

Measles Transmitted by the Vaccinated, Government Researchers Confirm

By [Sayer Ji](#)

Global Research, February 03, 2015

[GreenMedInfo](#) 31 January 2014

Theme: [Science and Medicine](#)

A remarkable study reveals that a vaccinated individual not only can become infected with measles, but can spread it to others who are also vaccinated against it - doubly disproving two doses of MMR vaccine is "99% effective," as widely claimed.

One of the fundamental errors in thinking about measles vaccine effectiveness is that receipt of measles-mumps-rubella (MMR) vaccine equates to bona fide immunity against these pathogens. Indeed, it is [commonly claimed](#) that receiving two doses of the MMR vaccine is "99 percent effective in preventing measles,"¹ despite a voluminous body of contradictory [evidence from epidemiology and clinical experience](#).

This erroneous thinking has led the public, media and government alike to attribute the origin of measles outbreaks, [such as the one recently reported at Disney](#), to the non-vaccinated, even though 18% of the measles cases occurred in those who had been vaccinated against it — hardly the vaccine's claimed "99% effective." The vaccine's obvious fallibility is also indicated by the fact that the CDC now requires two doses.

But the problems surrounding the failing MMR vaccine go much deeper. First, they carry profound health risks (over 25 of which we have indexed here: [MMR vaccine dangers](#)), [including increased autism risk, which a senior CDC scientist confessed his agency covered up](#). Second, not only does the [MMR vaccine fail to consistently confer immunity](#), but those who have been "immunized" with two doses of MMR vaccine can still transmit the infection to others — a phenomena no one is reporting on in the rush to blame the non- or minimally-vaccinated for the outbreak.

MMR Vaccinated Can Still Spread Measles

Last year, a groundbreaking study published in the journal *Clinical Infectious Diseases*, whose authorship includes scientists working for the Bureau of Immunization, New York City Department of Health and Mental Hygiene, and the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC), Atlanta, GA, looked at evidence from the 2011 New York measles outbreak that individuals with prior evidence of measles vaccination and vaccine immunity were both capable of being infected with measles and infecting others with it (secondary transmission).

This finding even aroused the attention of mainstream news reporting, such as this Sciencemag.org article from April 2014 titled "[Measles Outbreak Traced to Fully Vaccinated Patient for First Time](#)."

Titled, "[Outbreak of Measles Among Persons With Prior Evidence of Immunity, New York City, 2011](#)," the groundbreaking study acknowledged that, "Measles may occur in vaccinated individuals, but secondary transmission from such individuals has not been documented."

In order to find out if measles vaccine compliant individuals are capable of being infected and transmitting the infection to others, they evaluated suspected cases and contacts exposed during a 2011 measles outbreak in NYC. They focused on one patient who had received two doses of measles-containing vaccine and found that,

"Of 88 contacts, four secondary cases were confirmed that had either two doses of measles-containing vaccine or a past positive measles IgG antibody. All cases had laboratory confirmation of measles infection, clinical symptoms consistent with measles, and high avidity IgG antibody characteristic of a secondary immune response."

Their remarkable conclusion:

"This is the first report of measles transmission from a twice vaccinated individual. The clinical presentation and laboratory data of the index were typical of measles in a naïve individual. Secondary cases had robust anamnestic antibody responses. No tertiary cases occurred despite numerous contacts. This outbreak underscores the need for thorough epidemiologic and laboratory investigation of suspected measles cases regardless of vaccination status."

Did you follow that? A twice-vaccinated individual, from a NYC measles outbreak, was found to have transmitted measles to four of her contacts, two of which themselves had received two doses of MMR vaccine and had prior presumably protective measles IgG antibody results.

This phenomenon — the MMR vaccine compliant infecting other MMR vaccine compliant cases – has been ignored by health agencies and the media. This data corroborates the possibility that, during the Disney measles outbreak the previously vaccinated (any of the 18% known to have become infected) may have become infected or already were shedding measles from a vaccine and transmitted measles to both the vaccinated and the non-vaccinated.

Stop Blaming A Failing Vaccine on Failure to Vaccinate

The moral of the story is that you can't blame non-vaccinating parents for the morbidity and mortality of infectious diseases when vaccination does not result in immunity and does not keep those who are vaccinated from infecting others. In fact, outbreaks secondary to measles vaccine failure [and shedding](#) in up to 99% immunization compliant populations have happened for decades, which you can learn in greater depth by reading our recent review article on the topic: "[The Disney Measles Outbreak: A Mousetrap of Ignorance](#)."

Moreover, these CDC and NYC Bureau of Immunization scientists identified a 'need' for there to be "thorough epidemiologic and laboratory investigation of suspected measles cases regardless of vaccination status," i.e. investigators must rule out vaccine failure and infection by fully infected individuals as contributing to measles outbreaks.

Instead, what's happening now is that the moment a measles outbreak occurs, a reflexive 'blame the victim' attitude is assumed, and the media and/or health agencies report on the outbreak as if it has been proven the afflicted are under or non-vaccinated – often without sufficient evidence to support these claims.

Clearly stakeholders in the vaccine/non-vaccine debate need to look at the situation [through the lens of the evidence itself](#) and not science by proclamation or pleas to authority.

Sayer Ji is the founder of [GreenMedInfo.com](#), an author, educator, Steering Committee Member of the [Global GMO Free Coalition \(GGFC\)](#), and an advisory board member of the National Health Federation.

He founded [Greenmedinfo.com](#) in 2008 in order to provide the world an open access, evidence-based resource supporting natural and integrative modalities. It is widely recognized as the most widely referenced health resource of its kind.

The original source of this article is [GreenMedInfo](#)

Copyright © [Sayer Ji](#), [GreenMedInfo](#), 2015

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Sayer Ji](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca