A GUIDE TO MAKING AN INFORMED CHOICE ABOUT VACCINES FOR YOUR BABY

Presented by Kansans for Health Freedom and
the Children's Health Defense Kansas Chapter

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KANSAS CHAPTER

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Kansans for Health Freedom Inc. is a 501c4 nonprofit mobilizing Kansans from all different political, lifestyle, and belief spectrums to stand together for the love of healthy living and the freedom to make our own medical decisions.

Health Freedom for ALL Kansans.

kshf.org | contact@kshf.org | 844.922.KSHF | P.O. Box 4768 Topeka, KS 66604 | KSHFforFreedom

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Children's Health Defense
KANSAS CHAPTER

The Children's Health Defense - Kansas Chapter is devoted to the health of people and our planet. Our mission is ending childhood health epidemics by eliminating toxic exposure. We will restore and protect the health of children by eliminating environmental exposures, holding responsible parties accountable, and establishing safeguards to prevent future harm of children's health.

Protecting Children. Exposing Harms. Seeking Justice.

ks.childrenshealthdefense.org | ks.chd@childrenshealthdefense.org | t.me/chd_ks

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DEAR READER,

As a new parent, you'll be faced with dozens of choices that you'll have to make on behalf of your innocent, helpless, little one. Not all decisions are equal in importance. What kind of diapers? How long to wait between feedings? Should you vaccinate your baby? If so, which ones, or all? These last two questions are of utmost importance as they will affect your child's health for their entire life. You'll be forced to make a decision about vaccines on the very first day your baby is born.

Experience has shown that some babies do not do well with vaccines. Of course, you don't know if that will include your baby or not. Therefore, it is vital that you as a new parent really think this through, ask questions, and seek good advice from both sides of the argument. Please consider that all vaccines have risk; your baby is very small and he/she is still developing rapidly after birth. Ask yourself about each vaccine. What is it for? Why would my baby need it? Is my baby at risk for the disease the vaccine is supposed to protect against? Where can I learn about the ingredients? Where can I read a package insert? Are some babies injured from vaccines? Do some babies die?

Enclosed are a few brochures that can give you some information and resources as to where you can find more. Please look over them carefully. Don't be hasty to take anyone's ideas. It is YOUR baby, and you have a God-given responsibility to care for this precious little one. Let your intuition guide you as you think through this from a practical point of view.

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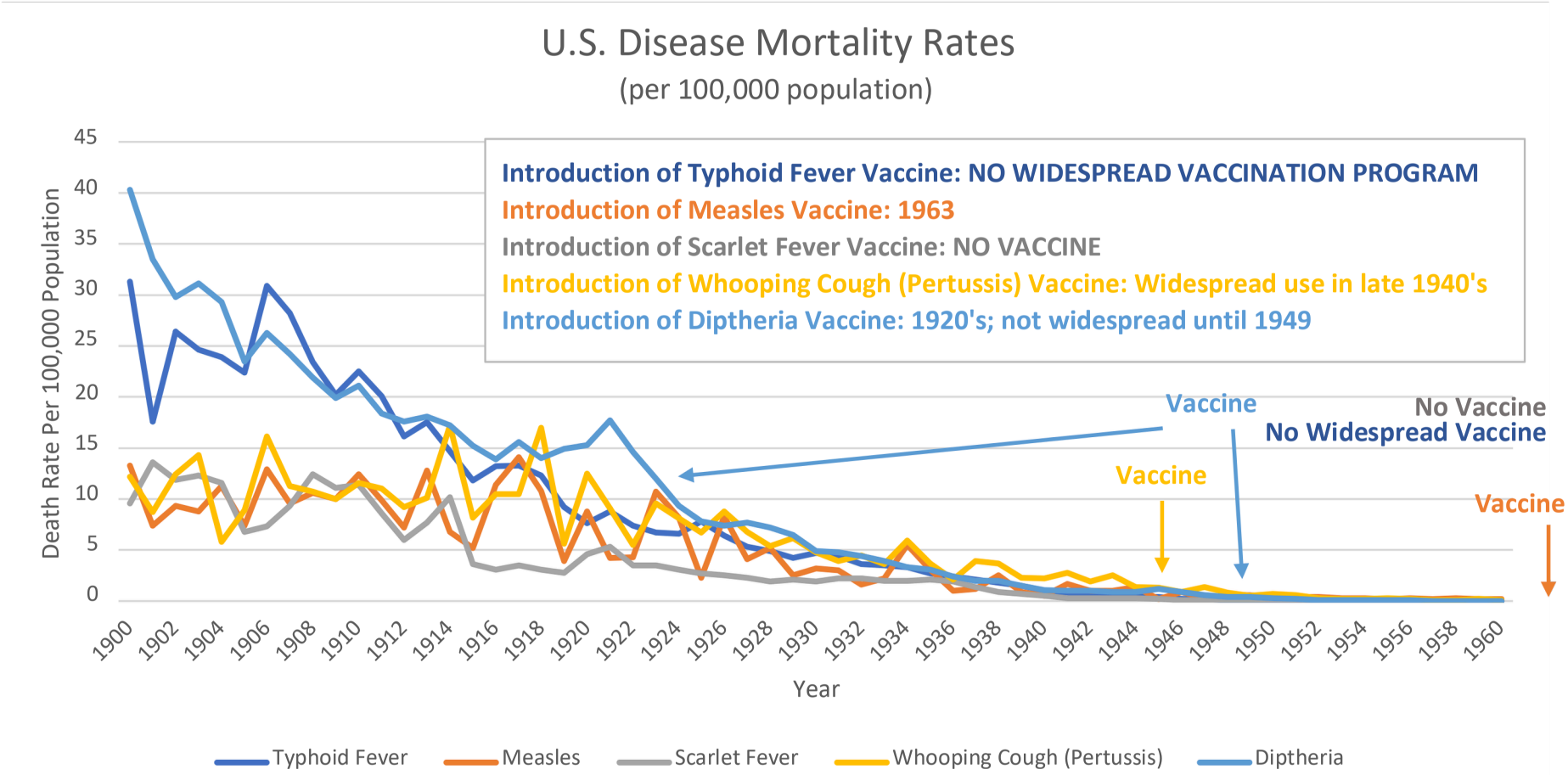
Did Vaccines Save the Day? ...or was it something else?



