A review of "Parental Dilemma: To Get Kids Immunized or Not"

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Abstract

This article is a review of a November 14, 2007 article reported by Allen Mask, M.D. The article, titled, *Parental Dilemma: To Get Kids Immunized or Not*, was located and then downloaded on 15 November 2007 from http://www.wral.com/lifestyles/healthteam/story/2044292/ and is shown in Times-New-Roman font. This review, in a Tahoma font, addresses each point raised by Dr. Mask in detail and establishes that factual evidence presented in this review does not support much of the reviewed text.

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Keywords: autism, immunity, mercury, vaccination, vaccine, Thimerosal

This reviewer notes that the blatant bias of this article begins with the misuse of the word "*Immunized*" in the title because the issue the article actually discusses is: whether or not parents should get their kids "vaccinated."[1]

Any health official, medical professional, or federal health administrator who misuses, or allows this misuse of, "immunize" or related words, like "immunization," is obviously attempting to mislead the reader into believing that vaccination produces immunity for a given disease, when the truth indicates that, *at best*, multiple vaccinations are required to produce less-than-complete immunity in most, *but not all*, of those who have been fully vaccinated.

This is obviously the case because having most communicable childhood diseases (e.g., measles, polio and rubella) and recovering from them immunizes a healthy child more completely and for a longer period of time than the two to four, or more, vaccinations for these diseases do.

Thus, if the dilemma were to do with what is the best way to immunize a child, *without regard to the risks to the child and the potential health and other costs of doing so*, then no one would vaccinate a child for any of today's contagious childhood diseases.

Hopefully, after reading and understanding the reality of the preceding, all readers will recognize this misuse of words and mentally replace all uses of the word "immunize," and any of its derivative words, with words derived from either "vaccinate" or "inoculate."

To assist the reader, this reviewer has appropriately flagged all the subsequent inappropriate word usages by double-striking each of them and inserting the appropriate vaccinate-derived word in brackets after each double-struck word.

"Raleigh — To get the shots or not to get the shots – that's the dilemma many parents face when they suspect their child is at risk of developing problems from ~~immunizations~~ [vaccinetions]."

Here, this reviewer finds the reporter, Dr. Mask, is being too simplistic.

Informed parents should be deciding the vaccines they want their children to get and when each one, or each of the series, of each vaccine they choose to give should be given.

The preceding is especially true when parents have reason to suspect that certain vaccines have a significant potential risk to harm their child or have adverse-effect risks that may exceed the theoretical benefits that their child may, *but are <u>not</u> guaranteed to*, obtain from being vaccinated.

"A little more than 99 percent of children get their recommended ~~immunizations~~ [vaccinations] in North Carolina. Fewer than 1 percent of parents opt out for religious or medical reasons."

First this reviewer does <u>not</u> dispute the less-than-precise numbers reported for the percentage of North Carolina children who are vaccinated.

However, *before discussing the issue of religious exemptions*, the reporter should have provided the fraction of the fewer "*than 1 percent of parents*" who take the religious exemption, which, *by law*, they are entitled to elect.

[1] In most Thesauri, the alternatives listed for "vaccinate" are "inoculate," "immunize," and "protect." However, only "vaccinate" and "inoculate" are medically synonymous and the words "protect" and "immunize" have different connotative meanings. Since the reporter, is a medical doctor, Allen Mask, M.D., the misuse of terms in this article must be considered intentional. Moreover, this is a tactic that vaccine apologists often employ to influence the reader of their writings.

doi: 10.1588/medver.2008.05.00188

Since no one appears to be challenging the validity of the exemptions for medical reasons – exemptions which, *contrary to the writer's view*, are exemptions approved by the children's healthcare providers, *not by the parents per se*, it would seem that the reader should have been told whether the percentage of religious exemptions is, *for example*, about 0.9% or about 0.1%.

This is the case because the writer is making an issue of the religious exemption – an issue that may be of some importance if its percentage is about 0.9 % and rapidly increasing, but should be a non-issue if its percentage is 0.1 % or less.

"However, there are indications that one in every 150 babies born in this country will develop autism, and some parents say they believe there's a link to vaccines, so they're reluctant to have their children ~~immunized~~ [vaccinated]."

Here the writer's rhetoric seems confused even though he is obviously attempting to link together several related but disparate issues.

The issues raised by writer seem to be:

a. what the reporter thinks the autism rate will be ("*… one in 150 babies born in this country will develop …*"),

b. "*… babies … develop autism*,"

c. some parent are linking autism to vaccines ("*some parents say they believe there's a link to vaccines*"), and

d. *because of "**a**" through "**c**,"* some parents are "*reluctant to have their children*" vaccinated.

With the preceding "issues" in mind, let us proceed to examine the scientific facts.

