabbeinu Moshe zt”l and explained the process and the

urgency and he gave us his verbal *haskamah*. I spoke, made public announcements, took two weeks from my practice to make phone calls and with *siyata d’Shmaya* was able to recruit 1,037 Monroe children into the study. My objective was to get enough of the young kids into the study, so we would actually stop the disease. We got 55% of the kids under the age of 7 enrolled in the study which is unusually high.

In June of 1991, in advance of the expected hepatitis A summer outbreak, we started administering the vaccine, in a

double-blind study (neither the patients nor the doctors knew who was receiving what). 519 children received one injection of the vaccine and 518 received one injection of a placebo, a fake, which looked the same but did not contain any antigen. Everything was carefully recorded and monitored and if anyone got sick they came back for examination and diagnosis by way of blood work and liver enzyme levels.

The Results

An independent monitoring committee with world renowned experts was gathered to study the results. After 4 months, we had diagnosed 25 cases of hepatitis A which occurred after day 50 in the study group. In November of 1991, a meeting was convened and the decision was made to unblind the study and reveal the results. We carefully reviewed the data for each of the 25 cases to decide if each one should be included in the overall study. The committee met again in December to review additional cases and reach a final assessment of the results.

What we discovered was astounding: all the children in the trial who had come down with hepatitis A had received the placebo injection. And not one child who received the actual vaccine got sick. We had achieved 100% efficacy! It was clearly

Not one child
who received
the actual
vaccine got
sick.

a highly effective vaccine.

Over the next two weeks we immunized all the remaining children in the placebo group with the real vaccine. There were 34 cases through November 5th, ten cases from November 6th until the 18th and that was it.

We had

successfully eradicated hepatitis A from the community.

The results had a dramatic effect, worldwide. The Monroe Efficacy Trial was named one of the top ten advances in medicine for 1992 according to the Harvard Health Letter

and was covered in the New York Times and the Wall Street Journal. Today,

We had successfully eradicated hepatitis A from the community.

it is referenced in the little pamphlet that comes with every dose of the vaccine.

It took another five years for the vaccine to be officially licensed, but we continued doing studies, and administering the vaccine which we had access to because of the trial. We had no further outbreaks at all during those five years. Dr. Zucker, a local internist jokingly told me, "I'm going to take you to din Torah because you took away all my patients!"

People were saying all along that the vaccine was spreading the disease. Once the trial was announced as successful, the silence was deafening. All the rumors and misinformation stopped. There was no denying the reality: the vaccine stopped the disease. This was a clear example that vaccines work.

If not for the vaccine, we would still have widespread epidemics of hepatitis A outbreaks within the Chasidic communities worldwide. It is the ongoing vaccination efforts that maintain the eradication of hepatitis A. And this reality is true not only for hepatitis A, but for all the vaccinations we now give children, preventing horrible diseases from resurfacing in our innocent kinderlach and throughout our communities.

Sources:

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Epidemiol. Infect. (1997), 118, 243-252. Printed in the United Kingdom © 1997 Cambridge University Press *The role of young children in a community-wide outbreak of hepatitis A*

MY PERFECT BABY

When I was a teenager, the small school I attended in the mid-western states announced that we needed to have immunization cards. Immunizations weren't really a big deal then. To make things easier I guess, the school offered to give us the MMR vaccine, against measles, mumps and rubella.

I was scared about getting the shot and thrilled that when I told my mother, she said she had taken us all to a clinic when we first arrived in the States. Even though we didn't have any paperwork, she said I was fine, I didn't need the shot. And that was that. There were no rules and regulations at that time. Little did I know....

Two years later, I married and back in the same school, but this time as a PreK teacher. One day I discovered a rash covering my body. The doctor I went to said it was nothing. I even took a blood test but the results showed nothing conclusive. The rash went away and I quickly forgot about it. Just a few months later my daughter was born. Even though she was tiny and would need to stay in the hospital for a while, I was the happiest new mother around! After a few weeks, I finally got to bring her home but she wasn't gaining weight the way she was supposed to. Then I noticed that she wasn't focusing.

I went to an eye doctor. And then another and another. In fact for three months I went from doctor to doctor trying to figure out what was wrong. Finally, a well-known eye specialist in Cleveland, Ohio, confirmed that she had cataracts. They needed to be removed immediately and he explained that she would have vision impairments for life; she would only be able to see very large letters. "Come back next week for surgery."

Something clicked in my brain and I mentioned that someone in our community had needed cataract surgery

because her mother had rubella – prior to her birth. I recalled my rash and that it had also occurred a few months before my baby was born.

You would think I fell apart then, but in my eyes, my baby was still perfect! It didn't really hit me until I came back the next week. I was such a happy girl, but walking those hospital floors was horrifying. I put the baby on the bed and I started crying.

