Ref	Full Reference Information	Commentary/ relevance of reference
1	Tom Moberly, 2017, UK doctors re-examine case for mandatory vaccination, British Medical Journal, BMJ 2017;358:j3414. Available at: https://www.bmj.com/content/358/bmj.j3414. (Accessed 7 October 2018) Responses to the above article are available at: https://www.bmj.com/content/358/bmj.j3414/rapid-responses (Accessed 7 October 2018)	Article discussing whether vaccines should be mandatory and responses to the article.
2	Public Health England, 2018, Vaccination Timeline. Available at: https://www.gov.uk/government/publications/vaccination-timeline (Accessed 7 October 2018)	Provides dates vaccines were introduced
3	Department of Health, 1984, Vaccination schedule. Available at: https://www.whatdotheyknow.com/request/125761/response/305847/attach/html/2/1984%20green%20book%20vaccination%20schedule.pdf.html (Accessed: 7 October 2018)	Provides number of doses per vaccine given and ages vaccines are administered
4	NHS, 2018, Vaccinations. Available at: https://www.nhs.uk/conditions/vaccinations/ (Accessed 7 October 2018)	2018 NHS Vaccination Schedule (see also reference 2 above for when amendments to the schedule were made)
5	GlaxoSmithKline (gsk), 2018, Highlights of Prescribing Information for BEXSERO. Available at https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm431447.pdf (Accessed 7 October 2018)	This is the Package insert for BEXSERO (the Meningitis B vaccine). It provides a good example of how vaccine efficacy is measured by antibody levels. It also includes the quote: "BEXSERO has not been evaluated for carcinogenic or mutagenic potential or impairment of male fertility" Includes a description "placebos" used which were either a saline placebo followed by another vaccine or a "placebo containing aluminum hydroxide". (Use of vaccines as a placebo is common practice and is also described in other vaccine package inserts) Seizures and Kawasaki disease are listed as side effects from Bexsero.
6	GlaxoSmithKline (gsk), 2018, PRODUCT MONOGRAPH, INFANRIX hexa, Adsorbed Hib reconstituted with PEDIARIX INFANRIX. Available at https://ca.gsk.com/media/537989/infanrix-hexa.pdf (Accessed 7 October 2018)	This is the Package insert for INFANRIX/ Infanrix Hexa (the 6-in-1 which includes vaccines for Diphtheria, Tetanus, Pertussis (whooping cough), Note: Post marketing surveillance is the term used for reports received after the vaccine is in general use. Note: The American spelling of Apnea is used to refer to Apnoea. Seizures are listed as a side effect of Infanrix Hexa.
7	GlaxoSmithKline (gsk), (year not provided), Highlights of Prescribing Information for INFANRIX. Available at https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm124514.pdf (Accessed 7 October 2018)	Infanrix is a precursor to Infanrix-Hexa the vaccine in use in the UK in 2018. Infanrix vaccinated against Diphtheria, Tetanus and Pertussis, while Infanrix Hexa vaccinates against 3 additional diseases. During post-marketing surveillance, sudden infant death syndrome was reported as a side effect of the vaccine.
8	GlaxoSmithKline (gsk), (2016), SmPC (Summary of Product Characteristics) for MENITORIX Available at: https://www.medicines.org.uk/emc/product/167/smpc#CLINICAL_PRECAUTIONS (Accessed on 21 November 2018)	This is the package insert for Menitorix (the combined Meningitis C & Hib vaccine) Adverse reactions linked to Menitorix include: Febrile seizures, Hypotonia (floppy baby syndrome), Atopic dermatitis (eczema - now thought to be an autoimmune disease) and Lymphadenopathy (disease of the lymph nodes, in which they are abnormal in size, number, or consistency - usually enlarged)
9	GlaxoSmithKline (gsk), 2018, Highlights of Prescribing Information for ROTARIX. Available at: https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Rotarix/pdf/ROTARIX-PI-PIL.PDF (Accessed 7 October 2018)	This is the Package insert for Rotarix (vaccine for Rotavirus) Intussusception (including death) and Kawasaki disease listed as side effects from Rotarix.
10	Pfizer (manufactured by Wyeth), 2016, Highlights of Prescribing Information for Prevnar13. Available at: https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm201669.pdf (Accessed 10 October 2018)	This is the Package insert for Prevnar 13 the vaccine currently used for Pneumonococcus. Seizures are listed as a side effect from Prevnar, along with others, including apnea.

