



Teenage Immunization Journal



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RESEARCH INSTITUTE

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2017 TEEN & YOUNG ADULT CDC VACCINE SCHEDULE

The CDC recommendations for teenage inoculation have changed as more vaccinations have entered the market. Before 1996, the only vaccine recommended for adolescents was a tetanus booster. Now, the CDC recommends the following:

✦ **MenACWY vaccine (Meningococcal conjugate):**

MenACWY is a 2-dose series. The first dose is recommended between 11-12 years, and the second dose is recommended for 16 years.

✦ **MenB (Meningitis B):**

MenB is a 2-3 dose series recommended at 16 years.

✦ **Tdap vaccine (tetanus, diphtheria, and pertussis, or whooping cough):**

The Tdap (booster to DTaP) is recommended between 11-12 years.

✦ **HPV vaccination (human papillomavirus):**

The CDC recommends beginning a series of 2 doses of HPV between 11-12 years, with the second shot 6-12 months after the first. However, if the person receiving the HPV vaccination is 15 years or older, the recommended immunization schedule is 3 doses of HPV--the second shot 1-2 months after the first, and the third 6 months after the first shot.

✦ **Seasonal flu vaccine:**

After age 18, there aren't any recommended vaccines, other than a yearly flu shot. Seasonal flu shots in multi-dose vials contain .25 mg of Thimerosal, a mercury-based preservative, per dose. Mercury has been banned as a safety precaution from other vaccines.



Despite laws that require minors to have parental permission to be given any prescription or over-the-counter drugs, your child may be pressured to receive a vaccine without your knowledge at school, at a pharmacy or doctor's office, in an emergency room, etc. Talk to your child about potential adverse reactions and about his/her right to refuse vaccination.

Before You Vax, Know the Facts

Is it OK for my child to be vaccinated if he/she is sick?

Vaccines administered during illness are associated with more severe adverse reactions.

Is it OK for my child to be vaccinated if he/she or I have had a bad reaction to a vaccination in the past?

A history of prior adverse reactions is an indication of a low tolerance for one or more of the substances in the vaccine, e.g., aluminum, formaldehyde, bovine serum, etc. Review the vaccine's package insert for ingredients and discuss this history with your physician before deciding to vaccinate your child.

Is it OK for my child to be vaccinated if he/she -- or any other member of my family -- has neurological disorders, severe allergies or immune system problems?

Genetic predispositions or a family history of immune disorders or autoimmune disease are believed to increase risks for vaccine adverse reactions.

How do I know the potential immediate and long-term side effects of each vaccine?

Ask your doctor for the vaccine package insert - which is more comprehensive than a one-page handout - and which contains a partial list of vaccine risks. Or you can search specific vaccines and adverse reactions on the [Med Alerts website](#).

How can I identify a vaccine reaction and to whom should I report it?

Review the side effects listed on the vaccine package insert and in My Child's Vaccination Record in this Journal PRIOR to deciding to vaccinate your child. If any of these or other mental, physical or behavioral symptoms present themselves within the first two weeks following the vaccination, contact your doctor immediately. If you feel that your concerns are dismissed, contact the [National Vaccine Information Center \(NVIC\)](#) to file a report and to get more information. Serious health problems following vaccinations should be documented in medical records and promptly reported to the federal [Vaccine Adverse Events Reporting System \(VAERS\)](#). They should also be reported to the [NVIC's Vaccine Reaction Registry](#), which has operated since 1982 and serves as a watchdog on reports submitted to VAERS.

Why do I need to keep a written record, including the vaccine brand name and the lot number?

If a vaccine injury claim is necessary, it is vital that accurate and complete information is accessible. Current online apps do NOT provide adequate tracking and information; plus online records may be lost or compromised. Check VAERS for information about "hot lots" – vaccine lots that have received many vaccine injury reports.

Are vaccine manufacturers and doctors liable for vaccine injuries should they occur?

No. In 1986, a [federal law](#) was passed that granted 100% legal immunity to vaccine makers and physicians. However, a federal "[Vaccine Court](#)" exists, and while the majority of claims by the parents of vaccine-injured children are denied, the court has paid out over \$3 billion in claims to over 4,000 children and adults since it was established.

