

APPENDIX 2 & 3: Historical record: measles mortality & MMR hazards

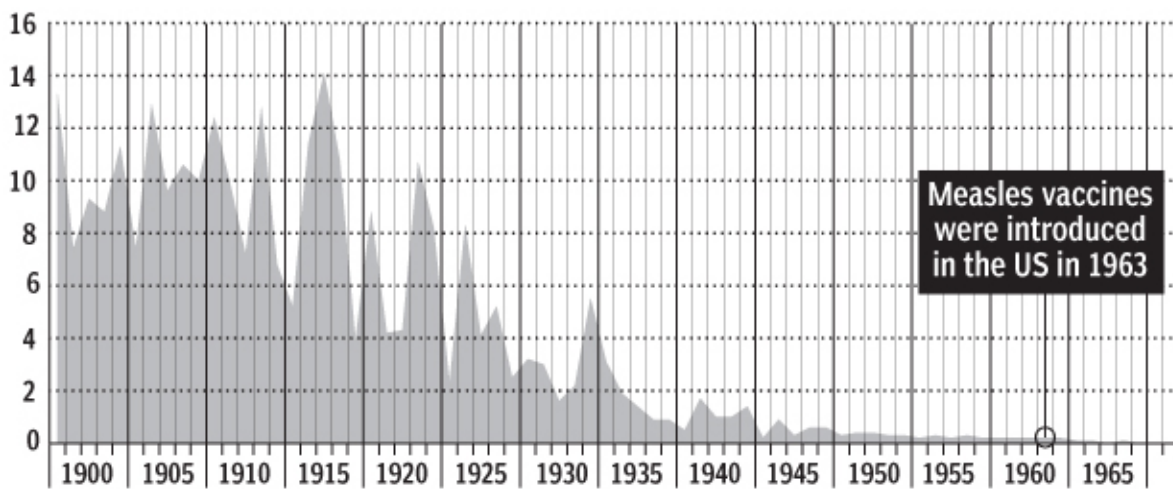
APPENDIX 2:

Historical record: measles mortality, measles vaccine, & measles outbreaks

In the 19th century, measles killed millions of people each year. But by the middle of the 20th century measles and numerous other infectious diseases receded, thanks to improved standard of living, hygiene, nutrition, and health care. By the 1960s, before the first measles vaccine was introduced, the death rate had dropped dramatically: by 98% in the US, and 99.96% in the UK. During these years, measles was a benign childhood illness; it was welcomed as providing lifelong immunity, thereby avoiding adult infections and complications. The measles vaccine was introduced in 1963 and the first of five MMR vaccines was introduced in 1971.

U.S. MEASLES MORTALITY RATES

RATE PER 100,000 POPULATION



SOURCE: VITAL STATISTICS RATES IN THE UNITED STATES

ANDREW BARR / NATIONAL POST

Measles vaccines have had a troubled record. By 1970, one of two measles vaccines was withdrawn in Canada and the US after it caused atypical measles syndrome, triggering high rates of pneumonia. In 1975, the second measles vaccine was withdrawn for severe side-effects, including high fever. Two other variants also proved unsatisfactory.

“Measles mortality in the United States 1971-1975,” a study in the *American Journal of Public Health*, reported that the measles death rate was almost 10 times higher among poor families. Those living in rural areas tended to have poor healthcare, and had three times the death rate. The study confirmed an earlier CDC report: “Measles Mortality: A Retrospective Look at the Vaccine Era” by Roger Barkin, in the *American Journal of Epidemiology* (1975). Barkin documented the determining factors as to which children died of measles: children living in abject poverty – mostly blacks, who had other untreated ailments. He posited that vulnerable populations – disadvantaged children prone to disease –should be protected from measles by vaccination, not the general population which is not at risk.

