

Data Sheet from the VCC Response to the 2017 Exemption Form

- This data sheet is meant to give parents an overview of the information in the full 16-page document.
- Information here must be read in context with the document for complete understanding.
- Page references are given for this reason.

Which vaccines are you exempting your child from when you sign the form?

The *Statement of Conscience or Religious Belief* affidavit exempts students **only** from the vaccines meant to protect from diseases designated in the Immunization of School Pupils Act or **ISPA Designated Diseases**. These vaccines are the pertussis (whooping cough) vaccines, the measles vaccines and the meningitis vaccines. Or briefly the DTaP & Tdap vaccines, the MMR and MMRV vaccines and the MenC vaccines.

See page 3 for vaccines, vaccine schedule & non-designated disease vaccines.

All vaccinations are VOLUNTARY in Canada

The reason the Exemption Form exists is that due to Constitutional Rights parents must be offered relief from laws that require vaccinations for school entrance.

See page 4, “That pesky 2%”, for discussion of your rights and vaccine coverage rates.

Statistics and Science

What constitutes proof? Statistics show trends. Are vaccines “safe and effective? Conflict of Interest. Is the “science settled”?

See page 5 discussion

Did vaccines really reduce disease burden by 99 to 100%?

Historical measles mortality charts for UK, USA & Canada show how much death rates declined prior to vaccines being introduced. Historical incidence charts show measles disease declines in Canada prior to vaccination programs.

Risk of Measles Death or Illness

Risk of death from measles in Canada is infinitesimal: either nil or 1 chance in over 33 million. Measles has been “eliminated” in Canada.

2015 incidence rates of measles disease:

Canada all ages—0.5 cases/100,000 population

Ontario all ages—1.5/100,000 population

Ontario all children—0.6 per 100,000 children

See page 6 “Death by Measles” & page 7-8 “Sick with Measles” charts & discussion

Vaccines destroyed true Herd Immunity

Natural, life-long immunity to measles pervaded the adult population prior to vaccination. Mothers passed this immunity on to their infants through the placenta and breast milk, thus protecting the most vulnerable.

Vaccine immunity wanes rapidly hence need for booster shots. Most vulnerable infants now unprotected. Diseases have shifted to older populations.

See page 8, “A Wolf in Sheep’s Clothing”

The Vaccine Merry-Go-Round

Childhood vaccination programs have increased incidence of non-targeted and often more lethal diseases. This has led to the need for more vaccines.

See page 9 discussion

Pertussis vaccines do not prevent disease nor the transmission of disease

Herd immunity theory does not apply to pertussis vaccines as they do not prevent the transmission of whooping cough. It is the ineffectiveness of the vaccines causing increased incidence, not the unvaccinated.

“It’s not likely that vaccine refusal is having a large role in this.” —CDC Official, 2012

See page 10-11 discussion & quote reference

National Incidence of ISPA Designated Diseases for MMR & DTaP

Data for ISPA designated diseases for 2 vaccines. This is 2015 Canada data for all ages. Only pertussis has a rate greater than 1 case per 100,000 population for all Canadians. Diphtheria, Tetanus, Polio and Rubella are of little or no concern in terms of risk of acquiring disease. Measles and mumps have very small risk.

| Vaccine | # cases | rate/100,000 population |
|---------------------|--------------|-------------------------|
| DTaP-IPV-Hib | | |
| Diphtheria | 2 | 0.01 |
| Tetanus | 4 | 0.01 |
| Pertussis | 3,510 | 9.79 |
| Polio | 0 | 0 |
| MMR | | |
| Measles | 195 | 0.45 |
| Mumps | 59 | 0.16 |
| Rubella | 0 | 0 |

See page 11

Petussis Vaccine Quandary

“The resurgence of pertussis in the past 2 decades is at once a public health and a public relations crisis. Vaccine hesitancy rates are rising, and the population is increasingly skeptical about professional pronouncements regarding vaccine policy. With the introduction and expanded use of aP vaccines into the population failing to control the rise in pertussis incidence, it seems increasingly likely that radical solutions will be required.”

See pages 10-11 for quote reference & discussion

Meningitis Vaccine Quandary

Due to the effectiveness of the vaccine program, we are no longer targeting the strains of the bacteria that are causing the most cases of this disease. In 2011 national data showed Meningitis B strain caused 62% of reported cases versus 2% due to Meningitis C strain.

Unfortunately the vaccine for Men B strains has serious safety and effectiveness concerns especially for babies and infants. This why it is not part of the routine schedule. Nor should it be.

