

**IS MANDATORY
VACCINATION NECESSARY
FOR PUBLIC HEALTH?**

“When buying and selling are controlled by legislation, the first things to be bought and sold are legislators.

P. J. O'Rourke

WHICH INDUSTRY SPENDS THE MOST ON LOBBYING?

Industry	Total
<u>Pharmaceuticals/Health Products</u>	\$3,937,356,877
<u>Insurance</u>	\$2,704,636,807
<u>Electric Utilities</u>	\$2,353,570,360
<u>Electronics Mfg & Equip</u>	\$2,230,043,875
<u>Business Associations</u>	\$2,217,425,929
<u>Oil & Gas</u>	\$2,096,923,653
<u>Misc Manufacturing & Distributing</u>	\$1,687,618,725
<u>Education</u>	\$1,633,122,450
<u>Hospitals/Nursing Homes</u>	\$1,604,696,566
<u>Securities & Investment</u>	\$1,548,537,463
<u>Telecom Services</u>	\$1,538,038,434
<u>Real Estate</u>	\$1,522,817,733
<u>Health Professionals</u>	\$1,453,558,737
<u>Civil Servants/Public Officials</u>	\$1,437,730,535
<u>Air Transport</u>	\$1,392,972,584
<u>Health Services/HMOs</u>	\$1,108,096,260
<u>Defense Aerospace</u>	\$1,101,303,893
<u>Automotive</u>	\$1,093,277,816
<u>Misc Issues</u>	\$1,056,530,748
<u>TV/Movies/Music</u>	\$1,035,372,905

Source: opensecrets.org, Center for Responsive Politics, as of August 2018

TOP 5 VACCINE COMPANIES BY REVENUE 2012

- Sanofi - 2012 Vaccine revenue: \$5.54 billion
- Merck - 2012 Vaccine revenue: \$5.27 billion
- GlaxoSmithKline - 2012 Vaccine revenue: \$5.26 billion
- Pfizer - 2012 Vaccine revenue: \$4.11 billion
- Novartis - 2012 Vaccine revenue: \$1.38 billion

Combined total - \$21.56 billion

WHO IS MAKING THE DECISIONS ABOUT WHICH VACCINES ARE NECESSARY, SAFE, AND EFFECTIVE?

- The president of the United States appoints the following positions:
 - Head of the Center for Disease Control (CDC)
 - Head of National Institute of Health (NIH)
 - Head of the Department of Health and Human Services (HHS)
 - Head of the Food and Drug Administration (FDA)

These organizations collectively decide what vaccines are necessary and if they're safe and effective

- Are you 100% confident that the current AND future government will be trustworthy enough to determine what should be injected into your body or the bodies of your children?
- So confident that you relinquish control to that government to determine which vaccines are mandatory, and therefore cannot be refused?

H.R.5546 - NATIONAL CHILDHOOD VACCINE INJURY ACT OF 1986

- In the 1970s and 1980s, a controversy erupted related to the question of whether the whole-cell pertussis component caused permanent brain injury known as pertussis vaccine encephalopathy
- In the United States, low profit margins and an increase in vaccine-related lawsuits led many manufacturers to stop producing the DPT vaccine by the early 1980s. By 1985, vaccine manufacturers had difficulty obtaining liability insurance. The price of DPT vaccine skyrocketed, leading providers to curtail purchases, limiting availability. Only one company was still manufacturing pertussis vaccine in the US by the end of 1985.
- H.R.5546 provides that **no vaccine manufacturer shall be liable** in a civil action for damages arising from a **vaccine-related injury or death**: (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings.
- Requires the Secretary to conduct studies on pertussis, rubella, and radiculoneuritis vaccines and publish the results of such studies. **[FOIA requests show that this was never done]**
- Directs the Secretary to study the risks to children associated with each vaccine listed in the Vaccine Injury Table and establish guidelines respecting the administration of such vaccines. Directs the Secretary to periodically review and revise such guidelines. **[FOIA requests show that this was never done]**

CDC CHILDHOOD VACCINE SCHEDULE

Birth to 15 Months

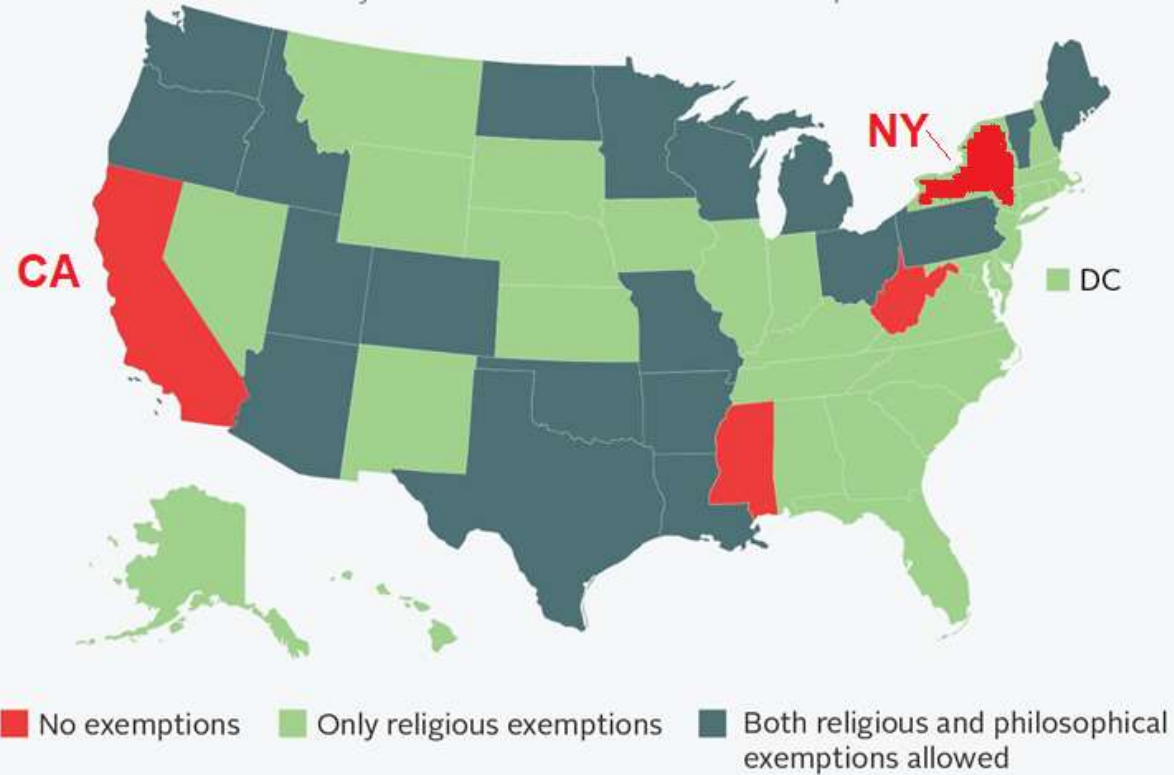
Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Hepatitis B ⓘ (HepB)	1 st dose	2 nd dose						—3 rd dose—
Rotavirus ⓘ (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See notes			
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			—4 th dose—
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See notes			—3 rd or 4 th dose, See notes—
Pneumococcal conjugate ⓘ (PCV13)			1 st dose	2 nd dose	3 rd dose			—4 th dose—
Inactivated poliovirus ⓘ (IPV: <18 yrs)			1 st dose	2 nd dose				—3 rd dose—
Influenza (IV) ⓘ							Annual vaccination 1 or 2 doses	
Influenza (LAIV) ⓘ								
Measles, mumps, rubella ⓘ (MMR)					See notes			—1 st dose—
Varicella ⓘ (VAR)								—1 st dose—
Hepatitis A ⓘ (HepA)					See notes			—2-dose series, See notes—
Meningococcal ⓘ (MenACWY-D: ≥9 mos; MenACWY-CRM: ≥2 mos)					See notes			
Tetanus, diphtheria, & acellular pertussis ⓘ (Tdap: ≥7 yrs)								
Human papillomavirus ⓘ (HPV)								
Meningococcal B ⓘ (MenB)								
Pneumococcal polysaccharide ⓘ (PPSV23)								