Source: Vital Statistics Rates in the United States, 1940-1960, https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf

Historical records show that overall disease mortality declined nearly 90% before the introduction of the U.S. vaccine program. In fact, some of the most prevalent diseases in the early 1900's followed the same decline without the U.S. population ever being vaccinated for them. (see chart)

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If Vaccines Didn't Save the Day, What Did?

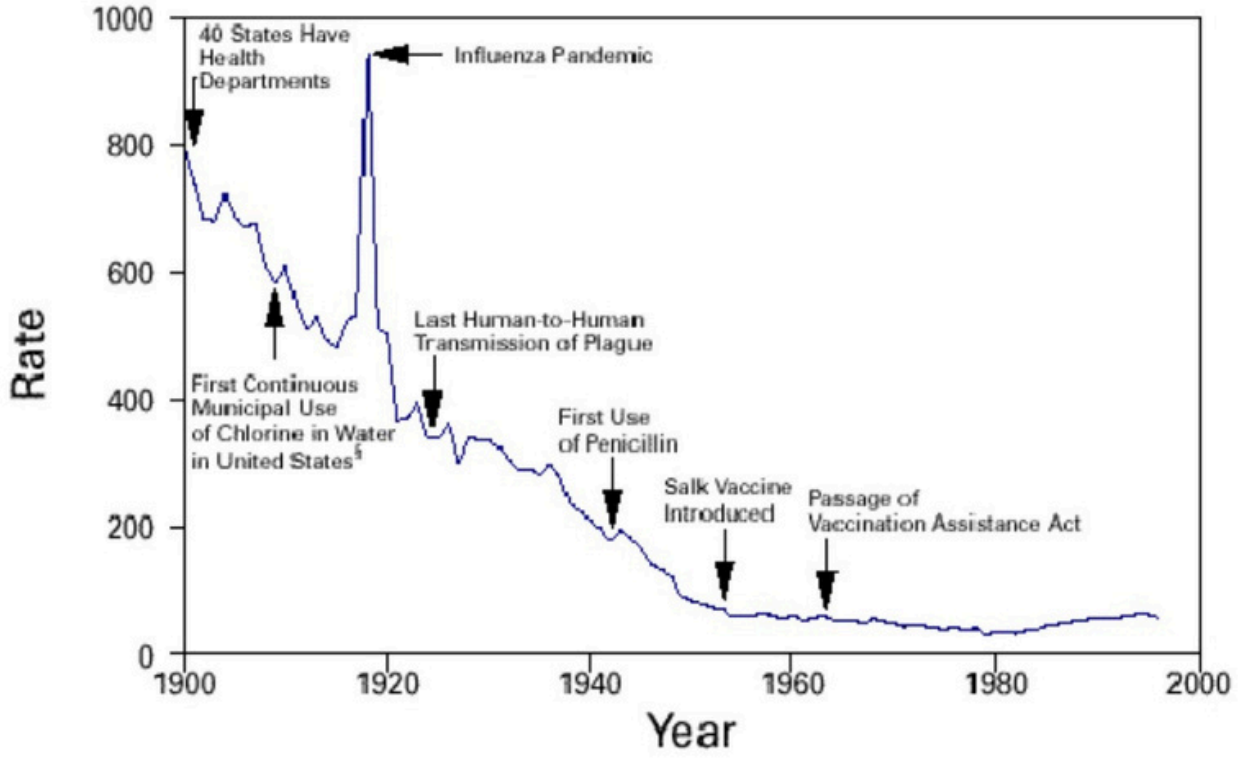


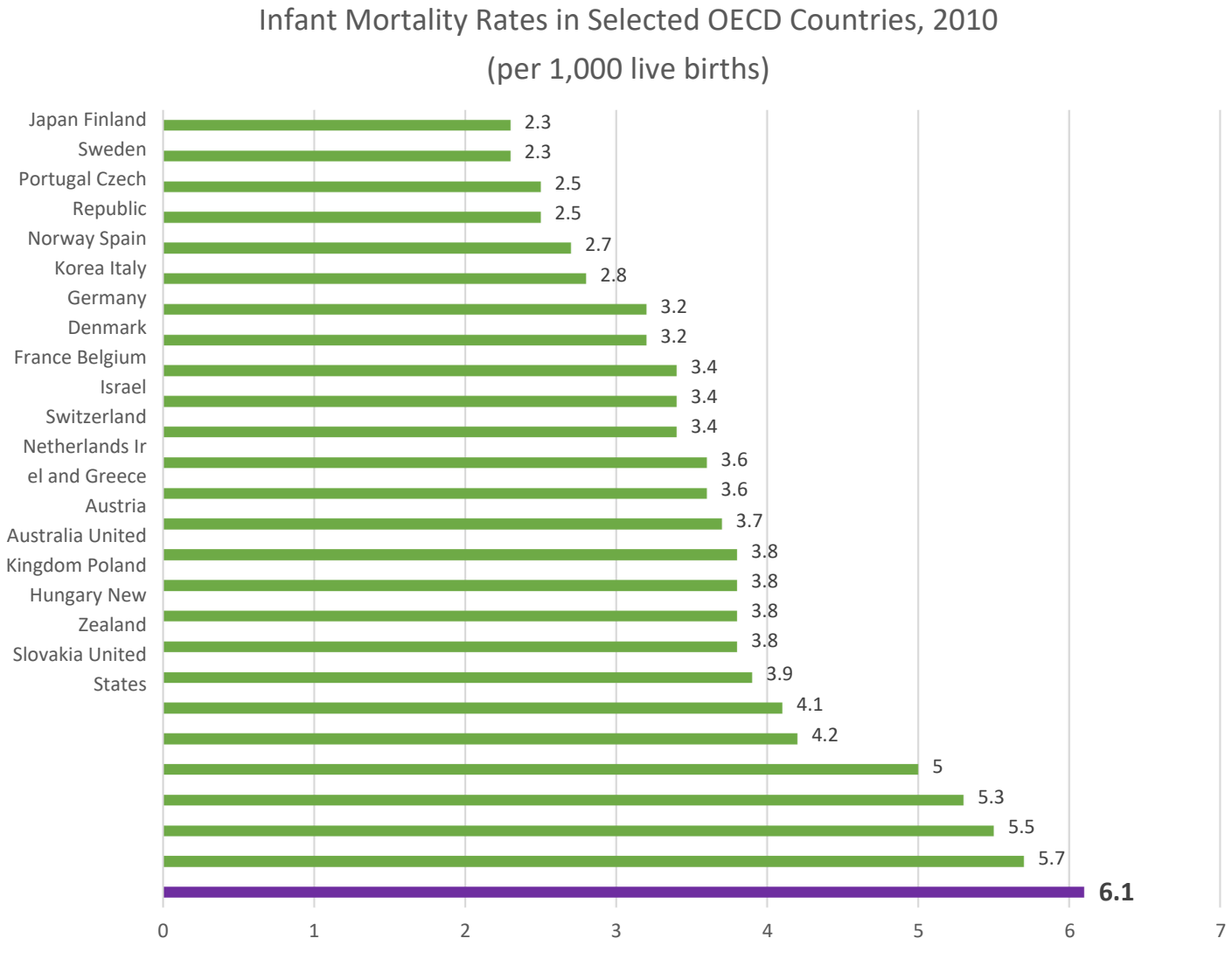
Figure 1. Crude death rate* for infectious diseases - United States, 1900-1996

According to this CDC report: "In 1908, Jersey City, New Jersey was the first city in the United States to begin routine disinfection of community drinking water. Over the next decade, thousands of cities and towns across the United States followed suit in routinely disinfecting their drinking water, contributing to a dramatic decrease in disease across the country… **This decrease in illness is credited to the implementation of drinking water disinfection and treatment, improving the quality of source water, and improvements in sanitation and hygiene."**

Source: CDC – History of Drinking Water Treatment, https://www.cdc.gov/healthywater/drinking/history.html

U.S. Lags Behind Other Wealthy Nations in Infant Mortality

A 2014 National Vital Statistics Report published by the CDC and U.S. Department of Health and Human Services revealed that the **U.S. has the 26th worst infant mortality rate of the 29 countries studied.** The U.S. infant mortality rate was more than twice that of Japan and Finland, the two countries with the lowest infant mortality rates.



Full CDC Publication: https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf
Washington Post Article: https://www.washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment/

