


**"You may choose to look the other way, but you can never say again that you did not know."**

— William Wilberforce

## INFECTIONS

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# Mumps Being Spread by and Among Vaccinated People

by Joseph Mercola, DO | Guest Writer

Published May 16, 2016 | [Health](#), [Infections](#)

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Vaccines are a very lucrative business. Pfizer's vaccine Prevnar, which targets 13 strains of pneumococcus bacteria, generated \$6.25 billion in revenue last year. And that's just one vaccine.<sup>1</sup>

Even ineffective vaccines allow vaccine makers to make a mint. One of the most obvious vaccine failures is the mumps vaccine (part of the measles, mumps, rubella, aka MMR).

Again and again, outbreaks among vaccinated populations occur, yet rarely is the truth of the situation addressed, namely the fact that the vaccine is ineffective and doesn't work as advertised.

In 2010, two virologists filed a federal lawsuit against Merck, their former employer, alleging the vaccine maker engaged in improper testing and data falsification to artificially inflate the efficacy rating of their mumps vaccine.

For details on how they allegedly pulled this off, read Dr. Suzanne Humphries' excellent summary,<sup>2</sup> which explains in layman's terms how the tests were manipulated.

Just about every media outlet reported the lawsuit, and the hundreds of millions of dollars Merck was said to have defrauded from the U.S. government by selling a vaccine of questionable effectiveness.

As reported by *Reuters*<sup>3</sup> last year, Merck's behavior in and of itself suggests they're trying to cover up fraud:

EXHIBIT 13.1

*Attorneys at Constantine Cannon, who represent the scientists, asked U.S. Magistrate Judge Lynne Sitariski of the Eastern District of Pennsylvania to compel Merck to respond to their discovery request, which asks the company to give the efficacy of the vaccine as a percentage.*

*Instead of answering the question, the letter said, Merck has been consistently evasive, using 'cut-and-paste' answers saying it cannot run a new clinical trial to determine the current efficacy, and providing only data from 50 years ago.*

*'Merck should not be permitted to raise as one of its principal defenses that its vaccine has a high efficacy, which is accurately represented on the product's label, but then refuse to answer what it claims that efficacy actually is,' the letter said.*

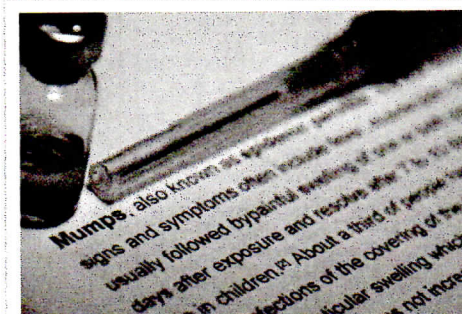
So why are people still surprised when mumps outbreaks occur? And why are the unvaccinated still blamed for most disease outbreaks, even when most of the infected are vaccinated?

## Vaccinated People are Spreading the Mumps

Recently, 41 students at Harvard University came down with mumps and, according to the Public Health department in Cambridge, every single one of those students had been vaccinated.<sup>4</sup>

Four other campuses in Boston are also starting to see cases, as have four universities in Indiana. About 13 cases of mumps have also cropped up in California.

One ridiculous explanation offered by Dr. Amesh Adalja, an infectious-disease specialist at the University of Pittsburgh Medical Center's Center for Health Security, is that the vaccine only works if the exposure to the virus is low; it can't be expected to work if there are high amounts of exposure, such as in dorms.



[W]hy are the unvaccinated still blamed for most disease outbreaks, even when most of the infected are vaccinated?

"The exposure that they have to mumps is so high in these situations that it overcomes the ability of the vaccine to protect them," Adalja told Live Science. "It may be that, in these special situations, a much higher level of antibodies [against mumps] is needed to keep the virus at bay."<sup>5</sup>

In 2009, more than 1,000 people in New Jersey and New York contracted the disease. At the time, questions arose about the effectiveness of the vaccine because 77 percent of those sickened were vaccinated.