Re: Percentage of Children That Will Develop Autism and the Autism Rate

First, the two most recent prevalence rates published by the U.S. government:

- Are for regional surveys for autism spectrum disorders (ASDs) in eight-year olds, and not autism (autistic disorder) *per se*, and
- Report average results (without underascertainment correction) of 6.7 per 1,000 children in six (6) regional sites in the 2000 survey[2] (for children nominally born in 1992) and 6.6 per 1,000 children in 14 regional sites in the 2002 survey[3] (for children nominally born in 1994).

Thus, these data indicate that more than one in every 150 babies born in this country in 1992 and 1994 has been diagnosed with an ASD, not autism.

Currently, this reviewer only knows that the percentage of children born in the U.S. today that will be diagnosed with an ASD by age 8 is *probably* about 0.6+ % and that, *based on the existing survey data reported here*, the percentage (that similar future surveys will report a diagnosis of an ASD in eight-year olds born in 1996 and 1998) *probably* will be, *on average*, less than 1 % (< 1 in 100 children).

However, absent appropriate population surveys (not record surveys as done here) that address autism in every state and locale in the United States, neither valid "autism" incidence rate estimates nor prevalence rate estimates for "autism" in each cohort of children will be available.

Without appropriate current underascertainment-corrected prevalence rates for each cohort of children, no one can project what the probable future "autism" (or, for that matter, ASD) rates will be for U.S. children.

Re: Babies "Develop" Autism

First, published studies have shown that "regressive autism," the prevalent form of "autism" today, begins to "develop" at some point in the life of the child after the child has had apparently normal neurodevelopment for usually one or more years in his or her life.

Since all forms of "autism" and "autism spectrum disorders" (ASDs) are typically characterized as neurodevelopmental disorders diagnosed based on the finding of a defined set of symptoms when a child is evaluated, it is clear that such diagnoses do not address the possible or probable cause(s) of the symptoms that are used to make these diagnoses.

Moreover, *in addition to being diagnosed with a neurodevelopmental disorder*, most of these children with such diagnoses have other significant medical conditions that are also disorders or syndromes because mainstream medicine has also not identified the major causal factor or factors for these conditions.

From the medical establishment, parents continually read articles that state:

- "it must be genetic" (even though, to date, most of the government-funded research in this area has failed to find a common genetic pattern for most cases[4]) or
- simply "the cause is not known."

Examining the facts, it is clear that, *though the causal factors may have some genetic component*,

[2] Rice C *et al.* Prevalence of Autism Spectrum Disorders—Autism and Developmental Disabilities Monitoring Network, Six Sites, United States, 2000. ***MMWR*** 2007 Feb. 9; **56**(SS01): 1–11.

[3] Rice C *et al.* Prevalence of Autism Spectrum Disorders—Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2002. ***MMWR*** 2007 Feb. 9; **56**(SS01): 12–28

[4] For an in-depth text addressing the genetic realities associated with autism, this reviewer suggests that one study Richard Lathe's 2006 book, *Autism, Brain, and Environment* (published by Jessica Kingsley Publishers; ISBN 1 84310 4385).

doi: 10.1588/medver.2008.05.00188

some multiple-system "toxin(s)" must be the underlying causal factor(s).

Reviewing the chemicals and diseases that have been proven to produce neurological encephalopathies and restricting ourselves to vaccines, *the underlying subject of this reporter's discussion*, this reviewer finds that the most probable candidates are Thimerosal and the live viruses in the measles, mumps and rubella (MMR) vaccine, and the measles, mumps, rubella, and varicella (MMRV) vaccine, candidates which some parents have intuitively identified based on the temporal association between vaccines containing Thimerosal or the MMR vaccine and the beginning of their child's "regression."

These are the appropriate candidates because both have been:

- Shown to be capable of inducing autism-like symptoms that develop some time after the initial exposure and
- Implicated as factors in other post-exposure developmental disorders seen in children who have a diagnosis of autism.

Re: The "Vaccine-Autism Link"

Much has been made of the possibility that vaccines, specifically Thimerosal in some vaccines and/or the MMR vaccine, are underlying causal links.

Based on this reviewer's current understanding of the available factual evidence, the probable vaccine-related causal factors for a child's being diagnosed with autism or an ASD, *in order of importance,* are:

1. Thimerosal-containing vaccines and other Thimerosal- or mercury- containing drugs,
2. Thimerosal-containing vaccines and other Thimerosal- or mercury- containing drugs with or followed by the MMR vaccine, and
3. The MMR vaccine by itself.

If anyone reading this review wants more information about the Thimerosal evidence, then he or she should:

- Visit the CoMeD web site: (http://www.mercury-freedrugs.org) and
- Read the applicable documents posted on the web site's "Documents" and "Urine Porphyrin Profile Analysis (UPPA)" web pages.

Based on the recently published case studies,[5] it is very clear that Thimerosal-induced mercury poisoning is a major vaccine-related causal factor for an ASD diagnosis in most of the young children who are diagnosed with an ASD.

