

Perspective on Measles Deaths, Fear Mongering, and Demand for Mandates

Dick Atlee, 28 April 2019

The big decision being faced by people and legislators alike in many states is whether to mandate the vaccines recommended by the CDC in order to protect children, by achieving herd immunity through vaccinating more than 95% of them.

Despite the fact there have been no dramatic changes to levels of vaccination in recent years, and vaccines vary greatly in terms of their relevance and effectiveness, the recent rash of measles outbreaks has caused the entire public discussion to focus on that infection. Starting with the Disneyland outbreak (which included adults as well as children, with a significant proportion having been fully-vaccinated, and none of whom died), every measles outbreak in recent years, no matter how small, has been fanned into flames of increasing panic and loss of perspective in a push for across-the-board mandates.

No attention is given to the relevance — or lack thereof — of all the other vaccine-targeted infections that would be included in this one-size-fits all rush. Consider just the seven of them addressed by the DTaP, MMR(V), and HepB vaccines:

- **Diphtheria** has been eliminated in the US [vaccine irrelevance];
- **Tetanus** cannot be passed from one person/infant to another [vaccine irrelevance];
- **Pertussis**-vaccinated people have been shown to be more likely to be silent pertussis carriers than unvaccinated people who have had pertussis, and are more susceptible to the now-dominant new strain [vaccine unintended consequence and antigen drift];
- **Measles** vaccine, even with a booster, eventually wanes, after which further boosting is effective for only a year, and it doesn't give infants the year of maternal protection afforded by mothers with natural immunity, the result being that babies and older adults — less tolerant of the infection — are at increased risk [vaccine failure, unintended age-shift consequence];
- **Mumps** cases and outbreaks annually occur in far greater numbers than measles, the age-shift here being away from tolerant children to adults, where serious reproductive damage is common [vaccine failure, unintended age-shift consequence];
- **Rubella**, eliminated in the Western Hemisphere since 2004, has not been seen in Maine in at least a dozen years [vaccine irrelevance];
- **Chicken-pox**, an often-asymptomatic disease in children, has been replaced by a growing prevalence of serious shingles at all ages, due to the loss of the natural boosting power of circulating varicella virus, which has been eliminated by the vaccine [unintended age-shift consequence];
- **Hepatitis B** vaccine, against a disease of users of IV drugs and prostitutes, is administered to babies (of even the vast majority of mothers who are HepB-negative) on the first day of life [vaccine inappropriateness].

Where in all these known facts is "herd immunity" lurking? Herd immunity is a mathematical construct far removed from its original elucidation 8 decades ago as being a level of 65% *natural measles* immunity, a number that has since inched ever upward in a steady succession of failed targets, to the 95% level at which outbreaks *still* continue.

In the case of measles, babies under a year old cannot be vaccinated, 2-10% of vaccinated individuals develop no immunity, and vaccine immunity wanes with time. 95% vaccination is often in reach, but not 95% of actual immunity. In fact, pro-vaccine experts Gregory Poland and Robert Jacobsen have said that measles herd immunity can't be had except with nearly 100% of people receiving a nearly-100% effective vaccine. It isn't going to happen, no matter how many children are forced to undergo vaccination.

Yet all the governmental pressure for massive mandates is focused on claims of the danger of measles, and its death rate. It seems odd that in all the outbreaks that have suddenly become so newsworthy, the press never seems to ask how many of the "victims" were fully vaccinated (many), how many recovered in the usual week-or-so timeframe and are now armed with lifelong immunity (unknown), and how many died (none).

Instead, the CDC and the press engage in fear mongering, claiming that 1 in 1,000 victims will die, neglecting the CDC's own late-50s-early-60s (pre-vaccine-era) actual death rate of around 0.15 per 1,000 cases. They do this by using a number of cases 6-8 times smaller than they themselves estimated to have occurred.* That actual rate is lower than deaths from falls over furniture, contact with machinery, freezing to death, drowning in a body of water, or lightning strikes, to name a few (https://amp.mongabay.com/danger/injury_odds.htm). And it is *miniscule* next to the annual deaths, injuries, and sickness attributed to normal hospital and medical office treatments. Yet who is demanding that any of those be addressed by mandatory legislation?

The mortality rate of all childhood infectious diseases had plummeted in the 50 years before vaccines, due to improvements in public health conditions. The same was true for those diseases for which there never were vaccines. The virulence of the diseases had also plummeted for the same reasons.

True, their incidence, which was also dropping pre-vaccine, was the main factor significantly reduced by vaccines. But there are trade-offs, as mentioned above, and the fact that the vaccines are implicated in many deaths and serious and sometimes permanent injuries. The balance of risk and benefit — both for the vaccines in and of themselves and with respect to the variations in individual response — is a tremendously complex calculation not resolved by dangerously oversimplified one-size-fits-all mandates.

* Here are the CDC's own actual annual averages for before the vaccine was introduced in 1962 (<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/meas.pdf>, p.8):

- Infections *reported*: 500,000 (most infections were too minor to report, at least the "old days")
 - Infections *estimated*: 3-4 million (6-8 times as many as were reported)
 - Deaths reported: 500 (probably close to actual deaths, given the obviousness of death)
 - Death rate (calculated from the above data):
 - 1 per 1000 *reported* cases (cited now by the CDC), *BUT* . . .
 - 0.12-0.15 per 10,000 *estimated* measles cases (7-8 times smaller)
 - 0.022 per 10,000 in whole *population*
- (https://www.cdc.gov/nchs/data/vsus/VSUS_1960_2A.pdf, page 5-16)