

The Dr. Paul Approved Vaccine Plan

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Get your children the protection from infectious diseases while minimizing vaccine side effects.

Since 2008, Dr. Paul and the team at Integrative Pediatrics have been using the plan outlined below. Combining this vaccine plan with exclusive breastfeeding, eating a diet of real food, getting enough vitamin D, exercising, and avoiding toxins like acetaminophen, aspartame, and glyphosate, the children in his practice have experienced superior health, and a significantly lower rate of autism (0 in 1336) than the national average, which is 1 in 45.

If you have autism in the family, a history of autoimmune disorders, or an MTHFR mutation: delay vaccines until at least age five, or never. Do discuss this with your provider and know the risks of not vaccinating.

Pregnancy:	No vaccines (No Tdap, No flu)
Birth:	No Hep B
2 months:	Hib, DTaP (No Hep B, Rotavirus, IPV)
3 months:	Prevnar
4months:	Hib, DTaP (No Rotavirus, IPV)
5 months:	Prevnar
6 months:	Hib, DTaP (No Hep B, Rotavirus, IPV)
7–9 months:	Prevnar
1 year:	Hib, Prevnar (No MMR, Hep A, Varicella)
18 months:	DTaP
2 years	(No Hep A)
3 years:	Consider MMR (always give MMR by itself)
4-6 years:	DTaP , (consider Varicella, IPV)
10 years:	Tdap (boost every 5 – 10 years)

- 11 years: **Menveo or Menactra (meningococcal), Varicella**
- 12-14 years: **Hepatitis B (3 dose series)**
- 16–18 Years: **Menveo or Menactra & consider meningococcal B, Hepatitis A**

CONSIDERATIONS

1. If you are travelling to a part of the world where measles is prevalent, giving the MMR after age 1 should be considered. Always give this vaccine by itself waiting at least a month before any other vaccines.
2. The Varicella (chickenpox) vaccine can be given after age 1 if you don't want your child to get natural chickenpox.
3. Consider the IPV (at least two doses 2 months apart) before travel to high- risk countries.
4. Use these low aluminum options if offered– Daptacel for DTaP, Acthib for the Hib.
5. Only give one aluminum containing vaccine at a time (Aluminum containing vaccines: DTaP, Hep B, Hep A, Prevnar, PedVax, some Hib brands, HPV, Pentacel, Pediarix, Bexero, Trumenba). Wait 2 - 4 weeks between aluminum containing vaccine injections.
6. No HPV vaccines – side effects too frequent and severe. No long term testing.
7. No Rotavirus vaccine unless you will live where there is no access to health care.
8. Flu shots annually age 6 months on for asthma and chronic disease patients.
9. If birth mom has Hepatitis B, baby should get the Hepatitis B vaccine at birth, 1-2 months and at 6 months along with Hepatitis B immune globulin at birth.

Abbreviations, Brand Choices and Ingredients

Hib. This is the vaccine against Haemophilus influenza type B, a leading cause of bacterial meningitis. Choose the ActHIB brand, which has the HIB sugar with tetanus toxoid, saline and sugar water. The PedVax brand has 225 micrograms aluminum and should be avoided.

DTaP. This vaccine covers Diphtheria, Tetanus and Pertussis. The little “a” DTaP stands for “acellular.” Prior to 1990 we used a whole cell DPT in the USA that caused severe side effects, including seizures, brain damage, and death.

I prefer the Daptacel. The Tripedia brand contains trace amounts of mercury in addition to aluminum. The Infarix brand has the most aluminum: 625 micrograms. All available brands contain 100 micrograms of formaldehyde, which helps trigger an immune response. Formaldehyde can trigger autoimmune disorders, where your body attacks itself.

Prevnar – 13. This vaccine replaced the Prevnar – 7 by adding more strains of the pneumococcus, the bacteria that is the second leading cause of bacterial meningitis in children. This vaccine has 125 micrograms of aluminum.

MMR. Measles, mumps and rubella are all viral infections that used to be a routine childhood illnesses prior to vaccines and could sometimes cause severe complications. The MMR vaccine contains human albumin, cow fetus serum, neomycin and chick embryo proteins. This live-vaccine is also perhaps the most controversial as time and time again (I've heard it over 100 times) parents have seen that after this vaccine their previously normal child became autistic. Though no study has definitively linked the

MMR vaccine to autism, there is a case to be made for caution. Until a large double-blind study comparing unvaccinated children with vaccinated children is done, we cannot rule out the current American vaccination schedule as a contributing factor in autism. My own clinical experience has shown that waiting until age 3 is safer and healthier for children, significantly reducing the chance of neurological and immunological damage that may be triggered by this vaccine.