What's in Your Child's Vaccine?

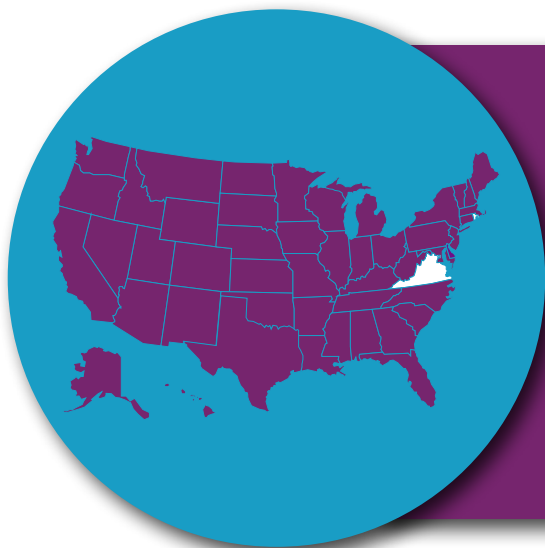
Variations of the following ingredients are often found in vaccines today:

- formaldehyde
- aborted human fetal tissue
- animal tissues (e.g., pig & horse blood, rabbit brain, dog & monkey kidneys)
- aluminum*
- ammonium sulfate
- chick embryo, chicken & duck egg
- calf (bovine) serum
- hydrocortisone
- mercury thimerosal
- MSG
- phenoxyethanol (antifreeze)
- potassium chloride
- polysorbate 20
- polysorbate 80
- porcine (pig) pancreatic hydrolysate of casein
- sodium chloride
- sorbitol
- antibiotics
- soy peptone

*Most vaccines contain aluminum adjuvants which are known to be neurotoxic. Studies in animals have demonstrated impaired cognitive, motor, and social function after exposure to vaccine-relevant quantities of aluminum adjuvants.

Note about the Meningococcal Conjugate Vaccine: There are several different brands and each of them have different ingredients that may include formaldehyde, sucrose, kanamycin (a kind of antibiotic), thimerosal/mercury and lactose.

Requirements for teenage inoculation vary from state to state. If your teenager is off to college in the fall, his/her school might have additional requirements.

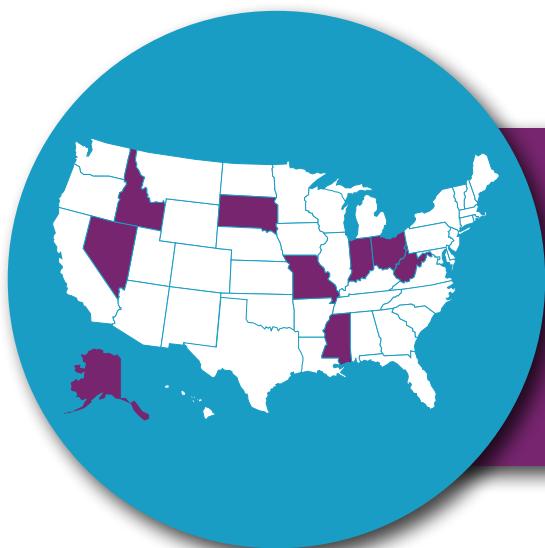
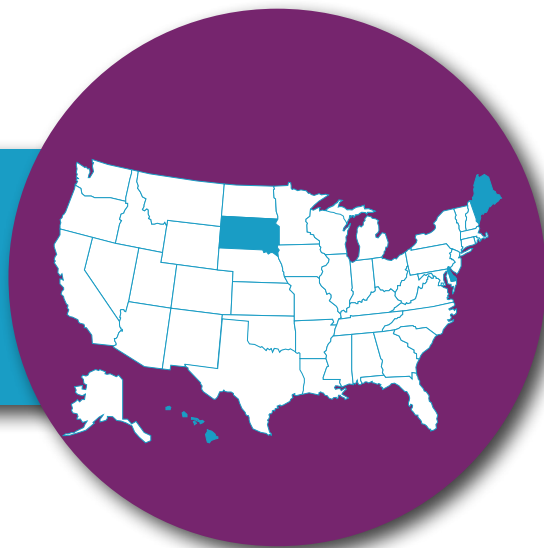


Only DC, Virginia and Rhode Island require HPV vaccines.

