VACCINES factsheet

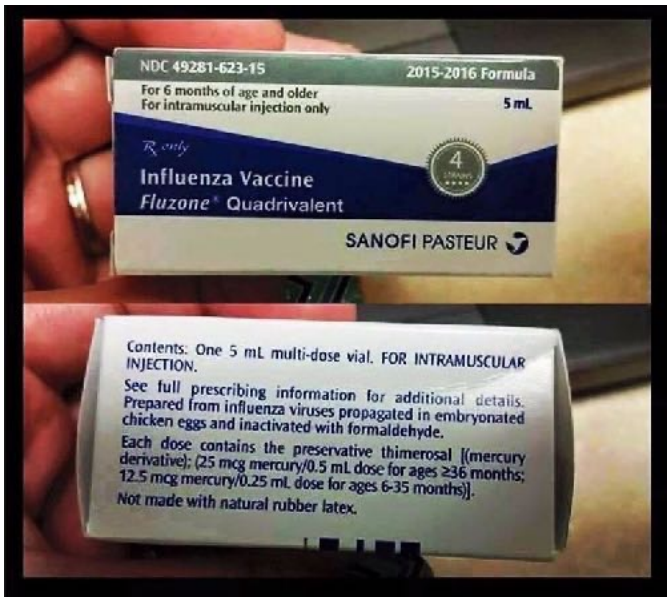
(I) Mercury in vaccines:

Some time ago I found an image on the internet concerning a flu vaccination product and some data that may raise a few eyebrows:

So what does the image pretend to show? Let's see if we can find an answer to that question and break down what it says. Fluzone is a product of Sanofi Pasteur Inc. The picture mentions **Thimerosal.** What is Thimerosal? Pubchem says:

> *https://pubchem.ncbi.nlm.nih.gov/compound/thimerosal#section=Top*
> *"Thimerosal is an ethylmercury-sulfidobenzoate that has been used as a **preservative** in VACCINES; ANTIVENINS; and OINTMENTS. It was formerly used as a topical antiseptic. It degrades to ethylmercury and thiosalicylate."*

So Thimerosal (or Thiomersal as it is sometimes called) is used as a preservative of vaccines. It is added to the vaccine solution. Thimerosal is a mercury derivative that containes 50% Mercury (Hg)



Do all Fluzone vaccinations contain Thimerosal? According to their website the American Food and Drug Administration (FDA) have approved Thimerosal only for Fluzone Quadrivalent (multi-dose presentation). Not for the two other Fluzone products:

https://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228

Thimerosal Content of Available FDA-Approved Seasonal Influenza Vaccines

Thimerosal Content of Available FDA-Approved Seasonal Influenza Vaccines		
Vaccine	**Tradename (Manufacturer)**	**Thimerosal Status Concentration** (Mercury)**
	Fluzone Quadrivalent (multi-dose presentation) Sanofi Pasteur Inc.	0.01% (12.5 mcg/0.25 mL dose, 25 mcg/0.5 mL dose)[3]
	Fluzone Quadrivalent (single-dose presentation) Sanofi Pasteur Inc.	None
	Fluzone Intradermal Quadrivalent (single-dose presentation) Sanofi Pasteur Inc.	None

[3] Children 6 months of age to less than 3 years of age receive a half-dose of vaccine, i.e., 0.25 mL; children 3 years of age and older receive 0.5 mL dose

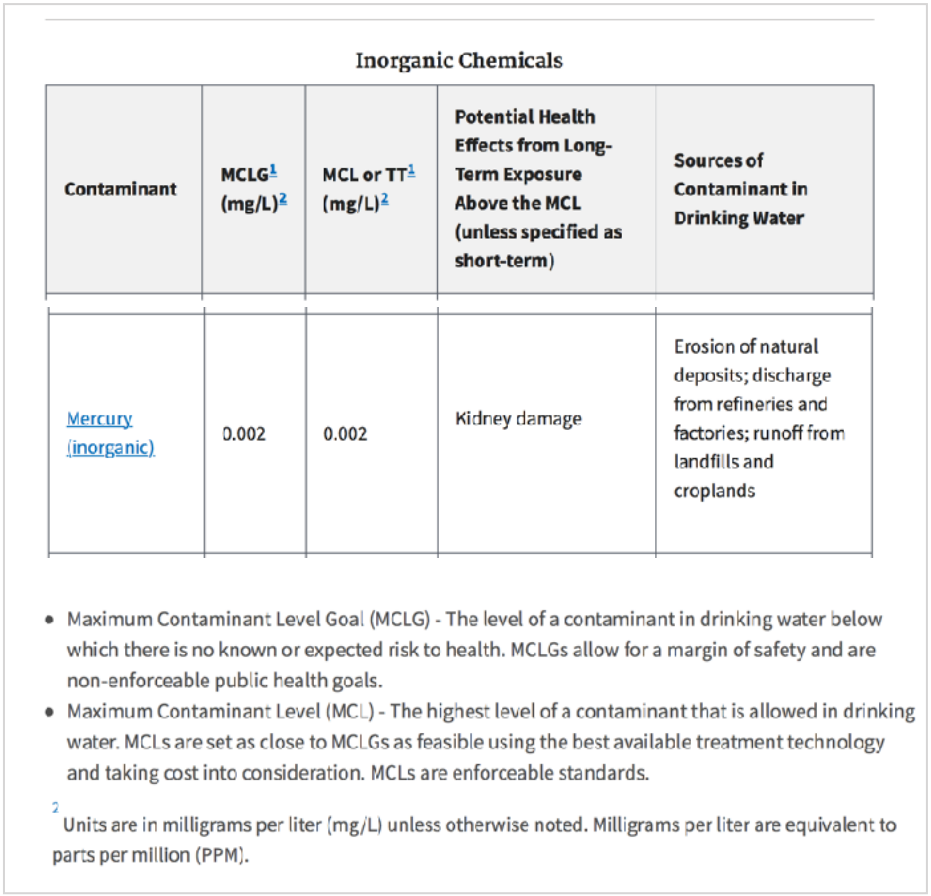
> *According to the FDA: "At concentrations found in vaccines, thimerosal meets the requirements for a preservative as set forth by the United States Pharmacopeia; that is, it kills the specified challenge organisms and is able to prevent the growth of the challenge fungi (U.S. Pharmacopeia 2004). Thimerosal in concentrations of 0.001% (1 part in 100,000) to 0.01% (1 part in 10,000) has been shown to be effective in clearing a broad spectrum of pathogens. A vaccine containing 0.01% thimerosal as a preservative contains 50 micrograms of thimerosal per 0.5 mL dose or approximately 25 micrograms of mercury per 0.5 mL dose. For comparison, this is roughly the same amount of elemental mercury contained in a 3 ounce can of tuna fish."*
> [note: the FDA text shows an error in the definition the amount of µg/mL in respect to 0.01%. According to the box containing the injection fluid (see above) this must be 25µg Mercury/0.5mL or 12.5µg Mercury/0.25mL which is essentially the same concentration]

The FDA states that thimerosal in concentrations between 10 ppm (0.001%) and 100 ppm (0.01%) are effective to combat infectious agents that produce diseases.
So one jab of Fluzone for a baby between 6 and 35 months containes 12.5 µg (micrograms) mercury.
12.5 µg/0.25ml equals **50 ppm** (parts per million) or **50,000 ppb** (parts per billion)
One jab for children 36 months and older containes 25.0 µg (micrograms) of mercury which also equals 50 ppm because it has the same concentration.
If a child were to get vaccined twice a year between 6 and 36 months the child receives 6 times 12.5µg = 75µg mercury

Then the picture mentiones water contamination, hazardous waste and nerve tissue destruction with a reference to the United States Environmental Protection Agency (EPA) and a scientific publication by Leong et al.

1. **Water contamination.** The EPA set standards for the quality of water, air, etc. They monitor these qualities with respect to the laws like the 'Clean Water Act' and the 'Safe Drinking Water Act'. Mercury is mentioned as a contaminant. As can be seen in the following graph the EPA state that the maximum contaminent level (MCL) of mercury in drinking water is 0.002mg/L which equals 0.002 ppm or 2 ppb. As you can see the limit of these concentrations is much lower than the concentration of the Fluzone Quadrivalent multi-dose vaccine (50 ppm / 50,000 ppb).

https://www.epa.gov/ground-water-and-drinking-water/national-primary-drinking-water-regulations#Inorganic



Inorganic Chemicals

Contaminant	MCLG[1] (mg/L)[2]	MCL or TT[1] (mg/L)[2]	Potential Health Effects from Long-Term Exposure Above the MCL (unless specified as short-term)	Sources of Contaminant in Drinking Water
Mercury (inorganic)	0.002	0.002	Kidney damage	Erosion of natural deposits; discharge from refineries and factories; runoff from landfills and croplands

- Maximum Contaminant Level Goal (MCLG) - The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety and are non-enforceable public health goals.
- Maximum Contaminant Level (MCL) - The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to MCLGs as feasible using the best available treatment technology and taking cost into consideration. MCLs are enforceable standards.