Having established the preceding factual realities, this reviewer will now address the rest of this medical reporter's article.

" From the start, Chris and Kelly Steffens closely tracked their oldest daughter's development. Marly, 5, was born seven weeks premature. They followed their doctor's advice, including vaccinations.

At age 2 she was diagnosed with autism, characterized by social difficulties, language abnormalities, narrow interests and ritualistic behavior.

'My husband and I kind of suspected vaccines may have something to do with it,' Kelly Steffens said.

That was why they watched their second daughter, Skylar, now 22 months old, more closely as she got her shots.

Similar behaviors popped up, especially after her third dose of DTaP vaccine, or diphtheria, tetanus and acellular pertussis, when she was 12 months old.

'I decided right then and there that there was going to be no more vaccines,' Kelly Steffens said."

Accepting that this reporter has accurately provided a general picture of the Steffens family's odyssey, it would appear that Chris and Kelly Steffens have: **a)** observed severe adverse developmental outcomes in their children that appear to be associated with vaccines, and **b)** rationally decided that the probable harm from future vaccinations outweighs the potential benefits of further vaccination.

Thus, the Steffenses' decision, expressed by Kelly Steffens as "*I decided right then and there that there was going to be no more vaccines*," is a cogent, evidence-based decision that should be honored by the medical profession and society as a whole.

"'Unfortunately, some of the signs and symptom of autism do tend to show up around the time that children are receiving some shots,' said David Laxton, communications director with the North Carolina Autism Society."

Here, this reviewer simply accepts the writer is accurately reflecting David Laxton's viewpoint.

However, this reviewer notes, *technically*:

- David Laxton is the Director of Communications for the Autism Society of North Carolina according to this society's "Staff Directory"[6] and
- The organization is the "Autism Society of North Carolina," as this article subsequently identifies

[5] **a.** Nataf R, *et al.* Poryphyrinuria in childhood autistic disorder: implications for environmental toxicity. ***Toxicol Appl Pharmacol*** 2006; **214**: 99–108.

b. Geier DA, Geier MR. A prospective assessment of porphyrins in autistic disorders: a potential marker for heavy metal exposure ***Neurotox Res*** 2006; **10**:57–64.

c. Geier DA, Geier MR. A case series of children with apparent mercury toxic encephalopathies manifesting with clinical symptoms of regressive autistic disorders. ***J Toxicol Environ Health A*** 2007; **70**:837–51.

[6] http://www.autismsociety-nc.org/html/staff_directory.html

doi: 10.1588/medver.2008.05.00188

it, and not the "*North Carolina Autism Society*," as stated here.

"Suspicions surround thimerosal, a mercury-based preservative once used in many vaccines, but it hasn't been available for children under 6 since 2003. Still, research continues to show no link to autism."

Here, with respect to the first statement here, this reviewer finds that this medical writer appears to be knowingly misrepresenting factual reality.

Factually, since 2002, the influenza vaccine has been "recommended"[7] for pregnant women and for babies starting at the age of six months and most all of the available influenza vaccine doses in 2002 and 2003 were Thimerosal-preserved doses.

Moreover, *even for the current 2008 – 2009 influenza season*, where the vaccination of children up to 18 years of age is being recommended, the majority of the doses of influenza vaccine that are approved for "*children*" are still Thimerosal-preserved doses and most of the remaining doses also contain a reduced level of Thimerosal.

In addition, though the number of vaccines that contain some level of added Thimerosal and are FDA-licensed for use in "*children under 6*," including the vaccines for pregnant women, has declined since 2000, the list in the adjacent column is the FDA's October 2003 list of Thimerosal-containing vaccines that could be administered to a pregnant woman or to a healthy child under age 6.

Thus, it is clear that the reporter's statement is not supported by the factual reality concerning FDA-licensed vaccines that: **a)** contained Thimerosal and **b)** could be given to pregnant women or children under 6 years of age in 2003.

Factually, *at the end of 2003*, that list included 8 vaccines (in 5 "Vaccine" categories) with a preservative level of Thimerosal and 7 listed vaccines (in 6 "Vaccine" categories) with a reduced level of Thimerosal.

In addition, the multi-dose formulation of Aventis Pasteur's vaccine for meningococcal meningitis, Menomune®, is Thimerosal preserved (0.01%) and was approved for use in high-school-age children in 2003.

Moreover, lest the reader think that the situation has improved dramatically, the second list, *which follows*, provides the current list, *as of the middle of March 2008*, of FDA-licensed vaccines that can be given to pregnant women or children under 6 years of age.

