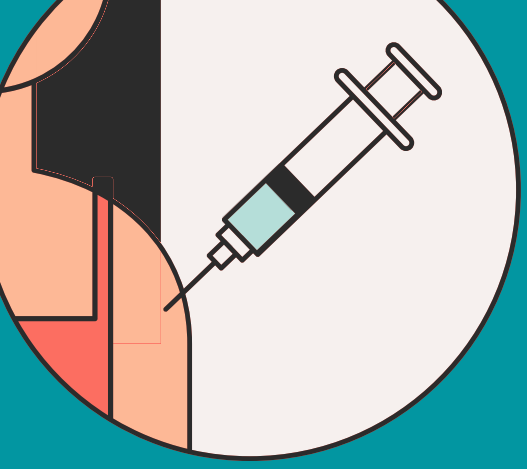

A Parent's Guide to Childhood Immunization Decisions

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Choosing to vaccinate your child is not a decision that should be taken lightly.

Dr. Elizabeth Mumper, a pediatrician with decades of experience, has some guidance to help with the decision-making process. After advising families with the following information, Dr. Mumper says about one-third of her patients opt not to vaccinate. Other families choose to go ahead, following a modified vaccine schedule.

STEP 1:

Understand what informed consent means.

STEP 2:

Understand what childhood vaccines are for.

STEP 3:

Understand vaccines and their risks.

STEP 4:

Check state/local vaccination requirements and allowable exemptions.

STEP 5:

Seek information from a wide variety of sources.

STEP 6:

If you choose to vaccinate, talk to your pediatrician about a modified approach.

STEP 01

Understand informed consent

Patients have the right to ask questions of their healthcare provider to fully understand the risks and benefits of any treatment being offered and alternatives that may exist. This process — called 'informed consent' — fosters shared decision-making and ensures patients make educated decisions about their healthcare or that of their families.

Informed consent means you have granted permission in full knowledge of any consequences, risks, and benefits. You should be given this information with enough time to be able to think about your options carefully.

Weighing and discussing the pros and cons of vaccination should occur long before your child is in the doctor's office and the vaccine is already in the syringe. No type of coercion, bullying, or bribing should be part of the informed consent process. A doctor is there to inform *your* decisions, not to make them for you or your child.

Even before a child is born, both parents should begin to consider the following questions:

- What is the risk of vaccine-preventable diseases in my country or region?
- Do we want to give Hepatitis B vaccine at birth if the child is not at risk?
- Do we want to follow the CDC-recommended schedule to the letter?
- Is there merit in modifying the schedule to avoid giving multiple vaccines at once, thereby avoiding larger amounts of aluminum (used as an adjuvant) all at once?
- Should we give vaccines when our child is sick or still on antibiotics?
- Do we have any sincerely held religious or philosophical beliefs that impact our decisions about certain vaccines?
- Are unvaccinated or under-vaccinated children healthier than vaccinated children?

DID YOU KNOW?

In 2005, a research project started to track children who received Dr. Mumper's modified vaccine schedule compared to children who were vaccinated on schedule or who were unvaccinated. The clinical research showed that children who received fewer vaccines had lower rates of developmental delays, ear infections, and asthma than those who received more vaccines.

Analysis of the number of vaccines received by quartile showed trends of increasing rates of ear infections, developmental problems, and asthma in the third and fourth quartiles (higher number of vaccines) compared to the first quartile (lowest number of vaccines). Vaccination before the first birthday was also associated with higher risks for ear infections, developmental delays, and asthma.

Previous research in Dr. Mumper's practice showed that the prevalence of autism in her patients followed from birth was 1 in 297 children at a time when the overall prevalence was reported as about 1 in 50. The CDC's most recent statistics, based on a birth cohort from 2012, showed overall prevalence of autism in the United States is about 1 in 36 kids. The prevalence in African-American children is 1 in 10.