In the “*first statistical bulletin to be published on immunization since 1987*,” the UK National Health Service (NHS) acknowledges that: “*coverage for MMR fell from 92% to 91%, the lowest level for three years.*” NHS Immunisation Statistics, England: 1997-1998, archived at: [web.archive](#) and [here](#)

Edward Yazbak, MD, analyzed the NHS statistical data, noting that: “*Approximately 19,000 (3.3%) fewer children received 3 doses of pertussis vaccine in 1997-1998 than in 1993-1994. In comparison, 87,000 (13.6%) fewer children received one dose of MMR vaccine.*”¹ ([The REAL Facts](#), 2005) Despite the low vaccination coverage, there have been no deaths from measles. Indeed, according to the Office of National Statistics, the last death from measles was in 1992.

“In 2016, one death was reported in a 10-month old infant who suffered complications due to secondary infection... All other measles deaths [3] since 1992 shown above are in older individuals and were caused by the late effects of measles. These infections were acquired during the 1980s or earlier, when epidemics of measles occurred.” ([Measles Deaths by Age Group: 1980 to 2016](#))

A 1998 [review](#) of claims submitted to the U.S. National Vaccine Injury Compensation Program (NVICP) revealed that the attenuated measles vaccine caused “*acute encephalopathy by permanent brain injury or death associated with further attenuated measles vaccines.*” (*Pediatrics*, 1998)² The review included 48 children (aged 10 to 49 months) who received either measles vaccine alone or in combination (MMR or MMR II, manufactured by Merck).

- “*Eight children had died, and the remainder had mental regression and retardation, chronic seizures, motor and sensory deficits and movement disorder. The onset of neurologic signs or symptoms occurred with nonrandom, statistically significant distribution of cases on days 8 and 9.*”

Conclusions of the NVIC:

- “***This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization.***”

According to CDC data:³

“Measles incidence has continuously remained below one case per million since 1997. The majority of measles cases were unvaccinated (65%) or had unknown vaccination status (20%). Of the 911 reported measles cases, 372 (40%) were importations (on average 34 importations/year)

In 1999, of 100 cases of measles in the U.S. 33 were imported; 16 had been vaccinated; among U.S. residents 15 (17%) of 86 were vaccinated.” ([CDC Measles – U.S. 1999](#))

On the basis of these low incident findings, CDC and a panel of experts concluded in 2000 that measles has been eliminated in the United States. Since 2000, the annual number of reported measles cases

ranged from 37 people to 220. During 2001-2011, there were 911 measles cases reported. The median number of measles cases reported per year was 62. In 2008, there were 131 reported measles cases in the U.S; 89% were imported, and 63 (66%) were unvaccinated for philosophical or religious beliefs. There were no deaths attributed to measles in unvaccinated children in the US or in the UK. The number of measles cases jumped to 667 people infected in 2014.

In 2015, the first measles death in 12 years was reported in the U.S. A young adult woman who, according to Dr. Jeanette Stehr-Green, the county health official, [had been vaccinated as a child](#), died because of multiple underlying health conditions and a suppressed immune system from medications that interfered with her response to an infection. She did not have rash, typical of measles and died of pneumonia.⁴

According to Public Health England, there were only four deaths in 25 years due to measles:⁵

"Prior to 2006, the last death from acute measles was in 1992. In 2006, there was 1 measles death in a 13-year-old male who had an underlying lung condition and was taking immunosuppressive drugs. Another death in 2008 was also due to acute measles in an unvaccinated child with a congenital immunodeficiency, whose condition did not require treatment with immunoglobulin. In 2013, 1 death was reported in a 25-year-old man following acute pneumonia as a complication of measles. In 2016, one death was reported in a 10-month-old infant who suffered complications due to a secondary infection.

"All other measles deaths since 1992 shown above are in older individuals and were caused by the late effects of measles. These infections were acquired during the 1980s or earlier, when epidemics of measles occurred."

