

Vaccine contraindications

[Vaccines safety and autistic children with immune disorders](#)

[History of convulsions in family](#)

"The American Academy of Pediatrics [cautions](#) against vaccinating children who are sick. I didn't know this policy at the time, and apparently neither did anyone in the doctor's office, because I was never told about it."--[Lesli Mitchell](#)

In 1989 the American Immunization Practices Advisory Committee announced that some contra-indications were not really contra-indications to vaccination. I wrote and asked this committee for evidence to support their stance, and they sent me 18 references. Some of these references were non-existent, some were smoke-screens, and some were just off the point. These American bureaucrats have persuaded health departments around the world to ignore contra-indications, and to vaccinate babies who are known to be at risk of suffering bad side effects.

An example of the callous irresponsibility of modern medical officials is that they recommend that premature babies should be vaccinated according to their date of birth, not according to their gestational age. A proper study was eventually done in 2001, and it found that premature babies are very susceptible to suffering from serious vaccine reactions. [\[2005\] Raising A Vaccine Free Child by WENDY LYDALL](#)

Please do not give live viral vaccines when the children are sick or on antibiotics or have diarrhea. [Conference Presentations: Elizabeth Mumper, M.D.](#)

MMR Vaccine Information Statement

(VIS) <http://www.cdc.gov/nip/publications/VIS/default.htm>

Some people should not get MMR vaccine or should wait

- People should not get MMR who have had a life-threatening [allergic reaction](#) to gelatin, the antibiotic neomycin, or a previous dose of MMR
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine
- Pregnant women should wait to get MMR vaccine until after they have given birth. Women should not get pregnant for 3 months after getting MMR vaccine
- Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:
 - Has HIV/AIDS, or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as

steroids, for 2 weeks or longer
Has any type of cancer
Is taking cancer treatment with x rays or drugs
Has ever had a low platelet count (a blood disorder)
People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine.

Package Inserts ([Eolarix, 1994](#)) [Package Inserts](#)

Contra-indications

Never give to pregnant women, or women of child-bearing age not fully aware of the need to avoid pregnancy for one month after vaccination, since theoretically the vaccine virus could have an effect on the foetus.

Do not use Eolarix in the presence of acute febrile illness, whether active or expected, following exposure to infection other than measles or rubella. This applies particularly to active tuberculosis and respiratory tract infection. A minor infection is not a contra-indication. Eolarix' should not be given to subjects with impaired immune responses. These include patients with primary and secondary immunodeficiencies. However, 'Eolarix' can be given to asymptomatic HIV-infected persons without adverse consequences to their illness and may be considered for those who are symptomatic.

'Eolarix is contra-indicated in subjects with known systemic hypersensitivity to neomycin but a history of contact dermatitis to neomycin is not a contra-indication.

DPT Vaccine Information Statement

(VIS) <http://www.cdc.gov/nip/publications/VIS/default.htm>

Some children should not get these vaccines or should wait

- Tell your doctor or nurse if your child
- Ever had a moderate or serious reaction after getting vaccinated
- Ever had a seizure
- Has a parent, brother or sister who has had a seizure
- Has a brain problem that is getting worse
- Now has a moderate or severe illness

Your doctor or nurse has information on what to do in this case (for example, give one of these vaccines, wait, give medicine to prevent fever).

Package Inserts:

Contra-indications, warnings, etc: [Pasteur Mérieux \(1995\) \(DTP\) Package Inserts](#)

Department of Health Recommendations:

These recommendations are from the 1992 guidelines "Immunisation against Infectious Diseases" (HMSO).

Specialist Advice:

No child should be either immunised or denied immunisation without serious thought as to the consequences, both for the individual child and the community. Where there is any doubt, advice should be sought from a Consultant Paediatrician, Consultant in Public Health Medicine or District (Health Board) Immunisation Co-ordinator.

Alternative Vaccination:

If pertussis vaccine is contraindicated or refused by parents, then DT/Vac/Ads should be offered.

Acute Illness:

If the child is suffering from any acute illness, immunisation should be postponed until the child has recovered. Minor infections without fever or systemic upset are not reasons to postpone immunisation.

Local or general reactions:

Immunisation should not be carried out in children who have a history of severe local or general reaction to a preceding dose. Immunisation should be completed with DT vaccine. The following reactions should be regarded as severe:

Local:

An extensive area of redness and swelling which becomes indurated and involves most of the antero-lateral surface of the thigh or a major part of the circumference of the upper arm.

General:

Fever equal to or more than 39.5C within 48 hours of vaccine; anaphylaxis; bronchospasm; laryngeal oedema; generalised collapse. Prolonged unresponsiveness: prolonged inconsolable or high-pitched screaming for more than 4 hours; convulsions or encephalopathy occurring within 72 hours.

Personal history of epilepsy:

Specialist advice should be sought prior to performing immunisation on children with a personal history of epilepsy (see above).

Family history of epilepsy:

In a recent British study, children with a family history of epilepsy were immunised with pertussis vaccine without any significant adverse events. These children's developmental progress has been normal. In children with a close family history (first degree relative) of idiopathic epilepsy, there may be a risk of developing a similar condition, irrespective of vaccine. Immunisation is recommended for these children.

Febrile convulsions:

When there is a personal or family history of febrile convulsions, there is an increased risk of these occurring after pertussis immunisation. In such children, immunisation is recommended but advice on the prevention of fever should be given at the time of immunisation.

Evolving neurological disease:

Where there is an ongoing evolving neurological problem, immunisation should be deferred until the condition is stable.

Stable neurological disease:

Stable neurological conditions such as occur in certain patients with cerebral palsy or spina bifida are not a contraindication to immunisation.

Cerebral damage in the neonatal period:

When there has been a documented history of cerebral damage in the neonatal period, immunisation should be carried out unless there is evidence of an evolving neurological abnormality. If immunisation is to be deferred, then this should be stated on the neonatal discharge summary.

Allergy:

A personal or family history of allergy is not a contraindication to immunisation.

HIV:

HIV positive individuals may receive DTP vaccine but pertussis efficacy may be reduced.

Contraindications <http://thinktwice.com/risk.htm>

"On September 26, 1995, C.J. came down with a fever of 103 degrees. The doctor could not find any reason for this fever, so she gave him an injection of antibiotic in his right thigh.....It is clearly written in the P.D.R. that no one should receive an injection of antibiotic within 30 days of the OPV vaccine. The P.D.R. also states that if a person being vaccinated has any kind of infection they should not be given there vaccines. Our son had a peri-rectal abscess at 3 weeks of age, and they still gave him his vaccines. Our son didn't walk until he was 18 months old. He took his first steps on Christmas Day 1996. It took us over a year to find someone who could properly fit him for his AFO's. Without them he can not walk normal, he walks on his ankle. He is permanently disabled, he is a mono-plegic." <http://pw1.netcom.com/~calabrec/index.html>

"I am also a chemist. I just finished reading the spec sheet on Tetramune from the netlink given a few days ago. I was amazed to see the Pertussis portion of the vaccine is prepared in a hydrolyzed form of casein!!!! In laymens terms this is a salt version of MILK PROTIEN!!!! Hello - there is the allergy,asthma connection. This has me so angry I can hardly contain myself. My sons life has been ruined because a doctor has no clue. Patrick had already been diagnosed w/ a severe milk allergy!!!! The more I research the more frustrated I become. Hope this info helps."---

Jacki <http://www.onelist.com/community/vaccineinjuries>

[[Vaccination](#)]