DC and Virginia both require all female students to receive the HPV vaccine beginning in 6th grade, although opt-out provisions are available.

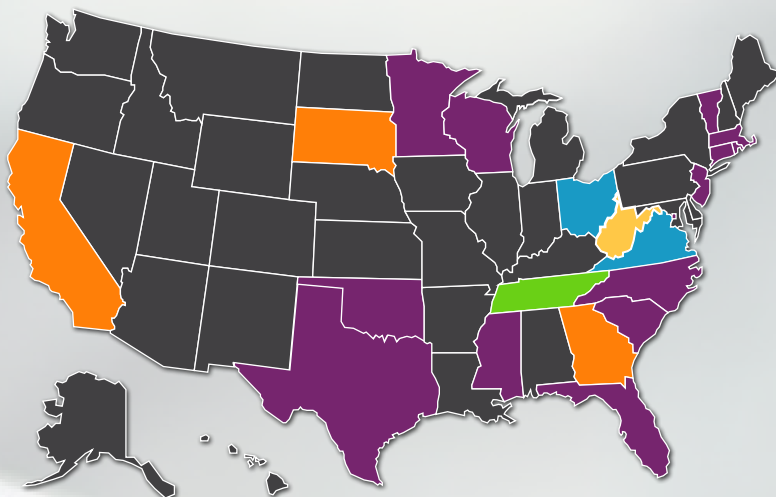
Rhode Island requires both male and female students to receive the HPV vaccine beginning in 7th grade.

ALL states EXCEPT for Delaware, Hawaii, Maine and South Dakota require students in middle/high school to have a current Tdap booster.



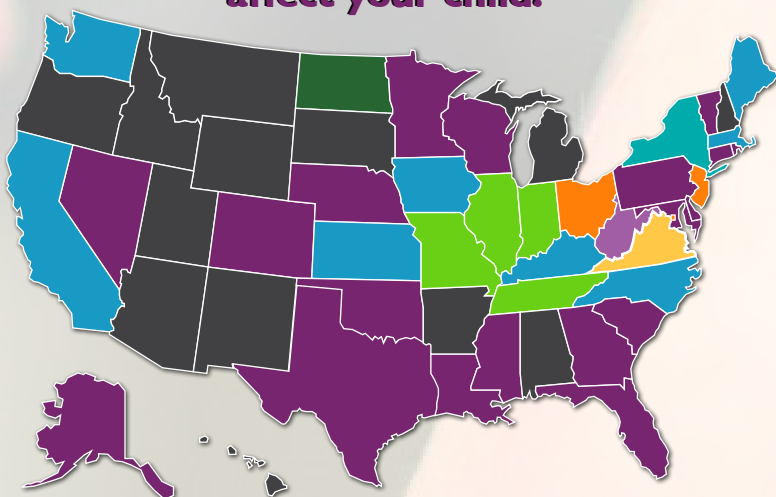
ALL states EXCEPT for Alaska, Idaho, Indiana, Mississippi, Missouri, Nevada, Ohio, South Dakota and West Virginia require students in middle/high school to have received the varicella (chicken pox) vaccine.

The vaccine series for hepatitis B is normally given and completed by 18 months. However, if your child has never received or completed the hepatitis B vaccine series, you should be aware of the requirements of different states that require it for college students.



- Required by all public and private institutions:**
Connecticut, DC, Florida, Massachusetts, Minnesota, Mississippi, New Jersey, North Carolina, Oklahoma, Rhode Island, South Carolina, Texas, Vermont, Wisconsin
- Required by all public institutions:**
Ohio, Virginia
- Required for all institutions larger than 200 students:**
Tennessee
- Required by the state university system:**
California, Georgia, South Dakota
- Required on an institution-by-institution basis:**
West Virginia
- No mandated requirements:**
Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Washington, Utah, Wyoming

