

Infant Immunization The Catholic Parents' Guide

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Part 1 - The Moral Issue

Introduction

The federal government's Center for Disease Control (CDC) recommends that all young children be immunized against 14 different diseases. These range from familiar childhood diseases to those that are normally sexually transmitted.

This article addresses this serious problem of immunization and its relationship to the use of aborted fetal cells. The CDC recommends that up to 24 shots be given children during the first 18 months of life. Nearly a third of these immunization shots may contain vaccines derived from aborted fetal cells. In this document these are referred to as unethical vaccines. What moral obligations does a parent have regarding the use of these unethical vaccines? Must they be avoided? Are there governmental mandates for these immunizations?

The CDC's Recommended Immunization Schedule

The CDC publishes a recommended schedule of infant immunizations during the child's first two years. See Figure 1. Some of these vaccines are derived from aborted, fetal cells. There may be alternatives to some of these morally problematic vaccines — — — although the availability of these alternatives is shrinking in the United States.

Whether a particular immunization is even needed for children in a typical traditional Catholic family may be debatable. See Table 1 for a full list of these vaccines, their combinations, and their ethical status. As one can see from Table 1, immunization vaccines for many of the diseases listed may be derived from aborted fetal cells. As a Catholic parent, one has a duty to avoid the use of serums derived from these aborted fetal cells, if possible. Therefore, where there is an alternative ethical vaccine, one has a serious obligation to administer only that alternative. It is also one's duty to explain to the healthcare provider why the alternative is required. Be aware, however, that a doctor might acquiesce to use of the alternative serum only provided the parent purchases an entire allotment, or shipment. This is because the doctor may not normally purchase that particular vaccine, and may not wish to administer it on a regular basis to others. (Perhaps that is a sign to seek another doctor.) One might also wish to check with the local health department or a pharmacy that may stock the preferred vaccines.







Table 1 – Ethical Status of Childhood Vaccines Recommended by the CDC^a

Available Disease/Injection Combinations	Immunization Type (number of vaccine injections recommended by CDC is shown in parenthesis)	Important Notes
Hepatitis-A	HepA (2)	Only two vaccines licensed in US; Both use aborted fetal cell lines
Hepatitis-B	HepB (3)	All are ethical vaccines; not derived from aborted fetal cell lines
Hepatitis-A, Hepatitis-B	HepA + HepB (3)	The Hepatitis-A portion of this shot uses aborted fetal cell lines
Rotavirus	RV (3)	All are ethical vaccines; not derived from aborted fetal cell lines
Diphtheria, Tetanus, Pertussis	DTaP (5)	All are ethical vaccines; not derived from aborted fetal cell lines
Diphtheria, Tetanus, Pertussis, Polio	DTaP +Polio (5)	All are ethical vaccines; not derived from aborted fetal cell lines
Diphtheria, Tetanus, Pertussis, Polio, Hepatitis-B	DTaP +Polio+ HepB (5)	All are ethical vaccines; not derived from aborted fetal cell lines
Diphtheria, Tetanus, Pertussis, Polio Haemophilus influenza type B	DTaP +Polio+ HiB (5)	This combination shot is made by Sanofi Pasteur under brand names Pentacel and Pediacel. Pentacel uses aborted fetal cell lines; Pediacel does not.
Haemophilus influenza type B	HiB (4)	All are ethical vaccines; not derived from aborted fetal cell lines
Pneumonia	PCV (4)	All are ethical vaccines; not derived from aborted fetal cell lines
Polio	Polio (4)	IPOL (Sanofi Pasteur) is the only separate polio shot in the US; it does not use aborted fetal cells
Measles, Mumps, Rubella	MMR (2)	The vaccine for Rubella in this combination shot uses aborted fetal cell lines; there are no alternative shots available in the US
Chickenpox	Varicella (2)	This is the only licensed vaccine in the US. It is derived from aborted fetal cell lines
Measles, Mumps, Rubella, Chickenpox	MMR+ Varicella (2)	This combination shot uses aborted fetal cell lines
Influenza Seasonal Flu and H1N1 (Swine flu)	Seasonal Flu and H1N1 (annual)	These shots are offered individually or combined and currently, all are ethically produced. There are several under development using aborted fetal cells
Rabies	Rabies (as needed)	Post-exposure treatment requires both vaccine and human rabies immune globulin (HRIG) RabAvert is morally produced; Imovax uses aborted fetal cell lines. All HRIG shots are morally produced.