The official explanation is that the increase is due to better recognition and overdiagnosis of autism. "My analysis of the data over the past 25 years leads me to conclude that there must be environmental causes and that increasing numbers of vaccines are one environmental factor," says Dr. Mumper.

Another study, published in 2020, took a retrospective look at 10 years of data from Dr. Paul Thomas' pediatric practice. The study focused on patients with variable vaccination who were born into the practice, and it presented a unique opportunity to compare the outcomes of children who had different levels of vaccination.

Dr. Thomas' research found that the unvaccinated children in the practice were not any unhealthier than those who had been partially or fully vaccinated according to his own modified schedule. The overall results seemed to indicate that the unvaccinated pediatric patients in his practice were actually healthier overall than the vaccinated.

A remarkable finding was that none of the 561 unvaccinated children had Attention Deficit Hyperactivity Disorder, compared with 5.3% of the partially or fully vaccinated children.

Hooker, B. S., & Miller, N. Z. (2020). Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders. SAGE Open Medicine, 8.

Lyons-Weiler J, Thomas P. Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination. International Journal of Environmental Research and Public Health. 2020; 17(22):8674.

STEP 02

Understand the purpose of childhood vaccines

MMR: PROTECTS AGAINST MEASLES, MUMPS, AND RUBELLA

Dr. Mumper's notes: After careful review of the science around the contentious issue of MMR vaccines, I have concluded that, for a subset of the population of children, there is an association between MMR and autism.

Younger age at the time of MMR injection is associated with a higher risk. After weighing the risks versus benefits at various ages, I have chosen to delay MMR until age two for Caucasians and age three for African-American children in my practice.

If your child lives in a country with good sanitation methods for sewage and water supplies, the risk of death from measles is extremely low. Children without access to clean water or toilets are at higher risk. Acute cases of measles can be treated with high-dose Vitamin A for two days with excellent results. Many measles cases that are reported on the news are in people who have been immunized, as recommended, but with MMR vaccines that are imperfect. Immunity from the vaccine wanes over time. Recovering from an acute case of measles gives lifelong immunity.

Mumps involves swelling of the parotid glands from a virus. The illness itself is usually not serious. Mumps virus can invade the testicles, causing orchitis (inflammation of the testes) with a risk of causing infertility.

Rubella is potentially serious during pregnancy, causing some babies to be born with birth defects or severe illness. The current generation of mothers born when MMR vaccines were widely given have immunity that has often waned by the time of conception. Ideally, mothers should enter pregnancy immune to rubella.

I do not recommend any live viral vaccines in pregnancy.

11 things to know about COVID, vaccines and children

- Children survive COVID-19 99.9977% of the time without any 'vaccines.' (source)
- Most children have already had COVID and thus have natural immunity, which lasts longer than vaccine immunity. (source)
- COVID deaths in healthy children are statistically zero. (source)
- One child in the Pfizer study developed paralysis and is in a wheelchair today. Pfizer reported her as having abdominal pain. (source)
- There have been more reports of adverse events with COVID 'vaccines' in the first year of rollout than for all other vaccines combined over the last 30 years. (source)
- COVID 'vaccines' are the first to use genetically modified proteins for the general population. (source)
- Significant side effects include autoimmunity (source), menstrual abnormalities and reproductive harm (source), bleeding and clotting (source).
- COVID 'vaccines' do not reduce transmission of the virus to others. (source)
- Young people have a higher risk of developing heart inflammation than older people. (source)
- As immunity from COVID injections wanes, people are at increased risk of getting COVID illness than if they were unvaccinated. (source)
- The most recent booster was approved even though the strain it was designed to protect against is <3% of circulating strains. (source)

STEP 02

Understand the purpose of childhood vaccines

HEP B: PROTECTS AGAINST HEPATITIS B, A SERIOUS VIRAL DISEASE THAT ATTACKS THE LIVER

Dr. Mumper's notes: Babies are not at risk unless the mother is Hepatitis B-positive. In my practice, babies who got the Hepatitis B vaccine from other providers show increased problems with irritability and difficulty establishing breastfeeding.

