



HISTORY OF VACCINE SCHEDULES

*For US Children From 1965 to **NCVIA** to Today*

*A fact-based review of vaccine policy in the United States & its effect on the safety
of American children in order to protect & advance
informed consent & vaccine choice*

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HISTORY OF VACCINE SCHEDULES FOR U.S. CHILDREN

1965

Total Doses: 28

DTP 2 months
 OPV 2 months
 DTP 3 months
 OPV 3 months
 DTP 4 months
 OPV 4 months
 Measles 12 months
 Smallpox 12 months
 DTP 15 months
 OPV 15 months
 DTP 4 years
 Smallpox 6 years
 Td 8 years
 Td 12 years
 Td 16 years

1983

Total Doses: 24

DTP 2 months
 OPV 2 months
 DTP 4 months
 OPV 4 months
 DTP 6 months
 MMR 15 months
 DTP 18 months
 OPV 18 months
 DTP 4 years
 OPV 4 years
 Td 15 years

1986

NCVIA

Compare vaccine schedules and see what happened after the passing of the NCVIA in 1986:

An ever-expanding schedule that is the most aggressive and bloated of any other developed nation on our planet.

*Since vaccines are sold by corporations for profit, yet have **no liability**, it is easy to see why the U.S. vaccine schedule has exploded in this way.*

Full Vaccine Schedule Never Tested

The CDC schedule has never been tested as it is given to our children. This means we have no scientific basis for declaring this schedule "safe" & little understanding of the synergistic effects of 35 adjuvants, 234 antigens including 18 live viruses, human & animal DNA & viral contaminants, & antibiotics on the health of our children. (1,2)

Additionally, many of the individual components are not licensed for safety & are instead "generally regarded as safe". (3)

"Few published investigations had specifically examined the safety of the recommended childhood schedule as a whole."
Institutes of Medicine (1)

Despite Safety & Efficacy Concerns, Vaccine Manufacturers Have Immunity From Litigious Action When Their Products Injure or Kill

While often considered modern medical miracles, vaccines are **invasive, irreversible medical procedures with known risks** (4,5). It is these risks and the resulting litigious actions that prompted pharmaceutical companies to lobby Congress for legal immunity, without which they threatened to cease all vaccine production.

This resulted in the passing of The National Childhood Vaccine Injury Act of 1986.

2019

Total Doses: 73 with **234** viral & bacterial strains

Influenza 4	pregnancy	Influenza 4	18 months
DTap* 4	pregnancy	Hep A* 1	18 months
Hep B 1	birth	Influenza 4	30 months
Hep B 1	2 months	Influenza 4	42 months
Rotavirus 5 (live)	2 months	DTap* 4	4 years
DTap* 4	2 months	IPV 3	4 years
HIB 1	2 months	MMR* 3 (live)	4 years
PCV 13	2 months	Varicella* 1 (live)	4 years
IPV 3	2 months	Influenza 4	5 years
Rotavirus 5 (live)	4 months	Influenza 4	6 years
DTap* 4	4 months	Influenza 4	7 years
HIB 1	4 months	Influenza 4	8 years
PVC 13	4 months	Influenza 4	9 years
IPV 3	4 months	Influenza 4	10 years
Hep B 1	6 months	HPV 9	10 years
DTap* 4	6 months	Influenza 4	11 years
HIB 1	6 months	HPV 9	11 years
PCV 13	6 months	DTap* 4	12 years
IPV 3	6 months	Influenza 4	12 years
Rotavirus 5 (live)	6 months	Meningococcal 4	12 years
Influenza 4	6 months	Influenza 4	13 years
Influenza 4	7 months	Influenza 4	14 years
HIB 1	12 months	Influenza 4	15 years
PCV 13	12 months	Influenza 4	16 years
MMR* 3 (live)	12 months	Meningococcal 4	16 years
Varicella* 1 (live)	12 months	Influenza 4	17 years
Hep A* 1	12 months	Influenza 4	18 years
DTap* 4	18 months		

*Denotes vaccine derived from aborted human fetuses

Red numbers indicate number of viral and/or bacterial strains contained

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Vaccine Safety Studies Contain No True Placebo Control Groups

Despite being the gold standard of scientific study, vaccine safety trials DO NOT employ the use of INERT placebos. (6)

Instead, “placebo” groups receive other vaccines, injections of all of the ingredients of the vaccine being studied minus the antigen, or injections of an adjuvant (such as aluminum, which has never been licensed for safety). (3)

All of these substances have the potential to be reactogenic and are not fit for safety comparison studies.