Oct. 2003 List of FDA-licensed Vaccines Approved for Use in Children Under 6 and/or Pregnant Women

Vaccine	Trade Name	Manufacturer	Thimerosal Concentration[1]
DTaP	Tripedia[2]	Aventis Pasteur, Inc.	< 0.0012 %
DTaP-HepB-IPV	Pediarix	GlaxoSmithKline	< 0.000005%
DT	No Trade Name	Aventis Pasteur, Inc.	< 0.00012 % (single dose) **0.01%** (multi-dose)
Td	No Trade Name	Aventis Pasteur, Ltd.	**0.01%**
		Mass Public Health	**0.0033%**
		Aventis Pasteur Inc.	**0.01%**
TT	No Trade Name	Aventis Pasteur Inc.	**0.01%**
Hepatitis B	Engerix-B	GlaxoSmithKline	< 0.0002 %
HepA/HepB	Twinrix	GlaxoSmithKline	< 0.0002 %
Influenza	Fluzone[6]	Aventis Pasteur, Inc.	**0.01%**
	Fluvirin	Evans	**0.01%**
	Fluzone (Preservative Free)	Aventis Pasteur, Inc.	≤ 0.0004 %
	Fluvirin (Preservative Free)	Evans	< 0.0004 %
Japanese Encephalitis[7]	JE-VAX	BIKEN	**0.007 %**

1. Thimerosal is approximately 50% mercury (Hg) by weight. A 0.01% solution (1 part per 10,000) of thimerosal contains 50 µg of Hg per 1 ml dose or 25 µg of Hg per 0.5 ml dose.
2. Aventis Pasteur's Tripedia may be used to reconstitute ActHib to form TriHIBit. TriHIBit is indicated for use in children 15 to 18 months of age.
3. – 6. …
7. Children under 3 years of age receive a half-dose of vaccine, i.e., 0.25 mL (12.5 µg mercury/dose.)
8. JE-VAX is manufactured by BIKEN and distributed by Aventis Pasteur. Children 1 to 3 years of age receive a half-dose of vaccine, i.e., 0.5 mL (17.5 µg mercury/dose).

Factually, *at the beginning of 2008*, this list still includes 8 vaccines (in 5 "Vaccine" categories) with a preservative level of Thimerosal and 7 listed vaccines (in 6 "Vaccine" categories) with a reduced level of Thimerosal.

In addition, the multi-dose formulation of Aventis Pasteur's vaccine for meningococcal meningitis vaccine, Menomune®, is Thimerosal preserved (0.01%), was approved for use in high-school-age children in 2003, and is now also approved for use in middle-school-age children.

After reviewing the facts shown here, hopefully, all who read this review will:

- Stop talking about the absence of Thimerosal in vaccines and

[7] Bridges CB, Fukuda K, Uyeki TM, Cox NJ, Singleton JA. Prevention and Control of Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP). ***MMWR*** 2002 Apr. 12; **51**(RR03):1–31, with underlining added for emphasis: "The 2002 recommendations include five principal changes or updates, as follows: …, influenza vaccination of healthy children aged 6–23 months is encouraged when feasible. …" and "Because of the increased risk for influenza-related complications, women who will be beyond the first trimester of pregnancy (>14 weeks of gestation) during the influenza season should be vaccinated"

doi: 10.1588/medver.2008.05.00188

- Start working to:
  - Remove Thimerosal from all marketed vaccines, and
  - Ban any use of Thimerosal, all other organic mercury compounds, inorganic mercury compounds, and mercury in any aspect of medicine or dentistry.

Current List of FDA-licensed Vaccines Approved for Use in Children Under 6 and/or Pregnant Women

(As of March 14, 2008)

Vaccine	Trade Name	Manufacturer	Thimerosal Concentration[1]
DTaP	Tripedia	Sanofi Pasteur, Inc	≤ 0.00012%
DT	No Trade Name	Sanofi Pasteur, Inc	< 0.00012% (single dose
		Sanofi Pasteur, Ltd	**0.01%**
Td	No Trade Name	Mass Public Health	**0.0033%**
	Decavac	Sanofi Pasteur, Inc	≤ 0.00012%
TT	No Trade Name	Sanofi Pasteur, Inc	**0.01%**
Hepatitis B	Engerix-B Pediatric/ adolescent	GlaxoSmithKline Biologicals	< 0.0002 %
HepA/HepB	Twinrix	GlaxoSmithKline Biologicals	< 0.0002 %
	Fluzone	Sanofi Pasteur, Inc	**0.01%**
	Fluvirin	Novartis Vaccines and Diagnostics Ltd	**0.01%**
	Fluvirin (Preservative Free)	Novartis Vaccines and Diagnostics Ltd	< 0.0004 %
Influenza	Fluarix	GlaxoSmithKline Biologicals	< 0.0004 %
	FluLaval	ID Biomedical Corporation of Quebec	**0.01%**
	Afluria	CSL Ltd, (Approved 28 Sept. 2007)	**0.01%**
Japanese Encephalitis	JE-VAX	Research Foundation for Microbial Diseases of Osaka University	**0.007%**

1 The values in bold are levels of Thimerosal that are considered to be preservative levels.

Unlike the complex issues surrounding global warming,

- The proven general toxicity, teratogenecity, carcinogenicity, mutagenicity, and immune-system poisoning effects of mercury, *in all forms*, at levels well-below 1 part-per-million (ppm) and
- The long-half-lives for the end-metabolite, bioaccumulative, tissue-retained "inorganic mercury" from these mercury sources in the human body

clearly establish that there is no justification for continuing to permit mercury, in any form and at any level, to be used in medicine and dentistry since there are, *and have been*, suitable less toxic, non-bioaccumulative alternatives that can be used.

