YOUR COMPLETE GUIDE TO VACCINE SAFETY
Making the Most Informed Decisions for Your Family
More than 75% of parents have concerns about vaccines. This guide will help answer your questions and empower you make the most informed decision for your family.
Educate Before You Vaccinate

*Generation Rescue is a community of parents and families who have vaccinated their children and now believe in informed consent.*

When determining how or when to vaccinate a child, we encourage you to take into account your family’s medical history, the environments with which you and your children live, your children’s risks, and what you need to protect against.

Here is the current CDC 1983 recommended immunization schedule compared to today’s vaccine schedule:

1983 Recommended Immunization Schedule: 2 Months to 16 Years

<table>
<thead>
<tr>
<th>Recommended age</th>
<th>Vaccine(s)</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>2 mo.</td>
<td>DTP-1, OPV-1</td>
<td>Can be given earlier in areas of high endemicity</td>
</tr>
<tr>
<td>4 mo.</td>
<td>DTP-2, OPV-2</td>
<td>6-wks-2-mo. interval desired between OPV doses to avoid interference</td>
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<tr>
<td>6 mo.</td>
<td>DTP-3</td>
<td>An additional dose of OPV at this time is optional for use in areas with a high risk of polio exposure</td>
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<tr>
<td>15 mo.**</td>
<td>MMR†</td>
<td>Completion of primary series</td>
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<tr>
<td>18 mo.**</td>
<td>DTP-4, OPV-3</td>
<td></td>
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<tr>
<td>4-6 yr.§§</td>
<td>DTP-5, OPV-4</td>
<td>Preferably at or before school entry</td>
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<tr>
<td>14-16 yr.††</td>
<td>Td§§</td>
<td>Repeat every 10 years throughout life</td>
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*These recommended ages should not be construed as absolute, i.e. 2 mos. can be 6-10 weeks, etc.††For all products used, consult manufacturer’s package enclosure for instructions for storage, handling, and administration. Immunobiologics prepared by different manufacturers may vary, and those of the same manufacturer may change from time to time. The package insert should be followed for a specific product.§DTP—Diphtheria and tetanus toxoids and pertussis vaccine. §§OPV—Oral, attenuated poliovirus vaccine contains poliovirus types 1, 2, and 3. **Simultaneous administration of MMR, DTP, and OPV is appropriate for patients whose compliance with medical care recommendations cannot be assured. ††MMR—Live measles, mumps, and rubella viruses in a combined vaccine (see text for discussion of single vaccines versus combination).§§Up to the seventh birthday.††Td—Adult tetanus toxoid and diphtheria toxoid in combination, which contains the same dose of tetanus toxoid as DTP or DT and a reduced dose of diphtheria toxoid.
### 2017 Recommended Immunizations for Children and Adolescents Aged 18 Years or Younger

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>0 mos</th>
<th>1 mos</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
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<tr>
<td>Hepatitis A (HepA)</td>
<td>1 dose</td>
<td></td>
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<td>Rotavirus (RV) (2-dose series), RV (3-dose series)</td>
<td>1 dose</td>
<td>2 dose</td>
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<tr>
<td>Diptheria, tetanus, &amp; anaerobic pertussis (DTaP)</td>
<td>1 dose</td>
<td>2 dose</td>
<td>3 dose</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1 dose</td>
<td>2 dose</td>
<td></td>
<td></td>
<td>See footnote 8</td>
<td>See footnote 8</td>
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<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1 dose</td>
<td>2 dose</td>
<td>3 dose</td>
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<tr>
<td>Inactivated polioviral (IPV) (&lt;18 yrs)</td>
<td>1 dose</td>
<td>2 dose</td>
<td></td>
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<td></td>
<td>3 dose</td>
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<td>Influenza (IV)</td>
<td>Annual vaccination (9m) or 2 doses</td>
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<td>Measles, mumps, rubella (MMR)</td>
<td>See footnote 6</td>
<td>1 dose</td>
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<td>Varicella (VZV)</td>
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<td>1 dose</td>
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<td>Hepatitis A (HepA)</td>
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<td>1 dose</td>
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<td>Meningococcal C (MenCY) (4-6 week), MenACWY (2 doses)</td>
<td>See footnote 11</td>
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<td>Tetanus, diphtheria, &amp; anaerobic pertussis (Tdap)</td>
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<td>2 dose</td>
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<td>Human papillomavirus (HPV)</td>
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<td>Meningococcal B1 (MenB)</td>
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<td>Pneumococcal polysaccharide (PPS23)</td>
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**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