They put me in a private room at least, because if the bloodwork they had taken showed that the cause of her visions problems was rubella, it would mean my baby was a live carrier of the disease. The surgery went very well BH. But the blood work came back that I had a rubella antibody level of 190 and my baby's level was 50; usually newborn babies do not have antibodies, until they are immunized. Both numbers were insanely high. My rash had definitely been rubella, which I probably caught from one of the children in the preschool, who had not been vaccinated.

And then the doctor gently told me, "If you had rubella, you have to go to an ENT to check her hearing as well." I went. The tests came back. My baby was hearing impaired.

A few decades have passed. My amazing baby grew up to be an amazing adult. Married with children, she worked around her vision impairments and became an accomplished artist. Her speech is 99% perfect despite her deafness, and she can have discussions with anyone, though at a slower pace.

Every part of Hashem's plan is perfect. Looking back, I am so grateful for all we went through and the growth, friendships and closeness to *Hakadosh Boruch Hu* that developed because it.

It is beyond my comprehension why anyone would choose not to vaccinate their children.

The woman in this story asked not to be identified to protect the privacy of her family. Rest assured, she is real and her story true.



School

RULES



Mr. Chaim Kornbluh, UTA
Registrar, Health Records Supervisor

Have you seen a change in the vaccination perception?

Parents are more aware and more on top of immunizing their kids. Currently over 90% of children enrolled are up-to-date on all required immunizations. However, we've also people who are against vaccinations increasingly influencing the issue, by passing around controversial

information. Parents may not be truly convinced, but they become afraid and hesitant.

The real problem is that there has never been any distribution of the positive information and real facts. Mothers only hear the fear without the means to get educated. Which is why this publication is so important. It will help parents make informed decisions, with comfort and positivity about protecting their children and the community.

A while ago a parent came to me and asked, "What's the problem if my child has chicken pox? It's not life threatening. Why can't my kids just get it naturally?" I explained to her that although you might want to make that choice for your child, there are serious issues to consider. First of all, it can be life threatening. Even healthy kids can get severe chicken pox and be very ill. Then there are children with compromised immune systems who if exposed to your child when he or she is contagious, it can make

them seriously ill. Once I explained that to her, she realized that it's more than just her child, it's the *achrayus* to protect the community through her child!

How often does it occur that someone gives the school a religious exemption or medical exemption?

A lot of parents are worried about confidentiality. They don't want the community to be aware of their child's illness, so they'll bring a religious exemption instead of medical. Only a handful of parents have come forward with an actual medical exemption.

Currently 2% or 175 children, have an exemption. Two to three years ago, we had less than 1%. I blame the rise on misinformation; it's been a terrible influence. For example, a popular hotline listened to by many women, has been the source of a lot of negative and unsubstantiated claims about vaccines. As a result, mothers are afraid of immunizations without

really knowing any of the actual facts.

On the other hand, we constantly have parents who are worried about unvaccinated students in their child's class. All it would take is an outbreak, *chalila*, to make parents really wake up to what a problem it is.

Can you describe UTA's current protocol on vaccinations?

We follow the NYS Public Health Law Protocol. The first issue arises when parents want to enroll a new child who is not fully immunized according to NYS Health Department schedule. Parents can get very frustrated when we have to turn them away because the child is not up-to-date. The second issue is ensuring that all children currently in school remain updated on their immunizations at the required ages.

To that end, we started a new system. We had our in-house computer person create a program that compiles all the data for one family and keeps track of immunizations needed for each child at the time it becomes due. Instead of spending many hours calling parents, in May of 2016 we sent a letter generated by the program and the central database, to all parents, with a list of all their children and their vaccination requirements.

The response to the letter was

excellent with the majority of the parents complying. We would have had even greater compliance, but the doctors' offices had a hard time handling the incoming volume of parents requesting shots!

What would you like to see happen to improve school vaccinations?

More awareness. Parents should realize that we, the school administration, are not here to force them to do anything. We want them to realize that vaccinations benefit their children and the school is here to help. We are responsible for so many children and we feel the *achrayus* of keeping our children healthy and safe. We're doing this for you and your children. This is our duty to the community.



A WORD FROM THE Superintendent

Joel Petlin, Superintendent of the Kiryas Joel School District

The frum community is very involved in providing the best health care for people with illnesses; organizations abound to help people find the best care when they c'v have a problem. This is an advantage in our community. The same attention needs to be given to preventative care, which includes vaccinations.

In our public school, because of the danger to the fragile, special needs population we serve, we are extremely vigilant to make sure we are compliant with the NY State Health Department vaccination schedule as required by law. For the health and safety of our students and staff, we refuse access to any children that are not up to date and compliant.

We believe the vaccinations are safe, the protocols work, and we will do everything we can under the law to help the children of KJ. I think most Yeshivas feel the same way - we are here to protect the children and provide a safe environment for their studies. The District is committed to making sure the vaccination compliance process runs appropriately for all KJ schools.

