07 Aug 2023

Turtles All The Way Down

Vaccine Science and Myth

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References

Contents

How to Use This Document

A. The references appearing in the document are ordered by book chapters, and match the numbers appearing in the book's text.

B. Every reference number references one or more information sources.

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D. The PMID box denotes the catalog number of the article in the PUBMED web-site. You can navigate to the article record on the web-site by clicking the PMID number in the reference, or by keying the address:
https://www.ncbi.nlm.nih.gov/pubmed/[PMID]

For example:
https://www.ncbi.nlm.nih.gov/pubmed/17469680

E. The full text of many of the articles published in medical journals is not freely available to the public. If the article/document's full text could be viewed freely, its link will usually appear in the reference. If not, the PMID number will link to the article's page on PUBMED.

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H. Generally, a page number in a reference to an article refers to the page number in the PDF version of that article. To quickly navigate to the desired page number, enter it in the appropriate page number box of the PDF reader application. If two page numbers appear (one in parenthesis) like so – P 15 (19) – the first number designates the original (printed) page number, and the second one the number to enter in the PDF reader page number box.

I. If the same article appears in several references, the first reference will contain its full details, while subsequent references will use an Abbreviated notation comprised of the lead author name and year of publication, e.g. *Slade 2009*.

J. While reading, if you find an error in one of the references, please be so kind as to contact us and report it.

We wish you an enjoyable and beneficial reading.

Chapter 1: Turtles All The Way Down – Vaccine Clinical Trials

1-20

1	Page Name: Vaccine Product Approval Process	
	Website: FDA website http://www.fda.gov/biologicsbloodvaccines/developmentapprovalprocess/biologicslicenseapplicationsblaprocess/ucm133096.htm	Archive: http://archive.is/eyQNd
	Page Name: Inside Clinical Trials: Testing Medical Products in People	
	Website: FDA website http://www.fda.gov/Drugs/ResourcesForYou/Consumers/ucm143531.htm	Archive: https://web.archive.org/web/20180825175113/https://www.fda.gov/Drugs/ResourcesForYou/Consumers/ucm143531.htm

2	Document Name: ICH Harmonised Tripartite Guideline Choice Of Control Group And Related *Issues* In Clinical Trials E10 http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E10/Step4/E10_Guideline.pdf	
	Author/Year: ICH Expert Working Group, 2000	Archive: https://drive.google.com/open?id=1IrAW9UYSFvIA8npBLKsAUZxft53cmhml
	P 22 (28): It should be appreciated, however, that subjects receiving a new treatment are not receiving standard therapy (just as a placebo control group is not) and may be receiving an ineffective or harmful drug.	

3	Article Name: U.S. advisory panel recommends Prevnar 13 vaccine for elderly	Date: Aug 14, 2014
	Website: Reuters http://www.reuters.com/article/us-pfizer-prevnar-idUSKBN0GD23I20140813	
	Archive: http://archive.is/RfO2H	
	For instance: (Reuters) - An influential U.S. medical advisory panel on Wednesday recommended that people 65 and older be given Pfizer Inc's blockbuster Prevnar 13 vaccine to protect against pneumococcal bacteria that can cause pneumonia and other infections. […] Prevnar 13 and an older version of the vaccine known as Prevnar 7 have combined annual sales of almost $4.5 billion, making them Pfizer's second-biggest franchise. Prevnar 13 is approved for children 6 weeks through 17 years of age, and for adults 50 and older.	

4	Article Name: Placebo use in vaccine trials: Recommendations of a WHO expert panel https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4157320/	PMID: 24768580
		Archive: https://drive.google.com/open?id=1mX3RrTo-Jq6eEC-H_S1blqjDVfXYosUv
	Lead Author/Year: Annette Rid, 2014	Journal: Vaccine
	P 2: Randomised, placebo-controlled trials are widely considered the gold standard for evaluating the safety and efficacy of a new vaccine. In these trials, participants are randomized to receive either the vaccine under investigation or a placebo (i.e. an inert substance such as a saline injection). Randomisation and the use of placebo interventions are designed to control for confounding effects, such that significant differences in disease incidence or adverse effects between the vaccine and control groups can likely be attributed to the vaccine.	

5	Article Name: The clinical development process for a novel preventive vaccine: An overview https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4944327/	PMID: 26732191
		Archive: http://archive.is/kPW8h
	Lead Author/Year: K Singh, 2016	Journal: Journal of Postgraduate Medicine
	Phase III Studies […] RCTs are considered the "gold standard," where participants are randomly allocated to receive either the investigational or the control vaccine (placebo, different vaccine, or nothing).	

6	Document Name: ICH Harmonised Tripartite Guideline Choice Of Control Group And Related Issues In Clinical Trials E10 http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E10/Step4/E10_Guideline.pdf	
	Author/Year: ICH Expert Working Group, 2000	Archive: https://drive.google.com/open?id=1IrAW9UYSFvIA8npBLKsAUZxft53cmhml
	P 13 (19): When a new treatment is tested for a condition for which no effective treatment is known, there is usually no ethical problem with a study comparing the new treatment to placebo.	
	Document Name: Expert consultation on the use of placebos in vaccine trials http://apps.who.int/iris/bitstream/handle/10665/94056/9789241506250_eng.pdf	
	Author/Year: WHO, 2013	Archive: https://drive.google.com/open?id=1yLHGu4pO0K2xUZmNsE4RyxrbUtkq382y
	P 9: A common model for the evaluation and deployment of a new vaccine, against a disease for which there is no existing vaccine, is that it is first tested in a placebo-controlled trial. P 12: As a general rule, research subjects in the control group of a trial of a diagnostic, therapeutic, or preventive intervention should receive an established effective intervention.	

	In some circumstances it may be ethically acceptable to use an alternative comparator, such as placebo or ‘‘no treatment’’. A placebo may be used: • when there is no established effective intervention;
	Document Name: Guidance for Industry E 10 Choice of Control Group and Related Issues in Clinical Trials https://drive.google.com/open?id=17LyWGbkC8dQRtcHfFjKMjs7xgxpU3CBp
	Author/Year: FDA, 2001
	P 15 (19): When a new treatment is tested for a condition for which no effective treatment is known, there is usually no ethical problem with a study comparing the new treatment to placebo.

7	Document Name: Expert consultation on the use of placebos in vaccine trials http://apps.who.int/iris/bitstream/handle/10665/94056/9789241506250_eng.pdf	
	Author/Year: WHO, 2013	Archive: https://drive.google.com/open?id=1yLHGu4pO0K2xUZmNsE4RyxrbUtkq382y
	P 12-13: …there is uniformity on the use of placebos, i.e. that if a proven effective intervention exists, the trial intervention should generally be tested against it. Failure to do so deprives participants in the “control” arm of an intervention that is likely to benefit them.	

8	Document Name: ICH Harmonised Tripartite Guideline Choice Of Control Group And Related Issues In Clinical Trials E10 http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E10/Step4/E10_Guideline.pdf	
	Author/Year: ICH Expert Working Group，2000	Archive: https://drive.google.com/open?id=1IrAW9UYSFvIA8npBLKsAUZxft53cmhml
	P 12 (18): A useful approach to the assessment of assay sensitivity in active control trials and in placebo-controlled trials is the three-arm trial, including both placebo and a known active treatment, a trial design with several advantages.	
	Article Name: Alternatives to Placebo-Controlled Trials https://www.cambridge.org/core/services/aop-cambridge-core/content/view/28A722D8EF2C2FCABB3A1AC2477DFBB8/S0317167100005540a.pdf/alternatives_to_placebocontrolled_trials.pdf	PMID: 17469680
		Archive: https://drive.google.com/open?id=1uSPdSiRKhZex8QwuHiOmLjgxD3_Fi7vE
	Lead Author/Year: David L. Streiner, 2007	Journal: The Canadian Journal Of Neurological Sciences
	P 41 (5): My recommendation would be that, when an existing therapy exists, and if certain conditions apply: * Studies should consist of three arms: the new drug, the existing drug, and a placebo group.	

9	Document Name: ICH Harmonised Tripartite Guideline Choice Of Control Group And Related *Issues* In Clinical Trials E10 http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E10/Step4/E10_Guideline.pdf	
	Author/Year: ICH Expert Working Group, 2000	Archive: https://drive.google.com/open?id=1IrAW9UYSFvIA8npBLKsAUZxft53cmhml
	Section 2.5.2 - P 24-25 (30-31): It is always difficult, and in many cases impossible, to establish comparability of the treatment and control groups and thus to fulfill the major purpose of a control group (see section 1.2). The groups can be dissimilar with respect to a wide range of factors, other than use of the study treatment, that could affect outcome, including demographic characteristics, diagnostic criteria, stage or severity of disease, concomitant treatments, and observational conditions (such as methods of assessing outcome, investigator expectations). Such dissimilarities can include important but unrecognized prognostic factors that have not been measured. Blinding and randomization are not available to minimize bias when external controls are used. […] Control groups in a randomized study need to meet certain criteria to be entered into the study, criteria that are generally more stringent and identify a less sick population than is typical of external control groups. An external control group is often identified retrospectively, leading to potential bias in its selection.	

10	Document Name: HAVRIX, Package Insert https://drive.google.com/open?id=1XGppC-tPGSWvEZNGK8kRY15nGz76lxSA	
	Section 6.1: Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine, and may not reflect the rates observed in practice.	

11	Document Name: Guidelines for the Ethical Conduct of Studies to Evaluate Drugs in Pediatric Populations http://pediatrics.aappublications.org/content/pediatrics/60/1/91.full.pdf	
	Author/Year: AAP, 1977	Archive: https://drive.google.com/open?id=1sjvo_5OLgRv8ZCkh7lic-1Kih1gV1zEF
	P 1-2: The publication of these general guidelines and their implications for future drug development led the FDA to request that the Academy's Committee on Drugs advise it about standards of ethical research which could be recommended to assure that children, and society in general, are served appropriately by studies carried out in pediatric populations without undue hazard or discomfort. […] The Committee believes that it is unethical to adhere to a system which forces physicians to use therapeutic agents in an uncontrolled experimental situation virtually every time they prescribe for children. Furthermore, it is not only ethical but also imperative that new drugs to be used in children be studied in children under controlled circumstances so the benefits of therapeutic advances will become available to all who may need them.	

12	Document Name: Ethical Considerations in Conducting Pediatric Research Book chapter from: Pediatric Clinical Pharmacology https://www.springer.com/gp/book/9783642201943
	Lead Author/Year: Michelle Roth-Cline, 2011
	P 221: A fundamental pillar of pediatric research is the ethical principle of "scientific necessity." This principle holds that children should not be enrolled in a clinical investigation unless necessary to achieve an important scientific and/or public health objective concerning the health and welfare of children. An "important scientific question" may be one that generates information that is necessary and timely for establishing the appropriate pediatric use of investigational therapeutics. A corollary is that children should not be enrolled in studies that are duplicative or unlikely to yield important knowledge applicable to children about the product or condition under investigation.

13	Document Name: Ethical Considerations in Conducting Pediatric Research Book chapter from: Pediatric Clinical Pharmacology https://www.springer.com/gp/book/9783642201943
	Lead Author/Year: Michelle Roth-Cline, 2011
	P 222,224: First, the risks to which children would be exposed must be low if there is no prospect of direct therapeutic benefit (PDB) to the enrolled children. Second, children should not be placed at a disadvantage by being enrolled in a clinical trial, either through exposure to excessive risks or by failing to get necessary health care. Consequently, the data necessary to initiate a pediatric investigation must demonstrate either an acceptably low risk of the experimental intervention or a sufficient PDB to justify the risks of the intervention. […] Investigations involving children that pose more than low risk cannot be justified by the importance of anticipated knowledge. In pediatric studies, the allowable risk exposure for an intervention or procedure not offering a PDB must be restricted to low risk.
	Document Name: MMR II Clinical Trials – FDA FOIA https://drive.google.com/open?id=1GKahQSNG8LvCAnEG7SGNyYPUEiSJwfd8
	An example from a form filled by investigators in vaccine trial in the late 1970s. P 103: B. Describe the benefit to the subject or advancment of knowledge that will balance the risk involved. C. Indicate measures proposed to minimize risk […]

14	Document Name: Ethical Considerations in Conducting Pediatric Research Book chapter from: Pediatric Clinical Pharmacology https://www.springer.com/gp/book/9783642201943
	Lead Author/Year: Michelle Roth-Cline, 2011

	P 226-228: FDA regulations also include a classification of "minor increase over minimal risk" (21 CFR 50.53, 2011). An intervention or procedure approved under this category must also involve "experiences to subjects that are reasonably commensurate with those inherent in their actual or expected… situations" and be "likely to yield generalizable knowledge about the subjects' disorder or condition that is of vital importance for the understanding or amelioration of the subjects' disorder or condition." […] In assessing whether an intervention or procedure presents no more than a minor increase over minimal risk, there must be sufficient data that any research-related pain, discomfort or stress will not be severe and that any potential harms will be transient and reversible (Fisher et al. 2007). Even if the average risk associated with an intervention or procedure is thought to be low, if the risk estimate is unknown, reflects a large degree of variability, or has not been adequately characterized, then the risks of an intervention or procedure cannot be considered only a minor increase over minimal risk.

15	Document Name: VAQTA Package Insert https://drive.google.com/open?id=1LuPKwCve8Pguo-GJOzbOm1b9Hgu0Zn15
	P 7: In a double-blind, placebo-controlled efficacy trial (i.e. The Monroe Efficacy Study), 1037 healthy children and adolescents 2 through 16 years of age.were randomized to receive a primary dose of 25U of VAQTA and a booster dose of VAQTA 6, 12, or 18 months later, or placebo (alum diluent)… There were no significant differences in the rates of any adverse events or adverse reactions between vaccine and placebo recipients after Dose 1.

16	Document Name: DAPTACEL Clinical Review https://drive.google.com/open?id=1CFrePXwN-q5ywCnuflnwLjUwScsLPvBU	
	P 61, Table 50: Rates for all hospitalizations, hospitalizations for acute otitis media, suspected bacterial respiratory infection, lower respiratory infection – no antibiotics, upper respiratory infection – no antibiotics, viral infection, gastroenteritis, urinary tract infection, seizures, trauma/intoxication, surgery were similar among vaccine groups.	

17	Article Name: Alternatives to Placebo-Controlled Trials https://www.cambridge.org/core/services/aop-cambridge-core/content/view/28A722D8EF2C2FCABB3A1AC2477DFBB8/S0317167100005540a.pdf/alternatives_to_placebocontrolled_trials.pdf		PMID: 17469680
			Archive: https://drive.google.com/open?id=1uSPdSiRKhZex8QwuHiOmLjgxD3_Fi7vE
	Lead Author/Year: David L. Streiner, 2007	Journal: The Canadian Journal Of Neurological Sciences	

	Streiner notes this problem in the context of measuring trial efficacy, but it's clear the same problem exists with the safety aspect, p 5: However, there are many methodological problems when the comparison group consists of an active treatment: […] (b) when the two arms yield comparable results, there is no guarantee that either one was effective in that particular trial; And the proposed solution, p 5: My recommendation would be that, when an existing therapy exists, and if certain conditions apply: * Studies should consist of three arms: the new drug, the existing drug, and a placebo group.

18	Document Name: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger https://drive.google.com/open?id=1Bcb5L30zbAB4FGtzItrzUs_g1yJCy4lt
	Author/Year: CDC, 2020

19	Document Name: Pediarix Package Insert https://drive.google.com/open?id=1rY3q-bXZDxIErcWTvm2th3hGm4zBRPAk
	P 5, 6, 8

20	Document Name: Kinrix Package Insert https://drive.google.com/open?id=1Ulz5HRP4ROFm49kQniiuqQ2vsRIFNH61
	P 4

21-40

21	Document Name: INFANRIX Package Insert https://drive.google.com/open?id=1fUUkPH8gHd5fiBFhyZhGBl56fwLtmcCf
	P 10: Selected adverse events reported from a double-blind, randomized Italian clinical efficacy trial involving 4,696 children administered INFANRIX or 4,678 children administered whole-cell DTP vaccine (DTwP) (manufactured by Connaught Laboratories, Inc.) as a 3-dose primary series are shown in Table 4. […] In a German safety study that enrolled 22,505 infants (66,867 doses of INFANRIX administered as a 3-dose primary series at 3, 4, and 5 months of age), all subjects were monitored for unsolicited adverse events that occurred within 28 days following vaccination using report cards.

22	Document Name: The Immunological Basis for Immunization Series - Pertussis http://apps.who.int/iris/bitstream/10665/44311/1/9789241599337_eng.pdf

	Lead Author/Year: WHO, 2009	Archive: https://drive.google.com/open?id=1efbV0PaVOMSI6NcqbDtREba_yJizPM2C
	P 9: All aP vaccines are associated with significantly lesser side-effects, and thus the replacement of the wP vaccines was mainly driven by the safety-profile of these vaccines.	

23	Document Name: Adverse Effects of Pertussis and Rubella Vaccines http://www.nap.edu/read/1815/chapter/4#38	
	Author/Year: IOM 1991	
	P 38: In fact, since the first reports of serious adverse events following administration of pertussis and rubella vaccines (Madsen, 1933; Modlin et al., 1975), virtually no placebo-controlled or other experimental studies in humans of the adverse events covered in this report have been published.	

24	Document Name: Adverse Effects of Pertussis and Rubella Vaccines http://www.nap.edu/read/1815/chapter/4#39	
	Author/Year: IOM 1991	
	P 39: A number of early studies of pertussis vaccine in the United States and the United Kingdom did include unexposed controls, but these studies were primarily concerned with efficacy and not with adverse events.	

25	Search link: https://www.clinicaltrials.gov/ct2/results?term=Infanrix+safety&recr=Closed&rslt=&type=&cond=&intr=&titles=&outc=&spons=&lead=GlaxoSmithKline&id=&state1=&cntry1=&state2=&cntry2=&state3=&cntry3=&locn=&gndr=&age=0&phase=2&phase=3&rcv_s=&rcv_e=&lup_s=&lup_e= or https://drive.google.com/open?id=14MfvK7yfw9M092-JHj3RB5_x7mjiPT_E

26	Document Name: Pentacel Package Insert https://drive.google.com/open?id=1SB8zUchU9xp_j0eQTHent-znyta_oHec
	P 10 (11)

27	Document Name: Pentacel Safety Review https://drive.google.com/open?id=1u4ugyQjcQWZ43AMSop6-zSYugykHLoDK
	P 75-76

28	Document Name: Quadracel Package Insert https://drive.google.com/open?id=1qIjY0SVED2Q8WxXhJj8DAXDJ725F6NVa
	P 5 (6)

29	Document Name: DAPTACEL Package Insert https://drive.google.com/open?id=1mD_GBQsmiGMO-VFpdRMqEdX6yMLVfFwn
	P 10, 16-17, 21-22

30	Document Name: DAPTACEL Clinical Review https://drive.google.com/open?id=1CFrePXwN-q5ywCnuflnwLjUwScsLPvBU
	P 57, 61: The Swedish trial (1992-1995) compared 4 groups: one of Infanrix by SmithKline Beecham (GSK), one CDPT (DAPTACEL) by Aventis-Pasteur (Sanofi), and one DTPwc – old generation vaccine by Aventis-Pasteur. The control group received a DT vaccine.

31	Document Name: Hiberix Package Insert https://drive.google.com/open?id=1epLW5onHsW93NI2_qNxH-KaMvkcvATdc
	P 4, 14

32	Document Name: ActHIB Package Insert https://drive.google.com/open?id=1MeKZaNrIaVRjy_2VmtvBQ98t6syrVM14
	P 13-16

33	Document Name: PedvaxHIB Package Insert https://drive.google.com/open?id=10rwMmdmZ_H3FE9v1oPPiByLqGbFegngS
	P 7

34	Document Name: IPOL Package Insert https://drive.google.com/open?id=1sWAblyncNXw-78rh8LtzkIKAmQfAkOK2

35	Document Name: IPOL FOIA FDA 2018 https://drive.google.com/open?id=1V7zf1YPJF2_V2KRRf-wUz-dCeKxMaUvz
	P 90-93, 13-15

36	Document Name: PREVNAR-13 Package Insert https://drive.google.com/open?id=1_iI7Np-BfDmUwkQzuJWp46rkSBZ-ow5i
	P 6: The safety of Prevnar 13 was evaluated in 13 clinical trials in which 4,729 infants (6 weeks through 11 months of age) and toddlers (12 months through 15 months of age) received at least one dose of Prevnar 13 and 2,760 infants and toddlers received at least one dose of Prevnar active control.

37	Document Name: PREVNAR-13 Package Insert https://drive.google.com/open?id=1_iI7Np-BfDmUwkQzuJWp46rkSBZ-ow5i

	P 6: Serious adverse events reported following vaccination in infants and toddlers occurred in 8.2% among Prevnar 13 recipients and 7.2% among Prevnar recipients. […] The most commonly reported serious adverse events were in the 'Infections and infestations' system organ class including bronchiolitis (0.9%, 1.1%), gastroenteritis, (0.9%, 0.9%), and pneumonia (0.9%, 0.5%) for Prevnar 13 and Prevnar respectively.

38	Document Name: PREVNAR Package Insert https://drive.google.com/open?id=1VLR6NluMGK0E4yXUZM18IpUpi_MI7-MP	
	P 3, 5, 15, 21	

39	Article Name: Efficacy, safety and immunogenicity of heptavalent pneumococcal conjugate vaccine in children	PMID: 10749457
	Lead Author/Year: Steven Black, 2000	Journal: Pediatric Infectious Disease Journal
	P 5: Overall 513 pneumococcal vaccine recipients and 579 controls were hospitalized within 60 days of receipt of a dose of vaccine. […] Review of emergency room visits within 30 days of vaccination revealed 1188 visits in pneumococcal vaccine recipients and 1169 visits in controls.	

40	Document Name: PREVNAR Package Insert https://drive.google.com/open?id=1VLR6NluMGK0E4yXUZM18IpUpi_MI7-MP
	P 3, 15: Efficacy was assessed in a randomized, double-blinded clinical trial in a multiethnic population at Northern California Kaiser Permanente (NCKP) from October 1995 through August 20, 1998, in which 37,816 infants were randomized to receive either Prevnar® or a control vaccine (an investigational meningococcal group C conjugate vaccine [MnCC]) at 2, 4, 6, and 12-15 months of age. […] The majority of the safety experience with Prevnar® comes from the NCKP Efficacy Trial in which 17,066 infants received 55,352 doses of Prevnar®, along with other routine childhood vaccines through April 1998.

41-60

41	Document Name: ENGERIX Package Insert https://drive.google.com/open?id=1aZ1MtPiO58lE6Pjg0Ee_PZZ10c4iLjUs
	P 7: Based on clinical trial symptom sheet data, the incidence of local side effects is 24% and of systemic side effects 8%; both local and systemic side effects occurred in approximately 13% of subjects. The incidence of local and systemic reactions was comparable to those of plasma derived hepatitis B vaccines.

42	Document Name: ENGERIX Package Insert https://drive.google.com/open?id=1aZ1MtPiO58lE6Pjg0Ee_PZZ10c4iLjUs
	P 7: In a comparative trial in subjects from 11 years up to and including 15 years of age, the incidence of local and general solicited symptoms reported after a two-dose regimen of ENGERIX-B 20 µg was overall similar to that reported after the standard three-dose regimen of ENGERIX-B 10 µg.

43	Document Name: TWINRIX Package Insert https://drive.google.com/open?id=1K0vRj8CXuYtdhYUys4EPj2cG_niylk0I
	P 4: In a US study, 773 subjects (aged 18 to 70 years) were randomized 1:1 to receive TWINRIX (0-, 1-, and 6-month schedule) or concurrent administration of ENGERIX-B (0-, 1-, and 6-month schedule) and HAVRIX (0- and 6-month schedule).

44	Document Name: Recombivax-HB Package Insert https://drive.google.com/open?id=1LHJU_WAhXqewxvZJwWpRCRT7f4pHFaPk

45	Document Name: HAVRIX Package Insert https://drive.google.com/open?id=1XGppC-tPGSWvEZNGK8kRY15nGz76lxSA
	P 5, 10

46	Document Name: VAQTA Clinical Review https://drive.google.com/open?id=1IASUdLYQ1eUDFb8vXgFH61ZhJ9rJAfRd
	P 12, 22

47	Document Name: VAQTA Package Insert https://drive.google.com/open?id=1LuPKwCve8Pguo-GJOzbOm1b9Hgu0Zn15
	P 11, paragraph 11. Description of the vaccine adjuvant. P 7 Table 5 (and table comments) – using the control group.

48	Article Name: A controlled trial of a formalin-inactivated hepatitis A vaccine in healthy children http://www.nejm.org/doi/full/10.1056/NEJM199208133270702#t=article+Methods	PMID: 1320740
		Archive: https://drive.google.com/open?id=1Wy_1jDh1YVupEU7whmdE5VbKvyt_y2Sk
	Lead Author/Year: Alan Werzberger, 1992	Journal: The New England Journal of Medicine
	P 2: Like the vaccine, each dose of the placebo — aluminum hydroxide diluent — contained 300 µg of aluminum and thimerosal at a 1:20,000 dilution.	

49	Document Name: Varivax Package Insert https://drive.google.com/open?id=1NnEIia3vR_01iqYnq2wNDRWz_ZcvPo48	
	P 5: In a double-blind, placebo-controlled study among 914 healthy children and adolescents who were serologically confirmed to be susceptible to varicella, the only adverse reactions that occurred at a significantly ($p<0.05$) greater rate in vaccine recipients than in placebo recipients were pain and redness at the injection site {2}.	

50	Article Name: Live Attenuated Varicella Virus Vaccine Efficacy trial in healthy children		PMID: 6325909
	Lead Author/Year: Weibel, 1984	Journal: NEJM	
	P 1-2: The placebo (Lot 909/C-H663) was identical in appearance to the vaccine in both lyophilized and reconstituted forms, but contained no virus material. The placebo consisted of lyophilized stabilizer containing approximately 45 mg of neomycin per milliliter.		

51	Article Name: Live Attenuated Varicella Virus Vaccine Efficacy trial in healthy children		PMID: 6325909
	Lead Author/Year: Weibel, 1984	Journal: NEJM	
	P 5: The minimal clinical reactivity reported in this trial confirms our previous experience with the vaccine. Among 914 initially seronegative children, only pain and redness at the injection site were reported more frequently among vaccine recipients than placebo recipients.		

52	Document Name: ProQuad Package Insert https://drive.google.com/open?id=13MxSgUKzQwZ59M2YZ_9Hwtc_2l7tSQVh
	P 6, 8, 9-11

53	Document Name: MMR II Package Insert https://drive.google.com/open?id=1IFm340mDs4z_GUMRASgVUWK8mzQnNpXx

54	Document Name: MMR II FOIA FDA https://drive.google.com/open?id=1GKahQSNG8LvCAnEG7SGNyYPUEiSJwfd8

55	Document Name: MMR FOIA FDA https://drive.google.com/open?id=16qovZioEkWxDF739XeUdwvAyRk7unWm5

56	Document Name: Federal Register / Vol. 78, No. 142 https://drive.google.com/open?id=1Dml_DhOUJWX5LlKr-9gM7olmHwlQVwFQ	
	Author/Year: Federal Register, 2013	
	P 3-4	

57	See the RotaTeq trial, top table Biological: Comparator: Placebo https://clinicaltrials.gov/ct2/show/NCT00090233?term=rotavirus&rank=24 Archive: http://archive.is/8eGQQ For Rotarix, its noted: "The study has two groups: Group HRV and Group Placebo" https://clinicaltrials.gov/ct2/show/NCT00140673?term=rotavirus&rank=65 Archive :http://archive.is/LqCpd

58	Document Name: Rotarix Clinical Review https://drive.google.com/open?id=1LNjfqQDrsaQEdaZ0MYNkc_YfIrOz2kto
	P 24: The placebo consisted of all components of Rotarix, but without any RV particles.

59	Document Name: Rotateq Clinical Review https://drive.google.com/open?id=1T5ZQZYINtJhdrYGHrwSZ1M5HWFKf4dK8
	P 37

60	Article Name: Efficacy, Immunogenicity, and Safety of a Pentavalent Human-Bovine (WC3) Reassortant Rotavirus Vaccine at the End of Shelf Life	PMID: 17200266
	Lead Author/Year: Stan L. Block, 2007	Journal: Pediatrics
	P 2: The placebo was identical to the vaccine except that it did not contain the rotavirus reassortants or trace trypsin.	

61-70

61	Article Name: Safety and Efficacy of an Attenuated Vaccine against Severe Rotavirus Gastroenteritis https://www.nejm.org/doi/full/10.1056/NEJMoa052434	PMID: 16394298
		Archive: https://drive.google.com/open?id=1BFeBUKyHVq9msLCtJLdY3bHJsIIQ4pS3
	Lead Author/Year: Guillermo M. Ruiz-Palacios, 2006	Journal: The New England Journal of Medicine
	P 15-17	

62	Article Name: Safety and Efficacy of a Pentavalent Human–Bovine (WC3) Reassortant Rotavirus Vaccine https://www.nejm.org/doi/full/10.1056/NEJMoa052664	PMID: 16394299 Archive: https://drive.google.com/open?id=18tKqyoOx5aSXdOCwFiSfffbqMzVIsY2W
	Lead Author/Year: Timo Vesikari, 2006	Journal: The New England Journal of Medicine
	P 28-30 (6-8)	

63	Document Name: ROTARIX Package Insert https://drive.google.com/open?id=1b1rURgJfPiXgg3HGZtYzhpKnjv7ZW-P0
	P 5: No increased risk of intussusception was observed in this clinical trial following administration of ROTARIX when compared with placebo

64	Article Name: Postmarketing Surveillance of Intussusception Following Mass Introduction of the Attenuated Human Rotavirus Vaccine in Mexico	PMID: 22695189
	Lead Author/Year: F. Raúl Velázquez, 2012	Journal: The Pediatric Infectious Disease Journal
	P 1: The attenuated human rotavirus vaccine was not found to be associated with an increased risk of intussusception in a large prelicensure placebo-controlled, clinical trial involving 63,225 infants in 11 Latin American countries and Finland.	
	Article Name: Risk of Intussusception After Rotavirus Vaccination: Meta-analysis of Postlicensure Studies https://journals.lww.com/pidj/fulltext/2015/07000/Risk_of_Intussusception_After_Rotavirus.18.aspx	PMID: 26069948 Archive: https://drive.google.com/open?id=172UmbRygo9WBW9iza1NlNk3A0-7uV057
	Lead Author/Year: Dominique Rosillon, 2015	Journal: The Pediatric Infectious Disease Journal
	P 1: No increased risk of serious adverse events, including intussusception, was detected in prelicensure clinical studies of either RV1 or RV5, including 2 randomized, controlled trials each involving over 60,000 infants.	

65	Document Name: Ethical Considerations in Conducting Pediatric Research Book chapter from: Pediatric Clinical Pharmacology https://www.springer.com/gp/book/9783642201943	
	Author/Year: Michelle Roth-Cline, 2011	
	P 228:	

	In assessing whether an intervention or procedure presents no more than a minor increase over minimal risk, there must be sufficient data that any research-related pain, discomfort or stress will not be severe and that any potential harms will be transient and reversible.

66	Document Name: Declaration Of Helsinki – Ethical Principles For Medical Research Involving Human Subjects https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/	
	Author/Year: WMA, 1964	Archive: http://archive.is/4r8lC
	Paragraph 18: 18. Physicians may not be involved in a research study involving human subjects unless they are confident that the risks have been adequately assessed and can be satisfactorily managed. When the risks are found to outweigh the potential benefits or when there is conclusive proof of definitive outcomes, physicians must assess whether to continue, modify or immediately stop the study. Paragraph 28: 28. For a potential research subject who is incapable of giving informed consent, the physician must seek informed consent from the legally authorised representative. These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the group represented by the potential subject, the research cannot instead be performed with persons capable of providing informed consent, and the research entails only minimal risk and minimal burden.	

67	Document Name: The Nuremberg Code "Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10" https://drive.google.com/open?id=1zCEx9tvA_1vs4KycwYUU9uQ1GHC0mXp6	
	Author/Year: U.S. Government, 1949	
	P 1 item 4: The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.	

68	Document Name: Expert consultation on the use of placebos in vaccine trials http://apps.who.int/iris/bitstream/handle/10665/94056/9789241506250_eng.pdf	
	Author/Year: WHO, 2013	Archive: https://drive.google.com/open?id=1yLHGu4pO0K2xUZmNsE4RyxrbUtkq382y
	P 12: The research must have a risk–benefit profile judged to be favourable, based on sufficient evidence from previous clinical and non-clinical studies (i.e. the expected benefits of conducting the research must outweigh any associated potential risks). There is an ethical obligation to introduce measures to reduce the risks to all trial participants.	

69	Document Name: DAPTACEL Clinical Review https://drive.google.com/open?id=1CFrePXwN-q5ywCnuflnwLjUwScsLPvBU
	P 61 Table 50

70	The list of articles: https://www.ncbi.nlm.nih.gov/pubmed/25371534 https://www.ncbi.nlm.nih.gov/pubmed/29443825 https://www.ncbi.nlm.nih.gov/pubmed/29239682 https://www.ncbi.nlm.nih.gov/pubmed/29217375 https://www.ncbi.nlm.nih.gov/pubmed/28720281 https://www.ncbi.nlm.nih.gov/pubmed/28522338 https://www.ncbi.nlm.nih.gov/pubmed/28498853

Chapter 2: The Science of Adverse Events - A Missing Link and an Empty Toolbox

1-20

1	Document Name: Immunization Safety Review: Measles-Mumps-Rubella Vaccine and Autism http://nationalacademies.org/hmd/reports/2001/immunization-safety-review-measles-mumps-rubella-vaccine-and-autism.aspx	
	Author/Year: IOM, 2001	

2	Document Name: Immunization Safety Review: Thimerosal - Containing Vaccines and Neurodevelopmental Disorders http://www.nationalacademies.org/hmd/reports/2001/Immunization-Safety-Review-Thimerosal---Containing-Vaccines-and-Neurodevelopmental-Disorders.aspx	
	Author/Year: IOM, 2001	

3	Document Name: Immunization Safety Review: Vaccinations and Sudden Unexpected Death in Infancy http://www.nationalacademies.org/hmd/Reports/2003/Immunization-Safety-Review-Vaccinations-and-Sudden-Unexpected-Death-in-Infancy.aspx	
	Author/Year: IOM, 2003	

4	Document Name: Immunization Safety Review Vaccines and Autism https://www.nap.edu/catalog/10997/immunization-safety-review-vaccines-and-autism	
	Author/Year: IOM, 2004	

5	Document Name: The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies http://www.nap.edu/catalog/13563/the-childhood-immunization-schedule-and-safety-stakeholder-concerns-scientific-evidence	
	Author/Year: IOM, 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW

6	Document Name: Adverse Effects of Vaccines: Evidence and Causality http://nationalacademies.org/hmd/reports/2011/adverse-effects-of-vaccines-evidence-and-causality.aspx	
	Author/Year: IOM, 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ

7	Document Name: Adverse Effects of Vaccines: Evidence and Causality http://nationalacademies.org/hmd/reports/2011/adverse-effects-of-vaccines-evidence-and-causality.aspx	
	Author/Year: IOM, 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ
	P 30 (59): In 2009 HRSA requested that the IOM convene a committee of experts to review the epidemiological, clinical, and biological evidence regarding adverse health events associated with specific vaccines covered by the VICP. The committee was charged with developing a consensus report with conclusions on the evidence bearing on causality and the evidence regarding the biological mechanisms that underlie specific theories for how a specific vaccine is related to a specific adverse event.	

8	Abbreviated Name: IOM 2011
	P IX (10): Following in this tradition, the task of this committee was to assess dispassionately the scientific evidence about whether eight different vaccines cause adverse events (AE), a total of 158 vaccine-AE pairs, the largest study undertaken to date, and the first comprehensive review since 1994.

9	Abbreviated Name: IOM 2011
	P 18 (47): The committee concluded the evidence convincingly supports 14 specific vaccine–adverse event relationships. In all but one of these relationships, the conclusion was based on strong mechanistic evidence with the epidemiologic evidence rated as either limited confidence or insufficient. […] The committee concluded the evidence favors acceptance of four specific vaccine–adverse event relationships.

10	Abbreviated Name: IOM 2011
	P 23 (52): The committee concluded the evidence favors rejection of five vaccine–adverse event relationships. […] The vast majority of causality conclusions in the report are that the evidence was inadequate to accept or reject a causal relationship.

11	Abbreviated Name: IOM 2011
	P 19-21 (48-50)

12	Abbreviated Name: IOM 2011
	P 630-632 (659-661)

13	Article Name: Vaccine Safety: New Report Finds Few Adverse Events Linked to Immunizations	Date: Aug. 25, 2011
	Website: Time Magazine http://healthland.time.com/2011/08/25/vaccine-safety-new-report-finds-few-adverse-events-linked-to-immunizations/	
	Archive: http://archive.is/kV5ko	
	Article Name: Report Finds Few Side Effects For Vaccines	Date: Aug. 25, 2011
	Website: Forbes http://www.forbes.com/sites/matthewherper/2011/08/25/report-finds-few-side-effects-for-vaccines/#2715e4857a0b41d59ef62b39	
	Archive: http://archive.is/X70SL	
	Article Name: IOM review ties few adverse effects to vaccines	Date: Aug. 25, 2011
	Website: CIDRAP http://www.cidrap.umn.edu/news-perspective/2011/08/iom-review-ties-few-adverse-effects-vaccines	
	Archive: http://archive.is/u3YmY	

14	Article Name: Leading Dr.: Vaccines-Autism Worth Study	Date: May 12, 2008
	Website: CBS NEWS https://www.cbsnews.com/news/leading-dr-vaccines-autism-worth-study/	
	Archive: http://archive.is/q82UH	
	Bernadine Healy, a former top official in US Public Health bodies, told CBS News in 2008: Healy goes on to say public health officials have intentionally avoided researching whether subsets of children are "susceptible" to vaccine side effects - afraid the answer will scare the public. "You're saying that public health officials have turned their back on a viable area of research largely because they're afraid of what might be found?" Attkisson asked. Healy said: "There is a completely expressed concern that they don't want to pursue a hypothesis because that hypothesis could be damaging to the public health community at large by scaring people.	

15	Abbreviated Name: IOM 2011
	P 28 (57): The overwhelming safety and effectiveness of vaccines in current use in preventing serious disease has allowed them to gain their preeminent role in the routine protection of health.

16	Abbreviated Name: IOM 2011
	P 49 (78): It is important to note that mechanistic evidence can only support causation. Epidemiologic evidence, by contrast, can support ("favors acceptance of") a causal association or can support the absence of ("favors rejection of") a causal association in the general population and in various subgroups that can be identified and investigated, unless or until supportive mechanistic evidence is discovered or a rare, susceptible subgroup can be identified and investigated.

17	Abbreviated Name: IOM 2011
	P X (11): Many of the case reports the committee reviewed simply cited a temporal relation between vaccine administration and an adverse event.

18	Abbreviated Name: IOM 2011
	P 440-442 (469-471)

19	Abbreviated Name: IOM 2011
	P 154-156 (183-185)

20	Page Name: Acute Disseminated Encephalomyelitis (ADEM)
	Website: WEBMD https://www.webmd.com/brain/acute-disseminated-encephalomyelitis-adem#1
	Archive: http://archive.is/8u53v
	ADEM seems to be an autoimmune disease. That means your immune system attacks your body's own cells and tissues as if they were outside bacteria or viruses. Experts don't know exactly what triggers it, but it could be an overreaction to an infection. Most of the time, the attack happens when a child is getting over some common illness, like a cold or stomach bug. ADEM sometimes follows an immunization, particularly certain rabies shots and the vaccine for measles, mumps, and rubella. No direct connection has been made though. Other times, nothing out of the ordinary happens before symptoms appear.

21-34

21	Page Name: Optic neuritis
	Website: Mayo Clinic https://www.mayoclinic.org/diseases-conditions/optic-neuritis/symptoms-causes/syc-20354953
	Archive: http://archive.is/A9RBl
	The exact cause of optic neuritis is unknown.

22	Page Name: Guillain-Barre syndrome
	Website: Mayo Clinic https://www.mayoclinic.org/diseases-conditions/guillain-barre-syndrome/symptoms-causes/syc-20362793
	Archive: http://archive.is/2IgLm
	The exact cause of Guillain-Barre syndrome isn't known.

23	Page Name: What is Transverse Myelitis?
	Website: Johns Hopkins Medicine http://www.hopkinsmedicine.org/neurology_neurosurgery/centers_clinics/transverse_myelitis/about-tm/what-is-transverse-myelitis.html
	Archive: http://archive.is/CiqdA
	The cause of 60% of TM cases may remain unknown despite the presence of inflammatory mechanisms. However, the remaining 40% is associated with autoimmune disorders such as multiple sclerosis, neuromyelitis optica, systemic lupus erythematous, Sjogren's syndrome and sarcoidosis among others. The term *idiopathic* — meaning the cause is unknown- has been used in the past in situations in which the cause cannot be determined. However, the lack of demonstration of a causative disorder, mechanism or agent may be the result of failure of an early diagnosis or the result of causative factors that disappears quickly such as in cases of viral infections or post-infectious disorders.

24	Page Name: Lupus
	Website: Mayo Clinic http://www.mayoclinic.org/diseases-conditions/lupus/basics/causes/con-20019676
	Archive: http://archive.is/SY0oG
	Lupus occurs when your immune system attacks healthy tissue in your body (autoimmune disease). It's likely that lupus results from a combination of your genetics and your environment. It appears that people with an inherited predisposition for lupus may develop the disease when they come into contact with something in the environment that can trigger lupus. The cause of lupus in most cases, however, is unknown.

25	Page Name: Vasculitis
	Website: Mayo Clinic http://www.mayoclinic.org/diseases-conditions/vasculitis/basics/causes/con-20026049
	Archive: http://archive.fo/DMh6g
	The exact cause of vasculitis isn't fully understood. Some types are related to a person's genetic makeup. Others result from the immune system attacking blood vessel cells by mistake.

26	Page Name: Type 1 diabetes in children
	Website: Mayo Clinic https://www.mayoclinic.org/diseases-conditions/type-1-diabetes-in-children/symptoms-causes/syc-20355306
	Archive: http://archive.fo/TqdgF
	The exact cause of type 1 diabetes is unknown. But in most people with type 1 diabetes, the body's immune system — which normally fights harmful bacteria and viruses — mistakenly destroys insulin-producing (islet) cells in the pancreas. Genetics and environmental factors appear to play a role in this process.

27	Abbreviated Name: IOM 2011
	P 14 (43)

28	Abbreviated Name: IOM 2011
	P XI (12): Although the committee is optimistic that more can and will be known about vaccine safety in the future…

29	Document Name: Varivax Product Sheet https://drive.google.com/open?id=1NnEIia3vR_01iqYnq2wNDRWz_ZcvPo48
	P 3 (4) Vaccine-related adverse reactions reported during clinical trials were assessed by the study investigators to be possibly, probably, or definitely vaccine-related and are summarized below.

30	Document Name: Engerix Clinical Review https://drive.google.com/open?id=1lt2scepRp3pTpbB4HQ3cYtE5bU3twD6o
	P 15: Of 55 SAEs reported during the active phase of the protocol and 12 reported during the 180 day extended safety follow-up, none were considered to be vaccine related.

	Article Name: Safety and Immunogenicity of Tetanus Diphtheria and Acellular Pertussis (Tdap) Immunization During Pregnancy in Mothers and Infants	PMID: 24794369
	Lead Author/Year: Flor M. Munoz, 2014	Journal: JAMA
	P 4: Whether an adverse event was attributable to vaccination was judged by the investigators considering temporality, biologic plausibility, and identification of alternative etiologies for each event. […] Serious adverse events were reported by 22 participants… None were judged to be attributable to Tdap vaccine.	
	Article Name: Safety and Immunogenicity of the HPV-16/18 AS04-Adjuvanted Vaccine: A Randomized, Controlled Trial in Adolescent Girls http://www.hu.ufsc.br/projeto_hpv/Safety%20and%20Immunogenicity%20of%20the%20HPV-1618%20AS04-Adjuvanted.pdf	PMID: 20413076 Archive: https://drive.google.com/open?id=1UyuQfB7G1uALitDdnO-AZxJk7Tw1ojHX
	Lead Author/Year: Doris M. Rivera Medina, 2010	Journal: Journal of Adolescent Health
	P 419 (6): No SAE in the HPV-16/18 vaccine group was considered related to vaccination or led to withdrawal.	
	Article Name: Safety of a new conjugate meningococcal C vaccine in infants https://adc.bmj.com/content/archdischild/85/5/391.full.pdf	PMID: 11668101 Archive: https://drive.google.com/open?id=1hXmUhIcV38Y_1fGaUHJCL89rz6oaVUe7
	Lead Author/Year: R Lakshman, 2001	Journal: Archives of Disease in Childhood
	P 394 (4): 1755 (63%) subjects had adverse events that were considered not to have any causal relation with the vaccine.	

31	Document Name: PEDIACEL Package Insert https://drive.google.com/open?id=18Bb7jBpmRTQHDJ_JAYb7v1fpCK9-NboP
	P 10: The following additional adverse events have been spontaneously reported during the postmarketing use of PEDIACEL® worldwide. Because these events 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 vaccine exposure.
	Document Name: HAVRIX, Package Insert https://drive.google.com/open?id=1XGppC-tPGSWvEZNGK8kRY15nGz76lxSA

	P 7: In addition to reports in clinical trials, worldwide voluntary reports of adverse events received 136 for HAVRIX since market introduction of this vaccine are listed below. This list includes serious 137 adverse events or events which have a suspected causal connection to components of HAVRIX 138 or other vaccines or drugs. Because these events are reported voluntarily from a population of 139 uncertain size, it is not always possible to reliably estimate their frequency or establish a causal 140 relationship to the vaccine.
	Document Name: ENGERIX Package Insert https://drive.google.com/open?id=1aZ1MtPiO58lE6Pjg0Ee_PZZ10c4iLjUs
	P 8: The following adverse events have been reported following widespread use of the vaccine. As with other hepatitis B vaccines, in many instances the causal relationship to the vaccine has not been established.

32	Article Name: International Consensus (ICON): allergic reactions to vaccines https://waojournal.biomedcentral.com/articles/10.1186/s40413-016-0120-5	PMID: 27679682
		Archive: http://archive.is/d1J1F
	Lead Author/Year: Stephen C. Dreskin, 2016	Journal: World Allergy Organization Journal
	P 12: All tests need to be interpreted carefully with appropriate positive and negative controls, recognizing that falsely positive skin test results may occur. These may be the result of true but clinically irrelevant IgE responses or to irritant effects of the vaccine.	

33	Article Name (translated from Herbrew): The 6-year-old's liver collapsed; His mother's lobe saved him	Date: Nov 11, 2014
	Website: https://www.ynet.co.il/articles/0,7340,L-4590167,00.html	Archive: http://archive.is/AbUmZ
	In spite of all the intensive tests he has undergone, both hospitals have not been able to find out why the sudden and dramatic liver collapse. It is a rare condition. Once or twice a year, we have such a condition of a child with liver failure even though they are completely healthy. "In this condition, they undergo tests to detect infectious, autoimmune or metabolic diseases, and often the cause is not found," explains Dr. Michael Gurevich, senior physician at the Schneider hospital transplant system, who was one of the surgeons. One of the causes of the collapse, which was tested and ruled out is the flu vaccine he received the day before. "The medical literature does not describe a case where the flu vaccine caused liver inflammation or liver failure," Dr. Gurevich emphasizes. The mother also denies the possibility. "The source of the problem is unknown and will probably never be known. All the possibilities were checked, all the tests were done, and do not know. We were told that it is a very rare condition for a child fully healthy to undergo a liver collapse. The best infectious disease specialists have said that if the child turned yellow within a day, then he was probably already sick. "	

34	Abbreviated Name: IOM 2011
	P 28 (57): The overwhelming safety and effectiveness of vaccines in current use in preventing serious disease has allowed them to gain their preeminent role in the routine protection of health.

Chapter 3: Defective by Design - Vaccine Adverse Event Reporting Systems

1-20

1	Article Name: Understanding vaccine safety information from the Vaccine Adverse Event Reporting System		PMID: 15071280
	Lead Author/Year: Fredrick Varricchio, 2004	Journal: The Pediatric Infectious Disease Journal	
	P 2: Clinical trials of new vaccines have typically involved a relatively small number of individuals (usually fewer than 10 000) and thus cannot usually detect uncommon adverse events.		

2	Article Name: Post-marketing surveillance for adverse events after vaccination: the national Vaccine Adverse Event Reporting System (VAERS) http://www.fda.gov/downloads/Safety/MedWatch/UCM168497.pdf	Archive: https://drive.google.com/open?id=1e1suDwD92AF9TfTW6yk89-PyMkgXqmFD
	Lead Author/Year: NIH/FDA, 1998	
	P 1: Even the largest pre-licensure trials (>10,000 persons) are inadequate to assess the vaccine's potential to induce rare but serious side effects.	

3	Abbreviated Name: Varricchio 2004	PMID: 15071280
	P 1	

4	Page Name: About VAERS	Website: https://vaers.hhs.gov/about/index#objectives

5	Page Name: Frequently Asked Questions (FAQs)	Archive: https://web.archive.org/web/20180825190718/https://vaers.hhs.gov/faq.html
	Website: VAERS website https://vaers.hhs.gov/faq.html	

6	Abbreviated Name: Varricchio 2004	PMID: 15071280
	P 2: VAERS is a passive surveillance, or spontaneous reporting, system. Passive surveillance systems rely on health care professionals (or vaccinees) to voluntarily submit reports of illness after vaccination.	

7	Page Name: Guide to Interpreting VAERS Data	Archive: https://web.archive.org/web/20180209232915/https://vaers.hhs.gov/data/dataguide.html
	Website: VAERS website https://vaers.hhs.gov/data/dataguide.html	
	"Underreporting" is one of the main limitations of passive surveillance systems, including VAERS	

8	Page Name: Information for Healthcare Providers	Archive: https://web.archive.org/web/20171125064142/https://vaers.hhs.gov/resources/infoproviders.html
	Website: VAERS website https://vaers.hhs.gov/resources/infoproviders.html	
	Abbreviated Name: Varricchio 2004	PMID: 15071280
	P 4: Only selected adverse events, as specified in the Reportable Events Table, are required by law to be reported by vaccine providers. The adverse events listed in the table have been shown to be potentially related to vaccination and therefore may be compensable through the Vaccine Injury Compensation Program (www.hrsa.gov/osp/vicp/) in the absence of an alternate cause.	

9	Document Name: Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS) https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	Lead Author/Year: Ross Lazarus, 2011	
	P 6: New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative.	

10	Article Name: Post-marketing surveillance for adverse events after vaccination: the national Vaccine Adverse Event Reporting System (VAERS) http://www.fda.gov/downloads/Safety/MedWatch/UCM168497.pdf	Archive: https://drive.google.com/open?id=1e1suDwD92AF9TfTW6yk89-PyMkgXqmFD
	Lead Author/Year: NIH/FDA, 1998	
	P 1-2: Thus, when the product leaves the controlled study environment of clinical trials and is put into general clinical use by practitioners, the ability to determine the actual incidence of adverse events is questionable.	

	Abbreviated Name: Varricchio 2004	PMID: 15071280
	P 4: Therefore because VAERS functions primarily as a voluntary reporting system, reporting occurs for only a proportion of suspected adverse events, and this proportion varies depending on the vaccine and the type of event.	

11	Article Name: Introducing MEDWatch http://www.fda.gov/downloads/Safety/MedWatch/UCM201419.pdf	Archive: https://drive.google.com/open?id=1_NEuU4vhWzPh7ZTBVa_aiIuTr3Eagcfy
	Lead Author/Year: David A. Kessler, 1993	
	David Kessler, former head of FDA - P 1: Only about 1% of serious events are reported to the FDA, according to one study.	
	Document Name: Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS) https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	Lead Author/Year: Ross Lazarus, 2011	
	P 6: Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported.	

12	Abbreviated Name: Varricchio 2004	PMID: 15071280
	P 4: Some studies have attempted to calculate incidence rates of adverse events with VAERS data along with the Biologics Surveillance Summaries that provide information on vaccine doses distributed in the United States. The most important limitation of the Biologics Surveillance Summaries is that they do not permit determination of the number of persons who actually received vaccine.	

13	Abbreviated Name: Varricchio 2004	PMID: 15071280
	P 4: Because the VAERS database does not receive complete reporting of all adverse events and because many events it contains lack confirmed diagnoses and/or cannot be attributed to vaccines, VAERS cannot be used to calculate the incidence of adverse reactions after vaccination.	

14	Article Name: Post-marketing surveillance for adverse events after vaccination: the national Vaccine Adverse Event Reporting System (VAERS) http://www.fda.gov/downloads/Safety/MedWatch/UCM168497.pdf	Archive: https://drive.google.com/open?id=1e1suDwD92AF9TfTW6yk89-PyMkgXqmFD
	Lead Author/Year: NIH/FDA, 1998	
	P 3: Since VAERS receives an estimated 12,000 reports annually, it is difficult to ensure the accuracy and completeness of the database with available resources.	
	Abbreviated Name: Varricchio 2004	PMID: 15071280
	P 2: It is important to understand that submissions to VAERS are not formal case reports, but rather nonstandardized descriptions of symptoms and signs temporally associated with a vaccination or vaccinations. The information in a report is not necessarily complete, nor is it verified in most cases.	

15	Page Name: Frequently Asked Questions (FAQs)	Archive: https://web.archive.org/web/20180825190718/https://vaers.hhs.gov/faq.html
	Website: VAERS website https://vaers.hhs.gov/about/faqs#who_reports	

16	Article Name: Postlicensure Safety Surveillance for Quadrivalent Human Papillomavirus Recombinant Vaccine https://jamanetwork.com/journals/jama/fullarticle/184421	PMID: 19690307
		Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	Lead Author/Year: Barbara A. Slade, 2009	Journal: JAMA
	P 1	

17	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 1	

18	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 3: Of the 8471 manufacturer reports for qHPV AEFIs, 7561 (89%) had insufficient identifying information to permit clinical follow-up or review.	
	Article Name: Completeness of serious adverse drug event reports received by the US Food and Drug Administration in 2014	PMID: 26861066
	Lead Author/Year: Thomas J. Moore, 2016	Journal: Pharmacoepidemiology and drug safety

	A similar condition exists for reporting of pharmaceutical drugs adverse events. P 1: Overall, 21,595 (86.2%) of serious reports submitted directly to the FDA provided data for all four completeness variables, compared with 271,022 (40.4%) of manufacturer expedited reports and 24,988 (51.3%) of periodic reports. Among manufacturer serious reports, 37.9% lacked age and 46.9% had no event date. Performance by 25 manufacturers submitting 5000 or more reports varied from 24.4% complete on all variables to 67% complete. Patient death cases had the lowest completeness scores in all categories.

19	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 7: However, VAERS data need to be interpreted with caution […] data limitations include underreporting…	

20	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 7: …the extent of underreporting to VAERS is not known.	

21-40

21	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 7: AEFI reporting rates also need cautious interpretation, because vaccine distribution data do not allow calculation of age-specific reporting rates and do not provide the numbers of doses actually administered	

22	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 3: From June 1, 2006, through December 31, 2008, VAERS received 12,424 reports of AEFIs following receipt of qHPV (Table 1), an overall reporting rate of 53.9 reports per 100,000 vaccine doses distributed.	

23	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 7: The postlicensure safety profile presented here is broadly consistent with safety data from prelicensure trials.	

24	Document Name: GARDASIL Package Insert https://drive.google.com/open?id=1u3cOmn6ehXdR21bNuUQ7He3q6e2jFFxx
	P 8, Table 9

25	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 2: We also used proportional reporting ratio (PRR), another method to detect potential associations between reported AEFIs and a drug or vaccine, to compare the proportion of selected AEFI reports for qHPV with the proportion of selected AEFI reports for all other vaccines by age group and sex. P 6: The PRR for deaths in 6- to 17-year olds was 1.4 (X^2=0.42, P=.52). The PRR for deaths in 8- to 29-year-olds was 1.2 (X^2=0.01, P=.92). Neither of these met the screening criteria for signal detection.	

26	Abbreviated Name: Varricchio 2004	PMID: 15071280
	P 4-5: Attempts to use the VAERS data to calculate internal "relative risks" of specific adverse events for a vaccine, using reports for another vaccine as a "control" group, raise a fifth methodologic issue. Relative risks represent a ratio of incidence rates, and incidence rates cannot be calculated from VAERS data as previously discussed. Relative reporting rates might be calculated, but elevated relative reporting rates calculated from VAERS data may be spurious, regardless of the results of statistical significance testing. And: Relative reporting rates from VAERS should not be confused with data-mining methods that attempt to identify adverse events reported more commonly after one vaccine (or group of vaccines) than after others. Three data-mining methods being applied increasingly to medical product safety data are the proportional reporting rate ratio (PRR), empiric Bayesian and neural network approaches. […] PRR and other data-mining statistics can be biased by differences in usage and reporting of adverse events; thus elevated data-mining statistics do not necessarily reflect a causal relationship between a vaccine and an adverse event. PRR and other data-mining statistics should not be interpreted or presented as relative risks of specific vaccine adverse events. Such statistics should be used only as a hypothesis generation tool and are evaluated in the same manner as other hypotheses generated by VAERS.	

27	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 1: Most of the AEFI rates were not greater than the background rates compared with other vaccines, but there was disproportional reporting of syncope and venous thromboembolic events. The significance of these findings must be tempered with the limitations (possible underreporting) of a passive reporting system.	

28	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 7: The VAERS reporting rate for qHPV is triple the rate for all other vaccines combined[…]	

29	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 7: The VAERS reporting rate for qHPV is triple the rate for all other vaccines combined, perhaps reflecting greater public attention to HPV than the usual increased reporting following licensure of a new product ("Weber effect"). […] Reports of VTEs after qHPV immunization should be interpreted with caution due to the multiple limitations of a passive reporting system and the potential effect of widespread media coverage stimulating reporting.	

30	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 7: However, VAERS data need to be interpreted with caution, because not all reported events are systematically validated, and many may have only coincidentally followed vaccination. In addition, data limitations include underreporting, inconsistency in the quality and completeness of reported data, stimulated reporting due to extensive news coverage, and reporting biases. […] A further limitation of VAERS reports after qHPV is that a large proportion (68%) come from the manufacturer and most of these reports (89%) do not include sufficient identifying information to allow medical review of the individual cases.	

31	Abbreviated Name: Slade 2009	Archive: https://drive.google.com/open?id=1MQIcFiM-5POt66gfIdLaASCdgY9EZcDF
	P 1: Most of the AEFI rates were not greater than the background rates compared with other vaccines	

32	Article Name: Study: HPV Vaccine Mostly Safe	Date: Aug 19, 2009
		Archive: http://archive.is/tIPgl
	Website: NPR (National Public Radio) https://www.npr.org/templates/story/story.php?storyId=112035659?storyId=112035659	
	It still appears that the vaccine is safe and that the benefits outweigh the risks.	
	Article Name: HPV shot found safe, but some experts question its benefits	Date: Aug 18, 2009
		Archive: http://archive.fo/lOJ2M
	Website: CNN http://edition.cnn.com/2009/HEALTH/08/18/hpv.vaccine.safety/index.html?iref=24hours	
	"This continues to be a safe vaccine," says lead researcher Dr. Barbara A. Slade, a medical officer at the CDC.	

33	Page Name: Human Papillomavirus (HPV) Vaccine Safety	Archive: http://archive.fo/lL2bv
	Website: CDC website https://vaers.hhs.gov/resources/infoproviders.html	
	Document Name: GACVS Safety update on HPV Vaccines http://www.who.int/vaccine_safety/committee/topics/hpv/130619HPV_VaccineGACVSstatement.pdf	Archive: https://drive.google.com/open?id=1tWVoxULCHrmFbKCxNOLLFt6tc95OhmoE
	Author/Year: GACVS, 2013	
	P 3	

34	Document Name: Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS) https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	Author/Year: Ross Lazarus, 2011	
	P 6: Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public health.	

35	Page Name: CDC > NNDSS > Data Collection and Reporting > History	Archive: http://archive.is/w2tuo
	Website: CDC website https://wwwn.cdc.gov/nndss/history.html	
	In 1879, a Congressional appropriation funded collecting and publishing reports of these notifiable diseases. The authority for weekly reporting and publishing of these cases was expanded by Congress in 1893 to include data from states and municipal authorities.	

36	There are many examples. Two are brought here. Document Name: Investigating a Pertussis Outbreak in Mississippi http://www.cdc.gov/washington/~cdcatWork/pdf/pertussis_outbreak.pdf	Archive: https://drive.google.com/open?id=1l14t_rRuADPsjiQRNIE-ZyOX7pkSP-QZ
	Author/Year: CDC, 2007	
	Page Name: Notes from the Field: Measles Outbreak Among Members of a Religious Community — Brooklyn, New York, March–June 2013 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a5.htm	Archive: http://archive.is/nCKU3

	Website: CDC, Morbidity and Mortality Weekly Report (MMWR)

37	Document Name: Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS) https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	Author/Year: Ross Lazarus, 2011	
	P 1	

38	Abbreviated Name: Lazarus 2011	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	P 2: To create a generalizable system to facilitate detection and clinician reporting of vaccine adverse events, in order to improve the safety of national vaccination programs. P 3: This research project was funded to improve the quality of vaccination programs by improving the quality of physician adverse vaccine event detection and reporting to the national Vaccine Adverse Event Reporting System (VAERS)	

39	Abbreviated Name: Lazarus 2011	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	P 6: New surveillance methods for drug and vaccine adverse effects are needed. […] Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs.	

40	Page Name: Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts) https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system?nav=summaries	Archive: http://archive.is/wip/BhpIK
	Website: AHRQ Agency for Healthcare Research and Quality	
	This project served as an extension of the Electronic Support for Public Health (ESP) project, an automated system using electronic medical record (EMR) data to detect and securely report cases of statutory notifiable diseases to a local public health authority.	

41-50

41	Abbreviated Name: Lazarus 2011	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	P 3-4	

42	Abbreviated Name: Lazarus 2011	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	P 3: **Aim 3.** Comprehensively evaluate ESP:VAERS performance in a randomized trial, and in comparison to existing VAERS and Vaccine Safety Datalink data. P 5: The draft was then widely circulated as an initial / working draft for comment by relevant staff in the CDC and among our clinical colleagues at Atrius. In addition to review by the internal CDC Brighton Collaboration liaison, this protocol has also received review & comment via the CDC's Clinical Immunization Safety Assessment (CISA) Network.	

43	Abbreviated Name: Lazarus 2011	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	P 6: Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.	