**Source:** Center for Disease Control

With a stark rise in recommended immunizations and a rise in developmental conditions, it is understandable that parents have concerns. Many parents have reported developmental decline following certain vaccinations (most commonly the MMR vaccine). Though most of the studies on vaccines have not found a direct correlation between the MMR and conditions, such as autism, there is still a strong lack of research in this area, which has raised eyebrows amongst many parent in the autism community.
Ingredients Causing Concern

Vaccines are created with a long list of ingredients. These ingredients can often have potent side effects, both alone and in combination. Be sure to familiarize yourself with these ingredients to help you make an informed decision. Have an open dialogue with your doctor about your concerns and find the right protocol for your family. Get a full list of vaccine ingredients at CDC.gov.

Below are two of the most common ingredients parents have concerns over.

**Mercury**

**Why it is used:**

Mercury has been used in vaccines since the first Diphtheria Toxoid vaccine came on the market in the early 1930’s. By including it in a vial of vaccine, a doctor can dip a new syringe into the same vial repeatedly without contamination. Using it allows vaccines to be packaged in multi-dose vials, thereby saving costs and storage space.¹

The form of mercury created for vaccines was originally called “Merthiolate” and later changed to “Thimerosal” by its patent owner, Eli Lilly. Although it has been largely reduced in use since the mid 2000’s, it is still used in some vaccines today, primarily several brands of flu shots.²

**Why Parents are Concerned:**

Controversy over the use of mercury in vaccines began in the late 1990’s when a number of parents who had children with autism discovered that it was being used in vaccines even though it had never been properly tested for safety.³ The

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Food and Drug Administration (FDA) did not exist at the time it was brought to market; it was simply grandfathered into use.

These concerned parents then discovered that the increase in the number of mercury containing vaccines children were receiving in the 1990’s correlated precisely with the increase in rates of autism. Worse, internal studies being done by the CDC initially confirmed their findings. They too had appeared to discover an alarming link between the amount of mercury a child received in his or her vaccines and a number of neurological disorders.4

The CDC study was finally published in 2003; however, when it was, they reported a “neutral” relationship between the two.5 In the years since, additional studies have claimed to prove there never was a correlation in the first place.

Regardless of Thimerosal’s role or lack thereof in autism, mercury is a potent neurotoxin. Although the human body has some mechanisms in place to safely process an exposure, not everyone is equally protected from its harm.6 A significant number of people are more vulnerable to mercury than others, and unfortunately, we usually don’t know who they are until it’s too late.

Likewise, mercury is cumulative and synergistic. It can remain in and build up in the body for years before causing any harm. It is also synergistic with testosterone, antibiotics, and aluminum, meaning the combination of mercury with any one of those significantly enhances its toxicity.7

Additionally, mercury can be passed from a mother to her child. Years ago, the CDC identified as many as 1 in 6 women of child bearing age as mercury toxic

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4 www.putchildrenfirst.com


7 “Material Safety Data Sheet for Thimerosal.” https://fscimage.fishersci.com/msds/96252.htm; Apr. 2017
enough before conception to cause neurological harm to her baby, *absent any additional exposures*.\(^8\)

Finally, mercury is ubiquitous in our environment. It is released from coal-burning plants and deposits in our oceans, lakes, and on our land. The reason pregnant women have been cautioned not to eat large fish, for example, is because those fish are eating the smaller fish who are consuming the mercury deposited in those bodies of water. Mercury is also released back into the air from forest fires, pollution, and cement mixing.

For these reasons and many more, vaccine safety advocates have fought hard to ban Thimerosal’s use in vaccines. Unfortunately, they have yet to be entirely successful. We highly recommend not receiving any mercury containing vaccine. Alternative, preservative free choices are available, but you often need to ask for them.

**Aluminum**

*Why it is used:*

A form of aluminum salts is used in some vaccines as an adjuvant.\(^9\) An adjuvant is a substance intentionally put into a vaccine for the purpose of provoking an immune system response.