U.S. Highest in Infant Mortality and Highest in Vaccine Doses

Another independent study based on the CIA's 2009 World Factbook paints a similar picture. This time, the data was also compared with each country's vaccine schedule. The startling results: **The U.S. had both the highest infant mortality rate and the highest number of doses on the infant vaccine schedule.**

Rank	Country	Infant Mortality Rate	Country	Total Vaccine Doses Before Age 1
1	Singapore	2.31	Sweden	12
2	Sweden	2.75	Japan	12
3	Japan	2.79	Iceland	12
4	Iceland	3.23	Norway	12
5	France	3.33	Denmark	12
6	Finland	3.47	Finland	13
7	Norway	3.58	Malta	15
8	Malta	3.75	Slovenia	15
9	Andorra	3.76	South Korea	15
10	Czech Republic	3.79	Singapore	17
11	Germany	3.99	New Zealand	17
12	Switzerland	4.18	Germany	18
13	Spain	4.21	Switzerland	18
14	Israel	4.22	Israel	18
15	Liechtenstein	4.25	Liechtenstein	18
16	Slovenia	4.25	Italy	18
17	South Korea	4.26	San Marino	18
18	Denmark	4.34	France	19
19	Austria	4.42	Czech Republic	19
20	Belgium	4.44	Belgium	19
21	Luxembourg	4.56	United Kingdom	19
22	Netherlands	4.73	Spain	20
23	Australia	4.75	Portugal	21
24	Portugal	4.78	Luxembourg	22
25	United Kingdom	4.85	Cuba	22
26	New Zealand	4.92	Andorra	23
27	Monaco	5.00	Austria	23
28	Canada	5.04	Ireland	23
29	Ireland	5.05	Greece	23
30	Greece	5.16	Monaco	23
31	Italy	5.51	Netherlands	24
32	San Marino	5.53	Canada	24
33	Cuba	5.82	Australia	24
34	**United States**	**6.22**	**United States**	**26**

Full Study: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/#bibr25-0960327111407644

DOCTORS on VACCINES

DR. CAMMY BENTON – board-certified physician

"In medical school, we did not look critically at vaccines. We did not study the risk of adverse events, discuss vaccine ingredients, or talk in any detail about efficacy rates. Instead, we were taught what amounts to little more than propaganda."

