Vaccines and "Vaccine-Preventable" Disease Research

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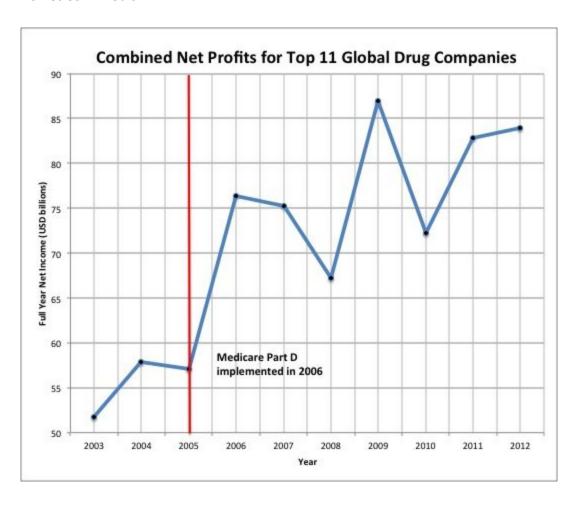
Pharmaceutical Corporation Information

The number of vaccines on the CDC's recommended vaccination schedule for children under the age of 2 increased from 10 to 36 after Congress passed a law (<u>The National Childhood Vaccine Injury Act of 1986</u>) in 1986 preventing vaccine-injured citizens from suing the vaccine manufacturer responsible for the production of the vaccine.

By 2010, the U.S. Court of Claims had awarded nearly \$3 billion dollars to vaccine victims for their catastrophic vaccine injuries (<u>including autism</u>), although two out of three applicants have been denied compensation. (source)

Meanwhile, the global pharmaceuticals market is worth \$300 billion a year, a figure expected to rise to \$400 billion within three years. Companies currently spend one-third of all sales revenue on marketing their products - roughly twice what they spend on research and development. (source)

The US and New Zealand are the only countries in the world who allow pharmaceutical companies to advertise their products on TV. Government agencies (CDC, FDA, & AMA) have monetary ties to drug companies and blatant conflicts of interest. For example, GlaxoSmithKline and Pfizer are owned by the same financial institutions and groups that own Time Warner (CNN, HBO etc.) and General Electric (NBC, Comcast, Universal Pictures etc.). This is seen throughout all of the major vaccine manufacturers and all of the 6 corporations that control our mainstream media.



Net Profits for Top 11 Global Pharmaceutical Companies, 2003-2012

(in billions of US dollars)

Johnson & Johnson	\$105.8
Pfizer	\$100.4
Novartis	\$83.1
Merck	\$59.1
Roche	\$73.3
Sanofi-Aventis	\$57.7
GlaxoSmithKline	\$77.8
Abbott Laboratories	\$40.6
AstraZeneca	\$58.9
Eli Lilly	\$27.7
Bristol-Myers Squibb	\$27.0

Total: \$711.4 BILLION

Vaccine Ingredients

- 1. **Antigens**: The main component designed to induce immune response. Weakened germs or fragments of the disease organism.
 - Viruses (polio, measles, mumps, etc)
 - Bacteria (Bordetella pertussis, etc)
 - Toxoids (Clostridium tetani, etc)
- 2. **Growth Mediums**: Viruses need a medium in which to propagate or reproduce. Common broths include:
 - Chicken embryo fibroblasts
 - Chicken kidney cells
 - Mouse brains
 - African green monkey kidney (vero) cells

- Human diploid cells cultured from aborted human fetuses (MRC-5, RA 27/3, WI-38).
 - Link to purchase MRC-5: http://www.atcc.org/products/all/CCL-171.aspx
 - Lists age, sex and race of the aborted fetus used.
- 3. **Adjuvants**: Stimulates immune system in a nonspecific manner, leading to increased antibody levels with minimal antigen, leading to the use of a reduced number of injections.
 - Aluminum compounds (aluminum phosphate, aluminum sulfate and aluminum hydroxide) linked to neurological disorders
 - Amount of aluminum recommended in an individual dose shouldn't be greater than 1.25mg. However a DTaP, HiB, and Prevnar vaccine dose contains 1.475mg. These vaccines are boostered multiple times in a matter of months, and the cumulative effect has been untested.
 - Aluminum elimination is done through the kidneys. Renal function is low at birth and doesn't reach full capacity until 1-2 years of age. Infants may not be able to effectively excrete aluminum, contributing to heavy metal toxicity, which leads to developmental neurological disorders. The Hep B vaccine given at birth contains 0.5mg alone.
 - Squalene may have been used in anthrax vaccines and was used in some H1N1 (swine flu) vaccines.
- 4. **Preservatives**: Used to stop microbial contamination of vaccines.
 - Thimerosal (mercury) a recognized developmental toxin and suspected immune, kidney, skin and sense organ toxin.
 - Benzethonium chloride a suspected endocrine, skin and sense organ toxin.
 - 2-phenoxyethanol a suspected developmental and reproductive toxin. Chemically similar to antifreeze.
 - Phenol suspected blood, developmental, liver, kidney, neurological, reproductive, respiratory, skin and sense organ toxin.
- 5. **Stabilizers**: Used to inhibit chemical reactions and prevent vaccine contents from separating or sticking to the vial.
 - Fetal bovine (calf) serum commonly used.
 - Monosodium glutamate (MSG) helps vaccine remain unchanged when exposed to heat, light, acidity or humidity.
 - Human serum albumin helps stabilize live viruses.
 - Porcine (pig) gelatin protects vaccines from freeze drying or heat, and can cause severe allergic reactions.
- 6. **Antibiotics**: Added to prevent bacterial growth during vaccine production and storage.
 - Neomycin developmental toxin and suspected neuro toxin.
 - Streptomycin suspected blood, skin and sense organ toxin.
 - Polymyxin B suspected liver and kidney toxin.

- 7. **Additives**: (Buffers, diluents, emulsifiers, excipients, residuals, solvents)
 - Sodium chloride probably benign.
 - Egg proteins and yeasts can cause severe reactions.
 - Ammonium sulfate suspected liver, neurological and respiratory toxin.
 - Glycerin suspected liver, blood and neurological toxin.
 - Sodium borate suspected blood, endocrine, liver and neurological toxin.
 - Polysorbate 80 (tween 80) suspected skin and sense organ toxin.
 - Hydrochloric acid (added to some vaccines to balance pH) suspected liver, immune, motor, respiratory, skin and sense organ toxin.
 - Sodium hydroxide suspected respiratory, skin and sense organ toxin.
 - Potassium chloride suspected blood, liver and respiratory toxin.
- 8. **Inactivating chemicals**: Kills unwanted viruses and bacteria that could contaminate vaccines.
 - Formaldehyde (formalin) a known carcinogen and suspected liver, immune, neurological, reproductive, respiratory, skin and sense organ toxin. Also used in embalming fluids.
 - Glutaraldehyde suspected developmental, immune, reproductive, respiratory, skin and skin organ toxin.
 - Polyoxyethylene suspected endocrine toxin.
- 9. **Contaminants**: Vaccine may also contain dangerous unintended substances, such as carcinogenic monkey virus SV-40, found in some polio vaccines and HIV was discovered in early hepatitis B vaccines. (source)

CDC List of Ingredients In Each Brand of Vaccine:

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

Did you know that:

- 7 vaccines (polio, hepatitis A, varicella, pertussis, diphtheria, tetanus, and haemophilus influenzae b) have NOT been "evaluated or tested for their carcinogenic potential, mutagenic potential, or for impairment of fertility" or "reproductive capacity" according the vaccine manufacturers' own product inserts.
- 3 vaccines (varicella, hepatitis A, and rubella) were cultured in human diploid cells (eg. human embryonic lung cell cultures and human diploid cell cultures WI-38 and MRC-5

which are aborted fetuses). The Chickenpox vaccine contains "residual components of MRC-5 cells including DNA and protein."