[2] Units are in milligrams per liter (mg/L) unless otherwise noted. Milligrams per liter are equivalent to parts per million (PPM).

The website of the EPA further shows which laws apply for mercury in the environment and what health effects are the result of exposure to mercury:

https://www.epa.gov/mercury/environmental-laws-apply-mercury
https://www.epa.gov/mercury/health-effects-exposures-mercury
*"**Mercury is a neurotoxin**. How someone's health may be affected by an exposure to mercury depends on a number of factors:*
- *the form of mercury (for example, methylmercury or elemental (metallic) mercury)*
- *the amount of mercury in the exposure;*
- *the age of the person exposed (the fetus is the most vulnerable)*
- *how long the exposure lasts*
- *how the person is exposed -- breathing, eating, skin contact, etc.*
- *the health of the person exposed."*

https://safewater.zendesk.com/hc/en-us/articles/212076077-4-What-are-EPA-s-drinking-water-regulations-for-mercury-

"What are EPA's drinking water regulations for mercury?
*In 1974, Congress passed the Safe Drinking Water Act. This law requires EPA to determine the level of contaminants in drinking water at which no adverse health effects are likely to occur. These non-enforceable health goals, based solely on possible health risks and exposure over a lifetime with an adequate margin of safety, are called **maximum contaminant level goals (MCLG)**. Contaminants are any physical, chemical, biological or radiological substances or matter in water.*
***The MCLG for mercury is 0.002 mg/L or 2 ppb**. EPA has set this level of protection based on the best available science to prevent potential health problems. EPA has set an enforceable regulation for mercury, called a maximum contaminant level (MCL), at 0.002 mg/L or 2 ppb. MCLs are set as*

close to the health goals as possible, considering cost, benefits and the ability of public water systems to detect and remove contaminants using suitable treatment technologies. In this case, the MCL equals the MCLG, because analytical methods or treatment technology do not pose any limitation.
The Phase II Rule, the regulation for mercury, became effective in 1992. The Safe Drinking Water Act requires EPA to periodically review the national primary drinking water regulation for each contaminant and revise the regulation, if appropriate. EPA reviewed mercury as part of the Six Year Review and determined that the 0.002 mg/L or 2 ppb MCLG and ***0.002 mg/L or 2 ppb MCL for mercury are still protective of human health****."*

The CDC (Center for Disease Control and Prevention) have published a toxilogical profile for mercury

https://www.atsdr.cdc.gov/toxprofiles/tp46.pdf
TOXICOLOGICAL PROFILE FOR MERCURY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service
Agency for Toxic Substances and Disease Registry

Mechanisms for the toxic effects of inorganic and organic mercury are believed to be similar. It has been suggested that the relative toxicities of the different forms of mercury (e.g., metallic, monovalent, and divalent cations and methyl- and phenylmercury compounds) are related, in part, to its differential accumulation in sensitive tissues. This theory is supported by the observation that mercury rapidly accumulates in the kidneys and specific areas of the central nervous system (Rothstein and Hayes 1960; Somjen et al. 1973).

7. REGULATIONS AND ADVISORIES

The Food and Drug Administration (FDA) regulates the use of mercury compounds in the cosmetics industry. The FDA regulations on the use of mercury compounds in cosmetics state that "because of the known hazards of mercury, its questionable efficacy as a skin-bleaching agent, and the availability of effective and less toxic non-mercurial preservatives, there is no justification for the use of mercury in skin-bleaching preparations or its use as a preservative in cosmetics, with the exception of eye-area cosmetics" (FDA 1974). The use of mercury compounds as cosmetic ingredients has primarily been limited to their use as preservatives in eye area cosmetics for which no other effective and safe non-mercurial preservative is available. In other preparations they must contain no more than trace amounts of mercury that are unavoidable under the conditions of good manufacturing practices (FDA 1974). The mercurial concentration in these other preparations must measure less than 1 ppm or 0.0001% mercury metal (FDA 1974).

7. REGULATIONS AND ADVISORIES

Table 7-1. Regulations and Guidelines Applicable to Mercury

Agency	Description	Information	References
INTERNATIONAL			
Guidelines:			
WHO	Drinking-water guideline values for health-related organics (applies to all forms of mercury)	0.001 mg/L	WHO 1984

As the table shows the World Health Organization (WHO) limits the amount of mercury to 0.001mg/L (1 ppb) which is even lower than American standards.

2. **Hazardous waste.** It is a bit harder to find the regulations by the EPA on mercury in toxic waste. Wikipedia show:

https://en.wikipedia.org/wiki/Mercury_regulation_in_the_United_States

U.S. environmental standards [edit]

Media	Mercury Standard[27]
Ambient Water Recommendations for Aquatic Life	• 1.4 µg/L for freshwater maximum acute concentrations (CMC) • 0.77 µg/L for freshwater continuous concentrations (CCC) • 1.8 µg/L for saltwater maximum acute concentrations (CMC) • 0.94 µg/L for saltwater continuous concentrations (CCC)
Drinking Water	• Maximum contaminant level = 0.002 mg/L (40 CFR 141.62)
Groundwater	• 2 µg/L
Bottled Water	• 0.002 mg/L (21 CFR 103.35)
Water-level of detect	• 0.2 µg/L (200 ng/L) = recommended method
Air	• No ambient standard
Sewage Sludge	• 17 mg/kg (dry wt) and 17 kg/hectare cumulative loading for sludge applied on agricultural, forest and publicly accessible lands (40 CFR 503, Table 2 of §503.13) • 17 mg/kg (dry wt) and .85 kg/hectare annual loading rate for sludge sold or distributed for application to a lawn or home garden (40 CFR 503, Table 3 of §503.13) • 57 mg/kg (dry wt) for sludge sold or distributed for other types of land disposal (40 CFR 503, Table 1 of §503.13)
Compost	• No federal standards
Fish	• 1 mg/kg • 0.3 mg/kg
Hazardous Waste	• TCLP leachate ≥ 0.2 mg/L (40 CFR 261.24, 264)

*"**Toxicity characteristic leaching procedure** (TCLP) is a soil sample extraction method for chemical analysis employed as an analytical method to simulate leaching through a landfill. The testing methodology is used to determine if a waste is characteristically hazardous, i.e., classified as one of the "D" listed wastes by the U.S. Environmental Protection Agency (EPA)."*

So leachage should be less than 0.2mg/L. (A leachate is any liquid that, in the course of passing through matter, extracts soluble or suspended solids, or any other component of the material through which it has passed.) 0.2mg/L equals 0.2 ppm or 200 ppb. Again these limits are way lower than the concentration of the Fluzone Quadrivalent multi-dose vaccine (50 ppm / 50,000 ppb).

3. **Nerve tissue destruction.** In their scientific publication: "Retrograde degeneration of neurite membrane structural integrity of nerve growth cones following in vitro exposure to mercury" (Neuroreport: March 26th, 2001 - Volume 12 - Issue 4 - p 733-737 Membrane and

Cellular Biophysics and Biochemistry) Leong, Christopher C. W.; Syed, Naweed I.; Lorscheider, Fritz L. conclude that data strongly implicate Hg (mercury) as a potential cause for neurodegeneration.

> *Leong et al:*
> *https://journals.lww.com/neuroreport/Abstract/2001/03260/Retrograde_degeneration_of_neurite_membrane.24.aspx*
> *ABSTRACT:*
> *Inhalation of mercury vapor (Hg^0) inhibits binding of GTP to rat brain tubulin, thereby inhibiting tubulin polymerization into microtubules. A similar molecular lesion has also been observed in 80% of brains from patients with Alzheimer disease (AD) compared to age-matched controls. However the precise site and mode of action of Hg ions remain illusive. Therefore, the present study examined whether Hg ions could affect membrane dynamics of neurite growth cone morphology and behavior. Since tubulin is a highly conserved cytoskeletal protein in both vertebrates and invertebrates, we hypothesized that growth cones from animal species could be highly susceptible to Hg ions. To test this possibility, the identified, large Pedal A (PeA) neurons from the central ring ganglia of the snail Lymnaea stagnalis were cultured for 48 h in 2 ml brain conditioned medium (CM). Following neurite outgrowth, metal chloride solution (2 µl) of Hg, Al, Pb, Cd, or Mn (10^{-7} M) was pressure applied directly onto individual growth cones. Time-lapse images with inverted microscopy were acquired prior to, during, and after the metal ion exposure. We demonstrate that Hg ions markedly disrupted membrane structure and linear growth rates of imaged neurites in 77% of all nerve growth cones. When growth cones were stained with antibodies specific for both tubulin and actin, it was the tubulin/microtubule structure that disintegrated following Hg exposure. Moreover, some denuded neurites were also observed to form neurofibrillary aggregates. In contrast, growth cone exposure to other metal ions did not effect growth cone morphology, nor was their motility rate compromised. To determine the growth suppressive effects of Hg ions on neuronal sprouting, cells were cultured either in the presence or absence of Hg ions. We found that in the presence of Hg ions, neuronal somata failed to sprout, whereas other metalic ions did not effect growth patterns of cultured PeA cells. We conclude that this visual evidence and previous biochemical data strongly implicate Hg as a potential etiological factor in neurodegeneration.*

Concentration used was 2µl of $HgCl_2$/ 2mL medium. This equals 1ml $HgCl_2$ (Density 5.4 g / cm3) / L and thus 5.4 mg/L and 5.4 ppm / 540 ppb. Once again these limits are way lower than the concentration of the Fluzone Quadrivalent multi-dose vaccine (50 ppm / 50,000 ppb).

