

## The Great Measles Misunderstanding

Written by Darrel Crain, DC

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Before the advent of the measles vaccine, a dozen or so cases of measles would have been considered, well, too measly to make the headlines. That is because we all got the measles when we were kids. In fact, the Centers for Disease Control and Prevention (CDC) considers anyone born before 1957 to be immune to the measles.

“Before a vaccine was available, infection with measles virus was nearly universal during childhood with more than 90 percent of persons immune by age 15 years,” according to the CDC’s Pink Book.

We baby boomers were apparently the last generation whose doctors, and therefore parents, accepted the measles as just one more annoying rite of passage of childhood that also happened to prime the immune system and provide lifelong immunity.

Medical texts prior to the advent of the vaccine described measles as a benign, selflimiting childhood infectious disease that posed little risk to the average well-nourished child. All of that changed about 40 years ago when health authorities decreed the need to eradicate the measles, and so began The Great Measles Massacre.

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The recent measles outbreak in Southern California provides an opportunity to review how effective the overall strategy of measles eradication has been so far.

First of all, measles related deaths had already declined over 90 percent from the early 1950s by the time the measles vaccine came on the scene. The combination of steadily improving standards of living, better nutrition, antibiotic medical care, and effective sanitation achieved this remarkable advance in public health in the "pre-vaccine" era.

One of the first measles vaccines administered on a large scale was the inactivated or "killed" measles vaccine (KMV). The CDC's Pink Book reports that "an estimated 4,000 to 20,000 persons" in the United States were injected with KMV from 1963 to 1967, before it was finally withdrawn.

The incredibly vague record of how many people received the shot is a bit unsettling, but what's truly disturbing is how such a harmful and ineffective vaccine got approval and recommended in the first place. "KMV sensitized the recipient to measles-virus antigens without providing protection," the Pink Book tells us.

After exposure to natural measles, vast numbers of people vaccinated with KMV contracted atypical measles, an autoimmune disorder consisting of very high fevers, unusual rashes, pneumonia, and pleural effusions.

The early big campaign against measles began with the live virus vaccine, which arrived in 1963 as a component of the three-virus MMR shot (measles, mumps, rubella). The public was assured that this vaccine was different, it was safe and would provide lifetime immunity. Alas, these predictions proved a bit premature.

"An outbreak of measles occurred in a high school with a documented vaccination level of 90 per cent," reported the American Journal of Public Health, April 1971.

"We conclude that outbreaks of measles can occur in secondary schools, even when more than 90 percent of the students have been vaccinated and more than 95 percent are immune," according to The New England Journal of Medicine, March 1971.

By the mid 1970s, substantial vaccine failures prompted our health leaders to declare a booster MMR shot necessary for all. Once again, it was promised this would confer lifetime immunity. Since no actual lifetime data was available at the time, this prediction was presumably made using FDA-approved crystal ball technology.

Today, the number of reported measles cases is down considerably, and we are assured this means we have successfully eradicated the measles. Unfortunately, such a one-dimensional analysis fails to tell the whole story. Not all is well with the MMR vaccine.

Before widespread vaccination against measles, young babies were not at risk of measles because they acquired immunity through the mother's blood. Adults were not at risk because most of us gained lifelong immunity as a child. Both these groups are now susceptible to measles and both have greater risk of severe disease and complications. This is described as an "unintended outcome" of measles vaccination.

And there is another unforeseen problem. "The vaccination induced measles virus antibodies decline in the absence of natural/booster infections. It is important to follow how long the protection achieved by the present vaccine program will last after elimination of indigenous measles," reported the Journal of Virology, December 1991.

This raises the question: What will happen as we eventually succeed in eradicating natural measles with vaccine measles? David Levy, of Montefiore Medical Center in New York created a

computer model to answer that question: "...despite short term success in eliminating the disease, long range projections demonstrate that the proportion of susceptibles in the year 2020 may be greater than in the pre-vaccine era." In other words, according to Levy's prediction, we are in for higher rates of infection than we started with, spread throughout age groups of greater risk.

Currently, whenever there is an "outbreak" of measles (defined by the CDC as at least two infections from the same source), health officials leap into action. First and foremost, parents are told to drop everything and make sure their child gets a booster shot. Whether or not giving the booster actually helps to eradicate since few studies have ever examined the outcome of this practice.

One such investigation however, was carried out during a measles outbreak in a highly vaccinated secondary school population

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and reported in the Canadian Medical Association Journal, November 1991. The authors of the study concluded, "Administration of a second dose of vaccine during the outbreak was not protective."

Is there anything that has been scientifically proven to protect the health of children infected with measles? The simple act of supplementing with vitamin A has repeatedly been shown effective in clinical trials all around the globe to reduce the severity of infection and slash measles death rates.

This suggests that our health leaders should be promoting vitamin A as a first line of defense to protect children in this country, since measles deaths in the United States have always been clustered in impoverished, malnourished populations.

Measles outbreaks gradually spread newspaper editorials portraying parents who choose to not vaccinate their children as unwitting dupes of anti-vaccine zealots, with the inevitable call to end parents' right to make vaccination. The fact that vaccine-induced health disorders have been widely reported in the medical literature suggests that the writers of the editorials, not the parents, are the ones who have not done their homework.

British vaccine expert witness Jayne Donagan, MD, is a parent who has spent years researching vaccines. She concludes, "I vaccinated both my children with the MMR job, but this was before I

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