Moreover, the reporter's:

"*Still, research continues to show no link to autism.*"

ignores the recent published scientific research that has clearly established that there is a causal link between Thimerosal (49.55% mercury by weight and neurodevelopmental disorders.

The most compelling recent evidence comes from:

1. The human case studies of groups of children that have proven that the children in the group with a diagnosis of a neurodevelopmental disorder are mercury poisoned while their neurotypical siblings and children in the control group are not mercury poisoned (**see Footnote 5**),
2. The reanalysis of the blood and hair data from children with an ASD diagnosis that clearly established that blood levels of mercury are significantly linked to the diagnosis of an ASD[8],
3. Laurente J, Remuzgo F, Ávalos B, Chiquinta J, Ponce B, Avendaño R, Maya L. [Neurotoxic effects of thimerosal at vaccines doses on the encephalon and development in 7 days-old hamsters.] ***An Fac Med Lima*** 2007; **68**(3): 222–37, and
4. Geier DA, Kern JK, Garver CR, Adams JB, Audhya T, Nataf R, Geier MR. Biomarkers of environmental toxicity and susceptibility in autism. ***J Neurol Sci***. 2008 Sep 24. [Epub ahead of print.]

"'Despite the fact these vaccines no longer contain thimerosal, actually the rates of autism have continued going up,' said Dr. David Weber, a UNC infectious disease specialist."

Because, *contrary to Dr. Weber's statement*, "*these vaccines*" do still contain Thimerosal, this obviously false statement should, *at a minimum*, be ignored.

Moreover, since there are no comprehensive studies that have established what the national population-growth- and underascertainment- corrected U.S rates of autistic disorder are for each year and/or each cohort of U.S. children by birth year, the reality is no one knows whether the U.S. "autism" rates are stable, increasing, or decreasing.

Also, the "recent" surveys (*previously cited by this reviewer*, which are actually CDC ASD surveys conducted several years ago [in 2000 and 2004] but only published by the CDC in February of 2007, are for American children born in 1992 and 1994.

Thus, these studies only report dated underestimates of the overall rates for all ASDs.

All that can be directly inferred from these studies is that, *prior to the 1999 joint government-industry pledge to remove Thimerosal from all vaccines*, the reported average rates for ASDs in 8-year-old children seem to be similar for both the 1992 and 1994 cohorts of children.

Thus, based on all of the available published studies and evidence, all that can be said with certainty with respect to vaccines and autism in the

8 DeSoto MC, Hitlan RT. Blood Levels of Mercury Are Related to Diagnosis of Autism: A Reanalysis of an Important Data Set. J Child Neuro 2007 Nov.; 22(11):1308–11.

doi: 10.1588/medver.2008.05.00188

U.S. is:

- Thimerosal-containing vaccines are still being given to pregnant women and children without the requisite proofs of safety[9] to the applicable standard minimum[10] "sufficiently nontoxic ...,"[11]
- The FDA is still licensing "new" Thimerosal-preserved vaccines,[12]
- The CDC is still refusing to exclude Thimerosal-containing vaccines from the vaccines that it recommends be administered to pregnant women and children from 6 months of age onwards,
- Cases of autism (the other ASDs, and related neurodevelopmental disorders and behavioral problems) continue to be diagnosed at "epidemic" rates,[13]
- Case studies have proven that the Thimerosal in vaccines has mercury poisoned many children to the point that they exhibit the multifaceted clinical subacute symptoms of mercury poisoning, and
- Mercury poisoning symptoms are being used to diagnosis "autism" (and the other related neurodevelopmental disorders in the ASD group). [**See Footnote 5**.]

"He says the benefits of ~~immunization~~ [vaccination] far outweigh the risk. In fact, ~~immunization~~ [vaccination] is listed as one of the 10 greatest health achievements of the 20th century."

First, this reviewer does not question: **a)** that "*Dr. David Weber, a UNC infectious disease specialist*" made the "*benefits … far out weigh the risk*" statement or **b)** the development of vaccines or vaccination, not "*immunization*," is listed as "*one of the 10 greatest health achievements of the 20th century*" by Establishment publications.

Moreover, when it comes to the human vaccine for rabies, this reviewer finds that none disagree that it is one of the greatest health achievements although it was a 19th-century health achievement (Louis Pasteur and his colleagues developed the first effective rabies vaccines in the late 1800s[14]).