The current MMR vaccine has a shorter period of protection and measles outbreaks are common among vaccinated populations. A report by the Canadian Working Group on Measles Elimination, in the [Journal of Infectious Diseases](#) (2004) analyzed national data on measles cases (1998-2001). One unexpected finding:

"despite virtually 100% documented one-dose coverage in some regions, large outbreaks of measles involving thousands of cases persisted, mostly of school-aged children ... Clearly, because of primary vaccine failure, Canada's one-dose program was insufficient." The solution was a booster dose for children.

Lawrence Solomon, Research Director of [Consumer Policy Institute](#) (Canada) reported that:

"in recent years, the new vaccination regime, too, has been failing, with widespread outbreaks again occurring, including among those who have received the recommended dose and especially among infants too young to be vaccinated, and thus unprotected because their mothers had been vaccinated. Now health experts, scrambling to find solutions, are suggesting

numerous reforms, including earlier child vaccinations and second doses for adults. Clearly, the science is not settled.” ([Financial Post](#), 2014)

Extensive reviews by scientists at the Mayo Clinic focused on the immunogenicity and effectiveness of the MMR vaccine in preventing measles (2007, 2015, 2017).⁶

They note that population-based studies have revealed 2-10% measles vaccine failure even after two vaccine doses.

“Despite the existence of an effective measles vaccine, resurgence in measles cases in the USA and across Europe has occurred, including in individuals vaccinated with two doses of the vaccine. Host genetic factors result in inter-individual variation in measles vaccine-induced antibodies, and play a role in vaccine failure. Studies have identified HLA (human leukocyte antigen) and non-HLA genetic influences that individually or jointly contribute to the observed variability in the humoral response to vaccination among healthy individuals.”

“...in countries with high measles vaccine coverage, outbreaks have revealed measles vaccine failure among individuals previously vaccinated with two doses of measles-containing vaccine... It was anticipated that a two-dose MMR vaccination program would lead to substantial reductions in measles morbidity and measles elimination; however, various studies have approximated that 2–10% of individuals vaccinated with two MMR doses may not develop or sustain protective measles humoral immunity, allowing a gradual accumulation of individuals susceptible to infection and subsequently, the occurrence of viral outbreaks.

They also note that: *“current technological advances may indeed serve to better identify specific biomarkers of vaccine immunogenicity, and/or any potential adverse reactions presented in response to one or several group(s) of vaccines.”* ([Variability in Humoral Immunity to Measles Vaccine: New Developments](#), 2015)

The history of the public health regulatory agencies in the UK has been described as a story of how the medical chicken crossed the road, from government participation and regulatory oversight control to total immersion in the pharmaceutical industry.⁷

Professor Andrew Pollard, who heads the UK Joint Committee on Vaccination and Immunisation (JCVI) which is charged with recommending vaccines for the UK vaccination schedule, has been vocally calling for compulsory vaccination. He is quoted in the *Guardian* (2017) and on the [Oxford University website](#) stating:

“Immunisation is something that many people think of as personal, but it is actually part of being in a society. Our children really have a right to be protected from [measles] this entirely preventable disease.”

“We know that this is a very dangerous disease for young children...There have been deaths in Europe in the last year because of drops in coverage in various countries.”

The statement is belied by the UK NHS data (cited above).

I am indebted to an illuminating investigative [report](#) by John Stone (September 2017) for the following conflict of interest disclosures that bear directly on the UK vaccination policies:

“Prof Pollard was appointed chair of the JCVI in 2013 and at his second meeting in February 2014 chaired a discussion which led to the recommendation of Bexsero Meningitis B vaccine to the schedule, a product of which he was also lead developer as director of Oxford Vaccine Group: previously the committee had refused to recommend the vaccine despite political pressure. This event was followed within weeks by the transfer of the Novartis vaccine division – which manufactured Bexsero - to GlaxoSmithKline and [a huge up-swing in the product’s sale potential.](#)”

“Recently, under Andrew Pollard’s chairmanship the JCVI succeeded in adding Hepatitis B to the infant schedule as part of GSK’s controversial Infanrix Hexa multivac which the Oxford Vaccine Group helped develop.”

