

My name is Christine Horton. My husband Stephen and I have three children and live in Burlington, VT. Our two daughters age 18 and 17yrs received all recommended vaccines from birth until age 5 and are neurotypical. Our son age 13 was born in 2001. He was born healthy and was developing normally until age 18 months after receiving all recommended vaccines including not one but two MMR shots only 3 months apart (age 15 months and 18mos). I was a 33yr old mother at the time and did everything the pediatrician asked. I was proud to vaccinate and even carried around the kids immunization charts in my purse. I never read up on vaccines and never questioned their safety. I had complete faith in my pediatrician and the nurses.

After my son stopped talking and making eye contact I questioned whether the vaccines could have caused him harm. I was told by my pediatrician that the vaccines had nothing to do with this and he probably had autism. I was referred for a diagnosis and then an early education program for my son. My son became very sick with chronic diarrhea, acted deaf and was always itching his ears, was extremely lethargic and could no longer lift his tongue out of his mouth. He would cry often throughout the day in between appearing completely out of it. He wanted to be carried everywhere. It was clear to me he was very sick.

After looking back at his immunization chart I saw he was given the MMR shots only 3 months apart (when the CDC recommends it be 3 years apart). I wrote to my pediatrician questioning this and was told "that's the way we were doing it then." The CDC recommendation is to give the MMR around age 12-18mos and again agt 4-6yrs. A complaint to the Health Department was dismissed.

My son is now 13yrs olds and requires constant care. He cannot talk in complete sentences, has no friends and can never be left alone.

It is unjust to take away a person's right to decide what may or may not be injected into their body.

A vaccine is a product. A product for sold for profit. The vaccine manufactures have zero liability for mandated vaccines. How can you expect parents to immunize their children when there is zero liability? How can you say vaccines are safe when so many parents are claiming injury to their children? A lie does not become a truth if you keep repeating the lie. I would be insane to subject my son to any more vaccinations given what happened to him. Yet I am unable to get any acknowledgment from the pediatrician that his injury even occurred. Zero liability. Please keep the philosophical ' exemption in place. Parents of vaccine injured children (whether acknowledged by their pediatricians or not) know what happened to their children. We would be foolish to risk injury again. Taking away our rights as parents will not force me to vaccinate my children, but may force me to leave my home in Vermont. We all want healthy children. Good health should not have to come from a needle.

Immunizations:

1.	HEP B #1	5JUL01	2 ½ weeks old	SKB lot # erg5789A2 exp JUN02
2.	DTaP #1	04SEP01	2 ½ months old	Lederle lot # a506A2 exp APR03
3.	Hib #1	04SEP01	2 ½ months old	Aventis lot# UA605AA expMAY03
4.	IPV #1	04SEP01	2 ½ months old	Aventis lot # UAS35AC exp SEP02
5.	PCV7 #1	04SEP01	2 ½ months old	Lederle lot # 481-817 exp DEC02
6.	DTaP #2	05NOV01	5 months old	SK lot# A517A2 exp APR03
7.	Hib #2	05NOV01	5 months old	Aventis lot #UAS35AC exp SEP02
8.	HEP B # 2	05NOV01	5 months old	SKB lot # erg5214A2 exp NOV02
9.	PCV7 #2	05NOV01	5 months old	Lederle lot # 480-898 exp OCT02
10.	DTaP # 3	07JAN02	7 months old	SKB lot # 525A2 exp JUN03
11.	Hib # 3	07JAN02	7 months old	Aventis lot # UA656AA exp AUG03
12.	IPV # 2	07JAN02	7 months old	Aventis lot # T1446 exp DEC03
13.	PCV7 # 3	07JAN02	7 months old	Lederle lot # 484-862 exp APR03

15FEB02 1st ear infection 8 months old antibiotics given
 20MAR02 2nd ear infection 9 months old antibiotics given

14.	HEP B # 3	09APR02	10 months old	SKB lot # erg5213A2 exp NOV02
15.	IPV # 3	09APR02	10 months old	Aventis lot # UO179 exp FEB04
16.	HIB # 4	18JUN02	12 months old	Aventis lot # UA676AA exp NOV03
17.	Varicella	18JUN02	12 months old	Merck lot # 0266M exp OCT03
18.	DTaP #4	25SEP02	15 ½ months old	SKB lot # DTPa533A9 exp JUL03
19.	MMR#1	25SEP02	15 ½ months old	Merck lot # 0609M exp JUN04

16mos? Heart murmur detected - cannot read pediatrician handwriting- guessing it was 16mos
 04DEC02 3rd ear infection 18months old antibiotics given

20.	MMR#2	27DEC02	18 months old	Merck lot # 0813M exp AUG04
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FIGURE 1. Recommended childhood immunization schedule* — United States, 2002