18 Months to 18 Years

Vaccines	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B ⓘ (HepB)	—3 rd dose—								
Rotavirus ⓘ (RV) RV1 (2-dose series); RV5 (3-dose series)									
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)	—4 th dose—			5 th dose					
Haemophilus influenzae type b ⓘ (Hib)									
Pneumococcal conjugate ⓘ (PCV13)									
Inactivated poliovirus ⓘ (IPV: <18 yrs)	—3 rd dose—			4 th dose					
Influenza (IV) ⓘ	Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
Influenza (LAIV) ⓘ	Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
Measles, mumps, rubella ⓘ (MMR)				2 nd dose					
Varicella ⓘ (VAR)				2 nd dose					
Hepatitis A ⓘ (HepA)	— 2-dose series, See notes—								
Meningococcal ⓘ (MenACWY-D: ≥9 mos; MenACWY-CRM: ≥2 mos)	See notes					1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis ⓘ (Tdap: ≥7 yrs)						Tdap			
Human papillomavirus ⓘ (HPV)						See notes			
Meningococcal B ⓘ (MenB)									See notes
Pneumococcal polysaccharide ⓘ (PPSV23)									See notes

School vaccine exemptions by state

Only 3 states have no vaccine exemptions



All states have medical exemptions.

Missouri's philosophical exemption only applies to daycare, preschool and nursery school.

SOURCE: National Conference of State Legislatures



REQUIRED VACCINES

- Required vaccines vary between states.
- A new vaccine can be considered mandatory at any time.
- There are over 200 vaccines in development or already approved.

	-----Vaccines Required for Public School Kindergarten-----								
	Hep B 43 states +DC	DTaP 50 states +DC	Hib 3 states	PCV 1 state +DC	IPV 50 states +DC	Flu 1 state	MMR 50* states +DC	Varicella 50 states +DC	Hep A 13 states +DC
Alabama		✓			✓		✓	✓	
Alaska	✓	✓			✓		✓	✓	✓
Arizona	✓	✓			✓		✓	✓	
Arkansas	✓	✓			✓		✓	✓	✓
California	✓	✓			✓		✓	✓	
Colorado	✓	✓			✓		✓	✓	
Connecticut	✓	✓	✓	✓	✓	✓	✓	✓	✓
DC	✓	✓		✓	✓		✓	✓	✓
Delaware	✓	✓			✓		✓	✓	
Florida	✓	✓			✓		✓	✓	
Georgia	✓	✓			✓		✓	✓	✓
Hawaii	✓	✓			✓		✓	✓	
Idaho	✓	✓			✓		✓	✓	✓
Illinois		✓			✓		✓	✓	
Indiana	✓	✓			✓		✓	✓	✓