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11	GlaxoSmithKline (gsk), (2017), SmPC (Summary of Product Characteristics) for Priorix Available at: https://www.medicines.org.uk/emc/product/1159/smpc (Accessed on 21 November 2018)	There are 2 MMR vaccines licensed for use in the UK. This is the package insert for Priorix. The other is MMRVAXPRO. Adverse reactions identified during testing include upper respiratory tract infection, Otitis media (infection of middle ear), lymphadenopathy (enlargement of 1 or more lymph nodes), allergic reactions, anorexia, febrile convulsions (seizures), bronchitis, parotid gland (salivary gland) enlargement and rashes. Further side effects have been associated with the vaccine via post marketing reporting mechanisms, including meningitis, measles-like syndrome, mumps-like syndrome (including orchitis (swelling of the testicles), epididymitis (swelling of a tube behind the testicles) and parotitis (swelling of the salivary glands)), anaphylactic reactions, Encephalitis (swelling of the brain), cerebellitis (also known as acute cerebral ataxia which affects the function of the cerebellum and therefore affects movement), cerebellitis like symptoms (including transient gait disturbance and transient ataxia), Guillain-Barré syndrome (a rare but serious autoimmune response), transverse myelitis (a rare neurological condition in which the spinal cord is inflamed which causes weakness/ numbness of the limbs, deficits in motor skills, sphincter dysfunctions and dysfunction of the autonomic nervous system causing high blood pressure), peripheral neuritis (damage to peripheral nerves affecting the limbs, hands and feet), vasculitis (a group of disorders that destroy blood vessels by inflammation), Erythema multiforme (a skin condition caused by an immune response), arthralgia (joint pain) and arthritis.
12	Merck Sharp & Dohme Limited, (2017), SmPC (Summary of Product Characteristics) for MMRVAXPRO Available at: https://www.medicines.org.uk/emc/product/6307/smpc (Accessed on 21 November 2018)	There are 2 MMR vaccines licensed for use in the UK. This is the package insert for MMRVAXPRO. The other is Priorix. Adverse reactions include: Rash morbilliform (a rash with the same appearance as measles but can be present in other diseases) - this is common which means 1-10% of recipients develop this. Respiratory tract infections and viral infections happen in 0.1-1% of recipients (note that this is a LIVE vaccine). The manufacturer has not included any side effects that occurred in less than 0.2%. In addition post-marketing data (data collected after the vaccine is approved for use) has reported adverse reactions including Aseptic meningitis (meningitis not due to infection - swelling of the meninges, the membrane which encases the brain), Atypical measles (measles but not the typical expression of the disease), Orchitis (swelling of the testicles), Epididymitis (swelling of a tube behind the testicles), Otitis media (infection of middle ear), Parotitis (swelling of the salivary glands), Subacute Sclerosing Panencephalitis (a progressive neurological disorder), Thrombocytopenia (abnormally low platelet count), Regional lymphadenopathy (enlargement of 1 or more lymph nodes), Anaphylaxis (a serious allergic reaction which can cause death), Anaphylactoid reaction (similar to Anaphylaxis but not caused by an immune response), Guillain-Barre syndrome (a rare but serious autoimmune response), seizures, Encephalitis (swelling of the brain), Ataxia (involuntary muscle movement e.g. gait abnormality, speech changes and abnormalities in eye movements), Encephalopathy (brain disease/ damage/ malfunction - deaths have been reported after the vaccine was administered), other neurological issues including (Subacute Sclerosing Panencephalitis, Ocular palsies, Optic neuritis, Paranesthesia, Polyneuritis, Polyneuropathy and Retrobulbar neuritis), skin conditions including itching, rashes and swelling of the tissue under the skin, arthritis and joint pain.
13	Patient Information Leaflets are available at: https://www.medicines.org.uk/emc/browse-medicines/	Note: Patient Information Leaflets (PILs) are not the same as Package Inserts. PILs contain a subset of the information included in the Package Insert and are intended for use with patients. These are available via the link provided or via the NHS website (search vaccination schedule or by searching for the specific vaccine name).
14	Schechtman, V.L. et al, Sleep apnea in infants who succumb to the sudden infant death syndrome, Pediatrics. 1991 Jun;87(6):841-6. Available at: https://www.ncbi.nlm.nih.gov/pubmed/2034488 (Accessed on 10 October 2018)	Study finds that sleep apnea (respiratory pauses) exists in infants who later suffer from SIDS. The apnea appears to differ in the 2nd month of life. They found no difference between SIDS babies and the control group babies in the first month.