DR. LAWRENCE PALEVSKY – board-certified pediatrician

"The literature is pretty supportive of the fact that vaccines have much greater adverse outcomes on the genotype of the body, the immune system of the body, the brain of the body, and the intracellular functions of the body than we are willing to tell the public about."

DR. RUSSELL BLAYLOCK – board-certified neurosurgeon

"The problem with our present vaccine policy is that so many vaccines are being given so close together, and over such a long period, that the brain's immune system is constantly activated. This has been shown experimentally in numerous studies."

DR. THERESA DEISHER – PhD, Molecular and Cellular Physiology

"Merck's MMR II vaccine (as well as the chickenpox, Pentacel, and all Hep-A containing vaccines) are manufactured using human fetal cell lines and are heavily contaminated with human fetal DNA from the production process. That level is known to activate Toll-like receptor 9 (TLR9), which can cause autoimmune attacks."

DR. NANCY BANKS – board-certified obstetrician/gynecologist

"If you look at the ingredients of vaccines, you'll find that they have mercury, and they have aluminum, and the vaccines are polluted with other kinds of viruses, and the vaccines are grown sometimes on human tissue. So, these are vaccines that have elements that are neurotoxic, and then of course they have other elements that can set up autoimmune reactions. So those are the kinds of things that we're seeing in the children – we are seeing autoimmune reactions."

DOCTORS on VACCINES... *continued*

DR. CORNELIA FRANZ – board-certified pediatrician

"I can tell you today, having been in clinical practice for over 30 years, that the children I see today are sicker than they were when I was a resident. They are! It's like they're genetically weaker. And we give four times (quadruple) the number of vaccines than we did when I started practice."

DR. TONI BARK – board-certified physician

"I can only make comments about my own patient population. I can say in my patient population, the kids with chronic illness are the kids who were vaccinated. And the kids that weren't vaccinated, I don't have any of those children on medications. None of them have chronic illness. I can't think of one that has any kind of chronic illness. Not one."

DR. RACHAEL ROSS – board-certified physician

"With what I now know, I cannot support mandatory vaccines for children. Some kids respond well to vaccines, but others do not. How can we be sure who will and who will not? Should we really sacrifice one for many? Parents have to have the right to choose. Parents have to make their own informed decisions. Parents deserve access to this information which has been buried so deep that even I, a practicing physician, hadn't been aware of."

DR. LEE HIEB – orthopaedic surgeon

"At the end of the day, the issue here is one of freedom. And freedom is the freedom to choose, even if we make a bad choice. The argument that I must vaccinate my children for the good of the community is not only scientifically questionable, it is an unethical precept. It is the argument all dictators and totalitarians have used. 'Comrade, you must work tirelessly for the good of the collective. You must give up your money and property for the good of the collective, and now you must allow us to inject your children with what we deem is good for the collective.' Our bodies are no longer solely ours – we and our children are able to be commandeered for the 'greater good.'"

Children's Health Defense

Vaccinated vs. Unvaccinated Children:

How does their health compare?

The health difference between vaccinated and unvaccinated children is more dramatic than you might imagine.

Understand the health difference between the vaccinated and unvaccinated, the omnipresent dangers of vaccines and their relationship to chronic illness, and make logical, informed choices for you and your family.

Despite having the world's most aggressive vaccine schedule, **the United States does not have the world's healthiest children.**

Why are our kids so sick?

American children have more chronic health conditions today than ever before. In 1988, 12.8% of children in the U.S. had a chronic health condition. A national health survey revealed in 2011 that the proportion had grown to 54% when obesity or being at risk for developmental delays were included. The parallel between increasing disease rates and the increasing number of vaccine doses on the routine childhood schedule is hard to ignore. While correlation doesn't necessarily indicate causation, it's clear that something is amiss and the health of our children is going in the wrong direction.

The number of CDC-recommended vaccine doses in childhood has tripled since 1986.

In 1986, the CDC recommended 24 doses of vaccines against seven diseases. Today, in 2024, children following the CDC-recommended vaccination schedule receive a minimum of 77 doses for 19 different diseases, with a whopping 36 doses by their first birthday.

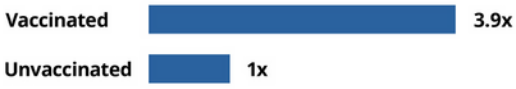
Furthermore, long-term safety studies on the entire childhood immunization schedule *have not been done.*

An Institute of Medicine committee commissioned to evaluate the evidence to support claims of safety for the entire CDC infant/child vaccination schedule found that **"studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted."**

ADHD

The odds ratio of chronic diseases for vaccinated versus unvaccinated children (Mawson et. al. 2017a).

Allergies



The odds ratio of chronic diseases for vaccinated versus unvaccinated children (Mawson et. al. 2017a).

Asthma

The odds ratio of diagnosed disorders in vaccinated versus unvaccinated children (Hooker and Miller, 2020).

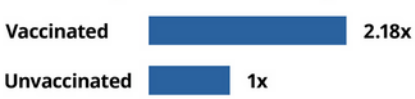
Autism

The odds ratio of chronic diseases for vaccinated versus unvaccinated children (Mawson et. al. 2017a).

Ear Infections

The odds ratio of diagnosed disorders in vaccinated versus unvaccinated children (Hooker and Miller, 2020).

Developmental Delays



The odds ratio of diagnosed disorders in vaccinated versus unvaccinated children (Hooker and Miller, 2020).

Children's Health Defense

ChildrensHealthDefense.org

"Vax-Unvax: Let the Science Speak"

Which Group is Healthier?