For other vaccines, there is a growing body of evidence that: **a)** *on balance*, some of the vaccines licensed in the 20th and 21st centuries are not great "*health achievements*" and **b)** these vaccines are portrayed by the healthcare establishment and their manufacturers to be more effective than they actually are.

Of course, this reviewer does not expect vaccine apologists, like this writer, and those who, like Dr. Weber, apparently have made their "fame and fortune" from vaccines to admit that all is not wonderful in "vaccine land" – especially for those vaccines that, *on balance*, are not effective in preventing almost all those who are vaccinated from getting the disease (e.g., the influenza and chickenpox vaccines), or are not truly cost-effective on a societal basis (e.g., the rotavirus vaccines) – since they make their living, *directly or indirectly*, from administering, developing, promoting, or making these vaccines.

However, this reviewer does expect the public to wake up and realize that many of the newer vaccines are, *at best*, little more than "snake oil."

"'We've eliminated polio from North and South America. We've gone from 20,000 cases of congenital rubella – a horrible disease – just to a single case. [And] 800,000 cases of measles to under 100 cases in the U.S.,' Weber said."

Re: Polio

Rather than attempting to address the facts about the "elimination" of polio from North and South America, this reviewer will simply address the factual realities about the "elimination" of polio in the U.S.

First, it appears we have eliminated the wild (naturally occurring) polio viruses since the last wild-virus polio case was reported in 1979[15]

Second, to accomplish this, the Establishment has directly and indirectly given almost all Americans living from the 1960s to 2000 subclinical polio exposures or, occasionally, a clinical polio infection (about 5 in 10,000 dosed) by giving multiple doses of Sabin live oral polio vaccines to children and adults, thereby: **a)** giving many of them a "mild" case of several polio virus strains, **b)** flooding the U.S. with these States with these polio viruses and **c)**, *after several doses of the vaccine*, providing most Americans with effective immunity

This is the case because giving a live virus orally mimics the natural exposure route that tends to eventually generate complete immunity without a high risk of clinical paralytic polio cases (for which the reported annual rate is "on the order of one in 2.4 million"[15] or about 8 to 12 clinical cases of paralytic polio per year).

Third, accepting the reports that paralytic polio "occurs in about one in 200 infections,"[15] about 1,600 to 2,400 people a year were being actively infected with polio and experiencing some polio symptoms.

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[9] **21 U.S.C. Sec. 351(a)(2)(b)** and **42 U.S.C. Sec. 262(a)(2)(C)**.

[10] **21 C.F.R. Sections** "§ 210.1 Status of current good manufacturing practice regulations" and 21 C.F.R. "§ 211.1 Scope."

[11] **21 C.F.R. 610.15(a)**.

[12] http://www.forbes.com/forbeslife/health/feeds/hscout/2007/09/28/hscout608724.html last visited 1 Oct '07

[13] Based on a review of the literature, *for most diseases*, a raw incidence rate that exceeds 5 cases per 100,000 susceptible to a disease is considered to be an epidemic rate.

[14] http://www.rabies.net/cont_19.rabies_vaccines.php last visited 17 Nov. 2007.

[15] http://www.medpagetoday.com/PublicHealthPolicy/PublicHealth/tb1/1935 last visited 14 Nov. 2007.

doi: 10.1588/medver.2008.05.00188

Thus, rather than eliminating polio, we gave everyone weakened cases of polio and tolerated the low rate of polio cases that this strategy produced until most all of the population appeared to have developed effective immunity to polio.

In addition to the direct costs, the polio vaccines have also introduced several animal-related viruses (e.g., SV-40 and RSV as well as, *according to some texts*, HIV) into the human population – indicating that, *on balance*, the polio vaccination program may not have been the savior and panacea that it is touted to be.

In 2000 the U.S. switched back to using a Salk inactivated polio vaccine and, by 2001, the reporting of polio infections stopped, perhaps because no one was looking for polio infections any longer.

However, *in 2005*, a 4-person polio infection "outbreak" was reported in Minnesota with the reported cause being infection with an oral-polio-vaccine-related strain of polio shed by someone who: **a)** had entered the U.S. shortly after being vaccinated with an oral-live-virus polio vaccine and **b)** was apparently shedding a mutated vaccine-strain-related polio virus and there was one paralytic polio case in a U.S. citizen indirectly infected in a foreign country from handling babies who had been given the live oral polio vaccine.

Thus, all that has definitely been "*eliminated*" are reported cases of paralytic polio caused by the polio virus by making many of Americans over the age of 7 who were infected with polio: **a)** possibly latent carriers or **b)**, *in a few cases*, active shedders of the polio-vaccine or polio-vaccine-related strains of the polio virus.

Today, *given the widespread presence of vaccine-related polio strains and their proven ability to revert to more virulent forms in the environment*, we must, *minimally*, continue to vaccinate with the inactivated polio vaccine.

