

Who is Anti-Vaccine?

This short checklist was prepared to help identify who is anti-vaccine. Some people and organizations that use other labels can be fairly characterized as anti-vaccine.

Generally, it is fair to characterize someone as anti-vaccine if they:

- A. Consistently and dramatically overstate vaccines' risks, including attributing to vaccines risks the literature shows they do not have.
- B. Consistently understate or deny vaccine benefits.

Sometimes, the person in question will claim a conspiracy to hide evidence to dismiss the data that counters their claims.

Additional literature on this¹, and explanations of each point, are included in the endnotes. Generally, a person is probably anti-vaccine if they make two or more of the following claims:

Examples of Overstating Risks:

- Using VAERS numbers as the number of vaccine injuries.²
- Claiming vaccines cause autism,³ SIDS,⁴ allergies⁵ and other conditions we know they don't cause.⁶
- The toxins gambit: claiming the ingredients in vaccines are very dangerous.⁷
- Children get too many vaccines too soon.⁸
- Claiming schedule never tested.⁹
- There has never been a study comparing vaccinated to unvaccinated children.¹⁰

Examples of Understating Benefits:

- Claiming diseases went down before vaccines.¹¹
- Claiming diseases were mild before vaccines or don't harm people in developed countries.¹²
- Claiming vaccines don't work.¹³

¹ See: Anna Kata, A postmodern Pandora's box: Anti-vaccination misinformation on the Internet, 28 VACCINE 1709(2010); Anna Kata, Anti-vaccine activists, Web 2.0, and the postmodern paradigm – An overview of tactics and tropes used online by the anti-vaccination movement, 30 VACCINE 3778(2012); PAUL A. OFFIT, DEADLY CHOICES: HOW THE ANTI-VACCINE MOVEMENT THREATENS US ALL (Basic Books. 2010).

² VAERS is a voluntary database. Reports are not evaluated. Using the numbers as showing number of injuries does not correctly reflect what vaccines cause or not. While some vaccine-related problems are probably not reported (underreporting) there is also evidence of substantial overreporting – reporting of things that are not caused by vaccines. Here is one example: VAERS #379570: "...patient accidentally fell in open

well (granite quarry filled with water), drowned and expired. This event occurred 49 days of receiving first dose of GARDASIL.”

On over reporting: <http://pediatrics.aappublications.org/content/117/2/387.full.pdf>

<http://www.ncbi.nlm.nih.gov/pubmed/23063829>. On VAERS generally:

<http://www.vaccinesafety.edu/VAERS.htm>

³ <http://www.autismsciencefoundation.org/autismandvaccines.html>

⁴ <http://www.ncbi.nlm.nih.gov/pubmed/22289512>;

<http://www.ncbi.nlm.nih.gov/pubmed/17400342>.

⁵ <http://pediatrics.aappublications.org/content/111/3/653.full.pdf>

⁶ On what vaccines cause or do not cause see:

<http://media.chop.edu/data/files/pdfs/vaccine-education-center-vaccine-safety-eng.pdf>;

Myers M, Pineda D. Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety Concerns. Immunizations for Public Health (2008).

⁷ Ignoring the fact that each ingredient is there for a reason and none in large enough amounts to be harmful. See: <http://www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients#.Vke0RtCXEah>;

http://www.immunize.org/concerns/vaccine_components.pdf.

⁸ <https://vec.chop.edu/export/download/pdfs/articles/vaccine-education-center/too-many-vaccines.pdf>.

⁹ Multiple Institute of Medicine reports looked at that -

https://iom.nationalacademies.org/~media/Files/Report%20Files/2013/Childhood-Immunization-Schedule/ChildhoodImmunizationScheduleandSafety_RB.pdf;

<http://pediatrics.aappublications.org/content/early/2014/06/26/peds.2014-1079>. See this

blog post: <http://www.skepticalraptor.com/skepticalraptorblog.php/debunking-myths-about-vaccine-testing-and-safety/>

¹⁰ <http://thoughtscapism.com/2015/04/10/myth-no-studies-compare-the-health-of-unvaccinated-and-vaccinated-people/>; see also:

<http://www.redwineandapplesauce.com/2013/12/21/the-one-study-or-why-the-anti-vaccine-movement-doesnt-really-understand-science/>;

<http://scienceblogs.com/insolence/2011/03/11/for-the-anti-vaccinationists-out-there-t/>).

¹¹ If you look at Table 1 & 2 you will see number of cases was high until vaccine.

<http://jama.jamanetwork.com/article.aspx?articleid=209448>. Note: disease mortality – deaths – went down prevaccine; but cases continue. For example, iron lung prevented deaths from polio, but cases still happen.

¹² See: <http://pediatrics.aappublications.org/content/early/2014/02/25/peds.2013-0698> for how many deaths/harms vaccines prevent each year. That’s not harmless. 42,000 early deaths per cohort preventing.

¹³ In reality, modern vaccines have high rates of effectiveness, ranging from around 70-97%. To give two examples from opposite ends of the scale, the mumps vaccine, one of the least effective vaccines, is estimated to be 78% effective in practice. Steven A. Rubin & Stanley A. Plotkin, *Mumps Vaccine*, in *VACCINES* 419, 435 (Stanley A. Plotkin et al., eds., 6th ed. 2012) (“The effectiveness of mumps vaccines determined in field studies (Table 22-9) is lower than efficacy determined in clinical trials. Effectiveness of a single

dose of the Jeryl Lynn strain of mumps vaccine (given as a monovalent vaccine or as trivalent MMR) under conditions of routine use is approximately 78% (95% CI, 75%-82%), compared with 95% or more demonstrated in efficacy trials.”) The Hepatitis B vaccine is 95% effective in children, but slightly less effective in adults. PINK BOOK, *supra* note 15, at 159 (“After three intramuscular doses of hepatitis B vaccine, more than 90% of healthy adults and more than 95% of infants, children, and adolescents (from birth to 19 years of age) develop adequate antibody responses.”)