- 6 vaccines (polio, hepatitis B, hepatitis A, pertussis, diphtheria, and tetanus) contain formaldehyde a highly noxious and carcinogenic preservative.
- 5 vaccines (hepatitis B, pertussis, diphtheria, tetanus, and haemophilus influenzae b) contain thimerosal, a mercury derivative preservative BANNED by the Food and Drug Administration (FDA) in over-the-counter (OTC) drug preparations because of questions over safety. (Federal Register: April 22, 1998 (Volume 63, Number 77)][Page 19799-19802]
- 5 vaccines (hepatitis B, hepatitis A, pertussis, diphtheria, and tetanus) contain aluminum as an adjuvant. Aluminum accumulates in brain, muscle and bone tissue and can be linked to causing fibrosarcomas (cancerous tumors) at the injection site.
- 5 vaccines (measles, mumps, polio, varicella, and diphtheria) are developed from animal ingredients including cell cultures of chick embryos, monkey kidney cells, fetal bovine serum, and embryonic guinea pig cell cultures. There has been a moratorium in this country on animal organ transplants in humans because of concerns of people contracting latent animal viruses. Despite the history of unscreened animal viruses infecting humans from injectable products like vaccines [monkey cells and SV40 virus and bovine serum and "Mad Cow Disease" (bovine spongiform encephalopathy)], this practice continues with vaccines.
- 5 vaccines (measles, mumps, rubella, polio, and varicella) are LIVE virus vaccines. Live
 virus vaccines can sometimes infect the recipient and can even sometimes infect those
 in close contact with the recipient. These vaccines are given to young children, and
 vaccine immunity sometimes wears off for adults. This can put a pregnant mother or
 immunocompromised adult at risk by being around a recently vaccinated child with live
 virus vaccines.
- For ALL 11 vaccines there have been NO long term studies on the cumulative effect on the child's developing immune system of combining all these vaccines together.
- For ALL 11 vaccines the biological mechanism for why some children react to a vaccine is not understood.
- For ALL 11 vaccines there are no genetic or other lab screening tests available to determine which children will react to a vaccine. (source)

Problems with Today's Vaccines

- 1. **Children not all biologically identical.** The current one-size-fits-all approach to vaccination does not take into account differences among children's genetic profiles or immune responses based on factors such as age, weight, and overall health status.
- 2. Infant mortality rates between nations appears to be linked to the numbers of vaccinations given to babies before the age of 12 months. More vaccines may contribute to higher infant mortality. The US has double the amount of vaccines in its schedule, and has double the infant mortality rate. The most recent study (2011) looking and infant mortality and vaccination finds that developed nations with the poorest infant mortality rates, like the U.S., tend to give their infants more vaccine doses (double the amount in some cases) before age one.

Table 1, 2009 Infant mortality rates, top 34 nations⁸

Rank	Country	IMR
ı	Singapore	2.31
2	Sweden	2.75
3	Japan	2.79
4	Iceland	3.23
5	France	3.33
6	Finland	3.47
7	Norway	3.58
8	Malta	3.75
9	Andorra	3.76
10	Czech Republic	3.79
11	Germany	3.99
12	Switzerland	4.18
13	Spain	4.21
14	Israel	4.22
15	Liechtenstein	4.25
16	Slovenia	4.25
17	South Korea	4.26
18	Denmark	4.34
19	Austria	4.42
20	Belgium	4.44
21	Luxembourg	4.56
22	Netherlands	4.73
23	Australia	4.75
24	Portugal	4.78
25	United Kingdom	4.85
26	New Zealand	4.92
27	Monaco	5.00
28	Canada	5.04
29	Ireland	5.05
30	Greece	5.16
31	Italy	5.51
32	San Marino	5.53
33	Cuba	5.82
34	United States	6.22

CIA. Country comparison: infant mortality rate (2009). The World Footbook www.cia.gov (Data last updated 13 April 2010).⁸

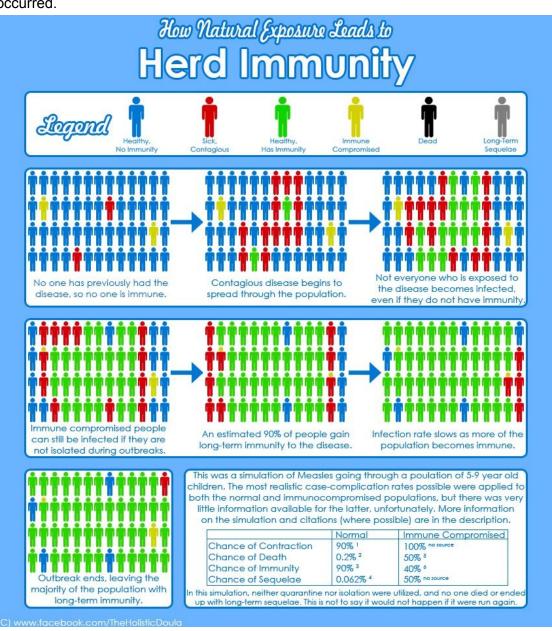
Table 2. Summary of International Immunization Schedules: vaccines recommended/required prior to 34 nations

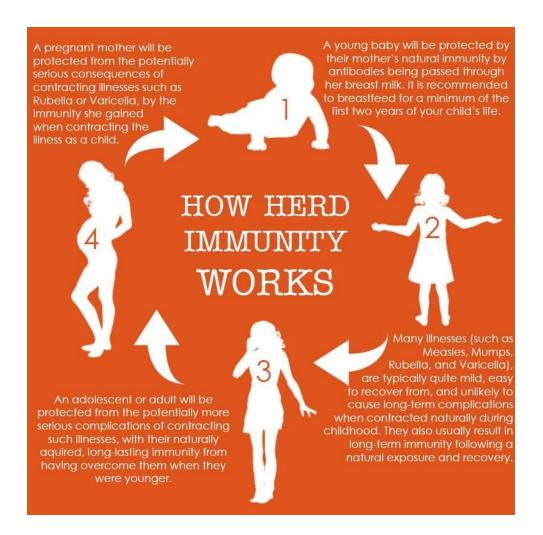
Nation	Vaccines prior to one year of age	Total ^b doses
Sweden	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12
Japan	DTaP (3), Polio (2), BCG	12
Iceland	DTaP (2), Polio (2), Hib (2), MenC (2)	12
Norway	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12
Denmark	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12
Finland	DTaP (2), Polio (2), Hib (2), Rota (3)	13
Malta	DTaP (3), Polio (3), Hib (3)	15
Slovenia	DTaP (3), Polio (3), Hib (3)	15
South Korea	DTaP (3), Polio (3), HepB (3)	15
Singapore	DTaP (3), Polio (3), HepB (3), BCG, Flu	17
New Zealand	DTaP (3), Polio (3), Hib (2), HepB (3)	17
Germany	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18
Switzerland	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18
Israel	DTaP (3), Polio (3), Hib (3), HepB (3)	18
Liechtenstein*	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18
Italy	DTaP (3), Polio (3), Hib (3), HepB (3)	18
San Marino*	DTaP (3), Polio (3), Hib (3), HepB (3)	18
France	DTaP (3), Polio (3), Hib (3), Pneumo (2), HepB (2)	19
Czech Republic	DTaP (3), Polio (3), Hib (3), HepB (3), BCG	19
Belgium	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (2)	19
United Kingdom	DTaP (3), Polio (3), Hib (3), Pneumo (2), MenC (2)	19
Spain	DTaP (3), Polio (3), Hib (3), HepB (3), MenC (2)	20
Portugal	DTaP (3), Polio (3), Hib (3), HepB (3), MenC (2), BCG	21
Luxembourg	DTaP (3), Polio (3), Hib (3), HepB (2), Pneumo (3), Rota (3)	22
Cuba	DTaP (3), Polio (3), Hib (3), HepB (4), MenBC (2), BCG	22
Andorra*	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), MenC (2)	23
Austria	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), Rota (2)	23
Ireland	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (2), MenC (2), BCG	23
Greece	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), MenC (2)	23
Monaco*	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), HepA, BCG	23
Netherlands	DTaP (4), Polio (4), Hib (4), Pneumo (4)	24
Canada	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), MenC (2), Flu	24
Australia	DTaP (3), Polio (3), Hib (3), HepB (4), Pneumo (3), Rota (2)	24
United States	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), Rota (3), Flu (2)	26