The point is that although vaccinations in school are a state law, it doesn't stop there. It's the *achrayus* of the community, the leadership of the school and every family to do what's right for the community.

What's unfortunate is that some parents end up feeling guilty; thinking they immunized their children because they had no choice. If you truly understand and are educated about the value of vaccinations, parents would see the positive side, the benefit, and the societal *chiuv*.



Mr. Cheskel Jacobowitz, Mosdos V'Yoel Moshe

Assistant Administrator, 2004-2016

Your vaccination protocols are different than UTA's. Can you describe your mehalech and the thinking behind it?

The school was established ten years ago, and we were able to learn other schools, on how to collaborate with various departments. Based on the information and guidance we

received, we created a protocol.

To start with, our rule is that if you want to start in school, you must have updated records of immunizations. However, since we are a frum mosad, we have to let all children in. We realized that for many Monroe mothers, going to the doctor to vaccinate presents a logistical challenge. It's hard to get out. So, we decided that instead of asking for the immunization records and forcing immunizations which would backfire, instead we ask for whatever original records they have and a signed HIPAA form that states we can ask the doctor for their children's immunization records.

All I need to ask for is a signature when parents sign registration. That signed HIPAA form only allows us access to immunizations which are

available through the NYSIS system anyway. Once a year, we send all local pediatricians a list of all students, and the doctors provide all the updated records. Our computer system calculates all the information currently on file and lets us know which children are missing which vaccinations. The doctor's office then calls the parent and schedules the shot, or arranges something when the parent is in the office for another matter. This system gives the doctor the ability to work with each family and make sure vaccines get updated.

When someone calls to register their child, the conversation sounds like this: "My name is Mrs. Weiss, I want to register my son Yoily." I share that all parents vaccinate and tell her, "Your only requirement is to sign HIPAA form and let me know who your pediatrician

is." This leaves the discussion of immunization to the doctor and the patient where it belongs and allows us to accept little Yoily, and the doctor to follow up with the mother.

Do you have exemptions on file?

The system works. There are close to 1,000 families in the school and we have not one letter of exemption on file. Every second December we are audited by the OCDOH. They see that although we have newcomers to preschool without complete records, but we have the signed HIPAA form, and they know our system works. By the time the next audit comes around, all the kids, who are now in Kindergarten, are updated.

We have between 95 and 98% compliance. I think the missing numbers are not because parents are against giving shots, but more because they don't have the logistical ability to follow up with shots. It definitely takes *mesiras nefesh*, but in my opinion vaccination is an absolute necessity. Anti-vaccine movements catch up with these very, very overwhelmed mothers and provide an excuse not to vaccinate.

What message do you have for the community?

My message is clear. What will happen if mumps, rubella or measles breaks out in our school? Who will you point at if your child becomes ill? You will point at me. So, it's my



A WORD FROM THE *Menahel*

Rabbi Eli Shlomo Kohn, Menahel, Bais Rochel School and Camp

I have dedicated forty years, heart and soul, to working together with parents, doctors and the Department of Health officials to keep the children of KJ healthy. Boruch Hashem, with the help of the Ribboino shel Olam, I have been involved in stopping numerous outbreaks in the community, through vaccination clinics, hand washing education made possible by the collaboration of health care workers and parents. The Department of Health has acknowledged and thanked our involvement and success. Vaccinations continue to be a critical part of our community's health and wellbeing.

responsibility to ensure that there will be no outbreaks.

Two years ago, there was a measles outbreak which spread to Boro Park and then to Rockland County and even in Orange County. The CDC issued an alert, and in KJ, where we had given the third MMR shot, there was not one case. Because of the recommendations of Dr. Werzberger to administer the third MMR shot in 2008. We are so bonded together, so many kids in one classroom, so many bochurim sitting across from each other in Bais Medrash, we (close Yiddish communities) must be more vigilant than anyone else.

THE CAMP SCENE

Want to attend sleep away camp? Make sure you have received all your shots. There are 1,200 girls from Brooklyn, Monroe, Monsey, Eretz Yisroel and London in Bais Rochel camp and you cannot attend without your shots. The government is extremely watchful about vaccinations in camp and visits the camp office during every season to check records.

Camps must also provide parents of all campers with educational materials regarding meningitis and the meningitis vaccine, and parents of campers must either document that their child had received the meningitis vaccine or sign a form declining the vaccine.



WHEN A CHILD HAS CANCER

OUR RESPONSIBILITY INCREASES

Unfortunately, these days most of us know at least one family with a child undergoing cancer treatment. What you may not know is that in general, children undergoing chemotherapy, radiation and steroid treatments, as well as children whose immune systems are suppressed for other reasons, cannot receive live virus vaccines.

In order for vaccines to work, they need a properly functioning immune system. Cancer treatment weakens a person's immune system, decreasing the body's ability to react and create the antibodies that make the vaccine effective.

For a child with a weakened immune system due to cancer (or other diseases and conditions) receiving live vaccines could result in severe complications and be deadly. Contracting a vaccine preventable disease could also have life threatening implications.