44	Abbreviated Name: Lazarus 2011	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	P 5: The goal of Aim 3 was to *comprehensively evaluate ESP:VAERS performance in a randomized trial, and in comparison to existing VAERS and Vaccine Safety Datalink data.* We had initially planned to evaluate the system by comparing adverse event findings to those in the Vaccine Safety Datalink project—a collaborative effort between CDC's Immunization Safety Office and eight large managed care organizations. Through a randomized trial, we would also test the hypothesis that the combination of secure, computer-assisted, clinician-approved, adverse event detection, and automated electronic reporting will substantially increase the number, completeness, validity, and timeliness of physician-approved case reports to VAERS compared to the existing spontaneous reporting system; however, due to restructuring at CDC and consequent delays in terms of decision making, it became impossible to move forward with discussions regarding the evaluation of ESP:VAERS performance in a randomized trial, and compare ESP:VAERS performance to existing VAERS and Vaccine Safety Datalink data. Therefore, the components under this particular Aim were not achieved.	

45	Abbreviated Name: Lazarus 2011	Archive: https://drive.google.com/open?id=1Uih_BuqrRJoaj4o3otgqZiWiYgeBIH9H
	P 6: Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference.	

46	Page Name: Guide to Interpreting VAERS Data	Archive: https://web.archive.org/web/20180209232915/https://vaers.hhs.gov/data/dataguide.html
	Website: VAERS website https://vaers.hhs.gov/data/dataguide.html	
	On the other hand, more serious and unexpected medical events are probably more likely to be reported than minor ones, especially when they occur soon after vaccination, even if they may be coincidental and related to other causes.	

47	Article Name: The Vaccine Safety Datalink: A Model for Monitoring Immunization Safety http://pediatrics.aappublications.org/content/127/Supplement_1/S45		PMID: 21502240
			Archive: https://drive.google.com/open?id=16YlUk81p9MTRKh7erSEIzhdMIJF5ngM_
	Lead Author/Year: James Baggs, 2011	Journal: Pediatrics	

48	Page Name: Vaccine Safety Datalink	Archive: http://archive.is/TKFoj
	Website: HCSRN website http://www.hcsrn.org/en/Collaboration/Consortia/vsd.html	
	PI: Frank DeStefano, MD of the CDC Immunization Safety Office Funding agency: Centers for Disease Control and Prevention (CDC)	

49	Page Name: Vaccine Safety Datalink (VSD)	Archive: http://archive.is/KtqCB
	Website: CDC website https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vsd/data-sharing-guidelines.html	

50	Document Name: Vaccine Safety Research, Data Access, and Public Trust https://www.nap.edu/catalog/11234/vaccine-safety-research-data-access-and-public-trust
	Author/Year: IOM 2005
	P 96: One of the key goals of the Vaccine Safety Datalink (VSD) data sharing program should be maintenance of public trust in the use of the VSD to draw scientific conclusions about vaccine safety. Because of the contentious nature of some of the issues surrounding the VSD and the strained relationship between the Centers for Disease Control and Prevention (CDC) and some people who have been critical of CDC's vaccine safety activities, the committee recognizes that there may be public concerns about the role of CDC in reviewing proposals to use VSD data and in setting the VSD research agenda. A perception of bias in the VSD proposal-review process and in the priorities established for the VSD research plan could jeopardize public confidence in VSD activities. There are legitimate reasons for public concern about the independence and fairness of the review of VSD data sharing proposals and of determinations about when and how to release preliminary findings of VSD analyses.

	The lack of transparency of some of those processes affects the trust relationship between the National Immunization Program (NIP) and some members of the general public. P 97-98: The limitations of the VSD data sharing program and the limited ability of independent external researchers to conduct high-quality corroboration studies or studies of new hypotheses create a special need to involve the public in the priority-setting process for the VSD research plan. Only NIP-affiliated or MCO-affiliated researchers have access to VSD data for events before and after January 1, 2001, for corroboration studies and studies of new hypotheses, so independent external researchers may not be able to conduct studies that members of the public consider to have high priority. […] In view of the limited ability of independent researchers to conduct high-quality VSD studies of new hypotheses and the limited ability of the public to provide input on which VSD studies should be pursued with federal tax dollars, there needs to be greater opportunity for input into the setting of priorities in the VSD research plan and greater transparency of the priority-setting process.

Chapter 4: Epidemiology 101

1-20

1	Article Name: The history of the discovery of the cigarettee-lung cancer link: evidentiary traditions, corporate denial, global toll https://tobaccocontrol.bmj.com/content/tobaccocontrol/21/2/87.full.pdf		PMID: 22345227
			Archive: https://drive.google.com/open?id=1YAWDfVhDNWb1O-SiwIRQDk9lF1jC7IUw
	Lead Author/Year: Robert N Proctor, 2012	Journal: Tobacco Control	
	P 1: Lung cancer was still a very rare disease; so rare, in fact, that medical professors when confronted with a case sometimes told their students they might never see another.		

2	Article Name: Research on Smoking and Lung Cancer: A Landmark in the History of Chronic Disease Epidemiology http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2589239/pdf/yjbm00061-0033.pdf		PMID: 2192501
			Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	Lead Author/Year: Colin White, 1990	Journal: THE YALE JOURNAL OF BIOLOGY AND MEDICINE	
	P 3		

3	Abbreviated Name: White 1990	Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	P 4: The Department of Agriculture has made estimates of the average annual consumption of tobacco products in the United States among persons aged 15 years and over, from 1900 to 1960. During this period the number of cigarettes marketed, per person, increased by a factor of about 80, from 50 to 3,900; the sale of pipe tobacco decreased from 1.6 to .6 pounds, and the number of cigars fell from 110 to 60, per person.	

4	Abbreviated Name: White 1990	Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	P 2: Speculation about these factors continued, but there was also much criticism of the view that the reported increase in lung cancer was credible. These criticisms led to debate throughout the forties and early fifties. An editorial in the British Medical Journal in 1942 stated "It is doubtful whether the higher incidence of cancer of the lung observed in recent years is real or only apparent". Factors which were listed as likely to be responsible for an artificial increase were better diagnosis of the disease and increased longevity of the population.	

5	Abbreviated Name: White 1990	Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	P 4: Doll has noted that it had been known long before 1950 that smoking could cause disease, but it was "not until 1950 that a large amount of data was obtained in a sufficiently representative and responsible way to lead more than a handful of people to believe that smoking might actually be responsible for causing a material amount of disease" [28]. The two case-control studies in 1950 that were not only large but also well conducted were by Wynder and Graham in the United States [29] and by Doll and Hill in England.	

6	Abbreviated Name: White 1990	Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	P 5-6	

7	Abbreviated Name: White 1990	Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	P 6-7	

8	Abbreviated Name: White 1990	Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	P 9, 11	

9	Abbreviated Name: Proctor 2012	Archive: https://drive.google.com/open?id=1YAWDfVhDNWb1O-SiwIRQDk9lF1jC7IUw
	P 2	

10	Abbreviated Name: White 1990	Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	P 10: In 1958, by which time there was substantial epidemiologic evidence on smoking as a risk factor for lung cancer, the British Medical Journal commented as follows on this evidence: "The fact that experimental work has not provided complete and irrefutable proof has tended to hinder its wholehearted acceptance". A representative of the tobacco industry described this objection more forcefully, by stating that the search for chemical carcinogens in tobacco "has now been continued so long in the hands of so many able investigators and with such meager results that many scientists no longer believe it likely that tobacco smoke exerts any significant effect as a direct or specific carcinogen for human tissues". In 1962, Lancet summarized the results of the chemical analysis of tobacco products by noting "no carcinogen has been found in adequate concentration in tobacco smoke; no genuine lung cancers have been produced experimentally".	

11	Abbreviated Name: Proctor 2012	Archive: https://drive.google.com/open?id=1YAWDfVhDNWb1O-SiwIRQDk9lF1jC7IUw
	P 2: Tobacco industry laboratories conducted their own investigations: Brown and Williamson researchers identified benzpyrene in cigarette smoke in 1952, and by the end of the decade cigarette manufacturers had characterised several dozen carcinogens in cigarette smoke, including arsenic, chromium, nickel and a veritable zoo of polycyclic aromatic hydrocarbons (chrysene, methylcholanthrene, dibenzanthracene, dibenzacridene, etc). As Philip Morris research director Helmut Wakeham put it in 1961, carcinogens were found in 'practically every class of compounds in cigarette smoke'.	

12	Abbreviated Name: White 1990	Archive: https://drive.google.com/open?id=1BWQHwQt9syfRTHCefTfRF1f6QblhOLkb
	P 8: The Surgeon General of the United States took a similar position: "The weight of the evidence is increasingly pointed in one direction: that excess smoking is one of the causative factors in lung cancer".	

13	Page Name: Statistical Language - Correlation and Causation	Archive: http://archive.is/fZLZR
	Website: Australian Bureau of Statistics http://www.abs.gov.au/websitedbs/a3121120.nsf/home/statistical+language+-+correlation+and+causation	
	Correlation is a statistical measure (expressed as a number) that describes the size and direction of a relationship between two or more variables. A correlation between variables, however, does not automatically mean that the change in one variable is the cause of the change in the values of the other variable. Causation indicates that one event is the result of the occurrence of the other event; i.e. there is a causal relationship between the two events. This is also referred to as cause and effect.	

14	Page Name: Emphysema	Archive: http://archive.is/WKTsi
	Website: emedicinehealth http://www.emedicinehealth.com/emphysema/article_em.htm http://www.emedicinehealth.com/emphysema/page2_em.htm	
	The importance of cigarette smoking as a risk factor for developing emphysema cannot be overemphasized. Cigarette smoke contributes to this disease process in two ways. It destroys lung tissue, which results in the obstruction of air flow, and it causes inflammation and irritation of airways that can add to air flow obstruction.	

15	Page Name: Epidemiology	Archive: http://archive.is/QP9g
	Website: E X T O X N E T Extension Toxicology Network http://pmep.cce.cornell.edu/profiles/extoxnet/TIB/epidemiology.html	

	Epidemiological studies can never prove causation; that is, it cannot prove that a specific risk factor actually causes the disease being studied. Epidemiological evidence can only show that this risk factor is associated (correlated) with a higher incidence of disease in the population exposed to that risk factor. The higher the correlation the more certain the association, but it cannot prove the causation

16	Book Title: CAUSALITY	Publisher: Oxford University Press
	Lead Author/Year: Phyllis Illari, 2014	
	P 32: Rothman (1976) makes the point that in health situations what we call 'causes' are in fact components of sufficient causes, and are not sufficient in themselves. For instance, the measles virus is said to be the cause of measles, but in fact the 'complete sufficient cause' of measles also includes lack of immunity to the virus and exposure to the virus. […] Rothman illustrates his ideas by means of 'causal pies'—see Figure 4.1—still used in epidemiology now. He thinks that a sufficient cause of a disease is generally not one single causal factor, but a complete 'causal mechanism'. Rothman takes a causal mechanism to be a minimal set of conditions and events that are sufficient for the disease to occur. In this perspective, no specific event condition or characteristic is sufficient, by itself, to produce the disease. So the definition of 'cause' does not describe a complete causal mechanism, but only a component of it.	

17	Page Name: Research on Back Sleeping and SIDS	Archive: http://archive.is/rZIPH
	Website: NIH - Safe to Sleep https://www1.nichd.nih.gov/sts/campaign/science/Pages/backsleeping.aspx	
	The single most effective action that parents and caregivers can take to lower a baby's risk of SIDS is to place the baby to sleep on his or her back for naps and at night. Compared with back sleeping, stomach sleeping carries between 1.7 and 12.9 times the risk of SIDS. The mechanisms by which stomach sleeping might lead to SIDS are not entirely known. Studies suggest that stomach sleeping may increase SIDS risk through a variety of mechanisms, including: Increasing the probability that the baby re-breathes his or her own exhaled breath, leading to carbon dioxide buildup and low oxygen levels; Causing upper airway obstruction; Interfering with body heat dissipation, leading to overheating. Whatever the mechanism, evidence from numerous countries—including New Zealand, Sweden, and the United States—suggests that placing babies on their backs to sleep results in a substantial decline in the SIDS rate compared to placing babies on their stomachs to sleep.	

18	Page Name: Prospective study	Archive: http://archive.is/zKOgQ
	Website: The Free Dictionary	

	Prospective study: an epidemiologic study in which the groups of individuals (cohorts) are selected on the bases of factors that are to be examined for possible effects on some outcome. For example, the effect of exposure to a specific risk factor on the eventual development of a particular disease can be studied. The cohorts are then followed over a period of time to determine the incidence rates of the outcomes being studied as they relate to the original factors in question. The term prospective usually implies a cohort selected in the present and followed into the future…

19	Page Name: Retrospective study	Archive: http://archive.is/tLNNW
	Website: The Free Dictionary https://medical-dictionary.thefreedictionary.com/retrospective+study	
	Retrospective study: a study in which a search is made for a relationship between one (usually current) phenomen on or condition and another that occurred in the past. An example is a study of the family histories of young women diagnosed as having clear cell adenomas of the vagina, which yielded a relationship between the administration of diethy lstilbestrol to the mothers of the women during pregnancy and the development of the condition in the daughters.	

20	Page Name: Types of Epidemiological Studies	Archive: http://archive.is/3Yd7R
	Website: New Health Advisor http://www.newhealthadvisor.com/Types-of-Epidemiological-Studies.html	

21-29

21	Document Name: Reference Manual on Scientific Evidence https://www.nap.edu/read/13163/chapter/12#583	
	Lead Author/Year: Federal Judicial Center National Research Council, 2011	
	P 583: The second major reason for an invalid outcome in epidemiologic studies is systematic error or bias. Bias may arise in the design or conduct of a study, data collection, or data analysis. The meaning of scientific bias differs from conventional (and legal) usage, in which bias refers to a partisan point of view. When scientists use the term bias, they refer to anything that results in a systematic (nonrandom) error in a study result and thereby compromises its validity. Two important categories of bias are selection bias (inappropriate methodology for selection of study subjects) and information bias (a flaw in measuring exposure or disease in the study groups).	

22	Article Name: Alcohol Consumption and Lung Cancer http://cebp.aacrjournals.org/content/10/8/813.full	PMID: 11489747
	Lead Author/Year: Elisa V. Bandera, 2001	Journal: Cancer Epidemiology Biomarkers and prevention

23	Page Name: Oxford Textbook of Global Public Health	Archive: http://archive.is/bnzxf
	Website: Oxford Medicine Online http://oxfordmedicine.com/view/10.1093/med/9780199661756.001.0001/med-9780199661756-chapter-103	
	The 'art' of epidemiology is knowing when and how to apply the various epidemiological strategies creatively to answer specific health questions.	

24	Article Name: Identifying and Avoiding Bias in Research https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2917255/	PMID: 20679844
	Lead Author/Year: Christopher J. Pannucci, 2010	Journal: Plastic and Reconstructive Surgery
	A general explanation of research biases.	

25	Document Name: Adverse Effects of Vaccines: Evidence and Causality http://nationalacademies.org/hmd/reports/2011/adverse-effects-of-vaccines-evidence-and-causality.aspx	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ
	Author/Year: IOM, 2011	
	P 17 (46): Epidemiologic analyses also cannot identify with certainty which individual in a population at risk will develop a given condition.	

26	Abbreviated Name: IOM 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ
	P 50 (79): Mechanistic evidence, particularly that emerging from case reports, occasionally can provide compelling evidence of an association between exposure to a vaccine and an adverse reaction in the individual being studied, but it provides no meaningful information about the degree of risk to the population or even to other individuals who have the same predisposing characteristics.	

27	Abbreviated Name: IOM 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ

	P 50 (79): Epidemiologic analyses are usually unable to detect an increased or decreased risk that is small, unless the study population is very large or the difference between the groups (e.g., vaccinated vs. unvaccinated) at risk is very high… These studies also can fail to detect risks that affect a small subset of the population.

28	Abbreviated Name: IOM 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ
	P 49 (78): Epidemiologic evidence, by contrast, can support ("favors acceptance of") a causal association or can support the absence of ("favors rejection of") a causal association in the general population and in various subgroups that can be identified and investigated, unless or until supportive mechanistic evidence is discovered or a rare, susceptible subgroup can be identified and investigated.	

29	Abbreviated Name: IOM 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ
	P 49 (78): Even in the presence of a convincing protective effect of vaccine in epidemiology, studies may not rule out the possibility that the reaction is caused by vaccine in a subset of individuals.	

Chapter 5: Purposefully Biased Science - Epidemiology and Vaccine Safety

1-20

1	Document Name: DPT Vaccine Roulette 1982 https://www.youtube.com/watch?v=qpUsg4bDH5w or https://www.youtube.com/watch?v=VtOh6vFnWg4

2	Article Name: The pertussis vaccine controversy in Great Britain, 1974-1986 https://online.manchester.ac.uk/bbcswebdav/orgs/I3075-COMMUNITY-MEDN-1/DO%20NOT%20DELETE%20-%20PEP%20Quality%20and%20Evidence/QE-PEP-HTML5/media/F8430185-03E3-C538-8362-DE46812E97BE.pdf		PMID: 12922137 Archive: https://drive.google.com/open?id=1RSZoULsPxrzRj13o7MIlpzukCYJC-3z6
	Lead Author/Year: Jeffrey P. Baker, 2003	Journal: Vaccine	
	P 1-2		

3	Article Name: Mercury, Vaccines, and Autism One Controversy, Three Histories https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2376879/pdf/0980244.pdf		PMID: 18172138 Archive: https://drive.google.com/open?id=1ut2gq2Ph7rf7z4pm-C2T8shDuxQDqiBY
	Lead Author/Year: Jeffrey P. Baker, 2008	Journal: American Journal of Public Health	
	"Autism and its Histories" chapter.		

4	Abbreviated Name: Baker 2008	Archive: https://drive.google.com/open?id=1ut2gq2Ph7rf7z4pm-C2T8shDuxQDqiBY
	P 7: The events that would bring these three histories together began in 1997, when New Jersey Representative Frank Pallone, representing a district concerned about environmental mercury poisoning, appended a rider to the FDA Modernization Act of that year to assess all of the agency's products for mercury content. In response, the Center for Biologics Evaluation and Research (CBER) at the FDA initiated a formal risk assessment of thimerosal in vaccines beginning in April 1998. […] Although acknowledging the many uncertainties involved, the FDA responded by inviting vaccine advisory bodies for consultation in June 1999. There followed a rapid series of meetings and conference calls involving representatives of the American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC), culminating in a joint statement released on July 9, 1999. Although noting that there was no evidence that the use of thimerosal as a vaccine preservative had caused any true harm, the groups agreed that "thimerosal-containing vaccines should be removed as soon as possible" given the concerns raised by the Environmental Protection Agency's guidelines.	

5	Abbreviated Name: Baker 2008	Archive: https://drive.google.com/open?id=1ut2gq2Ph7rf7z4pm-C2T8shDuxQDqiBY
	P 7: Meanwhile, the third of the historical streams, represented by parents within the "alternative" autism community, rapidly entered the debate. As detailed by journalist David Kirby, it was in fact a group of parents of autistic children (rather than parental organizations critical of vaccination such as the National Vaccine Information Center) who first seized upon thimerosal as an explanation for the autism epidemic.	

6	Abbreviated Name: Baker 2008	Archive: https://drive.google.com/open?id=1ut2gq2Ph7rf7z4pm-C2T8shDuxQDqiBY
	P 7-8: Parents organized effectively in the political realm as well. The self-designated "Mercury Moms" created an advocacy organization, Safe Minds. They were instrumental in persuading Congressman Burton to shift his focus from measles–mumps–rubella to thimerosal in his congressional hearings. And they organized successfully to oppose a rider to the Homeland Security Bill in 2003 that would protect thimerosal's manufacturer from legal action.	

7	Page Name: No vaccine for the scaremongers	Archive: http://archive.is/BAwsA
	Website: Bulletin of the World Health Organization http://www.who.int/bulletin/volumes/86/6/08-030608/en/	
	Despite these successes, vaccine anxieties continue to periodically impede this highly effective public health measure. In certain industrialized countries, most notably the USA, public concern has shifted its focus from the diseases vaccination can prevent, to the risks of the vaccines themselves. The Internet has become a significant channel for anti-vaccination views. The popular video-sharing web site YouTube offers a plethora of anti-vaccination clips. The Internet has also become a forum for alternative medicine practitioners to present their anti-vaccination ideas and promote alternative products.	
	Article Name: Anti-Vaccination Movement and Parental Refusals of Immunization of Children in USA https://ac.els-cdn.com/S0031393912000042/1-s2.0-S0031393912000042-main.pdf?_tid=5c8518f3-e7ca-4c27-9453-70eb7f0defdf&acdnat=1537379447_77722dce80b2060107f2ee77ed7af03d	PMID: Archive: https://drive.google.com/open?id=1zKynoN4jsw_8X1RcstnPtUK4xOw-6Wwr
	Lead Author/Year: Marian Ołpinski, 2012	Journal: Pediatria Polska
	P 4: The most influential medium for parents beliefs about immunizations seems to be Internet. Approximately 74% of Americans have Internet access. In 2006, 16% of users searched online for information on immunizations or vaccinations. Over half (52%) of users believe ''almost all'' or ''most'' information on health sites are credible, yet the availability of inaccurate and deceptive information online has labeled the Internet a ''modern Pandora's box''.	

8	Article Name: Vanishing Vaccinations: Why Are So Many Americans Opting Out of Vaccinating Their Children?	PMID: 15568260
	Lead Author/Year: Steve P. Calandrillo, 2004	Journal: University of Michigan Journal of Law Reform
	From the abstract: The internet worsens fears regarding vaccination safety, as at least a dozen websites publish alarming information about the risks of vaccines. Increasing numbers of parents are refusing immunizations for their children and seeking legally sanctioned exemptions instead, apparently fearing vaccines more than the underlying diseases that they protect against. A variety of factors are at play: religious and philosophical beliefs, freedom and individualism, misinformation about risk, and overperception of risk. State legislatures and health departments now face a difficult challenge: respecting individual rights and freedoms while also safeguarding the public welfare.	

9	Article Name: The Psychology of Anti-Vaxers: How Story Trumps Science	Date: Oct 19, 2014
	Website: The Atlantic http://www.theatlantic.com/health/archive/2014/10/how-anti-vaccine-fear-takes-hold/381355/	Archive: hhttp://archive.is/uOhEJ
	For example – Jacklyn Smoot, a 26 year-old new mother from Orange, California, feels torn. Her son's pediatrician and the Centers for Disease Control and Prevention assure her that vaccines are safe and effective. Smoot hears personal stories from vaccine skeptics like her mother, some friends, and Internet bloggers, however, who warn that vaccines can cause injury or death. She wonders who is right. Smoot's struggle began when she got a flu shot in December 2012. Her mother's reaction surprised her. "She said, 'What? But you're pregnant!' She scared me," Smoot says. "I found myself online for three hours trying to figure out if it was a good idea that I had gotten the flu shot while I was pregnant." Then she got on the Internet. Smoot downloaded the recommended immunization schedule from the CDC website. She looked up each vaccine on the schedule. Although she says she tried to look at a variety of trustworthy websites, she can only remember reading any information supporting vaccination on the CDC website. Smoot, however, says she does not trust doctors and scientists. "I know they're just going to tell me they're safe, and they're recommended, and this is what you're supposed to do," she says. Dr. Neal Halsey is a professor at the Johns Hopkins Bloomberg School of Public Health and the School of Medicine. He runs the Institute for Vaccine Safety, providing independent assessment of and education on vaccine safety. "The vaccines we have available that are recommended for routine use in children are very safe vaccines," he says. Dr. Diane Griffin, a virologist and chair of the molecular biology and immunology department at Johns Hopkins, agrees. "Oh, yes, vaccines are very safe," she says. According to the CDC, vaccines in the United States are the most safe and effective immunizations in history. The CDC's website says severe reactions to vaccines "occur so rarely that the risk is difficult to calculate." "I probably find more information that says vaccines aren't safe," she says. "I think it's only because …" She pauses. "Well, I don't really know. It could be maybe what I'm paying attention to more."	
	Document Name: Talking with Parents about Vaccines for Infants https://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/talk-infants-color-office.pdf	

	Author/Year: CDC, 2012	Archive: https://drive.google.com/open?id=1CmLPr040TWioZcFMuyqifdm9GT9rsctH

10	Document Name: Addressing Common Concerns of Vaccine-Hesitant Parents https://www.aap.org/en-us/Documents/immunization_vaccine-hesitant%20parent_final.pdf	
	Author/Year: American Academy of Pediatrics, 2013	Archive: https://drive.google.com/open?id=1-EzjdlPKRJgqy02o6xR_WypH7unz6fq6
	The document contains examples of "parental concerns" and studies who answer them.	

11	Article Name: After $1 billion, experts see progress on autism's causes	Date: Sep 4, 2012
	Website: USA TODAY http://usatoday30.usatoday.com/news/health/story/2012-04-09/researchers-autism-causes/54129282/1	Archive: http://archive.is/ixi6Z
	More than $1 billion has been spent over the past decade searching for the causes of autism. In some ways, the research looks like a long-running fishing expedition, with a focus on everything from genetics to the age of the father, the weight of the mother, and how close a child lives to a freeway.[…] The lion's share of money for finding a cause has been spent on genetics. […] But even genetics enthusiasts acknowledge that genes are only part of the answer. Studies of identical twins have shown that autism can occur in one and not the other, meaning something outside a child's DNA is triggering the disorder in many cases. Some cases may be entirely due to other causes, Dawson said. That broad "other" category means "environmental" influences — not necessarily chemicals, but a grab bag of outside factors that include things like the age of the father at conception and illnesses and medications the mother had while pregnant.	

12	Article Name: Vaccination Patterns in Children After Autism Spectrum Disorder Diagnosis and in TheirYounger Siblings https://relaped.com/wp-content/uploads/2018/03/3-1.pdf		PMID: 29582071
	Lead Author/Year: Ousseny Zerbo, 2018	Journal: JAMA Pediatrics	
	P 2: The etiology of ASD is unknown for the vast majority of cases; however, study findings suggest that both genetic and environmental factors have a role.		
	Page Name: Causes-Autism spectrum disorder (ASD)	Archive: http://archive.is/7kOxv	
	Website: NHS website http://www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Causes.aspx		
	Most researchers believe that certain genes a child inherits from their parents could make them more vulnerable to developing ASD. Cases of ASD have been known to run in families. For example, younger siblings of children with ASD can also develop the condition, and it's common for identical twins to both develop ASD. No specific genes linked to ASD have been identified, but it may be a presenting feature of some rare genetic syndromes, including Fragile X syndrome, Williams syndrome and Angelman syndrome.		

	Article Name: Autism's Tangled Genetics Full of Rare and Varied Mutations	Date: June 8, 2011
	Website: Scientific American	Archive: http://archive.is/jftAe
	Large genetic studies have ruled out the idea that the malfunction of a universal gene or set of genes causes autism. And the new papers, which assessed the genomes of about 1,000 families that had only one autistic child, revealed that the genetic mutations that are likely responsible for the disorder are exceedingly rare—sometimes almost unique to an individual patient. Even some of the most common point of mutations were found in only about 1 percent of autistic children.	
	Article Name: Autism spectrum disorders—A genetics review http://www.nature.com/gim/journal/v13/n4/full/gim9201151a.html	PMID: 21358411
		Archive: https://drive.google.com/open?id=1pK0vm5TYvqNPFuIl_FgCyOFbKpQi4dM7
	Lead Author/Year: Judith H Miles, 2011	Journal: Genetics in Medicine
	P 1: Although it was initially assumed that major genome-wide and candidate gene association studies would lead most directly to common autism genes, progress has been slow. Rather, most discoveries have come from studies of known genetic disorders associated with the behavioral phenotype.	

13	Article Name: Vaccine case draws new attention to autism debate	Date: Mar 7, 2008
	Website: CNN http://edition.cnn.com/2008/HEALTH/conditions/03/06/vaccines.autism/index.html	Archive: http://archive.is/qGAsI
	Numerous studies have shown no link between illness and the vaccines, public health officials have long contended.	

14	Article Name: Placebo use in vaccine trials: Recommendations of a WHO expert panel https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4157320/	PMID: 24768580
		Archive: https://drive.google.com/open?id=1mX3RrTo-Jq6eEC-H_S1blqjDVfXYosUv
	Lead Author/Year: Annette Rid, 2014	Journal: Vaccine
	P 2: Randomised, placebo-controlled trials are widely considered the gold standard for evaluating the safety and efficacy of a new vaccine.	

15	Pages dedicated to Marie Curie, Alexander Fleming and Louis Pasteur: http://lib.cet.ac.il/pages/item.asp?item=7936 Archive :http://archive.is/Uiya1 http://lib.cet.ac.il/pages/item.asp?item=7935 Archive :http://archive.is/xNcNK http://lib.cet.ac.il/pages/item.asp?item=7931 Archive :http://archive.is/2DQgz

16	Document Name: Responsible Science, Volume I https://www.nap.edu/catalog/1864/responsible-science-volume-i-ensuring-the-integrity-of-the-research	
	Author/Year: NAS, 1992	Archive: https://drive.google.com/open?id=1782CNgkLfXgxmkd3NtBj0diDm8PJjBb5
	P 36: Until the past decade, scientists, research institutions, and government agencies relied solely on a system of self-regulation based on shared ethical principles and generally accepted research practices to ensure integrity in the research process. Among the very basic principles that guide scientists, as well as many other scholars, are those expressed as respect for the integrity of knowledge, collegiality, honesty, objectivity, and openness. These principles are at work in the fundamental elements of the scientific method, such as formulating a hypothesis, designing an experiment to test the hypothesis, and collecting and interpreting data. In addition, more particular principles characteristic of specific scientific disciplines influence the methods of observation; the acquisition, storage, management, and sharing of data; the communication of scientific knowledge and information; and the training of younger scientists. How these principles are applied varies considerably among the several scientific disciplines, different research organizations, and individual investigators.	

17	Document Name: Responsible Science, Volume I https://www.nap.edu/catalog/1864/responsible-science-volume-i-ensuring-the-integrity-of-the-research	
	Author/Year: NAS, 1992	Archive: https://drive.google.com/open?id=1782CNgkLfXgxmkd3NtBj0diDm8PJjBb5
	P 95: Regardless of the incidence, the panel emphasizes that even infrequent cases of misconduct in science are serious matters. The number of confirmed incidents of misconduct in science, together with the possibility of underreporting and the results presented in some preliminary studies, indicate that misconduct in science is a problem that cannot be ignored. The consequences of even infrequent cases of misconduct in science require that attention be given to appropriate methods of treatment and prevention.	

18	Article Name: The 7 biggest problems facing science, according to 270 scientists	Date: Sep 7, 2016
	Website: VOX http://www.vox.com/2016/7/14/12016710/science-challeges-research-funding-peer-review-process	Archive: http://archive.is/FvXSC

19	Page Name: Budget	Archive: http://archive.is/QP9Wz
	Website: NIH website https://www.nih.gov/about-nih/what-we-do/budget	

20	Page Name: Government Funding of Scientific Research	Archive: http://archive.is/xYL6g

	Website: NSF website https://www.nsf.gov/nsb/documents/1997/nsb97186/nsb97186.htm#federal	
	Within the Federal budget, there should be an overall strategy for research, with areas of increased and areas of decreased emphasis… To ensure the most effective use of Federal discretionary funding it is essential that agreement be reached on which fields and which investment strategies hold the greatest promise for new knowledge that will contribute most effectively to better health, greater equity and social justice, improved living standards, a sustainable environment, a secure national defense, and to extending our understanding of nature.	
	A Yale scientist confesses about "funding biases" he performed in some of his studies, funded by commercial as well as government agencies, and explains that pressure system under which governmental bodies funding research are operating. Article Name: Research Funding: When Is the Money Dirty?	Date: June 13, 2014
	Website: Huffington Post https://www.huffingtonpost.com/david-katz-md/research-funding-when-is-_b_5493613.html	Archive: http://archive.is/Mz2fY
	All research starts with biased funders and researchers — because in the absence of such bias, it would be research no one would bother doing. I don't think anyone runs studies in the absence of hopes and preferences pertaining to the outcomes. […] So, too, do all funders. While the NIH does not generally manufacture and sell the interventions it studies, it certainly does care about the outcomes. NIH, too, must justify its existence, and budget — just not to shareholders. NIH and all federal agencies are accountable to Congress, and by extension to us, in our tax-paying multitudes. NIH competes in the federal budget with other societal priorities (and, no doubt, pork-barrel boondoggles); and perhaps more intensely, the various institutes compete with one another for slices of the common pie. Too many negative study results tend to suggest that an institute is not spending money all that well and wisely — and affect the outcome of that competition. Even NIH program officers are biased about study outcomes.	

21-40

21	Article Name: Follow the Funding	Date: May 1, 2015
	Website: The Scientist http://www.the-scientist.com/?articles.view/articleNo/42799/title/Follow-the-Funding/	Archive: http://archive.is/Wpcec
	A few years ago, David Sinclair's lab was slipping through his fingers. With grant money running dry and the outlook for overall federal research budgets bleak, the Harvard geneticist was losing lab members because he couldn't support them with funding from the National Institutes of Health (NIH), as he had done in years past. Sinclair says his 18-person-strong group dwindled to just four or five people. "And that was painful," he recalls. "I had to let people go for lack of money." And Sinclair says he's not alone. "Even at a place like Harvard, I know [other] labs that have downsized dramatically and even closed down," he says. "So it's hit across the board."	

22	A few articles from the scientific literature, demonstrating the high importance of submitting a research proposal.
	http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0133061#pone.0133061.ref012 Archive :http://archive.is/B5y7y
	http://www.bmj.com/content/317/7173/1647 Archive :http://archive.is/ao0fc
	http://www.apa.org/gradpsych/2016/01/research-funding.aspx Archive :http://archive.is/R4iUH

23	Dr. Boyd Hally desribes how the NIH stopped funding his research on Alzheimer disease when he wanted to investigate mercury exposure as a possible cause. https://www.youtube.com/watch?v=8AQxkIcXrt0

24	Page Name: What are the Chances of Getting Funded?	Archive: http://archive.is/wiTtL
	Website: NIH website https://nexus.od.nih.gov/all/2015/06/29/what-are-the-chances-of-getting-funded/	
	According to NIH data, only 20-30% of applying researchers are granted funding of their research proposals.	

25	Document Name: Financing Vaccines in the 21st Century: Assuring Access and Availability https://www.nap.edu/catalog/10782/financing-vaccines-in-the-21st-century-assuring-access-and-availability	
	Author/Year: IOM, 2004	Archive: https://drive.google.com/open?id=15_AilgxcXkfeOJaNbCgScTr2MbeuMTuD
	P 116: The major contributors to vaccine research in the United States are companies conducting industrial research, government agencies (the National Institutes of Health [NIH] and the Department of Defense [DoD]), and the academic institutions they fund.	
	Article Name: United States vaccine research: a delicate fabric of public and private collaboration. National Vaccine Advisory Committee.	PMID: 9411380
	Lead Author/Year: NVAC 1997	Journal: Pediatrics
	Table 2 on P 2:	

TABLE 2. Vaccine Research and Development: Sources of Funding 1995

Source	Estimated Amount in Millions
Taxpayers	$ 500 (36%)
NIH	
Intramural	
Grants to academia	
Other agencies	
Vaccine sales	$ 650 (46%)
Large companies (15 to 20% sales)	
Risk capital	$ 250 (18%)
Small companies	
Total	$1400 (100%)

26	One example of many - Page Name: GlaxoSmithKline to Plead Guilty and Pay $3 Billion to Resolve Fraud Allegations and Failure to Report Safety Data	Archive: http://archive.is/pfgvJ
	Website: US Department of Justice, Office of Public Affairs https://www.justice.gov/opa/pr/glaxosmithkline-plead-guilty-and-pay-3-billion-resolve-fraud-allegations-and-failure-report	

27	Article Name: Whistleblower on Medical Research Fraud: 'Positive Results Are Better for Your Career'	Date: Sep 10, 2015
	Website: Spiegel Online http://www.spiegel.de/international/zeitgeist/spiegel-interview-with-whistleblower-doctor-peter-wilmshurst-a-1052159.html	Archive: http://archive.is/PA2Th
	SPIEGEL: How exactly did they offer it to you? They probably didn't say: "Here's a bribe for you." Wilmshurst: No, of course not! Initially we were talking about the results that I'd obtained: That the drug that I had been testing for them did not work and had dangerous side effects. Then the company representatives asked me to leave some of the patients out of the data analysis. Without these patients, the study result would have been positive. When I said I couldn't do that, they asked me not to publish the data. And to compensate me for the work I had done in vain, they said, they would offer me this amount of money.	

28	Article Name: As drug industry's influence over research grows, so does the potential for bias	Date: Nov 24, 2012
	Website: Washington Post https://www.washingtonpost.com/business/economy/as-drug-industrys-influence-over-research-grows-so-does-the-potential-for-bias/2012/11/24/bb64d596-1264-11e2-be82-c3411b7680a9_story.html	Archive: http://archive.is/eFJxM
	When the company is footing the bill, the opportunities for bias are manifold: Company executives seeking to promote their drugs can design research that makes their products look better. They can select like-minded academics to perform the work. And they can run the	

	statistics in ways that make their own drugs look better than they are. If troubling signs about a drug arise, they can steer clear of further exploration.	
	Article Name: Many Antidepressant Studies Found Tainted by Pharma Company Influence	Date: Oct 21, 2015
	Website: Sceintific American http://www.scientificamerican.com/article/many-antidepressant-studies-found-tainted-by-pharma-company-influence/	Archive: http://archive.is/cxvEV

29	Page Name: Ten Great Public Health Achievements -- United States, 1900-1999	Archive: http://archive.is/ZQXW
	Website: CDC website https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm	
	Ten Great Public Health Achievements -- United States, 1900-1999: Vaccination […]	

30	Article Name: Straight Talk about Vaccination	Date: Sep 1, 2011
	Website: Sceintific American http://www.scientificamerican.com/article/straight-talk-about-vaccination/	Archive: http://archive.is/gFzXa
	This sad state of affairs exists because parents have been persistently and insidiously misled by information in the press and on the Internet and because the health care system has not effectively communicated the counterarguments, which are powerful. […] The key facts parents need to know, though, are that vaccines prevent potentially fatal diseases, that vaccines have a high degree of safety, and that their safety is constantly evaluated and reevaluated in a system operating independently from the pharmaceutical companies that make vaccines.	

31	Article Name: How Many Scientists Fabricate and Falsify Research? A Systematic Review and Meta-Analysis of Survey Data https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2685008/pdf/pone.0005738.pdf	PMID: 19478950
		Archive: https://drive.google.com/open?id=1qOwUWd9WRgChSUN-jNC8AJjaaT2yuEBR
	Lead Author/Year: Daniele Fanelli, 2009	Journal: PLOS One
	P 1: A pooled weighted average of 1.97% […] of scientists admitted to have fabricated, falsified or modified data or results at least once –a serious form of misconduct by any standard– and up to 33.7% admitted other questionable research practices. In surveys asking about the behaviour of colleagues, admission rates were 14.12% […] for falsification, and up to 72% for other questionable research practices. […] Considering that these surveys ask sensitive questions and have other limitations, it appears likely that this is a conservative estimate of the true prevalence of scientific misconduct.	

32	Article Name: A Population-Based Study Of Measles, Mumps, And Rubella Vaccination And Autism http://www.nejm.org/doi/pdf/10.1056/NEJMoa021134	PMID: 12421889
		Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	Lead Author/Year: Kreesten Meldgaard Madsen , 2002	Journal: NEJM

33	Abbreviated Name: Madsen 2002	Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	P 1: This study provides strong evidence against the hypothesis that MMR vaccination causes autism	

34	Article Name: Study Finds No Link Between MMR Vaccine and Autism	Date: Nov 7, 2002
	Website: LA Times http://articles.latimes.com/2002/nov/07/science/sci-autism7	Archive: http://archive.is/K80dM
	Article Name: Danish Study Finds No Links Between Vaccine and Autism	Date: Nov 6, 2002
	Website: Wall Street Journal http://www.wsj.com/articles/SB10366190315927158 8	Archive: http://archive.is/bXtrs
	Article Name: The Autism-Vaccine Myth	Date: Sep 5, 2014
	Website: PBS http://www.pbs.org/wgbh/nova/body/autism-vaccine-myth.html	Archive: http://archive.is/QNv9e
	The New England Journal of Medicine publishes "A population-based study of measles, mumps, and rubella vaccination and autism" by Madsen et al. These authors describe "strong arguments" against the hypothesis that the MMR vaccine causes autism, based on an analysis of data from 537,303 children in Denmark, 82% of whom had received the MMR vaccine.	

35	Page Name: Vaccines Do Not Cause Autism	Archive: http://archive.is/SCAqJ
	Website: CDC website http://www.cdc.gov/vaccinesafety/concerns/autism.html	
	Page Name: Do Vaccines Cause Autism?	Archive: http://archive.is/4VNXR
	Website: Johns Hopkins University School of Public Health - Institute for Vaccine Safety http://www.vaccinesafety.edu/vs-autism.htm	

	Page Name: Vaccine Safety: Examine the Evidence	Archive: https://drive.google.com/open?id=1l1B_FNOu118F7xhM8z7zhmohkVYgoJfs
	Website: AAP, 2013 https://www.aap.org/en-us/Documents/immunization_vaccine_studies.pdf	
	Document Name: Information Sheet Observed Rate Of Vaccine Reactions Measles, Mumps And Rubella Vaccines	
	Author/Year: WHO, 2014 http://www.who.int/vaccine_safety/initiative/tools/MMR_vaccine_rates_information_sheet.pdf	Archive: https://drive.google.com/open?id=12JQoDTvzr3qlbq93QChZP8a_vhOSn9J5
	P 3, 9	

36	Document Name: Adverse Effects of Vaccines: Evidence and Causality http://nationalacademies.org/hmd/reports/2011/adverse-effects-of-vaccines-evidence-and-causality.aspx	
	Author/Year: IOM, 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ
	P 145(174)	

37	Article Name: Denmark scientist accused of stealing autism research money	Date: Apr 13, 2011
	Website: Reuters	Archive: http://archive.is/h1qLN
	A scientist in Denmark has been indicted by a federal grand jury in Atlanta for allegedly stealing $1 million in grant money that the Centers for Disease Control and Prevention had earmarked for autism research. U.S. prosecutors on Wednesday said they are seeking to extradite Poul Thorsen, 49, accused of wire fraud and money laundering. He used the stolen money to buy a home in Atlanta, a Harley Davidson motorcycle and two cars, prosecutors said. […] Thorsen, a visiting scientist at the Atlanta-based CDC in the 1990s, helped two government agencies in Denmark obtain $11 million in research grants. He moved back to Denmark in 2002 to be principal investigator for the program. Prosecutors said he was also in charge of administering the research dollars, earmarked in part to study the relationship between autism and exposure to vaccines.	
	Article Name: Dane indicted for defrauding CDC	Date: Apr 13, 2011
	Website: Atlanta Business Chronicle http://www.bizjournals.com/atlanta/news/2011/04/13/dane-indicted-for-defrauding-cdc.html	Archive: https://web.archive.org/web/20180919220752/https://webcache.googleusercontent.com/search?q=cache:sU81j6AiPG8J:https://www.bizjournals.com/atlanta/news/2011/04/13/dane-indicted-for-defrauding-cdc.html+&cd=1&hl=en&ct=clnk&gl=il&client=firefox-b

	Thorsen worked in the 1990s as a visiting scientist at the CDC Division of Birth Defects and Developmental Disabilities, when the CDC was soliciting grant applications for research related to infant disabilities. Thorsen promoted the idea of awarding the grant to Denmark and provided input and guidance for the research. From 2000 to 2009, the CDC awarded more than $11 million to two governmental agencies in Denmark to study the relationship between autism and exposure to vaccines…	
	Page Name: Fugitive Profiles	
	Website: Office of Inspector General, HHS https://oig.hhs.gov/fraud/fugitives/profiles.asp#other-fugitives	Archive: http://archive.is/wip/4qVfg

38	Article Name: Association Between Thimerosal-Containing Vaccine and Autism	PMID: 14519711
	Lead Author/Year: Anders Hviid, 2003	Journal: JAMA
	Article Name: Measles-Mumps-Rubella Vaccination and Asthma-like Disease in Early Childhood	PMID: 18845551
	Lead Author/Year: Anders Hviid, 2008	Journal: American Journal of Epidemiology
	Article Name: Autism and Thimerosal containing vaccines: lack of consistent evidence for an association.	PMID: 12880876
	Lead Author/Year: Paul Stehr-Green, 2003	Journal: American Journal of Preventive Medicine
	Article Name: Thimerosal and the Occurrence of Autism: Negative Ecological Evidence From Danish Population-Based Data	PMID: 12949291
	Lead Author/Year: Kreesten M. Madsen, 2003	Journal: Pediatrics

39	Abbreviated Name: Madsen 2002	Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	Article title, P 1	

40	Abbreviated Name: Madsen 2002	Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	P 6: Supported by grants from…the National Vaccine Program Office and National Immunization Program, Centers for Disease Control and Prevention…	

41-60

41	Page Name: Vaccines Do Not Cause Autism	Archive: http://archive.is/SCAqJ
	Website: CDC website http://www.cdc.gov/vaccinesafety/concerns/autism.html	
	There is no link between vaccines and autism	

42	Document Name: Adverse Effects of Vaccines: Evidence and Causality http://nationalacademies.org/hmd/reports/2011/adverse-effects-of-vaccines-evidence-and-causality.aspx	
	Author/Year: IOM, 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ
	P 50 (79): Epidemiologic analyses are usually unable to detect an increased or decreased risk that is small, unless the study population is very large or the difference between the groups (e.g., vaccinated vs. unvaccinated) at risk is very high… These studies also can fail to detect risks that affect a small subset of the population.	

43	Abbreviated Name: Madsen 2002	Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	P 2: We performed an extensive record review for 40 children with autistic disorder…	

44	Abbreviated Name: Madsen 2002	Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	P 2: We determined MMR-vaccination status on the basis of vaccination data reported to the National Board of Health by general practitioners, who administer all MMR vaccinations in Denmark.	

45	Abbreviated Name: Madsen 2002	Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	P 5: We assume that the data on MMR vaccination are almost complete, since general practitioners in Denmark are reimbursed only after reporting immunization data to the National Board of Health.	

46	Abbreviated Name: Madsen 2002	Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	Data obtained from Table 2	

Madsen 2002

TABLE 2. ADJUSTED RELATIVE RISK OF AUTISTIC DISORDER AND OF OTHER AUTISTIC-SPECTRUM DISORDERS IN VACCINATED AND UNVACCINATED CHILDREN.*

VACCINATION	PERSON-YEARS†	AUTISTIC DISORDER		OTHER AUTISTIC-SPECTRUM DISORDERS	
		NO. OF CASES	ADJUSTED RELATIVE RISK (95% CI)	NO. OF CASES	ADJUSTED RELATIVE RISK (95% CI)
Total	2,129,864	316		422	
Vaccination					
No	482,360	53	1.00	77	1.00
Yes	1,647,504	263	0.92 (0.68–1.24)	345	0.83 (0.65–1.07)

Researchers Calculations

MMR Status	Person Years	No. Autistic Kids	Adjusted Relative Risk
Unvaccinated	482,360	53	1.00
Vaccinated	1,647,504	263	**0.92**
Conclusion	Vaccinated kids have lower autism risk		

Calculation without Adjustments

MMR Status	Person Years	Autistic Children	Years/Child	Relative Risk
Unvaccinated	482,360	53	9,101	1.00
Vaccinated	1,647,504	263	6,264	**1.45**
Conclusion	Vaccinated kids have higher (45%) autism risk			

47	Abbreviated Name: Madsen 2002	Archive: https://drive.google.com/open?id=1Yr4-bZH0ybUOZcp52BHoxzR_A1gjSSG6
	P 3: We calculated the relative risk with adjustment for age, calendar period, sex, birth weight, gestational age, mother's education, and socioeconomic status.	

48	Article Name: Increasing Exposure to Antibody-Stimulating Proteins and Polysaccharides in Vaccines Is Not Associated with Risk of Autism http://www.jpeds.com/article/S0022-3476(13)00144-3/pdf	PMID: 23545349
		Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	Lead Author/Year: Frank DeStefano, 2013	Journal: The Journal Of Pediatrics

49	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	Study Title P 1: Increasing Exposure to Antibody-Stimulating Proteins and Polysaccharides in Vaccines Is Not Associated with Risk of Autism	

50	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	P 1	

51	Few examples – No link between vaccines and autism https://www.ncbi.nlm.nih.gov/pubmed/17928818 No link between Type 1 diabetes and vaccines of the childhood program https://www.ncbi.nlm.nih.gov/pubmed/11731639 No link between vaccines and asthma https://www.ncbi.nlm.nih.gov/pubmed/12182372 No link between thimerosal in vaccines and neurological disabilities https://www.ncbi.nlm.nih.gov/pubmed/14595043 Influenza and H1N1 vaccines are safe https://www.ncbi.nlm.nih.gov/pubmed/21767718

52	Archive: http://archive.is/bh8oL

53	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	P 1	

54	Article Name: New study finds no link between 'too many vaccines' and autism	Date: Mar 29, 2013
	Website: NBC http://vitals.nbcnews.com/_news/2013/03/29/17516929-new-study-finds-no-link-between-too-many-vaccines-and-autism	Archive: http://archive.is/oDjiE

55	Article Name: New study finds no link between 'too many vaccines' and autism	Date: Mar 29, 2013
	Website: NBC http://vitals.nbcnews.com/_news/2013/03/29/17516929-new-study-finds-no-link-between-too-many-vaccines-and-autism	Archive: http://archive.is/oDjiE
	"This study looked into the concern that receiving too many vaccines at one doctor's visit or too many vaccines during the first two years of life may be linked to the development of autism," the report's lead author, Dr. Frank DeStefano told NBC chief medical editor Dr. Nancy Snyderman. "We found they're not related." DeStefano hopes the new research will convince parents that it's safe to follow CDC vaccination schedules. […] "The number of vaccines in the current immunization schedule is what's needed to protect children," he said. "It's not too many for a child's immune system."	

56	Article Name: Vaccines Not Linked To Autism. Again.	Date: Mar 29, 2013
	Website: Forbes http://www.forbes.com/sites/emilywillingham/2013/03/29/vaccines-not-linked-to-autism-again/#5b452ca95166	Archive: http://archive.is/QVEo0
	Article Name: Multiple Vaccines Not Linked To Autism Risk	Date: Mar 30, 2013
	Website: Medical News Today http://www.medicalnewstoday.com/articles/258414.php	Archive: http://archive.is/Tsbin
	Article Name: Number Of Early Childhood Vaccines Not Linked To Autism	Date: Mar 29, 2013
	Website: NPR http://www.npr.org/sections/health-shots/2013/03/29/175626824/the-number-of-early-childhood-vaccines-not-linked-to-autism	Archive: http://archive.is/V8Xst
	Article Name: No link found between autism and number of vaccines	Date: Mar 29, 2013
	Website: CBS News http://www.cbsnews.com/news/no-link-found-between-autism-and-number-of-vaccines/	Archive: http://archive.is/TKUmJ
	Article Name: Multiple Vaccinations on Same Day Does Not Raise Autism Risk	Date: Mar 29, 2013
	Website: Time Magazine http://healthland.time.com/2013/03/29/multiple-vaccinations-on-same-day-does-not-raise-autism-risk/	Archive: http://archive.is/eB8AB

57	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	For example, P 2: we evaluated the associations between the total cumulative exposure to antibody stimulating proteins and polysaccharides from childhood vaccinations and... ASD outcomes or P 7: however, we found no association between exposure to antigens from vaccines during infancy and the development of ASD with regression.	

58	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl

	P 1: A recent survey found that parents' top vaccine-related concerns included administration of too many vaccines during the first 2 years of life, administration of too many vaccines in a single doctor visit, and a possible link between vaccines and learning disabilities, such as autism.

59	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	P 1: Using the number of antibody-stimulating proteins and polysaccharides contained in vaccines as a measure, we evaluated the association between the level of immunologic stimulation received from vaccines during the first 2 years of life and the risk of developing an autism spectrum disorder (ASD), including specific ASD subtypes.	

60	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	P 2, Table 1	

61-80

61	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	P 4: Admittedly, this approach assumes that all proteins and polysaccharides in a vaccine evoke equivalent immune responses, whereas some proteins actually may be more likely than others to stimulate an immune response. Moreover, the calculations do not take into account the number of epitopes per antigen or the immunologic strength of each epitope.	

62	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	P 4: Nonetheless, we believe that our estimates provide a valid relative ranking of the antigen content of vaccines.	

63	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	P 4: The immunization schedule in effect during the years in which our study children were vaccinated included some, such as diphtheria, tetanus, and whole-cell pertussis, that were cruder and more antigenic than current vaccines, and also caused more side effects. Removal of whole-cell pertussis vaccine from the childhood vaccination schedule has substantially decreased the antigenic load from vaccines.	

64	Abbreviated Name: DeStefano 2013	Archive: https://drive.google.com/open?id=1LVEHpSumks-XGbdd7DujwX2hDOP4ltVl
	P 2, Table 1	

65	Article Name (translated from Hebrew): Are vaccines a burden on the immune system? (Answer: no)	Date: Mar 17, 2018
		Archive: http://archive.is/QfpPN
	Website: Davidson institute, Educational arm of Weizmann Institute for Science, Rehovot, Israel	
	(Translated from Hebrew) A 2013 study [DeStefano 2013] looked at another question – is there an association between the number of anigens and the risk for autism […] Like many other studies done since, this 2013 study also concluded there is none.	

66	Article Name: Autoimmune disorders and quadrivalent human papillomavirus vaccination of young female subjects http://onlinelibrary.wiley.com/doi/10.1111/joim.12155/pdf		PMID: 24206418
			Archive: https://drive.google.com/open?id=1dSrBeFU_P-ZKrSaMwoaow6Pc9rst9isY
	Lead Author/Year: L. Grimaldi-Bensouda, 2014	Journal: Journal of Internal Medicine	

67	Abbreviated Name: Grimaldi-Bensouda 2014	Archive: https://drive.google.com/open?id=1dSrBeFU_P-ZKrSaMwoaow6Pc9rst9isY
	P 9: Funding funded by an unrestricted grant from Sanofi Pasteur MSD	

68	Merck and Sanofi-Pasteur closed their joint company in 2016. http://www.msd.com/about/featured-stories/spmsd/index.html Archive: https://web.archive.org/web/20180907083210/http://www.msd.com/about/featured-stories/spmsd/index.html

69	Abbreviated Name: Grimaldi-Bensouda 2014	Archive: https://drive.google.com/open?id=1dSrBeFU_P-ZKrSaMwoaow6Pc9rst9isY
	P 9: Funding The Scientific Committee for the study received honoraria from Sanofi Pasteur MSD	

70	Abbreviated Name: Grimaldi-Bensouda 2014	Archive: https://drive.google.com/open?id=1dSrBeFU_P-ZKrSaMwoaow6Pc9rst9isY
	P 8: Conflict of interest statement	

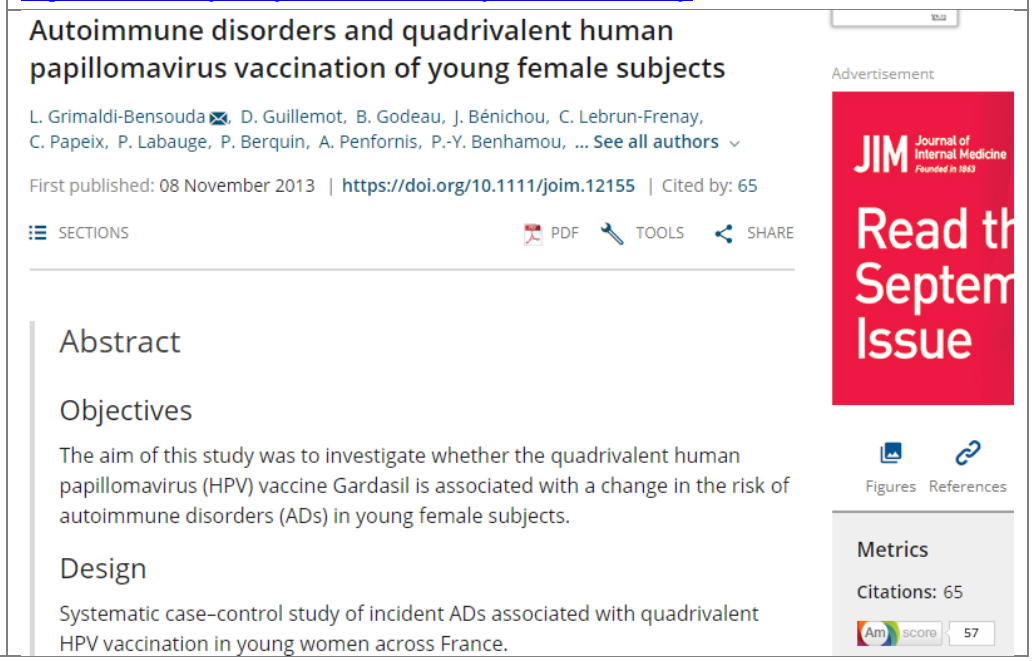
71	The LA-SER (LASER ANALYTICA) company was purchased in 2018 from another company. Due to this, the company website (http://www.la-ser.com) is no longer available. These excerpts were copied from the company's website, when it was still online. 5 of the top 8 major pharma manufacturers and 15 mid-size companies and biotechs already use PGRx

	http://www.la-ser.com/services-2/data-solutions/ We provide cutting edge outcomes research designed to demonstrate the benefit to patients that products and health technologies provide. http://www.la-ser.com/services-2/real-world-evidence/ Founded by one of the world's pioneers and leaders in pharmacoepidemiology and public health, Professor Lucien Abenhaim, who directed the famous McGill Pharmacoepidemiology Education Program for several years, LASER ANALYTICA offers unique consulting capabilities in these domains. http://www.la-ser.com/services-2/real-world-evidence/ A news story about LA-SER acquiring Analytica: http://myemail.constantcontact.com/LA-SER-Group-Grows-Worldwide-Healthcare-Economics-Consulting-Capabilities.html?soid=1102157698477&aid=K05zKxx4Z4c Archive :http://archive.is/U0iWM A news story about LA-SER being acquired by Certara: https://www.certara.com/pressreleases/certara-acquires-analytica-laser-a-leader-in-market-access-health-economics-and-outcomes-research-heor-and-real-world-evidence-solutions?/ Archive :http://archive.is/TtBdC

72	Document Name: MMWR Vol. 63, No. 5 https://www.cdc.gov/mmwr/pdf/rr/rr6305.pdf	
	Author/Year: CDC, 2014	Archive: https://drive.google.com/open?id=1KF2xYaHnQs8NrjCW1owte8XUM_-s2NOM
	P 28 (30)	

73	Document Name: HPV Vaccine is Safe — (Gardasil) https://www.cdc.gov/vaccinesafety/pdf/data-summary-hpv-gardasil-vaccine-is-safe.pdf	
	Author/Year: CDC, 2016	Archive: https://drive.google.com/open?id=1HxmMkj_j9UedaLjabAkHNH05f2Ma9fF-
	P 2	

74	As of July 2020. http://onlinelibrary.wiley.com/doi/10.1111/joim.12155/citedby



Autoimmune disorders and quadrivalent human papillomavirus vaccination of young female subjects

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First published: 08 November 2013 | https://doi.org/10.1111/joim.12155 | Cited by: 65

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Abstract

Objectives

The aim of this study was to investigate whether the quadrivalent human papillomavirus (HPV) vaccine Gardasil is associated with a change in the risk of autoimmune disorders (ADs) in young female subjects.

Design

Systematic case–control study of incident ADs associated with quadrivalent HPV vaccination in young women across France.

75	Abbreviated Name: Grimaldi-Bensouda 2014	Archive: https://drive.google.com/open?id=1dSrBeFU_P-ZKrSaMwoaow6Pc9rst9isY
	P 9: LA-SER, an independent research organisation that owns and develops the PGRx.database.	

76	Abbreviated Name: Grimaldi-Bensouda 2014	Archive: https://drive.google.com/open?id=1dSrBeFU_P-ZKrSaMwoaow6Pc9rst9isY
	P 3: Human papillomavirus vaccination history was assessed using prescription records received from cases and referents, as well as directly from GPs and during the telephone interviews. In addition, the researchers obtained the vaccination status of subjects with whom a telephone connection wasn't made, which indicate they had another source for the information (see note to Fig 1, P 6)	

77	Abbreviated Name: Grimaldi-Bensouda 2014	Archive: https://drive.google.com/open?id=1dSrBeFU_P-ZKrSaMwoaow6Pc9rst9isY
	P 3: For each AD case, only referents with no history of that particular type of AD were selected as potential controls.	

78	Abbreviated Name: Grimaldi-Bensouda 2014	Archive: https://drive.google.com/open?id=1dSrBeFU_P-ZKrSaMwoaow6Pc9rst9isY
	P 4, Table 1	

79	Article Name:	PMID: 15249303

	Vaccination and Allergic Disease: A Birth Cohort Study http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.94.6.985	Archive: https://drive.google.com/open?id=13b5r3JluMRXKcXVsouZfPpCDPsnDqkqI
	Lead Author/Year: Tricia M. McKeever, 2004	Journal: American Journal of Public Health

80	Abbreviated Name: McKeever 2004	Archive: https://drive.google.com/open?id=13b5r3JluMRXKcXVsouZfPpCDPsnDqkqI
	P 1: Results. We found an association between vaccination and the development of allergic disease; however, this association was present only among children with the fewest physician visits and can be explained by this factor. Conclusions. Our data suggest that currently recommended routine vaccinations are not a risk factor for asthma or eczema.	

81-100

81	Page Name: School of Medicine - School staff listing	Archive: http://archive.is/Hhsw2
	Website: University of Nottingham https://www.nottingham.ac.uk/medicine/people/tricia.mckeever	

82	Abbreviated Name: McKeever 2004	Archive: https://drive.google.com/open?id=13b5r3JluMRXKcXVsouZfPpCDPsnDqkqI
	P 1: An unexplained increase in the prevalence of allergic disease has occurred in the developed world in the past few decades. During the same period, there has been an increase in mass immunization, leading to the hypothesis that certain vaccines may increase the risk of allergic disease.	

83	Abbreviated Name: McKeever 2004	Archive: https://drive.google.com/open?id=13b5r3JluMRXKcXVsouZfPpCDPsnDqkqI
	P 1: It is clearly important to gain a detailed understanding of the relationship between vaccination and allergic disease, because a perception that vaccination is harmful may have an adverse impact on the effectiveness of immunization programs.	

84	Abbreviated Name: McKeever 2004	Archive: https://drive.google.com/open?id=13b5r3JluMRXKcXVsouZfPpCDPsnDqkqI
	P 2: Children who are not taken to the doctor are less likely to be vaccinated and also have less of an opportunity to have a diagnosis of allergic disease recorded.	

85	Abbreviated Name: McKeever 2004	Archive: https://drive.google.com/open?id=13b5r3JluMRXKcXVsouZfPpCDPsnDqkqI

	P 1: We identified children who were registered with their general practitioner (GP) (their primary care physician) within 3 months of birth and whose medical history contained at least 1 physician visit at any time.