An Essential Resource for Anyone Caring for a Child

Get the facts you need to make key decisions affecting the lifelong health of children you love.

Answers Backed By Science and Detailed Documentation

Robert F. Kennedy Jr. and Brian Hooker, Ph.D., have brought together the most important research findings from over 100 peer- reviewed studies. The truth was hiding in plain sight, ***until now.***

Easy to Understand for Parents, Caregivers and Health Professionals

Focus on the facts with straightforward graphics and simple explanations. Discover crystal-clear evidence that's effortless to read.

When you get your copy of this groundbreaking book, you'll uncover eye-opening details.

Vaccine doses on the childhood schedule have increased ***over 1,000 percent*** since 1962. Is the vaccine schedule truly "safe and effective?"

Explore the details in one tell-all book.

A *New York Times* Bestseller with 4.8 Stars on Amazon

Here's what people are saying:

★★★★★

"A MUST READ for every Parent, Pregnant Woman, Grandparent, Caregiver of a baby or child"

★★★★★

"Jaw dropping revelations, factual, backed by real science"

Order your copy of this timely resource, "Vax-Unvax Let the Science Speak" at ChildrensHD.org/vax-unvax-book

2024 CHILDHOOD VACCINE SCHEDULE

1962	1986	2024			
OVP	DTP (2 months)	Hep B (birth)	Hib (6 months)	COVID-19 (19 months; updated 23/24 formula)	Tdap* (11 years)
Smallpox	OVP (2 months)	RSV** (birth- 6 months)	PCV (6 months)	Influenza (2 years)	HPV (11 years; dose 1/2)
DTP	DTP (4 months)	Hep B (1 months)	IPV (6 months)	Influenza (3 years)	HPV (11-12 years; dose 2/2)
	OVP (4 months)	Rotavirus (2 months)	Influenza (6 months; dose 1)	DTaP* (4 years)	Influenza (12 years)
	DTP (6 months)	DTaP* (2 months)	COVID-19 (6 months; dose 1/3)	IPV (4 years)	Influenza (13 years)
	MMR (15 months)	Hib (2 months)	Influenza (7 months; dose 2)	MMR* (4 years)	Influenza (14 years)
	DTP (18 months)	PCV (2 months)	COVID-19 (9 months; dose 2/3)	Varicella (4 years)	Influenza (15 years)
	OVP (18 months)	IPV (2 months)	Hib (12 months)	Influenza (4 years)	HPV† (15 years; 3 doses)
	DTP (4 years)	Rotavirus (4 months)	PCV (12 months)	Influenza (5 years)	MenACWY (16 years)
	OVP (4 years)	DTaP* (4 months)	MMR* (12 months)	Influenza (6 years)	Influenza (16 years)
	Td (15 years)	Hib (4 months)	Varicella (12 months)	Influenza (7 years)	Men B (16 years; dose 1/2)
		PCV (4 months)	Hep A (12 months)	Influenza (8 years)	Men B (16 years; dose 2/2)
		IPV (4 months)	Influenza (12 months)	Influenza (9 years)	Influenza (17 years)
		Hep B (6 months)	DTaP* (15 months)	Influenza (10 years)	
		Rotavirus (6 months)	COVID-19 (17 months; dose 3/3)	Influenza (11 years)	
		DTaP* (6 months)	Hep A (18 months)	MenACWYl (11 years)	
5 Doses	24 Doses	77 Doses*			
Vaccines Recommended During Pregnancy 8 Doses		COVID-19 3 doses	RSV** 1 dose	Tdap* 3 dose	Influenza 1 dose

Total Including Fetal Exposure — 85 Doses

*Doses are calculated based on **DTaP/Tdap counting as 3 doses and MMR counting as 3 doses (as each are trivalent vaccines)**. The rest of the schedule is single valent. There are 6 DTaP/Tdaps on the schedule for a total of 18 doses. There are two MMRs on the schedule for a total of 6 doses. There are 53 remaining single-valent vaccines for a total of 53+18+6=77

**Maternal RSV Vaccine and Infant RSV monoclonal antibody

† If series begins at age 15 or older, 3 doses are given

U.S. Childhood Vaccine Schedule

This is how many vaccines the CDC says your child needs in their **first year of life alone!**