<https://vaccines.procon.org/view.resource.php?resourceID=005979>

CURRENT VACCINES USED IN THE US

- [Adenovirus](#)
- [Anthrax](#)
 - AVA (BioThrax)
- [Cholera](#)
 - Vaxchora
- [Diphtheria](#)
 - DTaP (Daptacel, Infanrix)
 - Td (Tenivac, generic)
 - DT (-generic-)
 - Tdap (Adacel, Boostrix)
 - DTaP-IPV (Kinrix, Quadracel)
 - DTaP-HepB-IPV (Pediatrix)
 - DTaP-IPV/Hib (Pentacel)
- [Hepatitis A](#)
 - HepA (Havrix, Vaqta)
 - HepA-HepB (Twinrix)
- [Hepatitis B](#)
 - HepB (Engerix-B, Recombivax HB, Heplisav-B)
 - DTaP-HepB-IPV (Pediatrix)
 - HepA-HepB (Twinrix)
- [Haemophilus influenzae type b \(Hib\)](#)
 - Hib (ActHIB, PedvaxHIB, Hiberix)
 - DTaP-IPV/Hib (Pentacel)
- [Human Papillomavirus \(HPV\)](#)
 - HPV9 (Gardasil 9) (For scientific papers, the preferred abbreviation is 9vHPV)
- [Seasonal Influenza \(Flu\) only](#)
IIV* (Afluria, Fluad, Flublok, Flucelvax, FluLaval, Fluairix, Fluvirin, Fluzone, Fluzone High-Dose, Fluzone Intradermal)
*There are various acronyms for inactivated flu vaccines – IIV3,
 - IIV4, RIV3, RIV4 and cIIV4.
 - LAIV (FluMist)
- [Japanese Encephalitis](#)
 - JE (Ixiaro)
- [Measles](#)
 - MMR (M-M-R II)
 - MMRV (ProQuad)
- [Meningococcal](#)
 - MenACWY (Menactra, Menveo)
 - MenB (Bexsero, Trumenba)
- [Mumps](#)
 - MMR (M-M-R II)
 - MMRV (ProQuad)
- [Pertussis](#)
 - DTaP (Daptacel, Infanrix)
 - Tdap (Adacel, Boostrix)
 - DTaP-IPV (Kinrix, Quadracel)
 - DTaP-HepB-IPV (Pediatrix)
 - DTaP-IPV/Hib (Pentacel)
- [Pneumococcal](#)
 - PCV13 (Pneumovax 13)
 - PPSV23 (Pneumovax 23)
- [Polio](#)
 - Polio (Ipol)
 - DTaP-IPV (Kinrix, Quadracel)
 - DTaP-HepB-IPV (Pediatrix)
 - DTaP-IPV/Hib (Pentacel)
- [Rabies](#)
 - Rabies (Imovax Rabies, RabAvert)
- [Rotavirus](#)
 - RV1 (Rotarix)
 - RV5 (RotaTeq)
- [Rubella](#)
 - MMR (M-M-R II)
 - MMRV (ProQuad)
- [Shingles](#)
 - ZVL (Zostavax)
 - RZV (Shingrix)
- [Smallpox](#)
 - Vaccinia (ACAM2000):
- [Tetanus](#)
 - DTaP (Daptacel, Infanrix)
 - Td (Tenivac, generic)
 - DT (-generic-)
 - Tdap (Adacel, Boostrix)
 - DTaP-IPV (Kinrix, Quadracel)
 - DTaP-HepB-IPV (Pediatrix)
 - DTaP-IPV/Hib (Pentacel)
- [Tuberculosis](#)
- [Typhoid Fever](#)
 - Typhoid Oral (Vivotif)
 - Typhoid Polysaccharide (Typhim Vi)
- [Varicella](#)
 - VAR (Varivax)
 - MMRV (ProQuad):
- [Yellow Fever](#)
 - YF (YF-Vax)

CALIFORNIA SB277

- Effective July 1, 2016
- Eliminated the exemption based upon personal beliefs, but would allow exemption from future immunization requirements deemed appropriate by the State Department of Public Health for either medical reasons or personal beliefs
- Doctors have ability to give medical exemptions based on family history and/or current health.
- Applicable to ALL California daycare, preschool, and K-12 schools
- Exempt pupils in a home-based private school or independent study program and who do not receive classroom-based instruction
- (11) Any other disease deemed appropriate by the department***

CALIFORNIA SB276

- Requires **all** medical exemptions to be evaluated and issued by CA Dept of Public Health
- Exemptions **previously issued** by doctors must be **filed in a state database** in order to remain valid
- Health Dept will review immunization reports annually from schools and institutions to identify schools with an overall immunization rate of less than 95%, **physicians and surgeons who submitted 5 or more medical exemption forms in a calendar year**, and schools and institutions that do not report immunization rates to the department.
- Gives state authority to **invalidate medical exemptions** given by doctors based on the opinion of a staff member at the State Public Health Department
- If the department determines that a physician and surgeon poses a risk to the public's health physician's and surgeon's practice is contributing to a public health risk in one or more communities, the department **shall report the physician and surgeon to the Medical Board of California or the Osteopathic Medical Board of California**, as appropriate. The department **shall not accept a medical exemption** form from the physician and surgeon until the physician and surgeon demonstrates to the department that the **public health risk no longer exists**, but in no event shall the physician and surgeon be barred from submitting these forms for less than two years.
- Proposed exemptions to be based **only** on the CDC contraindications of "severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component; Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures)"
- Co-Author of SB277, Ben Allen, does not support this bill because he does not believe that personal¹² medical conditions should be in the hands of the state.

NY ELIMINATES RELIGIOUS EXEMPTION



ROCKLAND COUNTY DECLARES MEASLES STATE OF EMERGENCY, BANS UNVACCINATED MINORS FROM PUBLIC SPACES

- The ban went into effect at midnight, Wednesday, barring anyone younger than 18 who is unvaccinated against the measles from public places until they receive the measles, mumps and rubella vaccine. The ban expires in 30 days.
- County officials have been met with "**pockets of resistance**" from people unwilling to comply with health department advice and this played a part in the decision to enact a ban.
- Anyone found in violation could face **six months in jail and/or a \$500 fine**, Day said. However, he added that the county is not looking to arrest people, but rather a means to grab the public's attention.

JUDGE UPHOLDS NEW YORK CITY'S MANDATORY MEASLES VACCINATION ORDER

- NEW YORK (Reuters) - A Brooklyn judge on Thursday ruled against a group of parents who challenged New York City's recently imposed mandatory measles vaccination order, rejecting their arguments that the city's public health authority exceeded its authority.
- The judge sided with municipal health officials who defended the order as a rare but necessary step to contain a surge in the highly contagious disease that has infected at least **329 people** so far, most of them children from Orthodox Jewish communities in the borough of Brooklyn.
- Under the public health emergency declared last Tuesday by Mayor Bill de Blasio, residents of certain affected Brooklyn neighborhoods who **refuse orders to obtain an MMR vaccine face fines** unless they can otherwise demonstrate immunity to measles or provide a valid medical exemption.