86	Article Name: Vaccination And Risk Of Allergic Disease https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449840/		PMID: 15623850
	Lead Author/Year: Eric L. Hurwitz , 2005	Journal: American Journal of Public Health	

87	Abbreviated Name: McKeever 2004	Archive: https://drive.google.com/open?id=13b5r3JluMRXKcXVsouZfPpCDPsnDqkqI
	P 4: These data, together with other published evidence, suggest that current vaccination practices do not have an adverse effect on the incidence of allergic disease.	

88	Article Name: Pervasive Developmental Disorders in Montreal, Quebec, Canada: Prevalence and Links With Immunizations http://pediatrics.aappublications.org/content/118/1/e139		PMID: 16818529 Archive: https://drive.google.com/open?id=1lBvQzmoUd1U2XQk7vJR7fnwvS_XJPxMd
	Lead Author/Year: Eric Fombonne, 2006	Journal: Pediatrics	

89	Some vaccies-autism Fombonne atricles: No evidence for a new variant of measles-mumps-rubella-induced autism. http://www.ncbi.nlm.nih.gov/pubmed/11581466 MMR vaccination and pervasive developmental disorders: a case-control study. http://www.ncbi.nlm.nih.gov/pubmed/15364187 Is there an epidemic of autism? https://www.ncbi.nlm.nih.gov/pubmed/11158478 Epidemiology of pervasive developmental disorders. https://www.ncbi.nlm.nih.gov/pubmed/19218885 Thimerosal disappears but autism remains. https://www.ncbi.nlm.nih.gov/pubmed/18180423

90	Abbreviated Name: Fombonne 2006	Archive: https://drive.google.com/open?id=1lBvQzmoUd1U2XQk7vJR7fnwvS_XJPxMd
	P 1: In the United Kingdom, Dr Fombonne has provided advice on the epidemiology and clinical aspects of autism to scientists advising parents, to vaccine manufacturers, and to several government committees between 1998 and 2001. Since June 2004, Dr Fombonne has been an expert witness for vaccine manufacturers in US thimerosal litigation. None of his research has ever been funded by the industry.	

91	Abbreviated Name: Fombonne 2006	Archive: https://drive.google.com/open?id=1lBvQzmoUd1U2XQk7vJR7fnwvS_XJPxMd
	P 11: Children with autism and their younger unaffected siblings should be vaccinated. Unvaccinated children are at much higher risk of contracting measles and suffering from its sometimes severe or lethal complications.	

92	Article Name: No Autism-Vaccine Link, Researchers Re-Confirm	Date: July 5, 2006
	Website: MEDPAGE TODAY http://www.medpagetoday.com/infectiousdisease/vaccines/3669	Archive: http://archive.is/NWRZ5
	As the mercury-containing preservative thimerosal was removed from vaccines, and as fewer children received the mumps-measles-rubella vaccine, the rates of autism and related disorders rose among Canadian school children. In a study of nearly 28,000 children born between 1987 and 1998, the prevalence of pervasive developmental disorders was greater in those children vaccinated after the mercury-containing compound thimerosal was completely eliminated from vaccines in Canada, reported Eric Fombonne, M.D., of McGill University in Montreal, and colleagues.	
	Article Name: Vaccines And Autism	Date: July 6, 2006
	Website: CBS http://www.cbsnews.com/news/vaccines-and-autism/	Archive: http://archive.is/mPFH3
	New research from Canada may not end the debate about childhood vaccines and autism — but it offers more evidence that vaccines are not to blame for the dramatic rise in reported cases of the developmental disorder.	
	Article Name: Study: Vaccines Don't Cause Autism	Date: July 6, 2006
	Website: WEBMD http://www.webmd.com/children/vaccines/news/20060706/study-vaccines-dont-cause-autism	Archive: http://archive.is/4Dsbb
	New research from Canada may not end the debate about childhood vaccines and autism, but it offers more evidence that vaccines are not to blame for the dramatic rise in reported cases of the developmental disorder. The study examined outcomes among 28,000 children in Quebec, exposed to different dosages of the measles, mumps, rubella (MMR) vaccine[…]	

93	Article Name: Vaccines And Autism	Date: July 6, 2006
	Website: CBS http://www.cbsnews.com/news/vaccines-and-autism/	Archive: http://archive.is/mPFH3
	Our study once again rules out MMR as a cause for autism.	

94	Article Name: No Autism-Vaccine Link, Researchers Re-Confirm	Date: July 5, 2006
	Website: MEDPAGE TODAY	Archive: http://archive.is/NWRZ5

	http://www.medpagetoday.com/infectiousdisease/vaccines/3669	
	We hope this study will finally put to rest the pervasive belief linking vaccines with developmental diseases like autism.	

95	As of July 2020 https://pediatrics.aappublications.org/content/118/1/e139/tab-article-info

96	Article Name: Vaccines and Autism: Evidence Does Not Support a Causal Association https://ascpt.onlinelibrary.wiley.com/doi/abs/10.1038/sj.clpt.6100407		PMID: 17928818 Archive: https://drive.google.com/open?id=1UcEA2dqSucbfzvLnwCEzvP5F16QRzaSi
	Lead Author/Year: Frank DeStefano, 2007	Journal: Clinical Pharmacology and Therapeutics	
	P 2: Similarly, a study conducted in Montreal found that the birth cohort prevalence of pervasive developmental disorders, which include autism, increased from 1987 to 1998, whereas during the same time MMR vaccination coverage showed a statistically significant decrease.		

97	Document Name: The Childhood Immunization Schedule and Safety Stakeholder Concerns, Scientific Evidence, and Future Studies http://www.nap.edu/catalog/13563/the-childhood-immunization-schedule-and-safety-stakeholder-concerns-scientific-evidence	
	Author/Year: IOM, 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 86 (103): The initial literature search identified 32 papers on the relationship between immunizations or vaccines and pervasive developmental disorder… each of the other four papers might help with a study of the schedule. [...] This was an ecological study, but the data were interpreted carefully and the differences in appropriate trends were noted.	

98	Document Name: Adverse Effects of Vaccines: Evidence and Causality http://nationalacademies.org/hmd/reports/2011/adverse-effects-of-vaccines-evidence-and-causality.aspx	
	Author/Year: IOM, 2011	Archive: https://drive.google.com/open?id=1nl18cdV_y3TtQBzoCq0tSiuYmHF1_yYQ
	P 145 (174): [it was] not considered in the weight of epidemiologic evidence because they provided… an ecological comparison study lacking individual-level data.	

99	Abbreviated Name: Fombonne 2006	Archive: https://drive.google.com/open?id=1lBvQzmoUd1U2XQk7vJR7fnwvS_XJPxMd
	P 5: For the 10 birth cohorts with available data, the average MMR uptake in Quebec was… And P 7: Vaccination uptake of MMR was high in Quebec, averaging 93.2% over the study years.	

100	Abbreviated Name: Fombonne 2006	Archive: https://drive.google.com/open?id=1lBvQzmoUd1U2XQk7vJR7fnwvS_XJPxMd
	P 4: Data on MMR uptake for the study period were available through the Direction de Sante´ Publique de la Capitale Nationale (N.Boulianne, BN, MSc, written communication, 2005).	

101-114

101	Article Name: A Tale of Two Cities: Flawed Epidemiology	Date: Mar 7, 2007
	Author: F. Edward Yazbak	Archive: http://archive.is/253mj

102	Article Name: A Tale of Two Cities: Flawed Epidemiology	Date: Mar 7, 2007
	Author: F. Edward Yazbak	Archive: http://archive.is/253mj
	As a note, I believe the evidence of no link between MMR and Autism is sufficient. It's not worth publishing more on this subject. We will not be publishing this exchange of correspondence.	

103	Abbreviated Name: Fombonne 2006	Archive: https://drive.google.com/open?id=1lBvQzmoUd1U2XQk7vJR7fnwvS_XJPxMd
	P 3: the LBPSB has a special support team to monitor the progress of children with PDD in its schools. This team keeps a list of children with a PDD diagnosis, which is updated on a weekly basis. The children with PDD who are the focus of this study were identified via this list.	

104	Abbreviated Name: Fombonne 2006	Archive: https://drive.google.com/open?id=1lBvQzmoUd1U2XQk7vJR7fnwvS_XJPxMd
	P 4: Individual immunization data were not available for study subjects.	

105	Abbreviated Name: Fombonne 2006	Archive: https://drive.google.com/open?id=1lBvQzmoUd1U2XQk7vJR7fnwvS_XJPxMd
	P 10: … data about regression in the course of the development of children with PDD were not available in this study …	

106	Article Name: Effects of Editorial Peer Review A Systematic Review http://jama.jamanetwork.com/article.aspx?articleid=194989	PMID: 12038911
		Archive: https://drive.google.com/open?id=1RYbu-FqONzxV07oMQMJSLJHZlkNHJCHz
	Lead Author/Year: Tom Jefferson, 2002	Journal: JAMA
	P 1: CONCLUSIONS: Editorial peer review, although widely used, is largely untested and its effects are uncertain.	

107	Article Name: Peer review: a flawed process at the heart of science and journals https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1420798/pdf/0178.pdf	PMID: 16574968
		Archive: https://drive.google.com/open?id=1Oal3x_lv_A7W_xJKy12F0HsqhDA38RQJ
	Lead Author/Year: Richard Smith, 2006	Journal: Journal of the Royal Society of Medicine
	P 2: At the BMJ we did several studies where we inserted major errors into papers that we then sent to many reviewers. Nobody ever spotted all of the errors. Some reviewers did not spot any, and most reviewers spotted only about a quarter.	

108	Article Name: Should academics be paid for peer review?	Date: Mar 16, 2016
	Website: THE https://www.timeshighereducation.com/news/should-academics-be-paid-for-peer-review	Archive: http://archive.is/OUeBu
	As the number of papers needing review increases, journals are thinking of replacing a voluntary system with cash rewards	

109	Abbreviated Name: Smith 2006	Archive: https://drive.google.com/open?id=1Oal3x_lv_A7W_xJKy12F0HsqhDA38RQJ
	P 2: Peer review sometimes picks up fraud by chance, but generally it is not a reliable method for detecting fraud because it works on trust.	

110	Abbreviated Name: Smith 2006	Archive: https://drive.google.com/open?id=1Oal3x_lv_A7W_xJKy12F0HsqhDA38RQJ

	P 5: Some journals, including the *BMJ*, make it a condition of submission that the editors can ask for the raw data behind a study. We did so once or twice, only to discover that reviewing raw data is difficult, expensive, and time consuming.

111	Abbreviated Name: Smith 2006	Archive: https://drive.google.com/open?id=1Oal3x_lv_A7W_xJKy12F0HsqhDA38RQJ
	P 2: So we have little evidence on the effectiveness of peer review, but we have considerable evidence on its defects. In addition to being poor at detecting gross defects and almost useless for detecting fraud it is slow, expensive, profligate of academic time, highly subjective, something of a lottery, prone to bias, and easily abused.	

112	Article Name: John Ioannidis has dedicated his life to quantifying how science is broken	Date: Feb 16, 2015
	Website: VOX http://www.vox.com/2015/2/16/8034143/john-ioannidis-interview	Archive: http://archive.is/4nIGf
	Recently there's increasing emphasis on trying to have post-publication review. Once a paper is published, you can comment on it, raise questions or concerns. But most of these efforts don't have an incentive structure in place that would help them take off. There's also no incentive for scientists or other stakeholders to make a very thorough and critical review of a study, to try to reproduce it, or to probe systematically and spend real effort on re-analysis. We need to find ways people would be rewarded for this type of reproducibility or bias checks.	

113	Article Name: How Many Scientists Fabricate and Falsify Research? A Systematic Review and Meta-Analysis of Survey Data http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2685008/	PMID: 19478950
		Archive: https://drive.google.com/open?id=1qOwUWd9WRgChSUN-jNC8AJjaaT2yuEBR
	Lead Author/Year: Daniele Fanelli, 2009	Journal: PLOS One
	P 1: A pooled weighted average of 1.97% […] of scientists admitted to have fabricated, falsified or modified data or results at least once –a serious form of misconduct by any standard– and up to 33.7% admitted other questionable research practices. In surveys asking about the behaviour of colleagues, admission rates were 14.12% […] for falsification, and up to 72% for other questionable research practices.	

114	Abbreviated Name: Smith 2006	Archive: https://drive.google.com/open?id=1Oal3x_lv_A7W_xJKy12F0HsqhDA38RQJ
	P 2: So we have little evidence on the effectiveness of peer review, but we have considerable evidence on its defects. In addition to being poor at detecting gross defects and almost useless for detecting fraud it is slow, expensive, profligate of academic time, highly subjective, something of a lottery, prone to bias, and easily abused.	

Chapter 6: The Studies That Will Never be Done

1-20

1	Page Name: The Journey of Your Child's Vaccine	Archive: https://archive.is/uuJeo
	Website: CDC website http://www.cdc.gov/vaccines/parents/infographics/journey-of-child-vaccine.html	

2	Document Name: The Childhood Immunization Schedule and Safety Stakeholder Concerns, Scientific Evidence, and Future Studies http://www.nap.edu/catalog/13563/the-childhood-immunization-schedule-and-safety-stakeholder-concerns-scientific-evidence	
	Author/Year: IOM, 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 40 (57): …the sample sizes in prelicensing clinical trials may not have been adequate to detect rare adverse events, the prelicensing study population may not have been monitored for long-term adverse events, and populations may not have been heterogeneous.	

3	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 70 (87): The committee also acknowledges that the public health community has in place monitoring systems that work very well for the detection of adverse events that occur in the short term after immunization.	

4	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 94 (111): The committee's review confirmed that research on immunization safety has mostly developed around studies examining potential associations between individual vaccines and single outcomes. Few studies have attempted more global assessments of entire sequence of immunizations or variations in the overall immunization schedule and categories of health outcomes, and none has squarely examined the issue of health outcomes and stakeholder concerns in quite the way that the committee was asked to do in its statement of task. None has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders.	

5	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW

	P 86-88 (103-105)

6	Page Name: Seeking The Truth About The Never-Vaccinated	Archive: http://archive.is/GDQXz
	Website: Age of Autism http://www.ageofautism.com/2007/12/seeking-the-tru.html	
	Document Name: Compulsory Vaccination Briefly Considered	
	Author/Year: John Gibbs, 1856	Archive: https://drive.google.com/open?id=1_bol5t6Zyrnej9goXH9P2fmoTQYrMI8X
	P 10-11: The main question for the consideration of science is not whether vaccination be a protection against one form of disease, but what is its general influence upon the constitution? […] What is the percentage of deaths before a given age, from all epidemics, amongst the vaccinated, as compared with the unvaccinated? What is the percentage respectively of cases of disease of the respiratory organs, of skin diseases, of scrofula, and of convulsions? What is the average duration of life amongst the vaccinated and amongst the unvaccinated? Of a thousand children vaccinated within a given time after birth, and of a thousand unvaccinated, the whole two thousand being placed as nearly as possible in like circumstances, what percentage in each thousand attain the age of puberty? These are statistics with which the advocates of vaccination have never grappled.	

7	Page Name: Congressional Record Volume 159	Archive: http://archive.is/f1WSj
	Website: US Government Publishing Office https://www.gpo.gov/fdsys/pkg/CREC-2013-04-26/html/CREC-2013-04-26-pt1-PgE576.htm	
	Before coming to Congress in 2009, I heard from some in the autism community who have advocated for a retrospective study to examine whether there are different health outcomes when comparing vaccinated children and unvaccinated children, including autism and chronic conditions. I have continued to hear these requests over the past four years.	

8	Page Name: No MMR-Autism Link in Large Study of Vaccinated vs. Unvaccinated Kids	Archive: http://archive.is/5mWxz
	Website: Autism Speaks https://www.autismspeaks.org/science/science-news/no-mmr-autism-link-large-study-vaccinated-vs-unvaccinated-kids	

9	Article Name: Vaccination Status and Health in Children and Adolescents http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057555/	PMID: 21412506
	Lead Author/Year: Roma Schmitz, 2011	Journal: Deutsches Ärzteblatt international

10	Page Name: 50 Anti-Vaccine Myths and Misinformation (item 37)	Archive: https://web.archive.org/web/20150319024613/http:/pediatrics.about.com/od/immunizations/tp/Anti-Vaccine-Myths-and-Misinformation.03.htm
	Website: VeryWell Family http://pediatrics.about.com/od/immunizations/tp/Anti-Vaccine-Myths-and-Misinformation.03.htm	
	In contrast, a real study in Germany, "Vaccination Status and Health in Children and Adolescents," looked at medical records from KiGGS to see "whether unvaccinated children and adolescents differ from those vaccinated in terms of health." The diseases they looked at included allergies, eczema, obstructive bronchitis, pneumonia and otitis media, heart disease, anemia, epilepsy, and attention deficit hyperactivity disorder (ADHD). Not surprisingly, this second study did find that unvaccinated children were more likely to get vaccine-preventable diseases. However, it also concluded that "the prevalence of allergic diseases and non-specific infections in children and adolescents was not found to depend on vaccination status." So, since these unvaccinated and vaccinated children had the same incidence of allergies, pneumonia, and other conditions, etc., plus unvaccinated children were also more likely to have vaccine-preventable diseases, such as measles and mumps, that hardly sounds like unvaxed kids are healthier.	

11	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 86 (103)	

12	Article Name: Autism costs estimated to reach nearly $500 billion, potentially $1 trillion, by 2025	Date: July 28, 2015
	Website: UC DAVIES https://www.ucdmc.ucdavis.edu/publish/news/newsroom/10214	Archive: http://archive.is/XYc84

13	A survey of Amish vaccination rate in illinois Article Name: Vaccination Usage Among An Old-Order Amish Community In Illinois https://journals.lww.com/pidj/Fulltext/2006/12000/VACCINATION_USAGE_AMONG_AN_OLD_ORDER_AMISH.16.aspx	PMID: 17133167 Archive: https://drive.google.com/open?id=1x7eQSXDluWYPH-74YCVOWlx7m6Pj_Kip
	Lead Author/Year: Jonathan S. Yoder, 2006	Journal: The Pediatric Infectious Disease Journal
	A survey of Amish vaccination rate and attitude in Ohio Article Name: Underimmunization in Ohio's Amish: Parental Fears Are a Greater Obstacle Than Access to Care	PMID: 21708796
	Lead Author/Year: Olivia K. Wenger, 2011	Journal: Pediatrics

14	Article Name: Underimmunization in Ohio's Amish: Parental Fears Are a Greater Obstacle Than Access to Care	PMID: 21708796
	Lead Author/Year: Olivia K. Wenger, 2011	Journal: Pediatrics
	P 5: Similar to our study, a survey of an Arthur, Illinois, Amish population found that parents were most concerned about vaccine safety rather than availability, cost, prioritization, or alignment with religious values.	

15	Document Name: Olmsted, who worked in news agency UPI, published the series on UPI's website. The series was later removed from the site. It can be read here: https://drive.google.com/open?id=1BCJfmWLMrjSuZ8vRYa6LL4slSnhXdfk3

16	Page Name: Autism Spectrum Disorder (ASD)	Archive: http://archive.is/NOyDo
	Website: CDC http://www.cdc.gov/ncbddd/autism/index.html	
	CDC is committed to continuing to provide essential data on ASD, search for factors that put children at risk for ASD and possible causes, and develop resources that help identify children with ASD as early as possible.	

17	Page Name: Pertussis Outbreak in an Amish Community --- Kent County, Delaware, September 2004--February 2005	Archive: http://archive.is/Kc2RD
	Website: CDC http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5530a1.htm	
	This report describes an outbreak of pertussis in an Amish community in Kent County, Delaware, during September 2004--February 2005, that resulted in 345 cases and affected primarily preschool-aged children. […] To maximize active surveillance and control measures, a door-to-door case finding and contact investigation program was instituted.	
	Article Name: Haemophilus influenzae Type b disease among Amish children in Pennsylvania: reasons for persistent disease	PMID: 11581468
	Lead Author/Year: AM Fry, 2001	Journal: Pediatrics
	We investigated recent cases, performed community surveys for Hib vaccination coverage and pharyngeal carriage, and administered a questionnaire assessing vaccination knowledge and attitudes to 298 members of 2 Amish communities (A and B) in Pennsylvania and, as a comparison group, 136 non-Amish family members who participated in state immunization clinics.	
	Article Name: An epidemiologic investigation of a rubella outbreak among the Amish of northeastern Ohio http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403405	PMID: 8341776
		Archive:

	Lead Author/Year: BM Jackson, 1993	Journal: Pediatrics
	Article Name: Measles among the Amish: a comparative study of measles severity in primary and secondary cases in households	PMID: 1984459
		Archive:
	Lead Author/Year: RW Sutter, 1991	Journal: Journal of Infectious Diseases
	An outbreak of measles among a predominantly unvaccinated and susceptible Amish population in Lebanon County, Pennsylvania, offered the opportunity to test the hypothesis that secondary cases in households are more severe than primary cases because the former have more intense exposure and receive a greater virus inoculum.	

18	Article Name: Study says cost of autism more than cancer, strokes and heart disease	Date: Jun 9, 2014
	Website: The Guardian http://www.theguardian.com/society/2014/jun/09/autism-costs-more-cancer-strokes-heart-disease	Archive: http://archive.is/b6uXH

19	Article Name: The Age of Autism: 'A pretty big secret'	Date: Dec 7, 2005
	Website: UPI http://www.upi.com/Health_News/2005/12/07/The-Age-of-Autism-A-pretty-big-secret/68291133982531/	Archive: http://archive.is/GEpma
	"We have a fairly large practice. We have about 30,000 or 35,000 children that we've taken care of over the years, and I don't think we have a single case of autism in children delivered by us who never received vaccines," said Dr. Mayer Eisenstein, Homefirst's medical director who founded the practice in 1973. Homefirst doctors have delivered more than 15,000 babies at home, and thousands of them have never been vaccinated.	

20	Article Name: A prevalence estimate of pervasive developmental disorder among Immigrants to Israel and Israeli natives https://www.researchgate.net/publication/8649372_A_prevalence_estimate_of_pervasive_developmental_disorder_among_Immigrants_to_Israel_and_Israeli_natives_-_A_file_review_study	PMID: 15052396
		Archive: https://drive.google.com/open?id=1jXh9kgpJS77gnPZXw0-HX1BqeDloNAS3
	Lead Author/Year: Anat Kamer, 2004	Journal: Social Psychiatry and Psychiatric Epidemiology

21-40

21	Page Name: Why Is Autism Rate So High For Somalis In Minn.
	Website: YouTube https://www.youtube.com/watch?v=xUf4L6UQhbk

22	Page Name: Why Is Autism Rate So High For Somalis In Minn.	Archive:
	Website: YouTube https://youtu.be/xUf4L6UQhbk?t=143	Minute 2:23

23	Page Name: Why Is Autism Rate So High For Somalis In Minn.	Archive:
	Website: YouTube https://youtu.be/xUf4L6UQhbk?t=197	Minute 3:17

24	Page Name: Minneapolis Somali Autism Spectrum Disorder Prevalence Project	Archive: http://archive.is/VXvmu
	Website: University of Minnesota https://rtc.umn.edu/autism/	
	The Somali estimate of 1 in 32 compares to 1 in 36 White children, 1 in 62 Black children and 1 in 80 Hispanic children.	

25	Page Name: Legislation Aims to Resolve Thimerosal Controversy	Date: June 25, 2007
		Archive: http://archive.is/pswYi
	Website: Carolyn B. Maloney (member of Congress) https://webcache.googleusercontent.com/search?q=cache:Pz1gbFVVuoUJ:https://maloney.house.gov/media-center/press-releases/legislation-aims-resolve-thimerosal-controversy+&cd=1&hl=en&ct=clnk&gl=il	

26	Page Name: H.R. 1757 (113th): Vaccine Safety Study Act (2013)	Archive: http://archive.is/OwI6D
	Website: Govtrack https://www.govtrack.us/congress/bills/113/hr1757	
	Page Name: H.R.3615 - Vaccine Safety Study Act (2017)	Archive: http://archive.is/Q0V8j
	Website: Congress.gov https://www.congress.gov/bill/115th-congress/house-bill/3615	

27	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 20 (37): On June 2, 2009, the National Vaccine Advisory Committee (NVAC) reviewed the nation's vaccine safety system and endorsed the recommendation of the NVAC Safety Working Group for an external expert committee, such as a committee convened by the Institute of Medicine (IOM), "with broad expertise in research methodologies, study design, and the ethical conduct of research to consider the strengths and weaknesses, ethical issues and	

	feasibility including timelines and cost of various study designs to examine outcomes in unvaccinated, vaccine-delayed and vaccinated children and report back to the NVAC" […] The National Vaccine Program Office of HHS asked the IOM to convene a diverse committee of experts in pediatrics, neurology, medical ethics, immunology, statistics, epidemiology, and public health to identify study designs feasible to address questions about the safety of the United States' childhood immunization schedule.

28	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 21 (38): Identify potential research approaches, methodologies, and study designs that could inform this question, including an assessment of the potential strengths and limitations of each approach, methodology and design, as well as the financial and ethical feasibility of doing them.	

29	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 17 (34): Vaccines have significantly contributed to worldwide reductions in morbidity and mortality by reducing the incidence of serious infectious diseases […]However, as the incidence of vaccine- preventable disease has declined, many do not appreciate the potential of these diseases to reemerge, and the potential adverse effects of the vaccines themselves take on greater saliency among certain stakeholders. Indeed, vaccine safety concerns exist among a diverse range of individuals, institutions, and formal and informal networks worldwide.	

30	Page Name: Vaccine Safety	Archive: http://archive.is/TJ196
	Website: CDC http://www.cdc.gov/Features/VaccineSafety/	
	The safety of vaccines is thoroughly studied before they are licensed for public use. Clinical trials are conducted to evaluate the safety and effectiveness of a vaccine before it can be brought to market. Vaccines are first tested in laboratory studies and animal studies. If the results indicate the vaccine is safe, additional testing in people must be done before the vaccine can be approved by the Food and Drug Administration (FDA).	

31	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 5 (22): No studies have compared the differences in health outcomes that some stakeholders questioned between entirely unimmunized populations of children and fully immunized children.	

32	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 11 (28):	

	Most vaccine-related research focuses on the outcomes of single immunizations or combinations of vaccines administered at a single visit.

33	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 11 (28): Thus, key elements of the entire schedule—the number, frequency, timing, order, and age at administration of vaccines—have not been systematically examined in research studies.	

34	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 130 (147): Even though each new vaccine is evaluated in the context of the overall immunization schedule that existed at the time of review, individual elements of the schedule are not evaluated once it is adjusted to accommodate a new vaccine. P 31 (48): Although this process results in an evaluation of whether the observed benefits outweigh the observed risks for the new vaccine and, by extension, for the schedule, it does not include studies specifically designed to test variations in the schedule in an effort to identify the optimal schedule.	

35	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 11 (28): The second major issue that the committee encountered was uncertainty over whether the scientific literature has addressed all health outcomes and safety concerns. The committee could not tell whether its list was complete or whether a more comprehensive system of surveillance might have been able to identify other outcomes of potential significance to vaccine safety. In addition, the conditions of concern to some stakeholders such as immunologic, neurologic, and developmental problems are illnesses and conditions for which etiologies, in general, are not well understood.	

36	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 11 (28): Finally, the committee found that evidence assessing outcomes in subpopulations of children who may be potentially susceptible to adverse reactions to vaccines (such as children with a family history of autoimmune disease or allergies or children born prematurely) was limited and is characterized by uncertainty about the definition of populations of interest and definitions of exposures and outcomes.	

37	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW

	P 11 (28): In summary, to consider whether and how to study the safety and health outcomes of the entire childhood immunization schedule, the field needs valid and accepted metrics of the entire schedule (the "exposure") and clearer definitions of health outcomes linked to stakeholder concerns (the "outcomes") in rigorous research that will ensure validity and generalizability.

38	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 22 (39)	

39	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 70-71 (87-88)	

40	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 106 (123): Likewise, parents of intentionally unvaccinated children are unlikely to allow their children to be randomized to receive vaccines.	

41-60

41	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 106 (123): ...any child, even the child of a parent who staunchly rejects vaccination, who is randomized to a no-vaccination arm is essentially consigned to an elevated risk of severe illness and even possible death should the child contract a vaccine-preventable disease. P 107 (124) The ethics of human experimentation always trump scientific and other considerations, and no study that needlessly endangers children is acceptable.	

42	Document Name: National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months ─ United States, 2012 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm	
	Author/Year: CDC, 2013	Archive: http://archive.is/UtX6r
	Table 1, Vaccine coverage data 2008-2012: Children who received no vaccinations: 2011 - 0.8%, 2012 – 0.8%	

43	Document Name: National vaccine objection (conscientious objection) data 1999 to 2015 https://beta.health.gov.au/resources/publications/national-vaccine-objection-conscientious-objection-data-1999-to-2015	
	Author/Year: AIR, 2018	Archive: https://drive.google.com/open?id=1U7VlgPAzdcEE1SRg12T-00WlWRj27fo5
	Data on conscientious objection for the period 2010-2015, P 2.	

44	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 130 (147): In summary, to consider whether and how to study the safety and health outcomes of the entire childhood immunization schedule, the field needs… clearer definitions of health outcomes linked to stakeholder concerns…	

45	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 114 (131). Original study: Glanz 2013	

46	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 109 (126) for RCT, P 111 (128) for prospective study.	

47	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 118 (135): In addition, the VSD system has a large enough proportion of unvaccinated children to investigate differences in health outcomes of unvaccinated and vaccinated children.	

48	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	On RCT for testing a different vaccination schedule, P 107 (124): Although it is unobjectionable ethically, the committee considered the time and financial strains resulting from immunization on a dispersed schedule to be too prohibitively costly to recommend pursuing this line of research and, thus, does not endorse this method as a feasible option for studying the recommended immunization schedule. On Prospective study, P 112 (129): …the limits of studying distinct subgroups of naturally occurring unimmunized populations, and the high cost of pursuing prospective data collection, the committee does not consider the initiation of new prospective cohort studies to be the most feasible or fruitful approach to studying the recommended immunization schedule at this time.	

49	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 108 (125): Unless researchers somehow accounted for the occurrence of the more serious preventable diseases, it may appear that nonvaccination is “safer” in this respect. To further complicate matters, the rare unvaccinated child in an otherwise heavily vaccinated area will benefit from community immunity and may thus appear to have done better than his or her peers, some of whom will develop adverse effects, such as fever.	

50	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 111 (128): However, such a study would have limited utility to accurately assess differences in health outcomes between unimmunized and fully immunized children... the study would need to account for the many confounding variables that distinguish distinct subgroups of naturally occurring unimmunized populations from the rest of the U.S. population, including lifestyle factors and known genetic variables that may play a role in the development of allergies, asthma, and other conditions.	

51	Article Name: Vaccine Refusal, Mandatory Immunization, and the Risks of Vaccine-Preventable Diseases https://www.nejm.org/doi/full/10.1056/NEJMsa0806477	PMID: 19420367
		Archive: https://drive.google.com/open?id=1JVj1dDnlLTfLHDn6Z4e4MAeSDStdW89y
	Lead Author/Year: Saad B. Omer, 2009	Journal: NEJM
	P 3: The reasons for the geographic clustering of exemptions from school vaccination requirements are not fully understood, but they may include characteristics of the local population (e.g., cultural issues, socioeconomic status, or educational level), the beliefs of local health care providers and opinion leaders (e.g., clergy and politicians), and local media coverage.	
	Article Name: Parental Delay or Refusal of Vaccine Doses, Childhood Vaccination Coverage at 24 Months of Age, and the Health Belief Model	PMID: 21812176
	Lead Author/Year: Philip J. Smith, 2011	Journal: Public Health Reports
	P 7, Table 3	
	In Canada they can't accurately characterize the non-vaccinating, also. Article Name: Anti-vaxxers among Canadians of all demographics, poll finds: 'It could be your neighbour. That's the scary thing'	Date: Apr 9, 2012
	Website: USA TODAY http://news.nationalpost.com/news/canada/anti-vaxxers-among-canadians-of-all-demographics-poll-finds-it-could-be-your-neighbour-thats-the-scary-thing	Archive: http://archive.is/IYVvI

52	Article Name: After $1 billion, experts see progress on autism's causes	Date: Apr 9, 2012
	Website: USA TODAY http://usatoday30.usatoday.com/news/health/story/2012-04-09/researchers-autism-causes/54129282/1	Archive: http://archive.is/ixi6Z
	More than $1 billion has been spent over the past decade searching for the causes of autism	

53	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 118 (135): Secondary analyses with data from other existing databases similar to VSD would be feasible, ethical, and a lower-cost approach to investigating the research questions that the committee identified, including research on alternative immunization schedules. In addition, the committee states that the VSD can be used for vaccinated-Unvaccinated studies., P 118 (135): To date, the data obtained from VSD have already been used to study health outcomes of children with incomplete immunizations or who may follow alternative schedules, as described above. In addition, the VSD system has a large enough proportion of unvaccinated children to investigate differences in health outcomes of unvaccinated and vaccinated children.	

54	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 10 (27): These concerns were not expressed by clinicians, public health personnel, or policy makers in the committee's review. Among the last three groups, the childhood immunization schedule is considered one of the most effective and safest public health interventions available to prevent serious disease and death.	

55	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 66 (83): …the testimony of many individuals and organizational representatives revealed a lack of trust in the quality and thoroughness of vaccine safety research	

56	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 18 (35): As the number of recommended vaccines has increased in recent years, some parents and advocacy groups have expressed the concern that the immunization schedule is too crowded and complex…	

57	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW

	P 62 (79): Two-thirds of these articles were categorized as studies of parental concerns about either safety (*n* = 26) or communication between providers, public health authorities, and parents (*n* = 31).

58	Article Name: Effective messages in vaccine promotion: a randomized trial	PMID: 24590751
	Lead Author/Year: B Nyhan, 2014	Journal: Pediatrics
	Article Name: Physician Communication Training and Parental Vaccine Hesitancy: A Randomized Trial	PMID: 26034240
	Lead Author/Year: NB Henrikson, 2015	Journal: Pediatrics
	Article Name: The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience	PMID: 25790386
	Lead Author/Year: DJ Opel, 2015	Journal: American Journal of Public health

59	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 127 (144): The committee notes that stakeholder concerns may be used to drive a search for scientific evidence (biological or epidemiological), although such concerns would not be sufficient motivation to embark on costly clinical research, such as new randomized controlled trials or cohort studies.	

60	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	Recommendation 4-1, P 129 (146)	

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61	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 20 (37): The NVAC report stated that "the strongest study design, a randomized clinical trial that includes a study arm receiving no vaccine or vaccine not given in accord with the current recommended schedule, is not ethical, would not pass Institutional Review Board (IRB) review, and cannot be done"… Furthermore, it may be impossible to draw unbiased results from an observational study of this issue because of potential differences in baseline health and social characteristics of populations and subgroups.	

62	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 127 (144): The committee made a judgment based on the literature that failed to link adverse effects to schedule exposures or multiple immunizations, concluding that there is no evidence that the schedule is not safe.	

63	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 127 (144): The committee recognized that final decisions about research studies must await knowledge of further evidence, including biological plausibility and/or epidemiological evidence, feasibility, cost, and the exact circumstances of stakeholder concerns, before the planning and conduct of specific research projects.	

64	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 132 (149): The committee recognizes that the establishment of priorities for research will be a challenge. Thus, the committee proposes a process for setting priorities that recognizes stakeholder concerns and establishes these priorities on the basis of epidemiological and other evidence (based on formal systematic reviews), biological plausibility, and feasibility.	

65	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	Recommendation 4-1, P 129 (146): Recommendation 4-1: The committee recommends that the National Vaccine Program Office systematically collect and assess evidence regarding public confidence in and concerns about the entire childhood immunization schedule, with the goal to improve communication with health care professionals, and between health care professionals and the public regarding the safety of the schedule.	

66	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	Recommendation 6-3, P 118 (135): Recommendation 6-3: The committee recommends that the Department of Health and Human Services (HHS) and its partners continue to fund and support the Vaccine Safety Datalink project to study the safety of the recommended immunization schedule. Furthermore, HHS should consider expanding the collaboration with new health plan members and enhancing the data to improve its utility and generalizability.	

67	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW

	Recommendation 6-2, P 134 (151): Recommendation 6-2: The Department of Health and Human Services should refrain from initiating randomized controlled trials of the childhood immunization schedule that compare safety outcomes in fully vaccinated children with those in unvaccinated children or those vaccinated by use of an alternative schedule.

68	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	Recommendation 5-1, P 130 (147): Recommendation 5-1: To improve the utility of studies of the entire childhood immunization schedule, the committee recommends that the National Vaccine Program Office develop a framework that clarifies and standardizes definitions of key elements of the schedule, relevant health outcomes, and populations that are potentially susceptible to adverse events.	

69	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	Recommendation 6-1, P 132 (149): Recommendation 6-1: The committee recommends that the Department of Health and Human Services incorporate study of the safety of the overall childhood immunization schedule into its processes for setting priorities for research, recognizing stakeholder concerns, and establishing the priorities on the basis of epidemiological evidence, biological plausibility, and feasibility.	

70	Article Name: A Population-Based Cohort Study of Undervaccination in 8 Managed Care Organizations Across the United States https://jamanetwork.com/journals/jamapediatrics/fullarticle/1558057	PMID: 23338829
		Archive: https://drive.google.com/open?id=1gS5reE25E9rQUicV8wsY34A-CPRXt5Vf
	Lead Author/Year: Jason M. Glanz, 2013	Journal: Jama Pediatrics

71	Article Name: Vaccination Patterns in Children After Autism Spectrum Disorder Diagnosis and in TheirYounger Siblings https://relaped.com/wp-content/uploads/2018/03/3-1.pdf	PMID: 29582071
		Archive:
	Lead Author/Year: Ousseny Zerbo, 2018	Journal: JAMA Pediatrics

72	Abbreviated Name: IOM 2013	Archive: https://drive.google.com/open?id=1no7T_Zx03ToHXlEMGix9miyZMhiRIVtW
	P 116 (133): Approximately 1.23 percent of children participating in VSD had no vaccinations recorded by age 1 year, and 1 percent of children had no vaccinations recorded by age 2 years.	

73	Article Name: Vaccine-Preventable Diseases Requiring Hospitalization http://pediatrics.aappublications.org/content/pediatrics/early/2017/07/31/peds.2017-0298.full.pdf	PMID: 28768853
		Archive: https://drive.google.com/open?id=1t9g5rGLUp-jUTu1xOedLHPmI0v7pHlNM
	Lead Author/Year: Gregory Williamson, 2017	Journal: Pediatrics

Chapter 7: Unsubstantiated Guidelines

1-20

1	Document Name: Recommended Child and Adolescent Immunization Schedule, for ages 18 years or younger https://drive.google.com/file/d/11tcxNEPzYibSrwe2RbnDnD2epCfnZlXo	Author/Year: CDC, 2020
	P 2, table 1.	

2	Article Name: New Software and Genetic Analyses Aim to Reduce Problems with Multiple-Drug Combinations	Date: Oct 1, 2015
	Website: Scientific American http://www.scientificamerican.com/article/new-software-and-genetic-analyses-aim-to-reduce-problems-with-multiple-drug-combinations/	Archive: http://archive.is/gDYts
	Certain combinations of medicines (prescription or otherwise) cause side effects that do not arise when the individual substances are taken alone. Studies published over the past two decades suggest that such "drug interactions" cause more than 30 percent of side effects from medications.	

3	Page Name: Multiple Vaccines and the Immune System	Archive: http://archive.is/udrcT
	Website: CDC http://www.cdc.gov/vaccinesafety/concerns/multiple-vaccines-immunity.html	
	A number of studies have been done to look at the effects of giving various combinations of vaccines, and when every new vaccine is licensed, it has been tested along with the vaccines already recommended for a particular aged child.	

4	Document Name: Multiple Injections: Acceptability and Safety http://www.who.int/immunization/diseases/poliomyelitis/inactivated_polio_vaccine/multiple_injections_acceptability_safety.pdf	Author/Year: WHO, 2014
		Archive: https://drive.google.com/open?id=1uaF5IV5wSPs46nfRg_8hBEX6vziS3K7i
	P 1: Vaccination schedules that involve multiple injections during the same visit are based on many years of pre-licensure and post-licensure safety and effectiveness data, including concomitant use studies.	

5	Article Name: Addressing Parents' Concerns: Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System? https://www.aap.org/en-us/Documents/immunization_overwhelm.pdf	PMID: 11773551 Archive: https://drive.google.com/open?id=1N8EXqxq8RbTprBp0fZ1Wegd8Qz_BCn5r
	Lead Author/Year: Paul A. Offit, 2002	Journal: Pediatrics
	P 4: If vaccines overwhelmed or weakened the immune system, then one would expect lesser immune responses when vaccines are given at the same time as compared with when they are given at different times.	

6	Article Name: Simultaneous administration of childhood vaccines: An important public health policy that is safe and efficacious	PMID: 8072822
	Lead Author/Year: King, 1994	Journal: The Pediatric Infectious Disease Journal

7	Document Name: Recommended Child and Adolescent Immunization Schedule, for ages 18 years or younger https://drive.google.com/file/d/11tcxNEPzYibSrwe2RbnDnD2epCfnZlXo	Author/Year: CDC, 2020
	P 2, table 1.	

8	Document Name (Hebrew): Immunization Guide https://drive.google.com/open?id=1db5nqObGNRg8QwTaOUuTARsisHlPrf4U	Author/Year: Israeli Ministry of Health, 2015
	For instance, p 52 (translated from Hebrew): Simultaneous administration of most vaccines, live-attenuated or killed, does not increase the extent of post-vaccination side effects and does not affect the efficacy of any of them.	
	Page Name (translated from Hebrew): Common Questions	Archive: http://archive.is/aiHZ0
	Website: "Vaccines" website of Wolfson Hospital http://chisunim.co.il/Faq.aspx?cat=2&id=5	
	"Should I split the vaccines or spread it over a longer period in order to reduce the burden on the baby's immune system? No! The part of the immune system that we use when giving the vaccines is negligible compared to the real and full capacity of the immune system, and therefore the concern of overloading is baseless."	

9	Article Name: Reduced Rate of Side Effects Associated with Separate Administration of MMR and DT aP-Hib-IPV Vaccinations	PMID: 20166340
	Lead Author/Year: Elena Shneyer, 2009	Journal: Israeli Medical Association Journal

10	Article Name: Reduced Rate of Side Effects Associated with Separate Administration of MMR and DT aP-Hib-IPV Vaccinations https://www.ncbi.nlm.nih.gov/pubmed/20166340	PMID: 20166340
	Lead Author/Year: Elena Shneyer, 2009	Journal: Israeli Medical Association Journal
	P 2: Nurses at a primary care clinic in the Afula region observed that the mode of separate administration of these vaccines is associated with a lower rate of adverse effects.	

11	Article Name: Reduced Rate of Side Effects Associated with Separate Administration of MMR and DT aP-Hib-IPV Vaccinations https://www.ncbi.nlm.nih.gov/pubmed/20166340	PMID: 20166340
	Lead Author/Year: Elena Shneyer, 2009	Journal: Israeli Medical Association Journal
	P 2.	

12	Article Name: Reduced Rate of Side Effects Associated with Separate Administration of MMR and DT aP-Hib-IPV Vaccinations https://www.ncbi.nlm.nih.gov/pubmed/20166340	PMID: 20166340
	Lead Author/Year: Elena Shneyer, 2009	Journal: Israeli Medical Association Journal
	P 3: The rate of adverse reaction among children who were vaccinated separately was significantly lower than in those who were vaccinated simultaneously: 28 of 74 (37.8%) versus 58 of 102 (56.9).	

13	Article Name: Reduced Rate of Side Effects Associated with Separate Administration of MMR and DT aP-Hib-IPV Vaccinations https://www.ncbi.nlm.nih.gov/pubmed/20166340	PMID: 20166340
	Lead Author/Year: Elena Shneyer, 2009	Journal: Israeli Medical Association Journal
	P 4: In this study it was demonstrated that the rate of adverse effects in the separately vaccinated group was significantly lower than in the simultaneously vaccinated group. The results of this study do not support the national recommendation of simultaneous vaccinations of MMR *and* DTaP-Hib-IPV. Rather, our data call for reconsideration of the current policy of simultaneous injections of MMR and DTaP-Hib-IPV – at least until a larger study is conducted.	

14	Article Name (from Hebrew): Israeli study: Do not give 2 vaccines together at age one year	Date: Jan 6, 2010
	Website: YNET http://www.ynet.co.il/articles/0,7340,L-3830484,00.html	Archive: http://archive.is/a6hJ1

15	Page Name: Administering Vaccines	Archive: http://archive.is/MAslj
	Website: Immunization Action Coalition http://www.immunize.org/askexperts/administering-vaccines.asp	
	How many vaccines can be given during an office visit? All vaccines can be administered at the same visit. There is no upper limit for the number of vaccines that can be administered during one visit.	

16	Article Name: Dr. Paul Offit: Debunking The Vaccine-Autism Link	Date: Oct 24, 2008
	Website: Newsweek https://www.newsweek.com/dr-paul-offit-debunking-vaccine-autism-link-91933	Archive: http://archive.is/kggwm
	Recently, Offit set off a flurry of angry postings when he said that a baby's immune system could handle as many as 10,000 vaccines. Then he upped the ante, saying it was probably "closer to 100,000." Offit's assessment is based on data showing the vast capacity of a child's immunological response.	

17	Article Name: Addressing Parents' Concerns: Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System? https://www.aap.org/en-us/Documents/immunization_overwhelm.pdf	PMID: 11773551
		Archive: https://drive.google.com/open?id=1N8EXqxq8RbTprBp0fZ1Wegd8Qz_BCn5r
	Lead Author/Year: Paul A. Offit, 2002	Journal: Pediatrics
	P 3: …each infant would have the theoretical capacity to respond to about 10,000 vaccines at any one time.	

18	Page Name: Combination vaccines and multiple vaccinations	Archive: http://archive.is/1LpaD
	Website: University of Oxford - The Vaccine Knowledge Project http://vk.ovg.ox.ac.uk/combination-vaccines-and-multiple-vaccinations	
	Each millilitre of blood contains ten million B cells, the white blood cells that are associated with the immune response. It is estimated that this would be enough to cope with thousands of vaccines at a time, meaning that a baby's immune system is not stretched at all by receiving several vaccines at once.	
	Page Name (from Hebrew): Common Questions	Archive: http://archive.is/t2klK
	Website: "Vaccines" website of Wolfson Hospital http://chisunim.co.il/Claim.aspx?cat=1&id=3&l=1	
	"Another common claim is that vaccines cause an unbearable burden on the immune system. The addition of new vaccines only increases this concern. In reality, a baby's immune system can respond to about 100,000 different organisms (bacteria, viruses, etc.). Therefore, vaccinating against 10 organisms will use 0.01% of the active immune capacity."	

19	Document Name: Immunization Safety Review: Multiple Immunizations and Immune Dysfunction https://www.nap.edu/catalog/10306/immunization-safety-review-multiple-immunizations-and-immune-dysfunction	Archive: https://drive.google.com/open?id=1QujT3DieBvlChf3vi4h18hjK1OQzx4Cp
	Lead Author/Year: IOM, 2002	
	P 6 (21): This is consistent with the theoretical estimates presented to the committee, which suggest that the capacity of the infant's immune system is at least 1000 times greater than that maximally required to respond to vaccines.	

20	Document Name: INFANRIX-IPV-HIB Package Insert https://drive.google.com/open?id=1L7FcWdJOT8-h8m4na4uSVtKuagBdK1gA
	P 3.

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21	Document Name: Vaccines When Your Child Is Sick https://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/fs-child-sick.pdf	
	Author/Year: CDC, 2014	Archive: https://drive.google.com/open?id=1rqg7CK6-Y8kXI_JWEQmKYEsLXNpKWr9z
	P 1: vaccines do not make a mild illness worse P 2: Vaccines are safe and effective when given to children with mild illness	

22	Document Name: Vaccines When Your Child Is Sick https://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/fs-child-sick.pdf	
	Author/Year: CDC, 2014	Archive: https://drive.google.com/open?id=1rqg7CK6-Y8kXI_JWEQmKYEsLXNpKWr9z
	P 1: There is no health benefit to waiting to vaccinate your child if he or she has a mild illness. It's important that children get their vaccines on time—even if they don't feel well—so they're protected against serious diseases.	

23	Article Name: Can children with minor illnesses be safely immunized https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202382/pdf/pch16463.pdf	PMID: 23024581 Archive: https://drive.google.com/open?id=1jeHfY_wUhqGi3HBqcc5ghM9K8RJtkjSI
	Lead Author/Year: Keswadee Lapphra, 2011	Journal: Paediatric Child Health

24	Article Name: Can children with minor illnesses be safely immunized https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202382/pdf/pch16463.pdf	PMID: 23024581 Archive: https://drive.google.com/open?id=1jeHfY_wUhqGi3HBqcc5ghM9K8RJtkjSI
	Lead Author/Year: Keswadee Lapphra, 2011	Journal: Paediatric Child Health
	P 1: What is the evidence that minor illnesses are not a contraindication to most vaccinations?	

25	Article Name: Can children with minor illnesses be safely immunized https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202382/pdf/pch16463.pdf	PMID: 23024581 Archive: https://drive.google.com/open?id=1jeHfY_wUhqGi3HBqcc5ghM9K8RJtkjSI
	Lead Author/Year: Keswadee Lapphra, 2011	Journal: Paediatric Child Health
	P 1: No publication in recent decades has assessed administering inactivated vaccines to mildly sick children.	

26	Article Name: Antibody Response to Measles-Mumps-Rubella Vaccine of Children With Mild Illness at the Time of Vaccination	PMID: 8594268
	Lead Author/Year: Gale E. King, 1996	Journal: JAMA
	P 1: 157 children had one of these mild illnesses and 229 were well	

27	Article Name: Antibody response to measles-mumps-rubella vaccine of children with mild illness at the time of vaccination https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2277572/pdf/canfamphys00047-0055.pdf	PMID: 9481462 Archive: https://drive.google.com/open?id=191Ui-dyoOKeqoCr8I3HTC25U_mcLd493
	Lead Author/Year: Brian Watada, 1998	Journal: Canadian Family Physician
	P 2:	

	There is no confirmation in the study that any of the children were actually ill at the time of immunization, and no way of knowing whether these children had taken antipyretic medications to appear to have only mild illness. P 3: Finally, Canadian immunization guidelines indicate that children are to be vaccinated between 12 and 15 months of age. This study took patients between 15 and 23 months. Although 40% of the patients were 15 months old, most were older.

28	Article Name: Can children with minor illnesses be safely immunized https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202382/pdf/pch16463.pdf		PMID: 23024581 Archive: https://drive.google.com/open?id=1jeHfY_wUhqGi3HBqcc5ghM9K8RJtkjSI
	Lead Author/Year: Keswadee Lapphra, 2011	Journal: Paediatric Child Health	
	P 1: In summary, the health care provider should be reassured that mild illness is not a reason to delay routine vaccination. Many good-quality studies have provided strong support for the recommendation.		

29	Article Name: Addressing Parents' Concerns: Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System? https://www.aap.org/en-us/Documents/immunization_overwhelm.pdf		PMID: 11773551 Archive: https://drive.google.com/open?id=1N8EXqxq8RbTprBp0fZ1Wegd8Qz_BCn5r
	Lead Author/Year: Paul A. Offit, 2002	Journal: Pediatrics	
	P 3: However, vaccine-specific antibody responses and rates of vaccine-associated adverse reactions of children with mild or moderate illnesses are comparable to those of healthy children.		

30	Page Name: Multiple Vaccines and the Immune System	Archive: http://archive.is/udrcT
	Website: CDC http://www.cdc.gov/vaccinesafety/concerns/multiple-vaccines-immunity.html	
	A number of studies have been done to look at the effects of giving various combinations of vaccines, and when every new vaccine is licensed, it has been tested along with the vaccines already recommended for a particular aged child.	

31	For instance, clinical trial of rotavirus vaccine - Page Name: Safety and Immunogenicity of Rotavirus Vaccine (RotaTeq(R)) in Infants With Short Bowel Syndrome	Archive: http://archive.is/SMTth
	Website: clinicaltrials.gov https://clinicaltrials.gov/ct2/show/NCT00767364	

	Participants in the study will be monitored by telephone contacts on days 7, 14, and 42 after each dose and within 48 to 72 hours of each dose of the rotavirus vaccine regarding any serious adverse events.	
	Or, influenza vaccine trial - Page Name: Immunogenicity and Safety of a Trivalent Inactivated Influenza Vaccine, Formulation 2010-2011, in Healthy Subjects Aged Over 6 Months Old to 18 Years Old	Archive: http://archive.is/zIgcr
	Website: clinicaltrials.gov https://clinicaltrials.gov/ct2/show/NCT01356342	
	All participants will be followed, either by clinical visit or by telephone contact, for 6 months after the first vaccination for safety reasons.	

Chapter 8: The Disappearance Of Disease

1-20

1	Article Name: The Importance of Social Intervention in Britain's Mortality Decline c.1850-1914: a Re-interpretation of the Role of Public Health https://pdfs.semanticscholar.org/a350/8f97eff18b8cffb5ccd8c87feda108895c58.pdf	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	Lead Author/Year: Simon Szreter, 1988	Journal: Social History of Medicine
	P 34: Thomas McKeown was born in 1912 and came to England from Canada as a postgraduate on a Rhodes scholarship, completing an Oxford D.Phil, in the Department of Human Anatomy in 1939. He then underwent formal medical training, acquiring an MB in the University of London in 1942. Apparently, he was offered the Chair in the new discipline of Social Medicine at Birmingham in 1944 because he had so impressed the interviewing panel when he unsuccessfully applied for the Chair of Anatomy the previous year (which went to Solly Zuckerman).	

2	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	P 2: This work achieved something of a conceptual revolution in the disciplines of history and medicine, overturning a long-standing general orthodoxy regarding the importance of medical science and the medical profession in bringing about the decline in mortality which accompanied industrialization in Britain. It effectively demonstrated that those advances in the science of medicine which form the basis of today's conventional clinical and hospital teaching and practice, in particular the immuno- and chemo-therapies, played only a very minor role in accounting for the historic decline in mortality levels.	

3	Article Name: Reasons for the Decline of Mortality in England and Wales during the Nineteenth Century https://www.jstor.org/stable/2173119	
	Lead Author/Year: Thomas McKeown, 1962	Journal: Population Investigation Committee
	P 7: Since 1837 knowledge of the birth rate and the death rate of England and Wales has been available from national sources.	

4	Article Name: An Interpretation of the Modern Rise of Population in Europe https://www.jstor.org/stable/2173815	
	Lead Author/Year: Thomas McKeown , 1972	Journal: Population Investigation Committee
	P 6: The nature of infectious disease was not understood before 1850; infectious organisms affecting man were not identified until the last quarter of the nineteenth century, and specific prevention or treatment is unlikely to have had much influence on the national death rate before the introduction of chemotherapy in the nineteen thirties.	

5	Abbreviated Name: McKeown 1962	Link: https://www.jstor.org/stable/2173119
	P 12, table 3 shows the mortality decline in the 2nd half of the 19th century from tuberculosis and other major infectious diseases.	

6	Abbreviated Name: McKeown 1962	Link: https://www.jstor.org/stable/2173119
	P 29: The effect of therapy was restricted to smallpox and hence had only a trivial effect on the total reduction of the death rate. And P 2: …with the notable exception of vaccination against smallpox, specific preventive or curative measures could have had no significant influence on mortality before the twentieth century, and that we must look elsewhere for the explanation of the rise of population.	

7	Article Name: An Interpretation of the Decline of Mortality in England and Wales during the Twentieth Century http://www.jstor.org/stable/2173935	
	Lead Author/Year: Thomas McKeown , 1975	Journal: Population Investigation Committee
	P 3: From the standardized rates it is clear that, with a short interruption in the fall of the male rate during the war years, mortality in both sexes has been declining since the beginning of the century.	

8	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 11: The last column of Table 4 summarizes the decline in mortality which occurred between 1901 and 1971. Approximately three-quarters (73 4 per cent) of the reduction was associated with the infections and one-quarter (26-6 per cent) with other conditions.	

9	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 11: It is clear that the 1930s were a watershed in the history of treatment of infectious diseases, with the introduction of the sulphonamides followed, in the next decade, by the antibiotics. Since there were few effective therapeutic measures before 1935, it is interesting to consider the extent of the improvement in mortality from infections before and after this time. Table 5 shows the proportion of the total reduction which had occurred by 1931. Among the infections 56 per cent of the decline in mortality over the whole period (1901-71) occurred before 1931; among other conditions the proportion was 58 per cent. That is to say, in both cases more than half of the improvement took place in the first three of the seven decades, before the modern era of effective chemotherapy.	

10	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 23: There was no effective treatment of scarlet fever before the use of prontosil in 1935. But, by the beginning of the century, mortality from the disease had fallen to a relatively low level (see Table 9), and between 1901 and 1971 the disease was associated with only 1 2 per cent of the total reduction from all causes. 89 per cent of this improvement occurred before the introduction of the sulphonamides.	

11	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 12, Table 4. Dysentery and diarrhea went down 87% by 1931.	

12	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 22: There is, therefore, little doubt that the death rate would have continued to fall even if effective therapeutic measures had not been applied. However, the decline was greatly accentuated by chemotherapy… We conclude that although therapy cannot be credited with the whole of the reduction since that time (3.6 per cent of the total) it was responsible for most of it.	

13	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 25: Whooping cough was associated with 2 7 per cent of the reduction in mortality from all causes. Treatment by sulphonamides and (later) antibiotics was not available before 1938, and even now its effect on the course of the disease is questionable. Immunization was used widely from 1952; the protective effect is variable, and has been estimated to lie between less than 20 and over 80 per cent. Mortality from whooping cough began to decline from the seventh decade of the nineteenth century, and 86 per cent of the reduction since 1901 occurred before the introduction of the sulphonamides.	

14	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 25: Mortality fluctuated before 1915, but fell rapidly from that time. Between 1901 and 1971 the disease was responsible for 2 4 per cent of the total reduction. Effective specific measures against measles have only recently become available in the form of immunization and they can have had no significant effect on the trend of the death rate. However, mortality from the disease was attributable largely to invasion by secondary organisms, which have been treated by chemotherapy since 1935. 82 per cent of the decrease of deaths from measles had occurred before this date.	

15	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 25: The disease was associated with 2 4 per cent of the fall of mortality from all causes between 1901 and 1971. It is not possible to assess with any precision the relative importance of the various influences which may have contributed. Antitoxin was first used in the late nineteenth century and has been the accepted form of treatment since that time. It is believed to have reduced the case fatality rate, which fell from 8 2 per 100 notifications in 1916-25 to 5 4 in 1933-42, while notifications remained at an average level of above 50,000 per year. The mortality rate increased at the beginning of the last war, but fell rapidly at about the time when national immunization was introduced.	

16	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 25: It is tempting to attribute much of the decline of diphtheria mortality between 1901 and 1931 to treatment by antitoxin, and the rapid fall since 1941 to immunization. Nothing in British evidence is seriously inconsistent with this interpretation; however, experience in some other countries is not so consistent. Moreover, as already noted, other infections declined in the same period in the absence of effective prophylaxis or treatment.	

17	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 20, Table 9. The decrease in pertussis, diphtheria and measles is 7.5% of the overall decrease in deaths. In P 11 it is noted that the decline in infectious diseases was amounted to 75% of the overall decline in mortality. Thus, the decrease in pertussis, diphtheria and measles is about 10% of the the decline in mortality from infectious diseases.	

18	Abbreviated Name: McKeown 1972	Link: http://www.jstor.org/stable/2173935
	P 30: There remains for consideration a miscellaneous group of conditions. Some of them are well-recognized infectious diseases which caused few deaths in this century, either because they were uncommon (as in the case of malaria, tetanus, poliomyelitis and encephalitis) or, because although common they were not often lethal (as in the case of mumps, chickenpox and German measles).	

19	Abbreviated Name: McKeown 1972	Link: https://www.jstor.org/stable/2173815
	P 39: Although data for the nineteenth century are seriously deficient, analysis by cause of death for the four countries and England and Wales leaves little doubt that the decline of mortality was due to a reduction of deaths from infectious disease, almost wholly until 1900 and predominantly after that time. Vaccination against smallpox is the only medical measure likely to have been effective before the present century and it was not until 1935, with the introduction of the sulphonamides, that therapy became available which reduced mortality from infection to an extent that could be expected to lower the national death rate.	

20	Colgrove 2002 (see reference 88 of this chapter) details the arguments made against McKeown's work, especially p 3. Szreter also (Szreter 1988 p 6 and 11) does not criticize the quality of McKeown's data.

21-40

21	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	P 2-3: It should be stressed at the outset that this achievement of McKeown's work, in deflating the historical claims of one particular section of the medical profession and its 'high tech' invasive and biochemical medicine, remains unaffected by the arguments set out below. McKeown's unanswerable point is precisely that this modern kind of applied medical science virtually did not exist during the period addressed here. and P 9: The chapter then proceeded to demonstrate for each of the major diseases in turn that, with the exception of smallpox and diphtheria, the dates at which either effective immunization procedures or scientific medical treatments first became available were often far too late in time to be able to account for all but the last few percentage points of the overall decline of the disease. This was certainly true of respiratory tuberculosis, measles, and scarlet fever; and broadly true for whooping cough and the bronchitis, pneumonia, and influenza group. All had been declining very considerably in incidence long before effective chemotherapy or other scientific techniques had become available.	

22	Article Name: The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century https://archive.org/details/McKinlayQuestionableContribution	Archive: https://drive.google.com/open?id=1N9Vt2A2iPPZWHkwc_04IEMN1dIwEs65Q
	Lead Author/Year: John B. McKinlay, 1977	Journal: The Milbank Memorial Fund Quarterly. Health and Society
	P 11: Between 1900 and 1973, there was a 69.2 percent decrease in overall mortality… Of the total fall in the standardized death rate between 1900 and 1973, 92.3 percent occurred prior to 1950… A major part of the decline in deaths from these causes since about 1900 may be attributed to the virtual disappearance of these infectious diseases.	

23	Abbreviated Name: McKinlay 1977	Archive: https://drive.google.com/open?id=1N9Vt2A2iPPZWHkwc_04IEMN1dIwEs65Q
	P 15, Table 1	

24	Page Name: Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures Recommendations of the Immunization Practices Advisory Committee (ACIP)	Archive: http://archive.is/ETeaO
	Website: CDC https://www.cdc.gov/mmwr/preview/mmwrhtml/00041645.htm	
	The introduction and widespread use of standardized whole-cell pertussis vaccines combined with diphtheria and tetanus toxoids (DTP) in the late 1940s resulted in a substantial decline in pertussis disease, a decline which continued without interruption for nearly 30 years.	
	Page Name: Pink Book - Diphtheria	Archive: http://archive.is/4Tzlw
	Website: CDC https://www.cdc.gov/vaccines/pubs/pinkbook/dip.html	
	A more rapid decrease began with the widespread use of diphtheria toxoid in the late 1940s.	

25	Abbreviated Name: McKinlay 1977	Archive: https://drive.google.com/open?id=1N9Vt2A2iPPZWHkwc_04IEMN1dIwEs65Q
	P 15, Table1	

26	Abbreviated Name: McKinlay 1977	Archive: https://drive.google.com/open?id=1N9Vt2A2iPPZWHkwc_04IEMN1dIwEs65Q
	P 22: In general, medical measures (both chemotherapeutic and prophylactic) appear to have contributed little to the overall decline in mortality in the United States since about 1900 - having in many instances been introduced several decades after a marked decline had already set in and having no detectable influence in most instances.	

27	Article Name: Trends in infectious disease mortality in the United States during the 20th century https://jamanetwork.com/journals/jama/fullarticle/768249	PMID: 9892452
		Archive: https://drive.google.com/open?id=1UuaAfOb3muFxfYgq-yGf3DsV1am1VjCM
	Lead Author/Year: Gregory L. Armstrong, 1999	Journal: JAMA

28	Abbreviated Name: Armstrong 1999	Archive: https://drive.google.com/open?id=1UuaAfOb3muFxfYgq-yGf3DsV1am1VjCM
	P 6: …no other surveillance data can match the completeness and longevity of mortality data.	

29	Abbreviated Name: Armstrong 1999	Archive: https://drive.google.com/open?id=1UuaAfOb3muFxfYgq-yGf3DsV1am1VjCM
	P 3, Figure 1	

30	Page Name: Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures Recommendations of the Immunization Practices Advisory Committee (ACIP)	Archive: http://archive.is/ETeaO
	Website: CDC https://www.cdc.gov/mmwr/preview/mmwrhtml/00041645.htm	
	The introduction and widespread use of standardized whole-cell pertussis vaccines combined with diphtheria and tetanus toxoids (DTP) in the late 1940s resulted in a substantial decline in pertussis disease, a decline which continued without interruption for nearly 30 years.	

31	Abbreviated Name: Armstrong 1999	Archive: https://drive.google.com/open?id=1UuaAfOb3muFxfYgq-yGf3DsV1am1VjCM
	Original Chart P 4, Figure 3	

32	Abbreviated Name: Armstrong 1999	Archive: https://drive.google.com/open?id=1UuaAfOb3muFxfYgq-yGf3DsV1am1VjCM
	Original Chart P 5, Figure 4C. The original chart additionally includes polio.	

33	Abbreviated Name: Armstrong 1999	Archive: https://drive.google.com/open?id=1UuaAfOb3muFxfYgq-yGf3DsV1am1VjCM
	Original Chart P 5, Figure 4B	

34	Article Name: Annual summary of vital statistics: trends in the health of Americans during the 20th century	PMID: 11099582
	Lead Author/Year: Bernard Guyer, 2000	Journal: Pediatrics
	P 8-9: For children older than 1 year of age, the overall decline in mortality experienced during the 20th century has been spectacular. […] Nearly 85% of this decline took place before World War II, a period when few antibiotics or modern vaccines and medications were available.[…] Once again, nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available. P 10: Vaccination, while first used in the 18th century, became more widely implemented in the middle part of the century. Vaccines against diphtheria, tetanus, and pertussis became available during the late 1920s but only widely used in routine pediatric practice after World War II. Thus vaccination does not account for the impressive declines in mortality seen in the first half of the century.	

35	Pertussis mortality data - Document Name: Pertussis notifications and deaths, England and Wales: 1940 – 2014 https://www.gov.uk/government/publications/whooping-cough-pertussis-statistics	Archive: https://drive.google.com/open?id=1yxE1tZ--8Of74FPpCebxW-mpRWqfvOkC
	Lead Author/Year: NHS	
	Measles mortality data - Page Name: Measles notifications and deaths in England and Wales: 1940 to 2016 https://www.gov.uk/government/publications/measles-deaths-by-age-group-from-1980-to-2013-ons-data/measles-notifications-and-deaths-in-england-and-wales-1940-to-2013	Archive: http://archive.is/8YVzg
	Website: Public Health England	

36	Article Name: A Century of Changes in the Mortality and Incidence of the Principal Infections of Childhood https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1987926/	PMID: 21032289
		Archive: https://drive.google.com/open?id=1c291gAXasOhKEMg3Nxu7Z8i1sJ1w7DDk
	Lead Author/Year: AH Gale, 1945	Journal: Archives Of Disease In Childhood
	P 1: …the information about mortality is so much more complete and goes back so much further than does that about incidence.	

37	Document Name: Annual Summary 1979 Reported Morbidity and Mortality in the United states	Archive: https://drive.google.com/open?id=1NgxDUuXCDNgNzFwBovBkn7186ThcIrUQ
	Lead Author/Year: CDC, 1980	
	P 5: In 1893, an act provided for collection of information on a weekly basis… It was not until 1925, however, that that all states began to report regularly.	

38	Document Name: Annual Summary 1979 Reported Morbidity and Mortality in the United states	Archive: https://drive.google.com/open?id=1NgxDUuXCDNgNzFwBovBkn7186ThcIrUQ
	Lead Author/Year: CDC, 1980	
	P 6: These data should be interpreted with caution[…]. Despite these limitations the data in this report have proven to be useful in the analysis of trends.	

39	Document Name: Annual Summary 1979 Reported Morbidity and Mortality in the United states	Archive: https://drive.google.com/open?id=1NgxDUuXCDNgNzFwBovBkn7186ThcIrUQ
	Lead Author/Year: CDC, 1980	
	U.S. official morbidity data for the years 1930-1979 appear on pages 19-23. Except in the 1970s, the data are presented as a total number of cases, rather than as a percentage of the population.	

40	Page Name: Diphtheria	Archive: http://archive.is/I9Uwf
	Website: NHS http://www.nhs.uk/conditions/diphtheria/pages/introduction.aspx	
	Before a vaccination programme was introduced in 1940, diphtheria was a very common condition and one of the leading causes of death in children.	

41-60

41	Page Name: Notifiable diseases: historic annual totals Cases of infectious diseases: annual total figures from 1912 to 2017 https://www.gov.uk/government/publications/notifiable-diseases-historic-annual-totals	Archive: http://archive.is/2zzwJ
	Website: GOV.UK	

42	See official morbidity data - US (note 39) and UK (note 41). Typhoid fever also appears in the table under the names Paratyphoid fevers and Enteric fever.

43	Book Title: Vaccines (6th edition) Published by Elsevier Saunders https://www.elsevier.com/books/vaccines/plotkin/978-1-4557-0090-5	
	Lead Author/Year: Stanley Plotkin, 2013	
	P 789: There probably is no other widely used vaccine that is as controversial as BCG. Its effects in extremely large, randomized, controlled, and case-control studies have been widely disparate, in some cases demonstrating a great degree of protection and in others offering no benefit.	

44	See official morbidity data - US (note 39) and UK (note 41).

45	Page Name: Childhood Vaccination and the NHS https://peopleshistorynhs.org/encyclopaedia/childhood-vaccination-and-the-nhs/	Archive: http://archive.is/Ezq6V
	Website: People's History of the NHS	
	Indeed, by the end of 1950 BCG vaccination programmes were operating in earnest throughout Scotland and had spread nationwide by early 1953.	

46	Book Title: Vaccines (6th edition) Published by Elsevier Saunders https://www.elsevier.com/books/vaccines/plotkin/978-1-4557-0090-5	
	Lead Author/Year: Stanley Plotkin, 2013	
	P 789: The bacille Calmette-Gurin (BCG) vaccines […] have been used routinely since the 1960s in almost all countries of the world except the United States and the Netherlands.	

47	Measles mortality data - Page Name: Measles notifications and deaths in England and Wales: 1940 to 2016 https://www.gov.uk/government/publications/measles-deaths-by-age-group-from-1980-to-2013-ons-data/measles-notifications-and-deaths-in-england-and-wales-1940-to-2013	Archive: http://archive.is/8YVzg
	Website: Public Health England	

48	See official morbidity data - US (note 39).

49	Page Name: Elimination of Malaria in the United States (1947 — 1951)	Archive: http://archive.is/7B0E
	Website: CDC https://www.cdc.gov/malaria/about/history/elimination_us.html	
	The National Malaria Eradication Program was a cooperative undertaking by state and local health agencies of 13 southeastern states and the Communicable Disease Center of the U. S. Public Health Service, originally proposed by Dr. L. L. Williams. The program commenced operations on July 1, 1947. It consisted primarily of DDT application to the interior surfaces of rural homes or entire premises in counties where malaria was reported to have been prevalent in recent years… Total elimination of transmission was slowly achieved. In 1949, the country was declared free of malaria as a significant public health problem.	

50	Article Name: Penicillin Treatment of Syphilis http://jamanetwork.com/journals/jama/fullarticle/183391	PMID: 19224755 Archive: http://archive.is/8Uckh
	Lead Author/Year: John M. Douglas, 2009	Journal: JAMA
	Within years, widespread use of penicillin for treatment of all stages of syphilis (primary, secondary, tertiary, latent) resulted in dramatic decreases in the incidence of syphilis and associated mortality. From 1944 to 1954, rates of reported cases of syphilis of any stage decreased by more than 75% (from 368/100 000 to 83/100 000) with even greater declines in primary and secondary syphilis (from 62/100 000 to 4.5/100 000), which reflect more recent acquisition.	

51	Book Title: Corn and Capitalism: How a Botanical Bastard Grew to Global Dominance https://books.google.co.il/books?id=cRnjAQAAQBAJ&pg=PA172#v=onepage&q&f=false
	Lead Author/Year: Arturo Warman, 2003
	P 171-172: In 1915 the number of the stricken was estimated at between 75,000 and 160,000. […] The tendency for the number of those affected by pellagra to climb turned the corner during the same period. In 1940 pellagra sufferers were estimated at fewer than 50,000 and their numbers fell by half over the next five years. In the 1950s pellagra became a clinical curiosity, a disease of the past.

52	Book Title: Vaccines (6th edition) Published by Elsevier Saunders https://www.elsevier.com/books/vaccines/plotkin/978-1-4557-0090-5	
	Lead Author/Year: Stanley Plotkin, 2013	
	P 1407: There is little doubt that the introduction of routine tetanus toxoid vaccination in the 1940s had an impact on trends and patterns of the disease. However, because the incidence of tetanus was declining prior to widespread vaccination, as a result of decreasing exposure (fewer people in contact with soil and animal feces, which are the main reservoirs of the tetanus bacillus), and because of the widespread use of tetanus toxoid in wound management, it is difficult to assess the extent to which routine prophylactic vaccination contributed to the decline in tetanus morbidity.	

53	See official morbidity data - US (note 39) and UK (note 41).

54	Abbreviated Name: McKeown 1972	Link: https://www.jstor.org/stable/2173815
	P 39: From the nineteenth century the contribution of improved food supplies to the reduction of mortality was supported by that of other influences: a general increase in the standard of living; better hygiene; and specific preventive and therapeutic measures introduced progressively during the twentieth century.	
	Abbreviated Name: Armstrong 1999	Archive: https://drive.google.com/open?id=1UuaAfOb3muFxfYgq-yGf3DsV1am1VjCM
	P 4: From the nineteenth century the contribution of improved food supplies to the reduction of mortality was supported by that of other influences: a general increase in the standard of living; better hygiene; and specific preventive and therapeutic measures introduced progressively during the twentieth century.	
	Article Name: Annual summary of vital statistics: trends in the health of Americans during the 20th century	PMID: 11099582
	Lead Author/Year: Bernard Guyer, 2000	Journal: Pediatrics
	P 10: The major declines in child mortality that occurred in the first third of the 20th century have been attributable to a combination of improved socioeconomic conditions in this country and the public health strategies to protect the health of Americans. These public health measures included the establishment of local health departments in nearly all of the states. State and local health departments implemented these public health measures including water treatment, food safety, organized solid waste disposal, and public education about hygienic practices. These improvements in water and food safety and purity are linked to the major decline in diarrheal diseases seen in the early years of the century. Similarly, improvements in housing and decreased crowding in US cities are linked to the reductions in mortality from tuberculosis and other diseases attributable to person-to-person airborne transmission..	

55	Article Name: Urban Wastewater Management in the United States: Past, Present, and Future http://wvwv.sewerhistory.org/articles/whregion/urban_wwm_mgmt/urban_wwm_mgmt.pdf	Archive: https://drive.google.com/open?id=1VPeNmgPhp0L2lxxWa33zYdLHx3Mx8-fY
	Lead Author/Year: Steven J.Burian, 2000	Journal: Journal of Urban Technology
	P 4: There were fewer public sewers than private in the early nineteenth century, and most were constructed primarily for the purpose of removing storm water... Dry sewage systems and public and private sewers were commonly used in Europe and the United States, but the predominant wastewater management technology in the first half of the nineteenth century was the privy vault-cesspool system operated in a decentralized manner. Privy vaults and cesspools were basically holes in the ground, occasionally lined, constructed in cellars, beneath residences, or within close proximity to residences.	

56	Abbreviated Name: Burian 2000	Archive: https://drive.google.com/open?id=1VPeNmgPhp0L2lxxWa33zYdLHx3Mx8-fY
	P 4-5: The unplanned and uncontrolled drainage of wastewater from privy vaults and cesspools contaminated soils and groundwater, and that occasionally led to contaminated drinking water and disease outbreaks. […] Wastes accumulated till privies and cesspools overflowed and produced nuisance conditions and potential public health problems. In most cases, both lined and unlined privy vaults and cesspools proved unable to manage urban wastewater effectively during the mid-nineteenth century because the lined ones required too frequent cleaning to be cost effective over a long term, and the unlined ones contaminated groundwater and the surrounding soil. None of the centralized or decentralized management technologies implemented during the early nineteenth century consistently prevented contamination of nearby surface water or groundwater. […] From 1820 to 1880, most major cities in the United States experienced considerable growth. For example, during this time Boston's population increased eightfold, New York City's tenfold, Philadelphia's thirteen fold, and Washington, D.C.'s fivefold. As a result of this increased population density in urban areas, the decentralized privy vault-cesspool wastewater management systems became overtaxed.	

57	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	P 20-21: This followed a long period of extremely harmful, highly localized initiatives by the property-owning classes. They were the first to install their own water-flushing closets in large numbers from the 1770s onwards; but in the absence of a mains sewage system, these were simply allowed to empty into the nearest culvert or river, from which much of the town's population in turn took their drinking water. Unfortunately, this development was to be repeated in other cities and towns around the country in the course of the nineteenth century. The lethal lesson was only slowly learned that selective sanitation for the upper classes alone was not a sufficient panacea in the prevention of water-borne disease.	
	Abbreviated Name: Burian 2000	Archive: https://drive.google.com/open?id=1VPeNmgPhp0L2lxxWa33zYdLHx3Mx8-fY
	P 6: The water closet probably had the most significant effect on wastewater management compared to the other plumbing fixtures because it increased not only wastewater quantity, but also the quantity of fecal matter in discharges. The high level of fecal matter being discharged with the wastewater heightened the risk of disease transfer and outbreak, but this was not understood at the time.	

58	Abbreviated Name: Burian 2000	Archive: https://drive.google.com/open?id=1VPeNmgPhp0L2lxxWa33zYdLHx3Mx8-fY
	P 8: Dr. Snow recorded the location of outbreaks during the [1854] epidemic and charted the drinking water source of infected individuals. He was able to show statistically that cholera victims drew their drinking water from a sewage-contaminated part of the River Thames, while those who remained healthy drew their water from an uncontaminated part.	

59	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	P 21: Sewering alone, without commensurate attention to the purity of the water supply, could prove a downright liability, as was tragically demonstrated by London's final cholera epidemic of 1866-7, immediately following the completion of London's sewers system. This was the last such epidemic and it was the famous occasion on which William Farr was able, using a method pioneered at the previous outbreak of 1853/4, to trace precisely the culprit. By dividing London into districts according to the different companies supplying water, the problem was narrowed down to the East London Waterworks Co., who were illegally supplying water from the Old Ford reservoir in Bethnal Green, which was contaminated by the recently completed West Ham sewage system.	

60	Abbreviated Name: Burian 2000	Archive: https://drive.google.com/open?id=1VPeNmgPhp0L2lxxWa33zYdLHx3Mx8-fY
	P 8: Prodded by public outcry… that linked sewage-polluted water with disease, Parliament passed an act in 1855 to improve the waste management of the metropolis. This act provided the foundation for the development of London's comprehensive water-carriage sewer system eventually designed by Joseph W. Bazalgette.	

61-80

61	Abbreviated Name: Burian 2000	Archive: https://drive.google.com/open?id=1VPeNmgPhp0L2lxxWa33zYdLHx3Mx8-fY
	P 8: In the United States, repeated cholera epidemics and other disease outbreaks gradually influenced municipalities to improve sanitation practices. Between 1832 and 1873, numerous American cities were afflicted with major outbreaks of disease, including cholera in 1832, 1849, and 1866 and typhoid in 1848. The causes of the outbreaks were attributed to a variety of reasons including unsanitary conditions and punishment from God. The experience gained from the epidemics improved the understanding of cholera and other diseases and their corresponding etiology. P 14: At the end of the nineteenth century, the basic techniques of urban wastewater collection were established, the sewer technologies were mostly developed, and the necessary construction materials and equipment were available. By that time, most major U.S. cities had also constructed some form of a sewer system.	

62	Article Name: The role of public health improvements in health advances: The twentieth-century United States https://link.springer.com/article/10.1353/dem.2005.0002	
	Lead Author/Year: David Cutler, 2005	Journal: Demography
	P 5, chapter "Clean Water Technologies: Filtration and Chlorination."	

63	Article Name: The role of public health improvements in health advances: The twentieth-century United States https://link.springer.com/article/10.1353/dem.2005.0002	
	Lead Author/Year: David Cutler, 2005	Journal: Demography
	P 15-16: A striking finding is that clean water technologies appear to have reduced typhoid fever by 26% initially and by another 65% after five years, leading to its near-eradication by 1936.	

64	Abbreviated Name: McKeown 1962	Link: https://www.jstor.org/stable/2173119
	P 25-26: But with this reservation there is little doubt about the main reasons for the rapid reduction of mortality from the bowel infections in the late nineteen century… We therefore conclude that the reduction of mortality attributable to the decline of bowel infection resulted from the specific measures introduced under the sanitary revolution.	
	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 27: WATER- AND FOOD-BORNE DISEASES Together, these infections accounted for about one-sixth (16-4 per cent) of the reduction in mortality from all causes (Table 4). The same diseases were responsible for about one-third of the total decline in the nineteenth century.	

65	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	P 18: There can be little doubt that the first two-thirds of the nineteenth century witnessed an increasing incidence of such diseases, which was directly attributable to the unplanned proliferation of overcrowded cities and towns lacking even the most basic sanitary facilities such as proper water supply and waste disposal systems. Conversely, the ensuing disappearance of water-borne diseases in the last third of the century was due to the eventual provision of adequate sanitary facilities, long delayed but finally implemented.	

66	Article Name: The Horse & the Urban Environment https://enviroliteracy.org/environment-society/transportation/the-horse-the-urban-environment/	Archive: https://drive.google.com/open?id=1Kfk5osa-wcmHc0f9R5nfynqmavChV5ug
	Lead Author/Year: Joel Tarr, 1997	
	P 1: The most severe problem was that caused by horses defecating and urinating in the streets, but dead animals and noise pollution also produced serious annoyances and even health problems. The normal city horse produced between fifteen and thirty-five pounds of manure a day and about a quart of urine, usually distributed along the course of its route or deposited in the stable. While cities made sporadic attempts to keep the streets clean, the manure was everywhere, along the roadway, heaped in piles or next to stables, or ground up by the traffic and blown about by the wind.	

67	Page Name: Tetanus	Archive: http://archive.is/mFSuM
	Website: NHS Wales http://www.nhsdirect.wales.nhs.uk/encyclopaedia/t/article/tetanus/	
	Tetanus is caused by bacteria called Clostridium tetani. These bacteria can survive for a long time outside the body, and are commonly found in soil and the manure of animals such as horses and cows.	
	Page Name: Tetanus	Archive: http://archive.is/pNRwR
	Website: Victoria State Government – Better Health https://www.betterhealth.vic.gov.au/health/healthyliving/tetanus	
	Tetanus bacteria live in soil, dust and manure, particularly horse manure.	

68	Abbreviated Name: Tarr 1997	Archive: https://drive.google.com/open?id=1Kfk5osa-wcmHc0f9R5nfynqmavChV5ug
	P 1: Manure piles also produced huge numbers of flies, in reality a much more serious vector for infectious diseases such as typhoid fever than odors. By the turn of the century public health officials had largely accepted the bacterial theory of disease and had identified the “queen of the dung-heap” or fly, as a major source. Inventors and city officials devised improved methods of street cleaning and street sweeping became a major urban expense.	

69	Abbreviated Name: Tarr 1997	Archive: https://drive.google.com/open?id=1Kfk5osa-wcmHc0f9R5nfynqmavChV5ug
	P 2: If the horse created many problems for the city, it was also true that urban life was extremely hard on the horse. The average streetcar horse had a life expectancy of about four years... In 1880, New York City removed 15,000 dead horses from its streets, and late as 1916 Chicago carted away 9,202 horse carcasses. Special trucks were devised to remove dead horses.	

70	Abbreviated Name: Tarr 1997	Archive: https://drive.google.com/open?id=1Kfk5osa-wcmHc0f9R5nfynqmavChV5ug
	P 2-3: It has already been noted that, while horse-powered machines persisted in manufacturing until about 1850, they were largely replaced by other energy sources in the following decade. […] The next use of urban horses to disappear was pulling streetcars. Their demise was very rapid, as between 1888 and 1892 almost every street railway in the U.S. was electrified. […] The coming of the automobile dealt another large blow to the horse…	

71	Article Name: Charles-Jules-Henri Nicolle https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819868/	PMID: PMC2819868 Archive: https://drive.google.com/open?id=18kdBvjD2UKLU8rEZNmYKPM3ahYvcq47z
	Lead Author/Year: Emerging Infectious Diseases	Journal: Myron G. Schultz, 2009
	P 1: Throughout history, typhus had been a highly communicable and frequently fatal disease… It devastated armies during wars (“war typhus”) and prisoners living under unsanitary conditions (“jail typhus” or “jail fever”); it affected displaced populations suffering from famine, floods, and other natural disasters; and in general, it was a disease of poverty.	

72	Article Name: Charles-Jules-Henri Nicolle https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819868/	PMID: PMC2819868 Archive: https://drive.google.com/open?id=18kdBvjD2UKLU8rEZNmYKPM3ahYvcq47z
	Lead Author/Year: Emerging Infectious Diseases	Journal: Myron G. Schultz, 2009
	P 2: Nicolle observed that typhus patients who were admitted spread their infections to others up to the point at which they entered the hospital waiting room. Included among these secondary cases were persons who took charge of their clothing. However, patients became completely noninfectious as soon as they were bathed and dressed in a hospital uniform. They could then enter the general wards without posing a risk to others. Once Nicolle realized this, he reasoned that lice on patients’ clothes were most likely the vectors.	

73	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	P 13: Droplet-transmitted airborne diseases will spread most effectively where humans are in close and unventilated proximity with the exhalations of victims or carriers. It is most probable that overcrowded conditions of living, sleeping, and working became more prevalent as industrialization and urbanization intensified.	

74	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	Szreter mentions this in the context of infant diseases P 31: … the root of the general problem of infants' vulnerability lay in the fundamentally unhygienic conditions and associated practices of the urban working-class home, virtually inevitable in small overcrowded households lacking their own water supply and water closet. Until it began to be improved from the 1890s onwards, such an environment was continuously introducing infants to bacterial organisms (in particular some strains of Escherichia coli) which, although not harmful to the more developed digestive system of elder children and adults, could produce fatal diarrhea attacks in infants.	

75	Article Name: Food in 19th-Century American Cities http://americanhistory.oxfordre.com/view/10.1093/acrefore/9780199329175.001.0001/acrefore-9780199329175-e-281	
	Lead Author/Year: Cindy R. Lobel, 2016	Journal: Oxford Research Encyclopedia of American History
	P 1: Food provisioning was very local. Farmers, hunters, fishermen, and dairymen from a few miles away brought food by rowboats and ferryboats and by horse carts to centralized public markets within established cities. Dietary options were seasonal as well as regional.	

76	Abbreviated Name: Lobel 2016	Archive: http://americanhistory.oxfordre.com/view/10.1093/acrefore/9780199329175.001.0001/acrefore-9780199329175-e-281
	P 11: Before refrigeration and reliable transportation, perishable foods were scant in the diet of most urbanites. Even the wealthiest were accustomed to eating spoiled or rancid food or forgoing fresh produce in the colder months. P 6: The summer months were most abundant and diverse, with stone fruits, berries, apples, tomatoes, watermelons, lettuces, and other warm-weather produce crowding the tables under the market-house roofs. Food also spoiled quickest in these months, and observers noted the rapidity with which meat spoiled and vegetables wilted. P 12: As for fresh vegetables, they were not commonly consumed in the 1800s, though the diet expanded to incorporate them by the second half of the century… Fruits also were more commonly eaten in stewed and dessert forms rather than fresh.	

77	Abbreviated Name: McKeown 1975	Link: http://www.jstor.org/stable/2173935
	P 25: Epidemiological evidence suggests that nutrition plays an important part in the individual's reaction to measles. In this country, until recently, infection rates were high and approximately the same in all social classes; but mortality rates were much greater among the poor than among the well-to-do. Similarly, in developing countries to-day, there is little doubt that the devastating effects of measles are associated with low living standards. The explanation accepted by most epidemiologists with extensive experience of measles is that although infection rates are largely independent of social circumstances, the mortality which results from the infection is determined mainly by nutritional state.	

78	Abbreviated Name: Lobel 2016	Archive: http://americanhistory.oxfordre.com/view/10.1093/acrefore/9780199329175.001.0001/acrefore-9780199329175-e-281
	P 2: A host of technological developments—from canal and railroad building to the manufacturing of ice and the creation of refrigerated railcars—indelibly altered urban American foodways during the 19th century. The most crucial of these developments involved new forms of transportation that eased and cheapened the carriage of foodstuffs from rural to urban areas. P 3: The new transportation networks also improved the quality of food entering American cities… Foods that previously had perished during travel along rudimentary roads now endured long distances without spoiling. Railroads carried milk from rural areas to far-off cities, oysters from New York City to Buffalo, wild game from Iowa to Baltimore, salmon from Maine to Philadelphia, even lobster from the East Coast to Chicago.	

79	Abbreviated Name: Lobel 2016	Archive: http://americanhistory.oxfordre.com/view/10.1093/acrefore/9780199329175.001.0001/acrefore-9780199329175-e-281
	P 3: Technologies related directly to food storage, preservation, and processing also contributed to the transformation of urban food habits. Among the most important were those involved in the commercial production and storage of ice.	

80	Abbreviated Name: Lobel 2016	Archive: http://americanhistory.oxfordre.com/view/10.1093/acrefore/9780199329175.001.0001/acrefore-9780199329175-e-281
	P 4: Food-safety issues arose periodically over the course of the 19th century because of the absence of any regulation of large conglomerates or small, food-related businesses. The milk supply was of particular concern, as distilleries in places like New York, Chicago, and Cincinnati paired with dairies within the city limits.	

81-100

81	Page Name: About FDA - Part I: The 1906 Food and Drugs Act and Its Enforcement	Archive: http://archive.is/A0SeF
	Website: FDA https://www.fda.gov/AboutFDA/History/FOrgsHistory/EvolvingPowers/ucm054819.htm	

82	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	P 24-25: Another example is that of the increasingly close regulation of the quality of the urban food supply, which duly resulted from the attention which Medical Officers in the 1860s had begun to pay to adulterated and defective foodstuffs, particularly meat and milk, as a source of disease. The Adulteration of Foods Acts followed in the 1870s, leading to the appointment of professional inspectors and public analysts by most local authorities in the 1880s; also Weights and Measures Acts in 1878 and 1889 and a final consolidating Sale of Food & Drugs Act 1899.	

83	Page Name: A history of medicine – Modern Medicine	Archive: http://archive.is/7ONEG
	Website: Medical News Today http://www.medicalnewstoday.com/info/medicine/modern-medicine.php	

84	Abbreviated Name: McKeown 1972	Link: https://www.jstor.org/stable/2173815
	P 7: Virtually nothing was known about the aetiology and natural history of disease before the late nineteenth century. Effective measures were few and their use was largely misunderstood. Surgery was limited without anaesthesia and dangerous without knowledge of antisepsis. In the absence of understanding of the nature of infectious disease and the mechanisms by which it spreads, there were inevitable risks associated with hospital care, when patients, some of whom were infected, were brought in to close contact with one another.	

85	Page Name: Medicine In The 20th Century	Archive: http://archive.is/DCGLC
	Website: Encyclopedia Britannica https://www.britannica.com/topic/history-of-medicine/Medicine-in-the-20th-century	
	[In early 1900s] There was still little to be done for the victims of most infectious organisms beyond drainage, poultices, and ointments, in the case of local infections, and rest and nourishment for severe diseases.	

86	Abbreviated Name: Szreter 1988	Archive: https://drive.google.com/open?id=1c8AaRwdKf2O1On-VT0pI34G8xCEBWOIj
	P 2: This work achieved something of a conceptual revolution in the disciplines of history and medicine, overturning a long-standing general orthodoxy regarding the importance of medical science and the medical profession in bringing about the decline in mortality which accompanied industrialization in Britain. It effectively demonstrated that those advances in the science of medicine which form the basis of today's conventional clinical and hospital teaching and practice, in particular the immuno- and chemo-therapies, played only a very minor role in accounting for the historic decline in mortality levels.	

87	Abbreviated Name: McKeown 1962	Link: https://www.jstor.org/stable/2173119
	P 6: The practice of grouping as "medical advances" both therapy and environmental measures is undesirable not only because the latter were by no means exclusively the work of medical men. These two classes of influence differ grossly in their nature and effectiveness, and for interpretation of trends in the nineteenth century it is essential that they should be considered separately.	

88	Article Name: The McKeown Thesis: A Historical Controversy and Its Enduring Influence https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447153/		PMID: 11988435
			Archive: https://drive.google.com/open?id=1k4uypinpP1qhajclU-Uc_Q5o8qwphlJt
	Lead Author/Year: James Colgrove, 2002	Journal: American Journal of Public Health	
	P 4: The consensus among most historians about the McKeown thesis a quarter century after it first stirred controversy is that one narrow aspect of it was correct—that curative medical measures played little role in mortality decline prior to the mid-20th century…		

89	Page Name: Ten Great Public Health Achievements in the 20th Century	Archive: http://archive.is/Lo3I
	Website: CDC https://www.cdc.gov/about/history/tengpha.htm	

90	Page Name: Achievements in Public Health, 1900-1999: Control of Infectious Diseases	Archive: http://archive.is/Zj4lp
	Website: CDC https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4829a1.htm	
	By 1900, however, the incidence of many of these diseases had begun to decline because of public health improvements, implementation of which continued into the 20th century. Local, state, and federal efforts to improve sanitation and hygiene reinforced the concept of collective "public health" action (e.g., to prevent infection by providing clean drinking water).	

91	Document Name: Immunization Safety Review: Multiple Immunizations and Immune Dysfunction https://www.nap.edu/catalog/10306/immunization-safety-review-multiple-immunizations-and-immune-dysfunction	Archive: https://drive.google.com/open?id=1QujT3DieBvlChf3vi4h18hjK1OQzx4Cp
	Lead Author/Year: IOM, 2002	
	P 7 (22): In any case, the number of infections prevented by immunization is actually quite small compared with the total number of infections prevented by other hygienic interventions such as clean water, food, and living conditions.	

92	Page Name: Five Important Reasons to Vaccinate Your Child	Archive: http://archive.is/AF6HN
	Website: Vaccines.gov https://www.vaccines.gov/more_info/features/five-important-reasons-to-vaccinate-your-child.html	
	Because of advances in medical science, your child can be protected against more diseases than ever before. Some diseases that once injured or killed thousands of children, have been eliminated completely and others are close to extinction – primarily due to safe and effective vaccines.	

93	A typical example: Article Name: Historical Comparisons of Morbidity and Mortality for Vaccine-Preventable Diseases in the United States https://jamanetwork.com/journals/jama/fullarticle/209448	PMID: 18000199
		Archive: https://drive.google.com/open?id=1-_nSuvGi5SAWi39wJ00oGlx0EWWiCb9v
	Lead Author/Year: Sandra W. Roush, 2007	Journal: JAMA

94	Page Name: Medical Definition of Chronic disease	Archive: http://archive.is/q3URx
	Website: MedicineNet.com http://www.medicinenet.com/script/main/art.asp?articlekey=33490	
	Chronic disease: A disease that persists for a long time. A chronic disease is one lasting 3 months or more, by the definition of the U.S. National Center for Health Statistics. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear.	

95	Article Name: Trends in Childhood Disability https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1651471/pdf/amjph00626-0040.pdf	PMID: 6230017
		Archive: https://drive.google.com/open?id=10cA6x_A9xIhBojRWvqPn8ru0YNa6manG
	Lead Author/Year: Paul W. Newacheck, 1984	Journal: American Journal of Public Health
	P 2, Table 1	

96	Article Name: Childhood Chronic Illness: Prevalence, Severity, and Impact https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1694379/pdf/amjph00540-0038.pdf	PMID: 1536351 Archive: https://drive.google.com/open?id=1-24wBSNubDTj7cBDBRqX8sEqLeiqAxWG
	Lead Author/Year: Paul W. Newacheck, 1992	Journal: American Journal of Public Health
	The figure of the number of children with a chronic condition that limits them in routine activities does not appear, for some reason, in the article. However, it can be calculated according to the data of 31% of the children with some chronic problem (p. 4, Table 2), of which 13.3% with some limitation in routine activity (p. 5, Table 5). The rate of 4.1% is an underestimation (compared to the 1981 survey) because the 1988 survey did not include mental problems (p. 2).	

97	Article Name: Prevalence and Impact of Disabling Chronic Conditions in Childhood https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508436/pdf/amjph00016-0074.pdf	PMID: 9551003 Archive: https://drive.google.com/open?id=1OHf6M1Ufbx71JtHf7mPyDxHuWPhX0fwv
	Lead Author/Year: Paul W. Newacheck, 1998	Journal: American Journal of Public Health
	P 2: On average, approximately 446 000 (0.7%) children younger than age 18 were estimated to be unable to conduct their major activity each year during 1992 through 1994, approximately 2726000 (4.0%) were limited in the kind or amount of their major activity, and about 1 224000 (1.8%) were limited in other activities. Thus, an annual average of 4 396000 (6.5%) children experienced some degree of disability.	

98	Article Name: The Rise In Chronic Conditions Among Infants, Children, And Youth Can Be Met With Continued Health System Innovations https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2014.0832	PMID: 25489027 Archive: https://drive.google.com/open?id=199bLfWqYYf0JFd2QRXSMhBU9nQFUH2C2
	Lead Author/Year: James M. Perrin, 2014	Journal: Health Affairs
	P 3: In 1960, 1.8 percent of children were reported to have a health condition severe enough to interfere with usual daily activities. In 2010, more than 8 percent of children had a health condition that interfered with daily activities—an increase of more than 400 percent in fifty years.	

99	Article Name: A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations	PMID: 21570014
	Lead Author/Year: Christina D. Bethell, 2011	Journal: Academic Pediatrics

100	Article Name: Poverty and Trends in Three Common Chronic Disorders http://pediatrics.aappublications.org/content/early/2017/02/09/peds.2016-2539	PMID: 28193790
		Archive: https://drive.google.com/open?id=1cYEgX8RyrC_WqcVI3QHnr-JYPvHB98TY
	Lead Author/Year: Christian D. Pulcini, 2016	Journal: Pediatrics
	P 3	

101-120

101	Article Name: Dynamics of Obesity and Chronic Health Conditions Among Children and Youth https://jamanetwork.com/journals/jama/fullarticle/185391	PMID: 20159870
		Archive: https://drive.google.com/open?id=1aOddhiCdNzVF9PStJPMYU-8lmuyhLDRY
	Lead Author/Year: Jeanne Van Cleave, 2010	Journal: JAMA
	P 4	

102	Article Name: So Young and So Many Pills	Date: Dec 28, 2010
	Website: Wall Street Journal https://www.wsj.com/articles/SB10001424052970203731004576046073896475588	Archive: http://archive.is/IGY7m
	Article Name: More than 25% of Kids and Teens in the U.S. Take Prescriptions on a Regular Basis	Date: May 19, 2011
	Website: IWB http://investmentwatchblog.com/more-than-25-of-kids-and-teens-in-the-u-s-take-prescriptions-on-a-regular-basis/	Archive: http://archive.is/t9r1N
	Article Name: Prescription drug use by US children on the rise	Date: May 19, 2010
	Website: Reuters http://www.reuters.com/article/medco-children-idUSN1924289520100519	Archive: http://archive.is/I3rfR

103	Article Name: Increasing Prevalence of Medically Complex Children in US Hospitals https://pdfs.semanticscholar.org/0c08/f41f3061cc21f7e9a39202d1c7934c1762a6.pdf	PMID: 20855383 Archive: https://drive.google.com/open?id=1GOanye2s01-bEmNfkpRPcxRx4voVLNKE
	Lead Author/Year: Katherine H. Burns, 2010	Journal: Pediatrics
	P 3-4: The hospitalization rates of children with diagnoses in a single CCC category increased by an average of 5.59% each year-group from 763.7 per 100 000 to 943.2 per 100 000 (P < .022). The hospitalization rates of children with diagnoses in more than 1 CCC category increased by an average of 17.6% each year-group and doubled from 83.7 per 100 000 in 1991–1993 to 166.3 per 100 000 in 2003–2005 (P < .001).	

104	Article Name: Children With Complex Chronic Conditions in Inpatient Hospital Settings in the United States https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2962571/pdf/nihms-238735.pdf	PMID: 20855394 Archive: https://drive.google.com/open?id=1Kysbgd3eBzzF-BiPo-DJbaGvi3NsK9Sr
	Lead Author/Year: Tamara D. Simon, 2010	Journal: Pediatrics
	P 5: CCCs composed 10% of admissions, 25% of hospital days, 40% of hospital charges, 75% to 92% of technology-assistance procedures, and 43% of inpatient deaths among US children in 2006.	

105	Page Name: Asthma facts and statistics	Archive: http://archive.is/RhF80
	Website: Asthma.org https://www.asthma.org.uk/about/media/facts-and-statistics/	
	One in 11 children in the UK has asthma.	

106	Document Name: Diabetes: Facts and Stats https://www.mrc.ac.uk/documents/pdf/diabetes-uk-facts-and-stats-june-2015/	Archive: https://drive.google.com/open?id=1r7gv9E1GKXhyq4Vnqu_Z6kjVMThtfyBH
	Lead Author/Year: MRC, 2015	

107	Article Name: The rise of childhood type 1 diabetes in the 20th century	PMID: 12453886
	Lead Author/Year: Edwin A.M. Gale, 2002	Journal: Diabetes
	P 6: The best evidence available suggests that childhood diabetes showed a stable and relatively low incidence over the first half of the 20th century, followed by a clear increase that began at some time around or soon after the middle of the century. This increase occurred around the same time in Scandinavia, the U.K., the U.S., and Sardinia but may have occurred later in other parts of the world.	

108	Page Name: Food allergy	Archive: http://archive.is/7Ciz4
	Website: NHS http://www.nhs.uk/conditions/food-allergy/Pages/Intro1.aspx	
	Most food allergies affect younger children under the age of three. It's estimated around 1 in every 14 children of this age has at least one food allergy. […] For reasons that are unclear, rates of food allergies have risen sharply in the last 20 years.	

109	Article Name: Trends in the incidence of type 1 diabetes among Jews and Arabs in Israel	PMID: 24283719
	Lead Author/Year: Orit Blumenfeld, 2014	Journal: Pediatric Diabetes
	P 2: The mean age-adjusted incidence increased by 52.6%, from 8.0 per 100,000 in 1997 to 13.2 per 100,000 in 2010.	

110	Document Name: Health Status in Israel 2010 Report (Hebrew) https://www.health.gov.il/PublicationsFiles/Health_Status_in_Israel2010.pdf	Archive: https://drive.google.com/open?id=1RRmkP_eUQJKC2XEGZ2ck4fGGHb71rsTu
	Lead Author/Year: Israeli Department of Health, 2011	
	P 236 (Translated from Hebrew): "In a 2008 survey, 7.9 percent of eighth-graders reported having asthma or spastic bronchitis at present, and 13.9 percent of Jewish and Arab students reported ever having asthma or spastic bronchitis."	

111	Article Name (translated from Hebrew): Research: A surge in the number of children diagnosed with ADHD	Date: Jan 13, 2016
		Archive: http://archive.is/vsmuc
	Website: YNET https://www.ynet.co.il/articles/0,7340,L-4752240,00.html	
	The researchers, led by Dr. Davidovich - Director of Child Development at Maccabi Health Services and a member of the Faculty of Medicine at Bar-Ilan University, found that if in 2005 6.8% of children were diagnosed with ADHD, then in 2014 there was a jump and the rate of diagnoses rose to 14.4% - that is, 1 in 7 children.	

112	Document Name (translated from Hebrew): The use of the drug Ritalin among students in the education system	Archive: https://drive.google.com/open?id=1uCb1q406FDebqWqzof8aFnU0qa2-Fu-f
	Lead Author/Year: Knesset [Israeli Parliamnet] Research Center, 2013	
	P 2 (from Hebrew): "Our examination revealed that the education system does not have data on the number of students diagnosed with ADHD or patients taking Ritalin or its alternatives. The Ministry of Education publishes general guidelines regarding Ritalin treatment among students in schools, but emphasizes that this issue is the responsibility of the Ministry of Health. The Ministry of Health does not have accurate information on the number of students diagnosed with ADHD or on the number of students treated with Ritalin."	

113	Article Name (translated from Hebrew): A lesson in sensitivity: Schools will work for allergic children	Date: Dec 2, 2016
		Archive: http://archive.is/WH2zR
	Website: Israel Today http://www.israelhayom.co.il/article/432489	
	A step forward in integrating children with food allergies into the education system: A circular issued by the director general of the Ministry of Education this week defines that any class in which an allergic student studies will be declared a 'safe environment', to which the allergenic food component will be banned. In other classrooms, safety precautions will be taken, such as cleaning tables with wipes, to protect allergic students. The circular also defines that schools will also have alternative areas where it will be possible to eat food products that contain allergens, for the benefit of other students. [...] It is estimated that in Israel there are about 15,000 children in the education system who suffer from allergies of various severity levels. About 2,600 children in first and second grades are assisted by personal assistants, but after this age the assistance is ceased.	

114	Document Name (in Hebrew): Presentation by the Ministry of Health and Education - Food Allergy http://cms.education.gov.il/NR/rdonlyres/03E94519-E25D-4E0E-97B0-A19B086415F0/121418/RgishutMazon.ppt	Archive: https://drive.google.com/open?id=1TAxnWNl1mMncNNjGK_DCUk2-rosgFoW9
	Lead Author/Year: Israeli Ministry of Health, 2010	
	Slide 7: 1,044 children up to the age of 18 were hospitalized for a food allergic reaction in 2008	

115	Article Name: Direct and Indirect Costs of Asthma in School-age Children https://www.cdc.gov/pcd/issues/2005/jan/pdf/04_0053.pdf	PMID: 15670464 Archive: http://archive.is/nkY0y
	Lead Author/Year: Li Yan Wang, 2005	Journal: Preventing Chronic Disease
	Costs of Asthma in US School Children in 1996: Total economic impact of asthma in school-age children was $1993.6 million ($791 per child with asthma).	

116	Document Name: Annual Summary 1979 Reported Morbidity and Mortality in the United states	Archive: https://drive.google.com/open?id=1NgxDUuXCDNgNzFwBovBkn7186ThcIrUQ
	Lead Author/Year: CDC, 1980	
	P 18. Summary of infectious diseases in 1979, excluding gonorrhea, syphilis and rabies (in animals).	

117	Article Name: Trends in Childhood Disability https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1651471/pdf/amjph00626-0040.pdf	PMID: 6230017 Archive: https://drive.google.com/open?id=10cA6x_A9xIhBojRWvqPn8ru0YNa6manG
	Lead Author/Year: Paul W. Newacheck, 1984	Journal: American Journal of Public Health
	Page 2, Table 1 shows the morbidity rate in 1979. The number 2 million appears on page 2, referring to 1981, which had a similar proportion of sick children to that of 1979: Data from the NHIS for 1981 show that over two million children suffer some degree of limitation of their activities because of their health or disability…	

118	Article Name: More than 25% of Kids and Teens in the U.S. Take Prescriptions on a Regular Basis	Date: May 19, 2011 Archive: http://archive.is/t9r1N
	Website: IWB http://investmentwatchblog.com/more-than-25-of-kids-and-teens-in-the-u-s-take-prescriptions-on-a-regular-basis/	

119	Article Name: Infectious Disease Hospitalizations in the United States https://academic.oup.com/cid/article/49/7/1025/314998	PMID: 19708796
		Archive: https://drive.google.com/open?id=1ibaOMusV86pnftihJHFcynefRmRL70eY
	Lead Author/Year: Krista L. Yorita Christensen, 2009	Journal: Clinical Infectious Diseases
	P 3, Table 2: A weighted average calculation of the hospitalization rate for ages 0-19 (assuming cohorts of similar size) gives a result of 1,027 hospitalizations per 100,000 or 1.02%.	

120	Page Name: The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010	Archive: http://archive.is/aBxT
	Website: CDC https://www.cdc.gov/h1n1flu/cdcresponse.htm	
	CDC activated its Emergency Operations Center (EOC) on April 22, 2009, to coordinate the response to this emerging public health threat.	
	Page Name: Swine influenza	Archive: http://archive.is/kX13O
	Website: WHO http://www.who.int/mediacentre/news/statements/2009/h1n1_20090425/en/	
	In response to cases of swine influenza A(H1N1), reported in Mexico and the United States of America, the Director-General convened a meeting of the Emergency Committee to assess the situation and advise her on appropriate responses… The Committee nevertheless agreed that the current situation constitutes a public health emergency of international concern. Based on this advice, the Director-General has determined that the current events constitute a public health emergency of international concern, under the Regulations.	

121-125

121	Article Name: CDC: Measles Outbreak a 'Wake-Up Call'	Date: Jan 29, 2015
		Archive: http://archive.is/5sLoj
	Website: Medpagetoday http://www.medpagetoday.com/primarycare/vaccines/49786	
	Anne Schuchat, MD, director of the CDC's National Center for Immunization and Respiratory Diseases, told reporters on a conference call that 84 people in 14 states have been diagnosed with measles so far in 2015 and, of them, 67 are linked to the Disneyland outbreak […] The Disneyland-centered outbreak is "a wake-up call" for Americans to be vaccinated so that future imported cases don't spread.	

122	Article Name: The Rise In Chronic Conditions Among Infants, Children, And Youth Can Be Met With Continued Health System Innovations https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2014.0832	PMID: 25489027 Archive: https://drive.google.com/open?id=199bLfWqYYf0JFd2QRXSMhBU9nQFUH2C2
	Lead Author/Year: James M. Perrin, 2014	Journal: Health Affairs
	P 4: What has caused such substantial growth in common conditions in recent decades? Increasingly, evidence points to genetic bases for these conditions, but genetic drift—changes in the gene pool of reproductive-age adolescents and young adults—alone cannot explain this rapid growth.	

123	Article Name: The rise of childhood type 1 diabetes in the 20th century	PMID: 12453886
	Lead Author/Year: Edwin A.M. Gale, 2002	Journal: Diabetes
	P 1: A rapid change in incidence within a genetically stable population implies that nongenetic factors are active and that the influence of genes is relative to population, time, and place. It suggests that something has changed in the environment our children encounter or in the way they are treated.	

124	Abbreviated Name: Perrin 2014	Archive: https://drive.google.com/open?id=199bLfWqYYf0JFd2QRXSMhBU9nQFUH2C2
	P 4: Additionally, growing public awareness of these conditions coupled with advances in screening in health care and school settings may identify mildly affected children who in previous years may have gone undiagnosed, accounting for some of the rapid increase in overall prevalence.	

125	Abbreviated Name: Perrin 2014	Archive: https://drive.google.com/open?id=199bLfWqYYf0JFd2QRXSMhBU9nQFUH2C2
	P 3: However, premature infants of higher birthweight experience much less longterm morbidity than in years past, and the absolute numbers of extremely low-birthweight infants are small (less than 1 percent of all births). Advances in prenatal and newborn screening for genetic and infectious conditions have also prevented a significant proportion of intellectual disabilities.	

Chapter 9: Herd Immunity

1-20

1	Book Title: Vaccines (6th edition) Published by Elsevier Saunders https://www.elsevier.com/books/vaccines/plotkin/978-1-4557-0090-5
	Lead Author/Year: Stanley Plotkin, 2013
	P 1395: …the concept of herd immunity… refers to the prevalence or proportion of immune persons in a population… which, if achieved, should lead to the elimination of an infection from a population.

2	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	Lead Author/Year: Stanley Plotkin, 2013
	P 1395: herd immunity, a term that refers to… indirect protection of nonimmune persons, attributable to the presence and proximity of immune persons.

3	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	Lead Author/Year: Stanley Plotkin, 2013
	P 1396: if an infection or vaccine induces some degree of immunity against infection, then some nonimmune people will be protected indirectly, by the presence and proximity of immune persons, and transmission should stop in a population prior to the infection of all susceptible individuals.

4	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	For example, exposure to the measles virus results in lifelong immunity. P 1403: One of the remarkable observations about measles is that immunity induced by natural infection appears to remain strong for life: thus, Panum observed that individuals exposed to measles in 1781 in the Faroe Islands were still immune when the virus was next introduced, 65 years later, in 1846.

5	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	For example, immunity to the Hib bacterium, P 1406:

	The absence of disease in the neonatal period is a result of maternal antibody, passed to the infant either transplacentally or via breast milk. As infant antibody levels fall, susceptibility rises…

6	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1397-1398.

7	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1406: If a vaccine were to protect only against disease, and not at all against infection, then it would have no influence on infection transmission in the community and there would be no indirect protection (vaccination of one person would have no influence on any others in the community). It would be possible to reduce disease with such a vaccine but not to eradicate the infection.

8	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 748: The most common source of environmental exposure to *C. tetani* bacilli and spores is soil, where the organism is widely but variably distributed.

9	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 756: Immunization histories were reported for 986 (49%) of the tetanus cases reported from 1972 to 2009 (Centers for Disease Control and Prevention, unpublished data). Of those 986 cases, 163 (16%) had received at least a three-dose primary series of tetanus toxoid before onset of tetanus; 62 (6%) reported that the last dose of tetanus toxoid was received less than 10 years before the illness.

10	Page Name: Notifiable diseases: historic annual totals	
	Website: GOV.UK https://www.gov.uk/government/publications/notifiable-diseases-historic-annual-totals	
	For example, in the UK, an average of 5 cases of tetanus were recorded each year in 2001-2015. Official UK (England-Wales) morbidity data on the UK Ministry of Health website.	
	Document Name: Infectious diseases requiring notification in Israel	Archive: https://drive.google.com/open?id=1QEXa9ZV_xDKvAdsUhN4ByWAfc7FbMjsH
	Author/Year: Israeli Ministry of Health, 2012	
	P 56: In Israel, less than one case per year was recorded between 1990-2010.	

11	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 1396: The focal point of much of the theoretical work on community immunity has been the recognition that, if an infection or vaccine induces some degree of immunity against infection, then some nonimmune people will be protected indirectly, by the presence and proximity of immune persons, and transmission should stop in a population prior to the infection of all susceptible individuals.	

12	Article Name: Immunity for the People: The Challenge of Achieving High Vaccine Coverage in American History https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1820430/pdf/phr122000248.pdf		PMID: 17357368
			Archive: https://drive.google.com/open?id=1jQB7kYQeKFlBJCukM7Cv8ekpOELQJwiT
	Lead Author/Year: James Colgrove, 2007	Journal: Public Health Reports	
	P 1: [vaccination], unlike other health interventions that benefit the individual, also carries a societal benefit through the herd immunity it creates. Thus, some observers have analogized immunization to public health responsibilities such as providing clean water or sewage disposal that are not left to the free market.		

13	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 1395: The social benefits of such indirect protection have important policy implications, including provision of a rationale for mandating immunization.	

14	Article Name: Immunity for the People: The Challenge of Achieving High Vaccine Coverage in American History https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1820430/pdf/phr122000248.pdf		PMID: 17357368
			Archive: https://drive.google.com/open?id=1jQB7kYQeKFlBJCukM7Cv8ekpOELQJwiT
	Lead Author/Year: James Colgrove, 2007	Journal: Public Health Reports	
	P 1: It is a widely accepted tenet of public health practice that persuasive approaches are preferable to coercive ones whenever possible. But because the failure to immunize oneself or one's children can contribute to the spread of infectious diseases, the United States has invoked compulsory measures, primarily laws requiring immunization before children may enter school.		

15	Page Name: State Vaccination Requirements	Archive: http://archive.is/SVeph
	Website: CDC https://www.cdc.gov/vaccines/imz-managers/laws/state-reqs.html	
	Page Name: Italy approves hotly contested mandatory vaccine program	Archive: http://archive.is/XPOoo

	Website: Daily Mail https://www.dailymail.co.uk/wires/ap/article-4739388/Italy-approves-hotly-contested-vaccine-program.html	
	Under Italy's new requirements, parents must present proof of vaccinations to gain admission into preschools, while parents of children of mandatory school age face fines of up to 500 euros ($588) for noncompliance. The requirements cover 10 vaccinations, including diphtheria, tetanus, measles, mumps, rubella and chicken pox.	
	Page Name: The 11 vaccines set to become compulsory in France and why French doctors are firmly in favour	Archive: http://archive.is/XRzRu
	Website: TheLocal.fr https://www.thelocal.fr/20170705/these-are-the-eleven-vaccines-that-will-be-compulsory-in-france-from-2018	
	Three vaccines: diptheria, tetanus and polio are already obligatory but from 2018 these will be joined by eight more: whooping cough, measles, mumps, rubella, hepatitus B, influenza, pneumonia and meningitis C.	

16	Page Name: MMR jab should be compulsory for all children starting school, expert says	Archive: http://archive.is/EeFQh
	Website: The Guardian https://www.theguardian.com/society/2009/jun/03/mmr-jab-compulsory-schoolchildren	
	Welsh health minister revealed she is exploring whether to make the vaccination compulsory for school and nursery entry. Edwina Hart said she was prepared to "explore further the options" for a compulsory childhood vaccination policy as Wales experiences its largest outbreak of measles since the MMR vaccine was introduced 20 years ago, with 253 cases so far.	
	Page Name (translated from Hebrew): Compulsory Vaccinations?	Archive: http://archive.is/VZGva
	Website: Vaccines http://chisunim.co.il/Article.aspx?id=28	
	In the State of Israel, there is no legal obligation to vaccinate. Until a few years ago, it seemed that there was no need for such legislation due to the high rate of immunization of children in Israel, which was among the highest in the world. However, due to an increase in the rate of those who oppose vaccines, this issue is expected to come up.	

17	Document Name: PREVNAR Package Insert https://drive.google.com/open?id=1VLR6NluMGK0E4yXUZM18IpUpi_MI7-MP	
	Number of participants in the clinical trial - p. 3. Number of cases avoided (of all strains) - Table 1, p. 4 (per protocol).	
	Article Name: Efficacy, safety and immunogenicity of heptavalent pneumococcal conjugate vaccine in children	PMID: 10749457

	Lead Author/Year: Steven Black, 2000	Journal: PEDIATRIC INFECTIOUS DISEASE JOURNAL
	P 5: Overall 513 pneumococcal vaccine recipients and 579 controls were hospitalized within 60 days of receipt of a dose of vaccine. […] Review of emergency room visits within 30 days of vaccination revealed 1188 visits in pneumococcal vaccine recipients and 1169 visits in controls.	

18	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1396: The focal point of much of the theoretical work on community immunity has been the recognition that, if an infection or vaccine induces some degree of immunity against infection, then some nonimmune people will be protected indirectly, by the presence and proximity of immune persons, and transmission should stop in a population prior to the infection of all susceptible individuals. This insight encourages the estimation of threshold numbers or proportions of immune persons necessary for this cessation to occur.

19	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 400: The elegant theory just summarized is built on extreme assumptions: that all individuals mix at random, that individuals are either fully susceptible or fully immune, and that the population is uniform (ie, that all individuals behave the same way and all infected individuals are equally infectious). These assumptions are unlikely to hold for any infection in any human population.

20	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1401.

21-40

21	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1403: Published estimates of herd immunity thresholds required to eradicate measles have ranged from 55% to 96%, depending on the modeling approach and the assumptions employed (eg, whether age or seasonality of transmission was included). The logic and the flaws underlying the various estimates have been discussed elsewhere.

22	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1405: Published estimates of a crude herd immunity threshold for diphtheria have ranged from 50% to 90%.

23	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1404: Several investigations have concluded that, for the incidence of CRS to decrease in the long term, the minimal vaccination coverage that must be achieved and maintained in young children of both sexes is in the region of 50% to 80%.

24	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1411: The herd immunity threshold concept provides an epidemiologic attribute with which to characterize particular infections. Although precision may not be possible because of population heterogeneities or because of variability in the immune status of individuals—the crude thresholds are naively optimistic in practice—even crude estimates can be of use in giving a rough guideline for predicting the impact of a vaccination program and at least a hint as to the potential for eradication.

25	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1402: If a vaccine were to protect only against disease, and not at all against infection, then it would have no influence on infection transmission in the community and there would be no indirect protection (vaccination of one person would have no influence on any others in the community). It would be possible to reduce disease with such a vaccine but not to eradicate the infection.

26	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 746: Tetanus is unique among vaccine-preventable diseases in that it is not communicable. Clostridium tetani, the causative agent of tetanus, is widespread in the environment; many animals in addition to humans can harbor and excrete the organism and its spores. When spores of C. tetani are introduced into the anaerobic conditions found in devitalized tissue or punctures, they germinate to vegetative bacilli that elaborate toxin. The clinical presentation results from the actions of this toxin on the central nervous system (CNS). Many animal species besides humans are susceptible to the disease.

27	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 752-754: A decline in tetanus incidence in industrialized countries began in the early 1900s. By the mid-1930s, many European countries had tetanus mortality rates of less than 1 per 100,000 Factors that contributed to the decline included urbanization, mechanization of agriculture, adoption of aseptic surgical and medical techniques, hygienic childbirth and wound care practices, use of prophylactic tetanus antitoxin, and, ultimately, use of antibiotics. […] Historically, tetanus was a dreaded consequence of war, with incidence rates on the order of two cases per 1,000 injured troops; […] In 1947, when national reporting began, the incidence of reported cases was 0.39 per 100,000.

28	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1407: Clostridium tetani is not communicable between human hosts, and thus vaccination cannot lead to indirect protection in the sense implied in many definitions of herd immunity. Certainly there is no threshold proportion of immune persons, below 100%, that can ensure total absence of tetanus from a community.

29	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1407: It appears that wild-type polioviruses ceased to circulate in most of the United States by 1970, at which time only some 65% of children were receiving a complete course of OPV. However, given the complex history of previous IPV and then OPV programs in the country, and the propensity of OPV—let alone wild—viruses to circulate in the community, the actual level of immunity in the population at that time is unknown. It is also possible that the disappearance of wild-type polioviruses from the United States and other countries employing OPV has resulted not only from the achievement of some herd immunity threshold, but also from the competition for ecologic space between the wild-type viruses and the constantly introduced vaccine strains.

30	Article Name: Epidemiology Of Poliomyelitis And Allied Diseases--1963 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2604573/pdf/yjbm00599-0011.pdf	PMID: 14064722
		Archive: https://drive.google.com/open?id=1fV_w03BSORQKex-hR7DkGZH44EXUwpTv
	Lead Author/Year: Dorothy M. Horstmann, 1963	Journal: Yale Journal of Biology and Medicine
	P 9: The inactivated vaccine, since its introduction in 1955, has greatly reduced the incidence of paralytic poliomyelitis in countries in which its use has been extensive. This has been accomplished by inducing serologic immunity in vaccinees, which prevents CNS invasion. However the extent to which the inactivated vaccine has suppressed the circulation of wild polioviruses and the incidence of inapparent intestinal infection is not well documented... This is not surprising, for although the vaccine induces antibody formation, it does not provide a significant barrier to intestinal infection with either wild or vaccine strains.	

31	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1407: …there is good epidemiologic evidence for indirect protection by IPVs. Countries that have used only IPV (eg, Sweden, Finland, and the Netherlands) experienced elimination of circulating wild-type polioviruses for long periods of time.

32	Document Name: Polio - The Beginning Of The End	
	Author/Year: WHO, 1997	Archive: https://drive.google.com/open?id=1r0R4dlSUiB6jOtNta-FvrKDD-gFlzW9h
	P 20: Inactivated polio vaccine (IPV) works by producing protective antibodies in the blood—thus preventing the spread of poliovirus to the central nervous system. However, it induces only very low- level immunity to poliovirus inside the gut. As a result, it provides individual protection against polio paralysis but only marginally reduces the spread of wild poliovirus. In a person immunized with IPV, wild virus can still multiply inside the intestines and be shed in stools. Because of this, IPV could not be used to eradicate polio.	

33	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 631: Continued use of OPV will induce effective intestinal immunity, thereby enhancing community resistance to transmission of imported wild poliovirus.

34	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 1407: …live poliovirus vaccine virus is excreted in the feces and by the oropharynx in sufficient quantities for it to be transmitted to contacts. This unique attribute of OPV provides a special mechanism for indirect protection of non-vaccinees—in effect by vaccinating them surreptitiously.	

35	Page Name: WHO vaccine-preventable diseases: monitoring system. 2018 global summary	Archive: http://archive.is/AVUQN
	Website: WHO http://apps.who.int/immunization_monitoring/globalsummary/schedules?sc%5Br%5D%5B%5D=AMRO&sc%5Br%5D%5B%5D=EURO&sc%5Bd%5D=&sc%5Bv%5D%5B%5D=OPV&sc%5BOK%5D=OK	

36	Article Name: Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model http://www.pnas.org/content/pnas/111/2/787.full.pdf		PMID: 24277828
			Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	Lead Author/Year: Jason M. Warfel, 2014	Journal: PNAS	
	P 3: Therefore, no experimental data exist on whether vaccination prevents B. pertussis colonization or transmission in humans.		
	Article Name:		PMID: 28928960

	The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of Bordetella pertussis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf	Archive: https://drive.google.com/open?id=1bCru-8-TfSy2uwMt01noQ_yY3B-6laEB
	Lead Author/Year: Christopher Gill, 2017	Journal: F1000 Research
	P 3: A significant, but surprisingly under-examined, unknown is whether an asymptomatic infection state exists for *B. pertussis*, as is the case for many other bacterial respiratory pathogens, notably *Streptococcus pneumoniae*, *Haemophilus influenzae* type B (HiB), and *Neisseria meningitidis*… But does B. pertussis exist in an asymptomatic infection state also? Can pertussis transmit from asymptomatic individuals? Do pertussis vaccines interfere with these processes? And, if so, how? These are fundamental unresolved questions.	