A similar scenario occurred in 2006, when mumps infected more than 6,500 people in the U.S. Most of those cases also occurred among the vaccinated population, primarily among college students who had received *two* doses of MMR vaccine.

Now, if a vaccine is indeed highly effective, and avoiding the disease in question is worth the risk of the potential side effects from the vaccine, then many people would conclude that the vaccine's benefits outweigh the risks.

However, if the vaccine is *ineffective*, and/or if the disease doesn't pose a great threat to begin with, then the vaccine may indeed pose an unacceptable risk. This is particularly true if the vaccine has been linked to serious side effects.

Unfortunately, that's the case with the MMR vaccine, which has been linked to at least 98 deaths and 694 disabilities between 2003 and 2015. Considering the fact that only 1 to 10 percent of vaccine reactions are ever reported, those numbers could actually be closer to 980 deaths and 6,940 disabilities.

Meanwhile, death from mumps is "exceedingly rare" according to the CDC,<sup>6</sup> and no one has died from mumps during any of the recent outbreaks.

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*Note: This article was reprinted with the author's permission. It was excerpted from the article "Mumps Being Spread by and Among Vaccinated People," originally published on Dr. Mercola's website at [www.mercola.com](http://www.mercola.com).*

#### References:

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COLLEGE GAME PLAN MAY 17 2016, 2:39 PM ET

## Harvard Mumps Outbreak Continues, But Commencement Will Go On

by JOAN RAYMOND

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The show will be going on at Harvard. The commencement, that is. An ongoing breakout of mumps won't impact the May 26 ceremony featuring director Steven Spielberg, even if the viral illness is making life miserable for nearly five dozen members of the Harvard community — students, faculty and staff.

As of May 12, there were 59 confirmed cases of the illness, with 12 people in isolation, according to the most recent update by Cambridge health officials. That's up slightly from 41 cases in late April.

Harvard University Health Services (HUHS) has been keeping the community informed of best practices for preventing the spread of the illness, and is working with the Massachusetts Department of Public Health and the Cambridge Public Health Department, explains HUHS director Dr. Paul J. Barreira in a statement to TODAY.

The outbreak began in March, but an increase in the number of cases isn't that unusual.

"In a community with a large residential population, one would expect to see increasing cases of mumps," he says.

Although Harvard community members were indeed vaccinated, the so-called MMR (mumps, measles, and rubella) vaccine offers different levels of protection depending on the illness.

The measles portion of the vaccine, for example is about 93 percent effective with one dose, while two doses give people 97 percent protection, according to the CDC.

But the mumps portion is less effective.

Two doses of mumps vaccine are 88 percent effective at preventing the illness, while one dose is 78 percent effective.

EXHIBIT  
14

HEALTH &amp; FAMILY MARCH 7, 2016 4:42 PM

# After chickenpox outbreak, 15 Union County schoolchildren without vaccinations sent home for 21 days

## HIGHLIGHTS

Health director issues quarantine for unvaccinated children at Poplin, Hemby Bridge schools

Five children developed chickenpox even though they had gotten the vaccine

State health officials support local action, urge parents to get children vaccinated

BY KAREN GARLOCH

[kgarloch@charlotteobserver.com](mailto:kgarloch@charlotteobserver.com)

Five-year-old Katie Hedrick doesn't have chickenpox.

But five other elementary students in Union County do. And because Katie hasn't been vaccinated against the childhood illness, she is one of 15 children who have been ordered by the county health director to stay out of school, in quarantine, for 21 days.

Katie's mother, Chelsea Hedrick of Indian Trail, is confused and angry about the health department's decision. She questions why her child – and the other healthy, unvaccinated children – should be sent home when the vaccination didn't prevent the other children from getting sick.

"There's nothing wrong with her, but she can't come back to school for 21 days," Hedrick said. "The only ones with the virus are the ones that got the vaccination."

Hedrick said her daughter, a kindergartner at Poplin Elementary, "can go to the public library. She can go to the grocery store. We can go out to eat. But she cannot go to school. We are not talking about Ebola. We are not talking about the plague. We are talking about chickenpox."

The five children with chickenpox, also called varicella, attend Poplin and Hemby Bridge elementary schools and all had been vaccinated, said Union County Health Director Phillip Tarte.