3. **Babies receive several vaccines at once**—they may receive 8 vaccines or more simultaneously at a doctor visit (between 2 and 15 months of age). Vaccine "layering" may increase the risk for a serious vaccine reaction. There has never been studies done to determine the safety of the several vaccines doses given at the same time.

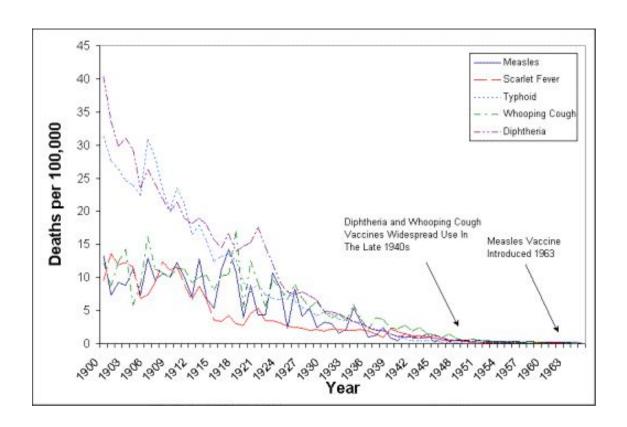
- 4. Vaccines have not been adequately tested for safety using methodologically sound scientific studies, so their long-term health effects are unknown. Pharmaceutical companies have financed nearly all vaccine research to date, which introduces enormous bias. Studies that have been done are manipulated in such a way that the company's desired results are guaranteed: http://vactruth.com/2013/09/26/how-pharmaceutical-hide-dangers/. Furthermore, to date today, there is not a single study on the safety or effectiveness of the current CDC vaccine schedule for children.
- 5. Vaccines contain many known and confirmed carcinogens and neurotoxic ingredients including: thimerosal (mercury) and aluminum. (See Vaccine Ingredients section above). These ingredients have a cumulative effect and can cause serious toxicity problems.
- 6. Some vaccines are associated with a higher number of serious health problems, both immediate and delayed, yet healthcare professionals rarely report vaccine adverse events. Every year, more than 25,000 adverse reactions are reported to the government, including irreversible injuries and deaths. It's been estimated that this represents only about 1 to 10 percent of total vaccine reactions, which means that millions of people may have suffered vaccine reactions and injuries over the past few years.
- 7. Vaccines do not provide complete or permanent protection against infectious disease. For example, 75 percent of children who contracted chickenpox in a 2001 Maryland outbreak had been vaccinated against chickenpox. A high number of vaccinated persons (around 80% in all cases) also have been found in pertussis, measles and mumps outbreaks. Also, the live virus vaccines (MMR. polio and varicella) can cause the disease itself and sheds from the vaccinated individual, which can infect people around them.
- 8. Preventing natural immune responses to environmental pathogens may not be in your child's best interest. Healthy children receive life-long benefits from naturally occurring immune responses. When children are born, they develop natural immunity to a large variety of microorganisms that they breathe, eat, and touch. The immune responses by cells lining their airways, skin and intestines, are very important in creating "memory" and protection against the organisms they naturally come into contact with. Natural immunity involves infection through the mucous membranes, which is where the cell-mediated immunity comes from. That primary line of defense is a very important step in the maturation of your child's immune system—and it's bypassed when he/she gets a vaccine. Vaccines do NOT impart long-term immunity because they don't create the kind of memory that occurs when you go through the process of a natural immune response. And natural exposure does not necessarily lead to infection—it is possible to obtain natural immunity without actually getting sick, if your immune system is robust. Most "vaccine-preventable" diseases are easily treated with modern medicine and antibiotics.
- 9. **Herd immunity is a myth.** In the original description of herd immunity, the protection to the population at large occurred only if people contracted the infections naturally. The reason for this is that naturally-acquired immunity lasts for a lifetime. However, vaccine-induced immunity

lasts for only a relatively short period, from 2 to 10 years at most, and then this applies only to humoral immunity. Then boosters were suggested for most vaccines, even the common childhood infections such as chickenpox, measles, mumps, and rubella. However, the boosters only last for 2 years or less. This means that at least half the population, that is the baby boomers, have had no vaccine-induced immunity against any of these diseases for which they had been vaccinated very early in life. In essence, at least 50% or more of the population has been unprotected for decades. If we listen to present-day wisdom, we are all at risk of resurgent massive epidemics should the vaccination rate fall below 95%. Yet, we have all lived for at least 30 to 40 years with 50% or less of the population having vaccine protection. That is, herd immunity has not existed in this country for many decades and no resurgent epidemics have occurred.

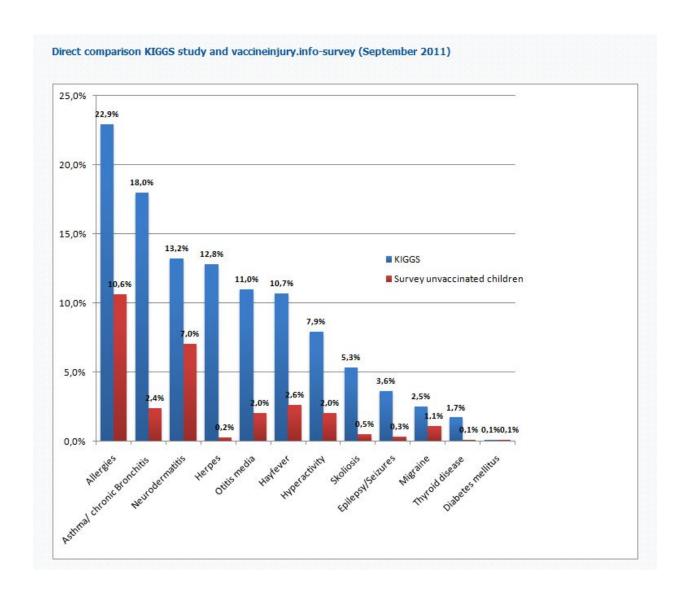




10. Vaccines are not solely responsible for the eradication of diseases. In most cases, the vaccine for a specific disease was introduced after the rate of infection had already dramatically decreased in the population. The actual cause for the decrease in disease is due to the sanitation laws which improved living conditions and overall health.



11. Vaccines may contain excitotoxins that disrupt a child's immune system (through microglial overstimulation) and damage developing brain structures, which raises his/her risk for a wide range of diseases, including autism, learning disabilities, and psychiatric disorders. New research gives evidence for a link between the high number of vaccines and the autism epidemic.