^a Current as of March 1, 2001

2010

Recommended Immunizations for Babies

 at birth	HepB	
 2 months	HepB + DTaP + PCV + Hib + Polio + RV 1-2 mos	
 4 months	DTaP + PCV + Hib + Polio + RV	
 6 months	HepB + DTaP + PCV + Hib + Polio + RV 6-18 mos*	(Influenza) 6 mos through 18 years* seasonal** 2010 H1N1***
 12 months	MMR + PCV + Hib + Varicella + HepA 12-15 mos* 12-15 mos* 12-15 mos* 12-15 mos* 12-23 mos*	(Influenza) 6 mos through 18 years* seasonal** 2010 H1N1***
 15 months	DTaP 15-18 mos*	(Influenza) 6 mos through 18 years* seasonal** 2010 H1N1***

Vaccine Descriptions:

HepB: protects against hepatitis B

DTaP: a combined vaccine that protects against diphtheria, tetanus, and pertussis (whooping cough)

Hib: protects against *Haemophilus influenzae* Type b

PCV: protects against pneumococcal disease

Polio: protects against polio, the vaccine is also known as IPV

RV: protects against infections caused by the Rotavirus

Influenza: protects against influenza (flu)

MMR: protects against measles, mumps, and rubella (German measles)

Varicella: protects against varicella, also known as chickenpox

HepA: protects against hepatitis A

NOTE: If your children miss a shot, you don't need to start over, just go back to your doctor for the next shot. The doctor will help you keep your children up-to-date on his or her vaccinations.

* This is the age range in which this vaccine should be given.

** Influenza is a seasonal vaccine. All children ages 6 months through 18 years should receive vaccination during the influenza season each year. If this is the first time for flu vaccine, a child should receive two doses, separated by at least 4 weeks. If a child only receives one dose in the first season, he or she should receive two doses the next season.

*** In addition to seasonal influenza vaccine, children also are recommended to receive the 2010 H1N1 influenza vaccine. Children younger than ten years should receive two doses of this vaccine separated by approximately 1 month.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip/), the American Academy of Pediatrics (<http://www.aap.org/>), and the American Academy of Family Physicians (<http://www.aafp.org/>).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Figure 1 - CDC's Recommended Immunization Schedule

Making Sense of the CDC Schedule

The CDC Schedule (Figure 1) will, no doubt, be somewhat mind-boggling to many parents. To make matters worse, some vaccines are given as both combination shots, (such as DTaP and Polio), and individual shots — — and the ethical status of each of the combinations may differ. See Table 1. Also, Merck, which has a monopoly on the measles, mumps, and rubella vaccines in the United States, has stopped marketing their single-shot measles and mumps vaccines derived from chicken embryos, and it now offers these shots only in combination with their rubella vaccine (referred to as MMR), which is derived from two different sources of aborted fetal material: the virus, RA273 taken from an aborted fetus which is then cultivated on aborted fetal cell line WI-38. Table 1 lists all the vaccination combinations and whether they involve aborted fetal cells. From this table, we can recommend an immunization schedule that is based on avoiding unethical vaccines to the maximum extent possible, short of not receiving the immunization. See Table 2.

