

THE TRUTH ABOUT MEASLES

What is measles?

Measles (also known as English measles or rubeola) is a disease caused by a virus. Its main symptoms are a fever and a rash. It mostly affects children, although adults who missed out on getting measles in childhood can sometimes get measles as adults. In children, measles is usually a mild to moderate illness, although some children do develop complications. There are many myths about measles. This leaflet is designed to give parents and caregivers useful factual information about both measles and the vaccine (MMR) that is available to children in New Zealand.

Myth: Measles is a dangerous disease for children in NZ.

Fact: Measles is not dangerous for normal healthy, well-nourished children.

Reference:

<http://www.naturalparenting.com.au/flex/childrens-health/7986/mea.cfm>

(This link gives good basic information about measles and looking after a sick child.)

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See: www.uncensored.co.nz

Myth: The MMR (measles, mumps, rubella) vaccine is a safe way to protect child from developing the measles.

Fact: The MMR is not a safe way to protect against the measles. The MMR vaccine contains three live viruses and injecting it into children can cause serious short and long term side effects. There is also scientific evidence linking the MMR vaccine with the development of autism in some children. (See page 5)

Reference:

<http://www.medsafe.govt.nz/profs/Datasheet/m/MMRIinj.htm>

Myth: If 95% of children in NZ are vaccinated with the MMR, NZ will not have any more measles epidemics.

Fact: In communities overseas where more than 95% of people have been vaccinated against the measles, measles outbreaks have continued to occur. Often these cases are in teenagers and adults, in whom measles is a more serious disease than it is in young children. The vaccine is simply not effective in the long term.

References:

<http://archinte.ama-assn.org/cgi/content/abstract/154/16/1815>

Failure to Reach the Goal of Measles Elimination Apparent Paradox of Measles Infections in Immunized Persons

Gregory A. Poland, MD; Robert M. Jacobson, MD
Arch Intern Med. 1994;154(16):1815-1820.

Background

Measles is the most transmissible disease known to man. During the 1980s, the number of measles cases in the United States rose dramatically. Surprisingly, 20% to 40% of these cases occurred in persons who had been appropriately immunized against measles. In response, the United States adopted a two-dose universal measles immunization program. We critically examine the effect of vaccine failure in measles occurring in immunized persons.

Methods

We performed a computerized bibliographic literature search (National Library of Medicine) for all English-language articles dealing with measles outbreaks. We limited our search to reports of US and Canadian school-based outbreaks of measles, and we spoke with experts to get estimates of vaccine failure rates. In addition, we devised a hypothetical model of a school where measles immunization rates could be varied, vaccine failure rates could be calculated, and the percentage of measles cases occurring in immunized students could be determined.

Results

We found 18 reports of measles outbreaks in very highly immunized school populations where 71% to 99.8% of students were immunized against measles. Despite these high rates of immunization, 30% to 100% (mean, 77%) of all measles cases in these outbreaks occurred in previously immunized students. In our hypothetical school model, after more than 95% of schoolchildren are immunized against measles, the majority of measles cases occur in appropriately immunized children.

Conclusions

The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons. Because of the failure rate of the vaccine and the unique transmissibility of the measles virus, the currently available measles vaccine, used in a single-dose strategy, is unlikely to completely eliminate measles. The

longterm success of a two-dose strategy to eliminate measles remains to be determined.

(Arch Intern Med. 1994;154:1815-1820)

http://jama.ama-assn.org/cgi/content/abstract/263/18/2467?ijkey=c648c55995a8dda13d37878ea1764ed42c0a1ec1&keytyp e2=tf_ipsecsha

Mild Measles and Secondary Vaccine Failure During a Sustained Outbreak in a Highly Vaccinated Population

(This article states that measles infections in people who have been vaccinated may not be recognised and this may lead to over-estimation of the effectiveness of the measles vaccine.)

<http://jama.ama-assn.org/cgi/content/abstract/264/19/2529>

Risk Factors for Measles in a Previously Vaccinated Population and Cost-effectiveness of Revaccination Strategies

(This study shows that the cost estimates for re-vaccination programmes after the vaccine failed to prevent measles ranged from \$2546 - \$3444 per case of measles prevented, but even then they expected that this strategy would fail to prevent 43-53 % of measles cases.)