12. Certain children appear to have a higher risk for developing chronic brain and immune system dysfunction including autism, than others, if their immune systems are more easily "primed." All it takes is the insult of ONE more vaccine, or ONE more infection, and the stage is set for regression into autism, development other neuroimmune disorders like ADD/ADHD and seizures, and a variety of autoimmune disorders including allergies (food and environmental), asthma, and ezcema.

Studies that link vaccines and autism:

http://adventuresinautism.blogspot.com/2007/06/no-evidence-of-any-link.html?m=1 Journal studies that link vaccines and autism:

http://www.collective-evolution.com/2013/09/12/22-medical-studies-that-show-vaccines-can-cau se-autism/

13. The mainstream vaccine info is given to the public by extremely biased means. Media outlets have main sponsors who are pharmaceutical companies. The US and New Zealand are the only countries in the world who allow pharmaceutical companies to advertise their products

on TV. Most pediatricians get their info from pharmaceutical reps who make money from doctors buying their products. Most doctors don't even know what ingredients are in vaccines, and what side-effects or reactions are possible when they are injected into the body. Government agencies (CDC, FDA, & AMA) have monetary ties to drug companies and blatant conflicts of interest. For example, GlaxoSmithKline and Pfizer are owned by the same financial institutions and groups that own Time Warner (CNN, HBO etc.) and General Electric (NBC, Comcast, Universal Pictures etc.). This is seen throughout all of the major vaccine manufacturers and all of the 6 corporations that control our mainstream media. Keep in mind that these are the major funders of all 'medical research' that's used to administer drugs and vaccinations.

Vaccines and SIDS

Definition of SIDS: Sudden infant death syndrome (SIDS) is the unexpected, sudden death of a child under age 1 in which an autopsy does not show an explainable cause of death.

- The highest risk of SIDS is between 2-4 months of age.
- This is precisely when the first and second rounds of vaccinations are given to infants.

In a scientific study of SIDS, episodes of apnea (cessation of breathing) and hypopnea (abnormally shallow breathing) were measured before and after DPT vaccinations. "Cotwatch" (a precise breathing monitor) was used, and the computer printouts it generated were analyzed. The data clearly shows that vaccination caused an extraordinary increase in episodes where breathing either nearly ceased or stopped completely. These episodes continued for months following vaccinations. The study concluded that "vaccination is the single most prevalent and most preventable cause of infant deaths." (source)

J. Aust. Coll. Nutr. & Env. Med. Vol. 23 No. 3 (December 2004) pages 1-5. "Dynamics of critical days as part of the dynamics of non-specific stress syndrome discovered during monitoring with Cotwatch breathing monitor."

Dr. Viera Scheibner, 2004.

In another study, a pediatric neurologist looked at over 200 randomly selected SIDS cases, and in the preliminary data, on the first 70 cases studied, showed that **two-thirds had been vaccinated within three weeks of death.** He also established that there were ever increasing numbers of deaths with the increasing interval from the injection.

"Diphtheria-pertussis-tetanus (DPT) immunization: a potential cause of the Sudden Infant Death Syndrome (SIDS)"

Dr. William C. Torch, 1982.

In the 70s-80s, when Japan delayed all vaccinations until age 2, the SIDS rate dropped by 96%.

Source: The Answer to Crib Death "Sudden Infant Death Syndrome" (SIDS). Joseph G. Hattersley, 1993.

FDA Approved Vaccine with Autism and SIDS Listed as Adverse Events, Vaccine Safety

"Vaccine-Preventable" Disease and Vaccine Information

Diphtheria

Disease Process:

- Bacterial disease of the respiratory tract.
- Caused by the release of a toxin from bacteria after the specific bacteria has been infected by a specific virus (B phage).
- There are several strains of diphtheria most strains don't produce the disease-causing bacteria.
- Incubation period 2-5 days.
- Symptoms: sore throat and low fever.
- Death rate 5-10% without any medical care.
- Infection can reoccur again.

Transmission:

- Airborne or direct contact
- Mostly associated with poor living conditions and poverty
- Can occur in vaccinated people who become asymptomatic carriers as a result of the vaccine.

Treatment:

Antibiotics. Is sensitive to most antibiotics.

Prevalence:

- Between 1980-1999, there were 3 cases/yr.
- Last confirmed case was in 2003.

Vaccine Info:

- Given as DTaP combination vaccine (diphtheria, tetanus, and pertussis).
- 4 dose series starting at 2 months and given every 2 months.

- 1 in 4: nodule lasting for several weeks, local tenderness, fussiness, tiredness, poor appetite and vomiting.
- Seizures, non-stop crying, high fever (105)
- Long-term seizures, coma, lowered consciousness, permanent brain damage.

Tetanus

Disease Process:

- Anaerobic bacteria (cannot live in the presence of oxygen) that exists as a spore found in soil and animal feces (mostly ruminants).
- Anaerobic conditions allow spores to germinate to the bacteria and produce a toxin called tetenospasmin.
- Incubation period 8-14 days
- Types of tetanus:
 - Neonatal from unsterile cord cutting (3rd world countries)
 - Cephalic least common. Facial nerve involvement (lockjaw)
 - Localized more common. Local spasms, lasts for weeks.
 - Generalized most common (80% of cases)
- Diagnosis is entirely clinical, no lab tests done.
- Symptoms: headache, irritability, fever, chills, then prolonged contraction of skeletal muscle fibers.
- Recovery takes several weeks to months.
- Death rate ~11%

Transmission:

- Occurs when the bacteria is trapped in a closed wound and releases the toxins that cause the disease process.
- Not contagious from person-to-person.

Treatment:

- Immune globulin toxoid (dose of antibodies) given IM
- Antibiotics (metronidazole or penicillin)
- Bed rest and guiet conditions

Prevalence:

- ~43 cases/yr
- Higher incidence rate in IV drug users and diabetics
- Can get tetanus even if vaccinated for it. From 1995-97, 13% of vaccinated people exposed to tetanus still got the disease.

Vaccine Info:

- Is a toxoid (toxin is inactived with formaldehyde).
- There is no known amount of tetanus antibodies that is considered protective.
- Given as DTaP combination vaccine (diphtheria, tetanus, and pertussis).
- 4 dose series starting at 2 months and given every 2 months.

Vaccine Side Effects:

- As of August 2012, there were 22,143 adverse events reported, with 67 deaths. It is estimated that only 1-10% of adverse events are actually reported.
- Common side effects: site redness, pain, swelling, nodule, abscess
- Less common side effects: systemic painful joints, headache, nausea, vomiting, cardiac arrhythmias, tachycardia, syncope, cranial nerve paralysis, neurological complications (seizures and encephalopathy), Gullian-Barre syndrome, death.
- A lot of adverse reactions are caused by excessive antibodies circulating causing
 molecular mimicry (when the antibodies find and attack a sequence on normal organ
 tissue as would be found on the tetanus antigen). The more tetanus vaccines a person
 receives, the higher likelihood of having an adverse reaction.