MANDATORY MEDICAL PROCEDURES LEAD TO ABUSE OF POWER

California Mom Wins Second Big Settlement Against CPS for Seizing, Vaccinating Son Without Warrant

- Rachel Bruno, the mother at the center of a civil rights battle in Orange County, California, has been awarded another big settlement against social services and Children's Hospital of Orange County (CHOC) after they took her 20-month-old son and ran unauthorized medical tests on him and injected him with a dozen vaccinations at the same time.
- David was seized without a warrant from his parents while his newborn brother Lucas was in the hospital for a head injury that was under investigation by the county.
- No evidence was ever found that anyone had harmed the newborn intentionally and the state's attorney declined to prosecute.
- Bruno, however, was terrorized by social services anyway, ordered to move out of her home and have only one hour a day supervised visitation with her children while she took court-ordered child abuse classes.
- David's pediatrician was also not contacted by Orange County Social Services before they vaccinated him to "catch up" to the current schedule.
- David had been vaccinated according to his pediatrician's recommendations at a slower pace because of a troubling reaction to Prevnar. At the physician's direction, his vaccination schedule had been altered to slow it down to avoid more reactions. Orange County Social Services vaccinated him with seven shots containing twelve viruses at once, disregarding his medical history and without parental consent.

HASIDIC MOM TERRIFIED BY BROOKLYN MEASLES POLICE WHO CITED HER FOR NOT VACCINATING HER BABY DESPITE DOCTOR'S ORDER

- A Hasidic mother of nine recounted on Wednesday the terrifying episode of city sheriffs banging on the door of her Brooklyn home to cite her for failing to vaccinate her baby boy amid the national measles outbreak.
- “**My kids were all terrified**, you’d think that I’d have committed the worst crime,” she told the Daily News during a break in a city hearing over her citations. “It’s ridiculous that you have sheriffs knocking on your door in the middle of the night.”
- The case was among the first hearings for 209 parents cited so far for failing to abide by an **April 17 emergency order for all children in several zip codes to be immunized**. At least 90 of those have already been dismissed after parents provided evidence of vaccination, said Patrick Gallahue, a spokesman for the Department of Health.
- **Twelve schools or day care centers have been shuttered** for failing to ensure that children were vaccinated, although all were later reopened.
- Unbeknownst to the mom, DOH investigators cited her for failing to abide by the emergency order, **even though her son was under the usual immunization age of 12 months old**.
- The child was still sick on and off through May and June, and his **pediatrician advised** the mother to delay getting the vaccine, which is **not safe for use when a child is sick**.

https://www.nydailynews.com/news/politics/ny-measles-hasidic-brooklyn-vaccine-20190626-v2y5tl5f2jg5jfvu5rbvqbdpr4-story.html?fbclid=IwAR24YGj_5DOKVATycC5NIPiPhaTqA4w-fz1bU8cUXjC0SCHn2QajTu86tU0

NY SENATE BILL AB99

2019-2020 LEGISLATIVE SESSION

6 11. The provisions of this section shall not apply to the issuance of
7 orders pursuant to § 11.21 of the New York City Health Code.
8 12. In addition to the removal or detention orders referred to in
9 subdivision two of this section, and without affecting or limiting any
10 other authority that the commissioner may otherwise have, the governor
11 or his or her delegee may, in his or her discretion, issue and seek
12 enforcement of any other orders that he or she determines are necessary
13 or appropriate to prevent dissemination or transmission of contagious
14 diseases or other illnesses that may pose a threat to the public health
15 including, but not limited to, orders requiring any person or persons
16 who are not in the custody of the department to be excluded; to remain
17 isolated or quarantined at home or at a premises of such person's choice
18 that is acceptable to the department and under such conditions and for
19 such period as will prevent transmission of the contagious disease or
20 other illness; to require the testing or medical examination of persons
21 who may have been exposed to or infected by a contagious disease or who
22 may have been exposed to or contaminated with dangerous amounts of
23 radioactive materials or toxic chemicals; to require an individual who
24 has been exposed to or infected by a contagious disease to complete an
25 appropriate, prescribed course of treatment, preventive medication or
26 vaccination, including directly observed therapy to treat the disease
27 and follow infection control provisions for the disease; or to require
28 an individual who has been contaminated with dangerous amounts of radio-
29 active materials or toxic chemicals such that said individual may pres-
30 ent a danger to others, to undergo decontamination procedures deemed
31 necessary by the department. Such person or persons shall, upon
32 request, be afforded an opportunity to be heard, but the provisions of
33 subdivisions two through eleven of this section shall not otherwise
34 apply.

RELIGIOUS ISSUES WITH VACCINATION

- Ultra-Orthodox Jews
 - Taught that if they take care of their bodies, they will be able to fight infection
 - They are allowed to take the advice of their doctors, but are required to use their own judgement and research to make the best decision for themselves
- Christians - Aborted Fetal Cells
 - The vaccines below were developed using either the WI-38 or the MRC-5 cell strains.
 - Hepatitis A vaccines [VAQTA/Merck, Havrix/GlaxoSmithKline, and part of Twinrix/GlaxoSmithKline]
 - Rubella vaccine [MERUVAX II/Merck, part of MMR II/Merck, and ProQuad/Merck]
 - Varicella (chickenpox) vaccine [Varivax/Merck, and part of ProQuad/Merck]
 - Zoster (shingles) vaccine [Zostavax/Merck]
 - Adenovirus Type 4 and Type 7 oral vaccine [Barr Labs]
 - Rabies vaccine [IMOVAX/Sanofi Pasteur]

MMR (MMR-II)	vitamins, amino acids, fetal bovine serum, sucrose, glutamate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, sodium phosphate, sodium chloride
MMRV (ProQuad) (Frozen: Recombinant Albumin)	MRC-5 cells including DNA and protein, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, recombinant human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Frozen: Human Serum Albumin)	MRC-5 cells including DNA and protein, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Refrigerator Stable)	MRC-5 cells including DNA and protein, sucrose, hydrolyzed gelatin, urea, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate, recombinant human albumin, sodium bicarbonate, potassium phosphate, potassium chloride, neomycin, bovine serum albumin
Varicella (Varivax) <i>Frozen</i>	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, sodium phosphate monobasic, potassium phosphate monobasic, potassium chloride, EDTA, neomycin, fetal bovine serum
Varicella (Varivax) <i>Refrigerator Stable</i>	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, urea, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Yellow Fever (YF-Vax)	sorbitol, gelatin, sodium chloride, egg protein
Zoster (Shingles) (Zostavax) <i>Frozen</i>	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed porcine gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride; neomycin, bovine calf serum
Zoster (Shingles) (Zostavax) <i>Refrigerator Stable</i>	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed porcine gelatin, urea, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Zoster (Shingles) (Shingrix)	sucrose, sodium chloride, dioleoyl phosphatidylcholine (DOPC), 3-O-desacetyl-4' monophosphoryl lipid A (MPL), QS-21 (a saponin purified from plant extract <i>Quillaja saponaria</i> Molina), potassium dihydrogen phosphate, cholesterol, sodium dihydrogen phosphate dihydrate, disodium phosphate anhydrous, dipotassium phosphate, polysorbate 80, host cell protein and DNA

**ARE UNVACCINATED PEOPLE A
THREAT TO PUBLIC HEALTH?**

It is well known that vaccines operate by stimulating the immune system, which then has the antibodies to fight off the virus.

