

## **To Vaccinate or Not Vaccinate: That is the Question**

By: Frederick J. Nabkey

A Newsweek article published February 1, 2019 predicts that 2019 could be highest measles outbreak in over 30 years; 20 years since measles was eliminated in the United States. All indications are pointing to a small extremely anti vaccine movement combined with the inability to get the vaccine in some outer communities, as the reason for the recurrence of measles.

Before the introduction of the MMR vaccine in 1963, 3-4 million people in the U.S. became infected and killed between 400-500 people each year. An outbreak 1989 prompted pediatricians to implement a country wide immunization program, and by the year 2000 measles had been reduced to zero incidences for over 12 months falling just short of eradication.

In 2018 there were 349 cases of measles in 26 states, the highest level since 2014 when 667 people were sickened. The highest level was in New York where it was traced to the Orthodox Jewish community which does not vaccinate, and unvaccinated travelers returning from Israel.

As of February 1, 2019 there were 40 outbreaks of measles reported in Clark County, Washington; a hot bed for the Anti-Vax movement, the governor has declared a state of emergency to channel funds to tackle the problem. Other outbreaks have been reported in Michigan, Atlanta, New York, and New Jersey. As of February 12, 2019 the news channels have reported 101 reported cases of measles.

Many families take their children outside of the USA on vacations. They are travelling to places where many others have not been vaccinated and run the risk of infecting their children and returning home and infecting others here at home. Travel anywhere in the world is getting easier, and travelling with an unvaccinated child, or travelling as an unvaccinated adult is just asking for a serious viral infection, that can be transmitted to others.

The Anti-Vax faction has played a large role in the return of the measles outbreaks. This movement started with a 1998 report by disgraced former Dr. Andrew Wakefield linking the MMR vaccine to autism. His work has no scientific basis, and I will be discussing the "Wakefield Scare" later in my research.

This research is intended to educate myself on the issue; to vaccinate or not to vaccinate. Regardless of my findings, I do understand it is up to each individual parent to decide what is best for their family, and in raising their own children.

Some of the concerns made by anti-vaccination proponents are:

- **Vaccines are credited for saving lives, but do not:**  
Smallpox and polio have been largely eliminated, and the benefits of vaccinations are important to ensure the so called “herd immunity”. That vaccines had nothing to do with the decline in the number of deaths caused by diseases over the past century.
- **Vaccines are the cause of an epidemic of autism in children:**  
1 in 50 children now has autism. [Dr Tinus Smits MD](#) (Homeopathic Dutch doctor who passed away in 2010 of cancer) estimated that 75% of autism cases are vaccine-related, and many other authorities dispute the claim that vaccines do not cause autism is a massive deception. The belief is that by using fetal DNA in vaccines it somehow migrates to the brain of a fetus combining with their DNA and causing autism, cites “Theresa Deisher, founder of the Sound Choice Pharmaceutical Institute.”
- **Vaccines are causing wide spread epidemics of:**  
Diabetes, allergies, asthma, ear inflammations, ADHD, and other neurological issues including childhood cancers and leukemia, because babies and children’s nervous and immune systems are being poisoned with neurotoxins, allergenic and carcinogenic substances.
- **Vaccines contain harmful levels of Mercury and are contributing to cases of autism:**  
Hi levels of mercury are contributing to the incidences of Autism in the USA.

About 4 million children are born each year in the USA, on average that is around 11,000 children born each day. Of that number more than 400 are born with some sort of congenital anomaly. I have found no evidence in my research as yet that would suggest vaccinations received as child had an impact on birth defects in their newborn. The vast majority of congenital abnormalities have no known cause.

However certain infections during pregnancy can cause serious congenital issues namely chicken pox and rubella which could have been prevented by the mother if she were vaccinated for these infections. If a pregnant woman is infected during the first trimester of pregnancy there is at least a 20% chance the child will suffer from some birth defect such as, blindness, deafness, a heart defect, or some form of autism.

Inactivated vaccines given to mothers during pregnancy; specifically the Flu vaccine and Tdap (whooping cough) have shown to be beneficial in the development of a healthy child.

According to information at babycenter.com, “Every year in the United States, between 20 and 30 babies die from whooping cough. Almost all of them younger than 2 months; the age at which babies receive their first Tdap shot”. (Note Tdap does not contain mercury).

## **Why so many vaccinations for children?**

Babies are not given 70 injections. They are given 70 doses of 16 vaccines. Not all vaccines are given as an injection. Namely the OPV polio vaccine given in 4 doses 2m, 4m, 6m and a booster at 4-6 years, and Rotarix (for the rotavirus) in two doses at ages 2 months and 4 months. Globally vaccinations have reduced hospital admissions and emergency department visits by an average of 67%.