In CONCLUSION the image shown warns that the amount of mercury administered to young children by far exceeds the safety levels proclaimed by the governmental institutes for drinking water and hazardous waste. Neurodegeneration may occur as levels administered are 100 times higher in one shot than observed in studies. Not only Fluzone Quadrivalent multi-dose vaccine containes mercury. Others do too: Afluria multi-dose, Afluria quadrivalent multi-dose, Fluvirin multi-dose and FluLaval Quadrivalent multidose. (https://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228)

(II) Other mentions in relation to mercury in vaccines:

A. Wikipedia state on Thiomersal (or Thimerosal):

https://en.wikipedia.org/wiki/Thiomersal

Thiomersal (or Thimerosal) is very toxic by inhalation, ingestion, and in contact with skin *(EC hazard symbol T+), with a danger of cumulative effects. It is also very toxic to aquatic organisms and may cause long-term adverse effects in aquatic environments (EC hazard symbol N).[20] In the body, it is metabolized or degraded to ethylmercury ($C_2H_5Hg^+$) and thiosalicylate.[11]*

Cases have been reported of severe mercury poisoning by accidental exposure or attempted suicide, with some fatalities.[21] Animal experiments suggest that thiomersal rapidly dissociates to release ethylmercury after injection; that the disposition patterns of mercury are similar to those after exposure to equivalent doses of ethylmercury chloride; and that the central nervous system and the kidneys are targets, with lack of motor coordination being a common sign. Similar signs and symptoms have been observed in accidental human poisonings. The mechanisms of toxic action are unknown. Fecal excretion accounts for most of the elimination from the body. Ethylmercury clears from blood with a half-life of about 18 days in adults by breakdown into other chemicals, including inorganic mercury.[citation needed] Ethylmercury is eliminated from the brain in about 14 days in infant monkeys. Risk assessment for effects on the nervous system have been made by extrapolating from dose-response relationships for methylmercury.[22] Methylmercury and ethylmercury distribute to all body tissues, crossing the blood–brain barrier and the placental barrier, and ethylmercury also moves freely throughout the body.[23] Concerns based on extrapolations from methylmercury caused thiomersal to be removed from U.S. childhood vaccines, starting in 1999. Since then, it has been found that ethylmercury is eliminated from the body and the brain significantly faster than methylmercury, so the late-1990s risk assessments turned out to be overly conservative.[22] Though inorganic mercury metabolized from ethylmercury has a much longer half-life in the brain, at least 120 days, it appears to be much less toxic than the inorganic mercury produced from mercury vapor, for reasons not yet understood.[22]

B. Evidence of parallels between mercury intoxication and the brain pathology in autism (in Acta, Neurobiologiae Experimentalis):

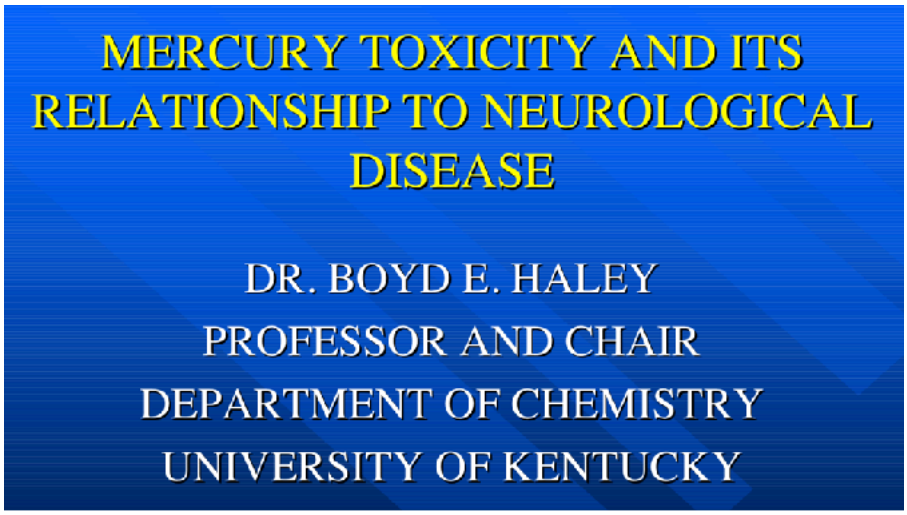
https://www.ane.pl/pdf/7212.pdf

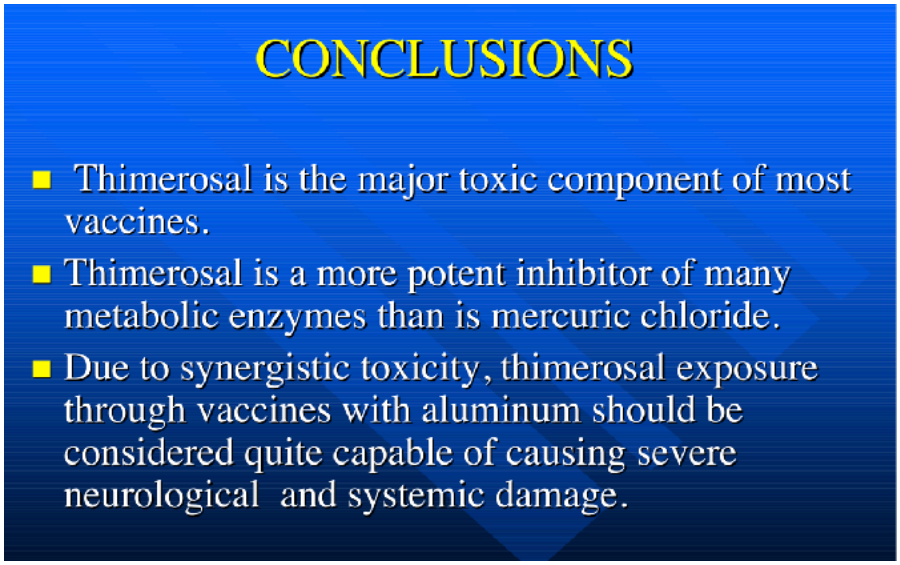
CONCLUSION

In 2000, Bernard and coauthors published a review of the similarities between Hg poisoning and the symptoms of autism. In their review, Bernard and colleagues pointed out 79 similarities between the symptoms of autism and the symptoms of mercury intoxication. Since that review, many more studies have become available to allow for the current comparison of the specific effects of Hg exposure in the brain and the similar pathological findings in those diagnosed with ASD (see Table I for a summary of the parallels between symptoms of Hg intoxication in the brain and the brain pathol- ogy in ASD). The combined similarities outlined by these two reviews are too numerous to be a result of chance. Although there may be genetic or develop- mental components to autism, the evidence in this current review of the brain findings in autism clearly indicates the reality of brain injury in ASD; moreover, the brain injury symptoms which charac- terize autism closely correspond to those seen in sub-acute Hg intoxication. The evidence presented in this paper is consistent with mercury being iden- tified as either causal or contributory, working syn- ergistically with other compounds or pathogens in producing the brain pathology observed in those diagnosed with ASD.