15	Institute of Medicine. 2013. The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies. Washington, DC: The National Academies Press. https://doi.org/10.17226/13563. Available at: https://www.ncbi.nlm.nih.gov/books/NBK206938/ (Accessed on 10 October 2018)	A committee was convened to review scientific findings and stakeholder concerns related to the safety of the recommended childhood immunization schedule. Includes the statement "studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted"

Ref	Full Reference Information	Commentary/ relevance of reference
16	Centers for Disease Control and Prevention (CDC), The Health and Medicine Division of the National Academies Reports on Vaccine Safety, 2017 Available at: https://www.cdc.gov/vaccinesafety/research/iomreports/index.html (Accessed on 10 October 2018)	The CDC website confirms that the key assessment of vaccine safety is the one provided in reference 15 above, which it refers to as the "HMD report" or in full the "HMD Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule – 2013" *This confirms that despite reference 15 being dated 2013 it is still the current version and still being referenced by the CDC.*
17	Food and Drug Administration (FDA), Summary Basis for Regulatory Action (Meningococcal Group B Vaccine) Available at: http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM434748.pdf (Accessed on 1 November 2018)	FDA authorisation to use Bexsero in individuals aged 10-25 years of age. The document includes the statement "*Studies in children ages 6 weeks to <10 years were deferred because the product was ready for regulatory approval for use in adolescents and young adults before studies in children age 6 weeks to <10 years were completed. The requirement for studies in children 10 to <17 years of age was fulfilled by studies in this application* ."
18	Meningitis Now, 2015, Beat It Now! Available at: https://www.meningitisnow.org/how-we-help/public-affairs/campaigns/beat-it-now/ (Accessed on 1 November 2018)	Describes the Meningitis Now campaign for the introduction of the Meningitis B vaccine (Bexsero)
19	Meningitis Now, Corporate Fundraising, Corporate Partners, GlaxoSmithKline Available at: https://www.meningitisnow.org/support-us/corporate-fundraising/corporate-partners/glaxosmithkline/ (Accessed on 1 November 2018)	Lists the sponsors of Meningitis Now charity which includes GSK, the manufacturers of the Meningitis B vaccine, Bexsero.
20	Sheth, S.K.S, Is exposure to aluminium adjuvants associated with social impairments in mice?, J Inorg Biochem. 2018 Apr;181:96-103. doi: 10.1016/j.jinorgbio.2017.11.012. Epub 2017 Nov 21. Available at both: https://www.ncbi.nlm.nih.gov/pubmed/29221615 And: https://www.sciencedirect.com/science/article/pii/S0162013417304749 (Accessed on 10 October 2018)	Study demonstrates that aluminium adjuvants can impair social behaviour in mice if applied in the early period of postnatal development.
21	Mold, M. et al, Aluminium in brain tissue in autism, Journal of Trace Elements in Medicine and Biology Volume 46, March 2018, Pages 76-82 Available at: https://www.sciencedirect.com/science/article/pii/S0946672X17308763 (Accessed on 10 October 2018)	They measured "the aluminium content of brain tissue from donors with a diagnosis of autism" And found "The aluminium content of brain tissue in autism was consistently high." and "some of the highest values for aluminium in human brain tissue yet recorded"
22	Campbell A., 2002, The potential role of aluminium in Alzheimer's disease, Nephrol Dial Transplant. 2002;17 Suppl 2:17-20 Available at: https://www.ncbi.nlm.nih.gov/m/pubmed/11904353/ (Accessed on 21 November 2018)	The article discusses the role of aluminium in two mechanisms that have been linked to neurodegenerative disorders, including AD.
23	Gupta, V. et al, (2005). Aluminium in Alzheimer's disease: Are we still at a crossroad?. Cellular and molecular life sciences : CMLS. 62. 143-58. 10.1007/s00018-004-4317-3. Available at: https://www.researchgate.net/profile/Rivka_Ravid/publication/8065717_Aluminium_in_Alzheimer's_disease_Are_we_still_at_a_crossroad/links/0fcfd50f465359d64a000000.pdf (Accessed on 21 November 2018)	This paper concludes that "based on ex- tensive literature that the neurotoxic effects of aluminium are beyond any doubt, and aluminium as a factor in AD cannot be discarded. However, whether aluminium is a sole factor in AD and whether it is a factor in all AD cases still needs to be understood."