Once contracted a virus always remains in the body where they become dormant until a person's immune system gets weakened or compromised due to other diseases they are not vaccinated against.

Take shingles for example. When it reactivates it is in the varicella zoster virus (VZV a form of herpes). It causes chickenpox in children, teens, and young adults, and reactivates as shingles in adults. After an infection of chickenpox the virus goes dormant in the nerves, including in the cranial nerve system. Later in life it can reactivate causing neurological conditions.

A child not immunized against chickenpox and gets VZV as an adult has a 1 in 100 chance of contracting pneumonia, hearing problems, blindness, encephalitis, or death. Since the chickenpox vaccinations started in 1980 (39-years ago), death due to the VZV in shingles are in a decline.

Mumps (HiB) once a leading cause in infant deaths (sometimes labeled as SIDS) has dropped since the introduction of the vaccine in 1977, and since 1990 has dropped to 1.3/100,000 children. Again it remains a cause of respiratory infection in infants and children in developing countries.

Hepatitis B is another vaccine that has been used since 1990. The number of children dying of liver failure, and adults with the HepB do not have to live on a modified diet has dropped drastically. Only 5% of newborns that acquire the infection at birth from their mother will recover from HepB, and 40% have a lifetime risk of death from cirrhosis and liver cancer.

The Rotavirus attacks the intestinal tract and leads to severe cases of diarrhea and even death to young children. I am mentioning this here because most children get it from day care, or other places where there are lots of children, and because of the ease of travel outside of the USA. Since 1998 no child has died in Europe from the virus alone. Sixteen deaths of severely sick children caught if from unvaccinated children. The vaccine has been used in the USA since 2006 before that 20-60 infant deaths were reported before their 5<sup>th</sup> birthday. Most children that receive the vaccine 9 of 10 will be protected from the severity of the disease.

I am going to add the Hepatitis A vaccine it is a short active virus but can cause liver failure and death. It usually occurs in persons 50 years of age and older. The HepA vaccine were recommended in the USA in 1996. The reported cases have dropped from 31,000 cases a year to fewer than 1,500. And again, in this shrinking world we live in it is recommended you be vaccinated if you are traveling to other countries. The HepA vaccine is given in 2-doses 6 months apart.

According to a CBS news report vaccination rates have climbed in record numbers in recent years. Only 1% of American children are not immunized, but in three states, Michigan, Washington, and Wisconsin that rate is above 2%. Overall this indicates that many parents take the vaccination recommendations seriously.

Some families avoid immunizations to their children because of their own reactions to childhood vaccines like measles, mumps, smallpox, and rubella. Others have a family history of auto-immune reactions. Some fear serious problems like cancer. While others do not have access to medical facilities, and some avoid vaccines for religious and unnamed personal reasons.

Each disease for which vaccinations are recommended, however, can cause serious illness or death in unvaccinated populations, and might quickly begin to appear again if vaccination rates dropped. The United States has seen mumps outbreaks in recent years since vaccination rates have dropped, with severe complications and hospitalizations required for some patients. Before the introduction of the Hib (Haemophilus Influenzae Type b) vaccine in 1987, mumps was the main cause of **Hib meningitis** effecting more than 15,000 American children under age 5 annually, causing inflammation of the lining of the brain and spinal cord, killing 600 and leaving many others with seizures, deafness, and developmental disabilities. In male children mumps can infect the testicles leading to infertility. After introduction of the vaccine, the number of deaths from Hib dropped to fewer than 10 per year.

Each vaccine on the schedule continues to be recommended because of the risks posed by wild infection. Unfortunately some families delay, or alter the vaccination schedule resulting in their child not being properly immunized against those diseases.

### **Do Vaccines cause Autism?**

Study after study has found no such link between fetal tissue used in vaccines, and the original 1998 study has been formally withdrawn by *The Lancet*, which had originally published it. Studies were also done regarding the possibility of a link between the preservative thimerosal, which is used in some vaccines, and autism; again, no such link was found.

I have found there are at least two concerns about the theory of vaccines and autism. The first being the mercury used to preserve vaccines poisons the child and affects their brain development, and secondly fetal tissues used in the making of vaccine strains somehow migrates to the developing brain cells and combines.

### **There is no actual fetal tissue itself in vaccines, but there is a link to fetal tissue.**

The cells used to make certain vaccines are cultured in aborted fetal cells obtained more than 50 years ago as a result of elective abortions. According to Dr. David Gorski (August 17, 2015), “It should be obvious that vaccine use in these cases does not contribute directly to the practice of abortion since the reasons for having an abortion are not related to vaccine preparation.”