See pages 12-13

Comparing Risk in 2015

Comparing Risk: All rates below are per 100,000 population in 2015 by ages shown. However, disease incidence is based on all children. The Ontario child population is about 20% larger than the vaccinated population of children. Even without considering this, **disease risk is still lower than serious vaccine injury risk in all cases except pertussis.** Also a very low vaccine coverage rates of the child population has an affect on disease incidence as in the case of varicella vaccine for chickenpox, a relatively benign disease anyway.

Risk of Death from ISPA designated diseases is 0

It is obvious from the data that an unvaccinated child is not being put at risk of death by any of the ISPA designated diseases. In 2015 in Ontario, only 1 death was reported for any of the ISPA designated diseases (IMD, no age given). While in 2014 in Ontario, 1 infant death was reported following routine vaccination.

Risk of Vaccine Injury is higher than Risk of Illness

Even with limited data for Serious Vaccine Injuries the following comparisons can be made.

| Risk of Measles | | Risk of Serious Vaccine Injury | |
|-----------------|-----|--------------------------------|-----|
| 0-4 yrs | 0.6 | MMR | 1.5 |
| 5-9 yrs | 0.1 | MMRV | 1.9 |

Incidence rates of mumps in 0-9 yr olds is 0.1/100,000 and rubella for all ages is 0.

Comparing Risk in 2015 con't

Chickenpox is another story. Since the vaccine coverage rate in 2015 was unreported for babies and only about 34% for 7-yr olds, disease incidence would be higher than for the other diseases covered by the MMR vaccine. Also varicella vaccine has a rather high failure rate with break-through chickenpox occurring following vaccination.

Pertussis is also a special case. As we see in the quote above, the aP or acellular pertussis vaccines are failing to control whooping cough, both incidence and transmission of the disease. The best that can be said of these vaccines is they may make the disease less severe. But than so does Vitamin C. (See our website section on Alternatives.)

| Risk of Pertussis | | Risk of Serious Vaccine Injury | |
|-------------------|------|--------------------------------|------|
| 0-4 yrs | 32.7 | DTap-IPV-Hib | 0.87 |
| 5-9yrs | 18.9 | Tdap-IPV | 0.41 |
| 10-14 | 16.5 | Tdap | 0.13 |

All age incidence of diphtheria, tetanus and polio is 0.

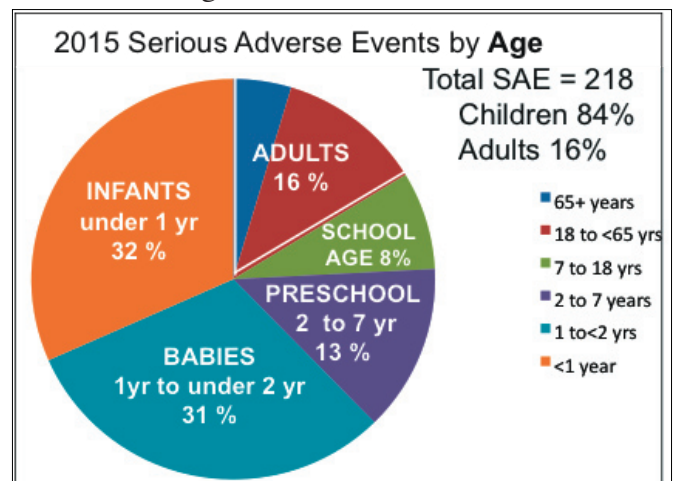
The vaccines for meningitis (IMD) prevent only a small percent of meningitis cases. Most cases in Ontario are from a strain not targeted by these vaccines. Even so, in 2015, the incidence rate from all strains of meningitis and injury from vaccines which prevent only some illness were as follows (per 100,000 population of children to age 19):

| Risk of any strain IMD Disease | | Risk of Vaccine Injury | |
|--------------------------------|-----|------------------------|------|
| 0-4 yrs | 0.6 | MenC-C | 1.5 |
| 5-14 | 0 | | |
| 15-19 | 0.4 | Men C-ACWY | 0.61 |

See Tables pages 13-14

National 2015 Serious Adverse Event Reports (SAE)

Infants under 1 year experience the most number of serious adverse events from vaccines: 32%, babies 1-2 years the next highest: 31% and all children 84%.



See pages 14-15

SAE reports by Vaccine Type: See page 14 for 2015 Ontario data. See page 16 for 5-year National data.