Table 2 - Immunization Schedule that Minimizes the Use of Unethical Vaccines

Time Period	CDC Recommended Immunizations	Comments
At Birth	HepB	There are currently no ethical concerns with this vaccine
2 months	HepB, DTaP, Polio, Hib, RV, PCV <i>See Note (a)</i>	1) All individual shots are ethical. 2) The combination shots (DTaP+Polio+HepB) and (DTaP+Polio) are both ethical. 3) The Polio portion of <i>Pentacel</i> brand combination shot (DTaP+Polio+Hib) is derived from aborted fetal cells.
4 months	DTaP, Polio, PCV, Hib, RV <i>See Note (a)</i>	1) All individual shots are ethical. 2) The <i>Pediacel</i> brand name combination shot (DTaP+Polio+Hib) contains only ethical vaccines. 3) The Polio portion of <i>Pentacel</i> brand combination shot (DTaP+Polio+Hib) is derived from aborted fetal cells.
6 months	HepB, DTaP, Polio, Hib, RV, PCV <i>See Note (a)</i>	1) All individual shots are ethical. 2) The combination shots (DTaP+Polio+HepB) and (DTaP+Polio) are both ethical. 3) The <i>Pediacel</i> brand name combination shot (DTaP+Polio+Hib) contains only ethical vaccines. 4) The Polio portion of <i>Pentacel</i> brand combination shot (DTaP+Polio+Hib) is derived from aborted fetal cells.
12-15 months	PCV, Hib, MMR, Varicella, HepA	1) Individual shots for PCV and Hib are ethical. 2) The combination shots (MMR and MMR+Varicella) both contain vaccines that are derived from aborted fetal cells; There are no alternative shots available in the U.S. for Measles, Mumps, Rubella, or Varicella at the current time. 3) The vaccines for single shots of Varicella and HepA are the only ones licensed in the U.S. They are both derived from aborted fetal cells.
15-18 months	DTaP	There are currently no ethical concerns with these vaccines.
Annual from 6 months	Seasonal Flu and 2009 H1N1	There are currently no ethical concerns with these vaccines. <i>There are, however, several vaccines under development that use aborted fetal cell lines.</i>
As needed	Rabies	<i>Rabavert</i> vaccine is ethical. All other vaccines are derived from aborted fetal cells. All the HRIG shots (administered with the vaccine) are ethical.

a) Both *Pentacel* and *Pediacel* are made by Sanofi Pasteur; *Pentacel* involves aborted fetal cells. Note the similarity of brand names.

Regarding aborted fetal cell vaccines, there is an authoritative opinion that a parent may utilize them, but only if no alternative is available. The Pontifical Academy for Life has concluded that if no alternative vaccine is available, and if the vaccine is necessary to avoid significant risk to the child's health or the health conditions of the population as a whole, the morally problematic vaccine may be administered. An excerpt from that document is shown in Figure 2.

In such cases, however, where a parent is given this Hobson's Choice of “take-it-or-leave-it”, there is a serious obligation to raise an objection to the lack of an alternative, ethical vaccine. On the other hand, it must pointed out that, notwithstanding the opinion issued by the Pontifical Academy for Life, there are very thoughtful arguments against the morality of using these vaccines. Such articles written by Fr. Stephen Torraco, Fr. Phil Wolfe, and Steven Kellmeyer can be viewed on this website at www.cogforlife/vaxyesno.htm



MORAL REFLECTIONS
ON VACCINES PREPARED FROM CELLS
DERIVED FROM ABORTED HUMAN FOETUSES
June 2005 (Pgs 6-8)

“Therefore, doctors and fathers of families have a duty to take recourse to alternative vaccines (if they exist), putting pressure on the political authorities and health systems so that other vaccines without moral problems become available. They should take recourse, if necessary, to the use of conscientious objection with regard to the use of vaccines produced by means of cell lines of aborted human foetal origin. Equally, they should oppose by all means (in writing, through the various associations, mass media, etc.) the vaccines which do not yet have morally acceptable alternatives, creating pressure so that alternative vaccines are prepared, which are not connected with the abortion of a human foetus, and requesting rigorous legal control of the pharmaceutical industry producers.

As regards the diseases against which there are no alternative vaccines which are available and ethically acceptable, it is right to abstain from using these vaccines if it can be done without causing children, and indirectly the population as a whole, to undergo significant risks to their health. However, if the latter are exposed to considerable dangers to their health, vaccines with moral problems pertaining to them may also be used on a temporary basis. The moral reason is that the duty to avoid passive material cooperation is not obligatory if there is grave inconvenience. Moreover, we find, in such a case, a proportional reason, in order to accept the use of these vaccines in the presence of the danger of favouring the spread of the pathological agent, due to the lack of vaccination of children. This is particularly true in the case of vaccination against German measles.

In any case, there remains a moral duty to continue to fight and to employ every lawful means in order to make life difficult for the pharmaceutical industries which act unscrupulously and unethically. However, the burden of this important battle cannot and must not fall on innocent children and on the health situation of the population - especially with regard to pregnant women.