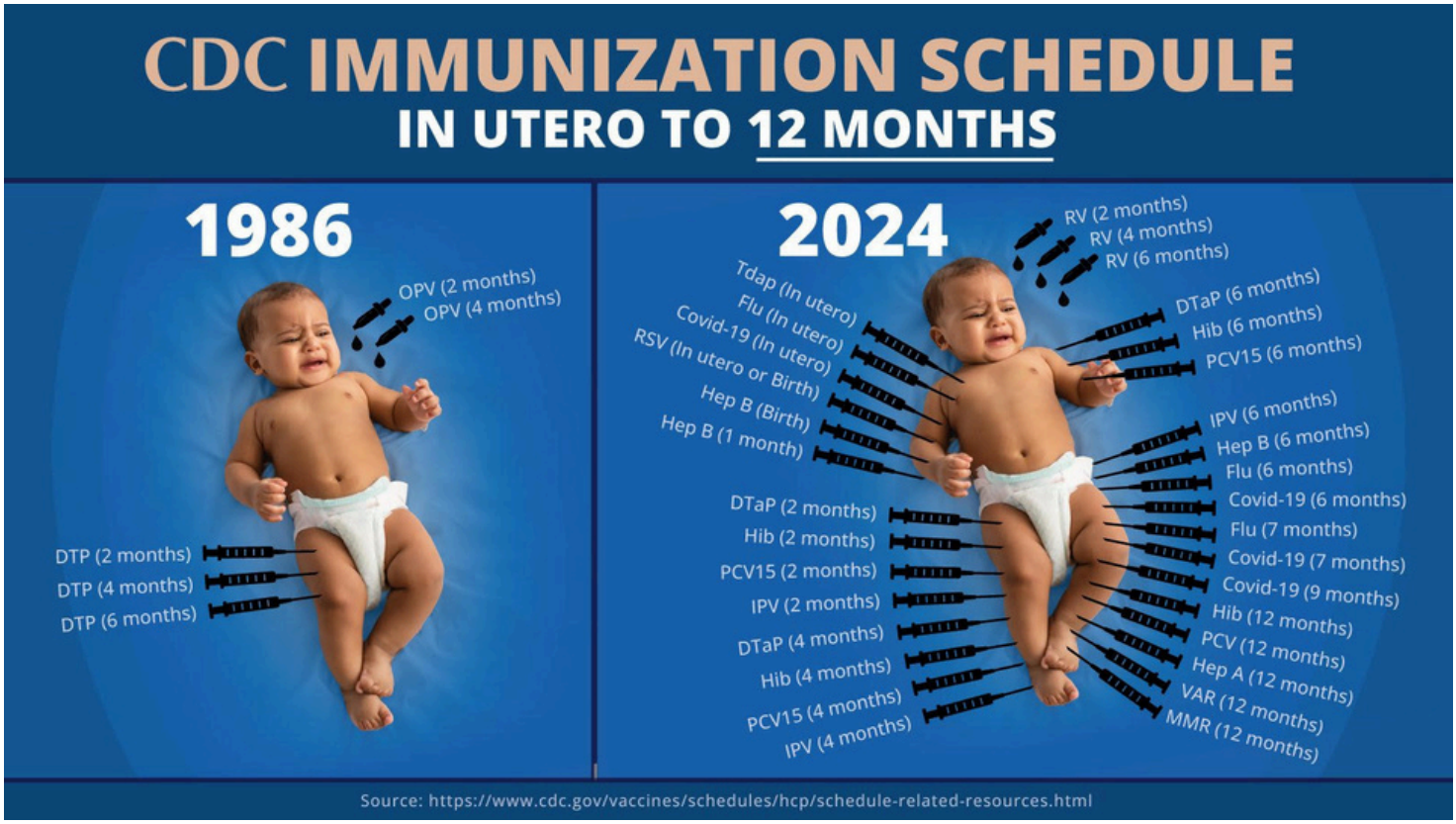


Image courtesy of Aaron Siri and the Informed Consent Action Network (ICAN)

What happened to trigger such an increase in the recommended vaccine schedule?

In 1986, the National Childhood Vaccine Injury Act (NCVIA) was passed, which removed legal and financial liability from vaccine manufacturers for injury and death caused by vaccines on the childhood schedule. This act is still in place today.

https://www.congress.gov/bill/99th-congress/house-bill/5546

Why Are There So Many Vaccines on the Childhood Schedule?

The Advent of Liability-Free Vaccines

- In 1986, Congress passed the National Childhood Vaccine Injury Act (NCVIA), which is still in place today.
- The NCVIA established a **mandatory, no-fault compensation system** for specified injuries caused by childhood vaccines. *(1)*
- The NCVIA has effectively **removed legal and financial liability from vaccine manufacturers for injuries caused by their products.**

Tell Me More

- The NCVIA was in response to lobbying pressure from vaccine manufacturers, who argued they were losing too much money in court and would be forced to stop the development of vaccines if the government didn't step in.
- If someone is injured by a vaccine, there is **no right to sue or obtain discovery from vaccine manufacturers and no right to a jury trial.** *(2)*
- Instead, families must file a petition in the U.S. Court of Claims in Washington DC against the Secretary of Health and Human Services. Only about 1 out of 100 injured actually file a claim, and a very limited number of claims are approved by this claims court.
- Despite the deck being stacked against them, over **$4.9 billion** has been paid out to caregivers in compensation for childhood injuries and deaths. *(3)*
- Payments are made through a trust set up by the Federal Vaccine Injury Compensation Program, funded by a tax charged on each vaccine dose.
- The law also set up the **Vaccine Adverse Events Reporting System (VAERS)**, which tracks injuries voluntarily reported. However, the general public and many within the medical community still do not know about the VAERS system.

Why This is Important for Kansans

- Since the passage of the NCVIA, the number of vaccines on the CDC-recommended childhood schedule has ballooned from **24 doses of 4 vaccines in 1983 to 88 doses of 15 vaccines in 2024.** *(4, 5)*
- The same drug companies that produce vaccines have faced criminal charges and unprecedented settlements for fraud, negligence, and injury caused by their other pharmaceutical products. *(6)* **Why would we give them a free ride for vaccines? Are we certain they deserve our blind trust?**
- Is it any wonder that the vaccine industry has since grown from a $1 billion industry to a **$61 billion industry in 2021?** *(7)*
- The same Big 4 companies that produce vaccines (Merck, Pfizer, Sanofi, GSK) also produce the top-grossing drugs that treat the most common side effects listed on their vaccine inserts (autoimmunity, anaphylaxis, asthma, allergies, ADHD, rheumatoid arthritis, epilepsy, etc.). *(8)*

Sources

(1) https://www.congress.gov/bill/99th-congress/house-bill/5546
(2) https://www.govinfo.gov/content/pkg/USCODE-2016-title42/html/USCODE-2016-title42-chap6A-subchapXIX-part2-subparta-sec300aa-12.htm
(3) https://www.hrsa.gov/sites/default/files/hrsa/vicp/vicp-stats-02-01-23.pdf
(4) https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg
(5) https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
(6) https://projects.propublica.org/graphics/bigpharma
(7) https://www.fortunebusinessinsights.com/industry-reports/vaccines-market-101769
(8) http://www.vaccinesafety.edu/package_inserts.htm

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Learn more at KSHF.ORG

What's In a Vaccine Insert?

