

With 97% Compliance Chicken Pox Vaccine Still Causes Outbreaks

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Year after year, South Korea has been experiencing chicken pox outbreaks even after the population there has been vaccinated against the disease to a near universal compliance rate of 97%. Why then, with such good vaccine coverage, are the vaccines failing to work?

Vaccine supporters often claim that the majority of the population needs to comply with vaccine schedules in order for them to be effective. The logic behind this argument is that if everyone isn't vaccinated, then the disease can spread more easily. Without pointing out some of the obvious fallacies in this argument, i.e., if you are vaccinated, you shouldn't contract a disease from someone who has it anyhow – we can look at yet more evidence that chicken pox vaccines, along with others, consistently fail to work as they are promoted.

[Varicella](#), or the chicken pox vaccination, has been mandated in South Korea since 2005. Infants from 12 to 15 months are required by law to receive a vaccination. By 2011, the country reached a near universal compliance rate, however, varicella patients did not decrease; they have increased since reaching this mandated level of vaccination.

The number of chicken pox patients [reported to](#) the Korea Centers for Disease Control and Prevention (KCDC) has increased from 22.6 cases per 100,000 in 2006 to 71.6 cases per 100,000 in 2011. That's a huge difference and ample proof that the vaccination program isn't working to control the spread of the disease.

Despite nearly universal compliance, no substantial decreases in varicella were noticed. Korean researchers were curious about why the vaccines were failing and decided to look into the matter further.

Why Are the Vaccines Failing?

Published [in the journal](#) *Clinical and Vaccine Immunology* earlier this year, “Varicella and varicella vaccination in South Korea” case-based studies (167 children with varicella younger than 16 years of age were researched) on immunogenicity and safety of the vaccine were conducted.

The results were as follows:

- Case-based study: Among 152 varicella patients who were 1 year of age or older, 139 patients (91.4%) had been vaccinated.
- Case-control study: Breakthrough varicella was confirmed in 82.2% of all enrolled varicella cases, and all of the vaccinated varicella cases were

breakthrough infection.

- Immunogenicity and safety study: Of the remaining 120 children (4 were lost to researchers for follow-up), the seroconversion rate (varicella antibodies detectable) and geometric mean titers for FAMA antibody were 76.67% and 5.31, respectively (Tables 3 and 4). Adverse reactions were analyzed for a total of 126 children. Local adverse reactions were observed in 16 children (12.7%), including 12 cases of erythema, 4 cases of swelling, 6 cases of tenderness, and 3 cases of petechiae. Systemic adverse reactions were observed in 15 children (11.9%), including 12 cases of fever, 2 cases of chills, 3 cases of lassitude, and 3 cases of rash which didn't look like varicella. Serious adverse events occurred in three children (2, rotaviral enteritis; 1, acute pharyngitis) but were not judged to be vaccine related.

To summarize: the Suduvax vaccine was found to be lacking in immunogenic strength such that it could be effective in preventing varicella in South Korea. Furthermore, the chicken pox cases showing up in South Korea or a 'breakthrough' infection, often contracted from the vaccine itself – from the very 'medicine' that is supposed to prevent the disease. Either the cases showing up, according to researchers, are caused by the vaccine strain used, or by a 'wild-type' strain.

Additionally, the researchers presented:

"Breakthrough disease is allegedly milder than varicella in unvaccinated individuals (27), but our study showed that varicella vaccination did not seem to alleviate clinical symptoms, although vaccinated patients were cared for more in the outpatient clinics with less serious appraisal of the disease by their parents."

This also means that adverse effects of the vaccine are rampant, yet it was [universally mandated](#) – while the vaccine itself is the cause for outbreaks of the disease. What justifies its use, then?

While this [isn't the only vaccine that has failed](#), it is commonly hoisted upon parents and children.

[The American Academy of Pediatrics](#) (AAP) promotes vaccines, though they clearly and astoundingly fail on numerous occasions. In one statement the Academy has commented:

"Vaccines work. They have kept children healthy and have saved millions of lives for more than 50 years. Most childhood vaccines are 90% to 99% effective in preventing disease..."

The AAP also says:

"Vaccines are safe. All vaccines must be tested by the Food and Drug Administration (FDA). The FDA will not let a vaccine be given unless it has been proven to be safe and to work well in children..."

Notice no mention of potential risks. That vaccines “are safe” is considered an undisputable fact.

Furthermore, according to the US CDC, in the 1990s, the highest rate of chicken pox outbreak occurred, *before* the vaccine was available in 1995 to Americans, but there are legions of studies showing a [failure of the vaccine to work](#) – even with 85% compliance rates here. [Children have even been banned from school](#) for refusing to get the vaccine.

With US public health officials saying your child should receive 69 doses of 16 different vaccines before age 18, and Big Pharma prepping 145 more vaccines, is this truly a sound practice? Mandated vaccines are arguably not working, and minimally parents should be educated about the potential dangers of forced vaccination.

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