37	Article Name: The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of Bordetella pertussis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf	PMID: 28928960
		Archive: https://drive.google.com/open?id=1bCru-8-TfSy2uwMt01noQ_yY3B-6laEB
	Lead Author/Year: Christopher Gill, 2017	Journal: F1000 Research
	P 3: There is increasing consensus that earlier whole cell pertussis (wP) vaccines impeded infections (not just clinical disease), generating herd immunity.	
	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 492: Humans are the only reservoir for pertussis, and chronic carriage is not known to occur. In principle, then, pertussis can be eradicated.	

38	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr

39	Article Name: Comparison of Three Whole-Cell Pertussis Vaccines in the Baboon Model of Pertussis	PMID: 26561389
	Lead Author/Year: Jason M. Warfel, 2015	Journal: Clinical and Vaccine Immunology
	P 4: Infection of baboons (*Papio anubis*) with *B. pertussis* results in a disease that is very similar to severe clinical pertussis. Upon challenge with a recent clinical isolate of *B. pertussis*, baboons experience respiratory colonization for about 4 to 6 weeks, paroxysmal coughing, and leukocytosis. In addition, infected baboons can transmit *B. pertussis* to unchallenged baboons by airborne transmission.	
	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	P 1.	

40	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	P 2.	

41-60

41	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	P 2: To assess the ability of vaccination to prevent pertussis infection by transmission, two aP-vaccinated animals and one unvaccinated animal were cohoused with a directly challenged, unvaccinated animal. Similar to our previous findings (18), all animals became colonized 7–10 d after cohousing with the infected animal.	

42	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	P 3: …the key finding of this study: aP vaccines do not prevent infection or transmission of Bordetella pertussis even 1 mo after completing the primary vaccination series.	

43	Article Name: Comparison of Three Whole-Cell Pertussis Vaccines in the Baboon Model of Pertussis	PMID: 26561389
	Lead Author/Year: Jason M. Warfel, 2015	Journal: Clinical and Vaccine Immunology
	P 2: Similar to our previous data, there was no difference in the duration of colonization between unvaccinated and DTaP-vaccinated animals, while previously infected animals were not colonized following reinfection.	

44	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	P 3: …aP-vaccinated individuals can act as asymptomatic or mildly symptomatic carriers and contribute significantly to transmission in the population.	

45	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	P 5: However, to protect the most vulnerable members of the population and achieve optimal herd immunity, it will be necessary to develop a vaccination strategy that effectively blocks pertussis infection and transmission.	

46	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	P 1: …optimal control of pertussis will require the development of improved vaccines	

47	Article Name: What to do about pertussis vaccines? Linking what we know about pertussis vaccine effectiveness, immunology and disease transmission to create a better vaccine https://academic.oup.com/femspd/article/73/8/ftv057/2467538		PMID: 26253079
			Archive: https://drive.google.com/open?id=12WUI26-PfhUcgXCbLoxuAs4yLClEwa8V
	Lead Author/Year: Shelly Bolotin, 2015	Journal: FEMS Pathogens and Disease	
	P 2: Close examination of outbreak patterns revealed that, although the interepidemic period remained the same, the amplitude of disease cycles increased following periods of low vaccine uptake (Fine and Clarkson 1982, 1987), an epidemiological signal that the vaccine may not be controlling infection and disease transmission, but rather clinical disease severity.		

48	Article Name: Widespread Silent Transmission of Pertussis in Families: Antibody Correlates of Infection and Symptomatology		PMID: 2313126
	Lead Author/Year: Sarah S. Long, 1990	Journal: Journal of Infectious Diseases	
	P 7: In summary, this family study showed that extensive transmission of pertussis occurred during heavy exposure in immunized contacts. Subclinical infection was common; vaccination and probably natural disease provided more protection against disease than against infection.		
	Article Name: Pertussis Infection in Fully Vaccinated Children in Day-Care Centers, Israel https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627963/pdf/10998384.pdf		PMID: 10998384
			Archive: https://drive.google.com/open?id=1SrNd8ZYYkZAFj0E81M4djqhlLRI62uNk
	Lead Author/Year: Isaac Srugo, 2000	Journal: Emerging Infectious Diseases	
	P 3: Vaccinated adolescents and adults may serve as reservoirs for silent infection and become potential transmitters to unprotected infants. The whole-cell vaccine for pertussis is protective only against clinical disease, not against infection. Therefore, even young, recently vaccinated children may serve as reservoirs and potential transmitters of infection.		

49	Article Name: Determination of Serum Antibody to Bordetella pertussis Adenylate Cyclase Toxin in Vaccinated and Unvaccinated Children and in Children and Adults with Pertussis https://academic.oup.com/cid/article/38/4/502/351500		PMID: 14765342
			Archive: https://drive.google.com/open?id=1vNO704stsFQ0r0b-wYtiyVsGQidc9UGv

	Lead Author/Year: James D. Cherry, 2004	Journal: Clinical Infectious Diseases

50	Article Name: Different Effects of Whole-Cell and Acellular Vaccines on Bordetella Transmission https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4038146/pdf/jiu030.pdf	PMID: 24443545 Archive: https://drive.google.com/open?id=1gws-394ES_r0XRf9ihpMFQ6uc67SwM5R
	Lead Author/Year: William E. Smallridge, 2014	Journal: Journal of Infectious Diseases
	P 7: We were surprised to determine that an acellular vaccine previously found to affect pathology and colonization of the lungs was ineffective at inhibiting shedding and transmission.	

51	Abbreviated Name: Smallridge 2014	Archive: https://drive.google.com/open?id=1gws-394ES_r0XRf9ihpMFQ6uc67SwM5R
	P 2: Together these results suggest that the resurgence of B. pertussis could be due to 2 deficiencies of the acellular vaccines: failure to protect the vaccinated individual from infection, only blunting the severity of disease, and failure to prevent the transmission of B. pertussis.	

52	Abbreviated Name: Smallridge 2014	Archive: https://drive.google.com/open?id=1gws-394ES_r0XRf9ihpMFQ6uc67SwM5R
	P 7: …current vaccines do not effectively prevent transmission of Bordetella and thus fail to confer the full benefits of herd immunity in reducing clinical cases.	

53	Article Name: The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of Bordetella pertussis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf	PMID: 28928960 Archive: https://drive.google.com/open?id=1bCru-8-TfSy2uwMt01noQ_yY3B-6laEB
	Lead Author/Year: Christopher Gill, 2017	Journal: F1000 Research
	P 11: Fundamental aspects of pertussis epidemiology and immunology were left unexplained following the introduction of wP vaccines in the 1950s. The wP vaccines worked: disease rates plummeted, mortality fell, and the pertussis problem appeared largely solved. The fact that we did not know then, and still do not know now, how wP vaccines did this was inconvenient and has remained problematic in the aP vaccine era, since it created no clear immunologic surrogate by which to bridge these vaccine classes. Had carriage studies been conducted in parallel with wP introductions, then this might have provided supportive evidence that infections were being blocked. But carriage studies were not done. Rather, it was assumed that because wP vaccines appeared to confer herd immunity, they therefore blocked carriage.	

54	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 471-472.	

55	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 1405: It is hoped thereby to prevent infection transmission to young infants, in whom the disease is most severe. This has been extended to selective vaccination of parents and others in contact with young infants, a strategy known as cocooning, yet another approach to manipulating the community distribution of immunity.	

56	Abbreviated Name: Warfel 2014	Archive: https://drive.google.com/open?id=1XSP3srbYjgMOiC1TtGMRMQpl2SQDHRDr
	P 5: One recommendation to reduce transmission of pertussis to infants is by “cocooning,” or vaccinating people who have contact with infants. Our data… suggest that cocooning is unlikely to be an effective strategy to reduce the burden of pertussis in infants.	

57	Article Name: The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of Bordetella pertussis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf	PMID: 28928960 Archive: https://drive.google.com/open?id=1bCru-8-TfSy2uwMt01noQ_yY3B-6laEB
	Lead Author/Year: Christopher Gill, 2017	Journal: F1000 Research
	P 11: In conclusion, the preponderance of available evidence now suggests that the list of plausible explanations for the resurgence of pertussis in the aP vaccination era goes beyond the “poor persistence” and “waning efficacy” of these vaccines to include an additional and likely pivotal factor: “lack of sterilizing mucosal immunity”.	

58	Page Name: Pertussis Frequently Asked Questions	Archive: http://archive.is/xBSyn
	Website: CDC https://www.cdc.gov/pertussis/about/faqs.html#immunity	
	Second, make sure everyone around the baby is up-to-date with their pertussis vaccines. This includes parents, siblings, grandparents (including those 65 years and older), other family members, babysitters, etc. They should be up-to-date with the age-appropriate vaccine (DTaP or Tdap) at least two weeks before coming into close contact with the baby. […] Q: Doesn't herd immunity protect most people? A: […] Since pertussis spreads so easily, vaccine protection decreases over time, and acellular pertussis vaccines may not prevent colonization (carrying the bacteria in your body without getting sick) or spread of the bacteria, we can't rely on herd immunity to protect people from pertussis.	

59	Article Name: The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of Bordetella pertussis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf	PMID: 28928960 Archive: https://drive.google.com/open?id=1bCru-8-TfSy2uwMt01noQ_yY3B-6laEB
	Lead Author/Year: Christopher Gill, 2017	Journal: F1000 Research
	P 9: These models also offer a possible explanation for the surprising failure of "cocooning" to protect infants from pertussis… Unfortunately, several controlled trials of cocooning in the US found no efficacy. These counterintuitive results conflict with expectations if aP vaccines block carriage and transmission but fit well if aP vaccines only prevent disease but have more limited ability to block infections.	

60	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 155: The entire operon is under the control of a repressor gene, dtxR, which in the presence of iron binds to and inhibits the tox gene; toxin is produced only under low-iron conditions.

61-80

61	Document Name: CDC Pink Book - Diphtheria https://drive.google.com/file/d/1RHDvQU2YyPDfIcv-qiEC9LPBMM22GEwo/view?usp=sharing	Author/Year: CDC, 2011
	P 75: Only toxigenic strains can cause severe disease.	

62	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 154: …the frequency of these various complications appears to vary considerably between epidemics, for which no clear explanation is available.

63	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 157: The precise microbial events responsible for the transmission of diphtheria remain unclear.

64	Document Name: CDC Pink Book - Diphtheria https://drive.google.com/file/d/1RHDvQU2YyPDfIcv-qiEC9LPBMM22GEwo/view?usp=sharing	Author/Year: CDC, 2011
	P 81.	

65	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1405: The protection against disease imparted by diphtheria toxoid vaccines has never been evaluated in formal trials, although observational studies provide estimates ranging from 55% to 90%.

66	Article Name: Diphtheria Immunisation Campaign	Date: Oct 1948
	Journal: British Journal of Nursing	Archive: https://drive.google.com/open?id=1INU0IsPgiT4WVNMXUMKj7cT9ZmPtzcnM
	P 1: Immunisation affords a good degree of protection, though not complete protection, against an attack of diphtheria. It affords a very high degree of protection indeed against the risk of death from diphtheria. Immunised people, if they get diphtheria, nearly always get it very lightly. […] A child who has been immunised is about four times less likely to catch diphtheria, and about 25 times less likely to die from it than one who has not.	

67	Document Name: CDC Pink Book - Diphtheria https://drive.google.com/file/d/1RHDvQU2YyPDfIcv-qiEC9LPBMM22GEwo/view?usp=sharing	Author/Year: CDC, 2011
	P 78.	

68	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 156: Although diphtheria antitoxin is the mainstay of diphtheria therapy, penicillin or, alternatively, erythromycin should be given to hasten clearance of the organism, prevent transmission, and cease further production of diphtheria toxin… Before the development of antibiotic therapy, convalescent carriage of toxigenic organisms was a major problem. Up to 50% and 25% of patients continued to harbor the organism 2 and 4 weeks after onset, respectively. As late as 2 months after onset, reported carriage rates varied between 1% and 8%.

69	Document Name: CDC Pink Book - Diphtheria https://drive.google.com/file/d/1RHDvQU2YyPDfIcv-qiEC9LPBMM22GEwo/view?usp=sharing	Author/Year: CDC, 2011
	P 79, 84.	

70	Article Name: Diphtheria Immunization Effect Upon Carriers and the Control of Outbreaks	PMID: 5026197
	Lead Author/Year: Louis W. Miller, 1972	Journal: The American Journal Of Diseases Of Children
	P 3: When diphtheria toxoid became available, it was generally believed that it induced immunity that protected individuals from symptomatic illness but not from asymptomatic	

	infection. This was based on the observation that immunity is related to the neutralization of toxin elaborated by C diphtheriae and not interference with diphtheria infection.
	Article Name: Diphtheria in the United States, 1971-81 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1646466/pdf/amjph00288-0037.pdf PMID: 4061710 Archive: https://drive.google.com/open?id=1Xxx6iNJSFo6djykLNV7QV7pQDM521PDe
	Lead Author/Year: Robert T. Chen, 1985 Journal: American Journal of Public Health
	P 4: However, immunization with diphtheria toxoid is protective only against the phage-mediated toxin, and not against infection by the C. diphtheriae organism. Thus immunized persons have less severe disease when infected, but may remain important as asymptomatic carriers in the transmission of disease.

71	Abbreviated Name: Miller 1972
	P 3: In 1936, Frost et al alluded to a paucity of observations on record concerning antitoxic immunity and the carrier state. Nonetheless, he stated that the limited data suggested that there is little, if any, difference between those individuals with and those without antitoxic immunity in their risk of becoming infected. […] The findings in Elgin corroborate the assumptions of Frost et al and show that there is no difference in the risk of diphtheria acquisition among those with full, lapsed, inadequate, and no immunizations.

72	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1406: Given that diphtheria toxin is not a constituent of Corynebacterium diphtheriae per se, but exists as a consequence of bacteriophage infection, the immunity induced by toxoid vaccination may not provide protection against infection at all. However, toxoid vaccines do protect against toxin mediated disease, and transmission of the diphtheria bacillus is more efficient from clinical patients than from subclinical carriers - thus the toxoid vaccines may protect against infectiousness and infection transmission, but not (or more than) against infection receipt… This may have been an important contributor to the disappearance of diphtheria in vaccinated populations.

73	Article Name: The Epidemiological Importance Of Diphtheria Carriers https://academic.oup.com/aje/article-abstract/5/4/508/149362?redirectedFrom=fulltext
	Lead Author/Year: James A. Doull, 1925 Journal: American Journal of Epidemiology
	P 20: After making necessary allowance for differences in age-distribution of the two groups of contacts, it is a conservative estimate to state that the risk of attack is ten times as great for family contacts of cases as for those in similar association with known bacillus carriers.

74	Abbreviated Name: Doull 1925	
	P 1: …and as carriers are much more numerous than clinically recognizable cases, and are for the most part subject to no restriction of their intercourse with the general public, it is reasonable to infer that they may be, in the aggregate, the most frequent sources of clinical infection.	

75	Abbreviated Name: Doull 1925	
	P 2: A similar conclusion is indicated by the results of attempts to trace the sources of infection of recognized cases. For example, in a study of some 500 cases reported in a limited section of Baltimore, investigators from this school have been able to find evidence of prior association with recognized or even suspected cases of clinical diphtheria in only about 20 per cent, of the cases investigated. Making all due allowance for the imperfections of such an investigation, it still appears that a large proportion of the cases investigated must have contracted their infections from unrecognized clinical cases or from carriers.	

76	Abbreviated Name: Doull 1925	
	P 20: It seems impossible to explain the general distribution of diphtheria and the usual absence of traceable lines of contact from clinical cases on any other hypothesis except that infection is spread largely by carriers.	

77	Abbreviated Name: Miller 1972	
	P 2: Throat cultures were done on 306 children and staff; toxigenic C diphtheriae, gravis type, was isolated from 104 (34%). Fifteen of these (14%) were cases, and 89 (86%) were carriers. There was no statistical difference in the risk of diphtheria infection among those with full, lapsed, inadequate, or no previous diphtheria immunization.	

78	Abbreviated Name: Miller 1972	
	P 3: Recent epidemics in Austin and Elgin Texas, provided ample evidence that carriers continue to play a very important role in the transmission of diphtheria.	

79	Abbreviated Name: Miller 1972	
	P 3: However, diphtheria outbreaks have been described in populations with as much as 94% of the people being previously immunized. These outbreaks, the known importance of carriers in the spread of diphtheria, and the demonstrated failure of toxoid to prevent the carrier state lead us to conclude that the concept of herd immunity is not applicable in the prevention of diphtheria	
	Article Name: The Austin, Texas, Diphtheria Outbreak Clinical and Epidemiological Aspects	PMID: 4984784

	Lead Author/Year: Victor M. Zalma, 1970	Journal: JAMA
	A similar conclusion was reached by Zalma and his colleagues, also from the CDC, who investigated the outbreak in Austin Texas. P 5: Although toxoid reduces the severity of disease caused by toxigenic organisms, it does not eradicate such organisms and, hence, as long as there are susceptibles in an area where C diphtheriae exists, cases can continue to occur.	

80	Article Name: Diphtheria in the Russian Federation in the 1990s	PMID: 10657187
	Lead Author/Year: Svetlana S. Markina, 2000	Journal: Journal of Infectious Diseases
	P 7: The Soviet and Russian experience has been that of persistent circulation of toxigenic strains of C. diphtheriae and at least two resurgences of diphtheria despite fairly high levels of vaccine coverage among most childhood age groups. Studies in 1969–1970 documented that reintroduction of toxigenic strains into schools with 100% coverage of children produced widespread transmission of the organism for months despite an absence of cases. A study in several oblasts in 1980–1981 found low-level circulation of toxigenic strains despite immunity in >97% of 20,000 children who were 4–14 years of age, as measured by Schick testing. While inadequate implementation of immunization played a role in permitting circulation of diphtheria organisms to continue, the experience in Russia and elsewhere suggests that circulation is likely to persist in areas of lesser economic development even with good overall immunization levels.	

81-100

81	Abbreviated Name: Chen 1985	
	P 3: The decline in diphtheria incidence in the United States during 1971-81 occurred despite serologic studies during the 1970s showing subprotective serum diphtheria antitoxin levels in approximately 25 per cent of the children and 75 per cent of the adults tested in three US cities.	
	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 165: Despite the relatively low levels of immunity among adults in many countries, diphtheria has remained well controlled in most countries with effective childhood immunization programs… Serologic studies in Europe and the United States have demonstrated that many adults in these countries remain susceptible to diphtheria.	

82	Abbreviated Name: Chen 1985	
	P 3: The frequency of diphtheria carriage in the United States is not known accurately.	

83	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 1405: Estimates aside, the proportion of the population actually immune to diphtheria today is elusive. Vaccine coverage is difficult to define because it has varied over time, and because at least three doses are recommended, although one or two provide some protection.	

84	Article Name: Penicillin In Treatment Of Diphtheria And Diphtheria Carriers		PMID: 20280343
	Lead Author/Year: Samuel Karelitz, 1947	Journal: The Journal Of Pediatrics	
	P 10: Penicillin was ineffective in preventing toxic complications of diphtheria, but seemed to hasten the clearing and further the development of complications due to pyogenic organisms. Penicillin should not be used as a substitute for diphtheria antitoxin.		

85	Abbreviated Name: Karelitz 1947	
	P 10: Patients with faucial diphtheria treated with antitoxin and penicillin… were rendered diphtheria negative more rapidly than were the patients who received antitoxin and no penicillin. Carriers of virulent C. diphtheria were likewise rendered free of the bacteria by treatment with penicillin.	

86	Abbreviated Name: Zalma 1970	
	P 4: Fourteen of 142 treated carriers (9.9%) were not cleared of C diphtheriae after treatment with procaine penicillin, administered intramuscularly, 600,000 to 2,000,000 units a day for seven to ten days, and most were given a course of erythromycin, which eradicated the organism in every patient.	
	Abbreviated Name: Miller 1972	
	P 3: At the first appearance of a diphtheria case, control activities should be directed toward identifying, isolating, and treating carriers, as well as toward immunizing persons with less than full immunization status. This dual approach will reduce or eliminate the spread of infection by reducing the number of carriers, and it will reduce the number of cases by improving the immunization status of exposed individuals.	

87	Document Name: CDC Pink Book - Diphtheria https://drive.google.com/file/d/1RHDvQU2YyPDfIcv-qiEC9LPBMM22GEwo/view?usp=sharing		Author/Year: CDC, 2011
	P 78-79. Persons with suspected diphtheria should be given antibiotics and antitoxin in adequate dosage and placed in isolation after the provisional clinical diagnosis is made and appropriate cultures are obtained. […]		

	The disease is usually not contagious 48 hours after antibiotics are instituted. Elimination of the organism should be documented by two consecutive negative cultures after therapy is completed.

88	Abbreviated Name: Chen 1985
	P 4: The Rumanian experience lends support for this hypothesis; improved immunization led to a sharp decline in diphtheria morbidity disproportionate to the actual number of persons with Schick-proven immunity, and surveillance cultures in epidemic and nonepidemic communities showed a concomitant drop in the percentage of toxigenic strains from 86 per cent in 1955-66 to 5 per cent in 1977.

89	Article Name: Corynebacterium diphtheriae: Microbiological Methods Used in Clinical and Epidemiological Investigations https://www.sciencedirect.com/science/article/pii/S058095170870374X	
	Lead Author/Year: Alice Saragea, 1979	
	P 165 (also in the chart on p 166): 1. *Epidemiological methods* […] (g) Diagnosis, isolation and treatment of contacts (treatment by antibiotics).	

90	Article Name: Diphtheria in the Former Soviet Union: Reemergence of a Pandemic Disease https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2640235/pdf/9866730.pdf		PMID: 9866730
	Lead Author/Year: Charles R. Vitek, 1998	Journal: Emerging Infectious Diseases	
	P 9: Russia was never totally free of reported cases of diphtheria….		

91	Abbreviated Name: Markina 2000
	P 2.

92	Abbreviated Name: Markina 2000
	P 7: The Soviet and Russian experience has been that of persistent circulation of toxigenic strains of C. diphtheriae and at least two resurgences of diphtheria despite fairly high levels of vaccine coverage among most childhood age groups.

93	Article Name: Diphtheria Surveillance and Control in the Former Soviet Union and the Newly Independent States		PMID: 10657186
	Lead Author/Year: Charles R. Vitek, 2000	Journal: Journal of Infectious Diseases	

	P 2: Soviet epidemiologists did not recommend prophylactic treatment with antibiotics for contacts of diphtheria cases. There was a strongly held conviction that antibiotics had an adverse effect on the normal bacterial flora.

94	Abbreviated Name: Vitek 2000
	P 2: Soviet public health officials believed that this tightly controlled system of laboratory and clinical surveillance would identify individuals needing treatment sufficiently early to avoid the need for prophylactic antibiotic treatment.

95	Abbreviated Name: Vitek 2000
	P 4: Prophylactic antibiotics were not given to close contacts of cases or carriers of diphtheria in a school or work place.

96	Abbreviated Name: Markina 2000
	P 7: Toxigenic C. diphtheriae continues to circulate throughout the Russian Federation, and interruption of circulation in most areas is unlikely in the near future.

97	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 260.

98	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 274-279

99	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 292: However, although it might be assumed that high vaccine coverage in communities would lead to reduced community transmission and to reductions in severe influenza-related outcomes, no large prospective study has yet convincingly demonstrated that vaccinating entire populations, or epidemiologically important subpopulations such as school-age children, will provide significant protection against influenza-related complications (eg, death or hospitalization) for other groups.

100	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 284: Although studies have not consistently demonstrated community benefits, the variability by season, vaccine coverage, and circulating strains, as well as difficulty in monitoring outpatient illness among adult contacts, have presented formidable challenges to the conducting of this type of study. P 292:

	Demonstrating significant reductions in influenza-related complications has been difficult because of the yearly variability of influenza epidemiology, the infrequent use of specific laboratory testing that could serve as the source of reliable surveillance data, the need to study a large population to capture enough severe outcomes, and the relatively low coverage achieved in areas where universal vaccination has been recommended.

101-120

101	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 183-188.

102	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 188-191.

103	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 193: Young children have the highest rates of infection and are often the source of infection for others, primarily because infections in this age group are usually asymptomatic and standards of hygiene are generally lower among young children than among adults.

104	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 189-190.

105	Document Name (in Hebrew): National Hepatitis Prevention Programs http://fs.knesset.gov.il/globaldocs/MMM/40c28d55-f7f7-e411-80c8-00155d010977/2_40c28d55-f7f7-e411-80c8-00155d010977_11_7600.pdf	Archive: https://drive.google.com/open?id=1jWjwQsaeXHiqagzxr2SZXJq6KuBeu78U
	Author/Year: Flora Koch Davidovich, Knesset Research Center, 2014	

106	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 202: Vaccine coverage data and examination of age-specific incidence trends indicate that incidence declines have occurred with modest levels of coverage and in unvaccinated age groups, suggesting a strong herd immunity effect.

107	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)

	P 183: Children are less likely to have symptomatic infection compared with adults; 50% to 90% of infections acquired before the age of 5 years are asymptomatic, but 70% to 95% of infected adults will have symptoms. Jaundice is rare among young children but will occur in the majority of adults with hepatitis A. P 184: The case-fatality rate among cases reported through national surveillance in the United States for the 2001-2005 period ranged from 0% among children younger than 5 years to 1.4% of people older than 60 years, with an overall mortality rate of 0.5%.

108	Document Name: CDC Pink Book – Hepatitis B https://drive.google.com/file/d/1PeVszIcp5GNIES278_QQXY8tDo-Vnf3t/view?usp=sharing	Author/Year: CDC, 2011
	P 116-117.	

109	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 215: HBV is not transmitted by air, food, or water.

110	Document Name: CDC Pink Book – Hepatitis B https://drive.google.com/file/d/1PeVszIcp5GNIES278_QQXY8tDo-Vnf3t/view?usp=sharing	Author/Year: CDC, 2011
	P 119: The virus is transmitted by parenteral or mucosal exposure to HBsAg-positive body fluids from persons who have acute or chronic HBV infection. The highest concentrations of virus are in blood and serous fluids; lower titers are found in other fluids, such as saliva and semen. Saliva can be a vehicle of transmission through bites; however, other types of exposure to saliva, including kissing, are unlikely modes of transmission. There appears to be no transmission of HBV via tears, sweat, urine, stool, or droplet nuclei.	

111	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 215-216.

112	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 217, Figure 1.

113	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	Assuming a million carriers in a population of 324 million. Plotkin 2013, p. 215, estimates between 800,000 and 1,400,000 U.S. carriers.

114	Page Name: Recommendations of the Immunization Practices Advisory Committee Prevention of Perinatal Transmission of Hepatitis B Virus: Prenatal Screening of all Pregnant Women for Hepatitis B Surface Antigen	Archive: http://archive.is/XZzZs

	Website: CDC website https://www.cdc.gov/Mmwr/preview/mmwrhtml/00000036.htm?fref=gc
	The estimate is based on pre-vaccine CDC data - below. (Plotkin 2013 mentions an estimate of 0.6 percent). Screening the approximately 3.5 million pregnant women per year for HBsAg would identify 16,500 positive women and allow treatment that would prevent about 3,500 infants from becoming HBV carriers.

115	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 215: In the United States, the race-adjusted prevalence of HBsAg among pregnant women is about 0.6% […] In 2007, a total of 1,815 HBV-associated deaths (0.56 deaths per 100,000 population) were recorded in the United States.

116	Page Name: Hepatitis B virus	Archive: http://archive.is/oOPwj
	Website: HSE website http://www.hse.gov.uk/biosafety/blood-borne-viruses/hepatitis-b.htm	
	The UK is a low prevalence area, with a carriage rate of 0.1-0.5%, although rates may vary between individual communities.	

117	Document Name (in Hebrew): National Hepatitis Prevention Programs http://fs.knesset.gov.il/globaldocs/MMM/40c28d55-f7f7-e411-80c8-00155d010977/2_40c28d55-f7f7-e411-80c8-00155d010977_11_7600.pdf	Archive: https://drive.google.com/open?id=1jWjwQsaeXHiqagzxr2SZXJq6KuBeu78U
	Author/Year: Flora Koch Davidovich, Knesset Research Center, 2014	
	P 2.	

118	Article Name: Prevalence of HBsAg Carriers in Native and Immigrant PregnancFemale Populations in Israel and PassivelActive Vaccination Against HBV of Newborns at Risk		PMID: 1834799
	Lead Author/Year: Journal of Medical Virology	Journal: V. Bogomolski-Yahalom, 1991	
	Article Name: Vertical HBV transmission in Jerusalem in the vaccine era		PMID: 23330257
	Lead Author/Year: R Michaiel, 2012	Journal: Harefuah.	
	Article Name: HBV and HCV Epidemiology In Israel		
	Lead Author/Year: Eli Zuckerman, 2014	Archive: https://drive.google.com/open?id=11JcqsIZCPFZYu6q29YXVGmrRdeg7K9i7	

119	Document Name: CDC Pink Book – Hepatitis B https://drive.google.com/file/d/1PeVszIcp5GNIES278_QQXY8tDo-Vnf3t/view?usp=sharing	Author/Year: CDC, 2011
	P 115: The first recorded cases of "serum hepatitis," or hepatitis B, are thought to be those that followed the administration of smallpox vaccine containing human lymph to shipyard workers in Germany in l883.	

120	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 205: The largest outbreak of what is now recognized as hepatitis B was recorded in 1942, when 28,585 American soldiers inoculated with yellow fever vaccine developed jaundice and 62 died. This outbreak was traced to a specific lot of vaccine that contained human serum; a follow-up study in the 1980s confirmed the hepatitis B viral cause.

121-140

121	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 215: Infants born to mothers with chronic HBV infection can acquire perinatal HBV infection, which usually occurs at the time of birth; in utero transmission of HBV is relatively rare (accounting for < 2% of infections transmitted from mother to infant), and the virus is not transmitted through breastfeeding.

122	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 215: Person-to-person transmission probably occurs from inadvertent percutaneous or mucosal contact with blood or infectious body fluids during certain activities, such as sharing toothbrushes or razors, contact with exudates from dermatologic lesions, contact with saliva through bites or other breaks in the skin, premastication of food, sharing of gum and other food items, and contact with HBsAg-contaminated surfaces.

123	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 206: The risk for developing chronic HBV infection varies inversely with age: approximately 90% of infants infected during the first year of life develop chronic infection, compared with 30% of children infected between ages 1 and 4 years and less than 5% of persons infected as adults.

124	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 216: In […] areas of high endemicity […] most infections are acquired during the perinatal period and early childhood, when the risk for developing chronic infection is greatest;

	acute hepatitis B is rarely detected because most infections in early childhood are asymptomatic.

125	Article Name: 'Self-Destructing' Syringes Force Safer Injection Practices	Date: Nov 2, 2011
	Website: PBS http://www.pbs.org/newshour/rundown/self-destructing-syringes-force-safer-injection-practices/	Archive: http://archive.is/Z26jo
	About 40 percent of all injections are given with unsterilized, reused syringes and needles, reports the World Health Organization. An estimated 1.3 million deaths — and 21.7 million new Hepatitis B infections — occur each year as a result of the unsafe practice.	

126	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 217-218.

127	Page Name: Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP)	Archive: http://archive.is/kccin
	Website: CDC website https://www.cdc.gov/mmwr/preview/mmwrhtml/00033405.htm?fref=gc	
	Section: EPIDEMIOLOGY AND PREVENTION OF HEPATITIS B VIRUS INFECTION Infections among Infants and Children	

128	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 215: Other settings where person-to-person transmission typically occurs include child-care centers and schools.

129	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 218: No increased risk for HBV infection resulting from occupational exposures has been documented in persons infrequently exposed to blood or body fluids, such as ward clerks, dietary workers, maintenance workers, housekeeping personnel, lifeguards, teachers, and persons employed in child day-care settings.

130	Document Name: Unusual Cases of Hepatitis B Virus Transmission in the Community http://www.immunize.org/catg.d/p2100.pdf	Archive: https://drive.google.com/open?id=1tNQw80K3IY-FNOoaAcxrDe2oVmt0bb5p
	Author/Year: Immunize.org	

131	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 671: Breast-feeding clearly protects against rotavirus disease.	

132	Document Name: CDC Pink Book – Rotavirus https://drive.google.com/file/d/17oSPucPglFR3-n79hEokf30r1Rtr4-PT/view?usp=sharing	Author/Year: CDC, 2011
	P 244-246.	

133	Document Name: CDC Pink Book – Rotavirus https://drive.google.com/file/d/17oSPucPglFR3-n79hEokf30r1Rtr4-PT/view?usp=sharing	Author/Year: CDC, 2011
	P 265.	

134	Document Name: CDC Pink Book – Rotavirus https://drive.google.com/file/d/17oSPucPglFR3-n79hEokf30r1Rtr4-PT/view?usp=sharing	Author/Year: CDC, 2011
	P 264: After a single natural infection, 38% of children are protected against any subsequent rotavirus infection, 77% are protected against rotavirus diarrhea, and 87% are protected against severe diarrhea. Reinfection can occur at any age. […] The first infection after 3 months of age is generally the most severe. P 270: In addition, infants may experience multiple episodes of rotavirus diarrhea because the initial infection may provide only partial immunity.	

135	Document Name: CDC Pink Book – Rotavirus https://drive.google.com/file/d/17oSPucPglFR3-n79hEokf30r1Rtr4-PT/view?usp=sharing	Author/Year: CDC, 2011
	P 266: Rotavirus infection is not nationally notifiable in the United States. Estimates of incidence and disease burden are based on special surveys, cohort studies, and hospital discharge data. In the prevaccine era an estimated 3 million rotavirus infections occurred every year in the United States and 95% of children experienced at least one rotavirus infection by age 5 years. The incidence of rotavirus is similar in developed and developing countries, suggesting that improved sanitation alone is not sufficient to prevent the infection.	

136	Document Name: CDC Pink Book – Rotavirus https://drive.google.com/file/d/17oSPucPglFR3-n79hEokf30r1Rtr4-PT/view?usp=sharing	Author/Year: CDC, 2011
	P 266.	
	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	

	P 674: These estimates, prior to the use of rotavirus vaccines, indicated that by the end of the second or third year of life, 60% to 80% of all children developed a rotaviral diarrheal illness (approximately 2.7 million episodes per year), 1 in 6.5 sought medical attention, 1 in 70 (55,000 to 70,000 patients) were hospitalized, and 1 in 66,000 to 1 in 200,000 (20 to 60 children) died as a result of the rotavirus.

137	Article Name: Estimating the Number of Deaths with Rotavirus as a Cause in England and Wales https://www.tandfonline.com/doi/pdf/10.4161/hv.3.1.3748	PMID: 17264682
		Archive: https://drive.google.com/open?id=1Dk7uJeWAlb4ftsoUHL7mq4IYEjuQIhaX
	Lead Author/Year: Mark Jit, 2007	Journal: Human Vaccines
	P 5: The two methods we used gave similarly low figures of 3.3 and 3.2 deaths a year. Hence, our analysis predicts that the annual mortality burden for rotavirus in England and Wales is extremely low. Also, these estimates do not accurately capture the mortality attributable to rotavirus alone as in almost all cases of death due to rotavirus there are other contributing causes. This suggests that universal rotavirus vaccination will have a limited impact on childhood mortality in the United Kingdom.	

138	Page Name (Hebrew): Rotavirus	Archive: http://archive.is/lpSxT
	Website: Israeli Ministry of Health https://www.health.gov.il/Subjects/pregnancy/Childbirth/Vaccination_of_infants/Pages/Rota_Virus.aspx	
	The history of the disease in Israel Before the vaccine existed, the virus caused 4,400 hospitalizations of children a year in Israel. Death from this virus is common in developing countries and very rare in developed countries and in Israel.	

139	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 686: Several countries that have introduced rotavirus vaccines in their national childhood immunization programs have already seen remarkable declines in severe rotavirus gastroenteritis after vaccine introduction.

140	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 687: In 2010, results of phase III trials of both RotaTeq and Rotarix conducted in developing countries of Africa and Asia were reported… Although the exact reasons for the somewhat diminished performance of rotavirus vaccines in developing countries are unclear, other live oral vaccines such as those against polio, cholera, and typhoid have also not worked equally well in populations in developed and developing country settings.

141-160

141	Article Name: Rotavirus vaccination and herd immunity: an evidence-based review https://www.dovepress.com/rotavirus-vaccination-and-herd-immunity-an-evidence-based-review-peer-reviewed-article-PHMT	
	Lead Author/Year: Lorna M Seybolt, 2012	Journal: Pediatric Health, Medicine and Therapeutics
	P 3: A peculiarity of rotavirus natural infection, however, is that while it protects against subsequent clinical infection it does not prevent subclinical reinfection and virus circulation – a phenomenon consistently shown in cohorts of neonates, young children, and adults. A vaccine would not be expected to perform better than natural infection. P 4: As this was only an isolated finding, the authoritative conclusion remained that rotavirus vaccines, despite being efficacious, would not be expected to significantly decrease the circulation of rotaviruses.	
	Article Name: Correlates of protection for rotavirus vaccines: Possible alternative trial endpoints, opportunities, and challenges https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4514048/pdf/khvi-10-12-977728.pdf	PMID: 25483685 Archive: https://drive.google.com/open?id=13USFrSUT1_LA2Fd5SYjaSi8n6PmT9sSH
	Lead Author/Year: Juana Angel, 2014	Journal: Human Vaccines & Immunotherapeutics
	P 1: Natural RV infection does not generate sterilizing immunity, thus, reasonable goals of vaccination are to decrease or eliminate severe disease in children, but not to prevent infection.	

142	Abbreviated Name: Seybolt 2012
	P 1: Herd immunity – the indirect protection of unimmunized individuals as a result of others being immunized – was not expected to be a benefit of rotavirus vaccination programs since the vaccines were thought to reduce severe disease but not to decrease virus transmission significantly. Postlicensure studies, however, have suggested that this assumption may need reassessment. Studies in a variety of settings have shown evidence of greater than expected declines in rotavirus disease.

143	Abbreviated Name: Seybolt 2012
	P 11: Yet, it seems highly compelling that many studies in different countries, under different conditions, and using different surveillance systems have consistently found some evidence of herd immunity with similar results for both vaccines. If a real phenomenon, it may be explained by decreased circulation of rotavirus, a fact that was suggested by one prelicensure study but has not been evaluated postlicensure. An alternative explanation is transmission of the vaccine virus from immunized infants to those unimmunized resulting in secondary immunization, as in the case of oral poliovirus vaccine.

144	Abbreviated Name: Seybolt 2012
	P 11: The evidence regarding herd immunity associated with rotavirus vaccines is of poor quality because this effect was not anticipated and studies were not specifically designed to detect it. […] Studies used time series with short before and/or after observation periods, a situation vulnerable to temporal changes in rotavirus activity. Also, vaccine coverage was either unknown or inferred from external sources, which may or may not have been applicable to the study group. P 5: For all these reasons, every study reviewed has significant potential flaws in relation to herd immunity and thus should be interpreted with caution and in conjunction with other available data.

145	Abbreviated Name: Seybolt 2012
	P 10.

146	Article Name: Estimating the herd immunity effect of rotavirus vaccine	PMID: 26116250
	Lead Author/Year: Suzanne L. Pollard, 2015	Journal: Vaccine
	P 2: Thus, in this paper we present a systematic review and meta-analysis to estimate the herd effects of rotavirus vaccines… [p. 4] To our knowledge, this is the first study to estimate the herd effect of rotavirus vaccine.	

147	Abbreviated Name: Pollard 2015
	P 3, paragraphs 2.6-2.8.

148	Abbreviated Name: Pollard 2015
	P 5: There are several explanations that may explain this inconsistency […]

149	Abbreviated Name: Pollard 2015
	P 5: In 13 of the 16 outcome years in Latin America, the observed reductions in all cause diarrhea hospitalizations or mortality were higher than the theoretical maximum (23.4%) reduction based on the estimated regional proportion of diarrhea mortality among children under 5 years of age.

150	Abbreviated Name: Pollard 2015
	P 5: We were unable to determine the functional relationship between coverage and the magnitude of herd immunity effects… If studies had reported measured coverage values at

	additional time points between introduction and attainment of universal coverage, we would have been better able to understand the relationship between coverage and the degree of herd immunity observed.

151	Abbreviated Name: Pollard 2015
	P 5: There is evidence that rotavirus vaccination confers a herd immunity effect among children under one year of age in the United States and Latin American countries. Given the high variability in vaccine efficacy across regions, more studies are needed to better examine herd immunity effects in high mortality regions.

152	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1406: There are at least 93 immunologically distinct pneumococcal serotypes that cause disease in humans… Pathogenicity varies with serotype, and different serotypes are more or less likely to affect different age groups, although all can cause disease in all age groups. To further complicate issues, the duration of carriage and the ability of a carriage episode to immunize an individual is also variable and dependent on age and serotype.

153	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 529: Pneumococci are constantly on the move in the population, being transmitted and acquired at high rates, especially in young children.

154	Document Name: CDC Pink Book – Pneumococcal Disease https://drive.google.com/file/d/17nHF95iC1QlRcMYqUT-j5b6ThstrdL2d/view?usp=sharing	Author/Year: CDC, 2011
	P 233, 237.	
	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 506-507.	

155	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 504-505.

156	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 505.

157	Document Name: Infectious diseases requiring notification in Israel https://www.health.gov.il/PublicationsFiles/Disease1951_2010.pdf	Archive: https://drive.google.com/open?id=1QEXa9ZV_xDKvAdsUhN4ByWAfc7FbMjsH

	Author/Year: Israeli Ministry of Health, 2012	
	P 103, 131.	
	Document Name (Hebrew): Estimating the herd immunity effect of rotavirus vaccine	PMID: 26116250
	Lead Author/Year: Suzanne L. Pollard, 2012	Journal: Vaccine
	P 2: Thus, in this paper we present a systematic review and meta-analysis to estimate the herd effects of rotavirus vaccines… [p. 4] To our knowledge, this is the first study to estimate the herd effect of rotavirus vaccine.	

158	Document Name: CDC Pink Book – Pneumococcal Disease https://drive.google.com/file/d/17nHF95iC1QlRcMYqUT-j5b6ThstrdL2d/view?usp=sharing	Author/Year: CDC, 2011
	P 238-240.	

159	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1406: The introduction of a 7-valent pneumococcal conjugate vaccine in the United States in 2000 had a dramatic impact. Although the substantial fall in infant invasive pneumococcal disease rates was as expected, it was associated with significant falls in pneumococcal disease among adults, more than doubling the overall benefits to the community.

160	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1406: Despite these powerful effects, wherever carriage has been studied, vaccination has not affected pneumococcal carriage rates overall, but has led to a reduction in the carriage of vaccine serotypes, with a compensatory rise in carriage of nonvaccine serotypes. […] The substantial herd effect in adults in the general population indicates that either the replacement nonvaccine serotypes are less likely to cause disease in adults, or there are qualitative differences in carriage in vaccinated children, rendering them less likely to transmit the organism.

161-180

161	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 529: Thus, as for direct effect of PCV7s on carriage, an overall reduction of carriage of VT serotypes can be attributed to PCVs, with a parallel increase in non-VT serotypes (termed replacement). This phenomenon is expected to be of great magnitude, resulting in herd immunity against vaccine serotype disease on the one hand, but a potential for replacement disease on the other hand.

162	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 1406: To a variable extent, there has also been an increase in disease associated with the replacement nonvaccine serotypes, and this has reduced the initial impact of the disease reduction by the vaccine in both children and adults.	
	Article Name: Pneumococcal serotype distribution in adults with invasive disease and in carrier children in Italy: Should we expect herd protection of adults through infants' vaccination? https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5049737/pdf/khvi-12-02-1102811.pdf	PMID: 26647277 Archive: https://drive.google.com/open?id=1kkntOBsCi3ayGCud0QdMXYfe6jE5cONm
	Lead Author/Year: Chiara Azzari, 2016	Journal: Human Vaccines & Immunotherapeutics
	P 2: The same effect was present, even though less evident, in Europe where the decrease in adult IPD associated to PCV7 serotypes was counterbalanced by a rapid increase in IPD due to non-PCV7 serotypes.	

163	Document Name: CDC Pink Book – Pneumococcal Disease https://drive.google.com/file/d/17nHF95iC1QlRcMYqUT-j5b6ThstrdL2d/view?usp=sharing	Author/Year: CDC, 2011
	P 239: In 2010 a 13-valent pneumococcal conjugate vaccine (PCV13) was licensed in the United States. It contains the 7 serotypes of S pneumonia as PCV7 plus serotypes 1, 3, 5, 6A, 7F and 19A… ABCs data indicate that in 2008, a total of 61% of invasive pneumococcal disease cases among children younger than 5 years were attributable to the serotypes included in PCV13…	

164	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 1407: In the United Kingdom, the story has been more complicated, as after only 3 years of use of the 7-valent vaccine, serotype replacement has forced authorities to move to a higher-valency preparation.	

165	Document Name (Hebrew): Immunization Guide https://drive.google.com/open?id=1db5nqObGNRg8QwTaOUuTARsisHlPrf4U	Author/Year: Israeli Ministry of Health, 2015
	P 10.	

166	Article Name: Effect of use of 13-valent pneumococcal conjugate vaccine in children on invasive pneumococcal disease in children and adults in the USA: analysis of multisite, population-based surveillance https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4876855/pdf/nihms787116.pdf	PMID: 25656600 Archive: https://drive.google.com/open?id=1t24aage5OhA0oNKvLuO8iUTca0D-tSEe

	Lead Author/Year: Matthew R Moore, 2015	Journal: European Respiratory Journal
	P 7: Our analysis shows there were substantial and rapid reductions in IPD within 3 years of the introduction of PCV13 in the USA. The serotypes most affected were those most common before introduction of PCV13, particularly serotypes 19A and 7F. Also, the age groups that experienced the earliest reductions in PCV13 minus PCV7 type IPD were those targeted for vaccination: children younger than 5 years. […] We found a reduction in IPD in adults associated with introduction of PCV13 in children. In all adult age groups, PCV13 minus PCV7 type IPD (especially serotypes 19A and 7F) declined by 58–72%, which is com parable with that reported early after the introduction of PCV7, leading to overall reductions in IPD of 12–32%. These findings are consistent with the hypothesis that PCV13 prevents nasopharyngeal colonisation with serotypes 19A and 7F among children and, therefore, prevents trans mission of these types between children and adults.	

167	Sweden - Article Name: Effects of PCV7 and PCV13 on invasive pneumococcal disease and carriage in Stockholm, Sweden https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4819883/pdf/ERJ-01451-2015.pdf	PMID: 26797033 Archive: https://drive.google.com/open?id=1YMmi3eLP2J6vkPKhQG35bvQIoBj5tcL8
	Lead Author/Year: Ilias Galanis, 2016	Journal: European Respiratory Journal
	P 9: However, due to expansion of non-PCV13 strains, no large beneficial effect on the IPD incidence was observed by replacing PCV7 with PCV13 for the youngest children or for the elderly.	
	Italy - Article Name: Pneumococcal pneumonia prevention among adults: is the herd effect of pneumococcal conjugate vaccination in children as good a way as the active immunization of elderly? https://www.tandfonline.com/doi/full/10.1185/03007995.2015.1131150	PMID: 26652736 Archive: https://drive.google.com/open?id=1m8hAno7UOJZoJuN2T5umXUUh2U5tH_s-
	Lead Author/Year: Rosa Prato, 2015	Journal: Current Medical Research and Opinion
	P 4: In 2011, PCV13 coverage reached nearly 90% on a national basis... The hospitalization rates for pneumococcal pneumonia and the incidence rates of invasive disease in the elderly population have remained stable or increased over the past decade, suggesting that the indirect benefit of routine infant vaccination did not occur in this age group Not yet published preliminary analyses by Martinelli et al. seem to indicate that in Italy more than 65% of pneumococcal pneumonia cases in older adults were caused by the serotypes targeted by PCV13.	
	Denmark and UK - Article Name: Indirect Effects of Pneumococcal Conjugate Vaccines in National Immunization Programs for Children on Adult Pneumococcal Disease https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5204004/pdf/ic-48-257.pdf	PMID: 28032483 Archive: https://drive.google.com/open?id=1UmSJwz1som0iOzgCG0xXUVBJ_WipDBsH

	Lead Author/Year: Young Keun Kim , 2016	Journal: Infection & Chemotherapy
	P 4.	

168	Article Name: Pneumococcal carriage in children and adults two years after introduction of the thirteen valent pneumococcal conjugate vaccine in England	PMID: 24657717
	Lead Author/Year: Albert Jan van Hoek , 2014	Journal: Vaccine
	P 3.	
	Abbreviated Name: Azzari 2016	
	P 4: NP swabs were found positive for Streptococcus pneumoniae in over 50% or healthy children included in the study, confirming our previous results.	
	Abbreviated Name: Galanis 2016	
	P 10: We observed that PCV introduction resulted in an almost complete replacement of vaccine types to NVTs in the nasopharynx of healthy children, without affecting carriage rates substantially.	

169	Abbreviated Name: Azzari 2016
	P 5: Herd protection of adults through PCV13 might be therefore more limited than what previously described for PCV7.
	Abbreviated Name: Galanis 2016
	P 9: The herd protection effects post-PCV13 were less pronounced as compared with the effects post-PCV7. In addition, in the elderly, the incidence of IPD caused by the six extra serotypes in PCV13 remained high post-PCV13.
	Abbreviated Name: Prato 2015
	P 4: The hospitalization rates for pneumococcal pneumonia and the incidence rates of invasive disease in the elderly population have remained stable or increased over the past decade, suggesting that the indirect benefit of routine infant vaccination did not occur in this age group. […] In Italy, even after pediatric vaccination with PCVs, vaccine serotypes are still responsible for most pneumonia and invasive diseases in the elderly population.

170	Denmark and UK - Article Name: Indirect Effects of Pneumococcal Conjugate Vaccines in National Immunization Programs for Children on Adult Pneumococcal Disease	PMID: 28032483
		Archive:

	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5204004/pdf/ic-48-257.pdf	https://drive.google.com/open?id=1UmSJwz1som0iOzgCG0xXUVBJ_WipDBsH
	Lead Author/Year: Young Keun Kim , 2016	Journal: Infection & Chemotherapy
	P 5: While serotype replacement has certainly occurred and must be monitored over time, the reduction in overall IPD suggests a net-beneficial effect of PCV.	
	Article Name: Indirect (herd) protection, following pneumococcal conjugated vaccines introduction: A systematic review of the literature	PMID: 28449971 Archive:
	Lead Author/Year: Gal Tsaban, 2017	Journal: Vaccine
	P 8: Nevertheless, pneumococcal diseases burden among adult population remains a major concern in terms of morbidity, mortality, and health-economy burden.	

171	Abbreviated Name: Azzari 2016
	P 4: Moreover recent studies have demonstrated that PCV is not able to eliminate carriage state forever probably because of the physiological decrease in antibody titers, which remain high enough to prevent invasive infections but not enough to prevent carriage state.

172	Abbreviated Name: Galanis 2016
	P 10: The elimination of vaccine type strains in healthy carriage will create profound changes in the entire pneumococcal population structure within a community since different pneumococcal strains most likely coevolve as a result of reciprocal adaptation and counter-adaptation between interacting strains.

173	Abbreviated Name: Galanis 2016
	P 10: Our findings here demonstrate that serotype diversity during carriage increases significantly as a result of PCV vaccination. The increased serotype diversity in IPD post-PCV is most likely a reflection of the increased number of serotypes prevailing in vaccinated carriers, which will influence the success of current vaccine strategies and must be taken into account when future strategies are developed.

174	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 507: Although it would be preferable to include a larger number of different polysaccharides in a conjugate vaccine, doing so is technically challenging. Moreover, the total amount of carrier protein in the final vaccine may need to be limited because too much carrier protein can impair the antibody response to the polysaccharide antigen.

175	Article Name: Conjugate Vaccines and the Carriage of Haemophilus influenzae Type b https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626802/pdf/8903227.pdf		PMID: 8903227 Archive: https://drive.google.com/open?id=1VP5OvAZPxbSZzJesAzsaP-k7NqskaMGK
	Lead Author/Year: Marina L. Barbour, 1996	Journal: Emerging Infectious Diseases	
	P 2: It seems that close contact and generous exchange of respiratory secretions is required for the transmission of Hib between hosts. Even when the contact between a known carrier and a susceptible child is intimate, spread of Hib occurs slowly over weeks or months.		

176	Document Name: CDC Pink Book – Haemophilus influenzae type b https://drive.google.com/file/d/1WJ4IgC2gyzbnSvpmr6I5pOZMPGnuFj-V/view?usp=sharing	Author/Year: CDC, 2011
	P 88-91.	

177	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 168: Only a minority of people with Hib colonization become ill.

178	Document Name: CDC Pink Book – Haemophilus influenzae type b https://drive.google.com/file/d/1WJ4IgC2gyzbnSvpmr6I5pOZMPGnuFj-V/view?usp=sharing	Author/Year: CDC, 2011
	P 88-90.	

179	Document Name: CDC Pink Book – Haemophilus influenzae type b https://drive.google.com/file/d/1WJ4IgC2gyzbnSvpmr6I5pOZMPGnuFj-V/view?usp=sharing	Author/Year: CDC, 2011
	P 91.	

180	Document Name: Infectious diseases requiring notification in Israel https://www.health.gov.il/PublicationsFiles/Disease1951_2010.pdf	Archive: https://drive.google.com/open?id=1QEXa9ZV_xDKvAdsUhN4ByWAfc7FbMjsH
	Author/Year: Israeli Ministry of Health, 2012	
	P 99, 101, 127, 129.	

181-200

181	Document Name: CDC Pink Book – Haemophilus influenzae type b https://drive.google.com/file/d/1WJ4IgC2gyzbnSvpmr6I5pOZMPGnuFj-V/view?usp=sharing	Author/Year: CDC, 2011
	P 91, 93.	

182	Document Name: Infectious diseases requiring notification in Israel https://www.health.gov.il/PublicationsFiles/Disease1951_2010.pdf	Archive: https://drive.google.com/open?id=1QEXa9ZV_xDKvAdsUhN4ByWAfc7FbMjsH
	Author/Year: Israeli Ministry of Health, 2012	
	P 103, 131	

183	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 180.

184	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 179.

185	Article Name: Decreased Haemophilus colonization in children vaccinated with Haemophilus influenzae type b conjugate vaccine		PMID: 8463894
	Lead Author/Year: Trudy V. Murphy, 1993	Journal: Journal of Pediatrics	
	Article Name: The Impact of Conjugate Vaccine on Carriage of Haemophilus influenzae Type b		PMID: 7798687
	Lead Author/Year: Marina L. Barbour , 1995	Journal: Journal of Infectious Diseases	

186	Article Name: Anti-Capsular Polysaccharide Antibodies Reduce Nasopharyngeal Colonization by Haemophilus influenzae Type b in Infant Rats		PMID: 8421170
	Lead Author/Year: Maija Kauppi, 1993	Journal: Journal of Infectious Diseases	
	Article Name: Anti-capsular polysaccharide antibody concentrations in saliva after immunization with Haemophilus influenzae type b conjugate vaccines		PMID: 7603810

	Lead Author/Year: Maija Kauppi, 1995	Journal: Pediatric Infectious Disease Journal
	Article Name: Antibodies to *Haemophilus influenzae* Type b Polysaccharide Affect Bacterial Adherence and Multiplication	PMID: 8641812
	Lead Author/Year: Loek van Alphen, 1996	Journal: INFECTION AND IMMUNITY

187	Page Name: Chickenpox Prevention and Treatment	Archive: https://web.archive.org/web/20180907094136/https://www.cdc.gov/chickenpox/about/prevention-treatment.html
	Website: CDC https://www.cdc.gov/chickenpox/about/prevention-treatment.html	
	Use non-aspirin medications, such as acetaminophen, to relieve fever from chickenpox. Do not use aspirin or aspirin-containing products to relieve fever from chickenpox. The use of aspirin in children with chickenpox has been associated with Reye's syndrome, a severe disease that affects the liver and brain and can cause death.	

188	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 837-838.

189	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 839: Varicella is a highly contagious disease. Infectivity is postulated to occur by aerosol spread of virions from vesicular skin lesions, and possibly to a lesser extent from respiratory secretions.

190	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 843: In the immediate prevaccine era in the United States, an average of 4 million varicella cases occurred each year, which resulted in an average of 11,000 to 13,500 hospitalizations (4.1 to 5.0 hospitalizations per 100,000 population) and 100 to 150 deaths annually (0.4 to 0.6 per million population).

191	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 863.

192	Page Name: Chickenpox: public health management and guidance	Archive: http://archive.is/6d5YH
	Website: GOV.UK https://www.gov.uk/government/collections/chickenpox-public-health-management-and-guidance	
	Chickenpox is not a notifiable disease in England and Wales.	

193	Page Name: Preventing the spread of chickenpox	Archive: http://archive.is/JhxJr
	Website: NHS http://www.nhs.uk/Conditions/Chickenpox/Pages/Prevention.aspx	
	There is a vaccination against chickenpox, but it's only given to people who are at a very high risk of spreading the infection to vulnerable people. These include healthcare workers and people living with someone who has a weakened immune system	

194	Document Name: Infectious diseases requiring notification in Israel https://www.health.gov.il/PublicationsFiles/Disease1951_2010.pdf	Archive: https://drive.google.com/open?id=1QEXa9ZV_xDKvAdsUhN4ByWAfc7FbMjsH
	Author/Year: Israeli Ministry of Health, 2012	
	P 127, 129.	

195	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1405: Surveillance data show a major decline in chickenpox incidence in the United States as a consequence of this program, including evidence for indirect protection among infants and adults, outside the vaccinated target age groups.

196	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 860.

197	Page Name: WHO vaccine-preventable diseases: monitoring system 2017	Archive: http://archive.is/KsGxL
	Website: WHO	

198	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 862: From the health care payer perspective, most studies have shown that universal childhood vaccination programs will not provide savings at the current price of the vaccine.

199	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1405: Beyond this, the long-term risk of zoster associated with vaccine strains is still not clear. The situation will need close monitoring in the coming years to ensure an overall public health benefit from this intervention. As a consequence of this uncertainty, several countries (eg, the United Kingdom) still prefer to use varicella vaccine selectively—for

	example, in high-risk patients and health-care workers - although these policies may change if the US policy proves successful and cost effective in the long term.

200	Document Name: CDC Pink Book – Rubella https://drive.google.com/file/d/11JSySIkEL9HODpfuTATaiJQwWXlIwJyK/view?usp=sharing	Author/Year: CDC, 2011
	P 275-279.	

201-220

201	Document Name: CDC Pink Book – Rubella https://drive.google.com/file/d/11JSySIkEL9HODpfuTATaiJQwWXlIwJyK/view?usp=sharing	Author/Year: CDC, 2011
	P 276-277.	

202	Document Name: CDC Pink Book – Rubella https://drive.google.com/file/d/11JSySIkEL9HODpfuTATaiJQwWXlIwJyK/view?usp=sharing	Author/Year: CDC, 2011
	P 279.	

203	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	The "Vaccines" book (Plotkin 2013 p. 694) sets the level of morbidity in Congenital Rubella Syndrome (CRS) at 4-8 cases per 10,000 births. After that outbreak, CRS rates fell to 4 to 8 per 10,000 pregnancies until 1970, when the first vaccines were licensed. This high rate is inconsistent with US CRS morbidity data in these years, as appears in the CDC's Pink Book (p. 279 [5]) and in the graph presented in the book 'Vaccines' itself (p. 712). These graphs show that in 1969-70 about 65-67 cases of CRS were reported in the US, while the birth rate was about 3.7 million births per year.

204	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	Rubella vaccination started in Sweden in 1982. P 712: Before 1974, a yearly average of 14 CRS cases was recorded in Sweden; there were 2 cases per year between 1975 and 1985, and there have been no cases since 1985.

205	Document Name: Infectious diseases requiring notification in Israel https://www.health.gov.il/PublicationsFiles/Disease1951_2010.pdf	Archive: https://drive.google.com/open?id=1QEXa9ZV_xDKvAdsUhN4ByWAfc7FbMjsH
	Author/Year: Israeli Ministry of Health, 2012	

206	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 700: The protective efficacy of rubella vaccination has been assessed (1) by observation of vaccinees and control subjects during natural epidemics and (2) by intranasal challenge of vaccinated volunteers with unattenuated or attenuated viruses. No double-blind efficacy study has been done, but there is much evidence for effectiveness.

207	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 711: Rubella vaccine has had spectacular success in the United States, in terms of the number of persons vaccinated and the declining numbers of rubella cases reported. Since the licensing of the vaccine in 1969, no major epidemic of rubella has occurred, despite the previously observed 6 to 9 year cycle.

208	Document Name: CDC Pink Book – Rubella https://drive.google.com/file/d/11JSySIkEL9HODpfuTATaiJQwWXlIwJyK/view?usp=sharing	Author/Year: CDC, 2011
	P 281: Follow-up studies indicate that one dose of vaccine confers long-term, probably lifelong, protection.	

209	Document Name: CDC Pink Book – Rubella https://drive.google.com/file/d/11JSySIkEL9HODpfuTATaiJQwWXlIwJyK/view?usp=sharing	Author/Year: CDC, 2011
	P 276: Prevention of CRS is the main objective of rubella vaccination programs in the United States.	
	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 710: The goal of rubella vaccination programs is the prevention of the intrauterine infection that causes CRS, and, incidentally, the occasional complication of the disease in adults	

210	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 716.

211	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 712: In 1982, Sweden adopted a two-stage vaccination scheme involving the use of MMR at two ages: 18 months and 12 years. […] Before 1974, a yearly average of 14 CRS cases was recorded in Sweden; there were 2 cases per year between 1975 and 1985, and there have been no cases since 1985.

212	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 712: The Finns vaccinate with MMR at 14 to 18 months and at 6 years. Since 1986, no case of CRS has been reported. The last indigenous rubella case occurred in 1996. In 1997 and 1998, rubella has thus been eliminated from Finland.

213	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 712: The policy of vaccinating schoolgirls was adopted by the British in 1970. During subsequent years, the number of reported rubella cases decreased only slightly, although the reported cases of CRS decreased approximately 75%. […] Since October 1988, rubella vaccine as part of MMR has been recommended to all infants, and in 1994, a large-scale vaccination campaign was conducted with MR combined vaccine. Congenital rubella and terminations of pregnancy for rubella decreased markedly in England and Wales, with only one CRS case reported in 1995.

214	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 711: The provinces of Canada adopted a policy either of mass vaccination of infants or of selective vaccination of preschool-age girls. Total rubella incidence dropped in the provinces that adopted mass vaccination of infants but was not much changed in those adopting vaccination of preschool-age girls. However, reported CRS decreased throughout Canada. As of 1983, all provinces give vaccine to infants and also to 12 year old girls who have not been immunized previously.

215	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 419: Although mumps generally is viewed as an acute, relatively benign communicable disease of childhood, it gained notoriety as an illness substantially affecting armies during times of mobilization.

216	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 419-425.	
	Document Name: CDC Pink Book – Mumps https://drive.google.com/file/d/1U1YBF2qTfjCbyi3hlFKABEDnmxJxhCqh/view?usp=sharing	Author/Year: CDC, 2011
	P 206-208.	

