

Why Is China Having Measles Outbreaks When 99% Are Vaccinated?

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China has one of the most vaccination compliant populations in the world. In fact, measles vaccine is mandatory. So why have they had over 700 measles outbreaks from 2009 and 2012 alone? The obvious answer is the the measles vaccines are simply NOT effective.

A recent 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](#)," has 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.

According to the study,

“The reported coverage of the measles-rubella (MR) or measles-mumps-rubella (MMR) vaccine is greater than 99.0% in Zhejiang province. However, the incidence of measles, mumps, and rubella remains high.” [emphasis added]

China’s Great Mandatory Vaccine Experiment FAILURE

Zhejiang is an eastern coastal province of the People’s Republic of China and home to 55 million inhabitants. All children there receive a compulsory first dose of MR at 8 months and another dose of the MMR vaccine at 18-24 months.

In the new study researchers analyzed a subset of 1,015 Zehjiang inhabitants and found that despite the recent measles outbreaks 93.6% of them were seropositive for measles antibodies, meaning they had presumably vaccine-induced protective antibodies against measles in their blood serum — more than is required to obtain so-called ‘herd immunity’ threshold of 88%-92%, which is often claimed to be the solution to extinguishing infectious diseases altogether.[2] And yet despite this theoretical ‘protection,’ eight-seven (8.6%) of the subjects developed measles anyway.

[Another recent study](#), published in the highly authoritative *Bulletin of the World Health Organization*, looked at recent measles occurrences throughout China and found that there were 707 measles outbreaks in the country recorded between 2009 and 2012, with a steep trend upwards in 2013: “The number of measles cases reported in the first 10 months of 2013 - 26 443 - was three times the number reported in the whole of 2012.” This is all the more odd considering that since 2009 “...the first dose of measles-virus-containing vaccine

has reached more than 90% of the target population.” One would expect with increasing measles vaccine uptake there would result in a *decrease* in measles incidence.

Clearly the vaccines aren't as effective as claimed, nor is the concept of herd immunity —[which is debunked and decimated here](#) and [here](#) — supported unequivocally by the epidemiological evidence.

The failure of vaccine-induced antibody titers to protect against 'vaccine preventable disease' may make more sense when you consider the [antibody-based theory of vaccine efficacy](#) - a fundamental tenet of vaccinology/immunology - was recently called into question: [Study Calls Into Question Primary Justification for Vaccines](#). Injecting aluminum and other highly immunotoxic adjuvants into the body in order to stimulate elevated antibody titers does not in and of itself guarantee their affinity for the antigen they are supposed to be protecting you against. To the contrary, It is much like saying you have improved the overall health of the beehive by kicking it with your boot to stir its angry residents and getting them to sting (and hence die) the closest thing around them.

The WHO's Goal of Eradicating Measles in China with Mandatory Vaccines Has Failed

In 2005, the Regional Committee of WHO Western Pacific Region established 2012 as the target date for the complete regional elimination of measles, and the Chinese Ministry of Health initiated mandatory measles vaccination to accomplish this. A year later, in 2006, China set a goal of accelerating the progress of eliminating measles by 2012, striving to keep measles incidence below 0.1 per 100,000, and then developed a series of vaccination strategies to execute these goals.

And yet, despite the full and near universal implementation of multi-dose vaccines, measles, mumps and rubella outbreaks continued to afflict those receiving them:

“Measles outbreaks continued in 2008, with 12782 cases reported, which translated to 252.61 per million of the population. From 2009 to 2011, the incidence of measles remained high at 3.14-17.2 per million of the population. Similarly, the incidence of mumps increased from 394.32 to 558.26 per million of the population in 2007 and 2008, respectively. Finally, the reported cases of rubella increased from 3284 to 4284 in 2007 and 2011, respectively, representing a 30.45% increase or an increase from 65.94 to 78.71 per million of the population. Therefore, the elimination of measles and control of mumps and rubella are urgent public health priorities in local regions.”[1]

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 complaint populations. For a more extensive review of the epidemiological literature on measles outbreaks happening within highly vaccine complaint populations read: [The 2013 Measles Outbreak: A Failing Vaccine, Not A Failure To Vaccinate](#)

Sadly, the latest study concludes with the recommendation that the MMR vaccine should be increased to two doses with the first dose at 8 months and the second dose at 18-24 months. They further suggest, that in addition to another MMR vaccine, “An MR vaccination speed-up campaign may be necessary for elder adolescents and young adults, particularly young females.” As has been the historical response pattern of the medical establishment's

pro-vaccine agenda when facing the evidence of their failed vaccine campaigns, instead of acknowledging the folly of relying exclusively on a vaccine-centric view of immunity (what about nutrition, vitamin D, improved sanitation and hygiene?) they default counter-intuitively to increasing the number of vaccines given, adding 1 or 2 'boosters' when the vaccines clearly are not working. [Take a look at other [failed vaccine campaigns here](#), often followed by the same dead-end recommendations.] This intellectually dishonest and callous approach, in fact, is a primary driver for the expansion of already dangerously high number of vaccines that are presently [populating the CDC's arguably insane immunization schedule](#) — a schedule with the highest number of vaccines in the world, and which we are supposed to believe has nothing to do with the exponentially increasing autism rate (1 in 5,000 in 1975; 1 in 65 today) in our country, or its shameful if not outrageous [33th-worst infant mortality rate](#) in the developed world.

Another highly concerning problem with the new study is its conspicuous lack of mention of the known [unintended, adverse effects of vaccination](#). In fact, earlier this year we reported on another Chinese vaccine study that found that "[42% of Drug Reactions Are Vaccine Related, groundbreaking Chinese Study Finds.](#)"

And of course, we cannot leave out mention of what is likely the greatest medical cover-up of our time: the senior vaccine scientist [William Thompson at the CDC blows the whistle](#) on how his agency covered up the autism/vaccine link for over a decade (and likely much more malfeasance still to be uncovered), and which is still ongoing, as no mainstream media group has yet to cover the facts of the story in a serious or honest manner. How many of these Chinese infants and children will undergo neurodevelopmental regression or suffer other neurological insults as a result of using the same MMR vaccine the CDC identified as doing harm to African-American boys? We may never know, but we can be certain that they are [not immune to the well-documented dangers](#).

Given the gravity of potential harms associated with routine vaccines, juxtaposed to the perhaps far lesser risk associated with contracting what were once considered normal, immune system building natural infections (measles), the issue here is really about balancing the pro's versus the con's, with the medical literature itself guiding parents decisions, who have the legal right and responsibility to choose what medical interventions their children should succumb to.

For more research use our [vaccination database](#) to make an informed choice.

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Disclaimer: This article is not intended to provide medical advice, diagnosis or treatment. Views expressed here do not necessarily reflect those of GreenMedInfo or its staff.

Notes

[1] Zhifang Wang, Rui Yan, Hanqing He, Qian Li, Guohua Chen, Shengxu Yang, Enfu Chen. [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](#). PLoS One. 2014 ;9(2):e89361. Epub 2014 Feb 20. PMID: [24586717](#)

[2] Vaccination and herd immunity to infectious diseases. Anderson RM, May RM Nature. 1985 Nov 28-Dec 4; 318(6044):323-9. [[PubMed](#)]

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