To summarize, it must be confirmed that:

- there is a grave responsibility to use alternative vaccines and to make a conscientious objection with regard to those which have moral problems;
- as regards the vaccines without an alternative, the need to contest so that others may be prepared must be reaffirmed, as should be the lawfulness of using the former in the meantime inasmuch as is necessary in order to avoid a serious risk not only for one's own children but also, and perhaps more specifically, for the health conditions of the population as a whole - especially for pregnant women;
- the lawfulness of the use of these vaccines should not be misinterpreted as a declaration of the lawfulness of their production, marketing and use, but is to be understood as being a passive material cooperation and, in its mildest and remotest sense, also active, morally justified as an *extrema ratio* due to the necessity to provide for the good of one's children and of the people who come in contact with the children (pregnant women);
- such cooperation occurs in a context of moral coercion of the conscience of parents, who are forced to choose to act against their conscience or otherwise, to put the health of their children and of the population as a whole at risk. This is an unjust alternative choice, which must be eliminated as soon as possible.”

Figure 2 - Partial Text of Document Issued by the Pontifical Academy for Life

Footnotes indicated on the above figure, are not reproduced here. To view the document in its entirety:

www.cogforlife.org/vaticanresponse.pdf

Part 2 – The Diseases

Introduction

In the first part of the article we discussed the moral implications of infant immunization involving vaccines derived from aborted fetal cells. This part addresses the specific diseases against which the CDC recommends immunization, so that parents can make a rational decision whether to immunize their child for any given disease, notwithstanding the ethical status of the immunization vaccine. On the other hand, there are many who simply do not wish to subject their children to the multiple shots recommended by the CDC for health reasons---they view the risk of side-effects to be worse than the disease. It is not our purpose here to explore these concerns regarding side-effects, legitimate though they may be. Our purpose is to provide a short primer on the transmission mechanism of each disease so that the parents can judge whether there is a need for immunization under the circumstances of the family's lifestyle.

Disease Transmission Information

In general, the risk of a child contracting the subject diseases greatly increases as the child is exposed to other children outside the family. Also, exposure to adults that have poor hygiene habits is a high-risk situation. Below, is a brief discussion of the means of transmission for each disease. More detailed information regarding transmission can be found at the CDC's website.

Hepatitis A and B - These diseases are generally contracted through sexual and drug-use activity. Generally, hepatitis B can be contracted by an infant only at birth from an infected mother. An infected infant can spread the disease, however, if one comes in direct blood-to-bleed contact with the blood or open sores of an infected child or caregiver.

Hepatitis A can be contracted by placing contaminated food or objects in one's mouth. A caregiver who changes in infected infant's fecal-soiled diaper can spread the disease owing to improper hand washing. Also, an infected person can spread the disease by handling food and other items with improperly washed hands. Even vaccinated persons can infect others by passing on the contaminants in infected fecal matter.

Thus, the chances of infection are greatest where the infant is cared for in a group with other children who may not be toilet-trained.

Puncture Wounds - Animal bites and other puncture wounds, including cuts, can lead to rabies or tetanus. These mishaps can happen at home. Protection from both rabies and tetanus is available through pre-exposure immunization. Additionally, post-exposure shots are required for animal bites (rabies). For both of these vaccinations there is an alternative ethical vaccine. See Table 1.

Polio - Polio is caused by a virus, and contact with an infected person is very dangerous. Because exposure can occur in all settings (store, theater, school, church, etc.), there is no safety zone. Polio immunization can be given the single shot or combination shot. One of the combination shots involves a vaccine derived from aborted fetal cells, however. See Table 1.

All other Diseases - All the diseases not discussed above are transmitted through exposure to saliva and unprotected sneezing and coughing. Rotavirus is also spread through contact with fecal matter. All of these exposures are highly probable where the child is cared for in a day care setting. Most of these immunizations can be affected through the use of ethical vaccines. Currently, there are no ethical vaccine alternatives to immunization against measles, mumps, rubella, chickenpox, and hepatitis A.

Special Note Regarding Meningitis - Although shots for Meningitis are not shown in Figure 1, the CDC recommends immunization for this disease if the child is at risk. Also, some states may require Meningitis immunization for school attendance. All the vaccines used for Meningitis immunization are ethically produced.