According to the American Cancer Society, people with weak immune systems can get some inactivated vaccines (which may require additional boosters to be effective) such as the flu shot but **should not get any vaccines that contain live**

It is imperative that everyone who the patient comes in contact with be vaccinated, so that they do not become carriers of the infection, and infect the patient.

viruses such as the MMR shot or varicella (chickenpox) shot. Every case is different; the child's oncologist will guide parents as to when it is safe to administer which vaccines.

The renowned Dr. Peter Steinherz MD, has served as Pediatric Hematologic Oncologist at Memorial Sloan Kettering Cancer Center for more than forty years, where he is also the Director of Leukemia and Lymphoma Studies. He says: "Let me give you an example: We administer the flu vaccine to all of our patients on

chemotherapy. We know that under these circumstances, the vaccine will give rise to protective antibodies, and will be effective, in only about 50% of the patients. Because 50% will still be at risk of catching the potentially fatal infection, it is imperative that everyone who the patient on chemotherapy comes in contact with be vaccinated, so that they do not become carriers of the infection, and infect the patient. This is true also for all the other vaccine preventable infections."

For all of us in the community, this reality increases our responsibility to make sure we do everything in our power to stop vaccine preventable diseases and protect those who are at risk. Just imagine how you would feel if your unvaccinated child was the one to put a young cancer patient's life at risk.



**Dr. Peter Steinherz MD,
Pediatric Hematologic
Oncologist**

*Director, Leukemia and Lymphoma
Studies Memorial Sloan Kettering
Cancer Center*

2016-17 SCHOOL YEAR NEW YORK STATE IMMUNIZATION REQUIREMENTS

FOR SCHOOL ENTRANCE/ATTENDANCE



For further information contact:
New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

VACCINES	PREKINDERGARTEN (Day Care, Head Start, Nursery or Pre-k)	KINDERGARTEN and Grades 1 and 2	GRADES 3, 4 and 5	GRADES 6, 7 and 8	GRADES 9, 10, 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap) ²	4 DOSES	5 DOSES OR 4 DOSES IF THE 4TH DOSE WAS RECEIVED AT 4 YEARS OF AGE OR OLDER OR 3 DOSES IF AGED 7 YEARS OR OLDER AND THE SERIES WAS STARTED AT 1 YEAR OF AGE OR OLDER	3 DOSES		
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ³	NOT APPLICABLE			1 DOSE	
Polio vaccine (IPV/OPV) ⁴	3 DOSES	4 DOSES OR 3 DOSES IF THE 3RD DOSE WAS RECEIVED AT 4 YEARS OF AGE OR OLDER	3 DOSES	4 DOSES OR 3 DOSES IF THE 3RD DOSE WAS RECEIVED AT 4 YEARS OF AGE OR OLDER	3 DOSES
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 DOSE	2 DOSES			
Hepatitis B vaccine ⁶	3 DOSES	3 DOSES OR 2 DOSES	OF ADULT HEPATITIS B VACCINE (RECOMBIVAX) FOR CHILDREN WHO RECEIVED THE DOSES AT LEAST 4 MONTHS APART BETWEEN THE AGES OF 11 THROUGH 15 YEARS OF AGE		
Varicella (Chickenpox) vaccine ⁷	1 DOSE	2 DOSES	1 DOSE	2 DOSES	1 DOSE
Meningococcal conjugate vaccine (MenACWY) ⁸	NOT APPLICABLE			BY GRADE 7: 1 DOSE	GRADE 12: 2 DOSES OR 1 DOSE IF THE DOSE WAS RECEIVED AT 16 YEARS OF AGE OR OLDER
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 TO 4 DOSES	NOT APPLICABLE			
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 TO 4 DOSES	NOT APPLICABLE			

The 2017-18 school immunization requirements chart will be updated, by the NYSDOH, from the 2016-17 version. When the requirements were updated a few years ago, several new requirements were written in as a multi-year roll-out, so the chart will be updated each year until those requirements have rolled out to cover all grades.

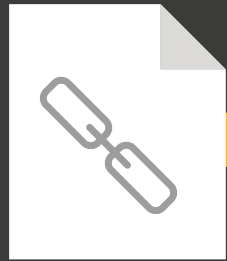
The science facts about AUTISM AND VACCINES

WHAT STARTED THE RUMORS?