C. Presentation by Dr. Boyd E. Haley on mercury toxicity and neurological disease:

http://www.nationalacademies.org/hmd/~/media/BF3AE69BB375490697E3E7B6B9DE22AE.ashx





D. OPEN LETTER TO THE AAP (excerpt) by K. Paul Stoller, M.D. pediatrician:

> *http://whale.to/a/stoller.html*
> *Vaccines with "trace" amounts of Thimerosal are supposed to contain less than (a) microgram of mercury per 0.5 ml dose (1 microgram (ug) Hg per 0.5 ml is the same as 2 ug Hg per ml which is the same as 2000 ug/liter. Micrograms per liter is parts per billion [ppb])*
> *0.5 parts per billion (ppb) mercury = Kills human neuroblastoma cells (Parran et al., Toxicol Sci 2005; 86: 132-140).*
> *2ppb mercury = U.S. EPA limit for drinking water (http://www.epa.gov/safewater/contaminants/index.html#mcls).*
> *20 ppb mercury = Neurite membrane structure destroyed (Leong et al., Neuroreport 2001; 12: 733-37).*
> *200 ppb mercury = level in liquid the EPA classifies as hazardous waste (http://www.epa.gov/epaoswer/hazwaste/mercury/regs.htm#hazwaste)*
> *25,000 ppb mercury = Concentration of mercury in multi-dose, Hepatitis B vaccine vials, administered at birth from 1991-2001 in the U.S.*
> *50,000 ppb mercury = Concentration of mercury in multi-dose DTP and Haemophilus B vaccine vials, administered 8 times in the 1990's to children at 2, 4, 6, 12 and 18 months of age. Current "preservative" level mercury in multi-dose flu, meningococcal and tetanus (7 and older) vaccines.*

E. Neurodevelopment of Amazonian children exposed to ethylmercury (from Thimerosal in vaccines) and methylmercury (from fish) in ScienceDirect:

https://www.sciencedirect.com/science/article/pii/S0013935115301845
Neurodevelopment of Amazonian children exposed to ethylmercury (from Thimerosal in vaccines) and methylmercury (from fish)
Abstract
Few studies have addressed co-occurring methylmercury (MeHg) from maternal origin and ethylmercury (EtHg) from Thimerosal-containing vaccines (TCVs) during infant's neurodevelopment. We studied children (n=1139) from the Western Amazon based on combined (low, intermediate, and high) exposure to chronic MeHg from fish consumption and acute TCV- EtHg. Neurodevelopment outcomes were age of walking and age of talking, and the Bayley Scale of Infant Development (BSID). The Mental Developmental Index (MDI) and Psychomotor Developmental Index (PDI) were measured at six and 24 months of age. Median hair-Hg (HHg) at birth was 6.4 μg g−1 in mothers, and 1.94 μg g−1 in newborns; total (pregnancy and infancy) EtHg exposure ranged from 0 to 187.5 μg. The combined (MeHg+EtHg) exposure showed significant differences for MDI but not for PDI; however, there was a significant decrease in both MDI and PDI scores at 24 months. The increase in BSID delays (scores <80) between six and 24 months was not discernible with regards to EtHg or MeHg exposure. We found a statistically significant increase in neurodevelopmental (BSID) delays related to the combined exposure to Hg (MeHg>EtHg). Neurodevelopment delays due to low-doses of organic mercury (albeit undiscernible) are not predictable but can be avoided by choosing low-Hg fish and providing Thimerosal-free vaccines.

F. Publications on Thimerosal on NIH U.S. National Library of Medicine, TOXNET toxicology data network:

https://toxnet.nlm.nih.gov/cgi-bin/sis/search2/r?dbs+hsdb:@term+@rn+@rel+54-64-8

Human Health Effects and Human Toxicity Excerpts

/HUMAN EXPOSURE STUDIES/ Ten of 13 infants exposed to topical applications of a thimerosal tincture 0.1% for the treatment of exomphalos died. The total number of applications ranged from 9 to 48. Mercury concentrations were determined in various tissues from 6 of the infants. Mean tissue concentrations in fresh samples of liver, kidney, spleen, and heart ranged from 5152 to 11,330 ppb, suggesting percutaneous absorption from repeated topical applications.
etc, etc,

If Thimerosal or Thiomersal were the only suspicious ingredient of vaccines you might consider non-multidose vaccines that reportedly do not contain this mercury related substance. However, there are quite a number of other ingredients contained within vaccines (and sometimes not even listed as ingredients) that may be harmful for your child as well:

Beta-Propiolactone = carcinogen
Neomycin Sulfate = immunotoxin. allergenic
Polymyxin B = neurotoxin
Potassium Chloride = neurotoxin
Sodium Taurodeoxycholate = carcinogen/immunotoxin
Aluminum = neurotoxin
Ammonium Sulfate = toxin
Gelatin = allergenic
Gentamicin Sulfate = allergenic
Genetically Modified Yeast = mutagenic
Animal, Bacterial and Viral DNA = mutagenic
Glutaraldehyde = toxin causing birth defects
Formaldehyde = toxin

Human and animal cells (from aborted fetal tissue)
Latex Rubber = life threatning allergenic
Mono Sodium Glutamate = neurotoxin, mutagenic, teratogenic
Phenol, Phenoxyethanol = toxic
Polysorbate 80 = carcinogenic
Tri(n) Butylphosphate = toxic
RFID chip = tracing and tracking and much more

A list made by the CDC (Vaccine Excipient & Media Summary) shows which ingredients are used and/or contained within each vaccine (list partly shown here):

Appendix B

Vaccine Excipient & Media Summary

Excipients Included in U.S. Vaccines, by Vaccine

This table includes not only vaccine ingredients (e.g., adjuvants and preservatives), but also substances used during the manufacturing process, including vaccine-production media, that are removed from the final product and present only in trace quantities. In addition to the substances listed, most vaccines contain Sodium Chloride (table salt).

Last Updated February 2015

All reasonable efforts have been made to ensure the accuracy of this information, but manufacturers may change product contents before that information is reflected here. If in doubt, check the manufacturer's package insert.

Vaccine	Contains	Source: Manufacturer's P.I. Dated
Adenovirus	sucrose, D-mannose, D-fructose, dextrose, potassium phosphate, plasdone C, anhydrous lactose, micro crystalline cellulose, polacrilin potassium, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye, human serum albumin, fetal bovine serum, sodium bicarbonate, human-diploid fibroblast cell cultures (WI-38), Dulbecco's Modified Eagle's Medium, monosodium glutamate	March 2011
Anthrax (Biothrax)	aluminum hydroxide, benzethonium chloride, formaldehyde, amino acids, vitamins, inorganic salts and sugars	May 2012
BCG (Tice)	glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, Iron ammonium citrate, lactose	February 2009
DT (Sanofi)	aluminum potassium sulfate, peptone, bovine extract, formaldehyde, thimerosal (trace), modified Mueller and Miller medium, ammonium sulfate	December 2005
DTaP (Daptacel)	aluminum phosphate, formaldehyde, glutaraldehyde, 2-Phenoxyethanol, Stainer-Scholte medium, modified Mueller's growth medium, modified Mueller-Miller casamino acid medium (without beef heart infusion), dimethyl 1-beta-cyclodextrin, ammonium sulfate	October 2013
DTaP (Infanrix)	formaldehyde, glutaraldehyde, aluminum hydroxide, polysorbate 80, Fenton medium (containing bovine extract), modified Latham medium (derived from bovine casein), modified Stainer-Scholte liquid medium	November 2013
DTaP-IPV (Kinrix)	formaldehyde, glutaraldehyde, aluminum hydroxide, Vero (monkey kidney) cells, calf serum, lactalbumin hydrolysate, polysorbate 80, neomycin sulfate, polymyxin B, Fenton medium (containing bovine extract), modified Latham medium (derived from bovine casein), modified Stainer-Scholte liquid medium	November 2013
DTaP-HepB-IPV (Pediarix)	formaldehyde, gluteraldehyde, aluminum hydroxide, aluminum phosphate, lactalbumin hydrolysate, polysorbate 80, neomycin sulfate, polymyxin B, yeast protein, calf serum, Fenton medium (containing bovine extract), modified Latham medium (derived from bovine casein), modified Stainer-Scholte liquid medium, Vero (monkey kidney) cells	November 2013
DTaP-IPV/Hib (Pentacel)	aluminum phosphate, polysorbate 80, formaldehyde, sucrose, gutaraldehyde, bovine serum albumin, 2-phenoxethanol, neomycin, polymyxin B sulfate, Mueller's Growth Medium, Mueller-Miller casamino acid medium (without beef heart infusion), Stainer-Scholte medium (modified by the addition of casamino acids and dimethyl-beta-cyclodextrin), MRC-5 (human diploid) cells, CMRL 1969 medium (supplemented with calf serum), ammonium sulfate, and medium 199	October 2013
Hib (ActHIB)	ammonium sulfate, formalin, sucrose, Modified Mueller and Miller medium	January 2014
Hib (Hiberix)	formaldehyde, lactose, semi-synthetic medium	March 2012
Hib (PedvaxHIB)	aluminum hydroxphosphate sulfate, ethanol, enzymes, phenol, detergent, complex fermentation medium	December 2010

B

Centers for Disease Control and Prevention
Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition

April, 2015

Appendix B-7

Do your own research. If you have a child you want it to be healthy. If you want to protect it from any harm you may want to prevent your child being injected with poisons, carcinogens, neurotoxins and ingredients that alter it's DNA. Do vaccines provide you with the safety they suggest to provide? Maybe for the disease they supposedly protect against. But what about the side effets? What possible purpose do monkey kidney cells or calf serum serve in the human body?