Safety of Vaccinating Pregnant Women Not Established

Despite making the recommendation that all pregnant women be given the flu AND the Tdap vaccines during every single pregnancy, there is NO safety data supporting positive maternal and fetal outcomes.

When presented with a FOIA request asking the FDA to provide all of the safety studies on which they relied to make this recommendation, they replied with, “We have no records responsive to your requests.” (7)

The Vaccine Adverse Event Reporting System

VAERS is the post-marketing surveillance system operated by the CDC & FDA intended to capture adverse events that were missed during clinical trials. Two major problems exist with this system:

1. It is a passive surveillance system & it is estimated that as few as 1% of all adverse events are reported to such systems (8,9)
2. Adverse events reported to VAERS are dismissed as “unsubstantiated” or coincidental

THE NATIONAL CHILDHOOD VACCINE INJURY ACT

This law freed vaccine manufacturers from ALL liability when injury or death following vaccination occurs. As a consequence, vaccine makers have zero incentive to make their products safe or effective since they are shielded from liability.

“No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death.”

42 U.S. Code § 300aa–22 - Standards of Responsibility

This act set up the now controversial & bureaucratic **Vaccine Injury Compensation Program** in an attempt to offer recourse to those affected by vaccine injury and death. This program established a no-fault “vaccine court” that was intended to be a quick & easy way for victims to receive compensation funded by an excise tax collected on every vaccine dose produced. Instead, what has resulted is a lengthy, burdensome, contentious process in which victims of vaccine injury are treated with contempt & disrespect (10). The majority of cases are dismissed. The ones that are not dismissed receive nominal compensation that does little to cover the costs associated with caring for the injured. Even so, as of February 1, 2020 the Program has awarded **\$4,280,352,825.16** in payouts since its creation (11).

No other product in this country is essentially mandated without consumer protections.

“I have serious reservations about the portion of the bill that would establish a Federal vaccine injury compensation program. Although the goal of compensating those persons is a worthy one, the program that would be established by title III has **serious deficiencies** [in that] it would create a program administered not by the executive branch, but by the Federal judiciary. This is an **unprecedented arrangement** that represents a **poor choice** to ensure a well-managed and effective program.” - President Ronald Reagan (12)

“The dissent (Supreme Court Justice Sotomayor) expressed concern that the majority’s decision creates a significant vacuum—the Food and Drug Administration’s approval process does not require vaccines to be optimally designed or continuously improved, and state tort liability for design defects has traditionally provided this incentive. The dissent further pointed to the lack of post-approval regulatory oversight and the lack of competition in the vaccine market as exacerbating the regulatory vacuum.”

- Bruesewitz v. Wyeth’s Impact on the Vaccine Safety Debate, Brown et al, April 2011 (13)

(1) White Paper on the Safety of the Childhood Immunization Schedule, 2014, CDC
(2) Vaccine Safety: Virus Detection and Latency, FDA.gov
(3) Common Ingredients in U.S. Licensed Vaccines, FDA.gov
(4) The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies, Institutes of Medicine, March 2013
(5) For Parents: Vaccines for Your Children, CDC.gov
(6) <https://icandecide.org/hhs/ICAN-Reply.pdf>

(7) <https://icandecide.org/government/ICAvFDA-Resolved-Court-Filed-Copy.pdf>
(8) <https://www.fda.gov/downloads/Safety/MedWatch/UCM201419.pdf>
(9) <https://tinyurl.com/HarvardESP-VAERS>
(10) <https://www.gao.gov/assets/670/667136.pdf>
(11) <https://www.hrsa.gov/vaccine-compensation/data/index.html>
(12) <https://www.reaganlibrary.gov/research/speeches/111486e>
(13) <https://supreme.justia.com/cases/federal/us/562/223/>