RV: PROTECTS AGAINST ROTAVIRUS, WHICH CAUSES VOMITING AND DIARRHEA

Dr. Mumper's notes: I don't give the rotavirus vaccine routinely since in my patient population most rotavirus infections can be managed with oral rehydration therapy at home.

DTAP: HELPS CHILDREN UNDER 7 DEVELOP IMMUNITY TO THREE BACTERIAL DISEASES: DIPHTHERIA, TETANUS & WHOOPING COUGH (PERTUSSIS)

Dr. Mumper's notes: Pertussis is potentially dangerous, especially in the youngest babies with the smallest airways. Since we changed from the original "whole cell" pertussis vaccine (which had some bad neurologic side effects) to the "acellular" vaccine (which has fewer side effects but does not work as well nor last as long), we see pertussis in the community, often circulating in the adult population. A series of five shots before kindergarten is required in most states for public school attendance. If you delay or forgo pertussis vaccination, watch your child carefully for any signs, which may include a prolonged cough, congestion, or the classic whoop (when the child has trouble catching their breath — very scary for parents!) Pertussis can be effectively treated with antibiotics if recognized quickly.

Tetanus, though rare, is potentially serious or fatal. It can be prevented with routine and prompt wound care. The germ that causes tetanus lives in soil and is usually transmitted to humans via dirty wounds from sharp objects that penetrate the skin, like rusty farm tools. Infants and carefully supervised toddlers are unlikely to be at risk.

Diphtheria causes an adherent membrane in the throat and nasal passages that can cause choking. It is rare in the U.S. but still reported globally.

STEP 02

Understand the purpose of childhood vaccines

HIB: PROTECTS AGAINST HAEMOPHILUS INFLUENZAE TYPE B, WHICH CAN CAUSE VARIOUS INFECTIONS

Dr. Mumper's notes: Hemophilus influenza has been a main cause of meningitis (inflammation of the brain and spinal fluid) in infants and toddlers and can also cause epiglottis (swelling of a flap in the throat). Shortly after the HIB vaccine was implemented, cases of that type of meningitis dropped 50-fold. This vaccine seems to have relatively few side effects.

IPV: PROTECTS AGAINST POLIO, OR POLIOMYELITIS

Dr. Mumper's notes: Polio vaccine is often touted as the major example of how vaccines triumph over disease. The reality is much more nuanced and the legendary victory brought about by the polio vaccine is a complicated story. In the United States, we use an injectable polio vaccine, which causes fewer cases of vaccine-strain polio than the oral version used in developing countries. Most cases of polio in the world are vaccine-strain now.

PREVNAR: PROTECTS AGAINST 13 STRAINS OF STREPTOCOCCUS PNEUMONIAE THAT CAN CAUSE SERIOUS INFECTIONS IN CHILDREN

Dr. Mumper's notes: Prevnar vaccines protect against pneumococcal disease that can cause ear infections and pneumonia. Ironically, in our clinical research, higher numbers of vaccines received correlated with more ear infections and pneumonia. Breastfeeding your baby and avoiding bottle propping can prevent many cases of ear infections. In some babies, a dairy sensitivity causes excess mucus, which can lead to fluid behind the ears that might get infected. Prevnar vaccines are being reformulated to include increasing numbers of the subtypes of pneumococcus.

VARICELLA: PROTECTS AGAINST CHICKENPOX

Dr. Mumper's notes: Varicella is the medical name for chickenpox. If your child gets chickenpox naturally they will have lifelong immunity. It's usually a mild itchy illness in healthy children, although it can be serious for children with cancer or immune deficiencies. This vaccine is often given at age 1 with a booster before kindergarten. Due to the widespread use of varicella vaccine since the early 1990s, natural infection with chickenpox is less common now. Varicella can be reactivated to manifest as shingles later in life.

STEP 03

Understand the risks of vaccines

All pharmaceutical products, including vaccines, carry two primary risks.