That is all up to you to decide.
But there are some strange things to ponder on beside the possible harmful ingredients:

- children in the 1960's were given three injections with vaccinations whereas children of today may receive up to 72 vaccinations
- does the industry profit from large vaccination programs?
- can you imagine an industry captain being more interested in his bank account than the health of your child?
- who holds many of the patents on vaccines and on patogens?
- why do vaccine manufacturers have legal immunity against claims for damage due to vaccination?
- why does the federal government of the US have a relief fund for victims of vaccination?
- why are mandatory vaccines being pushed?
- are vaccines like all other drugs thoroughly tested before they are being introduced and administered?

The fear of diseases is understandable. No body wants to their child ill. Prevention of diseases starts with a healthy body and knowledge of its mechanisms. Healthy, fresh nutricious food and excercise. Fresh clean water. Fresh air and a minimum amount of exposure to radiation. The right acidity inside the body. Knowlegde of toxicity in industry prepared food products. There is so much to learn about keeping your body or your child's body in shape and perfect condition. You just have to realize it starts with your own responsability.

Do your own research.

(III) Other publications on the possible dangers of vaccines:

1. A Century Of Vaccination And What It Teaches, by W. Scott Tebb, M.M.A., M.D.
2. A Criminal Consequence of Vaccine Injury: Misdiagnosed Shaken Baby Syndrome, by Alan G. Phillips, Esq.
3. A Shot in the Dark, by Harris L. Coulter and Barbara Loe Fisher
4. A Stolen Life, by Marge Grant
5. Adverse Events Associated With Childhood Vaccines: Evidence Bearing on Causality ,by Kathleen R. Stratton, Ph.D., Cynthia J. Howe
6. http://www.nap.edu/cover/2138/450 AIDS And the Doctors of Death: An Inquiry into the Origin of the AIDS Epidemic, by Alan Cantwell, M.D.
7. AIDS, the Mystery and the Solution, by Alan Cantwell, M.D.
8. Anthrax a Deadly Shot in the Dark: Unmasking the Truth Behind a Hazardous Vaccine, by Lt. Col. Thomas S. Heemsra
9. Behavioral Problems in Childhood: The Link to Vaccination, by Viera Scheibner, Ph.D.
10. Bodily Matters: The Anti-Vaccination Movement in England 1853-1907, by Nadja Durbach, Ph.D., M.A., B.A.
11. Changing the Course of Autism, by Bryan Jepson, M.D.
12. Children With Starving Brains, by Jaquelyn McCandless, M.D.
13. Confessions of a Medical Heretic, by Robert S. Mendelsohn, M.D.
14. Dangers of Compulsory Immunizations: How to Avoid Them Legally, by Tom Finn, Esq.
15. Detoxify Or Die, by Sherry A. Rogers, M.D.
16. Dissent in Medicine: Nine Doctors Speak Out, by Robert S. Mendelsohn, M.D.
17. Don't Vaccinate Before You Educate, by Mayer Eisenstein M.D., J.D., M.P.H.
18. Dr. Mary's Monkey: How the Unsolved Murder of a Doctor, a Secret Laboratory in New Orleans and Cancer-Causing Monkey Viruses are Linked to Lee Harvey Oswald, ... Assassination and Emerging Global Epidemics, by Edward T. Haslam
19. Emerging Viruses: AIDS and Ebola: Nature, Accident or Intentional?, by Leonard Horowitz, D.M.D., M.A., M.P.H.
20. Everybody's Guide to Homeopathic Medicines, by Stephen Cummings, M.D.
21. Every Second Child, by Archie Kalokerinos, M.D., M.B.B.S., F.A.P.M.
22. Evidence of Harm, by David Kirby
23. Fear of the Invisible, by Janine Roberts
24. Fowl! Bird Flu: It's Not What You Think, by Sherri Tenpenny, D.O.
25. Germs, Biological Warfare, Vaccinations: What you Need to Know, by Gary Null, Ph.D.
26. Horrors of Vaccination Exposed and Illustratedby Chas. M. Higgins, M.D.
27. How to Raise a Healthy Child in Spite of Your Doctor, by Robert S. Mendelsohn, M.D.
28. ICD-999 Vaccine Induced Diseases: The Chronic Serum Sickness Postulate, by Patrick Jordan
29. Immunization Dice, by Michael J. Brody, Ph.D.
30. Immunization: The Reality Behind the Myth, by Walene James
31. Immunizations: The Terrible Risks Your Children Face That Your Doctor Won't Reveal, by Robert S. Mendelsohn, M.D.
32. Impossible Cure: The Promise of Homeopathy, by Amy Lansky, Ph.D.
33. Inoculation Dangers to Travelers, etc., by Maurice Beddow Bayly, M.R.C.S., L.R.C.P.
34. Inside the FDA: The Business and Politics Behind the Drugs We Take and the Food We Eat, by Fran Hawthorne
35. Jabs, Jenner and Juggernauts, by Jenny Craig
36. Just a Little Prick, by Peter and Hilary Butler
37. Justice for My Son, by Vera Duffy w/ Martin Duffy
38. Leicester: SANITATION versus VACCINATION, by J.T. Biggs
39. Lethal Injections Why Immunizations Don't Work and the Damage they Cause, by William Douglass, M.D.
40. Medicine On Trial, by Charles B. Inlander, Lowell S. Levine, Ed Weinter
41. Mercury: The Winged Messenger, by Courtney L. Zietzke

42. On the Take: How Medicine's Complicity with Big Business Can Endanger Your Health, by Jerome Kassirer, M.D.
43. Out of Silence: An Autistic Boy's Journey into Language and Communication, by Russell Martin
44. Pasteur, Plagiarist, Impostor! The Germ Theory Exploded!, by R. B. Pearson
45. Queer Blood: The Secret AIDS Genocide Plt, by Alan Cantwell, M.D.
46. Racketeering in Medicine: The Suppression of Alternatives, by James P. Carter, M.D.
47. Raising a Vaccine Free Child, by Wendy Lydall
48. Saying No to Vaccines: A Resource Guide For All Ages, by Sherri Tenpenny, D.O.
49. Science in the Private Interest: Has the Lure of Profits Corrupted Biomedical Research?, by ZSheldon Krimsky, M.S., Ph.D.
50. Science, Money and Politics: Political Triumph and Ethical Erosion, by Daniel S. Greenberg
51. Selling Sickness: How the World's Biggest Pharmaceutical Companies Are Turning Us All Into Patients, by Ray Moynihan and Alan Cassells
52. Shaken Baby Syndrome Diagnosis on Shaky Ground, by Viera Scheibner, Ph.D.
53. Silenced Witnesses: v.II: The Parents Story: The Denial of Vaccine Damage by Government, Corporations and the Media
54. Some Call it AIDS: I Call it Murder, The Connection Between Cancer, AIDS, Immunizations, and Genocide, by Eva Snead M.D.
55. State of Immunity: The Politics of Vaccination in Twentieth Century America, by James Colegrove, Ph.D., M.P.H.
56. Swine Flu Exposed, by Eleanore McBean, Ph.D., N.D.
57. Terror of Pediatric Medicine, by Mark Sircus, Ac., O.M.D.
58. The Authoritative Guide to Vaccine Legal Exemptions, by Alan G. Phillips, Esq.
59. The Case Against Vaccination, by Walter Hadwen, J.P., M.D., L.R.C.p., M.R.C.S., L.S.A.
60. The Chickenpox Vaccine: A new epidemic of disease and corruption, by Mark Orrin and Gary S. Goldman, Ph.D.
61. The Decline of Tuberculosis Despite "Protective" Vaccination, by Gerhard Buchwald, M.D.
62. The Fraud of Vaccination, by Walter Hadwen, J.P., M.D., L.R.C.P., M.R.C.S., L.S.A.
63. The Great HPV Vaccine Hoax Exposed, by Mike Adams
64. The Hidden Dangers in Polio Vaccine, by Eleanor McBean, Ph.D., N.D.
65. The Immunisation Decision, by Randall Neustaedter, O.M.D.
66. The Immunization Resource Guide: Where to Find Answers to All Your Questions About Childhood Vaccinations, by Diane Rozario
67. The Infant Survival Guide: Protecting Your Baby from the Dangers of Crib Death, Vaccines and Other Environmental Hazards, by Lendon H. Smith, M.D.
68. The Medical Mafia: How to Get Out of It Alive and Take Back Our Health and Wealth, by Guylaine Lanctot, M.D.
69. The Poisoned Needle: Suppressed Facts about Vaccination, by Eleanor McBean, Ph.D., N.D.
70. The Sanctity of Human Blood: Vaccination is Not Immunization, by Tim O'Shea, D.C.
71. The Story of The Salk Anti-poliomyelitis Vaccine, by Maurice Beddow Bayly, M.R.C.S., L.R.C.P.
72. The Trial of The Medical Mafia, by Joachim Schafer
73. The Truth About the Drug Companies: How They Deceive Us and What to Do About It, by Marcia Angell, M.D.
74. The Vaccination Connection, by Sue Marston
75. The Vaccination Nonsense, by Gerhard Buchwald, M.D.
76. The Vaccination Problem, by Joseph Swan
77. The Vaccine Guide: Making an Informed Choice , by Randall Neustaedter, O.M.D.
78. The Virus and the Vaccine: The True Story of A Cancer-Causing Monkey Virus, Contaminated Polio Vaccines, and the Millions of Americans Exposed, by Debbie Bookchin and Jim Schumacher
79. Universal Immunization: Medical Miracle or Masterful Mirage, by Raymond Obomsawin, Ph.D.
80. Vaccine-Free Prevention and Treatment with Homeopathy, by Jeffrey J. Starre, M.D.
81. Vaccines: The Risks, the Benefits, the Choices, a Resource Guide for Parents, by Sherri Tenpenny, D.O.