Ref	Full Reference Information	Commentary/ relevance of reference
24	Tomljenovic, L. 2011. Aluminum and Alzheimer's disease: after a century of controversy, is there a plausible link?, J Alzheimers Dis. 2011;23(4):567-98 Available at: https://www.ncbi.nlm.nih.gov/pubmed/21157018 (Accessed on 1 December 2018)	In summary: Alzeimers Disease (AD) is the most common nerological disease in the elderly. Aluminimum is the most abundant neurotoxic elemebt on earth. It is widely bioavailable to humans and has repeatedly been shown to accumulate in AD-susceptible neuronal foci. However the role of Aluminum in AD has been disputed because it has been thought that it does not enter the brain, that the body is efficient at removing aluminium and that any accumulation is as a result if AD rather than the cause. This paper disputes these misconceptions and concludes "The hypothesis that Al significantly contributes to AD is built upon very solid experimental evidence and should not be dismissed. Immediate steps should be taken to lessen human exposure to Al, which may be the single most aggravating and avoidable factor related to AD."
25	D'Haese, P.C. et al, 1996, Diagnosis and treatment of aluminium bone disease, Nephrology Dialysis Transplantation, 11(3): 74–79 Available at: https://academic.oup.com/ndt/article/11/supp3/74/1927398 (Accessed on 1 November 2018)	Paper discusses the role of aluminium in aluminium-related bone disease (ARBD) and how to diagnose and treat the disease.
26	Bishop. N.J. et al., 1997, Aluminum neurotoxicity in preterm infants receiving intravenous-feeding solutions, N Engl J Med, 337(15):1090-1. Available at: https://www.ncbi.nlm.nih.gov/m/pubmed/9164811/ (Accessed on 1 November 2018)	A randomised controlled trial which found that in preterm infants, prolonged intravenous feeding with solutions containing aluminum, is associated with impaired neurologic development.
27	Lyons-Weiler. J and Ricketson, R., 2018, Reconsideration of the immunotherapeutic pediatric safe dose levels of aluminum, Journal of Trace Elements in Medicine and Biology, Vol 48, pp 67-73. Available at: https://www.sciencedirect.com/science/article/pii/S0946672X17300950 (Accessed on 1 November 2018)	Note: In the UK the routine vaccine schedule commences at 2 months of age. In the US it commences on Day 1 of life. Highlights from the paper: • Aluminum levels in vaccine is based on immune efficacy and ignore body weight for safety. • Several critical mistakes have been made in the consideration of pediatric dosing of aluminum in vaccines. • Safety inferences of vaccine doses of aluminum have relied solely on dietary exposure studies of adult mice and rats. • On Day 1 of life, infants receive 17 times more aluminum than would be allowed if doses were adjusted per body weight. • Revised MRL calculation based weights are provided, but are also based on derived speculation, not on safety data.
28	National Cancer Institute (part of the US National Institutes of Health), Formaldehyde and Cancer Risk, 2011 Available at: https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/formaldehyde/formaldehyde-fact-sheet#q4 (Accessed on 10 October 2018)	Includes the following "The International Agency for Research on Cancer (IARC) classifies formaldehyde as a human carcinogen (2). In 2011, the National Toxicology Program, an interagency program of the Department of Health and Human Services, named formaldehyde as a known human carcinogen in its 12th Report on Carcinogens (3)."
29	Pardridge, W.M, The Blood-Brain Barrier: Bottleneck in Brain Drug Development, NeuroRx. 2005 Jan; 2(1): 3–14. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC539316/#!po=3.76344 (Accessed on 10 October 2018)	Includes "The BBB [Blood Brain Barrier], like cell membranes in general, is subject to solvent-mediated disruption with chemicals such as ethanol, dimethylsulfoxide (DMSO), or detergents such as SDS, or Tween 80 also known as polysorbate-80."
30	National Health Service (NHS), Common food additives 'linked' to bowel cancer, 2016 Available at: https://www.nhs.uk/news/cancer/common-food-additives-linked-to-bowel-cancer/ (Accessed on 10 October 2018)	Polysorbate 80, included in foods, causes bowel cancer when given to mice
31	Science Lab.com, Chemical & Laboratory Equipment. Material Safety Data Sheet 2-Phenoxyethanol. Available at: http://www.sciencelab.com/msds.php?msdsId=9926486 (Accessed on 1 November 2018)	2-Phenoxyethanol is also known as Phenoxyethanol. MSDS are created by the manufacturer of chemical products providing information on how to handle and the risks associated with the chemicals.