- First, there is a risk the product will not work.
- Second, there is a risk the product can cause harm.

With vaccines, however, there is a big caveat that must be understood. Unlike prescriptions and over-the-counter drugs, the manufacturers of vaccines and the doctors who administer the vaccines are not liable if someone is injured or dies after being given a recommended childhood vaccine that is licensed by the U.S. Food and Drug Administration (FDA) as safe and effective.

Package inserts for all vaccines are available online – download and print them out to read about the mechanisms of action, potential side effects, frequency of common side effects, and the ingredients.

Ask 8 If You Vaccinate
A resource from the National Vaccine Information Center

1. Am I or my child sick right now?
2. Have I or my child had a bad reaction to a vaccination before?
3. Do I or my child have a personal or family history of vaccine reactions, neurological disorders, severe allergies, or immune system problems?
4. Do I know the disease and vaccine risks for myself or my child?
5. Do I have full information about the vaccine's side effects?
6. Do I know how to identify and report a vaccine reaction?
7. Do I know I need to keep a written record, including the vaccine manufacturer's name and lot number, for all vaccinations?
8. Do I know I have the right to make an informed choice?

www.nvic.org/vaccination-decisions/downloads/ask-8-questions

For more research on this subject, try:

- The National Vaccine Information Center
- Children's Health Defense

STEP 04

Check state and local requirements and allowable exemptions

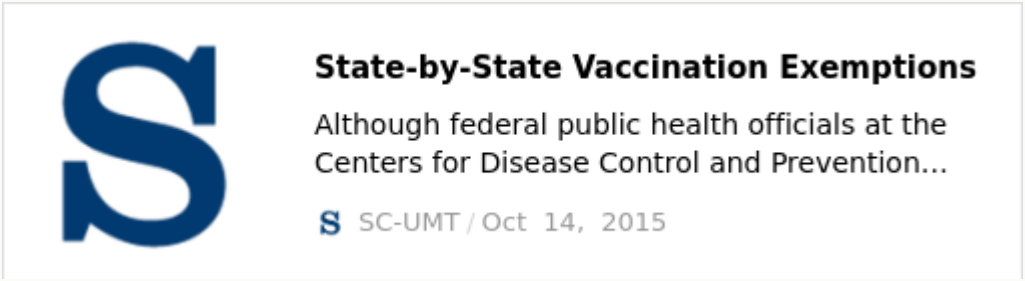
School vaccination requirements, and allowable exemptions, vary across states and local health departments. Some vaccines are required, some are recommended, and some are optional.

Use the following websites to find out more about requirements and exemptions in your local area.

