Adults, Not Children, Get Most Vaccine
government recommended vaccines at least until 65 years old.

Notably, adults are being targeted by the federal government with strategies for increased vaccine uptake, while manufacturers are producing vaccines specifically for adults that will not be covered by the VICP for vaccine injury and death compensation.

The vaccine informed consent movement is not about an anti- or pro-vaccine position. It is a battle over freedom, values and beliefs. What is at risk is the ability of parents and individuals to decide what medical risks are acceptable to them and vaccination is the forefront of this battle.

On December 4, 2015 during a meeting of the federal Advisory Commission on Childhood Vaccines (ACCV) the U.S. Department of Justice (DOJ) and Division of Injury Compensation Programs (DICP) reported that the number of vaccine injury claims for this fiscal year will exceed previous years. I have monitored this committee for the past six years and have seen the number of claims and awards rise every year.

Sadly, they are likely to represent only a fraction of the vaccine injured, due to the lack of public awareness1 of the existence of the federal Vaccine Injury Compensation Program (VICP) created under the National Childhood Vaccine Injury Act of 1986, which has a record of dismissing two-thirds of claims received.2

Expansion of the Adult Vaccine Schedule
Since its introduction in 2002,3 the federally recommended adult vaccine schedule has expanded from 53 doses of 9 vaccines to 61 doses of 12 vaccines in 2016. Although the federal Vaccine Injury Compensation Program (VICP) was originally created by Congress to shield drug companies producing government licensed, recommended and mandated vaccines for children, today it is not children but adults injured by influenza vaccine who are receiving most of the compensation. As of March 2016, the VICP has awarded vaccine injury and death victims almost $3.4 billion.

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The majority of compensated flu shot injury claims are for nerve inflammation diagnosed as Guillain-Barré syndrome (GBS), an autoimmune disorder that attacks the nervous system and can result in life-long paralysis.5 Also on the rise are government conceded claims for shoulder injuries (SIRVA) caused by vaccine providers failing to properly administer vaccinations. GBS and SIRVA are in the process of being added to the federal Vaccine Injury Table 6 to expedite the administrative vaccine injury claims process for those two injuries.

To date the VICP, under the National Childhood Vaccine Injury Act of 1986, paid out nearly $3.4 billion in federal vaccine injury compensation to victims of vaccine related injuries and death.

Injuries from Some Adult Vaccines not Compensated
Under the 1986 law, the only adult vaccine injury claims that can be compensated by the VICP are for injuries caused by vaccines recommended by the CDC for “universal use” by children.7 Most, but not all, of the CDC recommended vaccines for adults are also recommended for children.8 The shingles (herpes zoster) vaccine and 23-valent pneumococcal vaccine (PNEUMOVAX 23) recommended for adults are not eligible for compensation under the VICP9 and federal health officials and the ACCV have wrestled in recent years with how to protect vaccine manufacturers and compensate adult vaccine injuries not covered by the VICP.

Vaccine manufacturers are also expanding their reach and developing vaccines solely for use by pregnant women. Currently, there are two vaccines under development for exclusive use by pregnant women for Respiratory Syncytial Virus (RSV) and group B streptococcal disease.

As a result, the ACCV recommended in 2013 that the U.S. Secretary of the Department of Health and Human Services (DHHS) pursue statutory changes to the 1986 law to extend vaccine injury compensation for injuries caused by vaccines being developed for exclusive use by pregnant women,10 as well as for live born infants injured by these vaccines in utero (before birth).11 However, during
a December 2015 ACCV meeting, the ACCV's working group recommended not pursuing statutory changes to the 1986 law that would extend coverage to vaccines given to adults but not recommended for children.

Some Vaccine Injured Adults Can Sue Vaccine Manufacturers

In effect, unlike the legal requirement under the 1986 law that shields vaccine manufacturers from civil liability for government recommended vaccines for children that are also used by adults, vaccine injuries sustained by adults from vaccines used exclusively by adults (like shingles and PNEUMOVAX 23 vaccines) can pursue civil lawsuits against vaccine manufacturers and negligent physicians in order to obtain vaccine injury compensation.

While the ACCV's recommendations carry no legal authority, it does not appear likely that the DHHS Secretary will pursue legal changes necessary to cover adults. The vaccine manufacturer representative on the working group stated that vaccine manufactures did not support extending VICP coverage to adult-only vaccines, due to a potential risk of “certain groups” weakening the 1986 law’s liability protections if legal changes to the law were pursued.

Adults Targeted for More Vaccination

As I reported in March 2015,12 the National Adult Immunization Plan (NAIP), which was authored by the federal National Vaccine Advisory Committee (NVAC), cites adults as being delinquent vaccinators and contains strategies to increase adult vaccination. These strategies include close monitoring of adult vaccination status in state vaccine registries, incentivizing vaccine providers with rewards and sanctions, and conducting outreach efforts to churches, employers and other community organizations.