82. Vaccines: Vital or Vulnerable, by Archie Kalokerinos, M.D., M.B.B.S., F.A.P.M., Glen Dettman, A.M.M., B.A., Ph.D., F.A.P.M.
83. Vaccination: 100 Years of Orthodox Research Shows Vaccinations are a Medical Assault on the Immune System, by Viera Scheibner, Ph.D.
84. Vaccination- A Business Based on Fear, by Gerhard Buchwald, M.D.
85. Vaccination- A Fatal Error, by Bronwyn Hancock, B.S., Cert. Nutr.
86. Vaccination- A Parent's Dilemma, by Greg Beattie
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89. Vaccination, Social Violence and Criminality, the Medical Assault on the American Brain, by Harris L. Coulter, Ph.D.
90. Vaccination: The Cruel Deception, by Christian Borleis
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92. Vaccination The Silent Killer: A Clear And Present Danger, by Ida Honorof, Eleanor McBean, PhD., N.D.
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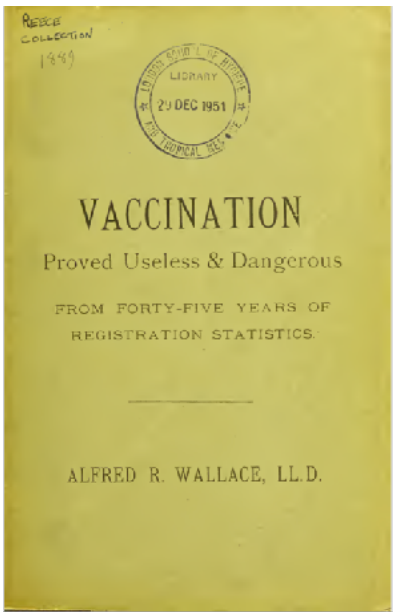
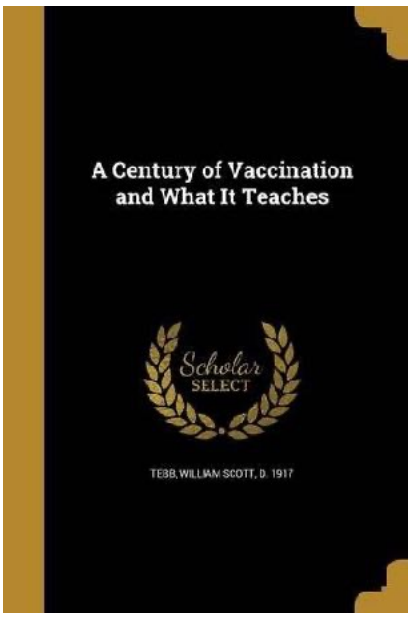
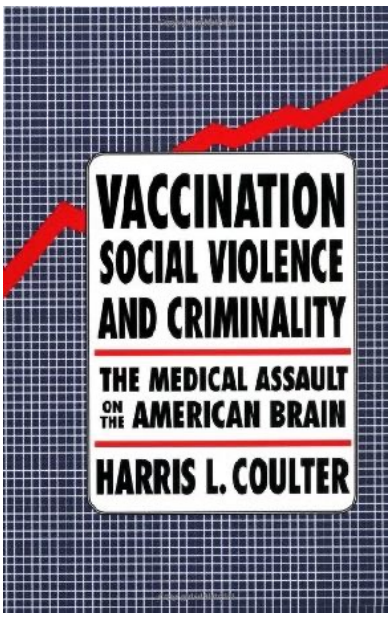
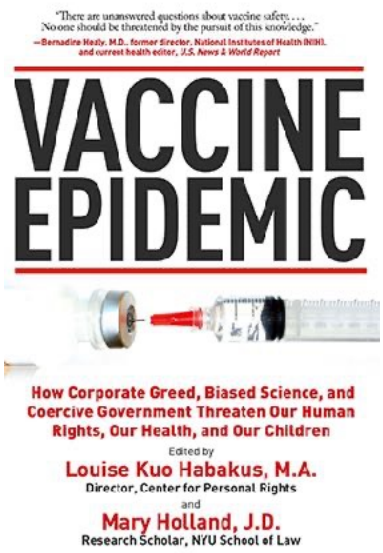
98. Vaccine Safety Manual for Concerned Families and Health Practitioners, by Neil Z. Miller
99. Vaccines: An Ounce of Prevention? Or a Pound of Death?, by Keidi Obi Awadu
100. Vaccines Are Dangerous: A Warning to the Black Community, by Yoshua Barak
101. Vaccines Are Dangerous: A Warning to the Global Community 2nd Edtion, by Curtis Cost
102. Vaccines: Are They Really Safe and Effective, by Neil Z. Miller
103. What About Immunizations? Exposing the Vaccine Philosophy, by Cynthia Cournoyer
104. What Every Parent Should Know About Childhood Immunizations, by Jamie Murphy
105. What The Pharmaceutical Companies Don't Want You To Know About Vaccines, by Todd Elsner, D.C.
106. What Your Doctor May Not Tell You About Children's Vaccinations, by Stephanie Cave, M.D. F.A.A.F.P.
107. When Your Doctor Is Wrong, Hepatitis B Vaccine and Autism, by Judy Converse, M.P.H., R.D.
108. White Lies: A Tale of Babies, Vaccines, and Deception, by Sarah Collins Honenberger, J.D.
109. Your Personal Guide to Immunization Exemptions, by Grace Girdwain

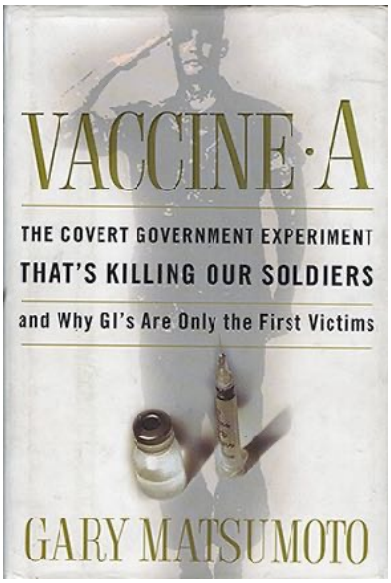

VACCINATION
Proved Useless & Dangerous
FROM FORTY-FIVE YEARS OF REGISTRATION STATISTICS
ALFRED R. WALLACE, LL.D.

