

THE TRUTH ABOUT MEASLES



AS SEEN ON EP413 OF THE HIGHWIRE

MORTALITY PRE-VACCINE

Source

[CDC MMWR: Measles Prevention: Recommendations of the Immunization Practices Advisory Committee \(ACIP\)](#)

Chart/Quote

“Before measles vaccine was available, more than 400,000 measles cases were reported each year in the United States (6). However, since virtually all children acquired measles, the true number of cases probably exceeded 4 million per year (i.e., the entire birth cohort).”

[The Importance Of Measles as a Health Problem](#)

THE IMPORTANCE OF MEASLES AS A HEALTH PROBLEM

Alexander D. Langmuir, M.D., F.A.P.H.A.; Donald A. Henderson, M.D., F.A.P.H.A.; Robert E. Serfling, Ph.D., F.A.P.H.A.; and Ida L. Sherman, M.S.

DURING the past 40 years the ecological approach to disease has become a basic concept of epidemiology. Among all diseases measles has stood as the classic example of successful parasitism. This self-limiting infection of short duration, moderate severity, and low fatality has maintained a remarkably stable biological balance over the centuries. Those epidemiologists, and there are many, who tend to reverse the biological balance have long argued that the ecological equilibrium of measles is solidly based, that it cannot readily be disrupted and that therefore we must learn to live with this parasite rather than hope to eradicate it. This speaker, not so long ago, was counted among this group and waxed eloquent on this

portance of measles cannot be compared with any of the diseases mentioned so far, but it should still be classed as an important health problem on two main counts. First, any parent who has seen his small child suffer even for a few days with persistent fever of 105°, with hacking cough and delirium wants to see this prevented, if it can be done safely. Second, at last there is promise that something can be accomplished by organized health action.

As a contribution to this symposium, we of the Communicable Disease Center have brought together some of the basic descriptive statistics concerning measles in the United States. We hope this may serve as a simple frame of reference

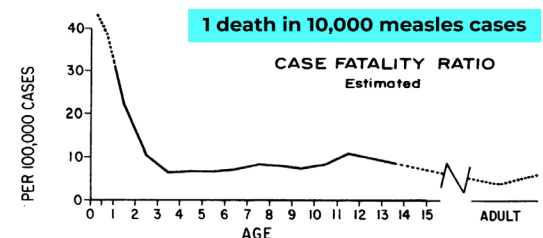


Figure 3—Measles Rates by Age

[Vital Statistics Rates in The United States 1940-1960](#)

VITAL STATISTICS RATES IN THE UNITED STATES 1940-1960

By
Robert D. Grove, Ph. D.
and
Alice M. Hetzel

1 in 500,000 deaths in America

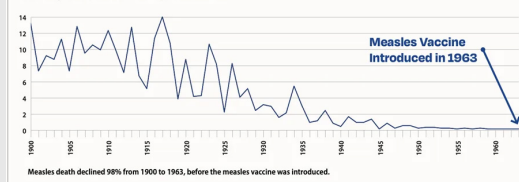
TABLE 64.—Death rates for 40 selected causes by month, United States, 1940-60*
*Data are based on annual population, as at January 1, 1960. Deaths are based on the monthly statistics of the International List, the last for the month of October of the year of the report.

Cause and year	Annual
Measles (085):	
1960	0.2
1959	0.2
1958	0.3
1957	0.2
1956	0.3

340,100,000 Americans = 680 deaths/year

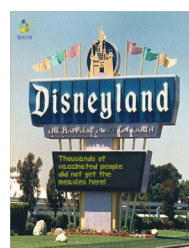
[Physicians for Informed Consent](#)

FIGURE 1: Decline in Measles Mortality 1900-1963^{5,6} Mortality Rate per 100,000 Population (U.S.)



2015 DISNEYLAND MEASLES OUTBREAK

[California Department of Public Health, Immunization Branch](#)



2014-2015 California Measles Outbreak: It's a Small World After All

Kathleen Harriman, PhD, MPH
NVAC Meeting
June 9, 2015

Vaccination Status of Measles Outbreak Cases

- 82 (62%) cases had immunization status verified
 - 57 (20%) of these were unvaccinated
 - 26 (46%) personal beliefs exemptions
 - 16 (28%) too young
 - 2 (4%) missed dose/alternative schedule
 - 11 (19%) unknown reasons
- Of the 25 (31%) who were vaccinated:
 - 10 (12%) had one dose of Meas vaccine
 - 11 (14%) had two doses of Meas vaccine
 - 2 (2%) had three doses of MMR vaccine
- 49 (38%) of the 131 cases did not have immunization records; 48 of these were adults - 20 of whom self-reported being vaccinated; many others were unsure