Americans can expect to be hearing a lot more about adult vaccines during 2016, now that the NAIP has officially been launched.

What you need to know – the nutshell.

The basis of the NAIP rests on Healthy People 2020 Goals,13 many of which are arbitrary.14 The key fact the plan seems to lose sight of in using these goals as its foundation is THEY ARE GOALS. These goals have no legal authority over your healthcare decisions and are being used by government officials to shape public health policy, which in turn is spurring legal mandates to force you to comply with them.15

The adult immunization plan also “incentivizes” doctors and other vaccine providers to convert patient data into Electronic Health Record (EHR) formats that can then be shared across state and federal electronic databases to track national vaccine coverage rates and also track and identify who is and is not vaccinated. Many states already have electronic vaccine tracking registries (Immunization Information Systems - IIS) in place, but do not share this information due to laws preventing the sharing of personal medical information and/or limited vaccination data on adults. This is where financial and other types of incentives come in to convince vaccine providers and state legislators to participate in the gathering of this private medical information on all adults.

NVAC Lays State Mandate Groundwork

Over the past six years of monitoring the NVAC, what I find striking is that for a federal committee with no statutory authority, NVAC recommendations are quickly showing up in strong support of proposed state legislation that will repeal or restrict vaccine exemptions, require parent “re-education,” and institute vaccine tracking registries.

Informed Consent Freedom at Risk

You may not realize that history is about to repeat itself. Government enforced vaccination through identification and door-to-door efforts to make everyone comply, like was seen with smallpox vaccination campaigns a century ago, is a real possibility again in America. Only this time it won’t just be about one vaccine – it will be about a lot of vaccines you will be forced to get.

The noose being tightened around the necks of our children is being thrown over the necks of adults as well. The tightening of that noose is growing daily in an attempt to strangle vaccine freedom of choice by eradicating the ethical principle of informed consent.

Adults and their children are being asked to accept a one-size-fits-all vaccine schedule that does not allow for the ability to delay or decline one or more vaccines for religious and conscientious beliefs. This is very dangerous when the medical exemption has been narrowed by government so that almost no health condition qualifies for a medical exemption anymore. Families already personally impacted by vaccine reactions, injuries and deaths will be faced with more loss, including their financial stability if they are forced to be revaccinated.

The human right to protect bodily integrity and autonomy – the core value of the informed consent ethic – is at stake.

This battle is not about an anti- or pro- vaccine position. It is a battle over freedom, values and beliefs. What is at risk is your ability as a parent and individual to decide what medical risks you are willing to accept and vaccination is the forefront of this battle.

For over three decades NVIC has supported informed consent protections in all U.S. vaccine laws and policies, which means that parents and individuals must receive full and accurate information on vaccine risks and benefits and the right to make voluntary decisions to accept, delay or decline one or more vaccines without being sanctioned for the decision they make.

Now, more than ever before, we must have the courage to stand up and speak to our friends and family, because these attempts to destroy the right to exercise informed consent to medical risk-taking impacts everyone.

About the Author

Theresa Wrangham has been the National Vaccine Information Center’s (NVIC) Executive Director since 2010. She actively monitors and analyzes federal advisory committee activities related to vaccine policy-making. Theresa is also a consumer reviewer for systematic reviews and their protocols that are undertaken by the Cochrane Collaboration via NVIC’s membership with the Consumers United for Evidence-based Healthcare (CUE).
Vaccine Injuries Continue to Rise as Unvaccinated Adults are Targeted by the Federal Government

**About NVIC:** Founded in 1982, the National Vaccine Information Center (NVIC) is the largest and oldest consumer led charitable non-profit organization advocating for informed consent protections in vaccine related public health policies and laws. NVIC does not promote or advise against the use of vaccines and supports the right of consumers to make educated, voluntary health care choices. Learn more at [www.NVIC.org](http://www.NVIC.org).

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**Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group**

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP</th>
<th>19-21 years</th>
<th>22-25 years</th>
<th>26-49 years</th>
<th>50-64 years</th>
<th>65 years &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap)</td>
<td>Substitute Tdap for Td once, then Td booster every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps, rubella, mumps (MMR)</td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap)</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2 or 3 doses depending on indication</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menacoccal 4-valent conjugate (MenACWY) or polysaccharide (MenB)</td>
<td>1 or more doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal 9-valent conjugate (MenB)</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menacoccal 9-valent conjugate (MenB)</td>
<td>1 or 3 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program:

- Recommended for all persons who meet the age requirements, lack documentation of vaccination, or who are non-compliant.
- Recommended for persons with a risk factor (i.e., immunocompromised changes, or severe indications).
- Not recommended for persons with a personal or family history of Guillain-Barre Syndrome (GBS).

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**Article & References Updated 2016**

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