The only fetal cell lines used for vaccines today are: the WI-38, a human diploid fibroblast (connective tissue cell) derived from a 3-month old fetus aborted in 1962 in the USA. The other MRC-5, a lung fibroblast of a 14-week old fetus in 1966 in the UK.

The MMR vaccine (Mumps, Measles, Rubella) does use cultured human cells, but the vaccine is separated from the cells in which it was grown. The fetal tissue obtained in the 60's is used in making all vaccines and no new fetal tissue is needed to manufacture them now or in the future.

The current theory that fetal cells cause autism is a holdover from a 1998 paper published in the London medical journal "The Lancet" by Andrew Wakefield (gastroenterologist) hypothesized a link between the MMR vaccine and autism. His research focused on just 12 children and their parents, and the movement grew from there. Since 1998 study after study has found no link to autism. In 2010 the study had been withdrawn by the Lancet, and the U.K.'s General Medical Council revoked his British medical license.

### **Is there Mercury in vaccines?**

Thimerosal is a mercury-containing compound that prevents the growth of dangerous bacteria and fungus. It is used as a preservative for flu vaccines in multi-dose vials, to keep the vaccine free from contamination when inserting a new needle into the vials. Thimerosal is also used during the manufacturing process for some vaccines to prevent the growth of microbes and is later removed in the process.

To produce enough flu vaccine for the population there are some multi-dose vials in production along with the single use vials. The low level of mercury is eliminated from the body within 60 days, but there are still studies being conducted on cumulative effects today.

Over concerns that the hi levels of thimerosal exceeded the safety levels in vaccines, in July 1999 the American Academy of Pediatrics, and the U.S. Health Service decided that thimerosal be removed from childhood vaccines as soon as possible. By 2001 all vaccines in the infant vaccination schedule had negligible traces left from the manufacturing process. The last lots of vaccines with thimerosal had expiration dates of 2002.

After the removal of thimerosal in vaccines it would be expected that data would show the incidences of children with autism would be on the decrease, but all published data that I can find shows no reduction in the number of autism cases, but an increased diagnosis of 1 in 150 children.

A few vaccines contain other preservatives, and they still do. Other vaccines, including the measles, mumps, and rubella vaccine (MMR) never contained any preservative or any mercury. No reputable scientific studies have found an association between thimerosal in vaccines and autism.

The American Academy of Pediatrics says, "Immunizing a child is far more beneficial than not immunizing. Recent studies show that infants immunized with vaccines preserved with mercury-

based thimerosal had blood mercury levels below current safety limits and that children's bodies get rid of that form of mercury much more quickly than was believed.”

### **Ethical Concerns:**

In a 2005 Vatican statement from “The Vatican’s Pontifical Academy for Life” it stated that although it is wrong to make vaccines using aborted fetal tissue, it is acceptable to use vaccines developed from abortions decades ago (WI-38 and MRC-5), because the vaccines play a vital role by preventing illness and death. The academy also stated: “The burden of this important battle cannot and must not fall on innocent children and on the health situation of the population – especially with regard to pregnant women.”

There are some vaccines available today, and others are being developed using animal fetal tissue; I feel this is just opening another argument/discussion to those that are taking an anti-vax stand.

### **Cdc Recommendations:**

Telling health care professionals your child's vaccination status is essential for two reasons:

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine preventable disease. Many of these diseases are now uncommon, but they still occur.
- The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others.

One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

- Talk to your child’s doctor or nurse to be sure your child’s medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
- Inform your child’s school, childcare facility, and other caregivers about your child’s vaccination status.
- Be aware that your child can catch diseases from people who don’t have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can’t tell who is contagious.

### **When there is vaccine-preventable disease in your community:**

It may not be too late to get protection by getting vaccinated. Ask your child's doctor. If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare, or organized activities (for example, playgroups or sports).

Your school, childcare facility, or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days up to several weeks.

Learn about the disease and how it is spread. It may not be possible to avoid exposure. For example, measles is so contagious, that hours after an infected person has left the room, an unvaccinated person can get measles just by entering that room.

Each disease is different, and the time between when your child might have been exposed to a disease and when he or she may get sick will vary. Talk with your child's doctor or the health department to get their guidelines for determining when your child is no longer at risk of coming down with the disease.

### **Conclusion:**

This is the culmination of over a month long research assignment I gave myself. I was in a discussion with a few people who are staunch Anti- VaX'ers. I wanted to learn more about the vaccines, as well as reinforce myself on their effectiveness.

Since I did this research about one year ago, the measles, mumps, and other outbreaks mentioned in this paper did become true due to international travel into and out of the United States. Unfortunately this year in 2020 we are fighting a whole other ugly animal, and the verdict is still out.

Frederick J. Nabkey

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