Things to do if wounded to avoid contracting tetanus:

- Profound wound cleaning with soap and water.
- Encourage the wound to freely bleed.
- Apply hydrogen peroxide (introduces oxygen into the wound)
- Homeopathic remedies: Ledum and Hypericum
- Consider antibiotics (metronidazole or penicillin) or the immune globulin antibody IM injection

Pertussis (whooping cough)

Disease Process:

- Bacterial disease of the respiratory tract, caused by the release of multiple biologically active toxins from the bacteria Bordetella pertussis and Bordetella parapertussis.
 Parapertussis is a milder version.
- Symptoms: characteristic paroxysmal cough with vomiting. Newborns and young infants may have apnea and cyanotic episodes instead of coughing.
- Patients usually afebrile; fever indicates secondary bacterial infection.
- Incubation period is 14-21 days.
- On average, immunity after a natural infection lasts 30-70 years, and when people whose immunity has waned are re-exposed to pertussis, they rarely become infected, and their immunity is actually boosted.
- Immunity after vaccination is incomplete, and only lasts a few years. Recurrent infection is possible.
- Complications of the infection:
 - 16% of cases get bacterial pneumonia, sinusitis and otitis
 - 1.9% get seizures
 - 0.3% encephalopathy
 - 0.02% death

Transmission:

- Airborne
- Most contagious in the early stages, and remains contagious for several weeks.
- Vaccinated individuals can still become infected and spread the disease (source: FDA)
 http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm376937.htm#.Uur
 d080Ju8s.facebook

Treatment:

Antibiotics

Prevalence:

- Is an endemic disease regardless of vaccination rate.
- 5000-7000 cases/yr, with ~6 deaths/yr (though there are 17 deaths/yr from the vaccine itself... more die from the vaccine than from the disease).
- Can get a mild case of pertussis from the vaccine itself.
- Can get pertussis even if vaccinated. 86% of cases of proven pertussis are in people who have been vaccinated for it at least once.
- More common in children who have been vaccinated for it.
- There was a steady downward trend in the incidence and mortality from whooping cough between 1922 and 1978, and then in 1978, there was a sudden upswing in the incidence. This is when they mandated vaccination. In 1978 a nationwide childhood immunization initiative was begun, and whooping cough vaccines were mandated for five and six year olds starting school.
- The dangerous new strains of whooping cough bacteria were reported in March 2012. The vaccine, researchers said, was responsible. The reason for this is because, while whooping cough is primarily attributed to Bordetella pertussis infection, it is also caused by another closely related pathogen called B. parapertussis, which the vaccine does NOT protect against. Two years earlier, scientists at Penn State had already reported that the pertussis vaccine significantly enhanced the colonization of B. parapertussis, thereby promoting vaccine-resistant whooping cough outbreaks.
- http://diyorganix.com/vaccine-lies-whooping-cough-outbreaks-being-triggered-by-vaccina ted-children/

Vaccine Info:

- Given as DTaP combination vaccine (diphtheria, tetanus, and pertussis).
- Does not cover parapertussis.
- 4 dose series starting at 2 months and given every 2 months.
- Acellular vaccine (whole cell is not used anymore) is a toxoid (inactivated version of the toxin using formaldehyde).
- Pertussis vaccines have never been tested for long-term safety or efficacy
- http://m.naturalnews.com/news/042309_whooping_cough_vaccines_failure_rate_immun izations.html

Vaccine Side Effects:

- Common side effects: lump at the site of vaccination
- Less common side effects: shock-like hypotension, hyper-response, irritability, persistent uncontrollable crying, hypersomnolence, seizures, encephalopathy, death

Polio

Disease Process:

- Virus that can cause infection of the CNS leading to paralysis.
- Incubation period is 3-5 days.
- >90% of cases are simple viral infection (slight fever, malaise, headance, sore throat, vomiting).
 - Full recovery in 24-72 hrs. Have lifetime immunity.
- ~5% of cases are abortive poliomyelitis (non-specific illness with symptoms of sore throat, fever, nausea, vomiting, and rarely diarrhea). Have lifetime immunity.
- ~3% of cases are non-paralytic polio (onset up to 14 days after recovery of minor viral illness).
 - Symptoms: high fever, sever headache, stiff neck, hyperesthesia/paraesthesia in extremities, asymmetrical limb weakness.
 - Symptoms last 2-10 days, then complete recovery. Have lifetime immunity
- <2% of cases are paralytic polio. Of these:
 - 79% have spinal paralysis, 19% have spinobulbar paralysis, and 2% have bulbar paralysis.
 - 50% of all these cases had a complete recovery.

Transmission:

Airborne

Treatment:

- Supportive care for symptoms
- Pain medications

Prevalence:

- Last case of polio was in 1991
- WHO (World Health Organization) certified the Western Hemisphere polio-free in 1994.
- Between 1980-1998, there were 6 cases of imported polio.
- Only 7 countries still have polio, highest incidence in Nigeria, and only have ~178 cases/yr. (414 cases reported worldwide)

Vaccine Info:

- Live vaccine
- 4 dose series starting at 2 months and given every 2 months.

Vaccine Side Effects:

- As of July 2012, there were >35,000 adverse events reported. It is estimated that only 1-10% of adverse reactions are actually reported.
 - Of these, there were 710 deaths (95% were children <6 years), and 53 cases of paralysis.
- Site tenderness, swelling and redness, fever, irritability and crying, drowsiness, vomiting, loss of appetite.
- July 18, 2013: CDC Admits 98 Million Americans Received Polio Vaccine Contaminated With Cancer Virus:
 - http://worldtruth.tv/cdc-admits-98-million-americans-received-polio-vaccine-contaminated -with-cancer-virus/

Haemophilus Influenzae Type B (HiB)

Disease Process:

- Bacterial disease that can cause meningitis if the bacteria enters the bloodstream. Can also cause pneumonia and epiglottitis.
- Prior to 1990 (before the vaccine), HiB was the most common cause of bacterial meningitis of children <5 yrs of age.
- Since the vaccine was introduced in 1991, the bacteria has almost disappeared, and the meningitis rate if infected has decreased by 95%.
- Incubation period of 2-4 days.
- Colonies of HiB live in unaffected individuals as carriers and therefore, swabs of the nasal passages or throat cannot be used to culture for and diagnosis HiB.
- Culture for diagnosis can only be made if done on a sterile sample site such as CSF or blood.
- Symptoms: Fever in all cases. Other symptoms depends on the part of the body
 affected. Pneumonia symptoms are rapid breathing and purulent cough. Epiglottitis
 symptoms are noisy breathing and very sore throat. Meningitis symptoms are headache
 and vomiting. Arthritis symptoms are sore and swollen joints.

Transmission:

- Airborne
- Asymptomatic carriers can spread.
- A person can no longer spread HiB after taking antibiotics for 1-2 days.

Has to get into the bloodstream to cause meningitis

Treatment:

- IV antibiotics for severe cases (cefotaxime or ceftriaxone)
- Oral antibiotics for less severe cases (cephalosporins or fluoroquinolones)

Prevalence:

- 144 cases reported combined in 1996-97. 50% of those cases had meningitis.
- Get natural immunity by 5 years old, and usually by 2 years old there is some immunity and vaccination is not necessary.
- http://www.rightdiagnosis.com/h/hemophilus_influenzae_b/prevalence.htm

Vaccine Info:

- Cell-wall antigen vaccine (use piece of the bacteria cell wall to develop the antibody), making the vaccine very effective against the bacteria.
- 4 dose series starting at 2 months and given every 2 months.
- Don't need after 5 years old, or possibly as early as 2 years old.
- HiB vaccine caused the need for the Pneumococcal vaccine since killing the gram negative bacteria caused an imbalance of gram positive bacteria and causing the Pneumococcal bacteria to become a problem.
- The HiB vaccine does not protect against viral meningitis, and is also ineffective against the unencapsulated strain of HiB.

Vaccine Side Effects:

- As of May 2012, there were 12,140 adverse events reported (mostly in kids <3 yrs old).
 It is estimated that only 1-10% of adverse events are actually reported.
- 1 in 4 experience redness, swelling, warmth at the site.
- 1 in 20 experience fever over 101.
- There is a 26% increased rate of Type 1 Diabetes occurring 3-4 yrs after vaccination, caused by molecular mimicry (confirmed by 4 separate studies).