31% VACCINE FAILURE

Recommendations for Measles Testing

- CDPH recommends PCR as primary diagnostic tool for measles; the state lab and 17 local public health labs offer measles PCR testing - benefits of PCR include:
 - Virus can be detected from day of rash onset in respiratory (throat swab) specimens (2-7 days after rash) or urine (5-10 days after rash)
 - These specimens are easy to collect and are non-invasive
 - The test is rapid (1-1.5 hrs) and high throughput
 - Additional testing to identify genotype can be performed
 - More sensitive and specific than IgM testing
 - IgM testing can yield false positive (immunodeficiency, pregnancy, etc.)
 - IgM testing must be blood collected >12 hours of rash onset cannot be relied upon
 - IgM testing can be falsely negative in previously vaccinated persons
- During the outbreak, the state lab performed >1500 PCR tests; local public health labs performed >900 PCR tests + IgG testing for immunity
- Genotyping was also performed
 - 73 specimens were genotype B3 (outbreak strain)
 - 3 genotype B4
 - 2 genotype B6
 - 2 genotype B7
 - Not counted as outbreak cases
 - 31 specimens & 1 vaccine strain from recently vaccinated persons with febrile rash illness

30% OF CASES WERE VACCINE STRAIN

EPIDEMICS ARE CYCLICAL PRE AND POST-VACCINE

[Measles in England and Wales—I: An Analysis of Factors Underlying Seasonal Patterns](#)

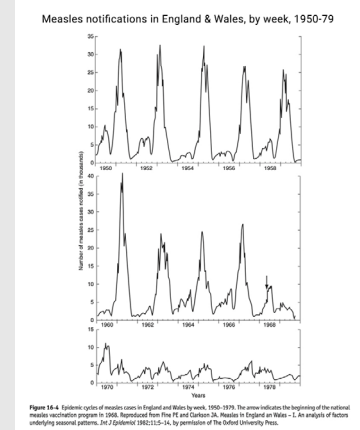
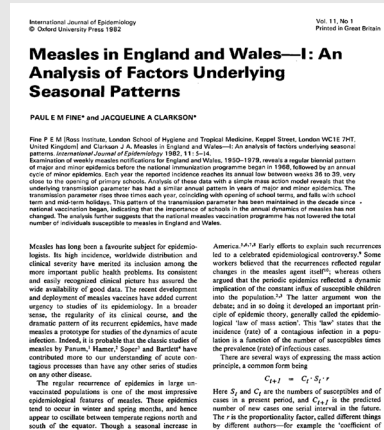


Figure 10.4. Epidemic cycles of measles cases in England and Wales by week, 1950-1979. The arrow indicates the beginning of the national measles vaccination program in 1968. Reproduced from Fine PE and Clarkson JA. Measles in England and Wales - I. An analysis of factors underlying seasonal patterns, 1950-1979. © Oxford University Press.

THOSE VACCINATED FOR MEASLES CAN CARRY AND SPREAD THE VIRUS ASYMPTOMATICALLY

[Measles Vaccine Virus RNA in Children More Than 100 Days after Vaccination](#)

“Limited data are available on detection of measles vaccine virus (MeVV) RNA in human subjects following vaccination. Available evidence suggests MeVV RNA can be identified up to 14 days after vaccination, with detection beyond this rare.”

“We report detection and confirmation of MeVV RNA from the respiratory tract of 11 children between 100 and 800 days after most recent receipt of measles-containing vaccine.”

Table 3. Count of measles vaccine virus detections and days from most recent measles-containing vaccine.

DAYS SINCE LAST MCV *	NUMBER OF MEVV CASES
0-19	106
20-39	10
40-59	5
60-79	4
80-100	3
>100	11
UNKNOWN	2

* MCV = measles-containing vaccine.

[Measles, the need for a paradigm shift](#)

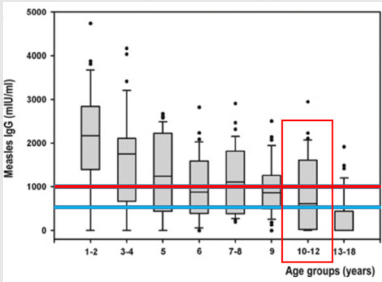
“Essentially, there have been no trials evaluating the clinical efficacy of MCV schedules in preventing measles disease or monitoring the long-term quality of the immune response.”