The disease is active and transmittable in the body while the immune system is working.

Science News from research organizations

Vaccination may reduce the severity of the flu in vaccinated but still infected patients

Study analyzes all severe influenza cases in 12 Catalan hospitals between the 2010-2011 and 2015-2016 campaigns

Date: November 28, 2018
Source: University of Barcelona
Summary: When influenza vaccination is ineffective in preventing the flu, it could have an additional effect reducing the severity of the infection, according to an epidemiological study.
Share:

RELATED TOPICS	FULL STORY
<p>Health & Medicine</p> <ul style="list-style-type: none">> Cold and Flu> Influenza> Bird Flu> Vaccines> Infectious Diseases> Diseases and Conditions> Swine Flu> Today's Healthcare	<p>When influenza vaccination is ineffective in preventing the flu, it could have an additional effect reducing the severity of the infection, according to an epidemiological study which has the participation of members of the research group Epidemiology, Prevention and Control of Communicable Diseases led by Professor Angela Dominguez, from the Department of Medicine of the UB- and the Epidemiology and Public Health Networking Research Center (CIBERESP), from the Health Institute Carlos III.</p>

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

ACELLULAR PERTUSSIS VACCINES PROTECT AGAINST DISEASE BUT FAIL TO PREVENT INFECTION AND TRANSMISSION IN A NONHUMAN PRIMATE MODEL

- Paper in the US National Library of Medicine National Institutes of Health
- Human challenge studies have been proposed **but never conducted**
- “To address this gap, we recently developed a nonhuman primate model of pertussis using baboons (*Papio anubis*) and found the disease is very similar to severe clinical pertussis.”
- RESULTS
- Acellular Pertussis Vaccines Protect Against Disease but **Fail to Prevent Infection.**
- Several observational studies recently concluded that children primed with aP vaccine are at greater risk for pertussis diagnosis compared with wP-primed children
- Compared with naïve animals, aP-vaccinated animals had *slightly reduced colonization* for the first 10 days but **remained consistently colonized before clearing after 35 DAYS.**

PHYSICIANS FOR INFORMED CONSENT LETTER TO CALIFORNIA LEGISLATORS

- “In 2007, the Centers for Disease Control and Prevention (CDC) conducted a study on waning immunity after two doses of measles, mumps and rubella (MMR) vaccine.[3] The results, published in Archives of Pediatrics and Adolescent Medicine, showed that:
 1. About 35% of vaccinated 7-year-olds are susceptible to subclinical measles.
 2. About 60% of vaccinated 15-year-olds are susceptible to subclinical measles.
 3. By age 24-26, a projected 33% of vaccinated adults are susceptible to clinical measles.”

Half of all California schoolchildren, who are fully vaccinated with the MMR vaccine can still be infected with and spread measles, irrespective of the medical exemption rate.[4,5,6]

- 1. **Tetanus is not contagious**, so being vaccinated for it or not doesn't prevent others from getting it.[9]
- 2. Hepatitis B is spread through sex and intravenous drug use in the United States, so being vaccinated for it or not **doesn't prevent others from getting it in schools**. [10]
- 3. The whooping cough vaccine **doesn't prevent the spread of whooping cough**, so being vaccinated for it or not doesn't prevent one from spreading whooping cough or others from getting it.[11]
- 4. The diphtheria vaccine **does not prevent the spread of diphtheria**, so being vaccinated for it or not doesn't prevent one from spreading diphtheria or others from getting it.[12]
- 5. The polio vaccine used in the United States **does not prevent the spread of polio**, so being vaccinated for it or not doesn't prevent one from spreading polio or others from getting it.[13,14]

<https://www.facebook.com/PICphysicians/posts/1340596176096535>

THE TRUTH ABOUT VACCINATION RATES IN CALIFORNIA

Are state vaccination rates really decreasing, causing diseases that were “gone” in 2000 to “come back”?



2000

“the year measles was declared eliminated”-- where the media says vaccine rates were very high, and diseases were basically gone

2019

the year of mass hysteria over measles – where the media claims there are “dangerously low vaccine rates” causing the return of diseases

% VACCINATION COVERAGE IN CA <i>(Kindergarten)</i>	2000	2019
MMR 2+	92.2%	95.1%
POLIO 3+	95.4%	96.9%
DTAP 4+	96.0%	96.8%
HEP B 3+	95.3%	96.4%
HEP B 3+	96.4%	97.6%
# OF CHILDREN EXEMPT FROM 1+ VACCINES <i>(Kindergarten)</i>	4,616	4,111

(Source: CDPH)

WHAT ABOUT HERD IMMUNITY?!

An estimated that 75-95% of the entire population must have either contracted the disease or have been effectively inoculated for herd immunity to work.

- Pneumococcus: Coverage rate in 2011 was 20.1% overall
- Tdap: Among adults aged 19 to 64 years, vaccination rate was 12.5% overall
- Hepatitis A: Among adults aged 19 to 49 years, overall vaccination coverage (2 or more doses) is 12.5%.
- Hepatitis B: Overall coverage (3 or more doses) among all adults aged 19 to 49 years was 35.9%
- Herpes zoster: Overall coverage among adults aged 60 years or older was 15.8% in 2011
- HPV: Among women aged 19 to 26 years, the rate was 29.5% in 2011

But, research data shows that inoculation does NOT stop the transmission of disease, so herd immunity is not effective for vaccination.