However, *when those born after 2000 begin to have children in the late 2010s and early 2020s and those children are vaccinated with the inactivated polio vaccine*, we will begin to see how effective the current strategy really is.

Re: Congenital Rubella

According to the rhetoric here, the only true significant adverse outcome risk from rubella is "*congenital rubella*" syndrome,[16] which is a case of rubella in the fetus, where the children are severely harmed when their mother contracts rubella in the first or second trimesters of pregnancy.

Since this is the case, **why**, *other than for convenience and the financial benefit to the health-care establishment and vaccine makers*, **are we:**

- Vaccinating children well before they are old enough to conceive?
- Not checking every female at about age 10 for proof of effective immunity and only seeking to vaccinate those who do not have effective immunity for rubella at that time?
- Vaccinating males for rubella?

Thus, while this reviewer sees the wisdom and advantage in vaccinating female children for rubella in their preteens when appropriate testing determines they lack sufficient general and specific immunity, this reviewer finds that the purported rationalization ("*congenital rubella*") for a national rubella vaccination program for both sexes, *where vaccination occurs more than a decade before females are likely to be sexual active and become pregnant*, is not supported by the facts as he understands them, or as reported here.

Re: Measles

With respect to the writer's: "'*800,000 cases of measles to under 100 cases in the U.S.,' Weber said*," this reviewer again finds that the reduction in cases ignores the cases of measles caused by administering a vaccine containing live measles virus to babies, which are usually counted as adverse reactions to the vaccine rather than measles cases and for which there is significant underreporting in VAERS.

However, on balance, it seems that administering two doses of a vaccine containing an attenuated strain of the live measles virus is probably cost effective even including the cost of the reported 1 – 2 in 10,000 vaccinated children who are diagnosed annually with a vaccine-related encephalopathy.

Nevertheless, based on: **a)** a scientifically sound

[16] http://www.medterms.com/script/main/art.asp?articlekey=16074.
Congenital rubella syndrome is defined as: "The constellation of abnormalities caused by infection with the rubella (German measles) virus before birth. The syndrome is characterized by multiple congenital malformations (birth defects) and mental retardation.

The individual features of the syndrome include growth retardation, microcephaly (abnormally small head), cataracts, glaucoma, microphthalmia (abnormally small eyes), cardiovascular malformations, hearing loss, and mental retardation. Deafness is common. After birth the child may develop diabetes due to gradual destruction of the pancreas by the rubella virus.

The child has a 50% risk of being born with the congenital rubella syndrome, if the mother is infected with rubella in the first trimester (the first third) of pregnancy. Risks still exist with infection in the second trimester

The discovery of the congenital rubella syndrome by the Australian ophthalmologist (eye doctor) NM Gregg in 1941 is of historic importance. It provided the first evidence that the placental barrier between the mother and the fetus does not fully protect the fetus from teratogens (agents that can cause birth defects)."

doi: 10.1588/medver.2008.05.00188

interpretation[17] of the Danish epidemiological data for the introduction of the MMR vaccine and b) its delayed acceptance by the Danes (so that an ever-increasing percentage of the doses of MMR administered to children under age 15 during the period from 1994 through 2002 were administered to children who received no Thimerosal-containing vaccine), it is clear that, *in some cases*, the MMR vaccine is a causal factor in some neurodevelopmental cases.

"But the Steffenses said they still believe their girls are at risk from something in the vaccines."

Since, *in the early 21st century*, scientific (epidemiological and toxicological) and medical case research has proven two vaccine-related causal factors:

- Mercury poisoning from Thimerosal in some vaccines in the recommended national vaccination program and other sources, and,
- *To a lesser extent*, the two-dose MMR vaccination program,

this reviewer finds that: **a)** these findings have validated the Steffenses belief that "*their girls are at risk from something in the vaccines*" and **b)** the reality is that one or both of these causal factors and/or perhaps some other factor may have played a significant role in the adverse outcomes that both of the Steffenses' children are experiencing.

"'[Marly] was premature. Her immune system was not fully developed as it was. These children are getting 24 ~~immunizations~~ [vaccinations] or more before they're 24 months old,' Kelly Steffens said."

Given Kelly Steffens' statements, it seems that Marly's prematurity may have also played a role in the adverse impacts she experienced and/or their severity.

Moreover, this reviewer agrees that the intensity of the recommended vaccination schedule under 2 years of age is counterintuitive because of the reality that, *even for full-term children*, their immune systems do not reach "natural" maturity to properly cope with childhood diseases until the full-term child is at least 2-years to 3-years old.

"Laxton, with the NC Autism Society, concedes studies show thimerosal might not be the cause, but the advocacy group supports parents' desire to work with pediatricians and their schools."