32	Arifa S. Khan, PhD, U.S. Food & Drug Administration (FDA), Investigating Viruses in Cells Used to Make Vaccines; and Evaluating the Potential Threat Posed by Transmission of Viruses to Humans, 2018 Available at: https://www.fda.gov/biologicsbloodvaccines/scienceresearch/biologicsresearchareas/ucm127327.htm (Accessed on 10 October 2018)	Discussion regarding the use of tumorigenic cell lines in vaccines and the associated risks. Includes the following statements: "The urgent demand for vaccines against emerging diseases has necessitated the use of novel cell substrates. These include tumorigenic cells" "The use of tumorigenic and tumor-derived cells is a major safety concern due to the potential presence of viruses such as retroviruses and oncogenic DNA viruses that could be associated with tumorigencity" and details of the actions being taken to mitigate the risk in future.

Ref	Full Reference Information	Commentary/ relevance of reference
33	Supreme Court of the United States, BRUESEWITZ ET AL. v. WYETH LLC, FKA WYETH, INC., ET AL, 2010. Available at: https://www.supremecourt.gov/opinions/10pdf/09-152.pdf (Accessed on 10 October 2018)	US Supreme Court rules vaccines as being unavoidably unsafe
34	B. Guyer, M.A. et al, Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century, Pediatrics, 2000; 106; 1307. Available at: https://vaccinesafetycommission.org/pdfs/45-2000-Pediatrics-Vital-Statistics.pdf (Accessed on 10 October 2018)	Review of American health trends stating *"Nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available"* And "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 pubic health strategies to protect the health of Americans"
35	C. Griffiths & A. Brock, 2001, Twentieth Century Mortality Trends in England and Wales, Office for National Statistics. Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwi6hNKkjM7bAhXJCsAKHSFSBdkQFggpMAA&url=https%3A%2F%2Fwww.ons.gov.uk%2Fons%2Frel%2Fhsq%2Fhealth-statistics-quarterly%2Fno--18--summer-2003%2Ftwentieth-century-mortality-trends-in-england-and-wales.pdf&usg=AOvVaw0uAGrSD5mQadKYWmP9doMX (Accessed on 10 October 2018)	Includes *"Figure 3a shows that the infant mortality rate has fallen dramatically throughout the Twentieth Century. This decline began abruptly around the beginning of the century, with rates being stable before this. The early part of this decline has been attributed to rising standards of living, especially improvements in nutrition, improvements in hygiene and the decline in mortality from airborne diseases"*
36	healthsentinel.com, England/ Wales Mortality Rates Available at: https://childhealthsafety.files.wordpress.com/2009/01/uk-deaths-1901-1965.gif (Accessed on 1 November 2018)	Chart showing the number of deaths caused by different diseases (measles, scarlet fever, typhoid, whooping cough and diphtheria) Chart is based on data provided by the Office of National Statistics
37	Trevor Gun, 2006, Comparing Natural Immunity with Vaccination, UK, The Informed Parent Publications ISBN-10: 0955467802/ ISBM-13: 978-0955467806	A pamphlet discussing gem theory and the effectiveness of vaccination. Includes contents from correspondence with the WHO including the quote from Dr Clements, WHO.
38	Park, D.W. et al, Mumps outbreak in a highly vaccinated school population: assessment of secondary vaccine failure using IgG avidity measurements, Vaccine, 2007 Jun 11;25(24):4665-70. Available at: https://www.ncbi.nlm.nih.gov/pubmed/17498856. (Accessed on 10 October 2018)	Study of a mumps outbreak where high antibody titres did not mean immunity
39	Gurevich, I. et al, Measles: Lessons from an outbreak, Am J Infect Control. 1992 Dec;20(6):319-25. Available at: https://www.ncbi.nlm.nih.gov/pubmed/1492697 (Accessed on 10 October 2018)	Study found that serologic guidelines for assessing immunity to measles are inadequate i.e. the level of antibodies does not tell us whether someone is immune or not.
40	Cartter, M.L. et al, Influenza outbreaks in nursing homes: how effective is influenza vaccine in the institutionalized elderly?, Infect Control Hops Epidemiol. 1990 Sep; 11(9):473-8 Available at: https://www.ncbi.nlm.nih.gov/pubmed/2230050 (Accessed on 10 October 2018)	Study found that high antibody levels did not confer immunity
41	Atrasheuskaya, A.V. Measles cases in highly vaccinated population of Novosibirsk, Russia, 2000-2005, Vaccine. 2008 Apr 16; 26(17):2111-8 Available at: https://www.ncbi.nlm.nih.gov/pubmed/18343536 Accessed on 10 October 2018	Study found evidence of secondary vaccine failure and a lack of protection despite high IgG levels in many cases
42	Miller, N.Z. and Goldman, G.S., Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?, Hum Exp Toxicol. 2011 Sep; 30(9): 1420–1428. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/ (Accessed on 10 October 2018)	Infant Mortality rates plotted against number of vaccines in the schedule found the more vaccines a country administers, the higher the infant mortality rate.