Protective effect of breastfeeding against invasive HiB infections:

http://ije.oxfordjournals.org/content/26/2/443.short

Pneumococcal (PC)

Disease Process:

- Strep bacterial infection that causes pneumonia, otitis media, and bacterial meningitis.
- More likely to occur in predisposed individuals with: immunoglobulin deficiency, Hodkin's disease, congenital or acquired immunodeficiency (including HIV), nephrotic syndrome, some viral upper respiratory tract infections, splenic dysfunction, splenectomy and organ

transplant.

Transmission:

Airborne

Treatment:

Antibiotics

Prevalence:

- 3000-6000 cases/yr
- Higher prevalence in poor living conditions
- Higher rate in African American, Alaska natives and Native Americans
- Higher prevalence in people >65 yrs old.
- The PC vaccine reduces only 4 cases of pneumonia per 1000 children.

Vaccine Info:

- PCV13 vaccine only protects against 13 of the 90 strains of PC bacteria.
- Each PC strain in the vaccine is treated with chemicals to bind to diphtheria, which carries it (so getting more diphtheria in the vaccine).
- Contains aluminum.
- 4 dose series starting at 2 months and given every 2 months.
- HiB vaccine caused the need for the Pneumococcal vaccine since killing the gram negative bacteria caused an imbalance of gram positive bacteria and causing the Pneumococcal bacteria to become a problem.
- In the US which has been using the PC vaccine, there has been a strain shift. Strains covered in the vaccine are being replaced by other strains. Vaccination has simply made the problem of PC disease worse.

- As of June 2012, there were >34,000 adverse events reported. It is estimated that only 1-10% of adverse reactions are actually reported.
 - o Of these, there were 1000 deaths, and 2000 convulsions.
- 1 in 2: experience tired, loss of appetite, redness/tenderness at site
- 1 in 3: experience swelling at site, mild fever
- 1 in 20: experience high fever
- 8 out of 10 children get fussy and irritable
- Less common side effects: severe local reactions, vomiting, diarrhea, asthma, pneumonia, SIDS, drowsiness, apnea.

Disease Process:

- DNA virus that can cause inflammation of the liver.
- Symptoms: nausea, vomiting, fever, malaise, icteric phase in 3-10 days after infection.
- Complete recovery in 4-8 weeks.
- 50% of cases have no symptoms, and get lifetime immunity.
- 30% of cases have flu-like symptoms, and get lifetime immunity.
- 20% of cases get symptoms that lead to Hepatitis B diagnosis.
 - 95% of these cases fully recover, and get lifetime immunity.
 - <5% of people become chronic carriers</p>
 - 75% of these cases (3.75% total) live with an asymptomatic infection.
 - 25% of these cases (1.25% total) develop liver disease/cancer 10-30 years later.

Transmission:

- Blood and bodily fluids, and contaminated blood transfusions.
- Considered to be an STD.
- Can be passed from mother to baby in utero.

Treatment:

Symptomatic treatment since the infection usually clears on its own.

Prevalence:

- 730,000 people in U.S are chronic carriers.
- 70% of all infections are in high-risk groups (IV drug users, prostitutes, homosexuals)
- Chronic carriers are a reservoir: 0.05% in N. America and Europe, and >10% in the far East regions.

Vaccine Info:

- 4 doses are given to children, monthly starting at birth.
- Vaccine given at birth regardless of the mother's Hep B status since they don't test for it before vaccinating.
- A number of clinical or epidemiological data on the safety of the hepatitis B vaccine have not been published and do not seem to be [1].
- There is an impressive convergence of data given credibility to a potential of this vaccine to induce severe and irreversible central demyelinating disorders [1].
- [1] https://drive.google.com/file/d/0B-jYsdHZuRhCVTZqbkJVWHJ0SUU/preview?pli=1

- As of March 2012, there were 66,654 adverse events reported. It is estimated that only 1-10% of adverse reactions are actually reported.
 - o Of these, there were 1500 deaths.

- 1 in 4: soreness at site
- 1 in 15: fever
- Linked to triggering autoimmune disease due to molecular mimicry
- Headache, irritability, fatigue, brain inflammation, convulsions, rheumatoid arthritis, optic neuritis, multiple sclerosis, lupus, Guillain-Barre syndrome, neuropathy
- Boys are 3 times more likely to develop asthma if they receive Hep B at birth

Rotavirus

Disease Process:

- Viral disease that causes GI upset.
- Incubation period of 2 days, and lasts for 3-8 days.
- Symptoms: stomach flu symptoms, vomiting, diarrhea, fever, abdominal pain, dehydration.
- Develop lifelong natural antibodies after infection, though it is possible to get subsequent infections, though each infection yields milder symptoms.

Transmission:

Fecal-oral route via contaminated hands and surfaces.

Treatment:

- Symptomatic treatment
- Emphasis on hydration for vomiting and diarrhea

Prevalence:

- Almost all kids get it, regardless of being vaccinated or not.
- By 5 years old, most kids have had several infections.
- 35 deaths/yr from dehydration from vomiting and diarrhea.

Vaccine Info:

- Live vaccine.
- Can get symptoms from the vaccine.
- 3 doses, starting at 2 months, given every 2 months.

- Increased risk of intussusception causing intestinal obstruction, usually within a week of the 1st or 2nd dose.
- Mild vomiting, diarrhea, irritability.

Measles

Disease Process:

- Viral disease from the rubeola virus.
- Incubation period is 10-14 days.
- Symptoms: cough, coryza, conjunctivitis.
- Rash starts 3-5 days after symptoms begin, then high fever (104).
- Symptoms last 5 days, then rash fades, then peels, then the infection is over.
- Prior to vaccination for measles, mothers were naturally immune to measles after natural
 infection and passed that immunity to their infants via placenta and breast milk.
 Vaccinated mothers may have vaccine immunity, which is not the same immunologically
 as natural immunity, and one major difference is that vaccine-induced immunity cannot
 be passed from mother to infant.

Transmission:

Airborne.

Treatment:

Supportive treatment.

Prevalence:

- Measles is more severe in populations with malnutrition. People with normal levels of vitamin C and A are affected mildly.
- 30% of cases of measles in unvaccinated people are missed because they are so mild. Subclinical measles is an entity that most doctors today are unaware of.
- There have been outbreaks in the US in populations that were 100% vaccinated.
 - An affected high school had 276 students was was in the same building as a junior high school with 135 students. A review of health record in the school showed that all 411 students had documentation of measles vaccination on or after the 1st birthday, in accordance with Illinois law.
- In 2001, there were 116 cases (<1/1,000,000)
 - _o 78% of those cases (91 children) were international import adoptions.
 - 11 of those cases were vaccinated for measles previously.