Based on this reporter's representation of David Laxton's views here, it is obvious to this reviewer that the reporter is using the reported concession of an official of the Autism Society of North Carolina, *rather than sound science*, in yet another attempt to "*show thimerosal might not be the cause*" though an ever-growing body of evidence continues to clearly show that Thimerosal in vaccines and other drugs administered to children is a major causal factor for neurodevelopmental disorders as well as many of the other developmental disorders, syndromes, and diseases affecting a variety of body systems (e.g., intestinal, cardiovascular, renal, endocrine, hepatic, pancreatic, mucosal, dermal, and immune system) in which mercury poisoning is well known to, *and does*, play a causal role.

However, this reviewer does not know how to read the second half of the reporter's statement, "*but the advocacy group supports parents' desire to work with pediatricians and their schools*."

Does the phrase "*and their schools*" mean the pediatricians' schools?

Or does the phrase mean the society's schools?

Or did the reporter perhaps mean to say "*their"* children's "*schools*"?

Perhaps the reporter will clarify the intended meaning after he reads these questions.

"The state requires full ~~immunization~~ [vaccination] as children enter kindergarten."

Here, this reviewer notes that the reporter is stating a half-truth.

Actually, the laws of the state of North Carolina require that children entering kindergarten either be fully vaccinated or have appropriate medical or religious exemptions for those vaccines that the children's healthcare providers, *in the case of medical exemptions*, or parents, *in the case of religious exemptions*, find to be appropriate for those children who have such exemptions.

"'See what options are for maybe spacing things out and putting them on a different schedule,' Laxton said."

Here this reviewer agrees with David Laxton but would go further and suggest that an independent review of the entire national vaccination program should be conducted with the following basis considerations:

- No level of Thimerosal or any other bioaccumulative poison should be allowed in any vaccine that is given to anyone,
- No vaccine that has an in-use history that shows that it is not effective in the U.S. population should be allowed to retain its U.S. license
- Only those vaccines that are truly medically cost effective and provide the child inoculated near-

[17] Goldman GS, Yazbak FE. An investigation of the association between MMR vaccination and autism in Denmark. ***J Am Physicians and Surgeons*** 2002 Fall; **9**(3):70–5.

doi: 10.1588/medver.2008.05.00188

complete immunity that lasts at least as long as natural immunity should be included in any national recommended vaccination program (the others, *if effective*, should be made available to those parents whose children have a medical need for them),

- All parents should be strongly encouraged to breast-feed (either by the child's mother or by a suitable "wet nurse," as we did before there was infant formula) their children for at least two years,
- All vaccination should be delayed until either the child stops being breastfed or tests show that all the child's immune systems is as developed as the immune systems of the typical child who has been breastfed for at least two years, and
- The current Japanese approach and recommended vaccination program should be used as the U.S. program's basis because Japan has: **a)** a robust national vaccination program and **b)** a first-year infant mortality rate that is half of the infant mortality rate of the U.S.

"The Steffenses said they might consider ~~immunizations~~ [vaccinations] in the future, but not in combination vaccines, just one ~~immunization~~ [vaccination] at a time."

This reviewer agrees that all vaccines should be given separately with a suitable spacing interval to:

- Ensure that, if there is any immediate adverse reaction, the healthcare provider and the parents whose children are being vaccinated will have a good idea as to which vaccine, *if any*, is a possible causal factor for each of the adverse events observed and
- Eliminate the risk for adverse events that are triggered (caused) by vaccine interactions when multiple vaccines are administered at the same time.

"'Spread them out and watch them carefully and see how they do,' Kelly Steffens said."

This reviewer supports the cautious approach to giving vaccines that Kelly Steffens is advocating.

"The Steffenses said a gluten-free diet and special developmental therapy have helped their daughters.
'[Skylar's] really doing great. She's very verbal. She's very social,' Kelly Steffens said."

The statements made here clearly indicate that, in addition to their girls' diagnosed neurodevelopmental disorders, the Steffenses' daughters also have gastrointestinal abnormalities that can be addressed by diet and the girls' neurodevelopmental disorders are not so severe that "*special developmental therapy*" is not effective in helping them to become more social.

"Public school systems in the state accept both religious objections to vaccination and genuine medical reasons. For medical concerns, the parents take a form from the school nurse to their child's pediatrician.

The form requires the doctor to check boxes on the forms that apply, such as a specific medical allergy or other medical contraindications. If the reason is not listed on the form, the doctor needs to write about it in detail."

This reviewer is glad to see that this reporter has finally addressed the lawful exemptions and their requirements.

But, this reviewer would suggest that, *in future articles that discuss vaccination law*, the exemptions and their requirements should be presented in the beginning of such articles.

"You can obtain a full recommended schedule for ~~immunizations~~ [vaccination] from the Centers for Disease Control and Prevention. More information is available about the Autism Society of North Carolina, too."

Here, this reviewer would suggest that the websites for the National Vaccination Information Center (NVIC) [http://www.nvic.com/] should also be listed.

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Reporter's Bio: [http://www.wral.com/rs/bio/1013384/]

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doi: 10.1588/medver.2008.05.00188