43	Gov.uk, Vaccine Damage Payment, Available at: https://www.gov.uk/vaccine-damage-payment (Accessed on 10 October 2018)	"If you're severely disabled as a result of a vaccination against certain diseases, you could get a one-off tax-free payment of £120,000. This is called a Vaccine Damage Payment." Follow link to eligibility section which includes "Disablement is worked out as a percentage, and 'severe disablement' means at least 60% disabled." And the section on How to Claim which includes "You can only claim for a child once they are 2 years old."

Ref	Full Reference Information	Commentary/ relevance of reference
44	DWP Operations Freedom of Information Team, 2 June 2017, Our Ref: VTR 2139 Available at: TBC - *to be made available at the Arnica website*	Arnica raised an FOI request with The Vaccine Damage Payment Unit of the Department of Work and Pensions (DWP) asking for - 1) the total amount of money awarded, 2) The total number of claims, 3) the total number of successful claims and 4) the total number of unsuccessful claims. This letter is the response received from DWP providing the answers as 1) £74m, 2) 6196, 3) 936 and 4) 5226

Topics that were not covered in the final version of the leaflet include:

Ref	Full Reference Information	Commentary/ relevance of reference
45	Moynihan, R, The British Medical Journal (the BMJ), Doctors' education: the invisible influence of drug company sponsorship, BMJ 2008;336:416 Available at: https://www.bmj.com/content/336/7641/416 (Accessed on 10 October 2018)	BMJ article on how pharmaceutical companies are involved in GP education
46	Department of Health, 2013, General Medical Services Contracts Statement of Financial Entitlement Directions 2013, chapter 11. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/233366/gen_med_servs_statement_financial_entitlements_directions_2013_acc.pdf (Accessed: 7 October 2018) Updates have been made to the document above in the form of amendments, however for the most part the 2013 directions remain in place.	*Sets out what the NHS commissioning board will pay to local service providers e.g. GPs. This includes the thresholds (% coverage) and payments for infant vaccinations.*
47	Centers for Disease Control and Prevention (CDC), Epidemiology an Prevention of Vaccine-Preventable Diseases: Pneumococcal Disease, 2018, Available at: https://www.cdc.gov/vaccines/pubs/pinkbook/pneumo.html (Accessed on 10 October 2018)	"Among school-aged children, 20%–60% may be colonized" (with pneumococcus)
48	World Health Organisation, International travel and health: Diphtheria. Available at: http://www.who.int/ith/diseases/diphtheria/en/ (Accessed on 10 October 2018)	States that "asymptomatic or mild infections are most common" (re diphtheria)
49	Jessica MacNeil, MPH; Monica Patton, MD, Centers for Disease Control and Prevention (CDC), Manual for the Surveillance of Vaccine-Preventable Diseases: Chapter 8: Meningococcal Disease, 2018, Available at: https://www.cdc.gov/vaccines/pubs/surv-manual/chpt08-mening.html (Accessed on 10 October 2018)	States that asymptomatic carriage of Meningococcal disease is common (5-10%) and that there is no reason to treat asymptomatic carriers.
50	Oxford Vaccine Group, Vaccine Knowledge Project, FAQs about Vaccines. Available at: http://vk.ovg.ox.ac.uk/faqs-about-vaccines (Accessed on 10 October 2018)	Says: "People who have received some live vaccines are advised to stay away from other people who are severely immunosuppressed. This is because there is a small risk that a healthy person who has received the live vaccine could pass the weakened form of the virus on to someone who is immunosuppressed and cause disease." The website says that "The Vaccine Knowledge Project aims to be a source of independent information about vaccines and infectious diseases" The Project is "managed by the Oxford Vaccine group which in turn perform "work on clinical trials which are conducted by the University of Oxford and sponsored and/or funded by vaccine manufacturers" The chair of the project holds a number of related positions and his "research includes the design, development and clinical evaluation of vaccines including those for meningococcal disease and enteric fever"