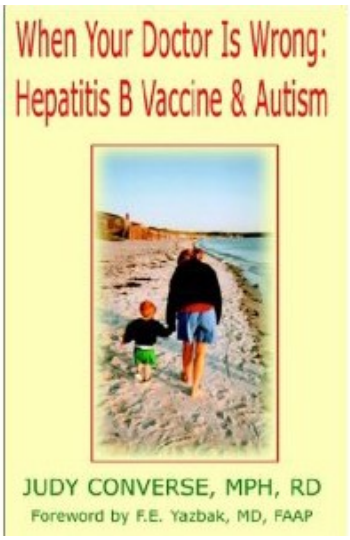

A Century of Vaccination and What It Teaches
Scholar SELECT
TEBB, WILLIAM SCOTT, D. 1917

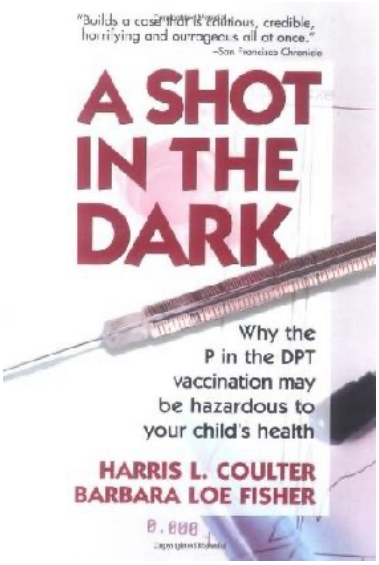

VACCINATION
SOCIAL VIOLENCE AND CRIMINALITY
THE MEDICAL ASSAULT ON THE AMERICAN BRAIN
HARRIS L. COULTER

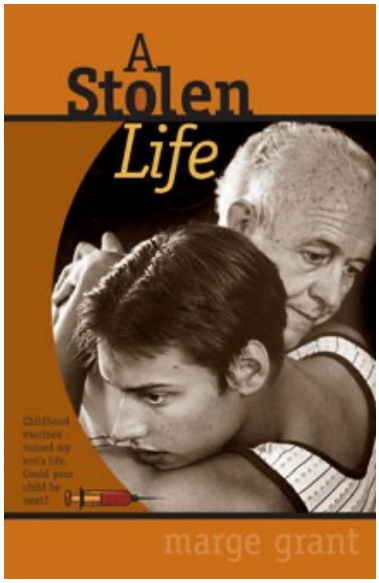

"There are unanswered questions about vaccine safety; . . . No one should be threatened by the pursuit of this knowledge."
—Bernadine Healy, M.D., former Director, National Institutes of Health (NIH), and current health editor, U.S. News & World Report
VACCINE EPIDEMIC
How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children
Edited by
Louise Kuo Habakus, M.A.
Director, Center for Personal Rights
and
Mary Holland, J.D.
Research Scholar, NYU School of Law

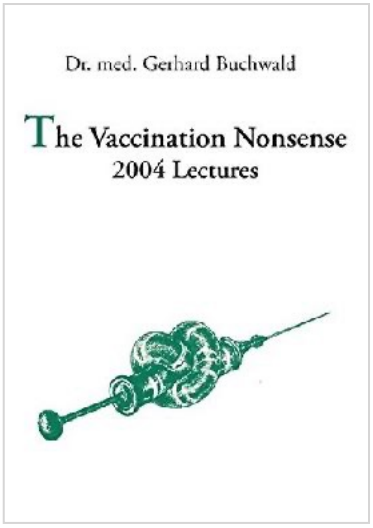
VACCINE FREE
111 Stories of Unvaccinated Children

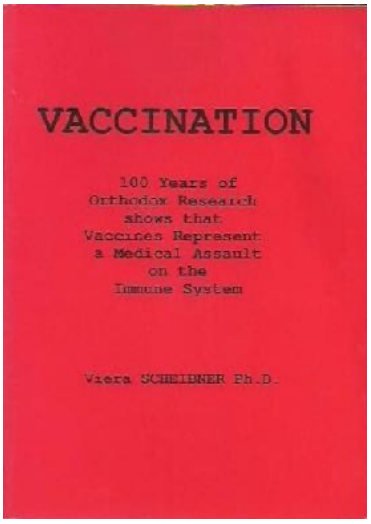

VACCINE·A
THE COVERT GOVERNMENT EXPERIMENT THAT'S KILLING OUR SOLDIERS
and Why GI's Are Only the First Victims
GARY MATSUMOTO

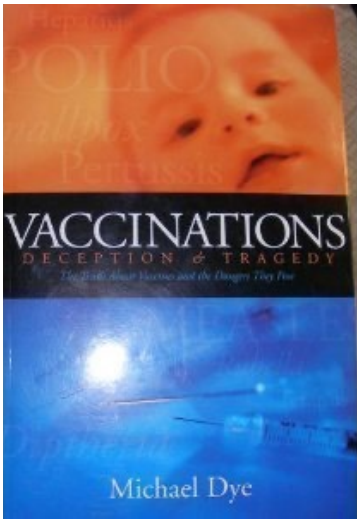

When Your Doctor Is Wrong:
Hepatitis B Vaccine & Autism
JUDY CONVERSE, MPH, RD
Foreword by F.E. Yazbak, MD, FAAP

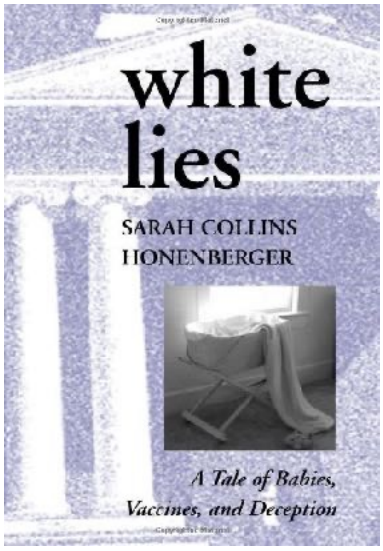

"Builds a case that is ridiculous, credible, horrifying and outrageous all at once."
—San Francisco Chronicle
A SHOT IN THE DARK
Why the P in the DPT vaccination may be hazardous to your child's health
HARRIS L. COULTER
BARBARA LOE FISHER


A Stolen Life
marge grant

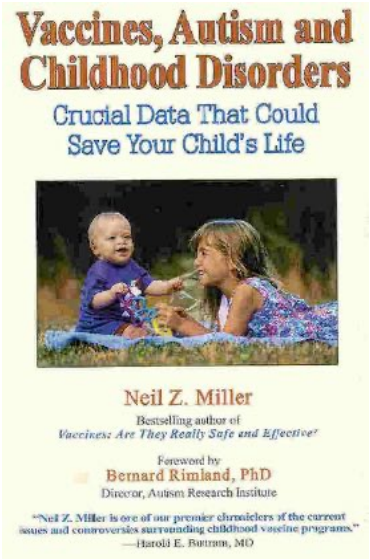

Dr. med. Gerhard Buchwald
The Vaccination Nonsense
2004 Lectures

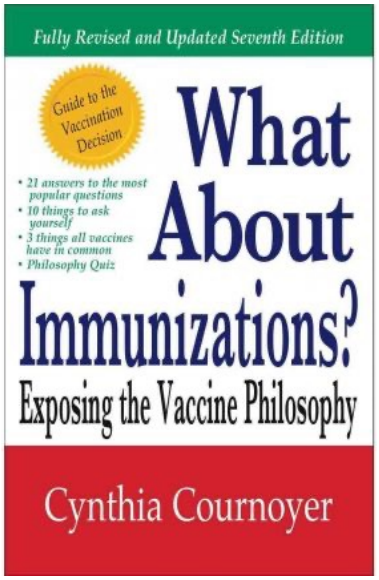

VACCINATION
100 Years of Orthodox Research shows that Vaccines Represent a Medical Assault on the Immune System
Viera SCHEIBNER Ph.D.


VACCINATIONS
DECEPTION & TRAGEDY
Michael Dye


white lies
SARAH COLLINS HONENBERGER
A Tale of Babies, Vaccines, and Deception

VACCINATION
The "Hidden" Facts
by Ian Sinclair


Vaccines, Autism and Childhood Disorders
Crucial Data That Could Save Your Child's Life
Neil Z. Miller
Bestselling author of
Vaccines: Are They Really Safe and Effective?
Foreword by
Bernard Rimland, PhD
Director, Autism Research Institute
"Neil Z. Miller is one of our premier chroniclers of the current issues and controversies surrounding childhood vaccine programs."
—Harold E. Buttram, MD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Guide to the Vaccination Decision
What About Immunizations?
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• 3 things all vaccines have in common
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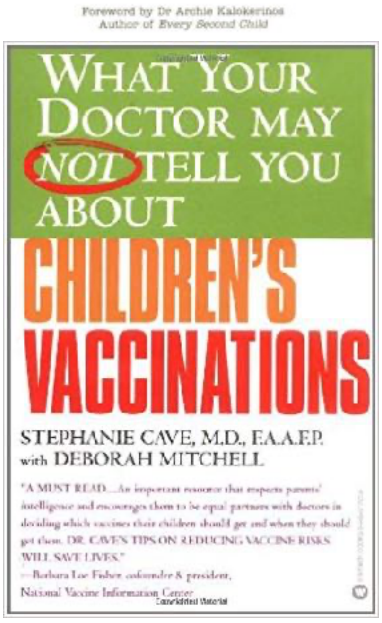
Foreword by Dr Archie Kalokerinos
Author of Every Second Child
WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT
CHILDREN'S VACCINATIONS
STEPHANIE CAVE, M.D., F.A.A.F.P.
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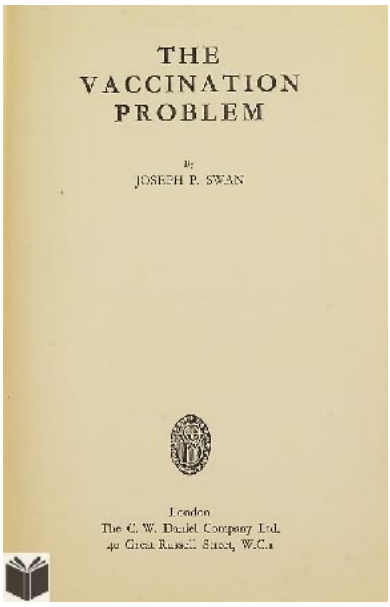
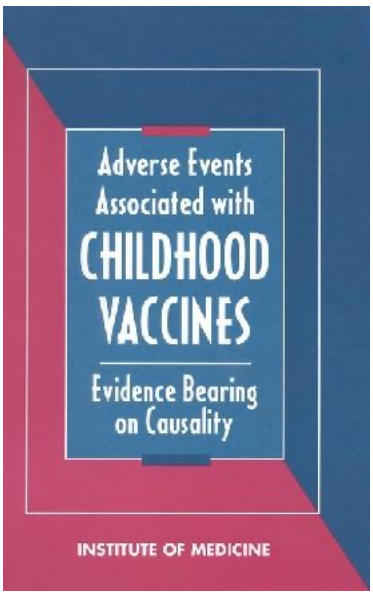
"A MUST READ....An important resource that respects parents' intelligence and encourages them to be equal partners with doctors in deciding which vaccines their children should get and when they should get them. DR. CAVE'S TIPS ON REDUCING VACCINE RISKS WILL SAVE LIVES."
—Barbara Loe Fisher, cofounder & president,
National Vaccine Information Center