"The very nature of isolation in this instance is to remove the most vulnerable away from the disease," Tarte told the Observer in an email. Although the vaccine is not 100 percent effective, he said those who get the vaccine and then get chickenpox "have a greater level of protection to avoid complications."

EXHIBIT 15



*"You may choose to look the other way, but you can never say again that you did not know."*  
— William Wilberforce

## RISK & FAILURE REPORTS

Text size: 

# Getting Polio from the Polio Vaccine

by Joseph Mercola, DO | Guest Writer

Published September 12, 2015 | [Vaccination, Risk & Failure Reports](#)

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A prime argument often used for the justification and support of today's highly aggressive mandatory vaccination programs in the U.S. and around the world is the alleged success of the polio vaccine. Wild type polio was declared eradicated in the US in 1979 and in the western hemisphere in 1994.<sup>1</sup>

But despite widespread annual polio vaccine campaigns targeting Asia, Africa, and the Middle East, the wild type poliovirus is still circulating in Pakistan, Afghanistan, and possibly Nigeria (no new cases have been reported there for about a year).

The Global Polio Eradication Initiative has slated 2018 as the year polio would be eradicated from the Earth, but the virus is proving to be harder to outwit than officials would have you believe.

Not only are there three strains of wild poliovirus still circulating in the world, but mutated vaccine-strain polio viruses also circulate.<sup>2</sup> A large part of the problem is the polio vaccine itself, specifically the live oral polio vaccine (OPV).

In Ukraine, two children were recently paralyzed by vaccine-derived poliovirus type 1, which came from the oral vaccine and has mutated into a more virulent form that can paralyze. The World Health Organization (WHO) noted:<sup>3</sup>

*The risk of further spread of this strain within the country is deemed to be high.*

EXHIBIT 16

Not only can the oral polio vaccine cause vaccine-strain polio in the vaccinated individual and others in the community, but it also may lead to a person shedding the virus in their body fluids for decades.

### Man Sheds Highly Contagious Polio Virus in Stool for 30 Years

A British man received three doses of attenuated (weakened) live virus polio vaccine at 5, 7, and 12 months of age. He also received a booster at age 7, as was recommended.

Although the man has no symptoms of polio, he has a health condition that suppresses his immune system, making it more difficult for him to clear vaccine strain poliovirus from the body.

Everyone sheds and can transmit virus in their body fluids for different periods of time after viral infections or receipt of live virus vaccines. However, immune-compromised individuals are more likely to become efficient long-term shedders and transmitters of wild-type or vaccine-strain viruses.

This means that persons with serious immunodeficiency are more vulnerable to becoming chronically infected with both wild-type and vaccine-strain viruses and to shedding and transmitting virus for longer periods of time than people who are not immune compromised.<sup>4</sup>

When researchers tested the British man's stool (more than 100 samples were taken over a period of 28 years), they confirmed high levels of the poliovirus even decades later, according to research published in the journal *PLOS Pathogens*:<sup>5,6</sup>

Not only has the man been shedding the virus for 28 years, but it has mutated from the weakened vaccine strain into a more dangerous strain.<sup>7</sup>

This is the longest period of vaccine virus shedding known, but it's likely not the only case. Several other highly mutated polio strains from vaccines have also recently been detected. *BBC News* reported:<sup>8</sup>

*According to the scientific team, several highly mutated polio strains, originating from vaccines, had recently been isolated*



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By Lauren Seaver

## Pertussis outbreak at Salinas school

UPDATED 11:26 AM PDT Mar 19, 2015

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**SALINAS, Calif.** — In less than one month, four students at Monterey Park School have been diagnosed with pertussis, or whooping cough.

Principal Brian Hayes and school officials met with parents to offer information and answer questions.

"There really hasn't been a feeling of fear. It's been more of 'what can we do to stop this?'" he said.

"This is serious for parents that have younger children. This is a huge concern," said one parent who wished to remain anonymous.

The first case was diagnosed on Feb. 25. Three more students from the same fifth grade class also came down with the disease.