<http://www.wvve.info/issues/outbreaks.html>

(This link gives further links to studies that show measles outbreaks in populations with a high vaccination rate. Below are a few examples:)

Measles (Rubeola)

“This was the largest outbreak of measles in the United States since 1996.”

– Transmission of measles among a highly vaccinated school population, Anchorage, Alaska, 1998. MMWR Morb Mortal Wkly Rep 1999 Jan 8;47(51-52):1109-11

“From the 1970s through early into the recent measles epidemic, the majority of measles cases were in highly vaccinated, school-age children. This was due primarily to a 1 to 5% primary measles-mumps-rubella vaccine failure rate and nonrandom mixing patterns among school-age populations.”

– Wood DL, Brunell PA. Measles control in the United States: problems of the past and challenges for the future. Clin Microbiol Rev 1995 Apr;8(2):260-7

“In 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... As in secondary schools, measles outbreaks can occur among highly vaccinated college populations.”

– Hersh BS, Markowitz LE, Hoffman RE, Hoff DR, Doran MJ, Fleishman JC, Preblud SR, Orenstein WA. A measles outbreak at a college with a prematriculation immunization requirement. Am J Public Health 1991 Mar;81(3):360-4

“An outbreak of measles occurred in a high school with a documented vaccination level of 98 per cent.”

– Nkowane BM, Bart SW, Orenstein WA, Baltier M. Measles outbreak in a vaccinated school population: epidemiology, chains of transmission and the role of vaccine failures. Am J Public Health 1987 Apr;77(4):434-8

“This outbreak demonstrates that transmission of measles can occur within a school population with a documented immunization level of 100%.”

– Measles outbreak among vaccinated high school students--Illinois. MMWR Morb Mortal Wkly Rep 1984 Jun 22;33(24):349-51

Question: What are the symptoms of measles?

Answer: The main symptoms are a fever, often accompanied in the early stages of the disease with other symptoms such as a runny nose and a cough. Later a red rash appears, after which the children normally makes an uneventful recovery. A minority of children develop complications such as ear infections or occasionally pneumonia. Very rarely children suffer from nervous system complications following a measles infection.

Reference:

<http://www.naturalparenting.com.au/flex/childrens-health/7986/mea.cfm>

(This site gives good basic info on measles as well as advice about how to look after a sick child.)

Question: If my child gets measles are there any treatments that can help reduce the chance that my child will develop complications?

Answer: Yes, vitamin A supplements have been shown to protect against complications of measles. (Too much vitamin A can be toxic, so consult a health professional about a suitable dose for your child's age and weight.) It would also be sensible to give children with the measles additional vitamin C to support their immune system. Many parents have found that other natural therapies such as herbal medicine and homoeopathy help their children recover quickly from a measles infection.

References:

<http://www.naturalparenting.com.au/flex/childrens-health/7986/mea.cfm>

(This site gives good basic info on measles and advice about how to look after a sick child.)

http://books.google.com/books?id=iU8qGMRH0ykC&pg=PA538&lpg=PA538&dq=measles+%2B+cod+liver+oil&source=bl&ots=mkay1WHgk3&sig=BbsZKaz3UOafLSIg9tk6CXU3aI&hl=en&ei=0R2SSva3FoaKsgOPtZUM&sa=X&oi=book_resu lt&ct=result&resnum=3#v=onepage&q=measles%20%2B%20cod%20liver%20oil&f=false

(This link gives relevant pages (538-9) from a medical textbook *Preventive Nutrition: A Comprehensive Guide for Health Professionals* by Adrienne Bendich and Richard J. Deckelbaum. The book relates how a doctor working in London during the Great Depression in London (1932) discovered that the high death rate in children aged under five years from poor families who were hospitalised for measles could be cut by over 50% by administering a cod liver oil concentrate – which is a natural source of vitamins A and D. During the depression, the death rate among hospitalised children was very high due to malnutrition.)

<http://www.cochrane.org/reviews/en/ab001479.html>

(This study analysed modern research and found that two dose vitamin A regimen reduced death rate in children aged under 2 year old who were hospitalised with measles. Below is a short excerpt.)