THE VACCINATION PROBLEM
By
JOSEPH P. SWAN
London
The C. W. Daniel Company Ltd.
40 Great Russell Street, W.C.1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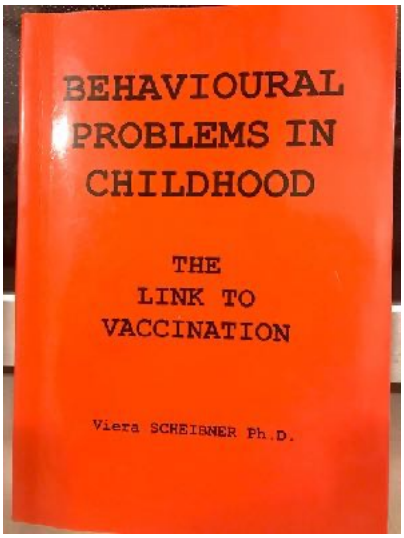
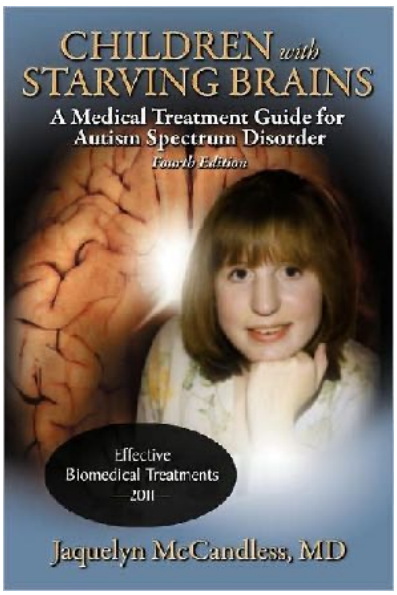
CHILDHOOD VACCINES
Evidence Bearing on Causality
INSTITUTE OF MEDICINE


BEHAVIOURAL PROBLEMS IN CHILDHOOD
THE LINK TO VACCINATION
Viera SCHEIBNER Ph.D.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A Medical Treatment Guide for Autism Spectrum Disorder
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Effective Biomedical Treatments
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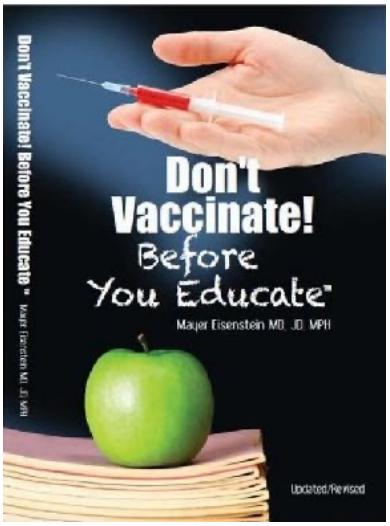
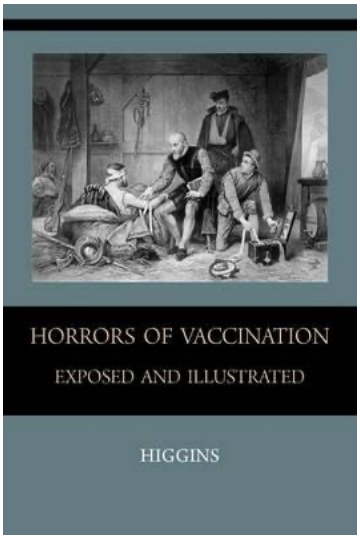
Jaquelyn McCandless, MD


Don't Vaccinate! Before You Educate
Major Eisenstein MD JD MPH
Updated/Revised


HORRORS OF VACCINATION
EXPOSED AND ILLUSTRATED
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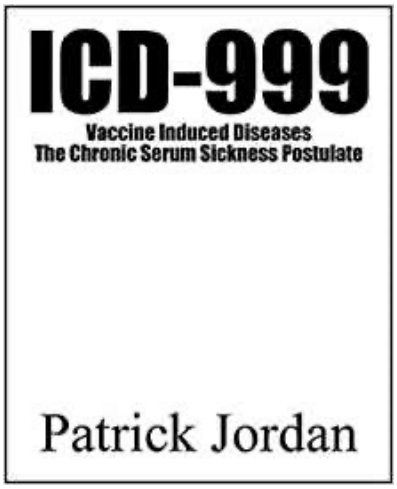
ICD-999
Vaccine Induced Diseases
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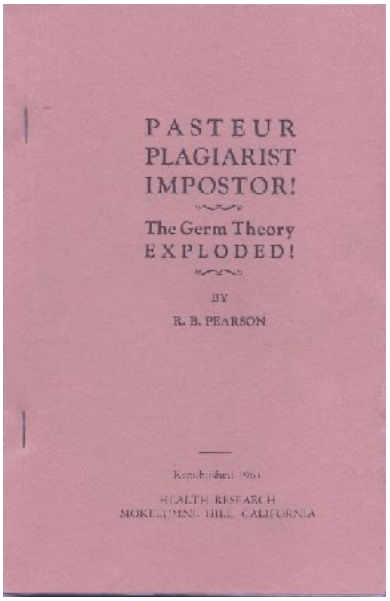
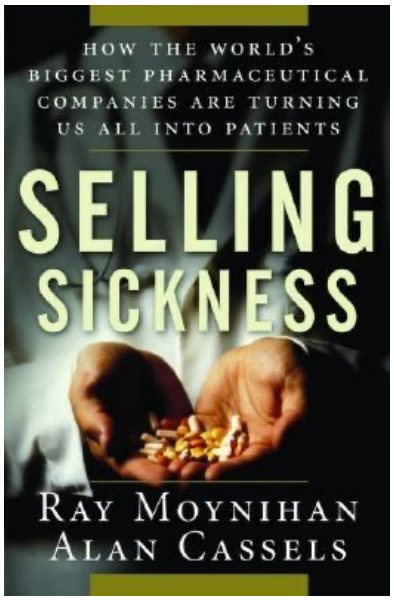
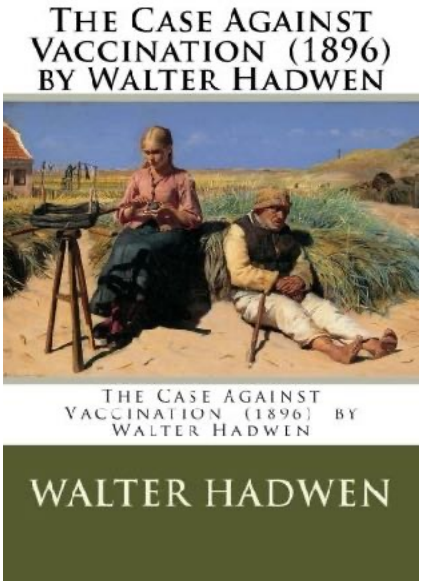

PASTEUR
PLAGIARIST
IMPOSTOR!
The Germ Theory
EXPLODED!
BY
R. B. PEARSON
HEALTH RESEARCH


HOW THE WORLD'S BIGGEST PHARMACEUTICAL COMPANIES ARE TURNING US ALL INTO PATIENTS
SELLING SICKNESS
RAY MOYNIHAN
ALAN CASSELS


THE CASE AGAINST VACCINATION (1896) BY WALTER HADWEN
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