ARTICLE: SEVEN OF MY VACCINATED KIDS HAVE THE MEASLES RIGHT NOW

- Measles Vaccine Failure: Fully Vaccinated Brooklyn Children Getting Measles
- “If all of my kids are immunized, why did they get the measles?” Mrs. Pearl asked the doctor, feeling upset that she had had a house full of guests for the Passover holiday and that her children had inadvertently exposed other family members, including a pregnant older daughter, two babies, and one immunocompromised relative, to the measles.
“Why hasn’t anyone talked about vaccinated children getting and spreading the measles?!”
- The doctor suggested she bring the other children into the office for titer testing.
- Of the seven other children that Mrs. Pearl had tested—all of whom had been fully vaccinated—five more showed no immunity to measles.
- So at the doctor’s suggestion, four of those children were given another dose of the MMR vaccine to boost their immunity. Only her daughter, who was newly pregnant and could not be safely vaccinated, did not get the MMR booster. A rash on her face, she went to the hospital for an IV infusion of measles immune globulin instead.
- Two hours after getting the MMR booster, Mrs. Pearl’s 16-year-old spiked a 102-degree fever and broke out in a measles rash.
- Four days later her three other children, all of whom had received the MMR booster, all had measles rashes, canker sores in their mouths, gastrointestinal problems, and lethargy. ²⁷

A US WARSHIP HIT HARD BY THE MUMPS IS FINALLY VIRUS-FREE AFTER BEING QUARANTINED AT SEA FOR MONTHS

- A viral mumps outbreak that left a deployed US Navy warship quarantined at sea for around four months is finally under control.
- A total of 28 people, roughly 4% of the 703 service members on board, were affected, but all the infected personnel have recovered and returned to duty.
- Outbreaks of influenza and other common illnesses occur every year aboard Navy vessels, but this situation was a bit different as US troops are vaccinated against the mumps.
- The mumps portion of the measles, mumps, and rubella (MMR) vaccine is only 88% effective, suggesting that a vaccinated person could still be infected.

Note that there is an ongoing lawsuit against Merck for misconduct and fraud relating to their MMR efficacy claims

<https://www.businessinsider.com/mumps-outbreak-on-us-warship-is-over-after-5-months-quarantined-at-sea-2019-5>
https://www.huffingtonpost.ca/lawrence-solomon/merck-whistleblowers_b_5881914.html

BUT, BEING AN “ANTI-VAXXER” IS JUST A FAD & IT’S EASY TO NOT VACCINATE, RIGHT?

ABSOLUTELY NOT

- Hospitals routinely bully brand new parents who are not prepared to give a vaccine (HepB) within the first 24 hours of a child’s life, and CPS is routinely threatened.
- Very few pediatricians accept non-vaccinated or semi-vaccinated children, even if a state-issued exemption is obtained.
- Vaccine injuries are routinely brushed aside or ignored by doctors, making medical exemptions very difficult to obtain.
- Public school, private schools, many daycares, and even summer camps require vaccines, so educational and childcare options are limited.
- Lower income families who do not have private school options are disproportionately affected by vaccine mandates.
- Perfectly healthy unvaccinated children are viewed as dirty and dangerous, even within families.
- Schools and doctors have reported non-vaccinating or semi-vaccinating parents to CPS
- Parents who have decided to homeschool their children to avoid vaccine mandates have been reported to CPS by the school for “educational neglect,” even if all of the appropriate paperwork for homeschooling was filed.

It is currently incredibly difficult to not fully vaccinate children and the decision is never made lightly.

SO, ARE VACCINE MANDATE NECESSARY BECAUSE UNVACCINATED PEOPLE A THREAT TO PUBLIC HEALTH?

- Unvaccinated individuals do NOT pose additional risk to immunocompromised and/or unvaccinated individuals.
- Vaccinated individuals become asymptomatic carriers for the diseases they are vaccinated against, meaning they can transmit the disease to others without showing any signs of being sick.
- Vaccination rates are actually HIGHER now than when measles was believed to be eradicated in the US, despite huge amounts of press blaming “anti-vaxxers” for the resurgence.
- Vaccination rates among adults are well below the theoretical “herd immunity” levels that would be needed to eliminate infection among the population.
- Infections for “vaccine-preventable diseases” can and do spread among fully vaccinated populations, as evidenced in the US Navy ship and a fully vaccinated family.

VACCINE MANDATES ARE NOT ABOUT PUBLIC HEALTH, THEY ARE ABOUT CONTROL. IF THE STATE CAN DECIDE WHAT IS INJECTED INTO YOUR BODY WITHOUT YOUR CONSENT, THE STATE OWNS YOUR BODY.

ADDITIONAL CONTENT FOLLOWS

PHYSICIANS FOR INFORMED CONSENT LETTER TO CALIFORNIA LEGISLATORS



July 9, 2019

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

RE: Science and SB 276 (limiting medical exemptions to vaccination)

Dear Directors of the Medical Board of California,

It is important that the Medical Board of California (MBC) explore the scientific basis and medical legitimacy of laws like SB 276,¹ as they directly impact the health and safety of millions of healthcare consumers in California. On behalf of hundreds of doctor and scientist members of Physicians for Informed Consent, I am writing out of our concern that some legislators, without robust scientific justification, are singling out medical doctors who recommend medical exemptions to vaccination and labeling them as “fraudulent.”²

The data currently available shows that increasing vaccination rates or limiting medical exemptions will not eliminate measles outbreaks. For example, in 2007, the Centers for Disease Control and Prevention (CDC) conducted a study on waning immunity after two doses of measles, mumps and rubella (MMR) vaccine.³ The results, published in *Archives of Pediatrics and Adolescent Medicine*, showed that:

1. About 35% of vaccinated 7-year-olds are susceptible to subclinical measles.
2. About 60% of vaccinated 15-year-olds are susceptible to subclinical measles.
3. By age 24–26, a projected 33% of vaccinated adults are susceptible to clinical measles.