Let's consider the Hepatitis B vaccine, which the CDC recommends that your child receive on their very first day of life.

Length of Study

Subjects who received the Hepatitis B vaccine were only monitored for 4 days after receiving the vaccine. This means that there is **no data on the potential long-term side effects** of this vaccine.

> In 36 clinical studies, a total of 13,495 doses of ENGERIX-B were administered to 5,071 healthy adults and children who were initially seronegative for hepatitis B markers, and healthy neonates. All subjects were monitored for 4 days post-administration. Frequency of adverse reactions tended to decrease with successive doses of ENGERIX-B.

Line 13.1 - Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been done to determine whether the Hepatitis B vaccine can cause cancer, interfere with DNA, or impair fertility. While there is no proof that the vaccine *does* cause these things, it also cannot be claimed that the vaccine definitively does *not* cause these things, since there is no data on the subject. **This is true of all vaccines.**

> **13 NONCLINICAL TOXICOLOGY**
>
> **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**
>
> ENGERIX-B has not been evaluated for carcinogenic or mutagenic potential, or for impairment of male fertility in animals. Vaccination of female rats with TWINRIX, which contains the same HBsAg component and quantity as ENGERIX-B, had no effect on fertility. *[See Use in Specific Populations (8.1).]*

Section 5 - Warnings and Precautions

The manufacturer of the Hepatitis B vaccine recommends considering how a patient has responded to previous vaccines before they receive a new immunization. Your child's immunization history should include your own; if you have reacted poorly to vaccines, your baby may be more sensitive as well. Your doctor should talk to you about this before giving your child a vaccine. Unfortunately, there is no way to know how your one day old baby will react to their first vaccination.

> **5.4 Preventing and Managing Allergic Vaccine Reactions**
>
> Prior to immunization, the healthcare provider should review the immunization history for possible vaccine sensitivity and previous vaccination-related adverse reactions to allow an assessment of benefits and risks. Epinephrine and other appropriate agents used for the control of immediate allergic reactions must be immediately available should an acute anaphylactic reaction occur. *[See Contraindications (4).]*

SOURCE: https://www.fda.gov/media/119403/download

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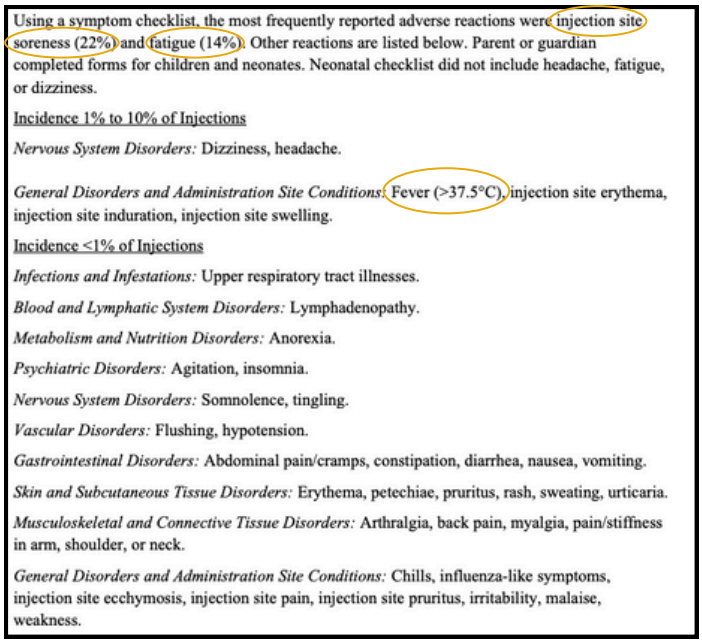
What's In a Vaccine Insert? (cont.)

Section 6 - Adverse Reactions

Every vaccine insert lists vaccine side effects and adverse reactions that were observed in the clinical studies or reported after the vaccine was approved for public use (this is called post-marketing experience). In the case of the Hepatitis B vaccine, the post-marketing experience is particularly important to consider since the clinical trial lasted a mere four days. While the manufacturer rightly states that because of the nature of these post-marketing reports, it cannot be proven that the vaccine caused these reactions. But again, neither can it be *disproven*, because follow up studies have not been done. We have found that the stories and experiences of parents are often very different than what you would expect given the manufacturer's claims that side effects are rare and mild.



Using a symptom checklist, the most frequently reported adverse reactions were injection site soreness (22%) and fatigue (14%). Other reactions are listed below. Parent or guardian completed forms for children and neonates. Neonatal checklist did not include headache, fatigue, or dizziness.

Incidence 1% to 10% of Injections

Nervous System Disorders: Dizziness, headache.

General Disorders and Administration Site Conditions: Fever (>37.5°C), injection site erythema, injection site induration, injection site swelling.

Incidence <1% of Injections

Infections and Infestations: Upper respiratory tract illnesses.

Blood and Lymphatic System Disorders: Lymphadenopathy.

Metabolism and Nutrition Disorders: Anorexia.

Psychiatric Disorders: Agitation, insomnia.

Nervous System Disorders: Somnolence, tingling.

Vascular Disorders: Flushing, hypotension.

Gastrointestinal Disorders: Abdominal pain/cramps, constipation, diarrhea, nausea, vomiting.