217	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 443.	
	Document Name: Infectious diseases requiring notification in Israel	Archive: https://drive.google.com/open?id=1QEXa9ZV_xDKvAdsUhN4ByWAfc7FbMjsH

	https://www.health.gov.il/PublicationsFiles/Disease1951_2010.pdf	
	Author/Year: Israeli Ministry of Health, 2012	
	P 125,127.	

218	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 429: In the US, mumps vaccine was first licensed in 1967 and has been administered as MMR since 1971. The ACIP first recommended MMR vaccine in 1977 and modified this to a two-dose schedule in 1989.

219	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 435: The effectiveness of mumps vaccines determined in field studies is lower than efficacy determined in clinical trials.

220	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 442: In the US, reported cases of mumps decreased from more than 185,000 in the prevaccine era to 2,982 by 1985, a decrease of more than 98%. By 2003, only 231 cases were reported, an all-time low

221-240

221	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 437-438.

222	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 426: Indeed, since the 1989 implementation of a two-dose vaccination schedule in the US, reported mumps cases have decreased dramatically, although large mumps outbreaks still occur even in fully vaccinated populations, indicating that complete protection against mumps using current vaccines and vaccination schedules may not be feasible.

223	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 444.

224	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)

	P 439: In Japan, the inclusion of mumps vaccine as part of the national immunization program was halted and has yet to resume;

225	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1404: Mumps notifications fell by more than 95% after introduction of the vaccine in the United States (it was licensed in 1967 and recommended universally for children in 1977), which is appreciably greater than the product of coverage and efficacy and hence a clear indication of indirect protection.

226	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 357-358.	

227	Document Name: CDC Pink Book – Measles https://drive.google.com/file/d/1Yh8xUeOHSeX78GGs8DdWDFCm-hiKlSDz/view?usp=sharing	Author/Year: CDC, 2011
	P 177-178.	

228	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 356.

229	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 353: Although subclinical infection with boosting of antibody may occur with subsequent exposure, immunity after natural infection is believed to be lifelong.

230	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 358: In the United States in the prevaccine era, approximately 500,000 cases of measles were reported each year, but, in reality, an entire birth cohort of approximately 4 million persons was infected annually. Associated with these cases were an estimated 500 deaths…

231	Page Name: Complications of measles	Archive: http://archive.is/cTbrj
	Website: CDC https://www.cdc.gov/measles/about/complications.html	
	For every 1,000 children who get measles, one or two will die from it.	

232	Page Name: Measles notifications and deaths in England and Wales: 1940 to 2016 https://www.gov.uk/government/publications/measles-deaths-by-age-group-from-1980-to-2013-ons-data/measles-notifications-and-deaths-in-england-and-wales-1940-to-2013	Archive: http://archive.is/8YVzg
	Website: Public Health England	
	Birth data of the National Bureau of Statistics Page Name: Trends in births and deaths over the last century http://visual.ons.gov.uk/birthsanddeaths/	Archive: http://archive.is/i0yx9
	Website: UK Office for National statistics	

233	Page Name (Hebrew): Birth data in Israel	Archive: http://archive.is/yCIfs
	Website: https://tinyurl.com/y8z7v573	
	Document Name: Infectious diseases requiring notification in Israel https://www.health.gov.il/PublicationsFiles/Disease1951_2010.pdf	Archive: https://drive.google.com/open?id=1QEXa9ZV_xDKvAdsUhN4ByWAfc7FbMjsH
	Author/Year: Israeli Ministry of Health, 2012	
	Measles mortality data on p 123.	

234	Article Name: Effect of vaccination programmes on mortality burden among children and young adults in the Netherlands during the 20th century: a historical analysis	PMID: 26873665
	Lead Author/Year: Maarten van Wijhe, 2016	Journal: Lancet Infectious Diseases
	P 6: For measles, the contribution to the all-cause mortality burden reduced steadily over the prevaccination period, so once vaccination was introduced in 1976, the mortality burden was already too low to note a clear effect of vaccination.	

235	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 353.

236	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 353: …subacute sclerosing panencephalitis (SSPE) (1 per 100,000 cases)…

	The graph on page 374 shows about 45 cases of SSPE in the United States in 1969 (even before the level of measles fell, given the time lag between measles and the onset of SSPE).

237	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 358: Young age at infection contributes to the high risk of serious complications and death. Also, malnutrition, especially vitamin A deficiency, may be an important factor leading to the marked severity of measles in the developing world because of defects in cellular (and possibly humoral) immunity.

238	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 365-366.

239	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 369: With overall incidence of measles in the United States at record low levels and no evidence of increasing incidence among previously vaccinated persons, waning immunity does not appear to constitute a problem. Although secondary vaccine failures have been documented, taken collectively, the serologic and epidemiologic data during the past 35 years indicate that vaccine provides long-term immunity.

240	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 381: As vaccination coverage increases among successive birth cohorts, measles transmission decreases, reducing the risk of measles even among unvaccinated persons. At some vaccine- induced immunity level lower than 100%, measles virus transmission is interrupted. […] Mathematical models have estimated the herd immunity threshold for measles in the United States at 92% to 95%. […] Experience in industrialized countries has shown that a single dose of measles vaccine, widely administered, can reduce measles transmission, but a two-dose strategy is necessary for elimination of indigenous transmission. P 365: Measles vaccine provides both personal immunity to prevent disease when exposed to measles virus and population immunity through decreased intensity of transmission as the proportion of immune persons in a population increases. The population immunity effect decreases the risk of measles among immunized as well as unimmunized persons.

241-253

241	Article Name: Correlates of Vaccine-Induced Immunity	PMID: 18558875
	Lead Author/Year: Stanley A. Plotkin, 2008	Journal: Clinical Infectious Diseases

	P 5: A remark in passing: it has become cliche´ to say that vaccines prevent only disease, not infection. Although that may be often the case, it is not a general truth. If the presence of antibodies is sufficient to prevent colonization of mucosal surfaces, vaccines can produce "sterile" immunity. Vaccines against polio, measles, rubella, Hib, pneumococcus, meningococcus, and probably human papillomavirus are all capable of preventing infection as well as disease.

242	Article Name: Control of pertussis—Lessons learnt from a 10-year surveillance programme in Sweden		PMID: 19679218
	Lead Author/Year: Rose-Marie Carlsson, 2009	Journal: Vaccine	
	P 5: Mild-to-moderate cases in semi-immune individualsmayhave a shorter period of contagiousness, but they contribute to the spread of disease because they often go unrecognised and the infected individuals continue with their daily activities in day-care centres, schools and workplaces.		

243	Abbreviated Name: Carlsson 2009
	P 1: In 1979, whole-cell pertussis (wP) vaccine was withdrawn from the Swedish childhood vaccination programme because of decreasing effectiveness and international concerns about safety.

244	Abbreviated Name: Carlsson 2009		
	P 5.		
	Article Name: Surveillance of infant pertussis in Sweden 1998–2012; severity of disease in relation to the national vaccination programme		PMID: 25695476
	Lead Author/Year: Rose-Marie Carlsson, 2015	Journal: Euro surveillance	
	P 1: Pertussis decreased in non-vaccinated infants (2003 to 2012, $p < 0.001$), indicating herd immunity, both in those too young to be vaccinated and those older than three months.		

245	Abbreviated Name: Carlsson 2009
	P 9: The Swedish enhanced surveillance project is sponsored by the aP vaccine manufacturers GlaxoSmithKline (Rixensart, Belgium), Sanofi Pasteur and Sanofi Pasteur MSD (Lyon, France).
	Abbreviated Name: Carlsson 2015
	P 8: Financial support was obtained from the National Institute of Allergy and Infectious Diseases, Contract no. N01-AI-15125, from the European Commission, Contract n° QLK2-CT-2001-01819; Eupertstrain, and from the following manufacturers an

	unrestricted grant: GlaxoSmithKline Vaccines, Wavre, Belgium, Sanofi Pasteur, Lyon, France, and Sanofi Pasteur MSD, Lyon, France.

246	Abbreviated Name: Carlsson 2009
	P 1: There is also a well-established child healthcare system in Sweden, with 98–99% vaccination coverage in infancy. The coverage for the three-dose pertussis vaccination at 3, 5 and 12 months of age rapidly reached this level because the introduction of the diphtheria–tetanus–aP (DTaP) vaccine only involved a switch from DT vaccine to DTaP, and this coverage has remained unchanged during the subsequent switch to multivalent combinations including aP.

247	Abbreviated Name: Carlsson 2015
	P 3, chart 2.

248	Abbreviated Name: Carlsson 2009
	P 7: Of the eight deaths in unvaccinated infants during the 10-year Swedish surveillance project […] Examination of the Swedish national registry of deaths indicates that there were only three pertussis deaths in infants aged 3–11 months during the 10-year period before introduction of aP vaccination. The relevance of the difference between the two periods is uncertain…

249	Abbreviated Name: Carlsson 2009
	P 3-4: The Swedish surveillance project was established as a continuation of an efficacy trial reporting procedure, including passive reporting from laboratories and the use of the same telephone questionnaire. This is in contrast to the active and prospective case finding in a previous efficacy trial, and the difference in reported rates between these two trials clearly indicates an almost 10-fold difference between active and passive case detection. […] It is therefore likely that there has been under-reporting of pertussis cases following the introduction of aP vaccination in Sweden, and the degree of under-reporting within the country may vary.

250	Abbreviated Name: Carlsson 2009
	P 8: While it is well established that wP or aP vaccination significantly reduces the overall disease burden, generalisations about the impact of vaccination on pertussis epidemiology are difficult to make because countries differ in many respects, including vaccination schedule, vaccination coverage, types of vaccines used, surveillance systems employed, crowding, mixing patterns and exposure to infection.

251	Article Name: The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of Bordetella pertussis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf	PMID: 28928960 Archive: https://drive.google.com/open?id=1bCru-8-TfSy2uwMt01noQ_yY3B-6laEB
	Lead Author/Year: Christopher Gill, 2017	Journal: F1000 Research
	P 1: The incidence of whooping cough in the US has been rising slowly since the 1970s, but the pace of this has accelerated sharply since acellular pertussis vaccines replaced the earlier whole cell vaccines in the late 1990s. A similar trend occurred in many other countries, including the UK, Canada, Australia, Ireland, and Spain, following the switch to acellular vaccines. P 3, chart 1	

252	Article Name: Seroprevalence of Pertussis in the Netherlands: Evidence for Increased Circulation of Bordetella pertussis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995730/pdf/pone.0014183.pdf	PMID: 21152071 Archive: https://drive.google.com/open?id=1uIkUYGherxA7I8LGwKvOnMdql9aFXy3f
	Lead Author/Year: Sabine C. de Greeff, 2010	Journal: PLOS One
	P 2: Our results show that, although the changes in the vaccination program have reduced pertussis morbidity in childhood, they have not affected the increased infection rate in adolescent and adult pertussis.	

253	Abbreviated Name: Gill 2017
	P 10: …mathematical models that include no impact on disease transmission cannot explain the observed epidemiologic data.

Chapter 10: The Mysteries of Polio

1-20

1	Article Name: From Emergence to Eradication: The Epidemiology of Poliomyelitis Deconstructed https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2991634/pdf/kwq320.pdf	PMID: 20978089
	Lead Author/Year: Neal Nathanson, 2010	Journal: American Journal of Epidemiology
	P 2.	

2	http://archive.is/L7Mv5

3	The institutional description of the history of polio appears in many sources, for example - Article Name: The Poliomyelitis Story: A Scientific Hegira https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2589894/pdf/yjbm00092-0018.pdf	PMID: 2994307
	Lead Author/Year: Dorothy M. Horstmann, 1985	Journal: The Yale Journal Of Biology And Medicine
	P 1-2.	
	Or Article Name: History of polio vaccination https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782271/pdf/WJV-1-108.pdf	PMID: 24175215
	Lead Author/Year: Anda Baicus, 2012	Journal: World Journal of Virology
	P 1-2.	

4	Book Title: Vaccines (6th edition) Published by Elsevier Saunders https://www.elsevier.com/books/vaccines/plotkin/978-1-4557-0090-5
	Lead Author/Year: Stanley Plotkin, 2013
	P 573: Fortunately, in 1908 Karl Landsteiner and Eric Popper isolated the virus of poliomyelitis, and scientific study of the agent began.

5	Article Name: Poliomyelitis Problems	PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America

	P 1: Notwithstanding the intensive studies of investigators, very little information of practical value has been added to our knowledge of poliomyelitis during the past forty years.

6	Article Name: Clinical concepts of poliomyelitis		PMID: 18148242
	Lead Author/Year: EB Shaw, 1949	Journal: Pediatrics	
	P 1: Every aspect of poliomyelitis has been subjected to intensive study during the last two or three decades, in spite of which the clinician has not been presented with any inescapably sound doctrine regarding its epidemiology and transmission, its precise pathogenesis, or the details of diagnosis and treatment.		

7	Article Name: Paralytic consequences of poliomyelitis infection in different parts of the world and in different population groups https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525657/pdf/amjphnation00428-0010.pdf		PMID: 14885514
	Lead Author/Year: Albert B. Sabin, 1951	Journal: American Journal of Public Health	
	Citing Sigmund Freud, P 15: In one of these letters Freud wrote: "Even lectures I have given up, in order not to be forced to tell something that I only hope to learn some day."		

8	Article Name: Innate host barriers to viral trafficking and population diversity: lessons learned from poliovirus https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3234684/pdf/nihms338421.pdf		PMID: 20951871
	Lead Author/Year: Julie K. Pfeiffer, 2010	Journal: Advances in Virus Research	
	P 1: During research to develop the vaccines, many questions were asked: Why did certain people develop paralysis? How does the virus move from the gut to the CNS? What limits viral trafficking to the CNS in the vast majority of infected individuals? Despite over 100 years of poliovirus research, many of these questions remain unanswered.		

9	Article Name: The epidemiology of poliomyelitis: enigmas surrounding its appearance, epidemicity, and disappearance		PMID: 400274
	Lead Author/Year: Neal Nathanson, 1979	Journal: American Journal of Epidemiology	

10	Article Name: From Emergence to Eradication: The Epidemiology of Poliomyelitis Deconstructed https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2991634/pdf/kwq320.pdf		PMID: 20978089
	Lead Author/Year: Neal Nathanson, 2010	Journal: American Journal of Epidemiology	

11	Abbreviated Name: Nathanson 2010	PMID: 20978089
	P 1: …polio is one of the few major diseases whose appearance in epidemic guise was so recent that it was very well documented, together with its emergence as a worldwide scourge.	

12	Abbreviated Name: Nathanson 2010	PMID: 20978089
	P 3, Figure1.	

13	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791
	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA	
	P 1: …the main problem in the epidemiology of poliomyelitis concerns the cause or causes of the sudden appearance in certain parts of the world of large numbers of paralytic cases.		
	Abbreviated Name: Nathanson 2010		PMID: 20978089
	P 2: Beginning around 1880, a series of outbreaks of infantile paralysis were reported from several Scandinavian countries and the United States... Most remarkable is the almost simultaneous appearance of outbreaks in European countries and the United States.		

14	Abbreviated Name: Nathanson 2010	PMID: 20978089
	P 2: The disease's striking presentation, in which previously healthy infants underwent an acute febrile illness followed by localized paralysis, would have made outbreaks conspicuous. However, few if any cases were reported until late in the 19th century.	

15	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791
	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA	
	P 1: the bulk of the evidence suggests that the epidemic outbursts, of the type which have occurred especially in the United States and a few other countries in the past thirty to forty years, are events that could not readily have been missed in the past.		

16	Article Name: The Poliomyelitis Story: A Scientific Hegira https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2589894/pdf/yjbm00092-0018.pdf		PMID: 2994307
	Lead Author/Year: Dorothy M. Horstmann, 1985	Journal: The Yale Journal Of Biology And Medicine	

	P 2: …epidemics emerged only in economically advanced countries of the world while in the underdeveloped areas the disease remained endemic;

17	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791
	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA	
	P 7: Why did paralytic poliomyelitis become an epidemic disease only a little more than fifty years ago, and as such why does it seem to be affecting more and more the countries in which sanitation and hygiene, along with the general standard of living, are presumably making the greatest advances, while other large parts of the world, regardless of latitude, are still relatively unaffected?		

18	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791
	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA	
	P 6: .China, the Fiji Islands, Africa and certain other regions, in which only sporadic cases but no epidemics were known to occur…		

19	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791
	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA	
	P 1: …cities like Peiping, Tientsin and Shanghai, occupying approximately the same latitude in China, in which only rare sporadic cases have been recorded thus far, despite the presence in these cities for many years now of excellent western trained physicians who could not have missed such outbreaks in the native population if they had occurred.		

20	Article Name: Poliomyelitis Problems		PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America	
	P 3: I have been told by Chinese physicians that they had never seen poliomyelitis in their own country.		

21-40

21	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791

	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA
	P 6-7.	

22	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791
	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA	
	P 6: Poliomyelitis has occurred among American troops in certain foreign countries, especially the Middle East, the Philippine Islands and during the past summer Japan and North China, in numbers and under circumstances that raise puzzling questions.		

23	Article Name: Poliomyelitis In British And American Troops In The Middle East: The Isolation Of VirusFrom Human Faeces https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC2284416&blobtype=pdf		
	Lead Author/Year: John R. Paul, 1944	Journal: BMJ	
	P 1: In 1941 a total of 74 cases were notified as acute poliomyelitis or encephalitis in the M.E.F., and of these 19 were fatal; in 1942 there were 32 cases, with 14 deaths. The rate among American soldiers stationed in the Middle East (during the first 10 months of 1943) has been more than 10 times that recorded in the United States for a similar period of time.		

24	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791
	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA	
	P 7: This past summer I had occasion to observe an outbreak of poliomyelitis among American marines stationed in the Tientsin area of North China. Four men died, 1 was severely paralyzed and at least 25 others had nonparalytic attacks. There was no evidence of an outbreak of poliomyelitis in the native population at the time, and Dr. Grice, a British physician in practice in Tientsin for twenty-five years, informed me that while he not infrequently saw paralytic poliomyelitis in children in the foreign colony he rarely saw the disease among the Chinese.		

25	Abbreviated Name: Nathanson 2010	PMID: 20978089
	P 25: In the 1950s, Casablanca had 2 sizeable populations, native Moroccans and Europeans. During the period 1947–1953, there were cases of paralytic poliomyelitis in both populations, but the attack rate was 20-fold higher in the European sector.	

26	Article Name: Epidemiology Of Acute Poliomyelitis In India Command https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(45)90883-X/fulltext?code=lancet-site	
	Lead Author/Year: Douglas McAlpine, 1945	Journal: Lancet
	P 1, Table 1.	

27	Article Name: Epidemiology Of Acute Poliomyelitis In India Command https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(45)90883-X/fulltext?code=lancet-site	
	Lead Author/Year: Douglas McAlpine, 1945	Journal: Lancet
	P 1, Table 3.	

28	Article Name: Epidemiology Of Acute Poliomyelitis In India Command https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(45)90883-X/fulltext?code=lancet-site	
	Lead Author/Year: Douglas McAlpine, 1945	Journal: Lancet
	P 1, Table 1 and 3. In addition: British Army at Home: For 1943 and 1944 the incidence of acute poliomyelitis was 0 02 per 1000.	

29	Article Name: Poliomyelitis https://jamanetwork.com/journals/jama/article-abstract/296121	
	Lead Author/Year: Hart E. Van Riper, 1947	Journal: JAMA
	P 1: The period of evolution from sporadic to epidemic poliomyelitis corresponds roughly with the institution of widespread measures for improved sanitation. This interesting coincidence has led to the hypothesis that the virus is more widespread in areas where the sporadic disease predominates, making possible frequent exposures of the young infant to virus during the time when he still retains a high titer of passive immunity from his mother. Exposure to the virus under these conditions would surely stimulate further resistance to poliomyelitis and only occasionally result in the production of the frank disease. This theory might explain the infrequent cases of poliomyelitis in young children as they occurred in the early history of the disease in Europe and the United States. But, in regions where epidemics predominate, people are exposed to the virus less frequently and at a later period in life, when they have lost all or most of the passive immunity acquired from the mother. Thus there results a greater chance for the development of frank disease among older age groups rather than an increased resistance.	

30	Article Name: Paralytic consequences of poliomyelitis infection in different parts of the world and in different population groups https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525657/pdf/amjphnation00428-0010.pdf	PMID: 14885514
	Lead Author/Year: Albert B. Sabin, 1951	Journal: American Journal of Public Health
	P 15: In general, the poorer the population, its standard of living and sanitation, the more extensively is poliomyelitis virus disseminated among them and the lower is the incidence of paralytic poliomyelitis when virulent strains of virus come their way.	

31	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 31: Polioviruses probably circulated in an uninterrupted endemic manner for many centuries, infecting new cohorts of susceptible infants continuously, almost all early in life, when maternally derived antibody transferred from mother to newborn still provided some protection. A change from endemic transmission to periodic epidemics was first observed in some temperate-climate countries (eg, Norway, Sweden, and the United States) late in the 19th century and at the beginning of the 20th century… The generally accepted explanation, supported by numerous studies, is that, in a temperate-zone climate with increased economic development and correspondingly improved resources for community sanitation and household hygiene, exposure to polioviruses was postponed to later in life.

32	Abbreviated Name: Nathanson 2010	PMID: 20978089
	P 2: The most probable hypothesis is that outbreaks were associated with an increase in the age at which poliovirus infection was occurring (4). In the pre-epidemic era, enteric infections were so ubiquitous that most infants were infected within 6–12 months, at a time when they had circulating antibodies passively derived from their nursing mothers. Although serum antibodies did not prevent enteric infection, they were sufficient to preclude viremia, thereby avoiding invasion of the central nervous system and paralysis. The result was the acquisition of active immunity under the cover of passive protection. However, with the advent of improved personal hygiene and public sanitation, the transmission of enteric infections was delayed so that some infants were first infected after 12 months of age, when levels of passive antibodies had waned, reducing the barrier against invasion of the central nervous system.	

33	Abbreviated Name: Nathanson 2010	PMID: 20978089
	Nathanson himself refers to it as a "hypothesis." P 2: The most probable hypothesis is that...	

34	Article Name: The epidemiology of poliomyelitis: enigmas surrounding its appearance, epidemicity, and disappearance	PMID: 400274
	Lead Author/Year: Neal Nathanson, 1979	Journal: American Journal of Epidemiology

	Nathanson calls it the “central dogma”, P 1: In fact, an explanation was developed, which can be considered the "central dogma" of poliomyelitis epidemiology.

35	Article Name: Studies On The Development Of Natural Immunity To Poliomyelitis In Louisiana		PMID: 13827179
	Lead Author/Year: Henry M. Gelfand, 1960	Journal: Journal of Immunology	
	P 4, Table 6.		
	Article Name: Paralytic consequences of poliomyelitis infection in different parts of the world and in different population groups https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525657/pdf/amjphnation00428-0010.pdf		PMID: 14885514
	Lead Author/Year: Albert B. Sabin, 1951	Journal: American Journal of Public Health	
	P 10: While the time of disappearance of placentally transmitted antibody generally depends on the original concentration, the majority of infants are devoid of placentally transmitted antibody at 5 to 6 months of age.		
	Similar findings were received in Israel in 1960 - Article Name: Epidemiology of Poliomyelitis in Israel, 1952-59 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2555311/pdf/bullwho00327-0059.pdf		PMID: 13814376
	Lead Author/Year: A. Michael Davies, 1960	Journal: Bulletin of the World Health Organization	
	P 4.		

36	Article Name: Paralytic consequences of poliomyelitis infection in different parts of the world and in different population groups https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525657/pdf/amjphnation00428-0010.pdf		PMID: 14885514
	Lead Author/Year: Albert B. Sabin, 1951	Journal: American Journal of Public Health	
	P 11: It is evident from these data that neither among the lower income groups in the United States nor in the Far East or Egypt were Lansing antibodies (and presumably infection) acquired to any significant extent during the period of diminishing placentally transmitted antibody. The hypothesis of extensive immunization as a result of modified or subclinical infection among certain population groups during the first year of life therefore became untenable.		

37	Page Name: Vaccines and Immunization - Polio	
	Website: Museum of Healthcare http://www.museumofhealthcare.ca/explore/exhibits/vaccinations/polio.html	Archive: http://archive.is/VR6Aa

	Thus, over time, a growing percentage of children, as well as young adults, particularly among the more hygienic middle class in small towns and new suburban areas during the postwar "baby boom," were vulnerable to the poliovirus, which had a greater chance of invading the nervous system and causing paralytic damage.

38	Book Title: Dirt and Disease: Polio Before FDR https://www.amazon.com/Dirt-Disease-Medicine-American-Society/dp/0813517869/ref=sr_1_1?s=books&ie=UTF8&qid=1476620110&sr=1-1&keywords=9780813517865	
	Lead Author/Year: Naomi Rogers, 1992	Publisher: Rutgers University Press

39	Book Title: Dirt and Disease: Polio Before FDR https://www.amazon.com/Dirt-Disease-Medicine-American-Society/dp/0813517869/ref=sr_1_1?s=books&ie=UTF8&qid=1476620110&sr=1-1&keywords=9780813517865	
	Lead Author/Year: Naomi Rogers, 1992	Publisher: Rutgers University Press
	P 165: During the 1920s and 1930s the public and the scientific community developed a new image of polio. Until then polio, seen as a children's illness that rarely attached adults, was associated with immigrants and urban slums.	

40	Book Title: Dirt and Disease: Polio Before FDR https://www.amazon.com/Dirt-Disease-Medicine-American-Society/dp/0813517869/ref=sr_1_1?s=books&ie=UTF8&qid=1476620110&sr=1-1&keywords=9780813517865	
	Lead Author/Year: Naomi Rogers, 1992	Publisher: Rutgers University Press
	P 9-10: The scenes show narrow streets lined with dirty and unsanitary pushcarts, the latter filled with fly-specked cakes and candy and decaying fruit... all are touched by many hands before they are finally eaten; there are uncovered garbage cans near which cats and children play and squabble over crusts of bread and other tid-bits.	

41-60

41	Article Name: In Reaction to Zika Outbreak, Echoes of Polio	Date: Aug 29, 2016
	Website: NYTIMES http://www.nytimes.com/2016/08/30/health/zika-outbreak-echoes-of-polio.html	Archive: http://archive.is/qp0YD
	The first child to be paralyzed lived in a modest Italian neighborhood east of the Gowanus in Brooklyn. Polio soon jumped to Pigtown, a gritty pig-farming area, and most of the first 20 cases were in Italian children.	

42	Article Name: Infant Paralysis Starts a Cleanup	Date: July 1, 1916
	Website: NYTIMES http://newspaperarchive.com/us/new-york/new-york/new-york-times/1916/07-01/page-7	
	…forty-seven [deaths] occurring since last Saturday, forty-two in Brooklyn and five in Manhattan. Italians living in crowded tenements have been the chief sufferers… The infected area contains many old tenements and garbage and ashes are deposited in the halls. It is reported that these areas are infested with cats and the garbage and ash piles draw flies. With the co-operation of the various departments these areas are being cleaned up.	

43	Book Title: Murderous Contagion: A Human History of Disease https://www.amazon.com/Murderous-Contagion-Human-History-Disease/dp/1782069437	
	Lead Author/Year: Mary Dobson , 2015	Publisher: Quercus Publishing
	But in the summer of 1916 it became clear that the epidemic, while striking hardest at the young, affected both rich and poor, long-time residents as well as recent immigrants.	

44	Book Title: Dirt and Disease: Polio Before FDR https://www.amazon.com/Dirt-Disease-Medicine-American-Society/dp/0813517869/ref=sr_1_1?s=books&ie=UTF8&qid=1476620110&sr=1-1&keywords=9780813517865	
	Lead Author/Year: Naomi Rogers, 1992	Publisher: Rutgers University Press
	P 10: Poliomyelitis paralyzed infants and children. Their economic or sanitary conditions seemed to make little difference; rich or poor, clean or dirty, no child seemed immune.	

45	Article Name: Notes Of An Epidemic Of Acute Anterior Poliomyelitis https://jamanetwork.com/journals/jama/article-abstract/458738	
	Lead Author/Year: Charles S. Caverly, 1896	Journal: JAMA
	P 1: That the general sanitary surroundings and methods of living were in anywise responsible for the outbreak is also more than doubtful, since the disease showed no partiality to that class of the population whose habits and surroundings are the most unsanitary. The so-called laboring classes were oftenest affected, but not out of proportion to their numbers. These classes here, whether among the farming population or in the mills and quarries, have usually pure air, food and water. Hence, general sanitary conditions did not seem to have any influence on the epidemic.	

46	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1907 https://archive.org/details/b22431779	
	Lead Author/Year: Robert W. Lovett, 1908	Journal: Boston Medical and Surgical Journal
	P 6-7: The reports on the conditions of the house in which the patients lived are of interest. One	

	hundred and fifteen lived in detached houses; 110 in tenements. As to the influence of dampness, 99 lived on the first floor; 65 on the second; 12 on the third; and 6 in the upper stories; 20 occupied the whole house. Sanitary conditions were described as exceptionally good in 21. Good, in 123. Fair, in 55. Poor or bad, in 23… The house was screened in 133 cases, and not screened or insufficiently so in 80… Analyzing these data for what they are worth, it would seem that it was not an affection confined to the lower classes.

47	Article Name: An Epidemic Of Infantile Paralysis In Western Massachusetts In 1908 https://archive.org/details/bostonmedicalsur1611mass		
	Lead Author/Year: Herbert C. Emerson, 1909	Journal: Boston Medical and Surgical Journal	
	P 118: Investigation of the home conditions of each case shows that sanitary conditions were found to be excellent in 4 cases, good in 17, fair in 31 and bad in 17. Forty-one of the cases lived in detached houses, 17 in two-tenement and 3 in three-tenement houses, while but 8 lived in houses having four or more tenements… The sanitary arrangements in the houses showed that 23 houses had water closets connected with the sewer and 46 had earth closets; that the sink water from 30 houses was carried into the sewer and in 39 cases it was disposed of in various ways on the land nearby or in pipes to the nearest brook, pond, etc.		

48	Book Title: Preventive Medicine and Hygiene https://drive.google.com/open?id=1ONdl0AG5blbj8mJM0vMupllqgVoL0T4D	
	Lead Author/Year: Milton J. Rosenau, 1918	Publisher: D Appleton and Company
	P 340: From the standpoint of prevention it is important to note that social and hygienic conditions apparently have no influence whatever in determining the infection. All classes are affected in about equal proportion.	

49	Article Name: A Survey Of Neutralizing Antibodies To Poliomyelitis Virus In Cairo, Egypt		PMID: 14933381
	Lead Author/Year: John R. Paul, 1952	Journal: American Journal of Epidemiology	
	P 4-5.		

50	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective		
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health	
	P 35: This indicated the presence of an almost constantly moderate endemicity (Levenstein K, 1937) that varied between 1.7 and 0.3 per 100,000 population during the whole reporting period. An exception were the epidemic years 1928, 1929, 1934 and 1939, when the attack rates ranged between 2.1 and 4.1 per 100,000.		

51	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective	

	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health
	P 43, Figure 4.1	

52	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective		
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health	
	P 39: This pattern, common to the other countries in the geopolitical area, was the result of poor sanitation which favored the community transmission of infection in a slowly growing population, and to a low level of family hygiene which supported the intrafamilial spread of fecal-oral transmitted infectious diseases. The result was infection in early life, which led to immunity to polio in the majority of the population. This maintained an endemic state which prevented massive spread.		

53	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective		
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health	
	P 41: This population was severely affected by the disease, as expressed by an exceedingly high attack rate of 271.0 per 100,000, recorded in the year following immigration, as compared with 122.0 per 100,000 in the veteran Israeli residents.		

54	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective		
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health	
	P 118: There were high attack rates, which ranged between 268.0 per 100,000 in kibbutz settlements and 107.0 per 100,000 in towns, respectively. Quite strikingly, similarly high rates occurred in kibbutz and immigrant camp populations, in spite of the marked differences in terms of housing, sanitation and nutrition.		

55	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective		
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health	
	P 52-54.		

56	Article Name: The Poliomyelitis Story: A Scientific Hegira https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2589894/pdf/yjbm00092-0018.pdf		PMID: 2994307
	Lead Author/Year: Dorothy M. Horstmann, 1985	Journal: The Yale Journal Of Biology And Medicine	

	P 11: Estimates based on the findings suggested incidence rates comparable to those during the peak years in the United States before the introduction of vaccine in 1955.

57	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 606: Lower socioeconomic status has been shown to be a risk for paralytic poliomyelitis in developing countries, probably because children belonging to the lower socioeconomic group experience more intense exposure to poliovirus (ie, a higher virus inoculum, which has been shown in experimental studies to be a risk factor for paralytic disease).	

58	Document Name: Poliovirus infection case definition summary https://www.health.gov.au/internet/main/publishing.nsf/Content/cda-phlncd-polio.htm/$FILE/polio.pdf	
	Lead Author/Year: Public Health Laboratory Network (Australia), 2000	Archive: https://drive.google.com/open?id=1RCX0f4JIgDWhu4Ypvf55CUPB8b1FJg3f
	P 1: The risk of infection is directly correlated with poor hygiene and poor sanitation and overcrowding, typically among inadequately vaccinated populations. This is a major health problem in the developing world causing mortality and morbidity among thousands of children annually.	

59	Article Name: New Strategies for the Elimination of Polio from India http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.654.6533&rep=rep1&type=pdf	PMID: 17110580
	Lead Author/Year: Nicholas C. Grassly, 2006	Journal: Science
	P 3: High population densities and poor sanitation therefore appear to explain the persistence of polio. These factors act to facilitate the transmission not only of poliovirus but also of other enteroviruses and diarrhea…	

60	Article Name: The Poliomyelitis Story: A Scientific Hegira https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2589894/pdf/yjbm00092-0018.pdf	PMID: 2994307
	Lead Author/Year: Dorothy M. Horstmann, 1985	Journal: The Yale Journal Of Biology And Medicine
	P 11: Because in third-world countries few cases of poliomyelitis are reported and epidemics do not occur, it has been assumed that the wide dissemination of the virus resulted in immunizing infections in the first years of life at a price of only rare paralytic cases. This assessment proved false…	

61-80

61	Article Name: The Poliomyelitis Story: A Scientific Hegira https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2589894/pdf/yjbm00092-0018.pdf	PMID: 2994307
	Lead Author/Year: Dorothy M. Horstmann, 1985	Journal: The Yale Journal Of Biology And Medicine
	P 2: The likely explanation of these patterns is thought to be related to ways of life - to an improved sanitary environment in industrialized countries which protected young children from early exposure to the virus, allowing a build-up in the number of susceptibles among whom epidemics could get under way. In contrast, in the underdeveloped, largely tropical countries of the world where the sanitary environment remains poor, infection and immunity develop in the first few years of life. Thus there are not enough susceptibles for an epidemic to occur, and cases remain confined to the youngest age group.	

62	Article Name: Poisoning as The Cause of Poliomyelitis	PMID: 14771968
	Lead Author/Year: Ralph R. Scobey, 1950	Journal: Archives of Pediatrics
	P 29: One has only to examine critically the literature of the past and it will be found that poliomyelitis beyond doubt existed, but that it was designated by many names. The writer had found individual cases and epidemics of paralytic diseases listed by nearly 200 names prior to 1890.	

63	Article Name: Is the Cause of Poliomyelitis Always the Same?	PMID: 13066184
	Lead Author/Year: Ralph R. Scobey, 1953	Journal: Archives of Pediatrics
	P 3-7.	

64	Article Name: Nonpolio Causes of Polio-like Paralytic Syndromes	PMID: 6740077
	Lead Author/Year: JHS Gear, 1984	Journal: Reviews of Infectious Diseases
	P 1-2.	

65	Article Name: Nonpolio Causes of Polio-like Paralytic Syndromes	PMID: 6740077
	Lead Author/Year: JHS Gear, 1984	Journal: Reviews of Infectious Diseases
	P 2-3.	

66	Article Name: Poliomyelitis-The Los Angeles Epidemic Of 1934 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1753761/pdf/calwestmed00403-0040.pdf	PMID: 18743375

	Lead Author/Year: RW Meals, 1950	Journal: California And Western Medicine
	Part II, p 2: We were interested in the long list of mistaken diagnoses reported by Brady and Lenarsky but found, on checking our own experiences that we had seen in this and other epidemics fifty seven different conditions suspected of being poliomyelitis.	

67	Article Name: Poliomyelitis-The Los Angeles Epidemic Of 1934 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1753761/pdf/calwestmed00403-0040.pdf		PMID: 18743375
	Lead Author/Year: RW Meals, 1950	Journal: California And Western Medicine	
	Part II, p 7: In the Chicago outbreaks of 1916 and 1917, almost every conceivable disease and condition was reported by physicians as poliomyelitis.		

68	Article Name: Poliomyelitis Problems		PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America	
	P 7: In the midst of an epidemic a great variety of diseases and conditions have been confused with poliomyelitis. Among them are some that have been observed by the writer and which will merely be mentioned here. They are: practically all forms of bacterial meningitis but particularly tuberculosis, tetanus, rheumatic fever, mononucleosis, brain abscess, brain tumor, trichinosis, mumps meningoencephalitis, lymphocytic choriomeningitis, transverse myelitis, lead poisoning, Guillain-Barre syndrome, laryngeal diphtheria, scurvy, tonsillitis, postdiphtheritic paralysis, acute pharyngitis, diabetes and hysteria; also osteomyelitis, a foreign body in the plantar surface of the foot causing a limp, appendicitis and fracture of the fibula, skull fracture and spontaneous subarachnoid hemorrhage. P 5: It is frequently stated that no two cases of poliomyelitis are exactly alike		

69	Article Name: Acute Poliomyelitis With Special Reference To Early Symptomatology And Contact Histories https://www.jstor.org/stable/25361797?		
	Lead Author/Year: Douglas McAlpine, 1947	Journal: BMJ	
	P 1, 3.		

70	Article Name: Clinical concepts of poliomyelitis		PMID: 18148242
	Lead Author/Year: EB Shaw, 1949	Journal: Pediatrics	
	P 1: Every aspect of poliomyelitis has been subjected to intensive study during the last two or three decades, in spite of which the clinician has not been presented with any inescapably sound doctrine regarding its epidemiology and transmission, its precise pathogenesis, or the details of diagnosis and treatment.		

71	Article Name: Report Of A Possibly Milk-Born Epidemic Of Infantile Paralysis	
	Lead Author/Year: John C. Dingman, 1916	Journal: New York State Journal of Medicine

72	Article Name: An Outbreak Of Poliomyelitis Apparently Milk Borne https://jamanetwork.com/journals/jama/article-abstract/242504	
	Lead Author/Year: AC Knapp, 1926	Journal: JAMA

73	Article Name: An Institutional Outbreak Of Poliomyelitis Apparently Due To A Streptococcus In Milk https://www.jstor.org/stable/30083744	
	Lead Author/Year: Edward C. Rosenow, 1932	Journal: Journal of Infectious Diseases

74	Book Title: Poliomyelitis In All Its Aspects	
	Lead Author/Year: John Ruhrah , 1917	Publisher: LEA & FEBIGER
	P 57: The fact [is] that the disease seems to spread radially from an infected center so that the most recent cases are generally found to be the farthest away from the center geographically.	
	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 112: The Swedish epidemic of 1905 thus demonstrated that the mode in which the disease spreads both within the large epidemic centers and within the individual components which constitutes them, so far as it was possible to determine, was essentially analogous to that established for a number of other infectious diseases, in which transmission takes place from person to person.	

75	Article Name: Dangers In The Manufacture Of Paris Green And Scheele's Green https://www.jstor.org/stable/41829377	
	Year: 1917	Journal: Monthly Review of the U.S. Bureau of Labor Statistics

76	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 39-40: An incomplete list of arsenic-tinted items compiled by the Medical Society of London in the early 18805, for example, enumerated paper, fancy and surface coloured, in sheets for	

	covering cardboard boxes; for labels of all kinds; for advertisement cards, playing cards, wrappers for sweetmeats, cosaques, etc.; for the ornamentation of children's toys; for covering-children's and other books; for lamp shades, paperhangings for walls and other purposes; artificial leaves and flowers; wax ornaments for Christmas trees and other purposes; printed or woven fabrics intended for use as garments; printed or woven fabrics intended for use as curtains or coverings for furniture; children's toys, particularly inflated india-rubber balls with dry colour inside, painted india-rubber dolls, stands and rockers of rocking-horses and the like, glass balls (hollow); distemper colour for decorative purposes; oil paint for the same; lithographer's colour printing; decorated tin plates, including painted labels used by butchers and others to advertise the price of provisions; japanned goods generally; Venetian and other blinds; American or leather cloth; printed table baizes; carpets, floorcloth, linoleum, book cloth and fancy bindings. To this list may be added coloured soaps, sweetmeats and false malachite. Arsenic is also used in the preparation of skins for stuffing and of some preservatives used by anatomists." Other lists, though less lengthy, often turned up additional arsenical products. The renowned British toxicologist Robert Christison observed that not only was Scheele's green used to make sweetmeats more appetizing, but that it was also added to preserves and to apple tarts, and that several children had been made ill by the latter.‘ Others‘ pointed out that the green cakes in water color sets generally contained arsenic, as did dental fillings, and that people had been injured by arsenical stockings, veils, cosmetics, concert tickets, fly papers, stuffed animals, even money.

77	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 49-51: The respect in which Fowler's solution was held can be best appreciated by an enumeration of the conditions for which it was regularly prescribed. These included anemia, headache, dyspepsia, eczema, psoriasis, all other chronic skin diseases, neuralgia, chorea, epilepsy, whooping cough, asthma, bronchitis, emphysema, pulmonary tuberculosis, malaria, and cancer. In addition, Fowler's solution was suggested, at one time or another, for cholera, yellow fever, syphilis, diabetes, angina pectoris, tic douloureux, gout, arthritis, rheumatism, constipation, morning sickness, melancholia, impotence, fits of sneezing, warts, boils, and, for the careless traveler in the Orient, cobra bites.	

78	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 41: The real leadership of the campaign against arsenical manufactures was assumed by the physicians of Massachusetts, most prominent among these Yankee meddlers being a foursome of Bostonians: Frank Winthrop Draper, medical examiner (coroner) of Boston and lecturer at Harvard Medical School; James Jackson Putnam, professor of neurology at Harvard; Frederick Cheever Shattuck, professor of clinical medicine; and William Barker Hills, the medical school's chemistry professor. With a diligence befitting Harvard men, these four delivered lectures and published papers on the dangers of arsenic in the household, with the express purpose of informing the citizenry, through their physicians, of products to be avoided.	

79	Article Name: On The Character Of The Evidence As To The Injuriousness Of Arsenic As A Domestic Poison https://jamanetwork.com/journals/jama/article-abstract/466612	

	Lead Author/Year: James J. Putnam, 1891	Journal: JAMA
	P 3.	

80	Article Name: On The Character Of The Evidence As To The Injuriousness Of Arsenic As A Domestic Poison https://jamanetwork.com/journals/jama/article-abstract/466612	
	Lead Author/Year: James J. Putnam, 1891	Journal: JAMA
	P 2: These results conclusively show: first, that the community is exposed to arsenical contamination on a very large scale.	

81-100

81	Book Title: Encyclopedia of Pest Management https://books.google.co.il/books?id=ytFoAcwI4sQC&pg=PA377&lpg=PA377#v=onepage&q&f=false	
	Lead Author/Year: David Pimentel, 2013	Publisher: CRC Press
	P 377: The Colorado potato beetle, provides a prime example. It appeared as a devastating pest of potato in Iowa and Nebraska in 1861, having transferred from a native weed to an introduced relative, the potato. The beetle spread rapidly eastward, reaching the Atlantic coast in 1874, despite the use of traditional nonchemical means of control. In 1867, farmers in the west discovered that the Colorado potato beetle could be controlled with Paris green, an arsenical. Paris green was in general use by 1880 and became the first widely used pesticide in North America.	

82	Book Title: War on Bugs https://www.amazon.com/War-Bugs-Will-Allen/dp/1933392460	
	Lead Author/Year: Will Allen, 2007	Publisher: CRC Press
	Chapter 14.	

83	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 23: This decline did not leave the field uncontested to Paris green, for shortly before 1900 the most effective arsenical insecticide of all had been discovered, during the campaign against the gypsy moth. A leaf-eating insect native to Europe, the moth was first brought to the New World by Leopold Trouvelot, a French-born Harvard astronomer with a side-interest in silkworm breeding. Some experiments dealing with the latter subject seemed to Trouvelot to require gypsy moths, and so in 1869 he imported a number of gypsy moth eggs and cared for them until the insects reached maturity. The moths wasted little time asserting their	

	independence, and soon escaped from Trouvelot's home in Medford, Massachusetts. Twenty years later, in 1889, their descendants, in the form of caterpillars, returned to Medford, in numbers that "were so enormous that the trees were completely stripped of their leaves, the crawling caterpillars covered the sidewalks, the trunks of the shade trees, the fences and the sides of the houses, entering the houses and getting into the food and into the beds. They were killed in countless numbers by the inhabitants who swept them up into piles, poured kerosene over them and set them on fire. Thousands upon thousands were crushed under the feet of pedestrians, and a pungent and filthy stench arose from their decaying bodies. The numbers were so great that in the still, summer nights the sound of their feeding could plainly be heard, while the pattering of the excremental pellets on the ground sounded like rain.

84	Article Name: Historical use of lead arsenate insecticides, resulting soil contamination and implications for remediation https://drive.google.com/open?id=1aQjZsfRp8Qyjjyp4qvJx3db0an68Tsid	Archive: http://archive.is/M0jdl
	Lead Author: Francis J. Peryea	
	P 1: These properties were useful to farmers, with the consequence that LA was rapidly adopted for insecticidal use throughout the world. Lead arsenate initially was prepared by farmers at home by reacting soluble lead salts with sodium arsenate, a practice that continued in some countries through the 1930s and likely 1940s. Lead arsenate pastes and powders also were sold commercially. Their formulations became more refined over time.	

85	Article Name: Historical use of lead arsenate insecticides, resulting soil contamination and implications for remediation https://drive.google.com/open?id=1aQjZsfRp8Qyjjyp4qvJx3db0an68Tsid	Archive: http://archive.is/M0jdl
	Lead Author: Francis J. Peryea	
	P 1-2: Lead arsenate insecticide was used in Australia, Canada, New Zealand, and the USA (Peryea and Kammereck, 1997). It also was used in England (Gratwick, 1965), and was the principal arsenical pesticide used in France and also was used in North Africa (Balachowsky and Mesnil, 1936). Lead arsenate likely was used in many other countries, particularly where codling moth was a pest of apples.	

86	Article Name: Is Acute Poliomyelitis Unusually Prevalent This Season?	
	Lead Author/Year: James J. Putnam, 1893	Journal: Boston Medical and Surgical Journal
	P 2.	

87	Page Name: Massachusetts U-Pick Farms	Archive: http://archive.is/gvyA7
	Website: PickYourOwn.org http://www.pickyourown.org/MAharvestcalendar.htm#apples	
	Page Name: Pick Your Own Apples At Parlee Farms	Archive: http://archive.is/L570h

	Website: PARLEE FARMS http://parleefarms.com/apples

88	Article Name: Is Acute Poliomyelitis Unusually Prevalent This Season?		
	Lead Author/Year: James J. Putnam, 1893	Journal: Boston Medical and Surgical Journal	
	P 2: …that the patients did not come to any extent, from any one locality, but from different parts of the large area of the suburbs of Boston... Very few of the patients came from Boston proper;		

89	Article Name: Notes Of An Epidemic Of Acute Anterior Poliomyelitis https://jamanetwork.com/journals/jama/article-abstract/458738		
	Lead Author/Year: Charles S. Caverly, 1896	Journal: JAMA	
	P 1: The epidemic, as I have indicated, invaded our valley in the early summer of 1894. It prevailed with increasing severity during July, apparently reached its climax about the first of August, and steadily declined until about the first of October, the last case occurring early in that month.		

90	Article Name: Growing Apples In Vermont https://vermonthistory.org/images/stories/articles/historicroots/growingapplesinvermont.pdf	Archive: https://drive.google.com/open?id=1Ioz5WpggWaI-ItYY12oINmO0LV_jq5vw	
	Lead Author/Year: Barbara Bellows, 1997	Journal: Historic roots	
	P 3: In the 1880s Vermont farmers were looking for new crops to grow. Some planted large apple orchards and hoped they would make a lot of money selling the fruit to markets in the big cities.		

91	Page Name: Vermont Seasonality Calendar	
	Website: Vermont Agency of Agriculture http://agriculture.vermont.gov/buy_local/harvest_calendar	Archive: http://archive.is/EDfEH

92	Document Name: ATSDR - Arsenic Toxicity http://www.atsdr.cdc.gov/csem/arsenic/docs/arsenic.pdf	Archive: https://drive.google.com/open?id=17uL_KUUCnrOv-zfAP9QUkh_zOoInWjXQ
	Author/Year: CDC, 2009	
	P 47.	
	Document Name: ATSDR - Lead Toxicity http://www.atsdr.cdc.gov/csem/lead/docs/lead.pdf	Archive: https://drive.google.com/open?id=1K

		D8Gzk2wKXPT4UG8mpyjCvhtBkWbaiHx
	Author/Year: CDC, 2009	
	P. 45.	

93	Article Name: On The Character Of The Evidence As To The Injuriousness Of Arsenic As A Domestic Poison https://jamanetwork.com/journals/jama/article-abstract/466612		
	Lead Author/Year: James J. Putnam, 1891	Journal: JAMA	
	P 3.		

94	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1907 https://archive.org/details/b22431779		
	Lead Author/Year: Robert W. Lovett, 1908	Journal: Boston Medical and Surgical Journal	
	P 3: Vulpian produced, experimentally, paralysis of the extensors and lesions resembling those of poliomyelitis in a dog by lead poisoning, and in a case of lead poisoning found pronounced poliomyelitis with colloid degeneration arid cell atrophy. Phillippe and Gauthard report a case of anterior poliomyelitis from lead poisoning and Obrastoff one from arsenical poisoning. Onuf reported the case of a painter with flaccid paralysis of both legs, in whom autopsy showed lesions characteristic of the disease.		

95	Article Name: Report Of An Unusual Case Of Lead Paralysis With Autopsy .https://ia800201.us.archive.org/21/items/journalofnervous27ameruoft/journalofnervous27ameruoft.pdf		
	Lead Author/Year: B. Onof, 1900	Journal: Journal of Nervous and Mental Disease	
	P 155-156.		

96	Article Name: Poisoning as The Cause of Poliomyelitis		PMID: 14771968
	Lead Author/Year: Ralph R. Scobey, 1950	Journal: Archives of Pediatrics	
	P 2-3.		

97	Article Name: Poliomyelitis Problems		PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America	
	P 7: In the midst of an epidemic a great variety of diseases and conditions have been confused with poliomyelitis. Among them are some that have been observed by the writer and which will merely be mentioned here. They are: practically all forms of bacterial meningitis but particularly tuberculosis, tetanus… lead poisoning…		

98	Article Name: Fatal Lead Poisoning Simulating Poliomyelitis		PMID: 14958999
	Lead Author/Year: Andrew F. Braff, 1952	Journal: US Armed Forces Medical Journal	

99	Article Name: Fatal Lead Poisoning Simulating Poliomyelitis		PMID: 14958999
	Lead Author/Year: Andrew F. Braff, 1952	Journal: US Armed Forces Medical Journal	
	P 4: Lead poisoning is easily confused with poliomyelitis of the bulbo-spinal type.		

100	Article Name: The History of Lead Arsenate Use in Apple Production: Comparison of its Impact in Virginia with Other States		
	Lead Author/Year: Michael J. Weaver, 2008	Journal: Journal of Pesticide Safety Education	
	P 11: In 1919 they discovered that common washing practices did not adequately remove arsenic residues from produce. A study conducted by the Virginia Agricultural Experiment Station (Hough et al., 1931) concluded that three sprays of lead arsenate applied in May and June did not require removal of spray residue at harvest time. However, when a third or fourth spray of lead arsenate was applied in July, followed by dry weather, excessive residues remained on the apples at harvest. Wiping or brushing apples removed only about one-third of the total arsenical residues.		

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101	Article Name: The History of Lead Arsenate Use in Apple Production: Comparison of its Impact in Virginia with Other States	
	Lead Author/Year: Michael J. Weaver, 2008	Journal: Journal of Pesticide Safety Education
	P 12: The search for substitutes for LA began in earnest when it was discovered in 1919 that contemporary practices for washing produce were failing to adequately remove As residues (Shepard, 1939). Unfortunately, all of the tested alternative materials were found to provide less effective insect control or were more toxic to plants and animals. No adequate substitutes were found until 1947, when the synthetic organic insecticide dichlorodiphenyltrichloroethane (DDT) was introduced.	

102	Article Name: Arsenic-laced soil lingers where children play in Washington state	Date: Nov 4, 2015
	Website: PBS http://www.pbs.org/newshour/updates/arsenic-laced-soil-lingers-where-children-play-in-washington/	Archive: http://archive.is/r5x3h

103	Document Name: Arsenic Contamination in Vermont's Private Wells http://www.middlebury.edu/media/view/270347/original/es401_arsenic_final_report.pdf	
	Lead Author/Year: Peter Ryan, 2010	Archive: https://drive.google.com/open?id=1_y5C67E8mXGhMMLZS_uwMVSdrz8-brcI
	P 13: High arsenic levels were found in small pockets throughout the state (Map 1-1). The most notable collection of high arsenic results were in Rutland and Bennington counties.	

104	Article Name: 'Do Not Eat Those Apples; They've Been On The Ground!': Polio Epidemics And Preventive Measures, Sweden 1880s-1940s	PMID: 19750602
	Lead Author/Year: Per Axelsson, 2009	Journal: Asclepio. Revista de Historia de la Medicina y de la Ciencia
	P 8: Medin considered polio to be an acute infectious disease, affecting the nervous system, that could cause epidemics, but he did not consider it to be contagious.	

105	Article Name: 'Do Not Eat Those Apples; They've Been On The Ground!': Polio Epidemics And Preventive Measures, Sweden 1880s-1940s	PMID: 19750602
	Lead Author/Year: Per Axelsson, 2009	Journal: Asclepio. Revista de Historia de la Medicina y de la Ciencia
	P 7: As late as 1911 some physicians in Sweden still argued that polio was a disease caused by miasma. The theory of miasma implied that disease was not caused by contagions but by putrefaction, i.e. «bad air» and should be combated with cleaner environments which often meant improved hygiene and sanitation.	

106	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 112: Infantile paralysis is of an infectious, but not of a contagious nature. As a matter of fact, no indisputable instance of contagion could be proved.	

107	Article Name: Is Acute Poliomyelitis Unusually Prevalent This Season?	
	Lead Author/Year: James J. Putnam, 1893	Journal: Boston Medical and Surgical Journal
	P 2: To what is the unfavorable influence of the summer due? It may be an affair of weather, as such, though obviously heat, pure and simple, is not the important factor; or the weather may act as favoring some other influence, perhaps bacterial in character. The reasonableness of this latter view is now conceded by many good observers; but it is certain that its advocates are still far from having made good their claim.	

108	Article Name: Is Acute Poliomyelitis Unusually Prevalent This Season?	
	Lead Author/Year: James J. Putnam, 1893	Journal: Boston Medical and Surgical Journal
	P 2: It is noteworthy, as against any strongly marked epidemic influence that the patients did not come to any extent, from any one locality, but from different parts of the large area of the suburbs of Boston.	

109	Article Name: NOTES OF AN EPIDEMIC OF ACUTE ANTERIOR POLIOMYELITIS https://jamanetwork.com/journals/jama/article-abstract/458738	
	Lead Author/Year: Charles S. Caverly, 1896	Journal: JAMA
	P 3: There was a general absence of infectious disease as an etiologic factor in this epidemic. The element of contagion does not enter into the etiology either. I find but a single instance in which more than one member of a family had the disease, and as it usually occurred in families of more than one child, and as no efforts were made at isolation, it is very certain that it was non-contagious.	

110	Article Name: Notes Of An Epidemic Of Acute Anterior Poliomyelitis https://jamanetwork.com/journals/jama/article-abstract/458738	
	Lead Author/Year: Charles S. Caverly, 1896	Journal: JAMA
	P 5: That a disease occasionally prevails epidemically suggests a specific poison, a definite toxin, and this phase of the etiology of poliomyelitis has recently received attention from foreign observers as well as from Dana, Putnam and others in this country. Thus far, however, there does not seem to have been any substantial progress made toward isolating any specific microorganism peculiar to this disease.	

111	Article Name: An Epidemic Of Infantile Paralysis In Western Massachusetts In 1908 https://archive.org/details/bostonmedicalsur1611mass	
	Lead Author/Year: Herbert C. Emerson, 1909	Journal: Boston Medical and Surgical Journal
	P 118: With regards to the contagiousness of the disease, the investigation of this group of cases	

	suggests that the disease is but mildly contagious to say the most. A large number of children were in intimate contact with those that were sick, and of these children an insignificant minority developed the disease… the circumstances were particularly favorable to the investigation of points of contact between sick and well and of the detection of contagion.

112	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1907 https://archive.org/details/b22431779	
	Lead Author/Year: Robert W. Lovett, 1908	Journal: Boston Medical and Surgical Journal
	P 4: Following up still further the evidence of contagion: Other cases in the family were reported in 11 instances; other cases in the same house in 9 instances; other cases among acquaintances in 20 instances. That is, in 40 cases (17%), there was reason to look into the question of contagion.	

113	Article Name: An Epidemic Of Infantile Paralysis In Western Massachusetts In 1908 https://archive.org/details/bostonmedicalsur1611mass	
	Lead Author/Year: Herbert C. Emerson, 1909	Journal: Boston Medical and Surgical Journal
	P 118: Although the cause of the disease is not known, it can undoubtedly be classed as infectious, as its distribution and incidence in localities are similar to those of other infectious diseases and strongly suggest a common cause.	
	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1907 https://archive.org/details/b22431779	
	Lead Author/Year: Robert W. Lovett, 1908	Journal: Boston Medical and Surgical Journal
	P 2: That anterior poliomyelitis is an infectious disease is the commonly received opinion. Since it has been seen that this cannot be regarded as established by bacterial evidence so far collected, the other evidence in favor of this view will next be investigated.…	

114	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1907 https://archive.org/details/b22431779	
	Lead Author/Year: Robert W. Lovett, 1908	Journal: Boston Medical and Surgical Journal
	P 4: This evidence tends rather toward supporting the contagious character of the disease, as established by its uneven distribution, extending from foci and not evenly scattered through the state; by its extension from Pittsfield along the lines of most frequent travel, and by the fact that there was rarely a case in one town without the occurrence of a case in the adjacent town or towns.	

115	Article Name: The Epidemiology Of Acute Poliomyelitis	
	Lead Author/Year: L. Emmet Holt, 1908	Journal: American Journal of Medical Sciences
	P 652: In all we have collected a total of 40 instances, comprising 96 cases, in which more than I case occurred in a family or household.	

116	Article Name: The Epidemiology Of Acute Poliomyelitis	
	Lead Author/Year: L. Emmet Holt, 1908	Journal: American Journal of Medical Sciences
	P 662: The occurrence of epidemics and the relation of certain groups of cases to one another in these epidemics place beyond question the statement that acute poliomyelitis is an infectious disease.	

117	Article Name: The Epidemiology Of Acute Poliomyelitis	
	Lead Author/Year: L. Emmet Holt, 1908	Journal: American Journal of Medical Sciences
	P 662: Whether we can go farther and state that the disease is communicable is an open question. After carefully considering all the evidence brought together in this paper, we cannot resist the conclusion that the disease is communicable, although only to a very slight degree.	

118	Cases from the medical literature of paralysis as a result of spoiled or poisoned food - Article Name: Poisoning as The Cause of Poliomyelitis	PMID: 14771968
	Lead Author/Year: Ralph R. Scobey, 1950	Journal: Archives of Pediatrics
	P 7-17.	

119	Article Name: An Account Of The Epidemic Outbreak Of Arsenical Poisoning	
	Lead Author/Year: Ernest Septimus Reynolds, 1901	Journal: BMJ

120	Article Name: Death in the beer-glass: the Manchester arsenic-in-beer epidemic of 1900-1 and the long-term poisoning of beer http://www.breweryhistory.com/journal/archive/132/Death_in_a_beerglass.pdf	
	Lead Author/Year: Matthew Copping, 2009	Journal: Journal of the Brewery History Society

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121	Article Name: Jamaica Ginger Paralysis Forty-seven-Year Follow-up	PMID: 666613
	Lead Author/Year: John P. Morgan, 1978	Journal: Archives of Neurology
	Article Name: The Jamaica ginger paralysis	PMID: 6750161
	Lead Author/Year: John P. Morgan, 1982	Journal: JAMA

122	Book Title: Paralyzed with Fear https://www.amazon.com/Paralysed-Fear-Story-Gareth-Williams/dp/1137299754	
	Lead Author/Year: Gareth Williams, 2013	Publisher: Palgrave Macmillan
	P 13.	

123	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	Chapter 8.	

124	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 123.	

125	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 116: It is not absolutely necessary for direct contact of patient with patient to occur. Indeed, the disease seems more often to be propagated through the mediation of the healthy. As in many other epidemic maladies, spread occurs in Heine-Medin’s disease by transmission from person to person.	

126	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher:

		The Journal of Nervous and Mental Disease Publishing Company
	P 116 and after.	

127	For example, here - Page Name: Polio Hall of Fame	
	Website: Wikipedia https://en.wikipedia.org/wiki/Polio_Hall_of_Fame	Archive: http://archive.is/nAps3
	Ivar Wickman - Discovered the epidemic character of polio (1907) and coined the term Heine-Medin disease.	
	Article Name: The Poliomyelitis Story: A Scientific Hegira https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2589894/pdf/yjbm00092-0018.pdf	PMID: 2994307
	Lead Author/Year: Dorothy M. Horstmann, 1985	Journal: The Yale Journal Of Biology And Medicine
	P 2: Wickman's meticulous investigations led him to conclude that the mild cases were as contagious as the paralytic ones and were responsible for wide dissemination of the agent. This was a tremendously important discovery made…	

128	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 125-126: Acute poliomyelitis must therefore, be included among the contagious diseases. The lateness of the recognition of this fact is due partly to the smallness of former epidemics and partly to two factors which nullified all earlier investigations of epidemic conditions; viz., first, abortive types were not considered, and, second, the possibility of infection through healthy virus carriers was not realized.	

129	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 126-127.	

130	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 125: The intimate association of the disease with the principal highways was clearly demonstrable. The relation to main roads and railways was especially striking in districts in which the cases were scattered, either singly or in small groups. A study of the local	

	conditions showed that dissemination must be due to the busy traffic which permitted more frequent communication between the people.