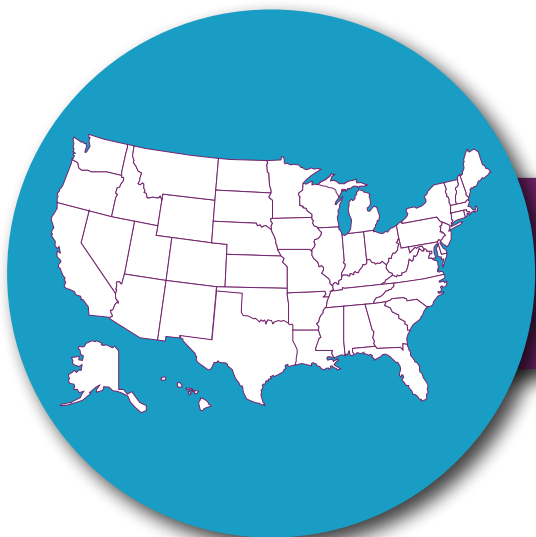
Many states have some sort of meningococcal vaccine requirement for college students, but the rules vary from state to state. Use this map to help you know the regulations that might affect your child.



- Required by all higher education institutions:**
Alaska, Colorado, Connecticut, Delaware, DC, Florida, Georgia, Louisiana, Maryland, Minnesota, Mississippi, Nebraska, Nevada, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Wisconsin
- Required by all higher education institutions with on-campus housing:** California, Iowa, Kansas, Kentucky, Maine, Massachusetts, North Carolina, Washington
- Required by all public higher education institutions:**
Illinois, Indiana, Missouri, Tennessee
- Required by all 4-year institutions:**
New Jersey, Ohio
- Required by all 4-year public institutions:**
Virginia
- Required by all students with at least 6 semester hours or 4 quarter hours:**
New York
- Required by the state university system:**
North Dakota
- Required on an institution-by-institution basis:**
West Virginia
- No mandated requirements:**
Alabama, Arkansas, Arizona, Hawaii, Idaho, Michigan, Montana, New Hampshire, New Mexico, Oregon, South Dakota, Utah, Wyoming

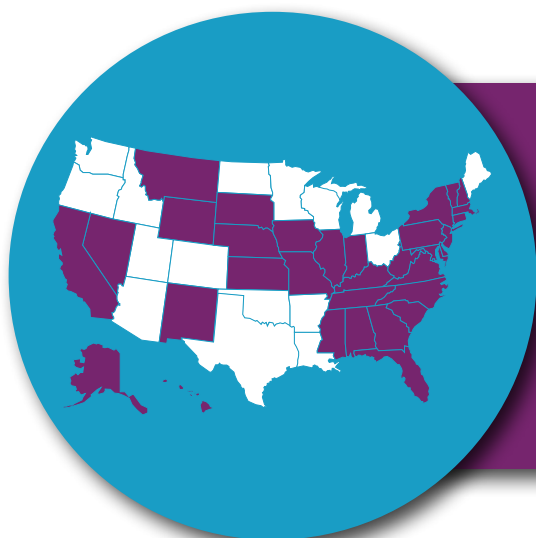
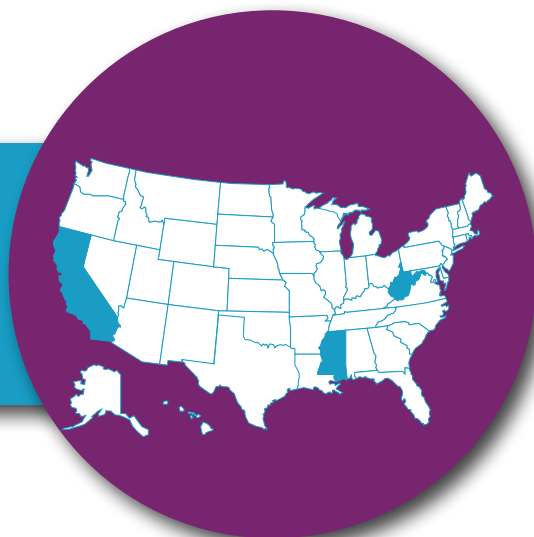
State by State Requirements

Exemptions Permitted for State Immunization Requirements



All States have exemptions for medical reasons.

Most states have exemptions for religious reasons (California, Mississippi and West Virginia do not.)



The following states have exemptions for personal reasons: Arkansas, Arizona, Colorado, Idaho, Louisiana, Maine, Michigan, Minnesota, North Dakota, Ohio, Oklahoma, Oregon, Texas, Utah, Washington and Wisconsin.