When Prof. Pollard was lobbying to have the Hep B vaccine on the infant schedule in 2007, [he made the following disclosure:](#)

“Competing interests: AJP conducts clinical trials on behalf of Oxford University, sponsored by GlaxoSmithKline Vaccines, Novartis Vaccines, Sanofi Pasteur, Sanofi Pasteur MSD, and Wyeth Vaccines and has received funds from vaccine manufacturers to attend scientific meetings. The University of Oxford has received unrestricted grants for educational meetings organised by AJP. Industry sourced honorariums for lecturing or writing are paid directly to an independent charity or an educational/administrative fund held by the department of paediatrics, University of Oxford.”

“Pollard was appointed to the JCVI by a panel chaired the government’s head of immunisation, Dr David Salisbury. Shortly afterwards Dr Salisbury retired and became chair of the Jenner Vaccine Foundation, a funding body for Oxford Vaccine Group, on which he sits with [Prof Pollard and Dr Norman Begg](#), Vice-President and Chief Medical Officer of GSK Biologicals. Dr Norman Begg was formerly attached to the Public Health Service Laboratory and was the co-author with Dr Salisbury of the Department of Health guide to vaccination, [the Green Book 1996](#), prior to departing to join one of the fore-runner companies to GSK (not clear whether Glaxo Wellcome or SmithKline Beecham) at the beginning of 2000 as [“Director of Medical Affairs”](#), without there apparently being any gap between appointments.

[Among the funders](#) of the Jenner Vaccine Foundation are the Wellcome Trust (which sold its pharmaceutical interests to Glaxo in 1995), the UK Medical Research Council, the UK Department of Health, the European Commission, the US National Institutes of Health, The Foundation for National Institutes of Health and the Bill and Melinda Gates Foundation.

Prof. Pollard is also named in a [in a complaint filed by the Nordic Cochrane Centre to the European Ombudsman](#) which is now before the European Medicines Agency.

APPENDIX 3:

JCVI meeting transcripts (1988 -1992) document government deception & cover-up that shielded GSK's defective MMR vaccine, Pluserix⁸

The seeds of public distrust about the MMR vaccine had been sown by UK public health officials ten years before Dr. Wakefield stepped onto the public stage. The UK government approved the MMR Pluserix vaccine manufactured by *SKFrenchBeecham* in 1988, the year that Canada had withdrawn the vaccine due to the suspected risk of meningitis posed by the Urabe component in the vaccine.^{9,10,11} [Transcripts of the JCVI meetings](#) (1981-1992) released under the Freedom of Information law reveal that the Joint Committee on Vaccination and Immunization and officials of the Department of Health (DoH) Committee on Safety of Medicines (CSM) [were informed about the meningitis /encephalitis risk](#), but chose to recommend its licensure for wide use in 1988.¹²

In March 1997, John Horam of the Department of Health assured Parliament:

“Before the introduction of MMR vaccine, the JCVI gave careful consideration to available information from Finland, Sweden and the USA on the safety, efficacy and efficiency of the vaccine and from trials conducted by the public health laboratory service communicable disease surveillance centre in about 10,000 immunised UK children.”¹³

The statement was false: Neither Finland, nor Sweden, nor the U.S. used the unsafe, Urabe MMR vaccine selected by the Joint Committee on Vaccination and Immunization for children in the UK.

