Information, comments and links to more Information

1. Vaccine ingredients for one vaccine are listed here from the manufacturer's package insert. (March 2008)

DAPTACEL® Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed (DTaP). (Manufacturer: Sanofi-Pasteur) Each .5 mL dose contains diphtheria and tetanus toxoids, acellular pertussis antigens, aluminum phosphate, formaldehyde, 2-phenoxyethanol and the vial stopper is composed of dry natural latex rubber.

Vaccine ingredients are hardly benign. Package inserts for vaccines can be found using the Google.com search engine or this web page: **vaclib.org/chapter/inserts.htm**. *The Physicians Desk Reference* has the same information and is available in many libraries.

2. Ideally, vaccines should be tested using double blind, placebo controlled methodology with half the trial group being totally unvaccinated. This methodology is the gold standard of scientific testing. However, scientific methodology is violated in practice and numerous short cuts are taken to licensing and marketing vaccines.

Listed here are some ideal trial methodology versus the actual methods in use by vaccine development groups.

Ideal	**Actual**
Placebo Control	Controls are vaccines
Large population	Small populations
Long terms studies	Days or weeks
Active monitoring of side effects	Passive monitoring
Monitor all heath issues	Ignores some events
Adequate supervision	Vested interests
Independent confirmation	No

Vaccines are tested on healthy subjects but are given to all. Package inserts and *The Physicians Desk Reference* describe the trial methodology for each licensed vaccine.

A short discussion of vaccine testing is here: **vaclib.org/intro/qandaone.htm#a4** Another informative page is here: **whale.to/vaccine/mouse_toxicity_test.html**

3. Adverse side effects from a single vaccine given alone are indeed "usually" mild. However, severe adverse side effects have become common with the increased number of vaccines given today. The Vaccine Adverse Event Reporting System (VAERS) received 20,160 reports for adverse events following vaccinations given in 2008. Of these events, 345 were life threatening, 7289 resulted in a visit to the ER, 122 deaths were reported and 213 became disabled. VAERS is a passive reporting system. "Studies show that adverse events are often substantially underreported in a passive surveillance system. One study cited that 'only about 1 percent of serious events' attributable to drug reactions are reported to FDA." Quoted from **gao.gov/new.items/d0121.pdf**

Dr. James Froeschle of Connaught Laboratories also testified before the IOM that "the company estimates about a 50-fold underreporting of adverse events in the passive reporting system." (*Adverse Events Associated with Childhood Vaccines* (1994) p. 328)

4. Late 2008 statistics show that 1 child in 68 suffers from autism. A study of Amish and Chicago area unvaccinated populations show that a large percentage of autism is associated with vaccines.* The results of a large population study in Denmark and the removal of the MMR vaccine from the market in Japan have proven that the MMR vaccine contributes to autism. ** These are important facts since MMR vaccine ingredients have never included mercury, a poison associated with neurological disorders on the autism spectrum. Political efforts have kept these facts largely hidden from the public.

*** vaclib.org/basic/unvaxhealth.htm**

**** vaclib.org/basic/mmr-errors.htm**.

5 and 6. From 1750 to 1950, vast improvements in sanitation and the year around availability of nutrition occurred. Child mortality associated with scarlet fever, diphtheria, whooping cough and measles declined 90 percent between 1850 and 1940 in England and Wales. In 1940 vaccination against diphtheria became compulsory. Whooping cough and measles vaccinations came later. There is no vaccine for scarlet fever, yet scarlet fever seldom occurs today. Mortality associated with measles declined 98 percent before a measles vaccine was produced. The rate of decline in mortality associated with individual diseases did not change following the introduction of specific vaccines. Yet claims are made that vaccines eradicate disease in spite of the abundant counter evidence that vaccines did not save us from epidemics.

vaclib.org/sites/debate **vaclib.org/links/graphs.htm**

7. Vaccines are licensed based on antibodies developed in the blood in response to vaccine antigens (pathogens or irritants). However, a large percentage of individuals exposed to various "unfriendly" pathogens, such as hepatitis B, polio or influenza, exhibit no symptoms regardless of vaccination status or prior exposure. Why? Because antibodies are not required for immunity. High antibody counts (titers) in vaccinated individuals does not equate to better immunity than is demonstrated by their unvaccinated counterparts. Unvaccinated does not mean either unimmunized or under-immunized. See **vaclib.org/basic/titers-immunity.htm**

8. Reforms in sanitation and nutrition are responsible for vast declines in both mortality and disease incidence. (See **5** and **6** above.) Immunity occurs naturally when filthy conditions or malnutrition do not destroy immunity. Vaccinations do not increase the number of immune individuals. (See **7** above.) Healthy lifestyle practices alone result in immune populations. See **vaclib.org/sites/debate** for links to articles on immunizing without vaccines and *Health – The Only Immunity.*

9. No Shots – No School. All 50 states have a medical exemption to vaccination available for school attendance. A religious exemption to vaccination is available in 48 states. Twenty states also have a philosophical exemption, sometimes called an "other" or "personal" exemption to vaccination. See **vaclib.org/exemption.htm**