131	Book Title: Polio: from Emergence to Eradication	
	Lead Author/Year: Matthew Smallman-Reynor, 2006	Publisher: Oxford University Press
	P 95: The geographical distribution of poliomyelitis activity in the epidemic of 1905 is mapped in Figure 4.5… A striking feature of the epidemic pattern is the particular involvement of the southern counties of the country (map B), with the principal areas of poliomyelitis activity limited to six scattered, and geographically restricted, epidemic foci (map A)… As a rule, the infected localities were of a distinctly rural nature, with the epidemic demonstrating a marked aversion for the larger urban centers of Stockholm (ten cases). Goteborg (zero cases) and Malmo (zero cases).	

132	Book Title: Introduction to Epidemiology (7th edition)	
	Lead Author/Year: Ray M. Merrill, 2017	Publisher: Jones and Bartlet Learning
	P 475: It is known that polio seems to occur in rural areas as much as, if not more than, in large cities, and Scandinavia was quite rural at the time. Less exposure to a disease led to the population's having less immunity to the disease. There seemed to be higher immunity in city dwellers and lower immunity in rural populations.	

133	Article Name: The Epidemiology Of Poliomyelitis With Reference To Its Mode Of Spread	
	Lead Author/Year: W. Lloyd Aycock, 1926	Journal: JAMA
	P 1-2: …with concentration of population and, as has been assumed, greater person to person contact, there is a widespread distribution of the virus, resulting not in greater incidence than in rural sections, as is true of the common contact diseases, but in a widespread immunization.	

134	Article Name: The Epidemiology Of Poliomyelitis With Reference To Its Mode Of Spread	
	Lead Author/Year: W. Lloyd Aycock, 1926	Journal: JAMA
	P 2: In view of the fact that there is no theoretical reason why persons in rural life should be more prone to exhibit the paralytic form of the disease, it would seem perhaps more reasonable to believe that the immunization in concentrated populations may be due to subinfective doses rather than to a mild attack of the disease.	

135	Article Name: The Epidemiology Of Poliomyelitis With Reference To Its Mode Of Spread	
	Lead Author/Year: W. Lloyd Aycock, 1926	Journal: JAMA
	P 1: The proportion of cases ascribed to direct contact, made up largely of multiple cases in families, has been stated at around 5 per cent. It has been observed that the onsets of multiple cases in families as a rule so nearly coincide that they probably represent in the majority of instances simultaneous infection. When allowance is made for this, the proportion of direct contact cases is reduced to an extremely small figure.	

136	Article Name: The Epidemiology Of Poliomyelitis With Reference To Its Mode Of Spread	
	Lead Author/Year: W. Lloyd Aycock, 1926	Journal: JAMA
	P 4-5.	

137	Article Name: Poliomyelitis Problems	PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America
	P 13: There is little to indicate that isolation has been a controlling influence in the spread of the disease during epidemics… Since the virus may be found in the intestinal tract for thirty-five days or possibly longer after onset of the disease it would seem logical to disinfect all body discharges before their disposal. However, in the Cook County Contagious Disease Hospital where the latter procedure has not been used there has never been a doctor, intern, nurse or any other member of the personnel who contracted poliomyelitis within a period of at least thirty-five years, nor has any patient ever developed poliomyelitis after admission to the hospital.	

138	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 121: This center contained 18 cases; ten of these were abortive and presented pronounced general symptoms... Only for six children, occupying four houses, could no contact with the other 52 who attended school be traced.	

139	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 120: It was impossible to find, how the disease penetrated the island.	

140	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 129-130.	

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141	Book Title: Infantile Paralysis In Vermont https://archive.org/details/infantileparalys00cave	
	Lead Author/Year: Charles S. Caverly, 1925	Publisher: Burlington, Vermont State Department Of Public Health
	Referring to the polio epidemic in Vermont in 1912, p 88: This once more emphasizes the rather slight contagiousness of the disease Referring to the polio epidemic in Vermont in 1916-17, p 150: While, therefore, contact infection seems to be increasingly traceable, it must still be considered a disease of rather low contagiousness. And p. 167: These figures corroborate the statement made before that while the disease is a communicable disease, it is one of low contagiousness. And this, even though he is well aware of Wickman's theory, p. 158: Infantile Paralysis is generally recognized as a contagious disease and one that may be spread innocently by persons who have no clinical symptoms, in other words, by "abortive cases" or “healthy carriers."	

142	Article Name: The Epidemiology Of Poliomyelitis With Reference To Its Mode Of Spread	
	Lead Author/Year: W. Lloyd Aycock, 1926	Journal: JAMA
	P 4: …transmission in such instances is not usually through direct contact between the individuals, nor through the intervention of missed cases or healthy carriers, but through some indirect means. This is illustrated by a recent outbreak, the epidemiologic evidence of which pointed to milk as the means of transmission.	

143	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 126: All the patients were supplied with milk by the farmer. The houses were separated from one another by one to two kilometers; and in five cases the illness began on the same day. Under these circumstances it seems to me extremely probable that the milk conveyed the infection.	

144	Article Name: Milestones in Early Poliomyelitis Research (1840 to 1949)	PMID: 10233910
	Lead Author/Year: Hans J. Eggers, 1999	Journal: Journal Of Virology
	P 1	

145	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 573: Fortunately, in 1908 Karl Landsteiner and Eric Popper isolated the virus of poliomyelitis, and scientific study of the agent began.

146	Article Name: Milestones in Early Poliomyelitis Research (1840 to 1949)	PMID: 10233910
	Lead Author/Year: Hans J. Eggers, 1999	Journal: Journal Of Virology
	P 1	

147	For example - Article Name: The Transmission Of Acute Poliomyelitis To Monkeys	
	Lead Author/Year: Simon Flexner, 1909	Journal: JAMA

148	Book Title: Polio: An American Story	
	Lead Author/Year: David M. Oshinsky, 2006	Publisher: Oxford University Press
	P 17: In the long run, monkeys would prove invaluable to the polio story. More than 100,000 would be sacrificed in the fifty-year quest for a vaccine.	

149	For example, here - Page Name: Polio Hall of Fame	
	Website: Wikipedia https://en.wikipedia.org/wiki/Polio_Hall_of_Fame	Archive: http://archive.is/nAps3

150	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1907 https://archive.org/details/b22431779	
	Lead Author/Year: Robert W. Lovett, 1908	Journal: Boston Medical and Surgical Journal
	P 3.	

151	For instance - Article Name: Epidemic Poliomyelitis In Monkeys	
	Lead Author/Year: Simon Flexner, 1910	Journal: JAMA
	P 2: Brief mention should be made of other species of animals that have been employed for inoculation. Besides many rabbits and guinea-pigs, 1 horse, 2 calves, 3 goats, 3 pigs, 3 sheep, 6 rats, 6 mice, 6 dogs and 4 cats have had active virus introduced into the brain, but without causing any appreciable effect whatever. These animals have been under observation many weeks.	

152	For instance - Article Name: Does the Spinal Fluid from Human Poliomyelitis Contain the Specific Infective Agent?	
	Lead Author/Year: HL Abramson, 1917	Journal: JAMA

153	Page Name: Polio - Diagnostic Methods	
	Website: CDC website https://www.cdc.gov/polio/us/lab-testing/diagnostic.html	Archive: http://archive.is/hDbJu
	Virus isolation in culture is the most sensitive method to diagnose poliovirus infection. Poliovirus is most likely to be isolated from stool specimens. It may also be isolated from pharyngeal swabs. Isolation is less likely from blood or CSF.	

154	Article Name: Poliomyelitis	
	Lead Author/Year: John A. Toomey, 1941	Journal: Journal of Pediatrics
	P 1: There has been a vast amount of research in poliomyelitis Most of the experiments have been done on M. rhesus monkeys, animals not susceptible to this disease.	

155	Book Title: Preventive Medicine and Hygiene https://drive.google.com/open?id=1ONdl0AG5blbj8mJM0vMupllqgVoL0T4D	
	Lead Author/Year: Milton J. Rosenau, 1918	Publisher: D Appleton and Company
	P 341: Monkeys have so far never been known to contract the disease spontaneously, even though they are kept in intimate association with infected monkeys.	

156	Article Name: Poliomyelitis	
	Lead Author/Year: John A. Toomey, 1941	Journal: Journal of Pediatrics
	P 5: The natural disease never acts like an upper respiratory infection in the experimental animal for no animal gets the disease from another, no matter how intimately exposed.	

157	Article Name: Poliomyelitic Virus In Urban Sewage https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2135110/pdf/765.pdf	PMID: 19870997
	Lead Author/Year: John R. Paul, 1940	Journal: Journal of Experimental Medicine
	P 13: In two out of three large urban epidemics of poliomyelitis the virus of this disease has been detected in samples of sewage. From one of the sites it was found repeatedly. Both positive sites were located in the vicinity of isolation hospitals, and we believe that the findings indicate that this virus can be transported, for short distances at least, through the medium of flowing sewage.	

158	Article Name: Sewage as a carrier and disseminator of Poliomyelitis Virus	
	Lead Author/Year: C. Kling, 1942	Journal: Acta Medica Scandinavica

159	Article Name: Sewage as a carrier and disseminator of Poliomyelitis Virus	
	Lead Author/Year: C. Kling, 1942	Journal: Acta Medica Scandinavica
	P 15.	

160	Article Name: Sewage as a carrier and disseminator of Poliomyelitis Virus	
	Lead Author/Year: C. Kling, 1942	Journal: Acta Medica Scandinavica
	P 5: From these experiments it is apparent that we have succeeded in isolating the virus of poliomyelitis in a sample of sewage collected in Stockholm in the course of a minor epidemic of infantile paralysis.	

161-180

161	Article Name: Sewage as a carrier and disseminator of Poliomyelitis Virus	
	Lead Author/Year: C. Kling, 1942	Journal: Acta Medica Scandinavica

	P 32: ...we know also the vehicle where the infectious agent, while the epidemic is going on and for some time after its end, dwells, i. e. the sewage.

162	Article Name: Poliomyelitic Virus In Human Stools https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2135104/pdf/751.pdf		PMID: 19870996
	Lead Author/Year: James D. Trask, 1940	Journal: Journal of Experimental Medicine	

163	Article Name: Persistence Of Virus Excretion In The Stools Of Poliomyelitis Patients	
	Lead Author/Year: Dorothy M. Horstmann, 1944	Journal: JAMA

164	Article Name: Flies As Carriers Of Poliomyelitis Virus In Urban Epidemics		PMID: 17773978
	Lead Author/Year: Albert A. Sabin, 1941	Journal: Science	

165	Article Name: Insects And Epidemiology Of Poliomyelitis	
	Lead Author/Year: Albert A. Sabin, 1942	Journal: Science
	P 1: The distinctly positive results which we obtained with collections of insects consisting only of flies, leaves no doubt that they are carriers of the virus.	

166	Article Name: Insects And Epidemiology Of Poliomyelitis	
	Lead Author/Year: Albert A. Sabin, 1942	Journal: Science
	P 1: It should be noted that we were unable to obtain positive results with Rhesus monkeys, and because Cynomolgi are needed, these studies will probably have to be postponed until importation from Java is again possible.	

167	Article Name: The Detection Of Poliomyelitis Virus In Flies Collected During Epidemics Of Poliomyelitis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2135360/pdf/531.pdf		PMID: 19871302
	Lead Author/Year: James D. Trask, 1943	Journal: Journal of Experimental Medicine	

168	Article Name: Poliomyelitis Virus In Fly-Contaminated Food Collected At An Epidemic		PMID: 17735530
	Lead Author/Year: Robert Ward, 1945	Journal: Science	

169	Article Name: Poliomyelitis Virus In Fly-Contaminated Food Collected At An Epidemic	PMID: 17735530
	Lead Author/Year: Robert Ward, 1945	Journal: Science
	P 3: Poliomyelitis virus has been detected in food exposed to flies at homes of poliomyelitis patients within an epidemic area.	

170	Article Name: Poliomyelitis	
	Lead Author/Year: John A. Toomey, 1941	Journal: Journal of Pediatrics
	P 25: Most of the experiments described during this period have been made in animals given the disease by injecting virus intranasally, intratheeally, intrasciatically, or by some other artificial avenue of approach. If the virus enters the human being by way of the gastrointestinal tract, practically all except the broader conclusions, especially those that have to do with pathogenesis and the explanation of symptoms, have to be discarded in toto.	

171	Article Name: Poisoning as The Cause of Poliomyelitis	PMID: 14771968
	Lead Author/Year: Ralph R. Scobey, 1950	Journal: Archives of Pediatrics
	Part II P 5: The views as to the portal of entry and communicability rest fundamentally and entirely on findings from experiments on monkeys. To some of us it does not appear to square with the facts obtained by epidemiological studies of the disease among human beings. It seems to elastic, too restful. On epidemiological grounds alone, it appears conceivable that poliomyelitis is not caused by a living microorganism or a virus, but by a toxin.	

172	Article Name: A Study Of The Origin Of An Epidemic Of Poliomyelitis	
	Lead Author/Year: Martha L. Smith, 1945	Journal: JAMA
	P 6: Yet, in spite of the comparative ease with which poliomyelitis may be experimentally transferred to monkeys from these reservoirs, it has not been established that the virus in such form gives rise to the human disease. The possibility undoubtedly exists, but direct proof is still lacking.	

173	Article Name: The Polioviruses Of Man	
	Lead Author/Year: Stanley A. Plotkin, 1962	Journal: Annals of New York Academy of Sciences
	P 13, Table 10.	
	Page Name: Pink Book - Polio	

	Website: CDC https://www.cdc.gov/vaccines/pubs/pinkbook/polio.html	Archive: http://archive.is/yvRRU
	Humans are the only known reservoir of poliovirus, which is transmitted most frequently by persons with inapparent infections.	

174	Article Name: Notes Of An Epidemic Of Acute Anterior Poliomyelitis https://jamanetwork.com/journals/jama/article-abstract/458738		
	Lead Author/Year: Charles S. Caverly, 1896	Journal: JAMA	
	P 4: During this epidemic and in the same geographical area, an acute nervous disease, paralytic in its nature, affected domestic animals. Horses, dogs and fowls died with these symptoms.		

175	Article Name: Notes Of An Epidemic Of Acute Anterior Poliomyelitis https://jamanetwork.com/journals/jama/article-abstract/458738		
	Lead Author/Year: Charles S. Caverly, 1896	Journal: JAMA	
	P 4: …says that the examination of a section of the lumbar portion of, the cord showed a granular degeneration and pigmentation of the ganglion cells of the anterior cornua, and atrophy of the anterior nerve roots." He further states that there was no meningitis in this case. Dr. Charles L. Dana, who made the examination of the fowl, with the aid of Dr. Dunham, of the Carnegie Laboratory, found "an acute poliomyelitis of the lumbar portion of the cord and no meningitis."		

176	Article Name: Notes Of An Epidemic Of Acute Anterior Poliomyelitis https://jamanetwork.com/journals/jama/article-abstract/458738		
	Lead Author/Year: Charles S. Caverly, 1896	Journal: JAMA	
	P 5: That domestic animals suffered with human beings in our epidemic is a noteworthy fact and one, so far as I can learn, hitherto unobserved. That such was the case can not be doubted.		

177	Book Title: Infantile Paralysis In Vermont https://archive.org/details/infantileparalys00cave	
	Lead Author/Year: Charles S. Caverly, 1925	Publisher: Burlington, Vermont State Department Of Public Health
	P 51-53.	

178	Book Title: Infantile Paralysis In Vermont https://archive.org/details/infantileparalys00cave

	Lead Author/Year: Charles S. Caverly, 1925	Publisher: Burlington, Vermont State Department Of Public Health
	P 110.	

179	Book Title: Infantile Paralysis In Vermont https://archive.org/details/infantileparalys00cave	
	Lead Author/Year: Charles S. Caverly, 1925	Publisher: Burlington, Vermont State Department Of Public Health
	P 110: Instances of paralysis among domestic animals have always been noted as accompanying our outbreaks of human infantile paralysis.	

180	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1908	
	Lead Author/Year: Robert W. Lovett, 1909	Journal: Boston Medical and Surgical Journal
	P 1: The attention of the State Board of Massachusetts has been called to the occurrence of infantile paralysis in a mother and daughter shortly after an epidemic of "leg weakness" in the chickens of the household, and the matter is under investigation.	

181-200

181	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1910	
	Lead Author/Year: Robert W. Lovett, 1911	Journal: Boston Medical and Surgical Journal
	P 4: Total, 34 homes out of 110 had illness, paralysis or death in 82 animals near the time of the human paralysis.	

182	Book Title: A Manual On Infantile Paralysis With Modern Methods Of Treatment	
	Lead Author/Year: Henry W. Frauenthal , 1914	Publisher: FA Davis Company
	P 8.	

183	Book Title: A Manual On Infantile Paralysis With Modern Methods Of Treatment	
	Lead Author/Year: Henry W. Frauenthal , 1914	Publisher: FA Davis Company
	P 10: During the epidemic of 1000 cases in Minnesota in 1909 three colts were seen by Dr. H. W. Hill, epidemiologist of the Minnesota State Board of Health, ill with a disease "strongly analogous in clinical history and symptoms to the disease in the human."	

184	Book Title: A Manual On Infantile Paralysis With Modern Methods Of Treatment	
	Lead Author/Year: Henry W. Frauenthal , 1914	Publisher: FA Davis Company
	P 10: In my veterinary practice of the past five or six years I have found a disease appearing among one- or two- year-old colts that shows a line of symptoms corresponding closely to anterior poliomyelitis in children. I have had from 5 to 10 cases a year during this time, always occurring during the summer months, and the majority of them during the month of August. The affected colts are usually found in the pasture unable to stand.	

185	Book Title: A Manual On Infantile Paralysis With Modern Methods Of Treatment	
	Lead Author/Year: Henry W. Frauenthal , 1914	Publisher: FA Davis Company
	P 11: The State of California had an epidemic of 100 known cases of poliomyelitis in 1910. The majority of these cases occurred in San Joaquin County, and according to the September, 1910, Bulletin of the California State Board of Health, "veterinarians report a considerable number of puzzling paralyses of colts in San Joaquin County, where the largest number of cases have occurred so far."	

186	Book Title: A Manual On Infantile Paralysis With Modern Methods Of Treatment	
	Lead Author/Year: Henry W. Frauenthal , 1914	Publisher: FA Davis Company
	P 12-13: Dr. A. R. Robertson, pathologist at Drake University Medical School, reported: "Examination of fowl paralyzed after three days' acute illness (one wing, both legs). Upon exposure of the spinal cord, a distinct area of softened cord, one inch in length, of the lower dorsal and upper lumbar regions was observed. Histological sections from the affected areas revealed numerous small hemorrhages in the anterior cornua and distinct collections of cells in perivascular and perilymph channels, and tissue spaces of the anterior horns. The histological picture was that of acute poliomyelitis in man."	

187	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1908	
	Lead Author/Year: Robert W. Lovett, 1909	Journal: Boston Medical and Surgical Journal
	P 1: It was noted by Wickman that in the Swedish epidemic of 1903 dogs were apparently affected in many instances with the children, but he was not convinced of the identity of the two affections.	

188	Book Title: Acute Poliomyelitis (Heine-Medin's Disease)	
	Lead Author/Year: Ivar Wickman, 1913	Publisher: The Journal of Nervous and Mental Disease Publishing Company
	P 132: Caverley, Wickman. Peiper, and others have mentioned the appearance of paralysis in animals and in fowl coincident with epidemics among human beings. But the futile inoculation of these creatures shows their affliction has nothing in common with that in man.	

189	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press

190	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 48: The farmer would be laughed at who undertook to manure his fields or his trees with a salt of lead or arsenic.	

191	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 69 (citation from 1913): …a prominent federal entomologist could admit… that "there exists, in this country, no regulation in force and no precaution is taken toward preventing accidents resulting from the use of arsenicals".	

192	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 72-78.	

193	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 71: The head of the Agriculture Department's Bureau of Entemology, C. V. Riley himself, was called upon to assure readers "how utterly groundless are any fears of injury" from sprayed produce.	

194	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 84: The Royal Commission Appointed to Inquire into Arsenical Poisoning from the Consumption of Beer and other Articles of Food and Drink was chaired by the most venerable figure in British science, the physicist Baron Kalvin, and staffed by several of the most prominent medical specialists in the nation.	

195	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 86: "Pending the establishment of official standards in respect of arsenic under the Sale of Food and Drugs Acts," the commissioners decided, the evidence we have received fully justifies us in pronouncing certain quantities of arsenic in beer and in other foods as liable to be deleterious, and at the same time capable of exclusion, with comparative ease, by the careful manufacturer. In our view it would be entirely proper that penalties should be imposed under the Sale of Food and Drugs Acts upon any vendor of beer or any other liquid food, if that liquid is shown by an adequate test to contain l/100th of a grain or more of arsenic in the gallon; and with regard to solid food-no matter whether it is habitually consumed in large or in small quantities, or whether it is taken by itself .. . or mixed with water or other substances . . .-if the substance is shown by an adequate test to contain l/100th grain of arsenic or more in the pound."	

196	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 86: The Commission's recommendation, furthermore, was informally adapted by the British government and the limit of 0.01 grain per pound or gallon soon came to be referred to as the "world tolerance" for arsenic as other nations recognized the importance and validity of the Royal Commission's work.	

197	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 266, note 49: In Germany, too, there was opposition to the use of arsenicals. The chemist von der Heide found in 1906 that grapes from German vines sprayed with lead arsenate contained as much as 0.2 mg. of arsenic per 100 g. (about 0.014 grain of arsenic per pound, or 40 percent above the "world tolerance."). This discovery prompted the German Imperial Health Commission to oppose the use of lead arsenate and, in fact, the compound was eventually prohibited (temporarily) from agricultural application in Germany. Other arsenical insecticides were apparently permitted, but only under close supervision, as was generally the case in other European countries.	

198	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 88-90.	

199	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 90: Despite the failure to effectively control the use of arsenicals insecticides, French physicians recognized their situation as superior to that of America, where no attempt at control had yet been made.	

200	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 85: …the scale of use of arsenical insecticides in Great Britain was never comparable to that of America, though it was sufficiently great to attract the Royal Commission's attention.	

201-220

201	Document Name: Green Book - Poliomyelitis https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148141/Green-Book-Chapter-26-Polio-updated-18-January-2013.pdf	
	Author/Year: NHS, 2013	Archive: https://drive.google.com/open?id=15wYdgB3upwPEHYP7XZkUVxQEAOXe1Lnb
	P 2, chart 26.1	

202	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 71: Riley's sentiments had originally been expressed in an 1891 address to Boston's Lowell Institute and were at least questionable then. In later years, however, their frequent repetition would become dangerously misleading, for shortly after Riley's speech the average residues of arsenic on fruit and vegetables began to steadily increase. This increase was due, in part, to the growing numbers of farmers using arsenical insecticides.	

203	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 69: More than two decades later, a prominent federal entomologist could admit… to a foreign inquirer that, "there exist, in this country, no regulation in force and no precaution is taken toward preventing accidents resulting from the use of arsenicals."	

204	Book Title: DDT – Scientists, Citizens and Public Policy https://www.amazon.com/DDT-Scientists-Citizens-Princeton-Library/dp/0691613907	
	Lead Author/Year: Thomas Dunlap, 1981	Publisher: Princeton Legacy Library
	P 42: When insecticide residues became a problem in the 1920s, one agency of the department, the Bureau of Plant Industry, was recommending spraying schedules to kill insect pests; another agency, the Bureau of Chemistry (replaced by the Food and Drug Administration in 1927), was seizing produce, sometimes sprayed in strict accordance with the schedules, on the grounds that it was contaminated with poisonous chemicals. The Secretary of Agriculture had to satisfy the requirements and needs of public health without alienating the main political support of the department, the farmers.	

205	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	Chapters 4-5.	

206	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 119: The FDA significantly remained within the Department of Agriculture until 1940, however, so that activities such as spray-residue control continued to be hindered by the general Department emphasis on promoting agricultural prosperity.	

207	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 126: In less diffuse terms, what the Bureau of Chemistry committed itself to at the 1919 conference was a policy of educating fruit growers to the existence of a residue problem… while avoiding any publicizing of the problem outside of agricultural circles.	

208	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 133-136.	

209	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 226: In Czecho-Slovakia and Austria, newspaper articles and radio talks are telling the public that American apples are poisonous, and Poland has actually prohibited the entry of American apples.	

210	Book Title: DDT – Scientists, Citizens and Public Policy https://www.amazon.com/DDT-Scientists-Citizens-Princeton-Library/dp/0691613907	
	Lead Author/Year: Thomas Dunlap, 1981	Publisher: Princeton Legacy Library
	P 48: Paul Dunbar, then assistant commissioner of the FDA, admitted this in an article written in 1959. Our “objective," he said, “was to persuade all departmental agencies to cooperate in working out the [spray residue] problem and to refrain meanwhile from creating public alarm."	

211	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 201: Introducing this educational campaign, the FDA broke with its tradition of sheltering the residue problem in secrecy. Indeed, thanks to the activity of muckrakers, the secret was already out, and the "steady diet of arsenic and lead"… was soon being publicized, if more quietly, by the FDA as well.	

212	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 158: …Harvard toxicologist Joseph Aub… stressed the insidiousness of lead poisoning. "The more severe types of intoxication by lead are very easy to recognize," he noted, "but the mild manifestations are so protean in character and develop so irregularly that differentiation between absorption and true intoxication is often nearly impossible."	

213	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press

	Dr. Frederick Tony, a physician in the Chicago Department of Public Health, testified in 1927 - P 147: Q. Doctor, would it be possible for people to be poisoned by arsenate of lead on apples and pears and the doctor not know from where the poison obtained? A. I think it is not only possible, but it would be very probable that the doctor would not realize the source of such a poison".

214	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 177: Distribution of lead and arsenic was so complete that all members of industrialized populations carried at least traces of the metals in their tissues, and there was some serious scientific consideration being given the notion that these were normal physiological constituents.	

215	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 246-247: The FDA's original plan had been to continue under the old system of administrative tolerances until the final report of the Public Health Service could be published, after which a hearing would be announced." But, as Paul Dunbar, Campbell's successor as Commissioner of Food and Drugs, later related: "the war intervened and made it impossible for us to hold the necessary hearings to establish tolerances… The hearings were finally held in 1950, but offered, so far as lead arsenate was concerned, only a rehash of evidence that had been familiar to the FDA for years.	

216	Book Title: Before Silent Spring: Pesticides and Public Health in Pre-DDT America	
	Lead Author/Year: James Whorton, 1974	Publisher: Princeton University Press
	P 249: Food and Drug Commissioner Paul Dunbar explained… "In general, arsenic and fluorine sprays have been replaced by DDT and other newer chemicals."	

217	Article Name: The Occurrence Of Infantile Paralysis In Massachusetts In 1907 https://archive.org/details/b22431779	
	Lead Author/Year: Robert W. Lovett, 1908	Journal: Boston Medical and Surgical Journal
	P 6: The disease is well recognized as one that attacks children in the first dentition and as one that prevails in the late summer and early fall.	

218	Article Name: Transmission Of Poliomyelitis Virus		PMID: 14889394
	Lead Author/Year: Albert B. Sabin, 1951	Journal: Journal of Pediatrics	
	P 8: One of the important unsolved problems in poliomyelitis is why in temperate zones approximately 80 to 90 per cent of the cases occur during four months of the year in late summer and early autumn.		

219	Article Name: Present Concepts And Recent Advances In Acute Poliomyelitis	
	Lead Author/Year: John R. Paul, 1952	Journal: AMA Archive of Internal Medicine
	P 8: Thus, although it is agreed that poliomyelitis is a disease generally spread by personal contact, the situation is more complex than that, for in most parts of the world the prevalence of poliomyelitis is influenced or even dominated in a mysterious manner by season and climate. No satisfactory reason has as yet been proposed to explain the occurrence of epidemics of poliomyelitis in the temperate zones of the world at so much higher a rate in the summer than in the winter.	

220	Article Name: The epidemiology of poliomyelitis: enigmas surrounding its appearance, epidemicity, and disappearance		PMID: 400274
	Lead Author/Year: Neal Nathanson, 1979	Journal: American Journal of Epidemiology	
	P 10: Thus, looking at data for the whole country, the rates for the peak months (August and September) are over 35 times the rate for the low month (April). The regularity of this pattern over many years suggested that it was governed by a mechanism which should be ascertainable. Nevertheless, the underlying explanation has remained elusive.		

221-240

221	Article Name: From Emergence to Eradication: The Epidemiology of Poliomyelitis Deconstructed https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2991634/pdf/kwq320.pdf		PMID: 20978089
	Lead Author/Year: Neal Nathanson, 2010	Journal: American Journal of Epidemiology	
	P 6: Although there is no definitive explanation for polio seasonality, there are some data worth pondering… However, until further studies are done, this hypothesis will remain speculative.		

222	Article Name: The Epidemiology Of Poliomyelitis Problems at Home and Among the Armed Forces Abroad		PMID: 20242791
	Lead Author/Year: Albert B. Sabin, 1947	Journal: JAMA	
	P 4: …it is remarkable that, unlike certain other infections of childhood, the epidemics of paralysis occur during the very months when the children are away from school.		

223	Article Name: Poliomyelitis Problems		PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America	
	P 2: Considering that nearly all of the common acute infectious diseases predominate in the fall and winter or winter and spring, seasons when life is principally within doors and schools are in session, we are forced to ponder why poliomyelitis is epidemic in the summer.		

224	Article Name: The epidemiology of poliomyelitis: enigmas surrounding its appearance, epidemicity, and disappearance		PMID: 400274
	Lead Author/Year: Neal Nathanson, 1979	Journal: American Journal of Epidemiology	
	P 7: No good explanation was ever documented for the occurrence of epidemics, although this was one of the most feared features of poliomyelitis and of particular concern to health officers.		

225	Article Name: Paralytic consequences of poliomyelitis infection in different parts of the world and in different population groups https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525657/pdf/amjphnation00428-0010.pdf		PMID: 14885514
	Lead Author/Year: Albert B. Sabin, 1951	Journal: American Journal of Public Health	
	P 8: In New York City, for example, the attack rates during the five epidemic years have been 6 to 46 times higher than the mean annual rate for the 17 non-epidemic years between 1928 and 1947 (Table 4). The attack rate of 20.6 per 100,000 in the first London epidemic of 1947 was about ten times higher than the mean annual rate of 1.96 for the period of 1932 to 1946. The attack rate of 76.2 per 100,000 in the first Berlin epidemic of 1947 was 20 times higher than the mean annual rate for the period of 1928 to 1946.		

226	Article Name: Paralytic consequences of poliomyelitis infection in different parts of the world and in different population groups https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525657/pdf/amjphnation00428-0010.pdf		PMID: 14885514
	Lead Author/Year: Albert B. Sabin, 1951	Journal: American Journal of Public Health	
	P 9: In 1928 Aycock pointed out that the accumulation of non-immunes cannot be a major		

	factor in the production of epidemics, because the age incidence was not found to vary materially from year to year, even during epidemics which occurred after a number of years of comparative freedom from the disease. Twenty years later, I showed that Aycock's observation was still valid, despite the fact that age selection patterns had changed over the years in certain communities.

227	Article Name: Paralytic consequences of poliomyelitis infection in different parts of the world and in different population groups https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525657/pdf/amjphnation00428-0010.pdf		PMID: 14885514
	Lead Author/Year: Albert B. Sabin, 1951	Journal: American Journal of Public Health	
	P 9: The conclusion seems inescapable that poliomyelitis epidemics are the result of the invasion of a community by strains of unusual virulence.		

228	Article Name: The epidemiology of poliomyelitis: enigmas surrounding its appearance, epidemicity, and disappearance		PMID: 400274
	Lead Author/Year: Neal Nathanson, 1979	Journal: American Journal of Epidemiology	
	P 9-10: However, no attempt was made to compare systematically a large number of isolates from epidemic and non-epidemic settings… The relative importance of virus virulence and of elevated infection rate in the production of epidemics therefore remains unknown.		

229	Article Name: Poliomyelitis Problems		PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America	
	P 2: One of the strangest features of this disease is that with the great advances in sanitation and higher scale of living poliomyelitis seems to thrive. In the meantime most of the other common contagious diseases have declined markedly, with the exception of measles.		

230	Article Name: From Emergence to Eradication: The Epidemiology of Poliomyelitis Deconstructed https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2991634/pdf/kwq320.pdf		PMID: 20978089
	Lead Author/Year: Neal Nathanson, 2010	Journal: American Journal of Epidemiology	
	P 4: In the United States, beginning in the early 1900s, annual epidemics of poliomyelitis occurred with regularity until the introduction of IPV in 1955…		

231	Page Name: The Effectiveness Of Immunizations	
	Website: HHS.GOV https://archive.hhs.gov/nvpo/concepts/intro6.htm	Archive: http://archive.is/A2jxM
	Figure 6.	

232	Document Name: Green Book - Poliomyelitis https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148141/Green-Book-Chapter-26-Polio-updated-18-January-2013.pdf	
	Author/Year: NHS, 2013	Archive: https://drive.google.com/open?id=15wYdgB3upwPEHYP7XZkUVxQEAOXe1Lnb
	P 2, chart 26.1	

233	Article Name: Epidemiology Of Poliomyelitis And Allied Diseases--1963 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2604573/pdf/yjbm00599-0011.pdf	PMID: 14064722
		Archive: https://drive.google.com/open?id=1fV_w03BSORQKex-hR7DkGZH44EXUwpTv
	Lead Author/Year: Dorothy M. Horstmann, 1963	Journal: Yale Journal of Biology and Medicine
	P 2: …not until the 1940's in Japan, Czechoslovakia, the Union of South Africa, the Netherlands, Great Britain and Germany; and in France, Belgium, and most of the U.S.S.R. after 1950.	

234	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective	
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health
	P 40: This period was the most critical in the Israeli experience, with the disease suddenly occurring in high numbers, and continuing in an uninterrupted series of epidemic events called at that time “the everlasting epidemic”. This new pattern of the disease was similar to that observed in western countries…	

235	On Geigy's ties to the Nazi regime - Page Name: Chemical firms exploited Nazi links, probe found	
	Website: HHS.GOV http://www.swissinfo.ch/eng/chemical-firms-exploited-nazi-links--probe-found/2218350	Archive: http://archive.is/xzpeP
	JR Geigy, Ciba, Sandoz and Hoffmann-La Roche - put their own interests ahead of humanitarian concerns in their dealing with the Nazis. ... All the companies concerned owned factories in Germany between 1933 and 1945, as well as in wartime-occupied Poland, and were important suppliers of chemicals, dyes and pharmaceuticals for the Third Reich... The ICE found the firms also had extensive contacts	

	among the Nazis: "Geigy maintained particularly good relations Claus Ungewitter, the Reich commissioner for chemicals ... The report also singled out Geigy and Roche for using forced labour at their plants in Germany . It said at least 33 Dutch and French labourers were forced to work for Geigy between 1943 and 1945, while at least 61 prisoners-of-war and 150 foreign labourers were forced to work at the Roche plant... It said the companies' claims that they were cut off from their subsidiaries in Germany were patently false: "senior managers at the parent company in Switzerland were aware that forced labour was being used... As a rule they were not worried or uneasy about the situation, and as long as production was maintained they had no thoughts of intervening.

236		
	Book Title: DDT – Scientists, Citizens and Public Policy https://www.amazon.com/DDT-Scientists-Citizens-Princeton-Library/dp/0691613907	
	Lead Author/Year: Thomas Dunlap, 1981	Publisher: Princeton Legacy Library
	P 76: Earlier insecticides had been confined by their high cost and low efficiency, to farms and orchards. DDT's combination of high toxicity to many insects. low mammalian toxicity, low cost, and suitability for aerial spraying invited its use in areas that had been, before World War II, free of insecticides.	

237		
	Book Title: The Ethics of Intensification: Agricultural Development and Cultural Change https://books.google.co.il/books?id=0K8qkYZdx7cC&pg=PA66#v=onepage&q&f=false	
	Lead Author/Year: Julie Eckinger, 2008	Publisher: Springer
	P 66: Safe to use in his context meant that the person exposed to DDT was unlikely to suffer acute illness. Later the criteria for "safety" underwent substantial change.	

238		
	Document Name: Pharmacologic And Toxicologic Aspects Of DDT	
	Lead Author/Year: AMA Council On Pharmacy And Chemistry, 1951	Archive: https://drive.google.com/open?id=1nOgsZmnp2lZuTWbEBB4jW1eiPccKlvfb
	P 2: [DDT] acts primarily on the nervous system of the insect… the facts that small amounts are required and that its action is prolonged increase its value.	

239		
	Article Name: Present Position of DDT in the Control of Insects of Medical Importance	
	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 6: The solvent or carrier evaporates, leaving the surfaces covered with minute crystals of DDT. Insects that crawl over these surfaces or otherwise come in contact with them during the next 3 to 12 months are killed.	

240	Article Name: DDT and Silent Spring: Fifty Years After	
	Lead Author/Year: Cristóbal S. Berry-Caban , 2011	Journal: Journal of Military and Veterans' Health
	P 1-2.	

241-260

241	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 1: Not only is it used in households with reckless abandon, so that sprays and aerosols are inhaled, the solutions are permitted to contaminate the skin, bedding and other textiles are saturated, and food and food utensils are contaminated, but DDT is also widely used in restaurants and food processing establishments and as an insecticide on crops. Cattle, sheep and other food animals are extensively dusted with it and large areas are indiscriminately sprayed from airplanes for mosquito control. Pictures of DDT spraying: https://www.gettyimages.com/photos/spray-ddt	

242	Page Name: The DDT Collector	
	Website: Science History Institute https://www.chemheritage.org/distillations/article/ddt-collector	Archive: https://web.archive.org/web/20180926062552/https://www.sciencehistory.org/distillations/article/ddt-collector
	A sprayer-toting soldier stands guard on cans of Flit. Introduced by Standard Oil in 1923, the original Flit used mineral oil to exterminate flies and mosquitoes; DDT was added to the mix in the late 1940s.	

243	Article Name: The Amount of DDT Found In The Milk Of Cows Following Spraying	
	Lead Author/Year: D. E. Howell, 1947	Journal: Journal of Dairy Science
	P 5: Four lots of cattle were sprayed with DDT to determine the amount of this material that may appear in the milk following recommended and excessive treatment. All animals tested excreted some DDT in the milk.	

244	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 6: Unfortunately, today contamination of food is virtually universal. Even if the farmer does not use the new insecticides (and few do not), it is a rare food that escapes contact with	

	insecticides in storage, shipment, processing plants, warehouses and stores. Dendy, for instance, bought milk and meat on the open market in Texas, from July through December. Every specimen of these staples was found to contain DDT, from less than 0.5 p. p. m. to 13.8 p. p. m. in milk and from 3.1 p. p. m. in lean meat to 68.5 p. p. m. in fat meat.

245	Article Name: THE PERCUTANEOUS ABSORPTION OF DDT (2,2-BIS (P-CHLOROPHENYL 1 , 1(-1 ,TRICHLOROETHANE) IN LABORATORY ANIMALS	
	Lead Author/Year: John H. Drayze, 1944	Journal: Journal of Pharmacology and Experimental Therapeutics
	P 8: The above data indicate that the unlimited use of DDT solutions on the skin is not free of danger; however, some solutions of DDT have been found safe for restricted use.	

246	Article Name: Acute And Subacute Toxicity of DDT (2,2,-bis(p-CHLOROPHENYL-1 , 1 , 1-(TRICHLOROETHANE) TO LABORATORY ANIMALS	
	Lead Author/Year: Geoffrey Woodard , 1944	Journal: Journal of Pharmacology and Experimental Therapeutics
	P 7: DDT is capable of causing subacute toxicity when given in small amounts in the diet for periods of from 3 days to 20 weeks.	

247	Article Name: Acute And Subacute Toxicity of DDT (2,2,-bis(p-CHLOROPHENYL-1 , 1 , 1-(TRICHLOROETHANE) TO LABORATORY ANIMALS	
	Lead Author/Year: Geoffrey Woodard , 1944	Journal: Journal of Pharmacology and Experimental Therapeutics
	P 7: Characteristic of DDT poisoning is the wide variation in individual susceptibility, making the estimate of a safely tolerated dose extremely difficult.	

248	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 2: In 1944, Smith and Stohlman of the National Institute of Health, after an extensive study on the cumulative toxicity of DDT, pointed out, "The toxicity of DDT combined with its cumulative action and absorbability from the skin places a definite health hazard on its use.”	

249	Article Name: A Case of D.D.T. Poisoning in Man	
	Lead Author/Year: V. B. Wigglesworth , 1945	Journal: BMJ

250	Article Name: DDT Poisoning In Man

	Lead Author/Year: I. M. Mackerras, 1946	Journal: The Medical Journal Of Australia
	P 400.	

251	Article Name: D.D.T. Poisoning In Man A Suspected Case	
	Lead Author/Year: A. M. G. Campbell , 1949	Journal: Lancet

252	Article Name: TOXIC EFFECTS OF 2,2-bis (p-CHLORPHENY) 1,1,1-TRICHLORETHANE (D.D.T.) IN MAN	
	Lead Author/Year: R. A. M. Case, 1945	Journal: BMJ
	P 2, Experimental	

253	Article Name: TOXIC EFFECTS OF 2,2-bis (p-CHLORPHENY) 1,1,1-TRICHLORETHANE (D.D.T.) IN MAN	
	Lead Author/Year: R. A. M. Case, 1945	Journal: BMJ
	P 3.	

254	Article Name: TOXIC EFFECTS OF 2,2-bis (p-CHLORPHENY) 1,1,1-TRICHLORETHANE (D.D.T.) IN MAN	
	Lead Author/Year: R. A. M. Case, 1945	Journal: BMJ
	P 1-2: …it is likely that a substance known to be toxic to mammals, shown to be toxic to man under certain conditions, and in wide use may produce subclinical manifestations, not at present recognized, which will lower the health-level and efficiency of workers at risk, and that the rapidly growing use of D.D.T. will extend into circumstances where human intoxication is likely to occur.	

255	Article Name: TOXIC EFFECTS OF 2,2-bis (p-CHLORPHENY) 1,1,1-TRICHLORETHANE (D.D.T.) IN MAN	
	Lead Author/Year: R. A. M. Case, 1945	Journal: BMJ
	P 4: It should be stressed that these experiments only show D.D.T. distemper to be toxic under special conditions, possibly rather more severe than would obtain in practice, and do not form the basis for any condemnation of the widespread use of D.D.T. if proper precautions are taken, particularly in the avoidance of oil contamination. They do, however, emphasize that D.D.T. intoxication in human beings is a hazard to be considered and guarded against.	

256	Article Name: Present Position of DDT in the Control of Insects of Medical Importance

	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health

257	Article Name: Present Position of DDT in the Control of Insects of Medical Importance	
	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 2: DDT is a nerve poison, as indicated by the early appearance of muscular tremors and other symptoms.	

258	Article Name: Present Position of DDT in the Control of Insects of Medical Importance	
	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 2: DDT must not be allowed to get into foods or to be ingested accidentally.	

259	Article Name: Present Position of DDT in the Control of Insects of Medical Importance	
	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 2: One of the outstanding characteristics of DDT is its persistence. In fact, this is perhaps the major element in making it superior to many other insecticides. This persistence, however, makes it necessary to use care when applying it on crops or products intended for food or feed.	

260	Document Name: Pharmacologic And Toxicologic Aspects Of DDT	
	Lead Author/Year: AMA Council On Pharmacy And Chemistry, 1951	Archive: https://drive.google.com/open?id=1nOgsZmnp2lZuTWbEBB4jW1eiPccKlvfb
	P 2: DDT must be applied cautiously to food crops, which require treatment after the development of the edible portion of the plant, if residues at the time of harvest are to be avoided… It should not be used on dairy cattle or animals being prepared for slaughter since there is a danger of accumulation of the substance in the milk and tissues of treated animals.	

261-280

261	Document Name: Pharmacologic And Toxicologic Aspects Of DDT	
	Lead Author/Year: AMA Council On Pharmacy And Chemistry, 1951	Archive: https://drive.google.com/open?id=1nOgsZmnp2lZuTWbEBB4jW1eiPccKlvfb
	P 2:	

	DDT is a "cerebrospinal" poison which acts primarily on the central nervous system in man and higher animals as contrasted with its apparent peripheral action in insects. The principal systemic effects in higher animals are disturbances of the central nervous system characterized by hyperexcitability, generalized tremors, spastic or flaccid paralysis and convulsions.

262		
	Document Name: Pharmacologic And Toxicologic Aspects Of DDT	
	Lead Author/Year: AMA Council On Pharmacy And Chemistry, 1951	Archive: https://drive.google.com/open?id=1nOgsZmnp2lZuTWbEBB4jW1eiPccKlvfb
	P 3: Chronic poisoning may result from prolonged ingestion or exposure to small amounts of DDT… As in acute poisoning, there are wide individual variations in susceptibility regardless of the route of administration; this makes it difficult to establish safe tolerance levels applicable to all individuals	

263		
	Article Name: Present Position of DDT in the Control of Insects of Medical Importance	
	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 1-2: From the work of these pharmacologists the following very general conclusions can be drawn: 10. When used as recommended for the control of human parasites and household insects, DDT insecticides are not harmful to human health.	
	Article Name: THE TOXICITY OF 29,2-bis (P-CHLORPHENYL) 1,,1-TRICHLORETHANE (D.D.T.)	
	Lead Author/Year: G. R. Cameron, 1945	Journal: BMJ
	P 6: D.D.T. is tolerated in fairly large amounts when administered as single or repeated doses. Toxic levels are not easily reached when dilute solutions suitable for insecticidal purposes are employed. Danger to health is likely to arise only from careless use of concentrates.	

264		
	Article Name: Present Position of DDT in the Control of Insects of Medical Importance	
	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 5: The question of safety in labeling and handling DDT is dealt with in a release of the Food and Drug Administration of November 5, 1945. The position is taken that the degree of toxicity of DDT does not place it with the caustic poisons and hence -labeling it "poison" with skull and crossbones is not necessary.	

265		
	Book Title: DDT – Scientists, Citizens and Public Policy https://www.amazon.com/DDT-Scientists-Citizens-Princeton-Library/dp/0691613907	
	Lead Author/Year: Thomas Dunlap, 1981	Publisher: Princeton Legacy Library

	P 59: The official debate over regulatory policy for DDT was, however, conditioned by a factor unique in the history of insecticide regulation: DDT was first used during World War II; by the time it entered the civilian market it already had a reputation for effectiveness, power, and safety unmatched by any other material. P 63: As soon as production exceeded military requirements the War Production Board allowed the surplus to be used for experiments; it released DDT for general civilian use on 1 August 1945.

266	Article Name: Statement on Clinical Intoxication From DDT and Other New Insecticides	PMID: 14832501
	Lead Author/Year: Morton S. Biskind, 1950	Journal: Journal of Insurance Medicine
	Part 1, p 1: Since shortly after the last war, a large number of cases had been observed by physicians all over the country… The condition was of unknown origin… [and] was widely attributed to a "virus X". As with all other physicians, a large number of my patients had this condition. I, like others, found it extremely puzzling; it resembled no infectious process I was acquainted with…	

267	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 3: Altogether data have 'been accumulated on more than 200 cases of the "virus X" syndrome in which the condition followed immediately on known exposure to DDT.	

268	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 1: The high incidence, the usual absence of a febrile reaction, the persistence and erratic recurrence of the symptoms, the lack of observable inflammatory lesions, and the resistance even to palliative therapy, suggested an intoxication rather than an infection. Investigation for possible etiologic agents soon led to consideration of DDT.	

269	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 1.	

270	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 2.	

	Article Name: Statement on Clinical Intoxication From DDT and Other New Insecticides	PMID: 14832501
	Lead Author/Year: Morton S. Biskind, 1950	Journal: Journal of Insurance Medicine
	Part 1, p2.	

271	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 3-4.	

272	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 4: To anyone with even a rudimentary knowledge of toxicology, it exceeds all limits of credibility that a compound lethal for insects, fish, birds, chickens, rats, guinea pigs, rabbits, dogs, cats, goats, sheep, horses, cattle and monkeys would be nontoxic for human beings.	

273	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 2: Since the last war there have been a number of curious changes in the incidence of certain ailments and the development of new syndromes never before observed. A most significant feature of this situation is that both man and all his domestic animals have simultaneously been affected.	

274	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 2: …these conditions is mentioned in the comprehensive U. S. Department of Agriculture Handbook, "Keeping Livestock Healthy," published in 1942. This coincidence alone should have been sufficient to rouse a suspicion that something new that is common both to man and his domestic animals, has been operating in their environment during the period these changes have occurred.	

275	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 4:	

	…studies by Lillie and his collaborators (74, 75) of the National Institutes of Health, published in 1944 and 1947 respectively, which showed that DDT may produce degeneration of the anterior horn cells of the spinal cord in animals. These changes do not occur regularly in exposed animals any more than they do in human beings, but they do appear often enough to be significant.

276	Article Name: DDT Poisonins and the Elusive "Virus X:" A New Cause for Gastro-Enteritis	
	Lead Author/Year: Morton S. Biskind, 1949	Journal: American Journal of Digestive Diseases
	P 5: A Siamese cat dusted with DDT developed convulsions in a few hours and died some days later with paralysis of the hind limbs.	

277	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 4: When the population is exposed to a chemical agent known to produce in animals lesions in the spinal cord resembling those in human polio, and thereafter the latter disease increases sharply in incidence and maintains its epidemic character year after year, is it unreasonable to suspect an etiologic relationship?	

278	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 4: In the Philippines and elsewhere in the Far East American troops, who used vast quantities of DDT as insecticides, had a high incidence of poliomyelitis, while it was extremely low in the surrounding native population.	

279	Article Name: Present Concepts And Recent Advances In Acute Poliomyelitis	
	Lead Author/Year: John R. Paul, 1952	Journal: AMA Archive of Internal Medicine
	P 8: It is not known whether the disease may be spread by agents other than infected persons, as, for instance, by insects or contaminated food or water. Theoretically these agents might be "eliminated" by the introduction of "improved sanitary measures." One recognizes that food or flies or cockroaches could on occasion be infectious, but no evidence exists that such insects are an essential link in the chain, comparable with mosquitoes when they carry the parasite of malaria or the virus of yellow fever.	

280	Book Title: DDT – Scientists, Citizens and Public Policy https://www.amazon.com/DDT-Scientists-Citizens-Princeton-Library/dp/0691613907	
	Lead Author/Year: Thomas Dunlap, 1981	Publisher: Princeton Legacy Library

	P 65: In desperation, some towns even sprayed DDT in an effort to combat polio.

281-300

281		
	Article Name: The Epidemiology of Poliomyelitis in Africa	
	Lead Author/Year: James Gear, 1958	Archive: https://drive.google.com/open?id=1F-IcUN-b22YEghe-3I4Pldwk4vwDA3xe
	P 5: The systemic spraying of villages and towns with DDT, BHC and similar long-acting insecticides has not hastened the end of an epidemic, nor indeed has it prevented the onset of an epidemic.	

282		
	Article Name: Statement on Clinical Intoxication From DDT and Other New Insecticides	PMID: 14832501
	Lead Author/Year: Morton S. Biskind, 1950	Journal: Journal of Insurance Medicine
	Part 2, p 2: Wherever DDT had been used extensively against polio, not only was there an epidemic of the syndrome I have described but the incidence of polio continued to rise and in fact appeared where it had not been before.	

283		
	Article Name: Statement on Clinical Intoxication From DDT and Other New Insecticides	PMID: 14832501
	Lead Author/Year: Morton S. Biskind, 1950	Journal: Journal of Insurance Medicine
	Part 2, p 2: This is not surprising since it is known that not only can DDT poisoning produce a condition that may easily be mistaken for polio in an epidemic but also being a nerve poison itself, may damage cells in the spinal cord and thus increase the susceptibility to the virus.	

284		
	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 1: Soon after the introduction of DDT for widespread use as a household, public health and agricultural insecticide, it became evident that virtually all forms of insects were propagating strains completely resistant to this compound. This led to a frantic search for more and more potent insecticides (which also turned out to be more and more toxic for animals and man). One after another new compounds were introduced, the total list being very *long* indeed.	

285		
	Article Name: Statement on Clinical Intoxication From DDT and Other New Insecticides	PMID: 14832501

	Lead Author/Year: Morton S. Biskind, 1950	Journal: Journal of Insurance Medicine
	Part 2 p 5, for instance parathion.	
	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 7 – Chlordane is 10-times more poisonous than DDT.	

286	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 2: In agriculture alone 232 million pounds were used in the United States *in* 1951 and 252 million pounds in 1952.	

287	Article Name: Statement on Clinical Intoxication From DDT and Other New Insecticides	PMID: 14832501
	Lead Author/Year: Morton S. Biskind, 1950	Journal: Journal of Insurance Medicine
	Part 2, p 5: Virtually all studies on the toxicity of the various insecticides have been made on the individual substances. However, this in no way reflects what happens in in actual practice, for today in a single day's diet we may readily be exposed to DDT, BHC, chlordane, chlorinated camphene, methoxychlor, and parathion as well as some lead and arsenic. How many simultaneous insults can the human body take?	

288	Article Name: Possible Hazards From The Use of DDT https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.39.7.925	Archive: https://drive.google.com/open?id=1n3NiyviMKqjEFbZ9PzowYd0R-2L6DA6t
	Lead Author/Year: Editorial (unsigned), 1949	Journal: American Journal of Public Health
	P 1: DDT the great bug-killer may turn out to be one of the most devastating biological weapons ever loosed by a people upon themselves… DDT is slowly poisoning large numbers of Americans, especially children.	

289	Article Name: Possible Hazards From The Use of DDT https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.39.7.925	Archive: https://drive.google.com/open?id=1n3NiyviMKqjEFbZ9PzowYd0R-2L6DA6t
	Lead Author/Year: Editorial (unsigned), 1949	Journal: American Journal of Public Health
	P 2: This statement pointed out that the toxicity of DDT for man "has been given full consideration in making recommendations for its use. There is no evidence that the use of DDT in accordance with the recommendations of the various federal agencies has ever caused human sickness due to DDT itself... "Statements that DDT is responsible for	

	causing the so-called 'virus X disease' of man and 'X disease' of cattle are totally without foundation. Both of these diseases were recognized before the utilization of DDT as an insecticide."

290	Article Name: Possible Hazards From The Use of DDT https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.39.7.925	Archive: https://drive.google.com/open?id=1n3NiyviMKqjEFbZ9PzowYd0R-2L6DA6t
	Lead Author/Year: Editorial (unsigned), 1949	Journal: American Journal of Public Health
	P 2: In April it urged that "this insecticide not be applied to animals producing milk for human consumption. In the light of current information the Bureau also advises that safer materials be used for insect control in places where the milk might be contaminated, such as dairy barns, milk rooms, rooms containing dairy feed, or in similar situations on the farm. Nor should DDT be used for fly control in milk-processing plants… It would seem desirable to obtain more extensive data as to the actual presence of DDT in milk by methods now available; but, all in all, the situation seems to be well in hand and the public adequately protected.	

291	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 2: The relationship was promptly denied by government officials, who provided no evidence to contest the author's observations but relied solely on the prestige of government authority and sheer numbers of experts to bolster their position.	

292	Page Name: Select Committee to Investigate the Use of Chemicals in Food and Cosmetics (1950-52)
	Website: Archives.GOV https://www.archives.gov/legislative/guide/house/chapter-22-select-food-and-cosmetics.html
	The committee was authorized to inquire into the extent and the effect of the use of chemicals, synthetics, pesticides, and insecticides in the production and preparation of food products and to determine the effects of such use on the public and upon agricultural stability.

293	Article Name: Statement on Clinical Intoxication From DDT and Other New Insecticides	PMID: 14832501
	Lead Author/Year: Morton S. Biskind, 1950	Journal: Journal of Insurance Medicine
	This is Dr. Biskind's testimony in congress.	

294	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases

	P 2: Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence. Libel, slander and economic boycott have not been overlooked in this campaign.

295	Article Name: Probers into Chemical Sprays Smeared by Lobby	Date: Sep 9, 1951
	Author: Louis Bromfield	Newspaper: Cleveland Plain Dealer
	P 2: The hirelings at least of the chemical companies and their lobbyists are doing their best to cripple or suppress the inquiries of Mr. Delaney's committee… The committee investigations have given rise to one of the most extraordinary smear campaigns in our history. Mr. Delaney has been blackguarded and those who testified that we know nothing of the effects of the strange, new poisons have been called liars, fools and virtually threatened with blackmail.	

296	Article Name: Poliomyelitis Problems	PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America
	P 14: A SUMMARY OF PROBLEMS: 1. Still unknown etiologic agent. 2. Warm weather prevalence, unusual for a communicable disease. 3. Undetermined manner of transmission. 4. Susceptibility in the exceptionally well nourished. 5. Variability of symptoms. 6. Lack of a practicable laboratory diagnostic test. 7. Diagnostic difficulties added by the "new virus." 8. Reliable measures for prevention. 9. Dependable methods for treatment. 10. Question whether isolation of poliomyelitis patients is an effective means of controlling the disease.	

297	Article Name: Transmission Of Poliomyelitis Virus	PMID: 14889394
	Lead Author/Year: Albert B. Sabin, 1951	Journal: Journal of Pediatrics

298	Article Name: Transmission Of Poliomyelitis Virus	PMID: 14889394
	Lead Author/Year: Albert B. Sabin, 1951	Journal: Journal of Pediatrics
	P 1: Although flies have been found to be contaminated with virus, there has been no reliable evidence of spread by insects, water, food or sewage…	

299	Article Name: Present Concepts And Recent Advances In Acute Poliomyelitis	
	Lead Author/Year: John R. Paul, 1952	Journal: AMA Archive of Internal Medicine
	P 7: …there is agreement among students of poliomyelitis that not enough is known about the factors responsible for the spread of poliomyelitis to enable elimination of the virus from a community.	

300	Article Name: Epidemiology Of Poliomyelitis And Allied Diseases--1963 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2604573/pdf/yjbm00599-0011.pdf	PMID: 14064722
		Archive: https://drive.google.com/open?id=1fV_w03BSORQKex-hR7DkGZH44EXUwpTv
	Lead Author/Year: Dorothy M. Horstmann, 1963	Journal: Yale Journal of Biology and Medicine
	P 4: As with so many contact infections, the exact manner in which polioviruses are transmitted from one person to another is imperfectly understood.	

301-320

301	Article Name: Transmission Of Poliomyelitis Virus	PMID: 14889394
	Lead Author/Year: Albert B. Sabin, 1951	Journal: Journal of Pediatrics
	P 5: If the introduction of the virus into the mouth by means of the hands or other materials is of basic importance in the transmission of poliomyelitis, can we regard the period of communicability as being for only a few days before and a few days to a week after onset of symptoms, when, by our present methods, the virus is still readily demonstrable in the stools of approximately 50 per cent of individuals during the third and fourth weeks? How much reliance should we place on the epidemiological observations which place the "infectious period" at four to five days before and after onset of symptoms, when it is realized that these conclusions are based on tracing extrafamilial secondary cases to presumably single contacts with patients who became sick and had to go to bed?	

302	Article Name: Epidemiology Of Poliomyelitis And Allied Diseases--1963 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2604573/pdf/yjbm00599-0011.pdf	PMID: 14064722
		Archive: https://drive.google.com/open?id=1fV_w03BSORQKex-hR7DkGZH44EXUwpTv
	Lead Author/Year: Dorothy M. Horstmann, 1963	Journal: Yale Journal of Biology and Medicine
	P 4: The main portal of exit is the intestinal tract, and large quantities of virus can be found in the feces often for many weeks and occasionally for many months… Epidemiologic evidence indicates that a case is most infectious during the early phase of infection, sometime before onset of symptoms or in the first few days of the clinical disease.	

303	Article Name: Present Concepts And Recent Advances In Acute Poliomyelitis	
	Lead Author/Year: John R. Paul, 1952	Journal: AMA Archive of Internal Medicine
	P 1: Eventually the new facts should find more clinical application than can be assigned to them now, for one must still admit that there are no more immediate measures available for the prevention and cure of the acute disease than existed in the times of Medin and Wickman, 80 and 40 years ago, respectively.	

304	Article Name: Poliomyelitis Problems	PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America
	P 1-2: Notwithstanding the intensive studies of investigators, very little information of practical value has been added to our knowledge of poliomyelitis during the past forty years… One might almost be tempted to make the contradictory statement that the more we learn about poliomyelitis, the less we know.	

305	Article Name: The cultivation of the poliomyelitis viruses in tissue culture https://assets.nobelprize.org/uploads/2018/06/enders-robbins-weller-lecture.pdf?_ga=2.149573750.1715530293.1537951684-1754545531.1537951684	
	Lead Author/Year: John F. Enders, 1952	
	Article Name: Present Concepts And Recent Advances In Acute Poliomyelitis	
	Lead Author/Year: John R. Paul, 1952	Journal: AMA Archive of Internal Medicine
	P 3: In these recent discoveries it is possible that we have witnessed the end of what might be termed "the monkey era" in poliomyelitis research. This is no great loss, for the expense of maintaining monkey colonies for poliomyelitis research has been great. Also it is heartening to realize that the way is now open for many laboratories to engage in certain clinical and epidemiological investigations on poliomyelitis which have been denied to them in the past because of expense and other difficulties. Scores of new investigators can now enter the poliomyelitis field, and new impetus can be given to such work all over the world. All this stems from the discovery that a tissue-culture tube may be substituted for a monkey.	

306	Article Name: The Present Status of Polio Vaccines	Archive: https://drive.google.com/open?id=13MEzjIrvcvuzbltwTqBhGiOm8nZln2I4
	Lead Author/Year: Herbert Ratner, 1960	Journal: Illinois Medical Journal
	Ratner and colleagues discuss a change in the diagnostic criterion and note that it has been implemented since 1955 (Ratner 1960, p. 5). An official report states that the change was implemented (at least) since 1958 (PSU 1962, p. 2).	

307	Article Name: The Present Status of Polio Vaccines		Archive: https://drive.google.com/open?id=13MEzjIrvcvuzbltwTqBhGiOm8nZln2I4
	Lead Author/Year: Herbert Ratner, 1960	Journal: Illinois Medical Journal	
	P 5: Furthermore, diagnostic procedures have continued to be refined. Coxsackie virus in factions and aseptic meningitis have been distinguished from paralytic poliomyelitis. Prior to 1954 large numbers of that; cases undoubtedly were mislabeled as paralytic poliomyelitis.		

308	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective	
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health

309	Article Name: Epidemiology of Poliomyelitis in Israel, 1952-59 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2555311/pdf/bullwho00327-0059.pdf	PMID: 13814376
	Lead Author/Year: A. Michael Davies, 1960	Journal: Bulletin of the World Health Organization
	P 2: …in 1957-59 only proved paralytic cases have been included in the statistics.	

310	Document Name: Green Book - Poliomyelitis https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148141/Green-Book-Chapter-26-Polio-updated-18-January-2013.pdf	
	Author/Year: NHS, 2013	Archive: https://drive.google.com/open?id=15wYdgB3upwPEHYP7XZkUVxQEAOXe1Lnb
	Chapter 26	

311	Article Name: Surveillance of Poliomyelitis in the United States, 1958-61 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1915173/pdf/pubhealthreporig00096-0009.pdf	PMID: 19316432
	Lead Author/Year: PSU, 1962	Journal: Public Health Reports
	P 5: In 1955, the National Foundation for Infantile Paralysis sponsored an immunization program for first- and second-grade school children who were primarily 7 and 8 years old. These children comprised essentially the only population group that received vaccine during the spring and summer of 1955.	