This means that about half of all California schoolchildren, who are fully vaccinated with the MMR vaccine, can still be infected with and spread measles, irrespective of the medical exemption rate.^{4,5,6}

The CDC conducted another study in 2016, published in *The Journal of Infectious Diseases*, which concluded that a third dose (booster shot) of the MMR vaccine is short-lived, lasts only one year, and would not solve the problem of waning immunity.⁷

In addition, there are other infectious diseases where a child’s vaccination status does not significantly affect the safety of other students at school.⁸

1. Tetanus is not contagious, so being vaccinated for it or not doesn’t prevent others from getting it.⁹
2. Hepatitis B is spread through sex and intravenous drug use in the United States, so being vaccinated for it or not doesn’t prevent others from getting it in schools.¹⁰
3. The whooping cough vaccine doesn’t prevent the spread of whooping cough, so being vaccinated for it or not doesn’t prevent one from spreading whooping cough or others from getting it.¹¹
4. The diphtheria vaccine does not prevent the spread of diphtheria, so being vaccinated for it or not doesn’t prevent one from spreading diphtheria or others from getting it.¹²
5. The polio vaccine used in the United States does not prevent the spread of polio, so being vaccinated for it or not doesn’t prevent one from spreading polio or others from getting it.^{13,14}

It’s also important to measure the threat of infectious diseases. For example, before the measles vaccine was

introduced in 1963 there was a 1 in 10,000 (0.01%) chance of dying from measles¹⁵ (that’s about the same as one’s lifetime chance of being struck by lightning). In addition, three treatments are available for rare severe complications from measles: vitamin A, immune globulin, and the antiviral medication, ribavirin.^{16,17,18,19}

By comparison, the chance of a child dying in his or her first year of life (the infant mortality rate) is currently 1 in 170²⁰ in the U.S. overall (0.6%)—which is 60 times greater than the risk of a child dying from measles in 1962, a time period when almost every child had measles by age 15 and 99.99% fully recovered.²¹

Infant mortality rate (IMR) is a recognized major indicator of the health of a population, not the number of measles cases nor the number of medical exemptions.²² West Virginia and Mississippi, which only allow state public health officers to approve medical exemptions²³ (like SB 276 would do) have about double the infant mortality rate of California. And Massachusetts and Washington have a lower infant mortality than California, even while allowing non-medical exemptions.²⁴ This means that laws limiting medical exemptions are unlikely to improve public health—and may worsen it.

Additionally, it’s important to remember that since the enactment of the National Childhood Vaccine Injury Act of 1986,²⁵ which has shielded both vaccine manufacturers and physicians from vaccine injury lawsuits, the National Vaccine Injury Compensation Program has awarded over \$4 billion to families who incurred vaccine injuries and deaths.²⁶ These families are our canaries in a coal mine, and the physicians that care for them have a heightened awareness of their risk of vaccine injury and how to prevent further harm. For example, the risk of seizure after the MMR vaccine occurs in about 1 in 50 children with a history of seizures, and 1 in 250 in siblings of children with a history of febrile seizures (and 5% of those would develop epilepsy).^{26,27} The average doctor is not yet familiar with these research findings (even though they were published 15 years ago) and wouldn’t consider recommending a medical exemption to vaccination on such a basis—but there are many doctors experienced in this arena who are knowledgeable and adept in protecting such families.

Finally, in the United Kingdom, the chickenpox vaccine is not routinely recommended because chickenpox is considered a mild illness in healthy children and vaccination is thought to increase the risk of herpes zoster in adults—that doesn’t mean British doctors are “fraudulent.”²⁸ In Denmark, the hepatitis B vaccine is not routinely recommended—that doesn’t mean that Danish doctors are “fraudulent.”²⁹ And in nearly all U.S. states there is either a personal belief or religious exemption to vaccination for school attendance, so doctors in those states don’t need to recommend medical exemptions for children to attend school if their vaccine recommendations are not in sync with the average doctor’s recommendations—those doctors are not “fraudulent” and neither are California doctors who, due to current law, are obligated to put their medical opinion regarding vaccination in writing, for the purpose of school attendance.³⁰

Will each of you, as a director of the MBC, investigate the scientific data for yourself? Or will you rely only on the interpretations of these data given to you by others? As scientific truths are verifiable, and the health of California’s children is at stake, we urge you to be sure of your decision.

We request that you oppose any legislation that limits the ability of physicians to issue medical exemptions to vaccination.

Respectfully,

Shira Miller, M.D.
Founder and President
Physicians for Informed Consent

Physicians for Informed Consent (PIC) delivers data on infectious diseases and vaccines, and unites doctors, scientists, healthcare professionals, attorneys, and families who support voluntary vaccination. Visit physiciansforinformedconsent.org for more information.

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<https://physiciansforinformedconsent.org/>

REFERENCES FOR PHYSICIANS FOR INFORMED CONSENT LETTER

- 1 <https://leginfo.legislature.ca.gov/fac.../billNavClient.xhtml...>
- 2 <https://sd06.senate.ca.gov/.../2019-05-29-california-medical-...>
- 3 <https://www.ncbi.nlm.nih.gov/pubmed/17339511>
- 4 <https://www.ncbi.nlm.nih.gov/pubmed/2815970>
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- 6 <https://www.ncbi.nlm.nih.gov/pubmed/29921344>
- 7 <https://www.ncbi.nlm.nih.gov/pubmed/26597262>
- 8 <https://physiciansforinformedconsent.org/immunocompromised.../>
- 9 <https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- 10 Ibid.
- 11 <https://www.ncbi.nlm.nih.gov/pubmed/24277828>
- 12 <https://www.ncbi.nlm.nih.gov/pubmed/5026197>
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- 16 <https://physiciansforinformedconsent.org/measles/dis/>
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- 27 <https://www.ncbi.nlm.nih.gov/pubmed/17267419>
- 28 <https://www.nhs.uk/.../why-are-children-in-the-uk-not-vaccin.../>
- 29 <https://vaccine-schedule.ecdc.europa.eu/.../ByCountrySelected...>
- 30 <http://www.ncsl.org/.../school-immunization-exemption-state-l...>

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[#PICphysicians](#) [#science](#) [#statistics](#) [#measles](#) [#informedconsent](#) [#MMR#sb276](#)