The US Centers for Disease Control (CDC) chose Merck's version of the MMR, which did not contain the Urabe strain:

“Aseptic meningitis has been clearly associated with administration of the Urabe strain mumps vaccine virus but not with the Jeryl Lynn strain, which is the only mumps vaccine used in the United States. Sentinel surveillance laboratories in the United Kingdom identified thirteen aseptic meningitis cases (91 cases per 1 million doses distributed) that occurred after administration of the Urabe strain vaccine during 1988-1992.”¹⁴

JCVI and public health officials concealed the meningitis risk from the public, while the government secretly indemnified SKB from all liability.¹⁵ The transcripts document that UK's vaccine policy was crafted to ensure compliance with the vaccine schedule. Parents and clinicians who administered vaccines to healthy children were deceived; judicial decisions that contradicted DoH assertions were covered up. The chief strategist was [Dr. David Salisbury](#), director of immunisation, UK DoH. The evidence documenting this political- commercially driven episode was covered up for 15 years.

The [transcript](#) of a 1990 JCVI meeting notes: *“It was noted that there were 10 definite cases of meningitis/encephalitis.”* Despite the documented risk the panel approved its continued use.

In 1992, SKB abruptly withdrew the vaccine from the UK. Dr. Lucja Tomljenovic's detailed published 2011 [report](#)¹⁶ about the transcripts leaves little doubt about the culpability of UK government health officials and the JCVI panel, many of who had "extensive ties to pharmaceutical companies" knew as early as 1989 that "the causal agent of vaccine-induced meningitis/encephalitis was unequivocally identified:

"What is rather astonishing is that the four-year old Canadian concerns over the safety profile of the MMR vaccine (which had been confirmed in 1989), were apparently ignored by the JCVI or at least, not given much credence. While the Canadian Health Authorities suspended the use of the Urabe-9 MMR in 1988, the UK introduced it along with a vigorous promotional campaign."

"the JCVI frequently co-operated with vaccine manufacturers on strategies aimed at boosting vaccine uptake. Some of the meetings at which such controversial items were discussed were not intended to be publicly available, as the transcripts were only released later, through the Freedom of Information Act (FOI). These particular meetings are denoted in the transcripts as "commercial in confidence", and reveal a clear and disturbing lack of transparency, as some of the information was removed from the text (i.e., the names of the participants) prior to transcript release under the FOI."

The Health Editor of the *Sunday Express* reported that at least 26 families claim their children died as a result of the MMR vaccine; in some cases confirmation came from post mortem reports of "biopsies taken from the brain and intestines." According to the article, the government had awarded parents up to £100,000 in vaccine damages; 300 cases relate to the Pluserix vaccine.¹⁷

At a Nov. 1989 meeting, the JCVI discussed permanent brain damage caused by the pertussis vaccine. Dr. Salisbury recommended removing statistical data from its memorandum: "If the public was given a risk ratio – any ratio – they would still see it as a scientifically proven risk. It was therefore preferable not to use insecure figures if possible but to stress the benefits from vaccination."

The DoH continued to insist that no child has ever died from MMR – or any vaccine. In 2004, Dr. Salisbury made the following preposterous [statement](#) on *BBC Newsnight*:

"The immune system of a baby has got huge spare capacity to deal with challenge. If we didn't, the human race wouldn't survive. But let's look specifically at vaccine. This has been studied carefully. A baby's immune system could actually tolerate perfectly well 1,000 vaccines".

Empirical evidence reality check: A trend analysis report in the *BMJ* (2001) found a dramatic four-fold increase in autism prevalence between 1988-1993.¹⁸ A similar analysis of the U.S. cumulative incidence of autism (1987 – 1996) pinpointed 1988 as the "[change point](#)" year when a sharp increase in autism was documented.¹⁹

The US [National Vaccine Injury Compensation Program](#) (2017) reported that 1,234 vaccine-related deaths were confirmed. Of these, 61 deaths were linked to the MMR.

While correlation is not evidence for causation, because the risk is catastrophic, it surely shouldn't be dismissed. Nor should reviewers of the vaccine literature accept on faith that a vaccine is safe in the absence of credible, documented evidence.

