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Immunisation of children

A training session of The British Society for Ecological Medicine was held on the 10th November 2006 at which a position statement on the use of immunisation in children was agreed. Present at that meeting was Dr Peter Mansfield together with senior members of the BSEM. The principles behind the recommendations for immunisations are as follows:

1. The rate of decline of all the major infectious diseases is largely due to public health measures rather than vaccination. The benefit of immunisation has been greatly hyped by the pharmaceutical industry who stand to benefit most from its use. Our Public Health Service has exercised little, if any, critical judgement on behalf of the general public.
2. The immune system is immature at six months and unable to respond adequately to vaccination. It is pointless giving vaccinations before the age of six months. The baby should be protected from infectious disease firstly by breast feeding and secondly through isolation. That is to say, babies should not attend public swimming pools, toddler groups, nursery, or whatever until their immune system has matured further. Babies should be kept at home during these first six months.
3. In Nature, it is virtually impossible for any immune system to meet more than one new, acute, systemic virus at a time. It goes against all the laws of Nature to use multiple vaccines against viruses. Indeed, there is evidence that these may be more harmful than those vaccines given in isolation, or at best they are likely to be ineffective.
4. Live vaccines given singly are likely to give reliable long lasting immunity.
5. "Dead" bacterial vaccines can be safely given in combination.
6. It is counter-productive to give mumps vaccination before the ages of nine in girls and ten in boys. This is because in children under this age, mumps is a benign illness with no serious side effects. Indeed, the aim should be for the child to develop mumps whilst a young child because this confers immunity for life. Failing this, vaccination should be given at the above ages, which conveys ten years' protection.
7. At the time of vaccination, the child must be well. Nearly all side effects result from a child being vaccinated when they are less than well and this greatly increases the chance of side effects.
8. Alcohol swabs should not be used since one risks inactivating the live vaccine.
9. Doctors must be extremely careful to keep vaccines between two and eight degrees centigrade since warming shortens the shelf life of the vaccine.
10. The benefit of flu vaccination has been greatly over-estimated. Side effects have been greatly under-rated. On balance the benefit from flu vaccination is marginal.
11. The most effective treatment against infection is good nutritional status with respect to diet and micronutrients. With these principles in mind, the recommendations are as in the following section.

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Immunisation Schedule

- **Baby** - no vaccinations before six months (if the baby has been born premature then this should be six months plus the time the baby was born premature). **Breast feeding and social isolation** (staying at home) are *vital* to protect the baby at this age. Vaccinations are no replacement for this policy at this age.
- **Six to Twelve Months** - the following should be given individually. "Dead" vaccines need to be given at least twice. "live" vaccines just need one dose.

A suggested schedule is:

- **For babies who stay at home** would be:
 - **Six months:** diphtheria, tetanus, pertussis and polio (three bacterial and one live virus) such as INFANRIX-IPV.
 - **Eight months:** diphtheria, tetanus, pertussis and polio (three bacterial and one live virus) INFANRIX-IPV.
 - **Twelve months:** diphtheria, tetanus, pertussis and polio (three bacterial and one live virus) INFANRIX-IPV.
 - **For babies who do not stay at home:**
 - **Six months:** diphtheria, tetanus, pertussis, polio and Hib(four bacterial and one live virus) such as PEDIACEL
 - **Eight months:** diphtheria, tetanus, pertussis, polio and Hib(four bacterial and one live virus) such as PEDIACEL
 - **Nine months:** single MenC
 - **Twelve months:** diphtheria, tetanus, pertussis, polio and Hib(four bacterial and one live virus) such as PEDIACEL
- In the event of a local meningitis outbreak, give one dose of meningitis C (anytime after six months of age).*
- **Fourteen months:** single measles vaccine
 - **Between 5 and 15 years:** Tetanus, diphtheria and polio (REVAXIS)
 - **Age Nine Girls:** Mumps
 - **Age Ten Girls:** Rubella
 - **Age Ten Boys:** Mumps

BCG is of unproven benefit and should not be given. Indeed, many Health Authorities have already dropped this vaccine.

Young people are at highest risk of bacterial septicaemias and meningitides during the first 6 months of life and the first year at college. The latter is largely because many university students do not care for their diet, drink too much, smoke too much and get inadequate sleep and therefore their immune system is suppressed. They often live in close proximity. So before college give:

- **Pre-College:** MenC and Hib one month apart **Adults** - for travel: DIFTAVAX (tetanus and diphtheria) or REVAXIS (tetanus, diphtheria and polio)

For further information see [GOOD HEALTH KEEPING](#)

Related Articles

[Travel and immunisations](#)

References

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