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The Disney Measles Outbreak: Evidence Reveals a Failing Measles Vaccine is to Blame

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While the Disney measles outbreak is being blamed on the non-vaccinated, the evidence reveals a failing measles vaccine is behind the outbreak.

The latest stratagem to blame a failing measles vaccine on the non-vaccinated is all over the mainstream media, or should we say the marketing and cheerleading arm of the vaccine industry and the medical-industrial complex.

Two years ago, while a similar debacle was being played out, I wrote an article titled, "The 2013 Measles Outbreak: A Failing Vaccine, Not A Failure To Vaccinate," which deconstructed the myth that the minimally – or non-vaccinated were responsible for outbreaks of measles in highly vaccination-compliant populations. According to the prevailing propaganda it is fringe religious communities, visitors from countries where measles is common, and vaccine objectors within the United States, that are responsible for the failure of the measles vaccine to confer lasting immunity.

Looking at the rising tide of vaccine resistant infectious outbreaks in the U.S. and abroad —chickenpox, shingles, mumps, whooping cough (pertussis), influenza, HPV (Gardasil), hepatitis B, to name but a few — through the lens of the peer-reviewed and published literature on the topic, it is clear that the vaccines, and not those who refuse to subject themselves to them, are at the root of the problem. And nowhere is this more clearly evident than in the measles vaccine.

How do we know this?

Just a few months ago, a study published in *PLoS* titled, "Difficulties in eliminating measles and controlling rubella and mumps: a cross-sectional study of a first measles and rubella vaccination and a second measles, mumps, and rubella vaccination," brought to light the glaring ineffectiveness of two measles vaccines (measles–rubella (MR) or measles–mumps–rubella (MMR)) in fulfilling their widely claimed promise of preventing outbreaks in highly vaccine compliant populations. We dove deeply into the implications of this study in our article titled, "Why Is China Having Measles Outbreaks When 99% Are Vaccinated?"

Also, as we have explored in a previous article, "Measles: A Rash of Misinformation," the measles vaccine is not nearly as safe and effective as is widely believed. Measles outbreaks have consistently occurred in highly immunization compliant populations. Here are just a few examples reported in the medical literature:

1985, Texas, USA: According to an article published in the *New England Journal of*

Medicine in
1987, “An outbreak of measles occurred among adolescents in Corpus Christi, Texas, in the spring of 1985, even though vaccination requirements for school attendance had been thoroughly enforced.” They concluded: “We conclude that outbreaks of measles can occur in secondary schools, even when more than 99 percent of the students have been vaccinated and more than 95 percent are immune.”1

1985, Montana, USA: According to an article published in the *American Journal of Epidemiology* titled, “A persistent outbreak of measles despite appropriate prevention and control measures,” an outbreak of 137 cases of measles occurred in Montana. School records indicated that 98.7% of students were appropriately vaccinated, leading the researchers to conclude: “This outbreak suggests that measles transmission may persist in some settings despite appropriate implementation of the current measles elimination strategy.”2

1988, Colorado, USA: According to an article published in the *American Journal of Public Health* in 1991, “early 1988 an outbreak of 84 measles cases occurred at a college in Colorado in which over 98 percent of students had documentation of adequate measles immunity … due to an immunization requirement in effect since 1986. They concluded: “…measles outbreaks can occur among highly vaccinated college populations.”3

1989, Quebec, Canada: According to an article published in the *Canadian Journal of Public Health* in 1991, a 1989 measles outbreak was “largely attributed to an incomplete vaccination coverage,” but following an extensive review the researchers concluded “Incomplete vaccination coverage is not a valid explanation for the Quebec City measles outbreak.4

1991-1992, Rio de Janeiro, Brazil: According to an article published in the journal *Revista da Sociedade Brasileira de Medicina Tropical*, in a measles outbreak from March 1991 to April 1992 in Rio de Janeiro, 76.4% of those suspected to be infected had received measles vaccine before their first birthday.5

1992, Cape Town, South Africa: According to an article published in the *South African Medical Journal* in 1994, “[In] August 1992 an outbreak occurred, with cases reported at many schools in children presumably immunised.” Immunization coverage for measles was found to be 91%, and vaccine efficacy found to be only 79%, leading them to conclude that primary and secondary vaccine failure was a possible explanation for the outbreak.6

These six outbreaks are by no means exhaustive of the biomedical literature, but illustrate just how misled the general public is about the effectiveness of measles vaccines, and the CDC’s vaccination agenda in general. No amount of historical ignorance will erase the fact that vaccination does not equal immunization; antigenicity does not equal immunogenicity.

The superstitious and ironically non-evidence-based faith in the infallibility of vaccines speaks volumes as to why the growing movement to educate the public about the true nature of vaccines is increasingly labeled “anti-vaccine,” when in fact it is pro-vaccine awareness, namely, making the public aware of vaccine failures and the growing plight of the countless vaccine injured around the world.

UNICEF and the Bill & Melinda Gates Foundation can continue to label those who bring the peer-reviewed “evidence” to the public’s attention as “liars” or “child killers,” as Bill Gates

did in a CNN interview with Dr. Sanjay Gupta. But all this does is to increase the public's suspicion of the real agenda behind their ostensibly charitable plea to save the poor and the needy from the hell of disease, instead of focusing on improving their most basic living conditions, nutrition, sanitation, refrigeration, etc., and making inroads to reduce the geopolitical violence that is ruining the lives of hundreds of millions.

Measles is a real disease with real adverse health effects, some of which can be life threatening in the already immunocompromised (vaccination representing a major cause of TH1/TH2 imbalances). But it is our immune status, as with all infectious diseases, that determines susceptibility and whether or not a disease will be mild or lethal. You can't vaccinate away conditions that lead to compromised immunity, nor can you 'immunize' folks — especially parents — against the desire to pursue the truth about vaccines.

Learn more on our research vaccine database: Health Guide: Vaccine Research.

Notes

1. T L Gustafson, A W Lievens, P A Brunell, R G Moellenberg, C M Buttery, L M Sehulster. Measles outbreak in a fully immunized secondary-school population. N Engl J Med. 1987 Mar 26 ;316(13):771-4. PMID: 3821823

2. R M Davis, E D Whitman, W A Orenstein, S R Preblud, L E Markowitz, A R Hinman. A persistent outbreak of measles despite appropriate prevention and control measures. Am J Epidemiol. 1987 Sep ;126(3):438-49. PMID: 3618578

3. B S Hersh, L E Markowitz, R E Hoffman, D R Hoff, M J Doran, J C Fleishman, S R Preblud, W A Orenstein. A measles outbreak at a college with a prematriculation immunization requirement. Am J Public Health. 1991 Mar ;81(3):360-4. PMID: 1994745

4. N Boulianne, G De Serres, B Duval, J R Joly, F Meyer, P Déry, M Alary, D Le Hénaff, N Thériault.[Major measles epidemic in the region of Quebec despite a 99% vaccine coverage]. Can J Public Health. 1991 May-Jun;82(3):189-90. PMID: 1884314

5. S A de Oliveira, W N Soares, M O Dalston, M T de Almeida, A J Costa. Clinical and epidemiological findings during a measles outbreak occurring in a population with a high vaccination coverage. Rev Soc Bras Med Trop. 1995 Oct-Dec;28(4):339-43. PMID: 8668833

6. N Coetzee, G D Hussey, G Visser, P Barron, A Keen. The 1992 measles epidemic in Cape Town–a changing epidemiological pattern. S Afr Med J. 1994 Mar ;84(3):145-9. PMID: 7740350