Summary: Vitamin A for measles in children

Measles is caused by a virus and possible complications include pneumonia. Measles is a major cause of death in children in low-income countries and is particularly dangerous for children with vitamin A deficiency. This review found that there was no significant reduction in mortality in children receiving vitamin A. However, vitamin A megadoses (200,000 international units on each day for two days) lowered the number of deaths from measles in hospitalized children under the age of two years. Two doses of vitamin A are not considered to be too expensive, and are not likely to produce adverse effects.

[Editor's note: 200,000 IU is a very large dose of vitamin A and should only be given on professional advice.]

http://www.whale.to/vaccines/butler2.html#_ftnref15

(This article looks at the history of the use of vitamin A supplements in treating measles and includes references to research that shows that vitamin A deficiency is not restricted to children in "Third World" countries but may also be present in American and New Zealand children. The article also discusses how the loss of vision suffered by some children who have the measles is caused by a severe vitamin A deficiency when the body's vitamin A reserves are depleted

during the viral infection. Such vision loss can be prevented – and treated – vitamin A.)

[Editors' note: It would seem sensible for parents to make sure that their children's diet contains adequate amounts of vitamin A rich foods, and if not, to give an appropriate dose of a vitamin A supplement to help improve their children's resistance to measles and other infections.]

Question: Are there benefits to catching measles as a child?

Answer: Yes, children who have a natural measles infection as a child almost always have life-long immunity to the disease thereafter. Women who have had a natural measles infection will be able to pass on protection against the infection to their babies. Antibodies to measles cross the placenta and protect very young babies (up to about a year old) from developing measles. Breast-feeding can help prolong this natural protection.

References:

<http://www.thefreelibrary.com/Infant-measles+wave+traced+to+1960s+vaccinations.+childhood...-a013468542>

(This pro-vaccine article states how the measles vaccination campaigns that began in the 1960s have meant that young babies (under one year of age) born to vaccinated mothers are now at risk of developing measles at the time in their life when measles infections are more likely to cause serious illness. In previous (unvaccinated) generations, young babies would have been previously protected by the antibodies that their mother had developed following a natural measles infection.)

<http://content.nejm.org/cgi/content/full/355/5/440>

(This article by a pro-vaccine author admits that reduction of transmission of natural measles virus in the community (caused by vaccination programmes) means that mothers are less likely to be able to pass on protective antibodies to their infants.)

“There is evidence that maternal immunity is declining in some countries because, without the boosting effect of circulating wild virus, mothers must rely on immunity from their own vaccinations (which were usually delivered in the second year of life). As a result, infants become susceptible to measles earlier in the first year of life, thereby increasing the number of susceptible persons present in a community at any given time. The susceptibility of young infants is of particular concern, since they are more likely than older children to have severe disease if they become infected.”

Question: Are there children who are at a higher risk than normal of developing serious complications (or even dying) from measles?

Answer: Children who are suffering from malnutrition are likely to develop complications from measles. Also, children who have serious immune system problems (such as those undergoing chemotherapy for cancer or children who have severe inherited immuno-deficiencies) are at a high risk of complications. However these children should be under the care of a specialist who can advise their parents about how to limit their child's exposure to the measles virus (and other viruses) and prescribe appropriate treatment (such

as measles immune globulin) if necessary. Children in NZ very rarely die from measles. However, those deaths that have occurred have generally been in those with cancer or some other pre-existing life-threatening disease.

References:

<http://emedicine.medscape.com/article/966220-treatment>

(This link outlines the groups of children who are most vulnerable to developing complications from the measles and gives vitamin A dosage recommendations for physicians treating patients with measles.)

Question: What are some of the side effects of the MMR vaccine?

Answer: These are some of the side effects of the MMR vaccine according to its manufacturer (Merck & Co).

“Common

Burning and/or stinging of short duration at the injection site.

