

Statement from Dr. Robert W. Sears, MD, FAAP; January 2012

Pediatrician and author of *The Vaccine Book* and *The Baby Book*

Childhood immunizations play an important role in the prevention of many communicable childhood illnesses. Vaccines offer many benefits; however a certain risk associated with vaccines always exists as with any medical procedure.

In my practice as a board-certified medical doctor, I support the absolute right of parents to make decisions regarding vaccinations. It is my professional opinion that if a parent has reviewed the vaccination options and chooses to refrain from all the recommended vaccinations, or use a delayed or selective schedule; they are doing what they feel is in the best interest of the child.

In response to the National Childhood Vaccine Injury Act (NCVIA) in 1986, the Centers for Disease Control co-sponsored the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink Project (VSD). "Approximately 30,000 VAERS reports are filed annually, with 10-15% classified as serious (resulting in permanent disability, hospitalization, life-threatening illnesses or death)."¹ Research is ongoing, yet there is enough substantial evidence linking vaccines and serious life-altering reactions. If a parent chooses an alternate method of disease control in an effort to counteract or avoid the rare but possible adverse reactions, there is enough scientific evidence to warrant and support that decision.

I have found that parents who fall into this category have come to their decision after serious consideration of the benefits and risks associated with vaccines and preventable diseases. It has also been my experience to observe that these parents take extra efforts to provide a healthy lifestyle for their children while seeking alternative methods to immune defense and disease prevention not only for their own children but of those around them as well.

They fully understand the real risks on both sides. Not vaccinating poses a disease risk to the child, and a very small risk of disease spread to others. However, there is also a small chance of vaccine failure and disease spread with the use of vaccines as well. Because of this and because vaccinating can result in a direct harmful effect on a very small number of children, it should be the parent's role to use their informed conscience and choose which risk to take.

Although severe vaccine reactions are extremely rare, they are well documented in the medical literature. Because vaccination does pose a very small risk, I believe that parents should have the right to make this medical decision for their own child. Here is a sample of studies that demonstrate this small risk:

¹ <http://www.cdc.gov/vaccinesafety/Activities/vaers.html>

Adverse Events Following Pertussis and Rubella Vaccines, Howson C and Fineberg H, The Institute of Medicine, Journal of the American Medical Association, Vol. 267, No. 3, Jan. 15, 1992.

Summary: This group reviewed many research studies and found that the rubella vaccine *can* cause acute arthritis (15% chance) and *may* cause chronic arthritis (they were unable to estimate an actual percent chance of this) in adult women. Arthritis was much less common in children, teens, and male adults.

Arthritis associated with induced rubella infection, Ogra P and Herd K, The Journal of Immunology, Vol. 107, No. 3, Sept. 1971.

Summary: This study discusses the cases of 4 children who suffered severe prolonged arthritis after a rubella vaccine.

Persistent Rubella Infection and Rubella-Associated Arthritis, Chantler J, et al, The Lancet, June 12, 1982.

Summary: This is a report on six women who developed chronic arthritis for up to 6 years following rubella vaccination (an older form of the vaccine, not the one used today).

Vaccinations and multiple sclerosis, Gout O, Federation of Neurology, Paris France, Neurological Science 2001, Apr; 22(2): 151-154.

Summary: This paper discusses the several hundred reports of MS-like reactions reported after Hep B vaccine during the 1990s. They could find no actual proof the vaccine was related. They discuss possible theories on how the vaccine may trigger this reaction.

Arthritis after hepatitis B vaccination. Report of three cases, Gross K, et al, Scandinavian Journal of Rheumatology, 24 (1), 1995.

Summary: This is a report on three cases of severe arthritis after Hep B vaccination. One patient develop rheumatoid arthritis (a lifelong autoimmune arthritis).

Atopic dermatitis is increased following vaccination for measles, mumps and rubella or measles infection, Olesen AB, et al, Acta Derm Venereol. 2003;83(6): 445-450.

Summary: These researchers found that atopic dermatitis (eczema) was more common after kids get the MMR vaccine or catch a natural measles infection. They discuss how early exposure to infections can affect the immune system and trigger eczema. They suggest further research be done on this issue.

Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after hemophilus influenza B (HiB) immunization support causal relationship between immunization and IDDM, Classen JB, Classen DC, Autoimmunity 2003, May;36(3):123.

Summary: This study looked at 116,000 kids who got the HIB vaccine in Finland during its first two years of use. They found that child-onset diabetes was significantly more common in those kids compared to 128,000 kids who were born 2 years prior and did not get the vaccine. They also found the vaccine triggered diabetes in mice.

Vaccination-induced cutaneous pseudolymphoma, Maubec E, et al, Journal of the American Academy of Dermatology, April 2005; 52(4):623-629.

Summary: This is a report on 9 patients who developed a condition called pseudolymphoma on the skin where they'd been given an aluminum-containing vaccine (Hep B or A). This is an inflammatory condition on the skin in which lymphoid tissue overgrows and resembles lymphoma. Aluminum deposits were also found.

Vaccine-induced autoimmunity, Cohen AD, Journal of Autoimmunity, 1996 Dec;9(6):699-703.

Summary: This paper reviews reports of autoimmune disorders after vaccination, discusses the possible mechanisms that are occurring, and suggests further research be done. They also state the benefits of vaccines do outweigh these risks.

Kawasaki disease in an infant following immunization with hepatitis B vaccine. Miron D, Clinical Rheumatology, 2003 Dec;22(6):461-3.

Summary: This is a report on a one-month-old baby who developed Kawasaki disease (life-threatening inflammation of the heart and blood vessels) one day after the 2nd Hep B dose. They also discuss how similar vasculitic reactions have been reported in adults getting the Hep B vaccine.

Vaccination and autoimmunity-'vaccinosis': a dangerous liaison? Shoenfeld Y, Aron-Maor A, Journal of Autoimmunity, 2000 Feb;14(1):1-10.

Summary: This is a discussion paper that acknowledges that many autoimmune reactions have been reported after vaccines. They state that in many cases vaccines can't be proven to be responsible, but there's enough evidence to suggest a relationship. They point out the timing of the reactions (often 2 to 3 months after vaccination) is very consistent with autoimmune reactions.

Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminum hydroxide in muscle, Gherardi M et al. 2001, Brain, Vol 124, No. 9, 1821-1831.

This group at the University of Paris, France, studied 50 cases of this condition (which causes severe muscle and joint pain and fatigue) and found that all cases had aluminum-induced muscle inflammation at the site of an aluminum-containing vaccine injection as long as 3 years prior.