Meningococcal Conjugate Vaccine FAQ's

What is that?

Meningococcal disease is caused by bacteria, and it can lead to meningitis (infection of the lining of the brain and spinal cord) and/or infections of the blood.

How is it Spread?

From person to person through close or lengthy contact. Adolescents, especially those living on college campuses, are at higher risk for meningococcal disease than adults or younger children.

Is it Dangerous?

In 2015, there were 375 cases of meningococcal disease reported nationwide. The disease has a 10-15% mortality rate and a 10-20% chance of developing hearing loss, brain damage, kidney damage, nervous system problems, or severe scars from skin grafts.

What is the difference between viral and bacterial meningitis?

Viral meningitis is more common and less severe than bacterial meningitis. Most people with **viral meningitis** recover in 7 to 10 days without specific treatment. The most common forms of **viral meningitis** are not preventable with a vaccine. **Bacterial meningitis** can be fatal if not treated quickly with antibiotics.

Why are there two different vaccines?

There are 12 types of this bacteria: the most notable and dangerous being types A, B, C, W, and Y. The meningococcal ACWY vaccine prevents diseases caused by types A, C, W, and Y. The "MenB" vaccine covers type B.

Are there any side effects or risks associated with these vaccines?

Your child should NOT receive these vaccines if he/she has any severe allergies to the ingredients in either vaccine. In clinical trials, some respondents answered "yes" to the following side effects after receiving an injection of the MenB vaccine: fatigue, headache, muscle/joint pain, fevers/chills, nausea, and diarrhea. Patients are not queried about other, more severe or later occurring reactions.

[More Meningococcal Vaccine Stats](#)

It is NOT recommended that children with the following symptoms/conditions/histories receive vaccines:

- ⚠️ A current moderate or serious illness—with or without fever
- ⚠️ A chronic health condition
- ⚠️ A weakened immune system, severe allergies or neurological disorders
- ⚠️ A family history of neurological disorders, severe allergies or immune system problems
- ⚠️ A previous severe allergic reaction to a dose of a vaccine or an ingredient in a vaccine (see list of potentially toxic ingredients)
- ⚠️ A family history of severe allergic reactions to vaccines

Important Facts About HPV

Human papillomavirus (HPV) is a group of more than 150 related viruses. HPV is named for the warts (papillomas) that some HPV types can cause. Some other HPV types can lead to cancer.

HPV is Very Common and Often Asymptomatic:

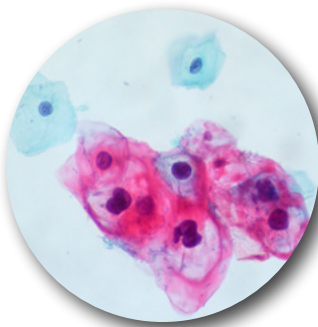
Most HPV infections cause no symptoms and most sexually active men and women will become infected at some point in their lives. 75% of HPV infections have been associated with non-cancerous warts on the hands, chest, arms, and feet—not in the cervix. 90% of HPV infections naturally clear from the body within two years. There are over 100 HPV types; only 15 HPV types are associated with cervical cancer, and recent studies have suggested that HPV may not be the sole cause of cervical cancer.



Pap Smears Work:

Between 1955 and 1992, cervical cancer deaths in American women dropped by 74% due to routine pap smears. Most cervical pre-cancers develop gradually, so nearly all cervical cancers can be prevented with regular pap smear screening and prompt treatment. If diagnosed and treated swiftly, survival for women with these pre-invasive cervical cancer lesions is almost 100%.

Cervical Cancer is Relatively Rare:



There are approximately between 9,000 and 12,000 new cases of cervical cancer annually diagnosed in the U.S., which represents less than 3% of total annual cancer diagnoses. HPV-related cervical cancer causes between 3,500-4,000 deaths in mostly older American women annually, which is also less than 1% of the approximately 550,000-570,000 cancer deaths that occur in the U.S. on a yearly basis. The women who do develop cervical cancer and die tend to be women chronically infected with HPV for many years and who don't get pre-cancerous cervical lesions promptly identified and treated from a yearly pap smear.