Lancet published a paper by Dr. Andrew Wakefield that suggested there was a connection between the measles, mumps, rubella (MMR) vaccine and autism



1998



The Study Had Some Problems



Not based on statistics



No control group



It relied on people's memories



Made vague conclusions that weren't statistically valid

NO LINK WAS FOUND

So people started investigating his claims

“ They had conducted invasive investigations on the children without obtaining the necessary ethical clearances... picked and chose data that suited their case; **THEY FALSIFIED FACTS.** ”

Following Dr. Wakefield's study, here's what other more rigorous studies found

1999 a study of **500 CHILDREN** no connection was found

a study of **10,000 CHILDREN** 2001 still found no connection

2004

2002

Lancet released a statement **REFUTING** the original findings

a study from Finland of **535,000 CHILDREN** once again found no connection

a study from Denmark of **537,000 CHILDREN** found no connection

2005

A review of 31 studies covering more than **10,000,000 CHILDREN** Also found no connection

2010

Andrew Wakefield was found guilty of falsifying research data and was subsequently **STRIPPED OF HIS MEDICAL LICENSE**

2012

A review of 27 cohort studies, 17 case control studies, 6 self-controlled case series studies, 5 time series trials, 2 ecological studies, 1 case cross-over trial covering over **14,700,000 CHILDREN**

NO LINK TO AUTISM WAS FOUND IN ANY CASE, IN ALL OF THE STUDIES.

YET, THE ANTI-VACCINE MYTH CONTINUES

1/4 U.S. parents believe some vaccines **cause autism** in healthy children

1.8% of parents opt out of vaccines for **religious or philosophical reasons**



There have been 0 credible studies linking vaccines to autism

Recently an anti-vaccine religious community has seen measles outbreaks

Before widespread vaccinations of babies worldwide

Although declared eradicated in 2000...



France reported a massive measles outbreak with over 15,000 cases in 2011



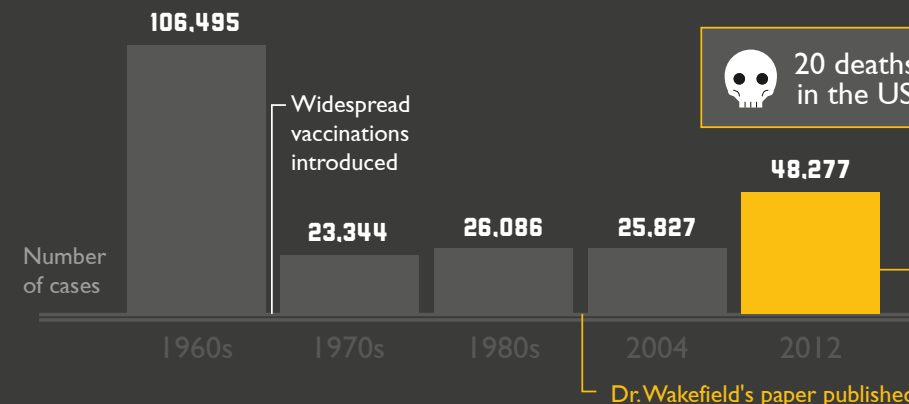
The U.K. reported more than 2,000 measles cases in 2012

in 1980
2.6 MILLION DEATHS from measles

in 2000
562,400 DEATHS
72% of babies vaccinated

in 2012
122,000 DEATHS
84% of babies vaccinated

In the United States, whooping cough shot up in 2012 TO NEARLY **50,000 CASES**

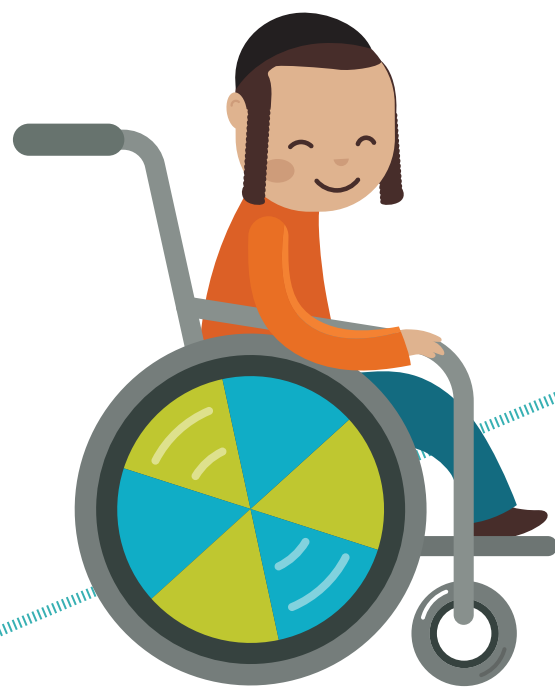


a new study concluded that



VACCINE REFUSALS

may have been a factor in the 2010 outbreak of whooping cough in California



I WOULD NOT
WISH POLIO
ON ANYONE:

A SURVIVOR
SPEAKS

Mrs. Chana Brull is a Williamsburg resident in her 60s. A renowned motivational speaker and sought-after kallah teacher, Mrs. Brull is the mother and grandmother of many k'yh. She is also a polio survivor. This is her story.

I was born in Yerushalayim to Holocaust survivors. My parents were married before the war and were miraculously reunited after. With tremendous siyata d'Shmaya, they were able to locate the four sons they had left with orphanages before the war and then they settled in Eretz Yisroel. When I was eighteen months old, a big epidemic of polio broke out in Europe and America. This was before the polio vaccination was given. I caught the disease.

