

“Current Position Paper”
written by
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Reviewed June 2014

General Statement:

The topic of vaccinations is controversial and filled with arguments for and against their administration. It is both my personal and professional opinion that vaccinations should be given, or not given, with informed consent as to risks and benefits for each person on an individual basis. Additionally, each vaccine should be considered separately. Risk may be associated with community (population), lifestyle, and/or immune status. Further, I believe that the decision to vaccinate or not should be considered under the care of a naturopathic physician, or other holistic practitioner who understands how the above stated risks of community (population), lifestyle, and/or risk are inter-related and who also understands how to implement diagnostic procedures and therapeutic modalities to reduce risk of either contracting disease or developing complications from vaccinations.

Brief considerations for specific vaccinations:

HepB: Usually given at birth to all hospital delivered neonates. Not recommended at all unless mother is HBsAG positive or the infant lives in a community at high risk for contracting hepatitis. Women entering the hospital for delivery must be told of their right to decline the vaccine for their neonates.

Polio: Oral Sabin vaccine not recommended at all due to its ability to convert back to wild type after being shed in the feces and further ability to contaminate anyone who comes in contact with the virus and become infected. IPV not recommended for breastfeeding infants due to interference with developing titers. Consider in a population with known polio carrier risk.

Hib: Not recommended for any breastfeeding baby as natural immunity from breastmilk is sufficient to inhibit disease. Vaccination under 6 months of age does not produce immune response. Vaccination is not necessary for anyone previously infected with the disease which is thought to be a majority of the population after about 16 months of age. Consider vaccination in infants with 2 or more of the below stated criteria: age 6-12 months, in daycare, with repeated exposure to second hand smoke, if Native American or African American.

MMR: All 3 diseases are mild, manageable diseases of childhood and confer lifelong immunity. The efficacy of MMR vaccine requires establishment of oral tolerance and production of IgA which does not occur until about 1 year of age. Some research has reported the presence of attenuated Measles vaccine in diseased bowel tissue of Crohn’s disease patients. Consider vaccine for Rubella portion in adolescent girls who have not been previously exposed due to risk of congenital defects in developing fetus should she become pregnant. Consider vaccine in boys who have increased risk for infertility if contract mumps virus. Recommend obtaining antibody titer status prior to vaccination.

DTaP: Diphtheria and Tetanus portions rely on Pertussis portion, or Pertussis contracture in order to develop an immunologic response. Therefore, they are not recommended as separate vaccines. Conflicting evidence as to whether the Pertussis vaccine works

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adequately. The vaccine is considered effective if the cough of an infant who contracts the disease lasts less than 28 days. Some arguments also state that the incidence of disease was declining when the vaccine was instituted and therefore declining rates of disease are incidental. All 3 diseases can range from mild to very serious if contracted and parents must be educated about daily lifestyle measures in order to avoid these diseases.

Varicella: “Chicken Pox” is a mild and manageable disease of childhood that is believed to confer long term immunity. Later exposure to children with chicken pox is theorized to be a natural booster to adults who were previously infected. Routine childhood vaccination only puts these people at risk for being infected as adults when the disease is typically more virulent to the infected person. Both vaccinated and non-vaccinated individuals are at risk for developing varicella-zoster (shingles) outbreaks later in adulthood.