A growing number of severe and fatal reactions to the HPV vaccines, Gardasil and Cervarix, have been reported worldwide. For information on adverse reactions in the US, visit the US Department of Health and Human Services' Vaccine Adverse Event Reporting System ([VAERS](#)). For global incidence rates and the personal stories of HPV vaccine victims, visit [Sanevax](#).

Global Reports and Government Reactions to Gardasil

According to the UK's Medicines and Healthcare Products Regulatory Agency (MHRA), as of January of 2017, there had been almost 9,000 reported cases of possible side effects from the Gardasil vaccine.

As of May 2016, 350 girls in Ireland had been diagnosed with chronic life-altering health issues following HPV vaccinations.

In Denmark, five regional reporting centers were established by the Danish public healthcare system following reports of 2,100 Danish girls injured by Gardasil. Awareness of the injuries, insufficient testing and conflicts of interest surrounding Gardasil have resulted in a 50% decrease in HPV vaccination rates.

The Japanese government withdrew its recommendations for the HPV vaccine in 2013 after 2,000 Japanese girls reported serious side effects. While Gardasil is still on the market in Japan, HPV vaccine rates have plummeted from 70% to only 1%.

In 2015, India's Supreme Court demanded answers after reports surfaced of children, who had been enrolled in an HPV vaccine trial without the informed consent of their parents, had died or suffered adverse reactions. The Indian government suspended the trials and a parliamentary committee investigation concluded that the trials amounted to a serious breach of trust and medical ethics.



Gardasil Safety Trial Controversies

Merck's Gardasil vaccine was studied for less than two years prior to approval – although the cancer it is intended to prevent does not present for 20-30 years.

The drug was tested on only women aged 16-23 before it became the first licensed HPV vaccine in the United States, but today it is recommended for boys and girls as young as 10 years old. Gardasil was not tested on children with health problems or in combination with all other vaccines routinely given to American adolescents, such as Tdap and meningococcal vaccines. The trials also did not use a true placebo as a comparison point but instead used a bioactive aluminum-containing placebo (which many believe is as toxic as the vaccine, itself.)



Aluminum - The Unapproved Toxin in Vaccines

Aluminum, in any amount, is a known toxin that has been proven to cross the blood-brain barrier and to be linked to autoimmune diseases in prone individuals. Currently, there is no testing to determine **which** children may be prone to acquiring Autoimmune Syndrome Induced by Adjuvant (ASIA) or at what levels or frequency of exposure to aluminum in vaccines this may occur. While there are currently no clinically approved

aluminum adjuvants, several of the vaccines included on the adolescent vaccine checklist include aluminum. The new Gardasil 9 vaccine, for instance, has 500 mcg of aluminum in each of the two doses. The vaccines for hepatitis and meningococcal Group B also contain aluminum adjuvants, as does the Tdap booster shot. While these ingredients are listed on the FDA website, information distributed to patients often does not include this.

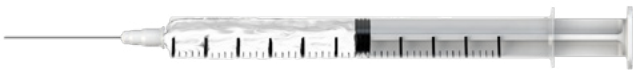
New formula of the HPV vaccine, Gardasil 9, has more than DOUBLE THE AMOUNT OF ALUMINUM ADJUVANT in each dose than the previous formula

Old Formula (Gardasil)



- ▲ 225mcg Aluminum adjuvant/dose
- ▲ 2-3 recommended doses
- ▲ Total Aluminum exposure = 650 - 825mcg

New Formula (Gardasil 9)



- ▲ 500mcg Aluminum adjuvant/dose
- ▲ 2-3 recommended doses
- ▲ Total Aluminum exposure = 1000 - 1500mcg

Vaccine Type	Vaccine Brand	Amount of Adjuvant	Total Amount of Aluminum Content
HPV	Gardasil 9	500 mcg amorphous aluminum hydroxyphosphate	500 mcg
	Cervarix	500 mcg aluminum hydroxide	500 mcg
Tdap	Adacel	1500 mcg aluminum phosphate	330 mcg
	Boostrix	390 mcg aluminum hydroxide	390 mcg
MenB	Trumemba	250 mcg aluminum phosphate	250 mcg
	Bexsero	1500 mcg aluminum hydroxide	519 mcg
HepB	Engerix-B	Pediatric dose: 250 mcg aluminum hydroxide; Adult dose: 500 mcg aluminum hydroxide	250 mcg 500 mcg
	REcombivax	500 mcg aluminum hydroxide	500mcg