Of course, I don't remember

those early days, but I am told I was paralyzed from the stomach down and in critical condition for ten days. I was very, very sick. I was taken to Shaare Zedek hospital and quarantined on the polio ward where conditions were terrible. The disease was so devastating; nurses were afraid to catch it so they refused to work on that ward. Parents were not allowed to come visit their children, but my father sneaked in. He was so horrified with what he saw – crying babies, little kids sitting in dirty diapers - he took me out.

I got better, but I was paralyzed on my left side. There were no medical options in Eretz Yisroel and my parents decided I should be taken to America, where my father imagined that doctors would take a couple of months to fix my leg and he'd take me home. For more than a year, my father and I were separated from the rest of the family.

We left Eretz Yisroel when I was two. We lived in New York and my mother stayed back with seven children. You see when she was in Auschwitz, she declared that if she survived the War, she would live in Eretz Yisroel. She was devastated to think she would have to move away. But after a while she realized that I was going to need long term care and after two years she

joined us with the rest of the family.

When I was eight years old I had the first of four very difficult and very painful surgeries. I can still remember the excruciating pain up and down my body.... After the first surgery, I was in the hospital for three months, all alone. My father came to visit me for an hour twice a week and my mother came once a week. That was it.

You have to understand, in those days there was no Bikur Cholim. The hospital was in Harlem on 125th Street. We lived in Williamsburg. Coming to visit meant travelling for at least an hour each way. And visits were frowned upon by the hospital. I spent a lot of time alone without anyone to connect with except for the other non-Jewish kids on the ward. After the surgeries, I had to stay in one position for weeks, I couldn't even sit up! I loved to read and would do paint by numbers, but Shabbos was very lonely. I can still hear the kids taunting me, "Hanna can't do this and Hanna can't do that."

My parents were truly amazing. Without my parents, I don't know where I would be today. To think what they went through!! Their emunah never wavered and I was never pitied, they treated me the same as all my other siblings. In fact, for years, despite everything I went through not only did I never really feel that there was anything wrong with me, I was proud of the attention my crutches brought me! I remember being so *baleidigt* when I learned that a Kohen is not allowed to have a *mum* and that

A BROTHER REMEMBERS: RABBI EZRIEL TAUBER

I remember when the polio epidemic broke out in Eretz Yisroel. I was 16 years old and everyone was terrified. There was no way to stop it and people were panicking. We were given a little bag filled with sharp smelling grass to wear under our shirts, with the hope that it would keep away the virus. The Rabbanim compiled a special selicha to say.

We were a family of 8 children and we lived in constant fear that we would all get sick. I can still recall when my father came home with my baby sister Chani and told us that she has polio. "Daven that it shouldn't spread," he told us.

It was a very, very difficult time. My father left with Chani to America and my mother was left alone with seven children. My parents had already been through so much yet their emunah never wavered.

When people ask me if they should vaccinate I answer, "shomer pesoim Hashem". When something is done, and accepted by the masses, Hashem protects. The Eibisheter runs the world and we have to be yoitzev our hishtadlus. Vaccination is hishtadlus to keep our children healthy; even if you have an argument or a concern. The rest is in the hands of Hashem.

limping is considered a *mum*.

I still don't consider myself a person with limitations. However, life post-polio is very difficult. Even healthy people have aches and pains and problems as they get older. With post-polio, all those aches and pains are much worse. The weakness in my muscles caused by the paralysis causes terrible pain. I have arthritis pain and I fall more often. I hold on to the walls in my house to help

move around, but recently I had to start using a power wheelchair on the streets. I would not wish polio on anyone.



Pertussis: MY NIGHTMARE



When my baby was almost two months old she started coughing. Terribly and frighteningly, and sounding just like her ten-year-old sister who had just been sick.

When one of her coughing spells caused her to turn blue, I raced with her to the doctor.

The doctor checked her out, did not find anything immediately obvious and sent us home with the warning that if she turned blue again I was to take her straight to

the hospital. Of course, it was a Friday afternoon. Sure enough, I ended up taking her to the emergency room on Shabbos.

They examined my little newborn daughter, trying to figure out what was wrong. "Was anyone in your family sick recently?" they asked. I told them about my ten-year-old and her symptoms and saw a look of worry come over their faces. "It sounds like your baby might have contracted pertussis," they informed me.

The test, a nose swab, came back positive. My baby was admitted. She was very, very sick. Additional testing showed that my older daughter, who had just been due for her pertussis booster, had actually been sick with pertussis! My baby had been exposed to the dreaded disease before she was old enough to receive the vaccination.

I cannot begin to describe what the next seven days were like. I stood by helplessly as my newborn struggled to breath, coughing so hard that her tiny body shook. I cried, beseeching my mother a'h - for whom my baby was named - to protect her. There were times when I truly thought she was not going to survive.