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- ¹ The MMR and Single Measles, Mumps and Rubella Vaccines: [The REAL Facts](#), Edward Yazbak, BMJ, Rapid Response, 2005
- ² [Acute Encephalopathy Followed by Permanent Brain Injury or Death Associated with Further Attenuated Measles Vaccines: a Review of Claims Submitted to the NVICP](#), RE Weibel, V Caserta, G Evans, 1998
- ³ CDC Measles – U.S. 1999; [CDC Survey Manual](#); [CDC Measles Update: Measles – U.S. Jan. – July 2008](#); See also, [Cases and Outbreaks 2008 – 2017](#); CDC [Measles Data and Statistics](#), 2016;
- ⁴ [US Sees First Measles Death In 12 Years](#), *National Public Radio*, 2015; [Woman who died of measles WAS vaccinated](#), *Daily Mail*, 2016.
- ⁵ [Measles Deaths by Age Group: 1980 to 2016](#) (ONS data), Public Health England, July 2017
- ⁶ [Genome-Wide Associations Of CD46 And IFI44L Genetic Variants With Neutralizing Antibody Response To Measles Vaccine](#), Haralambieva IH, Ovsyannikova IG, Kennedy RB, Larrabee BR, Zimmermann MT, Grill DE, Schaid DJ, Poland GA, *Human Genetics*, 2017; [Variability in Humoral Immunity to Measles Vaccine: New Developments](#), Haralambieva IH, Kennedy RB, Ovsyannikova IG, Whitaker JA, Poland GA, *Trends Molecular Medicine*, December, 2015 [Free Text]; [Heterogeneity In Vaccine Immune Response: The Role Of Immunogenetics And The Emerging Field Of Vaccinomics](#), Poland GA, Ovsyannikova IG, Jacobson RM, Smith DI, *Clinical Pharmacology & Therapeutics*, 2007
- ⁷ [An Interest in Conflict?](#) Martin Walker, 2008; see also, [Doctors Reject Calls for Enforced Pre-School Immunization](#), Age of Autism, 2010
- ⁸ *Vaccination Policy and the U.K. Government: The Untold Truth*, by Research Journalist Christina England and Lucija Tomljenovic, PhD, December 2015. “The authors have provided a treasury of facts and figures, exposing all that is undesirable in the current medico-pharmacological environment”. Michael Innis, MD.
- ⁹ Risk of Aseptic Meningitis After Measles, Mumps, & Rubella Vaccine in UK Children, E Miller et al. *The Lancet*, 1993
- ¹⁰ <https://academic.oup.com/aje/article/165/6/704/63700/Risks-of-Convulsion-and-Aseptic-Meningitis>
- ¹¹ SPIC. [Briefing for the Public Petitions Committee, Scottish Parliament](#), Anne Jepson, 2017
- ¹² [Vaccine Officials Knew About MMR Risks](#), Mark Watts and Christopher Hope, *The Telegraph*, 2007
- ¹³ [Parliament Was Given False MMR Assurance](#), FOIA Center News Archive, May 23, 2007
- ¹⁴ The US [Centers for Disease Control](#)
- ¹⁵ [Letter to David Salisbury by Alan Golding: A Time To Revisit Decisions](#), 2008
- ¹⁶ [The Vaccination Policy And The Code Of Practice Of The Joint Committee On Vaccination And Immunisation \(JCVI\): Are They At Odds?](#) Lucija Tomljenovic, PhD *British Society for Ecological Medicine*, 2011
- ¹⁷ [Were All Of These Children Killed By The Triple MMR Jab?](#) Lucy Johnston, Health Editor, *Sunday Express*, 2002
- ¹⁸ [Mumps, measles, and rubella vaccine and the incidence of autism recorded by general practitioners](#), a time-trend analysis. JA Kaye et al. *Western Journal of Medicine*, 2001
- ¹⁹ [Timing of Increased Autism Disorder Cumulative Incidence](#), ME McDonald and JF Paul, *Environmental Science Technology*, 2010