Occasional

Body as a whole: *Fever (101°F [38.3°C] or higher).*

Skin: *Rash, or measles-like rash, usually minimal but may be generalised. Generally, fever, rash, or both appear between the 5th and the 12th days.*

Rare

Body as a whole: *Mild local reactions such as erythema, induration and tenderness; sore throat, malaise, atypical measles, syncope, irritability.*

Cardiovascular: *Vasculitis*

Digestive: *Parotitis, nausea, vomiting, diarrhoea.*

Haematologic/Lymphatic: *Regional lymphadenopathy, thrombocytopenia, purpura.*

Hypersensitivity: *Allergic reactions such as wheal and flare at injection site, anaphylaxis and anaphylactoid reactions, as well as related phenomena such as angioneurotic oedema (including peripheral or facial oedema) and bronchial spasm, urticaria in individuals with or without an allergic history.*

Musculoskeletal: *Arthralgia and/or arthritis (usually transient and rarely chronic [see below]), myalgia.*

Nervous/Psychiatric: *Febrile convulsions in children, afebrile convulsions or seizures, headache, dizziness, paresthesia, polyneuritis, polyneuropathy, Guillain-Barré syndrome, ataxia, aseptic meningitis (see below) measles inclusion body encephalitis (MIBE) (see Contraindications). Encephalitis/encephalopathy have been reported approximately once for every 3 million doses. In no case has it been shown that reactions were actually caused by vaccine. The risk of such serious neurological disorders following live measles virus vaccine administration remains far less than that for encephalitis and encephalopathy with wild-type measles (one per two thousand reported cases).*

Respiratory System: *Pneumonia, pneumonitis (see Contraindications), cough, rhinitis.*

Skin: *Erythema multiforme, Stevens-Johnson syndrome, vesiculation at injection site, swelling, pruritis.*

Special senses: *Forms of optic neuritis, including retrobulbar neuritis, papillitis, and retinitis; ocular palsies, otitis media, nerve deafness, conjunctivitis.*

Urogenital: *Epididymitis, orchitis.*

Other: *Death from various, and in some cases unknown, causes has been reported rarely following vaccination with measles, mumps, and rubella vaccines; however, a causal relationship has not been established in healthy individuals (see Contraindications). No deaths or permanent sequelae were reported in a published post-marketing surveillance study in Finland involving 1.5 million children and adults who were vaccinated with M-M-R II during 1982 to 1993.*

Arthralgia and/or arthritis (usually transient and rarely chronic), and polyneuritis are features of infection with wild-type rubella and vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children.

Chronic arthritis has been associated

with wild-type rubella infection and has been related to persistent virus and/or viral antigen isolated from body tissues. Only rarely have vaccine recipients developed chronic joint symptoms. Following vaccination in children, reactions in joints are uncommon and generally of brief duration. In women, incidence rates for arthritis and arthralgia are generally higher than those seen in children (children: 0-3%; women: 12-20%), and the reactions tend to be more marked and of longer duration. Symptoms may persist for a matter of months or on rare occasions for years. In adolescent girls, the reactions appear to be intermediate in incidence between those seen in children and in adult women. Even in older women (35 to 45 years), these reactions are generally well tolerated and rarely interfere with normal activities.

Post-marketing surveillance of the more than 200 million doses of M-M-R and M-M-R II that have been distributed worldwide over 25 years (1971 to 1996) indicates that serious adverse events such as encephalitis and encephalopathy continue to be rarely reported. There have been reports of subacute sclerosing panencephalitis (SSPE) in children who did not have a history of infection with wild-type measles but did receive measles vaccine. Some of these cases may have resulted from unrecognised measles in the first year of life or possibly from the measles vaccination. Based on estimated nationwide measles vaccine distribution, the association of SSPE cases to measles vaccination is about one case per million vaccine doses distributed. This is far less than the association with infection with wild-type measles, 6-22 cases of SSPE per million cases of measles. The results of a retrospective case-controlled study conducted by the Centres for Disease Control and Prevention suggest that the overall effect of measles vaccine has been to protect against SSPE by preventing measles with its inherent higher risk of SSPE.

Cases of aseptic meningitis have been reported following measles, mumps, and rubella vaccination. Although a causal relationship between the Urabe strain of mumps vaccine and aseptic meningitis has been shown, there is no evidence to link Jeryl Lynn™ mumps vaccine to aseptic meningitis. Panniculitis has been reported rarely following administration of measles vaccine...

Reference:

<http://www.medsafe.govt.nz/profs/Datasheet/m/MMRIinj.htm>

(This link has the side effects that the MMR's manufacturer admits may follow vaccination with the MMR vaccine. If there are terms that are unfamiliar to you, you may wish to look them up in this free on-line medical dictionary <http://www.Online-Medical-Dictionary.org/>

Question: Does the MMR vaccine cause autism?