Seven days later (a miraculously short time I was told) we brought our baby home. As we left, my doctor told us, "You are very lucky. Many pertussis patients end up in the hospital, under oxygen tents for months. Even worse, some babies don't make it."

We arrived home erev Purim. I remember sitting at the Purim seudah and sobbing, so filled with gratitude to the Eibishter that she had made it through.

Pertussis is a nightmare that no mother or child should ever have to experience.

S.F

THE FLU: A MOTHER'S HEARTBREAK

When the time came for a flu shot during the 2015-2016 season, Peggy Lowery decided her 12-year-old daughter Piper's fear of needles outweighed the potential benefit the vaccine could provide. Then on Jan. 12, 2016, her daughter got sick with the flu. Peggy [told Q13Fox.com](#) that the illness progressed like a "freight train. Four days later, she was dead.

Now the heartbroken mother has dramatically shifted her viewpoint. She's raising awareness about the importance of the flu shot to help prevent other parents from enduring a similar tragedy, [CBS News reported](#). "There are so many stigmas about the flu shot that people are either not educated or there's this fear factor that people put into them. But H1N1, the flu, is very deadly. I want to spread this information so people can read it. It [the flu shot] really does save lives."

Foxnews November 1, 2016

Getting a flu vaccine reduces a child's risk of flu-related intensive care hospitalization by 74 percent, according to a 2014 Centers for Disease Control (CDC) study published in the *Journal of Infectious Diseases*. Flu causes hospitalizations in children each season, but how many children are affected varies, depending on the severity of the season. The CDC estimates that 20,000 children younger than 5 years are hospitalized on average each year.

FAQ

FREQUENTLY ASKED QUESTIONS

about • Vaccines

Some parents are hesitant about vaccinating their children. Parents love their children and putting something into their little bodies can be worrisome; unless you have a better understanding of what vaccines are all about.

The hesitancy to vaccinate is often the result of one or more of the following factors:

- › lack of trust in those who make vaccine recommendations
- › suspicion that drug companies that produce the vaccines care only about profit
- › misinformation about the danger of vaccines
- › lack of true understanding about how serious vaccine-preventable diseases can be
- › concern that infants may be overwhelmed by too many vaccines at such a young age

Q | CAN MY DOCTOR BE TRUSTED TO GUIDE ME PROPERLY?

A | Your doctor may or may not be an expert on vaccines, but he or she refers to information and recommendations provided by experts such as the Advisory Committee on Immunization Practices, which advises the Centers for Disease Control and Prevention (CDC), and the Committee on Infectious Diseases, which advises the American Academy of Pediatrics (AAP). These advisory committees and the CDC and AAP are staffed with the most knowledgeable scientists and doctors; experts in virology, microbiology, statistics, epidemiology, and medicine who have the knowledge and experience needed to review the studies and provide updated recommendations to your doctor.

Q | WHAT IS THE CDC? WHAT ROLE DOES IT PLAY IN VACCINES?

A | The Centers for Disease Control and Prevention, or CDC, is the leading public health protection agency in the United States. It is a federal governmental agency under the Department of Health and Human Services. The CDC is responsible for tracking diseases, finding out what is making people sick and determining the most effective ways to prevent further illness. CDC bases all public health decisions on the highest quality scientific data. According to Dr. Nancy Messonnier, Director of CDC's National Center for Immunization and Respiratory Diseases, "Before recommending a vaccine, we bring together medical experts from around the country to review information about the vaccine. These experts look at how well the vaccine works and whether it's safe when given to different age groups. Our goal is to safely and effectively protect children, families, and communities against potentially serious diseases."

Q | WHY CAN'T I COUNT ON HERD IMMUNITY TO PROTECT MY CHILDREN AND JUST NOT VACCINATE THEM?

A | On March 13, 2013* a 17-year-old who had never been vaccinated with the MMR shot, returned to New York City from London with the measles. His measles infection led to what was then the largest outbreak in the United States since 1996. Fifty-eight people in Borough Park caught the measles; 79 percent of the cases were in families who did not vaccinate.

This is, unfortunately, a perfect example of why you cannot rely on herd immunity to protect your children. Herd immunity refers to the type of immunity that occurs when a large portion of the population, or 'the herd', is vaccinated. By reducing the spread of the disease, they are providing a measure of protection for individuals who cannot be vaccinated, such as newborn babies, children who

are allergic to the vaccine, or people who are unwell or immunosuppressed.

When and where your child might be exposed is not within your control. And those families who did not vaccinate, enabled the measles to spread. Twenty-one percent of the measles cases in the outbreak mentioned above were in babies too young to receive the vaccine.

**www.cdc.gov September 13, 2013*

Q | ISN'T NATURAL IMMUNITY (BECOMING IMMUNE TO A DISEASE BECAUSE YOU HAVE HAD IT) BETTER THAN VACCINATION?