Dangers of Combining Vaccines

Both meningococcal and HPV vaccines are recommended by the CDC, but during the trials, Menactra (one of the major meningococcal vaccines) and Gardasil were never evaluated for safety when both were given simultaneously. The National Vaccine Information Center conducted their own research and discovered an increased risk of certain serious side effects. When Gardasil and Menactra were given to a patient on the same day:

- ☠ Respiratory problem reports increased by 114 percent
- ☠ Cardiac problem reports increased by 118 percent
- ☠ Neuromuscular and coordination problem reports increased by 234 percent
- ☠ Convulsions and central nervous system problem reports increased by 301 percent
- ☠ Reports of injuries from falls after unconsciousness increased by 674 percent

5 Troubling Facts About the Flu Vaccine



- #1** In 2001, mercury, in the form of Thimerosal, was removed from childhood vaccines as a safety precaution. However, many flu shots today still contain 25 micrograms of ethyl mercury.
- #2** The only true placebo controlled study on the flu vaccine (conducted in Hong Kong) showed that those who were vaccinated had 5.5x more non-influenza respiratory illnesses than those who were not.
- #3** The current surge in advertisements for flu shots can be tied to a change in regulations that now allow pharmacists to administer them – creating a new stream of revenue for drugstores and pharmacies. The aggressive flu shot promotions have occurred despite CDC reports that the vaccine's effectiveness has been as low as 23% in recent years.
- #4** Children with allergies to egg protein or who have a history of Guillain-Barré Syndrome (GBS) should definitely NOT get the flu shot. The live vaccine can be additionally dangerous for children with any heart, breathing, kidney, liver or nervous system problems; asthma or wheezing episodes (note extra space in current version); weakened immune systems; very stuffy noses; or who have taken other influenza antiviral medication or aspirin for any reason.
- #5** Some children have had seizures when a flu vaccine is combined with other vaccines, especially DTap. Consult with your doctor if your child is going to receive the flu vaccine at the same time as another vaccine.

The “Herd Immunity” Fallacy

The term “herd immunity” is used by many to suggest that it is necessary for up to 94% of the population to be immunized against certain diseases in order for everyone – including those whose health prohibits them from getting vaccines -- to be safe. However, it is estimated that less than 45% of Americans today are fully vaccinated against the diseases that are said to necessitate this “herd immunity.” The result has NOT been ongoing and widespread outbreaks or resurgence of diseases, as the “herd immunity” theory would suggest.

In fact, the theory is flawed on other counts, as well:

- Immigration and international travel today insure exposure in America to diseases from countries with lower vaccination rates.
- Recent research suggests that some vaccines begin to lose their effectiveness 2-10 years after the vaccine is given. So, even those who have been inoculated may not be completely “immune.”

What Happens if My Child Steps on a Rusty Nail?



You probably already know that a puncture wound is the most likely way of becoming infected with tetanus-causing bacteria (surface wounds are exposed to oxygen, which kills the tetanus bacteria.) If your child has gotten a wound that is “deep and dirty” and you aren’t sure if he/she has had a Tetanus shot in the past 10 years, doctors recommend seeking medical attention immediately. Then, you can request a “titer” test to determine the level of tetanus antibodies in your child’s system. If deemed inadequate, he/she will be given a tetanus shot and an injection of tetanus immune globulin, which also helps prevent infection.