Vaccine Info:

- MMR (measles, mumps, rubella) is a live vaccine.
- Linked to autism. Autistic people have increased amount on measles antibodies from vaccination.
- U.S. Government has awarded millions of dollars to families whose children developed autism following the MMR vaccine:
 - http://www.ageofautism.com/2013/04/andrew-wakefield-british-government-culpable-for-measles-outbreaks.html#more

- Can still get measles even if vaccinated (1 dose is only 64% effective, and 2 doses is 88% effective).
- Vaccine designed to fail: http://m.naturalnews.com/news/042864_measles_outbreak_mumps_vaccines_scientific
 fraud.html
- Uncovered UK documents reveal unsafe vaccine: http://vactruth.com/2012/08/30/government-document-vaccine-unsafe/

Vaccine Side Effects:

- 1 in 4: stiff joints
- 1 in 6: fever
- 1 in 20: rash
- 1 in 78: swollen glands in cheek/neck
- Low platelet count, bleeding disorder, deafness, long-term seizures, coma, lowered consciousness, permanent brain damage

If infected with measles and not vaccinated – to lower mortality risk:

- Give vitamin A
 - o If > 1 yr old, give 200,000 IU PO QD x2 days, repeat weekly for 1 month
 - o If <1 yr old, give 100,000 IU once/week for 1 month

Measles raw data: http://autismrawdata.net/1/post/2013/08/raw-data-measles.html

CNN on the Measley Measles:

http://thevaccinemachine.blogspot.com/2013/09/cnn-on-measly-measles-more-fiction-than.html

Merck Falsified MMR Vaccine Studies:

http://www.forbes.com/sites/gerganakoleva/2012/06/27/merck-whistleblower-suit-a-boon-to-antivaccination-advocates-though-it-stresses-importance-of-vaccines/

Doctor's Letter to Parents:

https://www.facebook.com/photo.php?fbid=10205832124780747&set=a.3385174226585.21665 29.1186391033&type=1&pnref=story

Another Doctor's Letter to Parents:

https://www.facebook.com/permalink.php?story_fbid=889240081108316&id=539194796112848 &pnref=story

Mumps

Disease Process:

Viral disease caused by the Rubulavirus.

- Incubation period of 12-24 days.
- Symptoms: non-specific myalgia, headache, malaise, low-grade fever, swelling of parotid glands. Sterility is very rare.
- Resolves completely within 1 week.
- In 30% of cases, the infection passes without symptoms.
- Lifelong immunity after infection.

Transmission:

Airborne.

Treatment:

Supportive treatment.

Prevalence:

- In 2001, there were 116 cases (<1/1,000,000)
 - 78% of those cases (91 children) were international import adoptions.
 - 11 of those cases were vaccinated for measles previously.

Vaccine Info:

- MMR (measles, mumps, rubella) is a live vaccine.
- Linked to autism. Autistic people have increased amount on measles antibodies from vaccination.
- U.S. Government has awarded millions of dollars to families whose children developed autism following the MMR vaccine:
 - http://www.ageofautism.com/2013/04/andrew-wakefield-british-government-culpable-for-measles-outbreaks.html#more
- The mumps vaccine was known to be ineffective after two major outbreaks in vaccinated populations in the US.
- Vaccine designed to fail: http://m.naturalnews.com/news/042864_measles_outbreak_mumps_vaccines_scientific
 fraud.html
- Uncovered UK documents reveal unsafe vaccine: http://vactruth.com/2012/08/30/government-document-vaccine-unsafe/

Vaccine Side Effects:

- 1 in 4: stiff joints
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- 1 in 78: swollen glands in cheek/neck
- Low platelet count, bleeding disorder, deafness, long-term seizures, coma, lowered consciousness, permanent brain damage

Merck Falsified MMR Vaccine Studies:

http://www.forbes.com/sites/gerganakoleva/2012/06/27/merck-whistleblower-suit-a-boon-to-antivaccination-advocates-though-it-stresses-importance-of-vaccines/

Rubella

Disease Process:

- Viral disease, also known as the German measles.
- Symptoms: mild rash, low-grade fever lasting up to 3 days.
- 50% of cases go unnoticed.
- Lifetime immunity if infected.
- Biggest risk is infection during the 1st trimester of pregnancy capable of causing serious congenital defects, abortions and stillbirths.

Transmission:

- Airborne.
- Requires face-to-face direct contact for >15 minutes.

Treatment:

Supportive treatment.

Prevalence:

The CDC (Center for Disease Control) announced in 2004 that about 91% of the US population is immune to rubella. Cases are extremely rare.

Vaccine Info:

- MMR (measles, mumps, rubella) is a live vaccine.
- U.S. Government has awarded millions of dollars to families whose children developed autism following the MMR vaccine:
 - http://www.ageofautism.com/2013/04/andrew-wakefield-british-government-culpable-formeasles-outbreaks.html#more
- Can shed the virus for 3 weeks.
- Vaccine designed to fail:
 - http://m.naturalnews.com/news/042864_measles_outbreak_mumps_vaccines_scientific_fraud.html
- Uncovered UK documents reveal unsafe vaccine: http://vactruth.com/2012/08/30/government-document-vaccine-unsafe/

- 1 in 4: stiff joints
- 1 in 6: fever
- 1 in 20: rash

- 1 in 78: swollen glands in cheek/neck
- Low platelet count, bleeding disorder, deafness, long-term seizures, coma, lowered consciousness, permanent brain damage

Varicella (Chickenpox)

Disease Process:

- Viral disease.
- Incubation period is 14-16 days.
- Symptoms: low-grade fever, skin lesions with intense itching.
- Outbreak is usually mild, self-limiting and clears in <2 weeks.
- Complications are rare and occur mostly in adults and immune-compromised children. Include cellulitis, brain inflammation, pneumonia.
- Immunity after infection wanes over time. Periodic exposure to infected children boosts immunity which protects against Shingles later in life.
- Prior to the universal vaccination program, 95% of adults experienced natural chickenpox (usually as school age children), and these cases were usually benign and resulted in long term immunity.
- Since vaccination of children started, adults are more vulnerable to acquiring it, which
 carries 20 times more risk of death and 15 times more risk of hospitalization compared to
 children.

Transmission:

Airborne, very contagious.

Treatment:

• Supportive treatment, including anti-itch creams and lotions.

Prevalence:

- 400,000/yr.
- ~6 deaths/yr. mostly in adults due to complications.
 - Risk of hospitalization for adults is 10-20 times more likely than in children.
 - Severe/fatal disease is 25/100,000 in adults, and only 0.7/100,000 in kids.

Vaccine Info:

- Live attenuated (weakened) virus.
- 44% effective for mild infections, 86% effective against moderate-severe infections, and has unknown duration of immunity.
- Can spread the virus to others after vaccinated.
- Immunity from the vaccine only lasts for 10 years, so adults are not protected from Shingles later in life if not exposed or re-vaccinated.

Vaccine Side Effects:

- By 2011, there were 50,000 adverse events reported, and 115 deaths.
- 1 in 5: site tenderness, swelling; 1 in 10: fever; 1 in 25: rash, infections.
- Seizures, pneumonia, shock, brain inflammation, thrombocytopenia, Guillain-Barre syndrome, death.

Note regarding the Chickenpox vaccine:

- Since the implementation of the Chickenpox vaccine, the incidence of Shingles (a much more serious disease of adults) has greatly increased. This is due to the waning immunity of adults who are no longer exposed periodically to the Chickenpox virus, so their natural immunity to Shingles is not maintained.
- There is a real chance of a Shingles epidemic because of the mass vaccination for Chickenpox (according to 3 separate studies).
- http://articles.mercola.com/sites/articles/archive/2010/11/02/chicken-pox-vaccine-creates-shingles-epidemic.aspx
- The development is underway for a Shingles vaccine due to this problem. This is similar
 to what happened with the HiB vaccine making it necessary to then start vaccinating for
 PC.

Influenza (flu shot) - work in progress

http://www.vaccinationcouncil.org/2013/11/27/a-shot-never-worth-taking-the-flu-vaccine-by-kelly-brogan-md/

http://www.vaccinationcouncil.org/2013/10/15/the-flu-vaccine-something-to-sneeze-at-by-roman-bystrianyk/

http://vaxtruth.org/2011/09/the-flu-vaccine-what-your-doctor-wont-tell-you-or-probably-doesnt-even-know/

Vaccine Product Inserts:

http://www.vaccinesafety.edu/package inserts.htm

State Requirements and Exemptions:

http://www.nvic.org/Vaccine-Laws/state-vaccine-requirements.aspx

Employment and College Exemption:

http://www.momvaccines.org/forms/college-employment-waiver.pdf

Dr. Andrew Wakefield

A British former surgeon and medical researcher, known for his 1998 research paper in support of the claim that there is a link between the administration of the measles, mumps and rubella (MMR) vaccine, and the appearance of autism and bowel disease. Wakefield's study and public recommendations against the use of the combined MMR vaccine were linked to a steep decline in vaccination rates in the United Kingdom, and he is now subsequently barred from practicing medicine in the UK. Wakefield has been working to exonerate himself of the charges - because he has actual proof against it. His partner already has been exonerated.