A | You may have heard of chicken pox parties, where parents purposely expose their child so that they will get the disease over with.

Having the disease, in most cases, provides lifelong immunity. However, the high price of natural immunity (which occurs when a person comes down with the disease) is occasionally severe and sometimes even fatal illness and potential long-term complications. In contrast, widespread immunization of children has dramatically reduced or even eliminated the diseases and their potential consequences altogether.

Q | WHAT ABOUT THE ALUMINUM AND FORMALDEHYDE IN VACCINES? ARE THEY DANGEROUS?

A | The answer is the same for all ingredients in vaccines that we would otherwise consider dangerous: the dose makes the poison.



Aluminum and formaldehyde are found in such tiny amounts, chemistry dictates that they are not dangerous. In fact, infants are actually exposed to small amounts of these ingredients on a daily basis just by breathing the air around them and drinking the aluminum found in mother's milk and infant formula. The FDA reports that there is 50 to 70 times more formaldehyde in an average newborn baby's body than in a single dose of vaccine.

Q | IS IT DANGEROUS TO GIVE SO MANY SHOTS AT ONCE?

A | Every day, your healthy baby's immune system successfully fights off millions of antigens. The antigens in vaccines come from weakened or killed germs so they cannot cause serious illness. Vaccines contain only a tiny amount of the antigens that your baby encounters every day, even if your child receives several vaccines in one day.

COMMON VACCINE MYTHS

Vaccines are ridden with toxic chemicals that can harm children



Thimerosal has been removed from scheduled vaccines and is currently only found in the multi-dose (not single dose) seasonal flu vaccine.

The decision to not vaccinate my child only affects my child



Un-vaccinated children who contract a disease can infect infants yet to be vaccinated, the small percentage of people whose vaccines did not take, and people with compromised immune systems.

Receiving too many vaccines at once can override a baby's immune system



Babies' immune systems are strong enough to defend from the day to day viruses and bacteria with which they come in contact; they can also handle the vaccines.

Drug companies just do it to make profits

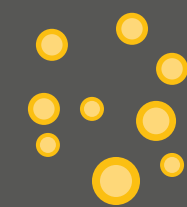


According to the WHO, estimated 2013 global revenues for all vaccines is around \$24 billion, which only accounts for approximately **2 - 3% of the total pharmaceuticals market.**

MYTHS THAT STILL SCARE PARENTS

VACCINES WORK!

Positive effects of vaccines



Helped **ERADICATE SMALLPOX**



Vaccines save **MILLIONS OF LIVES** every year worldwide



Significantly **REDUCE DISEASE** in the world



An additional **1.5 MILLION DEATHS COULD BE AVOIDED** worldwide if global vaccination coverage improves

YOUR DECISION YOUR RESPONSIBILITY



The following information is vital for the ongoing wellbeing of your child and those around you if:

- › you have a child who is allergic to a particular vaccine
- › your child cannot receive vaccinations because his or her immune system is weakened due to chemotherapy or other medical reasons, or suffers from a medical condition that precludes the use of vaccines
- › once educated, you still choose not to vaccinate or to delay vaccinations

1 **Be aware that unimmunized children can catch diseases from people who don't have any symptoms.** You cannot tell who is contagious. Get educated! Know the symptoms and risks associated with vaccine preventable diseases so you can recognize them in your own child and seek medical help before serious, life-threatening complications occur.

2 **Be aware that overseas guests (cousins visiting for Sukkos, for example) could be bringing with them diseases without showing any symptoms.** Additionally, if your family is planning to travel outside the country your unvaccinated children can be exposed to diseases which have been mostly eradicated in the United States but are still common around the world.

3 **Know whether or not the people taking care of your child (day care, babysitter, teacher, neighbor, friend etc.) have been immunized.** Their lack of immunization history can put your child at risk.

4 Any time that your child is ill and you go to the doctor, the Emergency Room or make an emergency call **you must tell the medical staff your child's non-vaccination status.** The doctor will need to consider the possibility that your child has a vaccine-preventable disease, such as measles, mumps, pertussis or tetanus. He will also be able to take steps to protect himself, staff and other patients.

5 **If a vaccine-preventable disease breaks out in your community, it may not be too late to get protection by getting vaccinated.** Contact your child's doctor immediately.

6 Learn about the disease and how it is spread. **It may not be possible to avoid exposure.**

7 For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune. In most cases, **there is no way to know beforehand how severe the symptoms will be in your child. Some of the symptoms can be life threatening or cause permanent disabilities.**

8 If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community, you may be asked to take your child(ren) out of school, childcare or organized activities. **Be prepared to keep your child(ren) home for several days or up to several weeks.**

9 Should any family members develop early signs or symptoms of having contracted a vaccine-preventable disease, follow recommendations to **isolate your child from others, including family members,** and especially infants and people with weakened immune systems.

Sources:
World Health Organization (WHO) 2012