My Child's Vaccination Records

Use this detailed chart to help keep track of your child's vaccine reaction history

Brought to you by:



Child's Name:

Child's Date of Birth:

Vaccine-Disease	Ingredients (Partial List From Package Inserts)	Potential Side Effects (Partial List From Package Inserts)	Recommended Immunization Age/Actual Age	Immunization Date	Immunizer (Ex: Physician, Pharmacist)	Injection Site (Ex: Right Leg, Left Arm, etc.)	Vaccine Brand Name (Ex: Infanrix, Recombivax, etc.)	Lot Number (Ex: U1234AA)	My Child's Reactions (Ex: Fever, Seizures, Skin Hardness/Swelling, etc.)
Tdap: Tetanus, Diphtheria, & Pertussis/ Whooping Cough (Brands: Adacel, Boostrix, Daptacel, Infanrix)	aluminum hydroxide, aluminum potassium sulfate, aluminum phosphate, ammonium sulfate, bovine extract, formaldehyde, gelatin, g lutaraldehyde, peptone, 2-phenoxylethanol, polysorbate 80, sodium chloride, sodium phosphate, thimerosal.	allergic reaction, brain damage (very rare), erythema, fever, pain, persistent crying, poor appetite, redness/swelling, seizures, serious allergic reaction, shock, tiredness, vomiting.	2 months:						
			4 months:						
			6 months						
			12-18 months:						
			2-6 years:						
			7-18 years:						
HepB: Hepatitis B (Brands: Engerix-B, Recombivax)	aluminum hydroxide, amino acids, amorphous aluminum hydroxyphosphate sulfate, dihydrogen phosphate dihydrate, dextrose, formaldehyde, mineral salts, phosphate buffers, potassium aluminum sulfate, sodium chloride, sodium dihydrogen phosphate dihydrate, soy peptone, yeast protein.	abdominal pain, diarrhea, drowsiness, fatigue/weakness, fever, hypotension, insomnia, irritability, loss of appetite, respiratory illness, soreness, stiffness.	Birth (12 hours):						
			2 months:						
			6 months:						
HPV: Human papillomavirus (Brands: Cervarix, Gardasil)	aluminum hydroxide, amino acids, amorphous aluminum hydroxyphosphate sulfate, carbohydrates, L-histidine, lipids, mineral salts, polysorbate 80, sodium borate, sodium chloride, sodium dihydrogen phosphate dehydrate, 16 viral protein, L1, type 18 viral protein L1, vitamins, yeast protein.	arthralgia, body aches, chills, easy bruising/bleeding, erythema, fatigue, fever, gastrointestinal symptoms, headache, insomnia, myalgia, nausea, pain, pruritus, redness/swelling, urticaria, vomiting.	7-18 years:						

Call a doctor immediately or go to an emergency room if your child shows symptoms of a serious vaccine reaction or experiences dramatic changes in physical, mental, or emotional behavior following a vaccination.

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MCV4/ MenACWY- CRM/ MenZCWY-D: Meningococcal (Brands: Menactra, Menomune, Menveo, Quadrivalent)	amino acids, ammonium sulfate, formaldehyde, lactose, phosphate buffers, sodium chloride, thimerosal (multi-dose vial only), yeast extract.	abnormal crying, appetite loss, arthralgia, change in eating habits, chills, diarrhea, drowsiness, erythema, fatigue, fever, headache, induration, irritability, malaise, myalgia, nausea, pain, persistent crying, rash, seizures, sleepiness, swelling, tenderness, vomiting.	7-18 years:	_____	_____	_____	_____	_____	_____
MenB: Meningitis B (Brand: Bexero, Trumemba)	aluminum hydroxide, histidine, kanamycin, sodium chloride, sucrose	allergic reactions (including anaphylactic reactions), arthralgia, blisters at or around the injection site, eye swelling, fatigue, headache, fever, myalgia, nausea, rash, syncope, vasovagal responses to injection.	11-18 years (2 doses):	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

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VAR: Varicella- aka Chickenpox (Brands: Varivax)	dibasic sodium phosphate, ethylenediamine tetraacetic acid sodium (EDTA), fetal bovine serum, gelatin, glutamate, human embryonic lung cell culture, human diploid cell culture, monobasic potassium phosphate, monobasic sodium phosphate, monosodium L-glutamate, MRC-5, DNA and cellular protein, neomycin, sodium chloride, phosphate, potassium chloride, and sucrose.	chills, cold/canker sores, constipation, cough, diarrhea, disturbed sleep, eye complaints, fatigue, headache, itching, loss of appetite, myalgia, nausea, rashes, respiratory illness, secondary bacterial infections, seizures, Varicella-like rash, and vomiting.	12-18 months:						
			2-6 years:						
Misc (Fill in any additional vaccines)									

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