His research is supported by other studies:

http://healthimpactnews.com/2013/new-published-study-verifies-andrew-wakefields-research-on-autism-again/

http://www.youtube.com/watch?v=U83U0AWTnmg&feature=youtu.be

POUL THORSEN (head of the panel "disproving" Dr. Wakefield's research) is currently a wanted fugitive in the U.S. He is the researcher who authored 21 of the 24 government studies that the CDC says prove vaccines don't cause autism. He stole over \$1 million dollars of the research money (U.S. tax dollars), was indicted on 22 counts of Wire Fraud & Money laundering, committed forgery, purchased a new home, a Harley, an Audi, an SUV, and fled the country -- yet the CDC continues to base their claim of no link on his research. https://oig.hhs.gov/fraud/fugitives/profiles.asp

Dr. Andrew Wakefield Interview: https://www.youtube.com/watch?v=4mmVzXnPrvc

Dr. Wakefield - Autism/Gut Connection: http://vaccine-injury.info/wakefield.cfm

Court Awards \$969,474.91 for MMR Vaccine Causing Boy's Autism: http://vactruth.com/2013/01/18/mmr-vaccine-causing-autism/

Evidence of parallels between mercury intoxication and the brain pathology in autism: http://www.ane.pl/linkout.php?pii=7212

The following peer-reviewed papers support the findings of the original work by Wakefield and colleagues at the Royal Free Hospital in the UK:

http://www.ageofautism.com/2010/05/peer-reviewed-papers-support-findings.html

False Testimony: Wakefield's Accusers Accused of Lying at GMC Proceeding:

http://www.naturalhealthstrategies.com/false-testimony-wakefield.html

Websites:

CDC (Center for Disease Control): http://www.cdc.gov/vaccines/default.htm

CDC Pinkbook: http://www.cdc.gov/vaccines/pubs/pinkbook/index.html

CDC Vaccine Side Effects: http://www.cdc.gov/vaccines/vac-gen/side-effects.htm

CDC Vaccines & Preventable Diseases: http://www.cdc.gov/vaccines/vpd-vac/default.htm

MMWR (Morbidity and Mortality Weekly Report): http://www.cdc.gov/mmwr/

VAERS (Vaccine Adverse Events Reporting System): http://wonder.cdc.gov/vaers.html How to use VAERS: https://www.facebook.com/note.php?note_id=308653689174676

Merck Manual: http://www.merckmanuals.com/home/index.html

NVIC (National Vaccine Information Center): http://www.nvic.org

NVIC Diseases and Vaccines: http://www.nvic.org/Vaccines-and-Diseases.aspx

NVIC Vaccine Ingredients Calculator: http://www.vaccine-tlc.org/

VaxTruth: http://vaxtruth.org

SmartVax: http://smartvax.com

The Vaccine Council: http://www.vaccinationcouncil.org

Great Mothers Questioning Vaccines: http://www.greatmothersquestioningvaccines.com

Vaccine Epidemic: http://vaccineepidemic.com

Inside Vaccines: http://insidevaccines.com/wordpress/

The Vaccine Machine: http://thevaccinemachine.blogspot.com

Vacceptable Injuries: http://www.vacceptableinjuries.com

Vaccination Liberation: http://www.vaclib.org

Dr. Tenpenny: http://drtenpenny.com

Stand Against Vaccinations: http://www.guggiedaly.blogspot.com

Michigan Opposing Mandatory Vaccines: http://www.momvaccines.org

Vaccine Safety First: http://vaccinesafetyfirst.com/Home.html

Physician's Warranty of Vaccine Safety:

http://preventdisease.com/pdf/Warranty-of-Vaccine-Safety-English.pdf

Youtube Videos:

We Need to Talk: http://youtu.be/psG-6CMjccs

Vaccines: The Risks, The Benefits, The Choices: http://youtu.be/pdLMeULoujM

The Greater Good: http://youtu.be/ieziJT6sHPE

Do Vaccines Cause Autism? http://youtu.be/xv_laLHwgAQ

Never Look Down on Unvaccinated People Again:

https://www.facebook.com/photo.php?v=10200602846290102

Silent Epidemic: The Untold Story of Vaccines: http://youtu.be/K1m3TjokVU4

Vaccine's Safety: A Crime Against Humanity: http://youtu.be/CAJb01ZiJNk

Autism made in the USA Vaccines, Heavy Metals, and Toxins are causing the epidemic of

autism: http://youtu.be/smywi4NjigU

Vaccinations? The Well Loved Baby: http://youtu.be/nnxlyDC7fK8

Myth of Vaccine Research: Thinktwice! http://youtu.be/kzhWr9yo1z4

Vaccines & Overdosed Babies: http://youtu.be/s49xpHI3hWl

How Vaccines Hurt You - Dr. Russell Blaylock on Alex Jones: http://youtu.be/jCNDc a-a8Q

Vaccines: The Toxic Truth: http://youtu.be/03K2ONrFiYc

Vaccines - The True Weapons of Mass Destruction: http://youtu.be/9WoMps4Pmpo

Vaccination: The Hidden Truth: http://youtu.be/cgsT5Eolk8U

Shots In the Dark: Silence of Vaccine: http://youtu.be/pnxAsrAK2hw

Lethal Injection: The Story of Vaccination: http://youtu.be/7hITYIT02rA

Vaccine Nation: http://youtu.be/5iM-oYmLolw

Beyond Treason (2005) Documentary: http://youtu.be/gZVOOmi9gDE

The AutismOne & Generation Rescue 2013 Congressional Panel: http://youtu.be/3wwDPcNdxJQ

Deadly Vaccines: Garth Nicolson, microbiologist: http://youtu.be/6e2ljD3hkhq

Truth About Vaccinations (Part 1 of 4): http://youtu.be/JbNRdx17aU

Austism, Vaccines, Mercury and the Culpability of AAP: http://youtu.be/36_qz2beMaE

Dr. Mercola and Barbara Loe Fisher on Religious Exemption to Vaccination: http://youtu.be/gU9AGQF-4r8

Vaccine Victims Don't Speak:

https://www.youtube.com/watch?v=0oIUHwUgE-0&feature=player_embedded

Facebook Pages to Follow:

https://www.facebook.com/standagainstvax?ref=profile

https://www.facebook.com/VaxTruth?ref=profile

https://www.facebook.com/GMAOQV?ref=profile

https://www.facebook.com/vaccinationinformationnetwork?ref=profile

https://www.facebook.com/pages/My-childs-vaccine-reaction/372638272814622?ref=profile

https://www.facebook.com/vaccineepidemic

https://www.facebook.com/insidevaccines?ref=profile

https://www.facebook.com/TheVaccineMachine

https://www.facebook.com/vaccineinfo

https://www.facebook.com/national.vaccine.information.center?ref=profile

https://www.facebook.com/vaccinationcouncil

https://www.facebook.com/pages/Michigan-Opposing-Mandatory-Vaccines/115306698489462

https://www.facebook.com/MicrobiologyAndImmunology

https://www.facebook.com/thetruthaboutvaccines

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