Summary

Setting aside any governmental arguments that may exist, that parent must weigh the risk of disease exposure when determining whether to immunize the child. Aside from the use of aborted fetal cell vaccines, some parents avoid shots based on potential side-effects. Although the purpose of this article is not to discuss whether shots can have side-effects, or whether there is more harm than good in the multiplicity of shots, one should be aware that there is much information available on various websites. Regarding potential side-effects, one should visit the CDC's website at:

www.cdc.gov/vaccines/vac-gen/side-effects.htm

Part 3 – Avoiding Morally Objectionable Vaccines

Introduction

Every state has a statutory requirement for immunization of children who attend school, preschool, and, in many cases, daycare facilities. Religious exemptions are permitted by statute in 48 states, although some state laws may restrict the exemption. The states of Mississippi and West Virginia do not allow any exemption, except for medical reasons. An exemption based on purely philosophical grounds is permitted by statute in only 20 of the 50 states.

These statutory requirements usually apply to all schools, preschools, and day care centers. Private schools and child-care facilities that may not be subject to the statute will generally adopt the same requirements.

Obtaining an Exemption

In addition to moral objections over aborted fetal cell vaccines some parents may wish to seek an exemption owing to their concern over the potential side-effects. A parent who has concerns over side effects may follow his conscience. This is in conformity with the Catholic Church's teachings. Statutory exemptions for religious reasons are designed to address these concerns.

Also, some statutes allow an exemption from immunization shots if the child has had natural Rubella, Mumps, or Chicken Pox. The significance of this is that all the immunization vaccines for these diseases currently involve aborted fetal cell vaccines.

In many cases, it may appear that the use of aborted fetal cell vaccines can be avoided (if that is the parents' wish) by merely submitting a statement to the relevant authority. Although the statutory language may indicate that an exception, or exemption, from immunization can be easily obtained by submitting a written statement by the parent, many schools require the parent to submit the request in a prescribed format. Some jurisdictions even require an affidavit strictly structured on language that is in the state's statute.

Be aware that many of these forms indicate that the parent has a religious objection to *all* vaccinations. That is not necessarily the case, and if it is not, one should state at least verbally to the recipient of the form, that the form has been signed to avoid shots that are contrary to one's religious beliefs.

Recordkeeping

Proof of immunization is very important not only during infancy, but even as a child reaches college age. Also, there are exemptions provided for children who have had natural diseases. These exemptions usually cover Rubella, Mumps, and Chicken Pox. In addition to recordkeeping, one should make certain that the child is seen by a doctor, so that an independent record is made. Some states require a doctor's record to allow an exemption. A suggested recordkeeping form is shown in Figure 3.

Working with Your Doctor

In addition to obtaining an exemption from the state and local immunization requirements, one must have a sympathetic doctor. Some parents have found that their children's doctor will not treat a child that does not receive all the immunizations that are prescribed by the state or local agency. In such case, the only alternative is to switch doctors. (This is, of course, more easily done in a large town or city.) Many parents have found pediatricians who are willing to accede to the parent's wishes that certain shots not be administered. If switching doctors is not a viable alternative, one must at least object to the use of aborted fetal cell vaccines.

Reflections

In many respects, the avoidance of unwanted vaccine shots is best accomplished by homeschooling. At the present, there are no state mandates for homeschooled children to be immunized, and the relative isolation of the children lessens the risk of disease.

Assuming, however, that immunization trumps potential side-effects, perhaps it is better that Catholic parents who are most concerned about aborted fetal cell vaccines use those vaccines to protect their children's health. After all, it just might be that these are children may become society's future leaders — — — and we need solid Catholic leaders for the good of all society.

Immunization Record for: _____							
Disease (no. of shots req'd.) ^a	Date Shot(s) Received					Date of Natural Illness	Attending Physician
HepA (2)							
HepB (3)							
RV (3)							
DTaP (5)							
Measles (2)							
Mumps (2)							
Rubella (2)							
Chicken Pox (2)							
Hib (4)							
PCV (4)							
Polio (4)							

a) Shots not required if child contracts natural illness

Notes:

Figure 3: Suggested Recordkeeping Form