Answer: Worldwide there are thousands of children who were developing normally for the first year or more of their life only for their development to begin to regress after an MMR injection and become autistic. The vaccine manufacturers do not want to admit this, as they could face lawsuits from the families of children whose lives have been ruined by this cruel condition. There is substantial scientific evidence for the relationship between the MMR vaccine and autism as the measles vaccine virus has been recovered from the bowel of affected children and many also suffer from immunological abnormalities.

References:

<http://www.whale.to/v/buttram.html>

(This article by Dr Buttram gives a good overview of the scientific theories about why the MMR may cause autism in some children. At the end of the article are references that allow you to find more detailed information.)

<http://www.springerlink.com/content/18020r2547565j37/>

(This is a link to an article that states that the measles vaccine virus was found in the intestines of some autistic children.)

<http://www.jpands.org/vol9no2/bradstreet.pdf>

Detection of Measles Virus Genomic RNA in Cerebrospinal Fluid of Children with Regressive Autism: a Report of Three Cases

(This study reports on how measles virus was recovered from the cerebral spinal fluid (CSF) of three children who had been developing normally prior to being vaccinated with the MMR. Following this vaccine, they developed symptoms of autism. None of the children had ever had the measles so the measles virus found in their CSF probably came from the MMR vaccine.)

<http://www.ncbi.nlm.nih.gov/sites/entrez>
PMID: 12145534

Abnormal measles-mumps-rubella antibodies and CNS autoimmunity in children with autism

(This study found that some autistic children had abnormal antibodies to the measles, mumps and rubella viruses. To read the abstract, go to the link (above) and type the number below it into the search box.)

<http://www.icdrc.org/documents/Abstract%20702%20Abnormal%20Measles%20Serology%20and%20Autoimmunity.pdf>

(This study also looks at abnormal antibodies to measles, mumps and rubella in autistic children.)

[Editor's comment about autism. Autism is a complex condition and while the MMR vaccine certainly appears to be the culprit in the cases of many children who were developing normally prior to receiving this vaccine, there are many other factors that can potentially cause sufficient damage to a child's developing brain that the child develop autistic symptoms. These can include some prescription medications taken by the mother during pregnancy, exposure (before and or after birth) to heavy metals such as mercury and other toxic substance such as the waste products of some bacteria and other microorganisms. The mercury based preservative thiomersal (or thimerosal), also linked to

autism has been phased out of many (but not all) vaccines intended for children. Parents considering any vaccines therefore need to read the package insert or manufacturer's datasheet to be sure that a vaccine is mercury-free.]

Question: If the vaccine is so dangerous why does the Ministry of Health recommend it?

Answer: The Ministry of Health generally follows the vaccination policy recommended by the World Health Organisation (WHO). WHO's policy is heavily influenced by the vaccine manufacturers who make billions of dollars annually from the sales of vaccines such as the MMR to NZ and other countries around the world.

Reference:

(This excerpt, below, (from the "The Swine Flu Vaccine Campaign: A Guide for Researchers" in Issue 17 of UNCENSORED magazine) gives an example of how WHO is influenced by the vaccine industry.)

"Conflicts of interest at WHO's Global Advisory Committee on Vaccine Safety (GACVS).

The GACVS is touted by WHO as being an independent body with the members having "...impartiality and a high level of expertise..."

See: http://www.who.int/vaccine_safety/about/indepth/en/index.html

However, a quick check into the background of just one of the committee members (who was on the committee when GACVS largely dismissed the legitimate concerns about squalene's safety) reveals a different story.