School Vaccination Requirements and Exemptions

www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/requirements/index.html

Vaccination Exemptions by State



https://online.simmons.edu/blog/vaccination-exemptions

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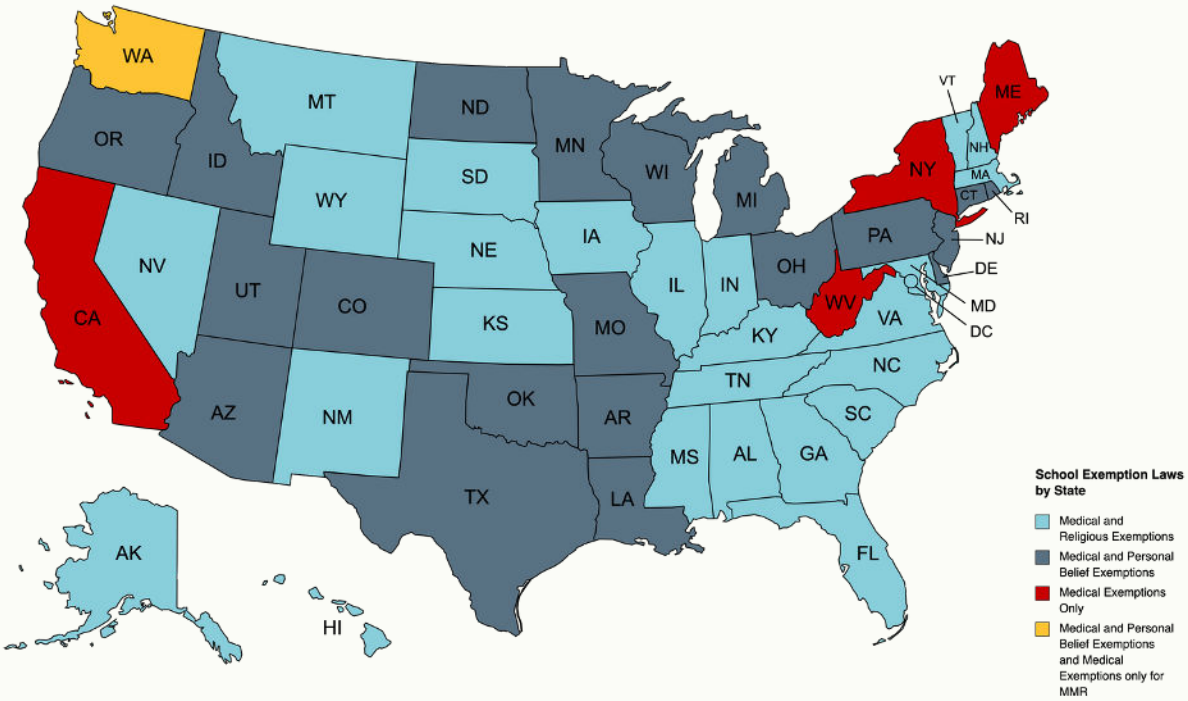


- *Some state laws specify religious in addition to personal belief exemptions; other state laws do not. However, in practice, states that offer personal belief exemptions also allow for religious exemptions as part of the personal belief exemption (Minnesota and Louisiana, for example).*

STEP 05

Seek information from a wide variety of sources

While parents are usually directed to the CDC website for information about vaccines, there are other resources to look at as well.

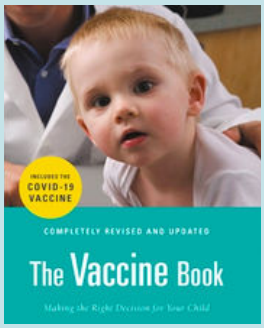
Dr. Mumper recommends:

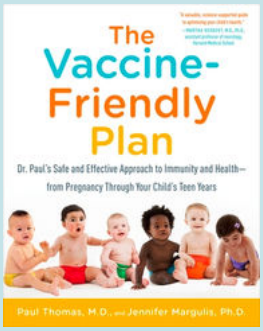
Vaccines 2.0

The Careful Parent's Guide to Making Safe Vaccination Choices for Your Family

The Vaccine Book

Making the Right Decision for Your Child



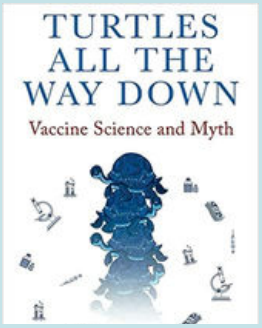


The Vaccine-Friendly Plan

Dr. Paul's Safe and Effective Approach to Immunity and Health

Turtles All The Way Down

Vaccine Science and Myth



National Vaccine Information Center
Your Health. Your Family. Your Choice.

National Vaccine Information Center
nvic.org

Children's Health Defense

Children's Health Defense
childrenshealthdefense.org

STEP 06

A modified approach to childhood vaccines

In some parts of the country, children cannot attend daycare or school unless they have been vaccinated or have a religious or medical exemption from vaccination. Without these exemptions, many families are not in a position to homeschool or send their children to private schools.

For parents who opt to vaccinate for these or other reasons, a modified vaccine schedule as below is suggested. This approach spaces out the doses, eliminates some vaccines completely, and aims to reduce the child's exposure to toxic adjuvants (such as aluminum) in vaccines.