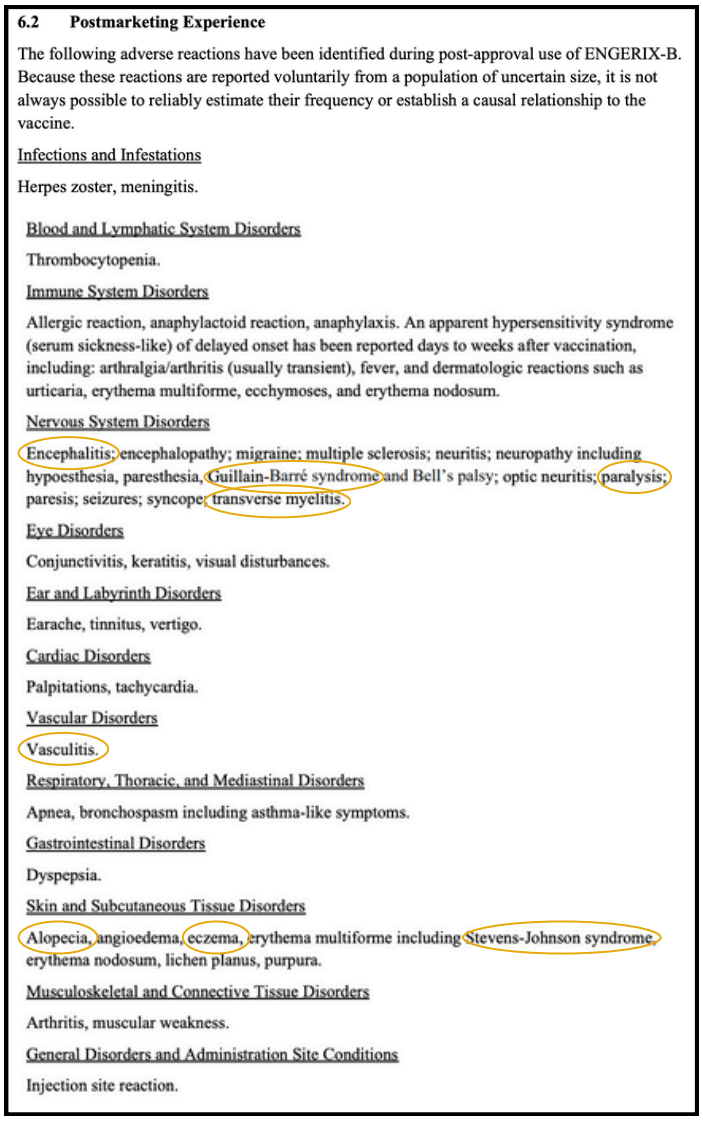
Skin and Subcutaneous Tissue Disorders: Erythema, petechiae, pruritus, rash, sweating, urticaria.

Musculoskeletal and Connective Tissue Disorders: Arthralgia, back pain, myalgia, pain/stiffness in arm, shoulder, or neck.

General Disorders and Administration Site Conditions: Chills, influenza-like symptoms, injection site ecchymosis, injection site pain, injection site pruritus, irritability, malaise, weakness.

Adverse Reactions Observed in Clinical Trials *(pictured above)*

While injection site soreness, fatigue, and fever may be mild symptoms for some, consider how they could impact your newborn baby. If your baby experiences pain and fatigue, this could interfere with bonding and breastfeeding. A fever can become a serious event for an infant more quickly than for adults.



6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of ENGERIX-B. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to the vaccine.

Infections and Infestations

Herpes zoster, meningitis.

Blood and Lymphatic System Disorders

Thrombocytopenia.

Immune System Disorders

Allergic reaction, anaphylactoid reaction, anaphylaxis. An apparent hypersensitivity syndrome (serum sickness-like) of delayed onset has been reported days to weeks after vaccination, including: arthralgia/arthritis (usually transient), fever, and dermatologic reactions such as urticaria, erythema multiforme, ecchymoses, and erythema nodosum.

Nervous System Disorders

Encephalitis; encephalopathy; migraine; multiple sclerosis; neuritis; neuropathy including hypoesthesia, paresthesia, Guillain-Barré syndrome and Bell's palsy; optic neuritis; paralysis; paresis; seizures; syncope; transverse myelitis.

Eye Disorders

Conjunctivitis, keratitis, visual disturbances.

Ear and Labyrinth Disorders

Earache, tinnitus, vertigo.

Cardiac Disorders

Palpitations, tachycardia.

Vascular Disorders

Vasculitis.

Respiratory, Thoracic, and Mediastinal Disorders

Apnea, bronchospasm including asthma-like symptoms.

Gastrointestinal Disorders

Dyspepsia.

Skin and Subcutaneous Tissue Disorders

Alopecia, angioedema, eczema, erythema multiforme including Stevens-Johnson syndrome, erythema nodosum, lichen planus, purpura.

Musculoskeletal and Connective Tissue Disorders

Arthritis, muscular weakness.

General Disorders and Administration Site Conditions

Injection site reaction.

Adverse Reactions Reported in Postmarketing Experience *(pictured right)*

Consider the circled adverse reactions. Some can be very serious, such as encephalitis (brain swelling), Guillain-Barre syndrome (rapid onset muscle weakness due to nervous system damage), paralysis, tranverse myelitis (spinal cord inflammation), and Stevens Johnson syndrome (severe skin reaction). Others can cause life-long damage or symptoms, such as vasculitis (autoimmune condition causing inflammation in blood vessels), alopecia (autoimmune condition causing baldness), and eczema (skin condition).

SOURCE: https://www.fda.gov/media/119403/download

KS·HF Kansans for Health Freedom