*Why parents are concerned:*

Like mercury, aluminum is also toxic. Although less toxic than mercury, it too has cumulative and synergistic properties that can lead to neurological harm. Many parents and vaccine safety advocates are worried about the role of aluminum in

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neurological disorders for this reason.\textsuperscript{10} Aluminum can and does deposit in the brain, and it might play a crucial role in why the brains of people with autism are in a chronic state of immune system activation.\textsuperscript{11}

\textbf{Your Legal Recourse}

In the mid 1980’s, the pharmaceutical industry successfully lobbied for federal liability protection from being held responsible for any harm caused by specific childhood vaccines, particularly those recommended or required for participation in public school.\textsuperscript{12}

To this day, if your child is harmed or killed by one of these vaccines, you have to petition the United States government for compensation in a federal claims court nicknamed, “Vaccine Court”. You cannot sue the pharmaceutical industry, your doctor or whoever provided you with the vaccine, or the health care facility where you received it. A tax on each vaccine funds the compensation program.

In “Vaccine Court”, a panel of government appointed Special Masters reviews your case and determines to what extent you were injured using government and pharmaceutical funded evidence to make that determination. If they find in your favor, they also determine how much money you will receive as compensation.

\textbf{Why Consumers are Concerned:}

The intention of the claims court was to ensure vaccine supply. Pharmaceutical companies threatened to stop producing vaccines without liability protection, arguing they were providing a service to the public and therefore shouldn’t bear the burden of liability alone.


The result of the legislation they received; however, did far more than shield them from some liability. It exonerated recommended vaccines from all liability, and likewise, incentivized pharmaceutical companies to ramp up vaccine production. In just three decades since, vaccine production has become a multi-billion dollar business.\textsuperscript{13}

A number of consumers and vaccine safety advocates have been critical of the ever-increasing number of recommended vaccines, wondering if perhaps a child’s best interest is not actually the motivation for their addition to the schedule.

Coupled with the fact that the recommended schedule has never been tested for safety in the real world setting in which it is administered (vaccines are tested and licensed individually even though they are commonly dosed with several other vaccines at the same time), there is reasonable cause for concern.

It is important to be aware of your rights when choosing to receive a vaccine. In the event you believe your child has experienced an adverse reaction, report it to your doctor and VAERS (Vaccine Adverse Events Reporting System) immediately. There is a statute of limitations on how long you have to file a claim for injury. For more information, we recommend consulting nvic.org.

Questions to Ask Your Doctor

Like Generation Rescue, the National Vaccine Information Center (NVIC) encourages consumers to become fully informed. The NVIC has created Ask 8, a series of questions everyone should ask when considering vaccination.

NVIC’s co-founders worked with the United States Congress to pass the National Childhood Vaccine Injury Act of 1986, which has awarded over $3 billion compensating over 2,500 children and adults for vaccine related injuries and deaths.

Ask 8 is designed to assist consumers in becoming familiar with the law, evaluating vaccination risks, recognizing adverse vaccine reaction symptoms and avoiding vaccine injury.

WHAT YOU NEED TO KNOW BEFORE & AFTER VACCINATION

From the National Vaccine Information Center (NVIC)

Under the National Childhood Vaccine Injury Act of 1986, nearly $3 billion has been awarded to children and adults for whom the risks of vaccine injury were 100%. Vaccines are pharmaceutical products that carry risks, which can be greater for some than others. NVIC encourages you to become fully informed about the risks and complications of diseases and vaccines and speak with one or more trusted health care professionals before making a vaccination decision.

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?

Source: National Vaccine Information Center
If you answered yes to questions 1, 2, and 3, or no to questions 4, 5, 6, 7 and 8 and do not understand the significance of your answer, you may want to explore information on NVIC's website to better understand the importance of your answer. These questions are designed to educate consumers about the importance of making fully informed vaccine decisions. List [NVIC.org](http://NVIC.org) to learn more about the role of informed consent in vaccination.
Understanding an Adverse Reaction

Common vaccination side effects that might express themselves immediately after vaccination or several months later include fever, skin rashes, convulsions and behavior changes. Please take note if your child expresses one or more of these side effects to consult a trusted pediatrician about the next steps for your child. All adverse vaccine reactions should immediately be reported to the Vaccine Adverse Event Reporting System (VAERS).