0-12 months: The first year of life involves the most visits and vaccinations.

- Vaccines are only given when a child is well.
- Well-child visits happen a few days after birth, 2 weeks (to promote and establish breastfeeding), 1 month, 2 months, 4 months, 6 months, 9 months, and 12 months.
- Before the 12-month visit, discuss the pros and cons of chickenpox vaccine (varicella). If your baby is healthy and catches chickenpox, they will have lifelong immunity. If parents desire varicella vaccine, it can be given by itself at 1 year.
- Giving one or two vaccines at once makes it easier to determine which vaccine is associated with an adverse reaction.

- **1 month: Well-Child Visit**
- **2 months: Well-Child Visit, Hib, IPV**
- **3 months: DTap, Prevnar**
- **4 months: Well-Child Visit, Hib, IPV**
- **5 months: DTap, Prevnar**
- **6 months: Well-Child Visit, DTap, Prevnar**
- **7 months: No visit unless needed**
- **8 months: No visit unless needed**
- **9 months: Well-Child Visit, IPV**
- **12 months: Well-Child Visit, Discuss Varicella administration**

STEP 06

A modified approach to childhood vaccines

12-24 months: The second year of life includes fewer visits and vaccinations.

- Each visit should include a wellness check-up with attention to growth and development.
- Research suggests African-American children have more side effects from MMR at a younger age.
- MMR and varicella are often given together at one year of age. Dr. Mumper recommends they be given separately.
- It is recommended to delay MMR to age 2 in Caucasian babies and age 3 in babies of African-American descent.

- 15 months: Well-Child Visit, Hib
- 18 months: Well-Child Visit, DTap, Prevnar
- 2 years: Well-Child Visit, MMR (*unless African-American)
- Start Hep B series between 2 and 5 years old if required for school entry, allowing enough time to get the three-shot series over a six-month period.

3-5 years: As your child continues to grow, vaccinations and visits are scheduled yearly.

- 3 years: Well-Child Visit; Consider starting/continue Hep B series; MMR if African-American (Research suggests African-American children have more side effects to MMR at a younger age.)
- 4 years: Well-Child Visit; Can start Kindergarten vaccines: Dtap, IPV, MMR, or Varicella, but not all at the same time.
- 5 years: Kindergarten Physical; Give Kindergarten vaccines if not previously given.

STEP 06

A modified approach to childhood vaccines

Some things to note:

Dr. Mumper **does NOT** recommend:

- giving live vaccines (MMR and Varicella) with any other vaccines. Each live virus vaccine should be given separately and requires a separate vaccine visit.
- giving the Rotavirus vaccine or the Gardasil vaccine to her patients because of safety considerations and concerns that the risks outweigh the benefits in her patient population.
- COVID vaccines for healthy children. She is concerned about the shortcomings in the clinical trials, the high rate of side effects, and the use of coercion to force parents to give their children this vaccine.

Dr. Mumper **does** recommend:

- holding the Hep B vaccine until the child is AT LEAST 1 year of age. She typically starts the series between the ages of 2 and 3. This vaccine is mandated by many state laws before entering any public daycare or school. If your child needs the vaccine before enrolling in a licensed daycare program or school, it can be started as early as 2 months of age. It is a series of 3 vaccines.
- discussing the flu vaccine for children with chronic respiratory problems and those with chronic illnesses and/or who are immunocompromised.

The American Academy of Pediatrics recommends flu vaccines for children from 6 months to 18 years. Flu shots are not currently mandated for school attendance. They are usually manufactured based on the strain of flu from the prior season, so do not guarantee protection from this season's strain. Some studies have suggested efficacy is as low as 13-50% depending on the season.

If you are interested in the Hepatitis A vaccine, the Trumenba (meningitis B) vaccine, or the Menactra (meningitis ACWY) please talk to your child's healthcare provider. These two meningitis vaccines are given between 11-18 years of age. Meningitis risk is higher when people live in close quarters like dormitories or military barracks.

Want more insight? Check out

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