[Protective titres of measles neutralising antibody](#)

“The study suggests that measles NT titres >1,000 mIU/ml may prevent measles infection and NT titres >500 mIU/ml may prevent symptomatic infection but vaccinees with undetectable or low NT titres may not necessarily be susceptible to symptomatic infection.”

[Measles Virus-Specific Antibody Levels in Individuals in Argentina Who Received a One-Dose Vaccine](#)

“Despite active vaccination strategies, reemergence or resurgence of MV continues to occur, impairing elimination programs. The occurrence of several measles outbreaks in highly immunized populations (5, 34, 40, 51) has focused attention on vaccine efficacy and the durability of vaccine-induced immunity. It is likely that many factors contribute to the presence of susceptible individuals among highly vaccinated populations. These include failure to seroconvert and decline of immunity with time after vaccination (19, 37). Other important factors that might influence the immune response comprise the age at the time of vaccination (27, 33), the number of doses, and the strain included in the vaccine (18, 23, 28).”



[Estimated susceptibility to asymptomatic secondary immune response against measles in late convalescent and vaccinated persons](#)

“In our study, secondary immune response susceptibility was not reduced by a second vaccination, although revaccination reduces susceptibility to measles [Hutchins et al., 1990; Robertson et al., 1992; Tulchinsky et al., 1993].”

OUTBREAKS IN HIGHLY VACCINATED POPULATIONS

[Sri Lanka eliminates Measles](#)

“The vaccination coverage in the country has been consistently high - over 95% with both the first and second dose of measles and rubella vaccine provided to children under the routine immunization programme.”

[UNICEF supports Ministry of Health to accelerate supplementary measles immunization activity in Sri Lanka](#)

“UNICEF, together with WHO, will support the Ministry of Health in implementing a supplementary measles immunization activity (SIA) in Sri Lanka aimed at controlling the ongoing measles outbreak, midst over 700 measles cases reported in the country since May 2023.”

VACCINE IMMUNITY WANES AND CAN CAUSE OUTBREAKS IN VACCINATED AND UNVACCINATED

[The Future of Measles in Highly Immunized Populations: A Modeling Approach](#)

“The simulation reveals that in the prevaccine era, approximately 10.6% of the population was susceptible to measles, most of whom were children less than 10 years of age. With the institution of the measles immunization program, the proportion of susceptibles in the population fell to 3.1% from 1978 through 1981, but then began to rise by approximately 0.1% per year to reach about 10.9% In the year 2050. The susceptibles at this time were distributed evenly throughout all age groups. The model did not consider the potential effect of waning immunity.”

Implications of Vaccination and Waning Immunity

“Here, we parametrize such a model for measles and show how vaccination can have a range of unexpected consequences as it reduces the natural boosting of immunity as well as reducing the number of naive susceptibles.”

“In particular, we show that moderate waning times (40-80 years) and high levels of vaccination (greater than 70%) can induce large-scale oscillations with substantial numbers of symptomatic cases being generated at the peak.”

“In addition, we predict that, after a long disease-free period, the introduction of infection will lead to far larger epidemics than that predicted by standard models. These results have clear implications for the long-term success of any vaccination campaign and highlight the need for a sound understanding of the immunological mechanisms of immunity and vaccination.”

Subclinical measles infection in vaccinated seropositive individuals in arctic Greenland

“The antibody measurements...lead to the conclusion that the rise in measles antibodies observed, 2-4 years after measles vaccination, was...caused...by an infection with measles virus.”

“Measles can apparently also spread among seropositive persons, which eventually could lead to clinically manifest measles in seronegative persons. If this was not the case it will be difficult to explain the rise in measles virus antibodies which occurred in Scoresbysund in about two-thirds of the seropositive vaccinees 2-4 years after the vaccination with live measles vaccine virus.”

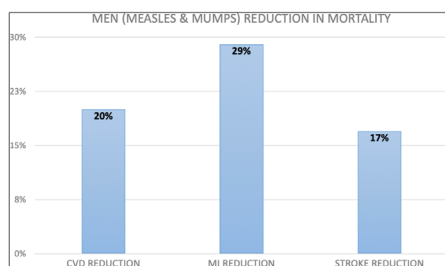
“63% of those vaccinated and with adequate Ab Titres had become infected.”