PREVIOUS CDC GUIDANCE

- Who Should Not Get MMR Vaccine?
- Some people should not get MMR vaccine or should wait.
- Tell your vaccine provider if the person getting the vaccine:
 - Has any severe, life-threatening allergies. A person who has ever had a life-threatening allergic reaction after a dose of MMR vaccine, or has a severe allergy to any part of this vaccine, may be advised not to be vaccinated. Ask your health care provider if you want information about vaccine components.
 - Is pregnant, or thinks she might be pregnant. Pregnant women should wait to get MMR vaccine until after they are no longer pregnant. Women should avoid getting pregnant for at least 1 month after getting MMR vaccine.
 - Has a weakened immune system due to disease (such as cancer or HIV/AIDS) or medical treatments (such as radiation, immunotherapy, steroids, or chemotherapy).
 - Has a parent, brother, or sister with a history of immune system problems.
 - Has ever had a condition that makes them bruise or bleed easily.
 - Has recently had a blood transfusion or received other blood products. You might be advised to postpone MMR vaccination for 3 months or more.
 - Has tuberculosis.
 - **Has gotten any other vaccines in the past 4 weeks. Live vaccines given too close together might not work as well.**
 - Is not feeling well. A mild illness, such as a cold, is usually not a reason to postpone a vaccination. Someone who is moderately or severely ill should probably wait. Your doctor can advise you.

VACCINE-SIDS CORRELATION

- **RESULTS**

- We identified 2149 death reports in VAERS (Table 1). Most reports involved children aged 0–17 years and males. Autopsy reports and/or death certificates were available for 1770 (82.4%) reports.
- The median onset interval, the period from vaccination to death, was 3 days (range, 0–2442 days) for all ages, 2 days (range, 0–1478 days) for infants (<1 year of age), 5 days (range, 0–2442 days) for children 1–17 years, and 3 days (range, 0–2011 days) for adults (≥18 years).
- Among the 1469 reports in children aged 0–17 years, 1166 (79.4%) received >1 vaccine on the day of vaccination; among infants (n = 1165), 1004 (86.2%) received >1 vaccine. Among the 666 reports for adults aged ≥18 years, 92 (13.8%) received >1 vaccine on the day of vaccination.



Dr. Bob Sears

July 10 at 12:15 AM · 🌐

So, here is what bugs me the most about SB 276 (besides all of it). It literally takes ALL VACCINE MEDICAL EXEMPTIONS (VMEs) that have been written under the guidelines of California Law SB 277 over the last four years and CHANGES THE CRITERIA upon which they will be judged. This can't possibly be considered okay by anyone with a brain.

SB 277 specifically dictated that VMEs should NOT be determined by CDC contraindication guidelines. Literally. Go to THIS LINK and you will see the words "that contraindicate" are crossed off and replaced with "for which the physician does not recommend ..."

<https://leginfo.legislature.ca.gov/fac.../billNavClient.xhtml>... — view the version from 6/11/15, and scroll down to section 120370. It's right there in plain english.

So that's what all of us doctors have been doing. NOW, SB 276 wants to re-evaluate all of our VMEs according to CDC contraindication guidelines, THEN PUNISH all of us doctors who wrote VMEs that are NOT for CDC contraindications. CDC Precautions are also in there too, but those apply to virtually nobody.

How can you go back in time and re-do medical care, then punish all those kids and their doctors because they didn't follow a law that you are passing now, four years later? As a Star Trek fan, I LOVE messing with the space-time continuum. But this goes way beyond that. It's like changing the speed limit law on the freeway to 50 mph, then reviewing all traffic camera footage for the past four years and giving everyone tickets for driving 55.

Please print this up and send to all Legislators and their aides. Make them see that, even though they may think they like the idea of SB 276, the actual law is completely messed up and is not at all what they think it is. THERE HAS TO BE A BETTER WAY! Then tell them to call me and I'll explain.

***** Update: apparently this is called an Ex Post Facto law, and it's unconstitutional. So maybe it's better the Senator leaves it that way. It gives us something to take the State to court over.

ECZEMA VACCINATUM

- Eczema vaccinatum is a rare severe adverse reaction to smallpox vaccination.
- Nine cases of eczema vaccinatum are presented, including two fatalities. Seven were caused by contact of a child with eczema with a recently vaccinated sibling.
- The following steps are recommended for prophylaxis:
 - 1) No child with atopic eczema or other skin disorder should be vaccinated.
 - 2) No child should be vaccinated if any member of his family has eczema or other skin disorder.
 - 3) Parents of children with eczema should be notified at the onset of the disease of the danger from vaccination contact.
 - 4) If a sibling of a child with atopic eczema is vaccinated, he must be completely separated from that child for at least 21 days.
 - 5) Forms used by state and local health departments for parents' consent to vaccination should include an appropriate warning of the contraindications.
 - 6) Eczema vaccinatum should be a reportable disease.
 - 7) Patients recently vaccinated must be excluded from pediatric wards containing patients with atopic eczema, other diseases of the skin, burns or healing surgical incisions.
 - 8) Vaccination may be recommended at 2 months of age, especially for babies from strongly allergic families.

AMERICAN ACADEMY OF PEDIATRICS ELIMINATION OF NON-MEDICAL VACCINE EXEMPTIONS RANKED TOP PRIORITY AT ANNUAL LEADERSHIP FORUM

Top 10 resolutions:

1. **Eliminating Non-medical* Exemptions to Vaccinating Children**
2. Family Separations at the Border: Safeguarding Children's Health
3. Limitation of Prior Authorization Requirements for Medications
4. Continuity of Medicaid Benefits When Recipients Move
5. Access to Evidence-Based Treatment for Children and Adolescents With Neurodevelopmental Disorders Beyond Autism
6. Affordable Insulin Access for all Children With Diabetes
7. Revising the AAP Bright Futures Guidelines on Gun Safety Anticipatory Guidance
8. Drowning Prevention Recommendation Statement and Education
9. Providing Guidance on School Response to E-cigarette Use by Students
10. Public Education About Intramuscular Vitamin K Administration at Birth