Vaccine	Range of recommended ages				Catch-up vaccination				Preadolescent assessment			
	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4–6 yrs	11–12 yrs	13–18 yrs
Hepatitis B [†]	Hep B #1	only if mother HBsAg(+)								Hep B series		
Diphtheria, Tetanus, Pertussis [‡]			DTaP	DTaP	DTaP		DTaP			DTaP	Td	
<i>Haemophilus influenzae</i> Type b [§]			Hib	Hib	Hib	Hib						
Inactivated Polio ^{**}			IPV	IPV	IPV					IPV		
Measles, Mumps, Rubella ^{††}						MMR #1				MMR #2	MMR #2	
Varicella ^{‡‡}						Varicella				Varicella		
Pneumococcal ^{¶¶}			PCV	PCV	PCV	PCV			PCV	PPV		
----- Vaccines below this line are for selected populations												
Hepatitis A ^{***}										Hepatitis A series		
Influenza ^{†††}					Influenza (yearly)							

* Indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2001, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. [Green box] Indicates age groups that warrant special effort to administer those vaccines not given previously. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

[†] **Hepatitis B vaccine (Hep B).** All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose also may be given by age 2 months if the infant's mother is HBsAg-negative. Only monovalent hepatitis B vaccine can be used for the birth dose. Monovalent or combination vaccine containing Hep B may be used to complete the series; 4 doses of vaccine may be administered if combination vaccine is used. The second dose should be given at least 4 weeks after the first dose except for Hib-containing vaccine, which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 6 months. Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1–2 months and the vaccination series should be completed (third or fourth dose) at age 6 months. Infants born to mothers whose HBsAg status is unknown should receive the first dose of the hepatitis B vaccine series within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week).

[‡] **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** The fourth dose of DTaP may be administered as early as age 12 months provided that 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

[§] ***Haemophilus influenzae* type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at age 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at age 2, 4 or 6 months but can be used as boosters following any Hib vaccine.

^{**} **Inactivated poliovirus vaccine (IPV).** An all-IPV schedule is recommended for routine childhood poliovirus vaccination in the United States. All children should receive 4 doses of IPV at age 2, 4, and 6–18 months, and 4–6 years.

^{††} **Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at age 11–12 years.

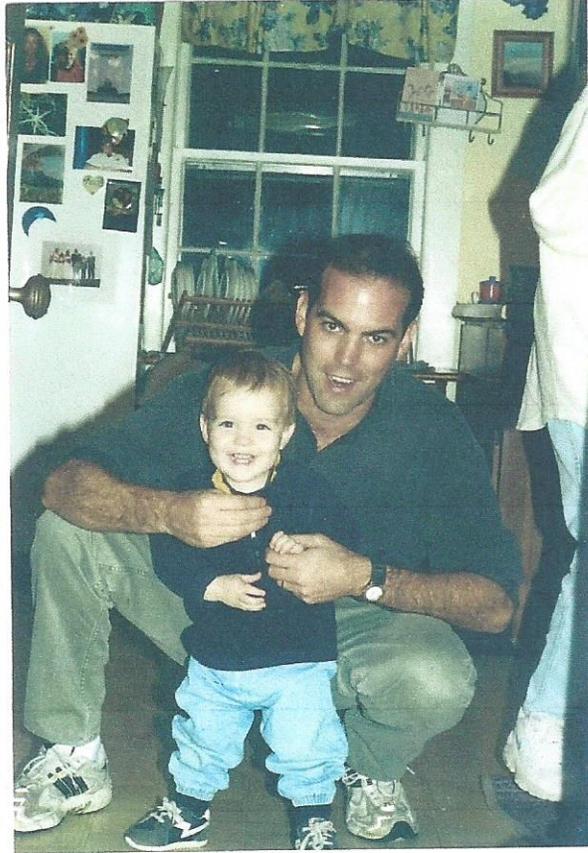
^{‡‡} **Varicella vaccine.** Varicella vaccine is recommended at any visit, at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥ 13 years should receive 2 doses given at least 4 weeks apart.

^{¶¶} **Pneumococcal vaccine.** The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged 2–23 months and for certain children aged 24–59 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups. See MMWR 2000;49(No. RR-9):1–37.

^{***} **Hepatitis A vaccine.** Hepatitis A vaccine is recommended for use in selected states and regions, and for certain high-risk groups. Consult local public health authority and MMWR 1999;48(No. RR-12):1–37.

^{†††} **Influenza vaccine.** Influenza vaccine is recommended annually for children aged ≥ 6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes; see MMWR 2001;50(No. RR-4):1–44), and can be administered to all others wishing to obtain immunity. Children aged ≤ 12 years should receive vaccine in a dosage appropriate for their age (0.25 mL if 6–35 months or 0.5 mL if ≥ 3 years). Children aged ≥ 8 years who are receiving influenza vaccine for the first time should receive 2 doses separated by at least 4 weeks.

Additional information about vaccines, vaccine supply, and contraindications for immunization is available at <http://www.cdc.gov/nip> or at the National Immunization hotline, 800-232-2522 (English), or 800-232-0233 (Spanish). Copies of the schedule can be obtained at <http://www.cdc.gov/nip/rees/child-schedule.htm>. Approved by the **Advisory Committee on Immunization Practices** (<http://www.cdc.gov/nip/acip>), the **American Academy of Pediatrics** (<http://www.aap.org>), and the **American Academy of Family Physicians** (<http://www.aafp.org>).



Gregory + Dad
Christmas 2002
2 days before 2nd MMR



Christmas
2002
Before the
2nd MMR



Christmas
2004