



Why Vaccine Policy Reform is Critical:

- In the past decade, there have been many advances in the understanding of [genetics, epigenetics](#), and the [immune system](#); the [neurotoxicity of aluminum adjuvants](#); the [biological mechanism of thimerosal toxicity](#); common [medicines that impair mitochondria](#) and suppress the immune system, but this science is not incorporated into current vaccine design, schedules, or policies.
- “. . .the fact that vaccines are delivered to billions of people without preliminary screening for underlying susceptibilities is thus of concern. Indeed, it is naïve to believe that all humans are alike.”
[Vaccines and Autoimmunity Yehuda Shoenfeld 2015](#)
- “CBER’s Office of Vaccines Research and Review together with the Genomics Evaluations Team for Safety (GETS) are involved in several research collaborations that focus on identification of genetic risk factors associated with adverse reactions to vaccines.”
[PAVING THE WAY FOR INDIVIDUALIZED MEDICINE, October 2013, FDA](#)
- There is a [seventeen-year delay from medical discovery to community-level practice](#). The delay can be much longer. The 1986 National Childhood Vaccine Injury Act removed liability from vaccine makers and declared vaccines “unavoidably unsafe.” In effect, this removed the financial incentive to improve designs, and increased incentive to add more vaccines to the pediatric schedule. No liability; all profit.
- In 2011, the [Bruesewitz v. Wyeth](#) decision resulted in even flawed vaccines being protected. Justice Sotomayor and Ginsberg dissented, writing:
 - “Its decision leaves a regulatory vacuum in which no one ensures that vaccine manufacturers adequately take account of scientific and technological advancements when designing or distributing their products.”
- [Despite AAP claims](#) about the pediatric schedule, [in 2013, “the \[IOM\] committee](#) generally found a paucity of information, scientific or otherwise, that addressed the risk of adverse events in association with the complete recommended immunization schedule . . .”
- Drugs commonly given to children impair mitochondria and can lead to injury if vaccinated before full mitochondria/immune/biome recovery: [Tylenol, Aleve, aspirin, antibiotics, anxiety meds, steroids](#).

Medical exemptions do not cover the diversity of conditions that may lead a parent and/or pediatrician to delay, space, or decline one or more vaccines.

Philosophical exemptions are required to give the flexibility needed to avoid injury.

One-size-for-all school requirements do not respect individual susceptibility factors.

With all that is now known about individual risk,

a personalized approach to vaccine administration is the only ethical choice.

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A few VACCINE FACTS:

Responsible use of vaccines as part of public health management requires understanding and communicating caution about protection limits and known individual risks, as well as incorporating the latest science into vaccination decisions to minimize vaccine injury.

Because of the limitations of current vaccine designs, even 100% vaccination rates would not completely eliminate incidence of disease. Emphasis should not be on complete disease elimination but on keeping the population healthy so that minor outbreaks are experienced without complication.

- **Pertussis:** Waning immunity to whooping cough increasing outbreaks. “. . .protection from disease after a fifth dose of DTaP among children who had received only DTaP vaccines was relatively short-lived and waned substantially each year.” *Waning Protection after Fifth Dose of Acellular Pertussis Vaccine in Children.* [N Engl J Med 2012; 367](#)
- **Pertussus:** The acellular pertussis vaccine does not prevent the colonization or transmission of pertussis. “These data provide a plausible explanation for pertussis resurgence and suggest that attaining herd immunity will require the development of improved vaccination strategies that prevent B. pertussis colonization and transmission.” *Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model.* [Proc Natl Acad Sci U S A. 2014 Jan 14;111\(2\)](#)
- **Mumps:** Mumps outbreaks are occurring among fully vaccinated populations. “The most likely explanations of this epidemiological change are (1) the ability of certain mumps virus strains to escape vaccine-induced immune responses, or (2) waning immunity.” [FDA: Determining the Safety and Efficacy of Vaccines to Protect Against Viruses that Infect the Central Nervous System](#)
- **Mumps:** “Stephen A. Krahling and Joan A. Wlochowski, former Merck virologists blew the whistle by filing a qui tam action lawsuit in August 2010. The scientists allege that the efficacy tests for the measles, mumps, rubella vaccine (MMR) were faked. The document was unsealed in June, 2012.” [Former Merck Scientists Sue Merck Alleging MMR Vaccine Efficacy Fraud](#)
- **Varicella:** In 2000, varicella[chickenpox] incidence declined 70% from the prevaccine rate, and “HZ [shingles] reports significantly increased among adults aged 20–69 years from 2000 to 2001. ▶ Children with a prior history of varicella demonstrated HZ rates similar to adults. ▶ By 2002, the efficacy of the varicella vaccination had declined well below 80%. ▶ HZ morbidity costs have exceeded the cost savings from varicella-disease reductions.” [Review of the United States universal varicella vaccination program](#)