Menveo, Menactra, Meningococcal B (Trumenba, Bexero). Meningococcal disease can cause rapidly fatal meningitis and blood infections. The disease is treatable if you catch it early. Menveo and Menactra both use safe technology and contain no aluminum. I feel comfortable giving these vaccines starting at age 11. These two brands do not cover meningitis type B which is prevalent in Oregon, and other parts of the world. Enter the new kids on the block: Trumenba and Bexero, which have 500 micrograms and 1500 micrograms of aluminum respectively. These are extremely high doses of aluminum, a known neurotoxin, and I do not feel comfortable recommending either of these vaccines, unless your college bound child is heading into an active meningococcal B outbreak.

Hepatitis B. The hepatitis B vaccines contain 250 micrograms of aluminum per dose. This is simply too much for a newborn. Since you catch hepatitis B from exchanging bodily fluids during sex, as well as from IV drug use and contaminated blood, I recommend waiting until the teenage years or your child becomes sexually active. If you plan to travel to a country where hepatitis B is endemic, this vaccine may be necessary.

Varicella. Chickenpox was a rite of passage for every American born before 1995. Deaths were rare indeed (historically fewer than 50 people a year died from complications from the chickenpox in the United States, which has a population of over 318 million). It was more dangerous to take a shower. This live virus vaccine appears to be safe for most children, however it appears we are having more shingles as a result of the vaccine, which prevents adults from ongoing exposures that would have boosted immunity. Since chickenpox is highly contagious and can be fatal when immune-compromised people are exposed, this is one vaccine where having community immunity benefits the most vulnerable. Those of us who can safely get this vaccine probably should.

IPV. The Injectable Polio Vaccine (Ipol) contains formaldehyde, along with a host of other ingredients you probably wouldn't want to inject into an infant with an immature immune system, including: human albumin, calf serum, 2-phenoxyethanol and antibiotics. Since the last case of wild polio acquired in the USA was 1979 and it is essentially eliminated from the world, I recommend babies skip this vaccine unless you plan to travel to higher risk areas of the world.

HPV. Gardasil and Cervarix. Human Papilloma Virus comes in many strains. The vaccines for HPV have tried to target the strains most associated with cervical cancer in women and genital warts (Gardasil). These vaccines have large doses of aluminum and seem to cause significant and frequent side effects. Because of these safety issues, I cannot recommend the vaccines against HPV at this time except for teens who are sexually promiscuous and refuse to practice safe sex.

Rotavirus. RotaTeq and Rotarix. Rotavirus has been blamed for the majority of the vomiting and diarrhea of childhood. The vaccine was marketed as a money saver as there were so few deaths in the USA from rotavirus illness that they couldn't justify it any other way. The thing is, we never needed it. The reduced hospitalization rates are likely due to our use of anti-vomiting medications as to anything else. This is one vaccine your children do not need if you have access to modern health care.

Flu shots. Influenza. There is no question that influenza has historically been a killer of the weak, elderly, and malnourished. Getting the flu is never any fun and some strains can make children extremely ill. However, if you are otherwise healthy, the flu rarely causes death or even hospitalization. It is difficult to recommend a vaccine that is usually not very effective and has been associated with side effects but I recommend this vaccine for high-risk children, health care providers, and educators with the hope that it will help us do our part in reducing the chances we will bring the flu to the vulnerable. Always insist on the single dose (mercury-free) brand. The multi-dose flu shot has 25 micrograms of mercury (thimerosal). Avoid this like it is pure poison, which it is!

Hepatitis A. Hepatitis A is usually contracted from uncooked contaminated food. The disease of hepatitis A is usually mild in children. Unless you are in the food service business, you can skip this aluminum-containing vaccine. Consider having your children get this two-shot series (6 to 18 months apart) before adulthood.

Disclaimer: The medical information given here is not medical advice and should not be interpreted as such. This approach is one that Dr. Paul has successfully used with patients in his practice. It is done in the context of extensive education on the risks and benefits of various vaccines during the process of obtaining informed consent.

Dr. Paul is not recommending that you, who are not his patients, follow anything but the recommended CDC schedule. Please consult with your own physician on what approach would be best for your children.

A note about new vaccines

When a new vaccine comes to market, or a new recommendation is made (for example, vaccines during pregnancy), it is wise to wait a few years before trying them, observe the reports, and read any ongoing research. There is greater pressure to bring vaccines to market before extensive testing, and there is rarely any long-term safety testing done on these vaccines. We the population, become the long-term experiment. Sadly, the only ongoing, long-term study is the voluntary and inadequate use of the VAERS (Vaccine Adverse Events Reporting System). Most physicians who should be reporting vaccine side effects believe that “vaccines are safe and effective,” dismiss severe vaccine reactions as “coincidence,” and often refuse to file VAERS reports, even when parents urge them to do so. For this reason, vaccine side effects may be grossly underreported. This is especially true when it comes to the chronic side effects of the slow poisoning that may be occurring from the cumulative negative effects of toxic vaccine ingredients, or the slow damage to the immune system that may be occurring from aluminum adjuvants.

For more information.

www.drpaulapproved.com

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