

SmartVax Questions on Vaccines for your Pediatrician

#1: If the mother arranges a screening test for Hepatitis B, will you support delaying the Hepatitis B vaccine until my child's teen years?

SmartVax discussion: HepB vaccine for an infant carries risks and could be delayed until teen years, unless the mother tests positive for Hepatitis B. Hepatitis B is transmitted via illegal drug needles, unsafe sex, or from pregnant mother to fetus¹. If transmitted from mother to child, the HepB vaccine can help the child ward off development of the disease. Otherwise risk of infection is practically zero until the teen years, by which time immunity from an infant vaccine may have waned and no longer be protective². Studies indicate that Hepatitis B increases the risk of asthma³ and autism⁴. Many developed countries the UK, Netherlands, Switzerland, Sweden, Norway, Finland, Ireland, Iceland, and Japan and Denmark screen the pregnant mother for Hepatitis B infection, and only vaccinate the baby if the mother tests positive^{5,6}. In 2007 there was only a 1 in 480 risk of a live birth to a HepB-positive mother according to reported cases (the CDC estimated that due to potential unreported cases, the risk could be as high as 1 in 216).^{7,8}

#2: Do you think that the outbreak of whooping cough in California is due to unvaccinated?

SmartVax discussion: The outbreak is not due to the unvaccinated; what's needed is the development of a more-effective vaccine. There is no correlation to vaccination rates and whooping cough cases in California⁹, and a CDC representative has stated that they know that a better vaccine is needed¹⁰. A California investigative report^{11,12} found that up to 83% of whooping cough cases were vaccinated, and suggests that the whooping cough vaccine (DTaP) is deficient because it doesn't adequately protect against the mutation of the pertussis bacteria that occurred two decades ago. A 2010 scientific study¹³ suggested that by fighting against the pertussis bacteria, the DTaP vaccine has inadvertently allowed the competing parapertussis bacteria to flourish and led to more whooping cough cases (since the vaccine doesn't protect against parapertussis, and parapertussis cases are also diagnosed as whooping cough¹⁴).

#3: A large Canadian study found that administration of the whooping cough vaccine at 2, 4, & 6 months was associated with asthma in 8 of every 100 children, but that the risk of vaccine-induced asthma was eliminated if the vaccine was delayed until 5, 7, and 9 months. What is your view on delaying the whooping cough (DTaP) vaccine by 3 months?

SmartVax discussion: A parent deciding to delay the whooping cough vaccine by 3 months could make sense from a risk-benefit perspective. The large-scale Canadian study¹⁵ was based on the earlier DPT whooping cough vaccine, not the current DTaP vaccine. But the replacement of the DPT with DTaP vaccine in the late 1990's did not materially change asthma rates, which suggests that the causative mechanism remains in the DTaP vaccine. Analysis indicates that the risk of whooping cough from delaying the vaccine is far lower than the 8 in 100 risk of vaccine-induced asthma¹⁶.

#4: What are your practice's policies in regards to administration of vaccines when the child is sick?

SmartVax discussion: A parent deciding to wait to vaccinate until the child is recovered from any illness could make sense from a risk-benefit perspective. The CDC indicates that children should not be vaccinated during a moderate to severe illness.¹⁷ Most often, doctors will choose not to vaccinate while a child is sick because they wouldn't be able to tell if a fever was due to the illness or the vaccine.²⁷ It is known that a both infections and vaccination can deplete the body's reserve of vitamin C, so a vaccination during a cold or other illness could place the child at greater risk of vaccine-injury.²⁸

#5: American children receive as much as 3 times as many vaccines as children in developed countries with healthier children such as Denmark¹⁹, and this tripling of the schedule has occurred since Congress passed a 1986 law protecting vaccine manufacturers from lawsuits. Are you comfortable that there are adequate checks-and-balances in the USA on vaccine-safety testing and vaccine-policy decisions?

SmartVax discussion: A pediatrician should support a balanced approach to vaccine-policy decisions that insists upon rigorous science and focuses on making vaccines both safer and more-effective.

#6: A pediatrician who invented a vaccine has stated that “the question has been asked and answered – vaccines don’t cause autism”²⁰, despite the fact most vaccines haven’t been studied for autism rates in children who received versus didn’t receive the vaccine. Do you think that the proper studies have been done to answer this question?

SmartVax discussion: Most of the research necessary to answer the question has yet to be performed. 5 of the 6 vaccines given in the first 6 months have never been studied for autism rates in vaccinated versus unvaccinated children²¹, and the most recent study on the 6th (Hepatitis B) found a 3x increased risk of autism amongst the vaccinated²². Only for the MMR vaccine, given after the 1st year of life, have studies shown no association with autism. There are several plausible hypotheses on how vaccines might cause autism, including but not limited to the extensive use of aluminum adjuvants²³, which have not been extensively studied.

#7: Aluminum injected via vaccination acts far differently than aluminum that is eaten, and a recent study found that aluminum in vaccines causes brain damage in mice. What is your view on the risk of aluminum in vaccines?

SmartVax discussion: Aluminum adjuvants in vaccines need to be studied for long-term adverse health effects in humans since current science indicates it is plausible that aluminum in vaccines could cause vaccine-injury. Aluminum hydroxide is a substance that can be generally therapeutic when ingested by adults in milligram quantities (it is used in a common medication for upset stomach). But 1/1000th of that amount, when injected as part of a vaccine, has special qualities which elicits an abnormally strong immune response to the components of the vaccine. A recent study found that aluminum hydroxide in vaccines caused brain damage in mice²⁴. Aluminum hydroxide in vaccines has not been studied for long-term adverse health effects. The amount of aluminum adjuvant in vaccines began increasing in the late 1980’s in a manner that correlates closely with the increase in autism.^{25, 26}

#8: Does your practice accommodate a parent who makes an informed decision to utilize an alternative vaccination schedule for the child, and if so how is it handled?

SmartVax discussion: A parent should utilize a pediatrician or general practitioner that accommodates a parent’s right to choose what is best for the child. The practice’s policy should not include a requirement that a parent sign a document indicating that they are putting their child at risk by alternatively vaccinating, but instead should at most be a simple “declined to vaccinate” acknowledgment.

References:

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- [16] http://www.smartvax.com/index.php?option=com_content&view=article&id=84
- [17] Centers for Disease Control & Prevention (CDC). *Who Should NOT Get Vaccinated with these Vaccines?* <http://www.cdc.gov/VACCINES/vpd-vac/should-not-vacc.htm>
- [18] Reference that a child shouldn't be vaccinated when on antibiotics ... Audrey, I think you had this link if some of the articles you wrote that we included somewhere in the SmartVax Approach to Vaccines section
- [19] http://www.generationrescue.org/pdf/special_report_autism2.pdf
- [20] Paul Offit, M.D., has made this statement on many occasions, such as on 1/31/2011 on The Colbert Report.
- [21] http://www.smartvax.com/images/JPEG/vaccines_not_studied_for_autism.jpg
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