Hepatitis A: A True Emergency?

In 2019, the new Secretary of Health added hepatitis A to the required vaccine schedule for Kansas children. Was it necessary?

WHAT IS HEPATITIS A?

According to the CDC, hepatitis A is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is usually transmitted person-to-person through the **fecal-oral route** or consumption of contaminated food or water. **Hepatitis A is a self-limited disease that does not result in chronic infection.** Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice, that usually resolve within 2 months of infection; **most children less than 6 years of age do not have symptoms or have an unrecognized infection.** Furthermore, **antibodies produced in response to hepatitis A infection last for life and protect against reinfection.**

Source: https://www.cdc.gov/hepatitis/hav/index.htm

Emergency?

WHO IS AT RISK FOR HEPATITIS A?

Although anyone can get hepatitis A, in the United States certain groups of people are at higher risk, such as:

- People with direct contact with someone who has hepatitis A
- Travelers to countries where hepatitis A is common
- Men who have sexual contact with men
- People who use drugs, both injection and non-injection drugs
- Household members or caregivers of a recent adoptee from countries where hepatitis A is common
- People with clotting factor disorders, such as hemophilia
- People working with nonhuman primates

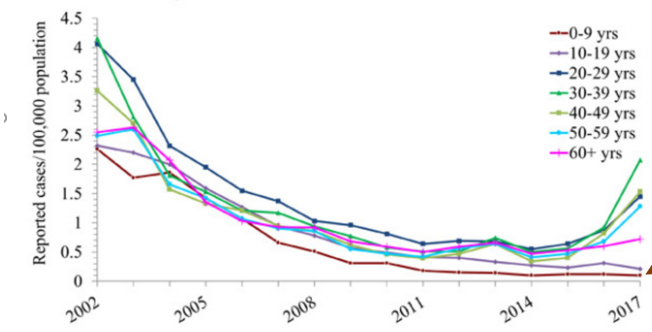
Source: https://www.cdc.gov/hepatitis/hav/afaq.htm#transmission

Where is the risk for Kansas kids in this list?

WHAT ARE THE INCIDENCE RATES?

The CDC shows the lowest incidence of hepatitis A is in the 0 to 9 age group:

Figure 2.3. Rates of reported hepatitis A, by age group — United States, 2002–2017.



Source: CDC, National Notifiable Diseases Surveillance System.

Kindergarten age group

Total 2016 hepatitis A cases in Kansas: **5** https://wonder.cdc.gov/nndss/static/2016/annual/2016-table2g.html

Total 2017 hepatitis A cases in Kansas: **6** https://wonder.cdc.gov/nndss/static/2017/annual/2017-table2g.html

Total 2018 hepatitis A cases in Kansas: **14** https://wonder.cdc.gov/nndss/static/2018/annual/2018-table2g.html

Where was the emergency for Kansas kindergartners?

WAS THE VACCINE EFFECTIVE?

Since hepatitis A was added to the required vaccine schedule in Kansas, cases of hepatitis A have actually **increased.** The total cases in Kansas jumped from 10 in 2019 to **317 in 2020.** Sources: https://wonder.cdc.gov/nndss/static/2019/annual/2019-table2h.html https://wonder.cdc.gov/nndss/static/2020/annual/2020-table2h.html

Did its addition to the schedule cause more harm than good?

Meningococcal (Meningitis): A True Emergency?

In 2019, the new Secretary of Health also added meningococcal to the required vaccine schedule for Kansas children. This happened **after the vaccine mandate was shot down twice in 2017** – once by the Secretary of Health, (due to an obvious lack of need), and once in the legislature. **What changed?**

WHAT IS MENINGOCOCCAL?

Meningococcal disease can refer to any illness caused by the type of bacteria called Neisseria meningitidis, also known as meningococcus. Invasive meningococcal disease is a bacterial infection that involves inflammation of the meninges of the brain (meningitis) and can lead to a serious blood infection. **It is not easy to develop an invasive meningococcal infection. You must be susceptible and have regular close personal contact**, such as sharing a toothbrush with or kissing a person who is colonizing meningococcal organisms. They are not as contagious as germs that cause the common cold or the flu. People do not catch the bacteria through casual contact or by breathing air where someone with meningococcal disease has been.

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WHAT ARE THE INCIDENCE RATES IN KS?

Total 2016 meningococcal cases in Kansas: **5** https://wonder.cdc.gov/nndss/static/2016/annual/2016-table2j.html

Total 2017 meningococcal cases in Kansas: **3** https://wonder.cdc.gov/nndss/static/2017/annual/2017-table2j.html

Total 2018 meningococcal cases in Kansas: **1** https://wonder.cdc.gov/nndss/static/2018/annual/2018-table2j-H.pdf

ARE THERE RISKS ASSOCIATED WITH THE VACCINE?

There are five meningococcal vaccines licensed and marketed in the United States:

- Menomune® Meningococcal (Groups A, C, Y and W-135) Polysaccharide
- Menactra® Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate
- Menveo® Meningococcal (Groups A, C, Y and W-135) Oligosaccharide Diphtheria CRM197 Conjugate
- Trumenba® Meningococcal Group B (2014)
- Bexsero® Meningococcal Group B (2015)

The manufacturer product inserts for meningococcal vaccines list many severe adverse events reported during clinical trials or post-licensure: **irritability, abnormal crying, fever, drowsiness, fatigue, sudden loss of consciousness (syncope), diarrhea, headache, joint pain, Guillain-Barré Syndrome, brain inflammation, convulsions, and facial palsy.**

https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states

Using the MedAlerts search engine, as of September 29, 2023, the federal Vaccine Adverse Events Reporting System (VAERS) - which includes only a small fraction of the health problems that occur after vaccination in the U.S. - had recorded **more than 48,697 total reports of meningococcal vaccine reactions, hospitalizations, injuries, and deaths following meningococcal vaccinations,** including **284 related deaths, 3,092 hospitalizations, and 437 related disabilities**.

https://medalerts.org/; PROJECT 180 #VACCINES © 2019 Dr. Steven Baker

With this risk-benefit profile, does this vaccine make sense? How much profit do drug companies stand to gain from this mandate?