



Forced vaccinations: For the Greater Good?

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The arguments for forcing parents to vaccinate their child in the name of the “greater good argument” are flawed both scientifically and ethically.

First, all drugs are associated with some risks of adverse reactions. Because vaccines represent a special category of drugs which are by and large given to healthy individuals, and for prophylaxis against diseases to which an individual may never be exposed, the margin of tolerance for side effects is very narrow.

In fact, the U.S. Food and Drug Administration (FDA) concurs with this point ^[1] and **careful** assessment of risks versus benefits essential in deciding whether one should be vaccinated or not. **Removing the parental rights to exemptions to childhood vaccinations will put vulnerable but otherwise healthy individuals at risk of serious adverse reactions to vaccinations.**

Such an outcome should be of concern since serious adverse reactions following routine vaccinations in children, including deaths, permanent neurological damage and disabling autoimmune and/or inflammatory conditions have been clearly described in the scientific literature ^[2-14]. Notably, cases of seizure attacks and deaths occurring as a result of routine vaccinations have occurred even in children and individuals without any relevant prior medical history ^[7, 15, 16] and in some cases a **direct causal link** was established between vaccination and the serious adverse reactions ^[16].

Second, medical ethics demand that vaccination should be carried out with the participant’s full and informed consent. This necessitates an objective disclosure of the known or foreseeable vaccination benefits and risks.

The way in which pediatric vaccines are often promoted by various health authorities indicates that such disclosure is rarely given from the basis of best available knowledge but rather, largely unproven and/or untenable assumptions on both, vaccine safety and effectiveness. I shall herein elaborate on these arguments.

Serious adverse reactions following routine vaccinations in children and adults, including deaths, permanent neurological damage and disabling autoimmune and/or inflammatory conditions are known to occur even in individuals with no pre-existing conditions.

Legislation aimed at restricting vaccination waivers and/or bypassing the right to informed consent are neither ethical nor evidence-based.

References:

1. U.S. FDA, *Workshop on Non-clinical Safety Evaluation of Preventative Vaccines: Recent Advances and Regulatory Considerations*. 2002. <http://www.fda.gov/downloads/Biologi.../UCM054459.pdf>
2. Poling, J.S., et al., *Developmental regression and mitochondrial dysfunction in a child with autism*. J Child Neurol, 2006. 21(2): p. 170-2.
3. Yang, Y., et al., *Acute metabolic crisis induced by vaccination in seven Chinese patients*. Pediatr Neurol, 2006. 35(2): p. 114-8.
4. Ottaviani, G., A.M. Lavezzi, and L. Maturri, *Sudden infant death syndrome (SIDS) shortly after hexavalent vaccination: another pathology in suspected SIDS?* Virchows Arch, 2006. 448(1): p. 100-4.
5. Aydin, H., E. Ozgul, and A.M. Agildere, *Acute necrotizing encephalopathy secondary to diphtheria, tetanus toxoid and whole-cell pertussis vaccination: diffusion-weighted imaging and proton MR spectroscopy findings*. Pediatr Radiol 2010. 40: p. 1281-1284.
6. Souayah, N., et al., *Guillain-Barre syndrome after Gardasil vaccination: data from Vaccine Adverse Event Reporting System 2006-2009*. Vaccine, 2011. 29(5): p. 886-9.
7. Carvalho, J.F. and Y. Shoenfeld, *Status epilepticus and lymphocytic pneumonitis following hepatitis B vaccination*. European J Int Med, 2008. 19: p. 383-385.
8. Zinka, B., et al., *Unexplained cases of sudden infant death shortly after hexavalent vaccination*. Vaccine, 2006. 24(31-32): p. 5779-80.
9. Mendoza Plasencia, Z., et al., *[Acute disseminated encephalomyelitis with tumefactive lesions after vaccination against human papillomavirus]*. Neurologia, 2010. 25(1): p. 58-9.
10. Sutton, I., et al., *CNS demyelination and quadrivalent HPV vaccination*. Multiple Sclerosis, 2009. 15(1): p. 116-119.
11. D'Errico, S., et al., *Beta-tryptase and quantitative mast-cell increase in a sudden infant death following hexavalent immunization*. Forensic Sci Int, 2008. 179(2-3): p. e25-9.
12. Agmon-Levin, N., et al., *Transverse myelitis and vaccines: a multi-analysis*. Lupus, 2009. 18(13): p. 1198-204.
13. Hofmann, C., M.O. Baur, and H. Schroten, *Anti-NMDA receptor encephalitis after Tdap-IPV booster vaccination: cause or coincidence?* J Neurol, 2010. 258(3): p. 500-1.
14. DiMario, F.J., Jr., M. Hajjar, and T. Ciesielski, *A 16-year-old girl with bilateral visual loss and left hemiparesis following an immunization against human papilloma virus*. J Child Neurol, 2010. 25(3): p. 321-7.
15. Karaali-Savrun, F., et al., *Hepatitis B vaccine related-myelitis?* Eur J Neurol, 2001. 8(6): p. 711-5.
16. Konstantinou, D., et al., *Two episodes of leukoencephalitis associated with recombinant hepatitis B vaccination in a single patient*. Clin Infect Dis, 2001. 33(10): p. 1772-3.