MEASLES AND OTHER CHILDHOOD ILLNESSES ARE PROTECTIVE LATER IN LIFE

Association of measles and mumps with cardiovascular disease: The Japan Collaborative Cohort (JACC) study

“Methods: 43,689 men and 60,147 women aged 40-79 years at baseline (1988-1990) completed a lifestyle questionnaire, including their history of measles and mumps, and were followed until 2009. Histories of infections were categorized as having no infection (reference), measles only, mumps only, or both infections. Hazard ratios (HR) for mortality from CVD across histories of infections were calculated.”

“Men with measles only had multivariable HR (95% confidence interval) of 0.92 (0.85-0.99) for total CVD, those with mumps only had 0.52 (0.28-0.94) for total stroke and 0.21 (0.05-0.86) for hemorrhagic stroke, and those with both infections had 0.80 (0.71-0.90) for total CVD, 0.71 (0.53-0.93) for myocardial infarction, and 0.83 (0.69-0.98) for total stroke.”



DATA SOURCE Association of measles and mumps with cardiovascular disease: The Japan Collaborative Cohort (JACC) study
<https://pubmed.ncbi.nlm.nih.gov/26122188/>

[Acute infections as a means of cancer prevention: Opposing effects to chronic infections?](#)

Table 1 Epidemiological studies examining the association between febrile infectious childhood diseases (FICD) and the subsequent development of cancer				
Cancer	Case/control	Infection type	Outcome (95% CI) ^a highest vs. lowest	Year [reference]
Ovary	97/97 ^b	Measles Mumps Rubella	No association Reduced risk ($p = 0.007$) No association	1966 [55]
Ovary	300/300 ^b	Chickenpox Measles Mumps Rubella	OR = 0.70 (0.51–0.97) OR = 0.50 (0.32–0.76) OR = 0.65 (0.23–0.90) OR = 0.65 (0.47–0.92)	1977 [56]
Multiple cancers	255/255 ^b	Chickenpox Measles Mumps Rubella	OR = 0.66 (0.45–0.97) OR = 0.61 (0.34–1.09) OR = 0.83 (0.55–1.26) OR = 0.72 (0.45–1.16)	1991 [57]
Melanoma	139/271 ^c	Chickenpox Measles Mumps Rubella	OR = 0.88 (0.52–1.92) OR = 0.73 (0.35–1.54) OR = 0.86 (0.53–1.40) OR = 0.69 (0.39–1.23)	1992 [58]
Non-breast cancers	379/379 ^b	FICD: ≥ 1 Chickenpox Measles Mumps Rubella	OR = 0.27 ($p = 0.046$) OR = 0.62 ($p = 0.044$) OR = 0.90 ($p = 0.740$) OR = 0.85 ($p = 0.501$) OR = 0.38 ($p = 0.003$)	1998 [59]
Multiple cancers	111/109 ^c	Chickenpox Measles Mumps Rubella	OR = 2.09 (0.92–4.78) OR = 0.76 (0.22–2.56) OR = 2.61 (1.18–5.80) OR = 0.91 (0.38–2.16)	2002 [60]

OR: odds ratio, CI: confidence interval, FICD: febrile infectious childhood diseases.
^a Results in bold are statistically significant.
^b Age matched or no significant difference in age between groups.
^c Adjusted for age and other risk factors.

**BILLIONS OF HUMAN CELL AND DNA
FRAGMENTS FROM AN ABORTED FETAL CELL
LINE ARE PRESENT IN EACH DOSE OF MMR**

[MMR Package Insert](#)

M-M-R II vaccine is a sterile lyophilized preparation of (1) Measles Virus Vaccine Live, an attenuated line of measles virus, derived from Enders' attenuated Edmonston strain and propagated in chick embryo cell culture; (2) Mumps Virus Vaccine Live, the Jeryl Lynn™ (B level) strain of mumps virus propagated in chick embryo cell culture; and (3) Rubella Virus Vaccine Live, the Wistar RA 27/3 strain of live attenuated rubella virus propagated in WI-38 human diploid lung fibroblasts.

[WI-38 Product Page](#)

WI-38 cell line is the first human diploid cell line to be used in human vaccine preparation. WI-38 cells were isolated from the lung tissue of a 3-month-old, female, embryo.

[Deposition of Stanley Plotkin
Transcription](#)

While under oath during a deposition, vaccine pioneer Dr. Stanley Plotkin had the following exchange with ICAN Lead Attorney Aaron Siri:

[Deposition of Stanley Plotkin
Video](#)

Aaron Siri: “Isn't it true that MMR II contains approximately 150 nanograms of cell-substrate double-stranded DNA and single-stranded DNA per dose, purposefully fragmented to approximately 215 base pairs in length?”

Dr. Stanley Plotkin: “Yeah, that's probably correct, yes.”