Dr Kenneth Hartigan-Go is listed as being the Executive Director of the

The Zuellig Foundation in the Philippines. He was on the committee from June 2006 until June 2009.

http://www.who.int/vaccine_safety/about/current_members_june_2009.pdf

Also known as The Zuellig Family Foundation, this Foundation's logo is a modified version of that of Zuellig Pharma, a major supplier of pharmaceutical and vaccines in the Asia/Pacific region. (See: http://www.zuelligpharma.com/offices_china_pro&ser.html) What's more the Zuellig (Family) Foundation's website lists the League of Corporate Foundations (LCF) as a supporter of its work. <http://www.zuelligfoundation.org/organizationalaffiliations.htm> A browse through the website of the LCF reveals that vaccine manufacturers Pfizer and Merck are LCF members. See: <http://www.lcf.org.ph/content/directory-members>

Thus it appears that far from being "impartial" when it comes to making decisions about vaccine safety, Dr Hartigan-Go is the Executive Director of a Foundation which has substantial links to the vaccine industry. I have not had time to look into the background of other members, but I would not be surprised if they had similar pharmaceutical industry links.

WHO makes the following claims for the funding of GACVS: "The work of the Committee is funded from multiple sources including WHO regular budget, UNICEF, the Bill & Melinda Gates Foundation, the GAVI Alliance and its Vaccine Initiatives. No funding is received from commercial organizations."

http://www.who.int/vaccine_safety/about/indepth/en/index2.html

On the surface this funding sounds appropriately impartial, especially as WHO makes the claim that "commercial organisations" do not contribute funding to the committee. However, scratch the surface of this bland pronouncement and you will see it's actually quite deceitful. The Wikipedia entry on the GAVI [Global Alliance for Vaccines and Immunisation] Alliance, for example states: "Launched in 2000 at the annual meeting of the World Economic Forum in Davos, the GAVI Alliance includes among its partners developing country and donor governments, the World Health Organization (WHO), UNICEF, the World Bank, the vaccine industry in both

industrialised and developing countries, research and technical agencies, NGOs, and the Bill & Melinda Gates Foundation." http://en.wikipedia.org/wiki/GAVI_Alliance

Merck's website gives more detail on the GAVI Alliance and moreover states:

"Merck is a founding partner in the GAVI Alliance. Formed in 1999, GAVI is an unprecedented public/private partnership whose mission is to mobilize resources that support the widespread use of vaccines..." <http://www.merck.com/corporate-responsibility/access/access-vaccines-immunization/initiatives.html> So, there we have it; the GAVI Alliance, one of the funders of WHO's Global Advisory Committee on Vaccine Safety (GACVS) is a "public-private partnership" (and an unprecedented one at that!) which states its "mission" as being "to support the widespread use of vaccines". Obviously, the widespread use of vaccines would benefit the vaccine manufacturers in this "public-private" partnership – and the widespread use of vaccines is not encouraged by candid disclosure of vaccine risks to the public. Even if none of the members of WHO's GACVS had links to the vaccine industry, the funding of GACVS by the GAVI Alliance could be sufficient compromise the committee's integrity.

While WHO states that GACVS committee members "must declare any conflict of interest" they also "sign a confidentiality agreement",

See: http://www.who.int/vaccine_safety/about/indepth/en/index.html

presumably because they have access to unpublished data

See: http://www.who.int/vaccine_safety/about/indepth/en/index2.html

which could damage vaccine company profits if unfavourable data were made public. This confidentiality agreement also means that there is no way for any honest doctor or scientist who may be on the committee to bring to the public's attention information that may be of vital interest to public but which may have been examined – and white-washed – by the committee.

Question: Why is the Ministry of Health threaten-

ing that children who have not been vaccinated against the measles be excluded from school?

Answer: The Ministry of Health is concerned that increasing numbers of well informed, caring parents are choosing not to have their children vaccinated due to concerns about the safety of the MMR. The threat to exclude children from school is an attempt to punish these parents economically and coerce parents into vaccinating their children. The policy is scientifically flawed since if the MMR vaccine were effective, there would be no need to exclude any children from school as those who had been vaccinated would be protected.

Question: Where can I find more information?

Answer: Look on the Net!

<http://www.ias.org.nz/>

(This is the website of the Immunisation Awareness Society a NZ organisation which is dedicated to ensuring parents retain the choice to determine whether or not their children are vaccinated and have enough information to make an informed choice about vaccination. It also provides support to the parents of vaccine-damaged children. The website has numerous links to other organisations, including those similar to the IAS that seek to inform parents about little known risks of vaccines as well as those that promote vaccination. The IAS also has good books that cover on vaccination risks, alternatives to vaccination and how to treat children who have childhood infections.)