Common Vaccine Reaction Symptoms

- Pronounced swelling, redness, heat or hardness at the site of the injection;
- Body rash or hives;
- Shock/collapse;
- High pitched screaming or persistent crying for hours;
- Extreme sleepiness or long periods of unresponsiveness;
- Twitching or jerking of the body, arm, leg or head;
- Crossing of eyes;
- Weakness or paralysis of any part of the body;
- Loss of eye contact or awareness or social withdrawal;
- Head banging or onset of repetitive movements (flapping, rubbing, rocking, spinning);
- Loss of ability to roll over, sit up or stand up;
- High fever (over 103 F);
- Vision or hearing loss;
- Restlessness, hyperactivity or inability to concentrate;
- Sleep disturbances that change wake/sleep pattern;
- Joint pain or muscle weakness;
- Disabling fatigue;
- Loss of memory;
- Onset of chronic ear or respiratory infections;
- Violent or persistent diarrhea or chronic constipation;
- Breathing problems (asthma);
- Excessive bleeding (thrombocytopenia) or anemia.

Source: National Vaccine Information Center
For a complete list of possible side effects by vaccine/manufacture, visit the CDC’s Possible Side-effects from Vaccines webpage.

You Have Options

**Expert Advice:**

If vaccines were without risk, it would be a no brainer to receive these vaccinations. Unfortunately, that is not the case. With one in six school-aged children having a diagnosable “mental illness,” and [one in forty-eight] males currently being diagnosed with autism, we have to consider the very real possibility that vaccines have had a role in this… With that said, we try to balance the risk of the vaccine on one side with the disease we are trying to protect the child from. Consider, for example, the chance of contracting tetanus. Directly quoted from the CDC with regard to tetanus: ‘the average annual incidence was 0.16 cases/million population.’ In other words, if there is a reasonable concern that the current vaccine schedule is contributing to the burgeoning numbers of ill children, parents may choose to consider alternatives to the current vaccine schedule. That is, some may choose to delay the vaccines, pick up and choose which ones they want (i.e., zero concern for hep B vaccine and great concern for tetanus), and, of course, they may choose no vaccines.

— Jerry Kartzinel, M.D., Healing and Preventing Autism

It is important to be aware of the common reactions and weigh them with the risk of the disease the vaccine claims to protect against. Some parents prefer to opt out or delay certain vaccines or break them up over a period of time, instead of receiving them all in one visit. Express your concerns with your physician and explore your options. As with any pharmaceutical, vaccines should be treated with concern and discussed openly with your doctor. Any adverse reactions following a vaccine should be reported immediately.

If you are considering vaccinating, but still have concerns, you are not alone. According to the CDC, over 75% of parents have concerns about side effects. If you have weighed your options and made the decision to move forward with vaccination, our friends at BIORAY® have created a Vaccine Support Guide to
help support your organs and immune system with helpful steps that you can take during the vaccination period.

**Alternate Vaccination Physicians**

The world-recognized Sears Pediatric Group presents a list of health care professionals who provide vaccine advice and alternative schedules.

To view the list compiled by Dr. Bob Sears, and to find a health care professional to partner with in your area, please visit: AskDrSears.com or visit our directory integrative healthcare practitioners at generationrescue.org/resources

**Exemption Laws By State**

**Educate Before You Vaccinate**

Vaccination requirements are most relevant to children and their families when it comes to daycare, public education and private education. Each state has established its own vaccination requirements and allowances.

The following map is provided courtesy of the National Vaccine Information Center (NVIC) and details each state’s exemptions—the reasons allowed for forgoing the state’s typical vaccination requirements. Please click on the state of interest to learn more about that state’s exemption laws.
Exemptions fall into three categories: Medical, Philosophical and Religious. NVIC maintains detailed information on exemptions, and also addresses other related exemption questions in the Frequently Asked Questions section of their website.

For more information on exemption legislation underway in your state, please visit NVIC’s Alert Center.

Disclaimer: None of the information presented here should be considered medical advice or a "cure" for autism. The information presented represents strategies for dealing with autism that have been reported as successful by professionals and/or families with autism. While we believe this information to be accurate we are not in a position to independently verify it and cannot guarantee that it will work in any particular case. No treatment for autism should be attempted without prior consultation with a physician familiar with autism spectrum disorders.
Know that you do have options and your concerns matter. Ultimately, your family’s health is in your hands. Educate yourself fully to make the best possible decision for your family.