312	Article Name: Exit Poliomyelitis-What Next?	
	Lead Author/Year: Sven Gard, 1961	Journal: Yale Journal Of Biology And Medicine

	P 2: This dramatic drop in case incidence to less than 1% in four years was not expected. Even with a wild hope for a 100%o protective effect-which actually seems to have materialized-one could not have anticipated a concomitant drastic reduction in attack rates among non-vaccinated persons.

313	For example, in Houston, 1958 - Article Name: Effectiveness of Salk Vaccine Analysis of Virologically Confirmed Cases of Paralytic and Nonparalytic Poliomyelitis	
	Lead Author/Year: Joseph L. Melnick, 1961	Journal: JAMA
	Or, in Detroit, 1958 - Article Name: Laboratory Data On The Detroit Poliomyelitis Epidemic - 1958	
	Lead Author/Year: Gordon C. Brown, 1960	Journal: JAMA

314	Article Name: Use Of Poliomyelitis Vaccine Under Epidemic Conditions Report Of Outbreak Of Poliomyelitis Among Naval Personnel And Dependents In Hawaii	
	Lead Author/Year: Robert S. Poos, 1956	Journal: JAMA
	P 8: After the mass vaccination program, attack rates were lower in vaccinees than in the unvaccinated population, although this difference was not statistically significant.	

315	Article Name: The Present Status of Polio Vaccines	Archive: https://drive.google.com/open?id=13MEzjIrvcvuzbltwTqBhGiOm8nZln2I4
	Lead Author/Year: Herbert Ratner, 1960	Journal: Illinois Medical Journal
	P 6: We repeated this study of 1955 and 1956 by projecting the same type of statistical analysis into 1957. Lo and behold, we found that two doses of Salk vaccine was not nearly as effective in 1957 as we thought it was in 1956. Instead of 83 per cent effectiveness we found only about 24 per cent.	

316	Article Name: The Present Status of Polio Vaccines	Archive: https://drive.google.com/open?id=13MEzjIrvcvuzbltwTqBhGiOm8nZln2I4
	Lead Author/Year: Herbert Ratner, 1960	Journal: Illinois Medical Journal
	P 7: At present, I am an agnostic as far as the efficacy of the Salk vaccine is concerned because I do not know how effective it is. I believe it has some degree of effectiveness, but I do not know the extent because I cannot get proper denominators.	

317	Article Name: The Present Status of Polio Vaccines	Archive: https://drive.google.com/open?id=13MEzjIrvcvuzbltwTqBhGiOm8nZln2I4

	Lead Author/Year: Herbert Ratner, 1960	Journal: Illinois Medical Journal
	P 7: If polio antibodies mean anything, in respect to protection, then I am forced to conclude that much of the Salk vaccine we have been using is useless.	

318	Article Name: Paralytic poliomyelitis in Massachusetts, 1959	
	Lead Author/Year: Sumner Berkovich, 1961	Journal: NEJM
	P 2, table 1.	

319	Article Name: Paralytic poliomyelitis in Massachusetts, 1959	
	Lead Author/Year: Sumner Berkovich, 1961	Journal: NEJM
	P 2: Effectiveness of the vaccine in Massachusetts cannot be accurately evaluated, since the total number in each age group who had received three or more doses is unknown. However, that it did not provide the expected protection is apparent…"	

320	Article Name: Paralytic poliomyelitis in Massachusetts, 1959	
	Lead Author/Year: Sumner Berkovich, 1961	Journal: NEJM
	P 4-5.	

321-340

321	For instance - Article Name: The Influence Of Natural And Artificially Induced Immunity On Alimentary Infections With Polioviruses	PMID: 13571484
	Lead Author/Year: John P. Fox, 1958	Journal: American Journal of Public Health
	P 11: De novo development of antibody induced by the vaccine was excellent in children possessing one or two types of heterologous antibody but among triple negatives nearly a quarter and a half, respectively, developed no antibody after the booster to types 1 and 3 viruses.	
	Article Name: Influence Of Vaccination With Formalin Inactivated Vaccine Upon Gastrointestinal Infection With Polioviruses	PMID: 14415906
	Lead Author/Year: Martha Lipson. Lepow, 1960	Journal: American Journal of Public Health
	P 10: Our failure to find any clear-cut differences between the vaccinated and unvaccinated children either in regard to the presence of antibody or levels of antibody is somewhat	

	disturbing. Some doubt might be raised concerning the potency of the vaccines used in the population studied. One might also regard these data as emphasizing the importance of giving more than two doses of vaccine.

322	Article Name: Paralytic poliomyelitis in Massachusetts, 1959	
	Lead Author/Year: Sumner Berkovich, 1961	Journal: NEJM
	P 5.	

323	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 574: Although the results of the historical Francis trial were positive, the Cutter incident led to a change in manufacturing processes that lowered the immunogenicity of the early vaccine.	

324	Article Name: The Present Status of Polio Vaccines	Archive: https://drive.google.com/open?id=13MEzjIrvcvuzbltwTqBhGiOm8nZln2I4
	Lead Author/Year: Herbert Ratner, 1960	Journal: Illinois Medical Journal
	P 4: A scientific examination of the data, and the manner in which the data were manipulated, will reveal that the true effectiveness of the present Salk vaccine is unknown and greatly overrated.	

325	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective	
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health
	P 42 Table 4.1, P 56 Table 5.1.	

326	Article Name: Epidemiology of Poliomyelitis in Israel, 1952-59 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2555311/pdf/bullwho00327-0059.pdf	PMID: 13814376
	Lead Author/Year: A. Michael Davies, 1960	Journal: Bulletin of the World Health Organization
	P 16: The 1957 drop in incidence affected all age-groups, not merely those vaccinated, and although 1958 should have brought a wider age span of susceptible infants, especially to type 1 virus, there was no change in the age pattern of cases.	

327	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective	
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health
	P 67: The partial vaccination program, implemented exclusively during the first half of 1957, was probably not associated with the low morbidity recorded during the year.	

328	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective	
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health
	P 66: …the polio vaccine produced in Israel in 1957 and used until mid-1958, performed poorly in potency tests and induced low seroconversion rates.	

329	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective	
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health
	P 67: The limited morbidity of 1959 and 1960 coincided with the implementation of a better vaccination program with an improved vaccine. The role of vaccination in the prevention of polio virus activity at that time cannot be excluded.	

330	Article Name: An Outbreak Of Poliomyelitis In Israel In 1961 And The Use Of Attenuated Type 1 Vaccine In Its Control	
	Lead Author/Year: Jacob Yofe, 1962	Journal: American Journal of Epidemiology
	P 16, table 6.	

331	Article Name: Epidemiology of Poliomyelitis in Israel, 1952-59 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2555311/pdf/bullwho00327-0059.pdf	PMID: 13814376
	Lead Author/Year: A. Michael Davies, 1960	Journal: Bulletin of the World Health Organization
	P 18-19.	

332	In Israel – Article Name: An Outbreak Of Poliomyelitis In Israel In 1961 And The Use Of Attenuated Type 1 Vaccine In Its Control	
	Lead Author/Year: Jacob Yofe, 1962	Journal: American Journal of Epidemiology
	P 6: During the third week of May, type 1 attenuated vaccine prepared from Sabin's LSc, 2 ab strain was obtained through the courtesy of Wyeth Laboratories. It was decided to feed vaccine to all children born from January 1, 1957, down to 4 days of age.	
	In USA – Book Title: Jonas Salk: A Life https://www.amazon.com/Jonas-Salk-Charlotte-DeCroes-Jacobs/dp/0199334412/	
	Lead Author/Year: Charlotte DeCroes Jacobs, 2015	Publisher: Oxford University Press

	P 226: Among those few who sided with Salk in opposition to the oral vaccine was the director of the Communicable Disease Center, Alex Langmuir. The number of polio cases had fallen to 2 percent of that prior to the field trial. He saw no reason to revaccinate those who had received the Salk vaccine. O'Connor agreed and held a press conference at which he vehemently opposed revaccination and leveled his guns at the surgeon general. Saying Terry was "flying in the face of facts and for reasons that might not best be questioned," O'Connor accused him of "withholding from the public the true picture of the need...to promote the preferential sale of the second vaccine to do what's already been done by one....Half-truths and nonscientific innuendos and implications" had no place where the health of the public was concerned. He sent a letter to the editor of Washington Star, decrying the advice to revaccinate those already protected with the killed vaccine. "There is no sane or scientific basis." Yet widespread oral vaccination continued.
	In USA – Book Title: Jonas Salk (Makers of Modern Science) https://www.amazon.com/Jonas-Salk-Makers-Modern-Science/dp/0816028052/
	Lead Author/Year: Victoria Sherrow, 1993 / Publisher: Facts on File
	P 93: Within a few years, however, Sabin's became the vaccine of choice in the United States. April 24, 1960, known as "Sabin Oral Sunday," marked the first day that people in the United States received Sabin's vaccine. As of 1961 communities throughout the country were holding SOS-Sabin Oral Sunday-campaigns, and people lined up at schools or other places to receive their vaccine on a sugar cube. Local officials and medical societies encouraged people to take oral vaccine, even if they were already vaccinated by injection.
	Article Name: Two Voluntary Mass Immunization Programs Using Sabin Oral Vaccine
	Lead Author/Year: Richard B. Johns, 1963 / Journal: JAMA
	P 5, table1: An example of a Sabine-vaccine vaccination operation in two counties in Arizona in 1961. Children aged 6-14 were vaccinated at a rate of over 95% during the operation. These are exactly the ages vaccinated with the Salk vaccine.
	Article Name: A Survey of Immunization Levels After an Oral Poliovaccine Program in Cleveland
	Lead Author/Year: Martha L. Lepow, 1964 / Journal: JAMA
	P 5, table 3: Vaccination operation in the Cleveland area, Ohio, in 1962. Similarly, the vast majority of Sabin vaccinees were previously vaccinated with the Salk vaccine.

333	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 593: Despite incomplete application of the vaccine, polio incidence fell 95% between the introduction of the vaccine in 1955 and its abandonment in 1961.

334	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective	

	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health
	P 56 Table 5.1, P 42 Table 4.1.	

335	Article Name: Final Report of Poliomyelitis Epidemic in Detroit and Wayne County, 1958 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1929571/pdf/pubhealthreporig00119-0058.pdf	PMID: 13771906
	Lead Author/Year: Joseph G. Molner, 1960	Journal: Public Health Reports
	P 5 chart 2, p 9 remarks to table 8.	

336	Article Name: Laboratory Data On The Detroit Poliomyelitis Epidemic - 1958	
	Lead Author/Year: Gordon C. Brown, 1960	Journal: JAMA
	P 1: Virological laboratory tests were carried out on 1,060 persons, probably the greatest percentage of victims of a large epidemic of poliomyelitis ever to be subjected to laboratory investigation.	

337	Article Name: Laboratory Data On The Detroit Poliomyelitis Epidemic - 1958	
	Lead Author/Year: Gordon C. Brown, 1960	Journal: JAMA
	P 2, tables 1 and 2.	

338	Article Name: Laboratory Data On The Detroit Poliomyelitis Epidemic - 1958	
	Lead Author/Year: Gordon C. Brown, 1960	Journal: JAMA
	P 1: Specimens from paralytic patients were retested if the findings had been negative for virus on the first attempt.	

339	Article Name: Preliminary Report And Observations On The 1956 Poliomyelitis Outbreak In Chicago	
	Lead Author/Year: Herman N. Bundesen, 1957	Journal: JAMA
	P 1: Of the 1,111 cases, virology reports have been received on 651. Of these 651 cases, a poliomyelitis virus has been successfully isolated from 412.	

340	Article Name: Effectiveness of Salk Vaccine Analysis of Virologically Confirmed Cases of Paralytic and Nonparalytic Poliomyelitis

	Lead Author/Year: Joseph L. Melnick, 1961	Journal: JAMA
	P 1: Of the 126 cases which were diagnosed clinically as paralytic poliomyelitis, 102 yielded a virus in monkey kidney cultures. Of the viruses isolated, all but 2 were polioviruses… In the same period, 125 cases diagnosed as aseptic meningitis were studied… Of these, only 23 were polioviruses…	

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341	Article Name: Nonpolioviruses and Paralytic Disease https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1575072/pdf/califmed00157-0049.pdf	PMID: 14468369
	Lead Author/Year: Robert L. Magoffin, 1962	Journal: California Medicine
	P 4: In etiologic studies of clinical paralytic poliomyelitis in California, poliovirus was recovered from about 80 per cent of the patients under five years of age, as compared with 60 to 65 per cent of older children and adults.	

342	Article Name: Surveillance of Poliomyelitis in the United States, 1958-61 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1915173/pdf/pubhealthreporig00096-0009.pdf	PMID: 19316432
	Lead Author/Year: PSU, 1962	Journal: Public Health Reports
	P 9, table 9.	

343	Article Name: Epidemiology of Poliomyelitis in Israel, 1952-59 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2555311/pdf/bullwho00327-0059.pdf	PMID: 13814376
	Lead Author/Year: A. Michael Davies, 1960	Journal: Bulletin of the World Health Organization
	P 17, table 19.	

344	In Kazakhstan, 1959, fecal samples from polio patients were tested in parallel with the introduction of the Sabin vaccine: only 16 out of 39 patients with paralysis in May-June 1959 were found to have polio virus in their feces. Article Name: Report on a visit to the USSR, Poland and Czechoslovakia https://babel.hathitrust.org/cgi/pt?id=mdp.39015009662027;view=1up;seq=3	Archive: https://drive.google.com/open?id=1HoFd56xRmtStwV8CJyn_OxlPVVwdQ0DK https://drive.google.com/open?id=1fFx_TlcKcnVMXX2QC3Ln-TSrr6bjXuuh
	Lead Author/Year: Dorothy M. Horstmann, 1959	Journal: WHO

	P 40-41.

345	Article Name: Nonpolioviruses and Paralytic Disease https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1575072/pdf/califmed00157-0049.pdf	PMID: 14468369
	Lead Author/Year: Robert L. Magoffin, 1962	Journal: California Medicine
	P 2-6.	
	Article Name: A Study Of Certain Nonpoliomyelitis And Poliomyelitis Enterovirus Infections	PMID: 13538759
	Lead Author/Year: William McD. Hammon, 1958	Journal: JAMA

346	Article Name: A Study Of Certain Nonpoliomyelitis And Poliomyelitis Enterovirus Infections	PMID: 13538759
	Lead Author/Year: William McD. Hammon, 1958	Journal: JAMA
	P 3-6, quote from p 6: It should be emphasized that these illnesses had been diagnosed as clinical paralytic poliomyelitis by a team of experienced poliomyelitis clinicians engaged in a research evaluation. We refer to these illnesses now as paralytic poliomyelitis-like because there is essentially no laboratory evidence of a poliovirus infection. This distinction is made because of the formerly held concept that this type of paralytic disease is only caused by one of the three types of poliovirus.	

347	Article Name: A Study Of Certain Nonpoliomyelitis And Poliomyelitis Enterovirus Infections	PMID: 13538759
	Lead Author/Year: William McD. Hammon, 1958	Journal: JAMA
	P 6: Whether the enteroviruses isolated in all six cases were the respective etiological agents is not unequivocally established.	

348	Article Name: A Study Of Certain Nonpoliomyelitis And Poliomyelitis Enterovirus Infections	PMID: 13538759
	Lead Author/Year: William McD. Hammon, 1958	Journal: JAMA
	P 6: In other words, there may exist strains of enteroviruses which, with opportune conditions, act like polioviruses in man and produce an occasional paralytic illness that clinically cannot be differentiated from paralytic poliomyelitis.	

349	Article Name: A Study Of Certain Nonpoliomyelitis And Poliomyelitis Enterovirus Infections	PMID: 13538759

	Lead Author/Year: William McD. Hammon, 1958	Journal: JAMA
	P 7: These paralytic and nonparalytic illnesses cannot be expected to be prevented by the present poliomyelitis vaccine and may be considered vaccine failures unless the exact etiology is established.	

350	Article Name: Epidemiology Of Poliomyelitis And Allied Diseases--1963 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2604573/pdf/yjbm00599-0011.pdf	PMID: 14064722 Archive: https://drive.google.com/open?id=1fV_w03BSORQKex-hR7DkGZH44EXUwpTv
	Lead Author/Year: Dorothy M. Horstmann, 1963	Journal: Yale Journal of Biology and Medicine
	P 9: The inactivated vaccine, since its introduction in 1955, has greatly reduced the incidence of paralytic poliomyelitis in countries in which its use has been extensive. This has been accomplished by inducing serologic immunity in vaccinees, which prevents CNS invasion. However the extent to which the inactivated vaccine has suppressed the circulation of wild polioviruses and the incidence of inapparent intestinal infection is not well documented... This is not surprising, for although the vaccine induces antibody formation, it does not provide a significant barrier to intestinal infection with either wild or vaccine strains.	

351	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 631: Continued use of OPV will induce effective intestinal immunity, thereby enhancing community resistance to transmission of imported wild poliovirus.

352	Article Name: Epidemiology Of Poliomyelitis And Allied Diseases--1963 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2604573/pdf/yjbm00599-0011.pdf	PMID: 14064722 Archive: https://drive.google.com/open?id=1fV_w03BSORQKex-hR7DkGZH44EXUwpTv
	Lead Author/Year: Dorothy M. Horstmann, 1963	Journal: Yale Journal of Biology and Medicine
	P 9: In contrast, inapparent infection, either natural or oral vaccine induced, does result in a marked degree of resistance to intestinal multiplication of virus, although in neither case is this resistance absolute.	

353	Article Name: The Influence Of Natural And Artificially Induced Immunity On Alimentary Infections With Polioviruses	PMID: 13571484
	Lead Author/Year: John P. Fox, 1958	Journal: American Journal of Public Health
	P 9: At that time, no evidence could be found that primary vaccination had influenced either the occurrence or course of alimentary infections in any way, whereas it was already clear that immunity resulting from natural infection did exert a significantly limiting effect.	

354	Article Name: The Influence Of Natural And Artificially Induced Immunity On Alimentary Infections With Polioviruses	PMID: 13571484
	Lead Author/Year: John P. Fox, 1958	Journal: American Journal of Public Health
	P 11: Infected but vaccinated children appeared to be just as effective sources for intrahousehold spread of virus as did unvaccinated children.	

355	Article Name: The Influence Of Natural And Artificially Induced Immunity On Alimentary Infections With Polioviruses	PMID: 13571484
	Lead Author/Year: John P. Fox, 1958	Journal: American Journal of Public Health
	P 9: Among children without natural immunity there was little variation in the duration of excretion in relation to vaccination… Rather surprisingly, however, tests for the amount of virus present in the first virus-positive specimen revealed nearly as much virus (4.2 mean long infectivity) in stools from children with prior natural immunity as in those, whether vaccinated or not, without natural immunity (4.0 to 4.9 mean log infectivity).	

356	Article Name: The Influence Of Natural And Artificially Induced Immunity On Alimentary Infections With Polioviruses	PMID: 13571484
	Lead Author/Year: John P. Fox, 1958	Journal: American Journal of Public Health
	P 11: …it is concluded that widespread use of Salk vaccine should not by any reasonable mechanism influence poliovirus dissemination.	

357	Article Name: Influence Of Vaccination With Formalin Inactivated Vaccine Upon Gastrointestinal Infection With Polioviruses	PMID: 14415906
	Lead Author/Year: Martha Lipson Lepow, 1960	Journal: American Journal of Public Health
	P 9: The results of this study would indicate that the prior administration of one or two doses of inactivated poliomyelitis vaccine does not reduce the susceptibility of the lower gastrointestinal tract of man to poliovirus infection. These results are in accord with those of Fox, Davis, Koprowski, and Sabin… Vaccination cannot be expected to decrease significantly the number of persons in the community suffering from inapparent poliovirus infections. Therefore, the opportunities of becoming infected will be the same as before vaccine was used, although paralytic disease can be expected to be less frequent.	

358	Article Name: Influence Of Vaccination With Formalin Inactivated Vaccine Upon Gastrointestinal Infection With Polioviruses	PMID: 14415906
	Lead Author/Year: Martha Lipson Lepow, 1960	Journal: American Journal of Public Health
	P 10: The observations of Koprowski and Sabin with avirulent viruses, and Fox with natural infection provide more direct evidence concerning this question. They indicate that	

	antibody, either acquired passively from the mother or resulting from vaccination with killed vaccine, has no effect upon the susceptibility of the bowel.

359	Article Name: Influence Of Vaccination With Formalin Inactivated Vaccine Upon Gastrointestinal Infection With Polioviruses	PMID: 14415906
	Lead Author/Year: Martha Lipson Lepow, 1960	Journal: American Journal of Public Health
	P 11: It is concluded that immunization with killed poliomyelitis vaccines cannot be expected to decrease the numbers of persons in the community with alimentary poliovirus infection. Thus, vaccination, while of value to the persons immunized, is unlikely to provide protection to those not vaccinated.	

360	Document Name: Polio - The Beginning Of The End	
	Author/Year: WHO, 1997	Archive: https://drive.google.com/open?id=1r0R4dlSUiB6jOtNta-FvrKDD-gFlzW9h
	P 20: Inactivated polio vaccine (IPV) works by producing protective antibodies in the blood—thus preventing the spread of poliovirus to the central nervous system. However, it induces only very low-level immunity to poliovirus inside the gut. As a result, it provides individual protection against polio paralysis but only marginally reduces the spread of wild poliovirus. In a person immunized with IPV, wild virus can still multiply inside the intestines and be shed in stools. Because of this, IPV could not be used to eradicate polio.	

361-380

361	Article Name: Exit Poliomyelitis-What Next?
	Lead Author/Year: Sven Gard, 1961 / Journal: Yale Journal Of Biology And Medicine
	P 8: In any event, Salk was inclined to regard the reduced attack rates as an effect of the vaccination, reasoning as follows. If oropharyngeal secretions are more important for transmission of virus in communities where contact with sewage or feces is less likely, and if vaccination has little or no effect upon fecal virus but does have a significant effect upon pharyngeal virus, then it is conceivable that spread of virus may be diminished by effective vaccination...

362	Article Name: Exit Poliomyelitis-What Next?
	Lead Author/Year: Sven Gard, 1961 / Journal: Yale Journal Of Biology And Medicine
	P 8: The evidence supporting the first if seems at best equivocal and as regards the second if, evidence was at the time entirely lacking.

363	Article Name:

	Exit Poliomyelitis-What Next?	
	Lead Author/Year: Sven Gard, 1961	Journal: Yale Journal Of Biology And Medicine
	P 8: The New Orleans group in their studies on the spread of virus found no evidence to support the theory that oropharyngeal secretions are more important than fecal excretion where the spread of the virus is concerned. In fact, some of their observations spoke decidedly in favor of the assumption of predominantly fecal spread. Our own observations on the decisive importance of the age of the excreter point in the same direction.	
	Article Name: The Influence Of Natural And Artificially Induced Immunity On Alimentary Infections With Polioviruses	PMID: 13571484
	Lead Author/Year: John P. Fox, 1958	Journal: American Journal of Public Health
	P 10: This has led to renewed consideration of the possibility that pharyngeal virus is more important than fecal virus and that vaccination may influence upper alimentary or pharyngeal infection even though it has no effect on the process at a lower level. The available data do not seem to support this idea.	

364	Book Title: Vaccines (6th edition) Published by Elsevier Saunders https://www.elsevier.com/books/vaccines/plotkin/978-1-4557-0090-5

365	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 586: Thus, in epidemiological settings where the primary mode of interhuman transmission in affected communities is oral to oral (vs. fecal to oral), IPV can effectively terminate transmission.

366	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 588: The evidence for herd immunity comes from countries where oral-to-oral transmission was probably the dominant mode of interhuman poliovirus transmission. It is less clear if IPV is able to induce herd immunity in countries where the fecal-to-oral route is thought to be the primary role in transmission.

367	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 587.

368	Article Name: The Poliomyelitis Story: A Scientific Hegira https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2589894/pdf/yjbm00092-0018.pdf	PMID: 2994307
	Lead Author/Year: Dorothy M. Horstmann, 1985	Journal: The Yale Journal Of Biology And Medicine

	P 10: In three countries, Sweden, Finland, and Holland, where only IPV has been used and close to 100 percent of the population has been immunized, virtual elimination of the indigenous infection has also been achieved.

369	Article Name: Surveillance of Poliomyelitis in the United States, 1958-61 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1915173/pdf/pubhealthreporig00096-0009.pdf		PMID: 19316432
	Lead Author/Year: PSU, 1962	Journal: Public Health Reports	
	P 7, table 5. About 20-30% of the paralyzed patients in 1958-61 were vaccinated.		

370	Article Name: From Emergence to Eradication: The Epidemiology of Poliomyelitis Deconstructed https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2991634/pdf/kwq320.pdf		PMID: 20978089
	Lead Author/Year: Neal Nathanson, 2010	Journal: American Journal of Epidemiology	
	P 8: Prior to the introduction of poliovirus vaccines, each state reported some cases of poliomyelitis every year. However, beginning with the introduction of OPV around 1961, the number of states reporting cases of polio due to wild polioviruses gradually dropped, reaching zero in 1973.		

371	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 633: Most industrialized countries, including many Western European countries, have recommended schedules in the past that relied exclusively on OPV for the prevention of poliomyelitis. More recently, encouraged by progress of the GPEI and by the desire to reduce or eliminate the burden of VAPP, many of the high- and middle-income countries are reevaluating their vaccination policy options. As of 2011, a total of 56 countries and reporting entities rely exclusively on IPV…

372	Book Title: Deadly Choices https://www.amazon.com/Deadly-Choices-Anti-Vaccine-Movement-Threatens/dp/0465029620		
	Lead Author/Year: Paul A. Offit, 2011	Publisher: Basic Books	
	P 127: Because international travel is common, and because most people who are contagious aren't sick, it is likely that poliovirus walks into the United States every year.		

373	Article Name: The Israeli public health response to wild poliovirus importation		PMID: 26213249
	Lead Author/Year: Ehud Kaliner, 2015	Journal: Lancet Infectious Diseases	

	P 4: Finally, the Ministry of Health accepted the emergency response team's recommendation to reduce the risk for re-emergence of wild poliovirus type 1 by vaccinating, from 2014 onwards, all children born after July 1, 2013, with a dose of bOPV at age 6 months and a second dose at age 18 months, in addition to the routine IPV-only schedule.

374	Book Title: Patenting The Sun: Polio and the Salk Vaccine https://www.amazon.com/Patenting-Sun-Polio-Salk-Vaccine/dp/0688094945	
	Lead Author/Year: Jane S. Smith, 1990	Publisher: William Morrow & Co
	P 359-367.	

375	Book Title: Patenting The Sun: Polio and the Salk Vaccine https://www.amazon.com/Patenting-Sun-Polio-Salk-Vaccine/dp/0688094945	
	Lead Author/Year: Jane S. Smith, 1990	Publisher: William Morrow & Co
	P 360.	

376	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1430: As a result of this much-publicized "Cutter incident" […] administrative authority for the regulation of biologicals was transferred by Congress to the Division of Biologics Standards (DBS), a newly created division within the NIH.

377	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1311: However, there was no specific federal involvement in immunization activities until 1955, when the IPV vaccine was licensed. Through the Polio Vaccination Assistance Act, Congress appropriated funds in 1955 and 1956 to the Communicable Disease Center (now the CDC) to help states and local communities buy and administer vaccine.

378	Book Title: Patenting The Sun: Polio and the Salk Vaccine https://www.amazon.com/Patenting-Sun-Polio-Salk-Vaccine/dp/0688094945	
	Lead Author/Year: Jane S. Smith, 1990	Publisher: William Morrow & Co
	P 354: The failure of the Department of Health, Education and Welfare to make any plans for allocating the limited supplies of polio vaccine or to discuss any measures for paying for the vaccinations of those unable to afford them, seems to have been not an oversight but an ideological decision… [Secretary Hobby] apparently saw the polio vaccine program as a routine matter of manufacture and commerce, best handled by the private sector.	

379	Book Title: Patenting The Sun: Polio and the Salk Vaccine https://www.amazon.com/Patenting-Sun-Polio-Salk-Vaccine/dp/0688094945	

	Lead Author/Year: Jane S. Smith, 1990	Publisher: William Morrow & Co
	P 369: Spurred by the kinds of problems that brought on the Cutter incident, the federal government has since assumed a much more active role in regulating the production of biomedical products…	

380	Book Title: Patenting The Sun: Polio and the Salk Vaccine https://www.amazon.com/Patenting-Sun-Polio-Salk-Vaccine/dp/0688094945		
	Lead Author/Year: Jane S. Smith, 1990	Publisher: William Morrow & Co	
	P 368: The laboratory of Biologics Control… was reorganized in the wake of the tragic problems with polio vaccine. On July 15, 1955 it was named Bureau of Biologics, with the promise of a greatly expanded staff and newly enlarged facilities for vaccine testing… By 1956 over one hundred people worked in the polio division, testing vaccines.		

381-400

381	Book Title: Patenting The Sun: Polio and the Salk Vaccine https://www.amazon.com/Patenting-Sun-Polio-Salk-Vaccine/dp/0688094945	
	Lead Author/Year: Jane S. Smith, 1990	Publisher: William Morrow & Co
	P 369: For the epidemiologists of the Communicable Disease Center, the Cutter incident was the crisis that made their reputation… One of Surgeon General Scheele's first acts after the early reports of problems with Cutter vaccine was to establish a program of national surveillance, with all states reporting cases of poliomyelitis directly to the CDC in Atlanta.	

382	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1311: Through the Polio Vaccination Assistance Act, Congress appropriated funds in 1955 and 1956 to the Communicable Disease Center (now the CDC) to help states and local communities buy and administer vaccine.

383	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 1311: When the grant program began in 1963, the only vaccines available were diphtheria and tetanus toxoids and whole-cell pertussis (DTP), polio, and smallpox. Since that time, funding has been expanded to cover vaccines routinely recommended for children.

384	Article Name: Safety Testing of Poliomyelitis Vaccine	PMID: 13432758

	Lead Author/Year: Paul Meier, 1957	Journal: Science
	P 4: Many of the technical reports and publications which have appeared both before and after the Cutter incident have been vague about those facts which might open the status of the program to criticism. For example, the public statement proceeding the field trial did not mention the finding of live virus… Perhaps the most disturbing element of the entire program has been the disparity between the risks that were known to be involved and the repeated assurances of safety.	

385	Article Name: Safety Testing of Poliomyelitis Vaccine	PMID: 13432758
	Lead Author/Year: Paul Meier, 1957	Journal: Science
	P 4: To the query, "what is the estimated calculated risk of inducing poliomyelitis infection by the inoculation of vaccine under present safety standards?" the foundation reply is "None, No risk".	

386	Article Name: The Present Status of Polio Vaccines	Archive: https://drive.google.com/open?id=13MEzjIrvcvuzbltwTqBhGiOm8nZln2I4
	Lead Author/Year: Herbert Ratner, 1960	Journal: Illinois Medical Journal
	P 9: How is it that today you hear from the members of this panel that the Salk vaccine situation is confused; yet, what everybody knows from reading the newspapers, and has been known since the vaccine was introduced, is that the situation as far as the Salk vaccine is concerned was and is marvelous? …the best way to push forward a new program is to decide on what you think the best decision is and not question it thereafter, and further, not to raise questions before the public or expose the public to open discussion of the issue.	

387	Book Title: The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis https://www.amazon.com/Cutter-Incident-Americas-Vaccine-Growing/dp/0300126050	
	Lead Author/Year: Paul A. Offit, 2005	Publisher: Yale University Press
	P 101-102.	

388	Book Title: The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis https://www.amazon.com/Cutter-Incident-Americas-Vaccine-Growing/dp/0300126050	
	Lead Author/Year: Paul A. Offit, 2005	Publisher: Yale University Press
	P 102: Quietly and with little attention from the public or the media, Wyeth recalled one lot of its vaccine.	

389	Book Title: The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis https://www.amazon.com/Cutter-Incident-Americas-Vaccine-Growing/dp/0300126050	
	Lead Author/Year: Paul A. Offit, 2005	Publisher: Yale University Press
	P 102: *The Wyeth Problem* [report] was sent to the director of the Communicable Diseases Center, the director of the National Institutes of Health, the Surgeon General of the United States, and the director of the Laboratory of Biologics Control. It was never released to the media, never shown to polio researchers, never shown to the National Foundation, never shown to polio vaccine advisers, never distributed to health care professionals, never published in medical journals, and never made available to defense attorneys in subsequent lawsuits against Cutter Laboratories. As a result, only a handful of people knew about the problem with Wyeth's vaccine.	

390	Book Title: The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis https://www.amazon.com/Cutter-Incident-Americas-Vaccine-Growing/dp/0300126050	
	Lead Author/Year: Paul A. Offit, 2005	Publisher: Yale University Press
	P 103: Nathanson surmised that the government never publicly disclosed the Wyeth problem because it wanted to maintain the public's trust in the polio vaccine program. If people thought that the problem was limited to one company's incompetence, the solution was simply to eliminate that company's vaccine. But if the problem was industrywide, people would be afraid to use any polio vaccine. ''As long as the problem was with one manufacturer and a couple of lots of vaccine,'' Nathanson recalled, ''it would be viewed as an aberration due to sloppy manufacturing or testing procedures and not an intrinsic problem. Once it was extended to a second manufacturer, it would be seen as intrinsic to the product.''	

391	An abbreviated description of the SV-40 affair appears in - Article Name: Monkeys, viruses, and vaccines https://www.thelancet.com/action/showPdf?pii=S0140-6736%2804%2916746-9		
	Lead Author/Year: Tom Curtis, 2004	Journal: Lancet	
	P 1.		
	A more in-depth description appears here - Article Name: The Virus and the Vaccine		Date: Feb 2000
	Website: The Atlantic https://www.theatlantic.com/magazine/archive/2000/02/the-virus-and-the-vaccine/377999/	Archive: http://archive.is/xxoiH	
	In addition, Paul Offit also confirms the main points - Book Title: Deadly Choices https://www.amazon.com/Deadly-Choices-Anti-Vaccine-Movement-Threatens/dp/0465029620		

	Lead Author/Year: Paul A. Offit, 2011	Publisher: Basic Books
	P 17.	

392	Article Name: Transmission Of Poliomyelitis Virus	PMID: 14889394
	Lead Author/Year: Albert B. Sabin, 1951	Journal: Journal of Pediatrics
	P 7: …one of the most striking facts in the epidemiology of poliomyelitis is the regularity with which most members of a family either succumb within a few days of one another when there are multiple frank cases, or are found to be simultaneous carriers of the virus. While there are a number of possible explanations for this, all of which may apply at different times, the consumption of a common article of food or drink, contaminated before or after it reaches the home, is as plausible and possible as any other.	

393	Article Name: Poliomyelitis Problems	PMID: 14796117
	Lead Author/Year: Archibald L. Hoyne, 1951	Journal: Medical clinics of North America
	P 2: Foods, including milk and water, have all been acquitted as vectors.	

394	Article Name: Review: Science and the Law: The Case of DDT Reviewed Work: DDT: Scientists, Citizens, and Public Policy. by Thomas R. Dunlap https://www.jstor.org/stable/2701809	
	Lead Author/Year: John H. Perkins, 1982	Journal: Reviews in American History
	DDT was sufficiently cheap and effective to open up new possibilities for insecticide use that has previously been technically and economically impossible.	

395	Article Name: Present Position of DDT in the Control of Insects of Medical Importance	
	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 2: DDT is a nerve poison, as indicated by the early appearance of muscular tremors and other symptoms.	

396	Article Name: Present Position of DDT in the Control of Insects of Medical Importance	
	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 2: DDT must not be allowed to get into foods or to be ingested accidentally.	

397	Article Name: Present Position of DDT in the Control of Insects of Medical Importance

	Lead Author/Year: Fred C. Bishopp, 1946	Journal: American Journal of Public Health
	P 2: One of the outstanding characteristics of DDT is its persistence. In fact, this is perhaps the major element in making it superior to many other insecticides. This persistence, however, makes it necessary to use care when applying it on crops or products intended for food or feed.	

398	Article Name: Possible Hazards From The Use of DDT https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.39.7.925	Archive: https://drive.google.com/open?id=1n3NiyviMKqjEFbZ9PzowYd0R-2L6DA6t
	Lead Author/Year: Editorial (unsigned), 1949	Journal: American Journal of Public Health
	P 2: In April it urged 5 that "this insecticide not be applied to animals producing milk for human consumption. In the light of current information the Bureau also advises that safer materials be used for insect control in places where the milk might be contaminated, such as dairy barns, milk rooms, rooms containing dairy feed, or in similar situations on the farm. Nor should DDT be used for fly control in milk-processing plants.	

399	Article Name: Public Health Aspects Of The New Insecticides	
	Lead Author/Year: Morton S. Biskind, 1953	Journal: American Journal of Digestive Diseases
	P 1: DDT is a delayed-action poison. Due to the fact that it accumulates in the body tissues, especially in females, the repeated inhalation or ingestion of DDT constitutes a distinct health hazard. The deleterious effects are manifested principally in the liver, spleen, kidneys and spinal cord… DDT is excreted in the milk of cows and of nursing mothers after exposure to DDT sprays and after consuming food contaminated with this poison. Children and infants especially are much more susceptible to poisoning than adults.	

400	Document Name: Health Hazards Of Electric Vaporizing Devices For Insecticides	
	Lead Author/Year: AMA Council On Pharmacy And Chemistry, 1952	Archive: https://drive.google.com/open?id=1Um6gNAsFgcM-TDf5Po7IAT0c6BSKtwK7
	P 1: …it is not reasonable to expect that human beings can avoid injury if they are exposed year after year to a toxic agent in atmospheric concentrations that kill insects in a few hours... the resultant injury may be cumulative or delayed, or simulate a chronic disease of other origin, thereby making identification and statistical comparison difficult or impossible.	

401-420

401	Page Name: Select Committee to Investigate the Use of Chemicals in Food and Cosmetics (1950-52)

	Website: Archives.GOV https://www.archives.gov/legislative/guide/house/chapter-22-select-food-and-cosmetics.html
	The committee was authorized to inquire into the extent and the effect of the use of chemicals, synthetics, pesticides, and insecticides in the production and preparation of food products and to determine the effects of such use on the public and upon agricultural stability.

402		
	Document Name: A Legislative History of the Pesticide Residues Amendment of 1954 and the Delaney Clause of the Food Additives Amendment of 1958 https://www.ncbi.nlm.nih.gov/books/NBK218051/	
	Lead Author/Year: Bruce S. Wilson, 1987	Archive: http://archive.is/pPZ1p
	P 2-3: On June 30, 1952, the House Select Committee to Investigate the Use of Chemicals in Foods and Cosmetics (Delaney Committee) culminated its two-year investigation into the "nature, extent and effect of the use of chemicals" in food and food production.[1] The committee recommended that the House pass legislation to control the flow of chemical substances into the nation's food supply.	

403		
	Document Name: Public Law 518 STATUTE-68	
	Lead Author/Year: US, 1954	Archive: https://drive.google.com/open?id=1TbDH-ACNLOpuwTlyWdRcrIpeS75xuLfT
	P 1-2.	

404		
	Document Name: Health Hazards Of Electric Vaporizing Devices For Insecticides	
	Lead Author/Year: AMA Council On Pharmacy And Chemistry, 1952	Archive: https://drive.google.com/open?id=1Um6gNAsFgcM-TDf5Po7IAT0c6BSKtwK7
	P 2-3: Federal regulatory agencies, particularly the Insecticide Division, United States Department of Agriculture, have challenged the promotion and use of these dispensers in homes and small capacity areas… Several states and municipalities have recognized the urgency of this problem at the state and local level and are considering ordinances and other types of appropriate regulations.	

405		
	Document Name: Health Hazards Of Electric Vaporizing Devices For Insecticides	
	Lead Author/Year: AMA Council On Pharmacy And Chemistry, 1952	Archive: https://drive.google.com/open?id=1Um6gNAsFgcM-TDf5Po7IAT0c6BSKtwK7
	P 1-2: This atmospheric level of lindane coupled with its comparatively greater freedom from long-term toxic effects may have partially influenced the change from DDT which has occurred in the use of the automatic, thermostatically controlled type of insecticide generators. The principal reason behind this change, however, was the increasing incidence of insect resistance which is being encountered with the use of DDT. Resistance	

	factors may have also contributed to selection of lindane as the impregnate in insecticide fumigating strips which in continental Europe are being proposed for home and commercial use.

406	Article Name: The epidemiology of poliomyelitis: enigmas surrounding its appearance, epidemicity, and disappearance		PMID: 400274
	Lead Author/Year: Neal Nathanson, 1979	Journal: American Journal of Epidemiology	
	P 1: As a disappearing disease, interest in poliomyelitis has waned during the 25 years since the introduction of inactivated poliovirus vaccine (IPV).		

407	Article Name: Some Observations on Poliomyelitis Lameness Surveys		PMID: 6740075
	Lead Author/Year: Roger H. Bernier, 1984	Journal: Reviews of Infectious Diseases	

408	Article Name: Some Observations on Poliomyelitis Lameness Surveys		PMID: 6740075
	Lead Author/Year: Roger H. Bernier, 1984	Journal: Reviews of Infectious Diseases	
	P 2-3, table 1.		
	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)		
	P 610: In the last three decades, a series of lameness surveys were conducted in many developing countries that reported between 5 and 10 lameness cases per 1,000 children in the age group studied, suggesting that approximately 1 in 100 to 1 in 200 children acquire paralytic disease attributable to poliovirus.		

409	Article Name: The Epidemiology of Polio in Israel - An Historical Perspective		
	Lead Author/Year: Tiberio A. Swartz, 2008	Journal: Israel Center for Disease Control (ICDC), Ministry of Health	
	Israel data appear on page 45, Table 4.3.		

410	Article Name: Differential Diagnosis of Acute Flaccid Paralysis and Its Role in Poliomyelitis Surveillance		PMID: 11218380
	Lead Author/Year: Arthur Marx, 2000	Journal: Epidemiologic Reviews	
	P 7: lower socioeconomic status… have been shown to increase the risk of acquiring paralytic manifestations,…		

411	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 573-574: …polio was a worldwide disease with an incidence in the tropics that was as high as that in the developed world, but it was unrecognized due to the concentration of cases in infants younger than 2-years-old.	

412	Article Name: Some Observations on Poliomyelitis Lameness Surveys		PMID: 6740075
	Lead Author/Year: Roger H. Bernier, 1984	Journal: Reviews of Infectious Diseases	
	P 2.		

413	Article Name: From malaria control to eradication: The WHO perspective https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1365-3156.2009.02287.x		PMID: 19497083
	Lead Author/Year: Kamini Mendis, 2009	Journal: Tropical Medicine and International Health	
	P 2: When the potent tools DDT and chloroquine became available, WHO launched the Global Malaria Eradication Programme in 1955, which led to a campaign to interrupt transmission in all endemic areas outside tropical Africa where the intensities of transmission were low to moderate (WHO 1956). As a result of this campaign, 37 of the 143 countries that were endemic in 1950 were free from malaria by 1978, including 27 in Europe and the Americas.		
	According to this article, the global fight against malaria began as early as the late 1940s - Article Name: Evolutionary and Historical Aspects of the Burden of Malaria https://www.ncbi.nlm.nih.gov/pmc/articles/PMC126857/		PMID: 12364370
	Lead Author/Year: Richard Carter, 2002	Journal: Clinical Microbiology Reviews	
	P 21: In the late 1940s and early 1950s, national malaria control campaigns were established in almost all of the affected countries of the region, from the Middle East, through the Indian subcontinent and Southeast Asia, to the islands of the Western Pacific, including those of Indonesia and the Philippines. Under the broad direction and encouragement of the newly formed World Health Organization, and employing the residual insecticide DDT to spray homes, spectacular reductions in malaria incidence and malaria-related mortality were achieved, especially in India and Ceylon…		

414	Article Name: Paris Green in the Eradication of Anopheles Gambiae: Brazil 1940, Egypt 1945	
	Lead Author/Year: Fred L. Soper, 1966	Journal: Journal of the American Mosquito Control Association
	P 1: Egypt eradication came in 1945, three years after the invasion occurred. The basic method used in each country was a straightforward chemical attack with Paris Green. P 6: In Egypt, as in Brazil, gambiae proved to be highly susceptible to Paris Green larviciding.	

	The last gambiae in Egypt was found on February 19, 1945, just seven months after routine application of Paris Green began.	
	Article Name: Eradication of Anopheles gambiae from Brazil: lessons for malaria control in Africa?	PMID: 12383612
	Lead Author/Year: Gerry F Killeen, 2002	Journal: Lancet Infectious Diseases
	P 6: The Rockefeller team was summoned and adapted the methods developed in Brazil to the ecological situation in Egypt. Although DDT had become available, its use was limited to residual spraying of railway carriages, aeroplanes, and boats. While domestic pyrethrum spraying was used to quell epidemic malaria transmission, it was larviciding with Paris Green that was used to eradicate the vector.	

415	Article Name: A Survey Of Neutralizing Antibodies To Poliomyelitis Virus In Cairo, Egypt	PMID: 14933381
	Lead Author/Year: John R. Paul, 1952	Journal: American Journal of Epidemiology
	P 1-2.	

416	Article Name: Epidemiology Of Poliomyelitis And Allied Diseases--1963 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2604573/pdf/yjbm00599-0011.pdf	PMID: 14064722
		Archive: https://drive.google.com/open?id=1fV_w03BSORQKex-hR7DkGZH44EXUwpTv
	Lead Author/Year: Dorothy M. Horstmann, 1963	Journal: Yale Journal of Biology and Medicine
	P 1: For, although virtual control of paralytic poliomyelitis has been achieved in large geographical areas, in others (particularly tropical and sub-tropical ones) the disease is only now beginning to appear for the first time in epidemic form.	

417	In 2009 scientists warn against using DDT to eradicate malaria - Article Name: Should DDT Be Used to Combat Malaria?	Date: May 4, 2009
		Archive: http://archive.is/KV3zl
	Website: Scientific American https://www.scientificamerican.com/article/ddt-use-to-combat-malaria/	

418	Nigeria, India and other African countries continue to use DDT against malaria - Article Name: African countries adopt controversial deadly chemical, DDT, for malaria treatment	Date: July 17, 2013
		Archive: http://archive.is/5NhNd
	Website: Premium Times	

	http://www.premiumtimesng.com/news/141150-african-countries-adopt-controversial-deadly-chemical-ddt-for-malaria-treatment.html	
	DDT is found extensively in adipose tissue, breast milk and blood in the bodies of Third World humans in agricultural areas and areas sprayed against malaria. Article Name: Agricultural Pesticide Use In Developing Countries: Health Effects And Research Needs	PMID: 9142603
	Lead Author/Year: Catharina Wesseling, 1997	Journal: International Journal of Health Service
	P 18.	
	The use of DDT for the fight against malaria was stopped and re-started several times. For example, in 2006, the WHO re-approved the use of DDT to combat malaria - Page Name: WHO gives indoor use of DDT a clean bill of health for controlling malaria	Archive: http://archive.is/bn2o
	Website: WHO http://www.who.int/mediacentre/news/releases/2006/pr50/en/	
	In 1994, a survey of three African countries - Uganda, Kenya and Tanzania - found use of DDT. Article Name: Agricultural Pesticide Use In Developing Countries: Health Effects And Research Needs	PMID: 9142603
	Lead Author/Year: Catharina Wesseling, 1997	Journal: International Journal of Health Service
	P 5.	

419	Document Name: TOXICS AND POVERTY: The Impact of Toxic Substances On the Poor in Developing Countries	Archive: https://drive.google.com/open?id=1BqjPquQKvBUxnCP11icG1FwNmzkjOEpP
	Lead Author/Year: World Bank, 2002	
	P 46: Overall, WHO food-sampling data indicated that DDT and its derivatives (DDE and DDD) have the highest levels in the food supply directly in countries where DDT is still in use or only recently has been banned; they continue to be found in the food chain in countries where DDT use has been prohibited for many years. Substantial quantities of DDT and its metabolites are found in human blood, fat tissue, and breast milk in surveys around the world.	

420	Article Name: Agricultural Pesticide Use In Developing Countries: Health Effects And Research Needs	PMID: 9142603
	Lead Author/Year: Catharina Wesseling, 1997	Journal: International Journal of Health Service

	P 4: According to the review of the WHOLJNEP Working Group, developing countries consume only between 20 and 25 percent of the world pesticide production. However, the review noted that the fastest growing markets are located in developing regions such as Africa, South and Central America, Asia, and the Eastern Mediterranean Region and that pesticide use in developing countries would double between 1983 and 1993.

421-440

421	Article Name: Differential Diagnosis of Acute Flaccid Paralysis and Its Role in Poliomyelitis Surveillance	PMID: 11218380
	Lead Author/Year: Arthur Marx, 2000	Journal: Epidemiologic Reviews
	P 11: Exposure (often agricultural or industrial) to chemicals such as lead, arsenic… may cause peripheral motor neuropathy… Arsenic-containing compounds such as melarsoprol are still being used in developing countries for the treatment of African trypanosomiasis (sleeping sickness) and may cause Guillain-Barre syndrome-like AFP.	

422	Article Name: Agricultural Pesticide Use In Developing Countries: Health Effects And Research Needs	PMID: 9142603
	Lead Author/Year: Catharina Wesseling, 1997	Journal: International Journal of Health Service
	P 1: Over 60 percent of the economically active population in the Third World depends on agriculture. Agricultural workers are exposed to many risk factors such as biological, physical, and chemical agents, and trauma, but the use of toxic pesticides is likely to be one of the most relevant occupational hazards for agricultural workers in the Third World.	

423	Article Name: Pesticides, health and environment	Date: Mar 26, 2007
	Website: Pakissan http://www.pakissan.com/english/news/newsDetail.php?newsid=13465	Archive: http://archive.is/yZN6D
	Some of the classical members of following groups are used in Pakistan: Chlorinated Hydrocarbon Pesticide: (1) Aldrin, (2) BHC (lindane/gammexane), (3) Chlordane, (4) DDT, (5) Dieldrin, (6) Endrin, (7) Heptachlor, (8) Thiodane.	
	Article Name: How Pakistan's farmers are cleaning up cotton	Date: Jun 27, 2011
	Website: The Telegraph https://www.telegraph.co.uk/journalists/sally-williams/8592326/How-Pakistans-farmers-are-cleaning-up-cotton.html	Archive: http://archive.is/uZN0W
	Then there is the black market. Here farmers can buy illegal seeds and the sort of highly toxic mix where incorrect application results in more than dead bollworms. DDT (dichlorodiphenyltrichloroethane), for example, belongs to one of the most hazardous groups of chemicals called persistent organic pollutants…	

	Article Name: Persistence Of DDT Pesticides In Residues Of Tobacco Crop https://fuuast.edu.pk/biology%20journal/images/pdfs/2ndissueallpaperpdf/PERSISTENCE%20OF%20DDT%20PESTICIDES%20IN%20RESIDUES%20OF%20TOBACCO%20CROP.pdf	
	Author/Year: Nusrtat Hassan, 2011	
	P 2: It is suggested that since people in Pakistan, Particularly in northern parts, use homemade tobacco preparations for chewing purposes, therefore DDT spray even in nursery stages are not recommended due to its toxic nature.	

424	Article Name: Differential Diagnosis of Acute Flaccid Paralysis and Its Role in Poliomyelitis Surveillance		PMID: 11218380
	Lead Author/Year: Arthur Marx, 2000	Journal: Epidemiologic Reviews	
	P 11: Exposure (often agricultural or industrial) to chemicals such as lead, arsenic… may cause peripheral motor neuropathy… Arsenic-containing compounds such as melarsoprol are still being used in developing countries for the treatment of African trypanosomiasis (sleeping sickness) and may cause Guillain-Barre syndrome-like AFP.		

425	Article Name: Pesticide use in developing countries		PMID: 11246121
	Lead Author/Year: Donald J. Ecobichon, 2001	Journal: Toxicology	
	P 2: In agriculture, the tendency is to use ‘older’, nonpatented, least expensive, more acutely toxic and environmentally persistent agents that can be manufactured in country or formulated from active ingredients imported from regional sources having chemicals synthesizing capabilities. Many of these chemicals have been banned or their use severely restricted in ‘western’ nations but are freely available on the world market.		

426	Article Name: Agricultural Pesticide Use In Developing Countries: Health Effects And Research Needs		PMID: 9142603
	Lead Author/Year: Catharina Wesseling, 1997	Journal: International Journal of Health Service	
	P 6: Inadequate agricultural practices, ignorance of the dangers inherent in pesticides, illiteracy, poor legislation, and lack of enforcement are generally the rule in Third World countries, and greatly increase the risks for workers and the general population in these countries.		

427	Article Name: Agricultural Pesticide Use In Developing Countries: Health Effects And Research Needs		PMID: 9142603
	Lead Author/Year: Catharina Wesseling, 1997	Journal: International Journal of Health Service	
	P 2, 4-5, 14.		

428	Article Name: Pesticide use in developing countries	PMID: 11246121
	Lead Author/Year: Donald J. Ecobichon, 2001	Journal: Toxicology
	P 3: Examination of recent literature reveals that the largest proportion of human acute toxicity data related to pesticide intoxications comes from developing nations.	

429	Document Name: Eradication Of Poliomyelitis http://apps.who.int/gb/archive/pdf_files/WHA57/A57_8-en.pdf	
	Author/Year: WHO, 2004	Archive: https://drive.google.com/open?id=1zQOv0K5OGFKGaFDktBDr1bAexQD4Wear

430	Article Name: Paralytic poliomyelitis: seasoned strategies, disappearing disease	PMID: 7910329
	Lead Author/Year: Harry F. Hull, 1994	Journal: Lancet
	P 1: Current eradication strategies recommended by the World Health Organization include national mass campaigns administering oral polio vaccine to all children under 5 years of age, enhanced surveillance to detect cases of acute flaccid paralysis, creating a network of laboratories for viral diagnosis, and targeted immunization to areas and populations where poliovirus transmission is likely to persist.	

431	Document Name: The Time To Eradicate Polio Is Now	
	Author/Year: CDC, 2014	Archive: https://drive.google.com/open?id=16bIfvF2FotFsAxAsR5xoNmkfEwntow8b

432	Document Name: Eradication Of Poliomyelitis http://apps.who.int/gb/archive/pdf_files/WHA57/A57_8-en.pdf	
	Author/Year: WHO, 2004	Archive: https://drive.google.com/open?id=1zQOv0K5OGFKGaFDktBDr1bAexQD4Wear
	P 1: In 1988… wild-type poliovirus was endemic in over 125 countries and on five continents, paralyzing more than 350,000 children each year.	
	Document Name: The Time To Eradicate Polio Is Now	
	Author/Year: CDC, 2014	Archive: https://drive.google.com/open?id=16bIfvF2FotFsAxAsR5xoNmkfEwntow8b
	P 1: Polio cases worldwide 1988 = 350,000	
	Document Name:	

	Polio Eradication	
	Author/Year: UNICEF, 2001	Archive: https://drive.google.com/open?id=1DmySyWXHgy0kj6YfZ83XK0bdkTY4Wg75
	P 1: Polio cases have declined by 99 per cent since the launch of the polio eradication initiative in 1988, from 350,000 to less than 3,500 in 2000.	
	Article Name: The global polio eradication initiative: Lessons learned and prospects for success	PMID: 22486981
	Lead Author/Year: Bruce Aylward , 2011	Journal: Vaccine
	P 2: At the time of the 1988 WHA resolution on polio, more than 125 countries were still considered to have transmission of indigenous wild polioviruses (WPVs), and each year, more than 350,000 children were paralyzed by the disease.	

433	Article Name: Paralytic poliomyelitis: seasoned strategies, disappearing disease	PMID: 7910329
	Lead Author/Year: Harry F. Hull, 1994	Journal: Lancet
	P 14: In 1992, the officially reported figure was 15,406 cases (figure 3) an 8% increase from the 14,199 reported the previous year but a 52% fall from the 32,419 reported in 1988.	
	In its defense, the World Health Organization claimed that the number of reported cases was much lower than its actual rate - Article Name: Polio Eradication Initiative In India: Deconstructing The GPEI	PMID: 15932011
	Lead Author/Year: C. Sathyamala, 2005	Journal: International Journal of Health Services
	P 18: In 1988, when the WHO launched the global eradication program, the total number of paralytic poliomyelitis cases reported worldwide was 32,419. However, the WHO increased the figure 10-fold to justify the claim that paralytic poliomyelitis was a major problem of public health importance. Thus, post facto, the number of polio cases worldwide artificially rose from about 35,000 to 350,000 for 1988. The WHO's argument was that the reported cases were an underestimate and that they were at least ten times more.	

434	Book Title: Paralyzed with Fear https://www.amazon.com/Paralysed-Fear-Story-Gareth-Williams/dp/1137299754	
	Lead Author/Year: Gareth Williams, 2013	Publisher: Palgrave Macmillan
	P 85. Before vaccination took hold, the poliovirus caused virtually all cases of 'acute flaccid paralysis', the clinical hallmark of polio.	

435	Article Name: Differential Diagnosis of Acute Flaccid Paralysis and Its Role in Poliomyelitis Surveillance	PMID: 11218380
	Lead Author/Year: Arthur Marx, 2000	Journal: Epidemiologic Reviews
	P 1: Acute flaccid paralysis (AFP) is a clinical syndrome characterized by rapid onset of weakness, including (less frequently) =weakness of the muscles of respiration and swallowing, progressing to maximum severity within several days to weeks.	

436	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 503, Table 28-2.

437	Article Name: Differential Diagnosis of Acute Flaccid Paralysis and Its Role in Poliomyelitis Surveillance	PMID: 11218380
	Lead Author/Year: Arthur Marx, 2000	Journal: Epidemiologic Reviews
	P 3-5.	

438	Article Name: Polyneuropathy Following Exposure To Insecticides	PMID: 14120595
	Lead Author/Year: R. B. Jenkins, 1964	Journal: Archives Of Internal Medicine
	P 1: A cause-and-effect relation between exposure to insecticides and subsequent development of polyneuropathy is very difficult to prove even when strongly suspected… Our two patients… might have been considered to be suffering from a sporadic form of the Guillain-Barre' syndrome of cryptogenic origin had not the close association between exposure to insecticide and neurologic manifestations made an etiologic relationship probable.	

439	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)	
	P 601: Because AFP has many causes, including Guillain-Barre syndrome, transverse myelitis, and infection with nonpolio enteroviruses (see “Differential diagnosis”), laboratory confirmation is critical to establishing the diagnosis of poliomyelitis. The basic approach is to attempt to isolate poliovirus from the stools of patients with AFP and to characterize any poliovirus isolates to determine whether they are vaccine-related or wild.	
	Article Name: Paralytic poliomyelitis: seasoned strategies, disappearing disease	PMID: 7910329
	Lead Author/Year: Harry F. Hull, 1994	Journal: Lancet
	P 1: A syndrome identical to polio is caused by other enteroviruses, notably enterovirus 71, and some atypical cases may be difficult to differentiate clinically from Guillain-Barre syndrome. A definitive diagnosis requires laboratory confirmation, and virus isolation from stools is the most reliable test.	

440	For instance, in Australia - Document Name: Poliovirus infection case definition summary https://www.health.gov.au/internet/main/publishing.nsf/Content/cda-phlncd-polio.htm/$FILE/polio.pdf	
	Lead Author/Year: Public Health Laboratory Network (Australia), 2000	Archive: https://drive.google.com/open?id=1RCX0f4JIgDWhu4Ypvf55CUPB8b1FJg3f
	P 7: 4.2 Paralytic Poliomyelitis Potential Case = Acute Flaccid Paralysis: Any case of acute flaccid paralysis (AFP), a syndrome characterised by acute onset of progressive weakness and flaccidity of the extremities without sensory loss, plus/minus weakness of muscles of respiration & swallowing, progressing to maximum severity within 1-10 days. 4.3 Paralytic Poliomyelitis Confirmed Case: A case of acute flaccid paralysis with culture of wild-type poliovirus from the throat, blood, faeces or CNS material confirmed by the RRL.	

441-447

441	Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)
	P 638, picture 28-12.

442	Article Name: Polio programme: let us declare victory and move on	PMID: 22591873
	Lead Author/Year: Neetu Vashisht, 2012	Journal: Indian Journal of Medical Ethics
	P 3: It is sad that, even after meticulous surveillance, this large excess in the incidence of paralysis was not investigated as a possible signal, nor was any effort made to try and study the mechanism for this spurt in non-polio.	

443	Article Name: Polio free does not mean paralysis free	Date: Jan 3, 2013
	Website: The Hindu http://www.thehindu.com/opinion/lead/polio-free-does-not-mean-paralysis-free/article4266043.ece	Archive: http://archive.is/EGjTb
	Unfortunately, the cases of children with non-polio AFP were not being monitored by either the polio eradication programme or the larger state health care system. As a result, there was no clear picture of what was causing the AFP, the kind of diseases these children displayed, or how many of them were seriously affected.	

444	Article Name: Eradicating poliomyelitis: India's journey from hyperendemic to polio-free status	PMID: 23760372
	Lead Author/Year: T. Jacob John , 2013	Journal: Indian Journal Of Medical Research

	Many children got polio in spite of seven or 10 or even 15 doses of tOPV.	
	Article Name: Asymptomatic Wild-Type Poliovirus Infection in India among Children with Previous Oral Poliovirus Vaccination	PMID: 20367459
	Lead Author/Year: Nicholas C. Grassly, 2010	Journal: Journal of Infectious Diseases
	P 6, table 2: Nearly 60% of the children in the study received more than 10 vaccine doses.	

445		
	Article Name: Polio programme: let us declare victory and move on	PMID: 22591873
	Lead Author/Year: Neetu Vashisht, 2012	Journal: Indian Journal of Medical Ethics
	P 2: This shows that the non-polio AFP rate increases in proportion to the number of polio vaccines doses received in each area. Nationally, the non-polio AFP rate is now 12 times higher than expected.	

446		
	Article Name: Paralytic consequences of poliomyelitis infection in different parts of the world and in different population groups https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525657/pdf/amjphnation00428-0010.pdf	PMID: 14885514
	Lead Author/Year: Albert B. Sabin, 1951	Journal: American Journal of Public Health
	P 10: …the goal of poliomyelitis research is not the elimination of poliomyelitis infection but of the paralysis which is the important consequence of that infection.	

447		
	Article Name: The epidemiology of poliomyelitis: enigmas surrounding its appearance, epidemicity, and disappearance	PMID: 400274
	Lead Author/Year: Neal Nathanson, 1979	Journal: American Journal of Epidemiology
	P 1: Poliomyelitis has undoubtedly received as much attention from epidemiologists as any other viral disease of man. Yet in spite of intensive study over a century, many of the salient epidemiologic features of this infection must still be considered enigmas. Even some of the accepted dogmas about poliomyelitis can be debated as perhaps erroneous.	