

VOSI - Public Health Standard V50.3A

Research Report 13

Public Health - VOSI Research Report RR13-V50.3A "STANDARD TO DELAY VACCINATING NEWBORNS"

References:

1. "IgE in Umbilical Cord Blood", Dr Robert Hariri, MD, Lifebank CEO, Cedar Knolls, NJ
2. "A B C's of Interpretive Laboratory Data", Bakerman, Seymour, MD, Ph.D.
3. "VOSI V50.3A, Standard to Delay Vaccinating Newborns", par. 2.1
4. "Neonatal Umbilical Cord IgE Tests: Rationale for Their Use in Screening Infants for Impaired Immunity and Increased Vulnerability to Childhood Vaccines", Buttram, Harold E., MD, January 5, 2003

Purpose:

To verify 2.0 U/ml maximum IgE for newborn's umbilical cord blood (ref. 2).

Test Procedure:

A total of 845 male and 778 female cord blood samples were tested for IgE per Ref. 1 test procedures.

Test Results:

Original Data Provided by Dr. Hariri, Lifebank CEO

Table 1.

IgE in Umbilical Cord Blood - U/ml								
	Less Than 2 U/ml				Greater Than 2 U/ml			
	N	Avg.	S.D.	Range	N	Avg.	S.D.	Range
Males	824	0.47	0.28	0.02 - 1.99	21	2.73	0.64	2.02 - 4.71
Females	760	0.42	0.29	0.01 - 1.98	18	2.28	0.41	2.01 - 4.38
Total	1584				39			
% Males	52%				54%			
% Females	48%				46%			
% Greater Than 2 U/ml - Males Only					2.49%			
% Greater Than 2 U/ml - Females Only					2.31%			
Average % Males and Females Greater Than 2 U/ml					2.40%			

Data Provided by Lifebank - February 16, 2003

Table 2.

IgE in Umbilical Cord Blood - U/ml								
	Less Than 2 U/ml				Greater Than 2 U/ml			
	N	Avg.	S.D.	Range	N	Avg.	S.D.	Range
Males	543	0.64	0.42	0.05 - 1.99	31	4.10	4.88	2.03 - 28.00
Females	580	0.64	0.45	0.02 - 1.94	29	4.14	3.24	2.00 - 16.60
Total	1123				60			
% Males	48%				52%			
% Females	52%				48%			
% Greater Than 2 U/ml - Males Only					5.40%			
% Greater Than 2 U/ml - Females Only					4.76%			
Average % Males and Females Greater Than 2 U/ml					5.08%			

Table 1 is the summary of the IgE tests by Dr. Robert Hariri, Lifebank CEO. Individual test results were not supplied for the total 1623 tests.

Table 2 is the summary of the 1183 individual tests supplied by Lifebank. VOSI paid for a minimum of 1600 individual tests, and there are 440 individual test results missing from Table 2.

Because of these differences Table 1 probably has the correct total number of tests but the 39 greater than 2 U/ml and the associated % results are probably incorrect based on the actual 60 greater than 2.0 U/ml totals seen in Table 2.

Conclusions

1. This study verifies the accuracy of 2.0 Units/ml as the maximum permissible IgE in the Umbilical cord blood of newborns specified in Ref. 2.
2. Approximately 2.5% of newborns should not be vaccinated until their immune system meets the minimum IgE age dependent values specified in VOSI V50.3A.
3. The practice of immunizing newborns with Hepatitis B should be discontinued based on the immune system not being fully developed until age 2 (Ref. 4.2 V50.3A) and screening their mothers for Hepatitis B.
4. Ref. 3 should be accepted and utilized by the Advisory Committee on Immunization Practices (ACIP)

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