### PERTUSSIS OUTBREAK AT SALINAS SCHOOL

An outbreak of whooping cough is being monitored at Monterey Park School in Salinas. So far four students have been diagnosed



"If there are students who are sick, we're taking temperatures, we're notifying parents. If they need to go to a physician, we're doing that," Director of Pupil Personnel Services Beatriz Chaidez said.

"Libraries, computer labs, the cafeteria, all those areas are getting

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with the highly contagious respiratory disease.

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extra cleaning attention at night," Hayes said.

The school has also been sending letters to parents with guidance from the Monterey County Health Department on what to look for and

how to treat the problem.

Pediatrician Michele Tamse said it can be scary during cold and flu season because at first it's hard to tell the difference between pertussis and the common cold.

"It can be as simple as the common cold initially, but if we start seeing any signs of vomiting or seizures and blueness to the face, then we have to keep that in mind," Tamse said.

She said the simplest way to combat pertussis is to get vaccinated.

School officials said of the 524 students at Monterey Park, 99.5 percent are vaccinated, including the four students who have been diagnosed.

All four have completed their five-day anti-biotic treatment at home and are back at school.

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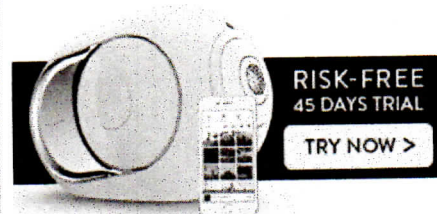


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**"You may choose to look the other way, but you can never say again that you did not know."**

— William Wilberforce

## RISK & FAILURE REPORTS

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# Recently Vaccinated Kids Are Spreading Pertussis Everywhere

by Barbara Loe Fisher

Published February 12, 2016 | [Vaccination](#), [Risk & Failure Reports](#)

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There was fuss in the media last month about a little study of 26 vaccinated Florida pre-schoolers, who got sick with *B. pertussis* whooping cough or had pertussis-like symptoms during a five-month period in 2013.<sup>1</sup> All of the children, aged one to five years attending the Tallahassee preschool, had received three to four doses of pertussis vaccine (DtaP) according to the CDC recommended schedule. Nervous doctors and media pundits selling vaccine orthodoxy warned that vaccine critics would make a big deal out of it.<sup>2</sup>

Let's examine the evidence to see if it is logical to make a big deal out of kids in a preschool classroom infecting each other, plus infecting other kids in their homes with whooping cough, even though all of them had been vaccinated.

### Pertussis Vaccine Only 45% Effective in Vaccinated Preschoolers

The study, conducted by CDC and Florida public health officials, was published in *Emerging Infectious Diseases* on January 15, 2016 and revealed that pertussis vaccine effectiveness among children attending the preschool was estimated to be 45%. The average number of days from last vaccination to onset of pertussis symptoms in the pre-schoolers was 22 months, with seven children having been vaccinated within the previous year.

During their investigation, public health officials found that "it was apparent that many physicians were hesitant to provide a diagnosis of pertussis and did not test for this disease, given the recent vaccination history of the patients and despite reporting of an ongoing laboratory confirmed pertussis outbreak." They added that, "pertussis vaccination should not dissuade physicians from diagnosing, testing, or treating persons with compatible illness for pertussis."

The fact that doctors are not bothering to check to see if vaccinated kids are infected with and transmitting pertussis should come as no surprise to public health officials and medical trade associations like the American Academy of Pediatrics. They have spent decades carefully teaching pediatricians and other vaccine providers to believe that vaccines are nearly 100% effective and safe, and that anyone who believes otherwise is an ignorant fool, a danger to the public health, and in need of re-education or punishment.<sup>3 4 5</sup>

### Pediatricians Failing to Diagnose Pertussis in Vaccinated Children

The Florida study's authors pointed out the obvious: the failure of pediatricians and other vaccine providers to diagnose pertussis infection in a vaccinated child is not helpful. "The spectrum of illness for pertussis in vaccinated children can vary widely and is often mild, with few classic symptoms of pertussis. Hesitation by providers in reporting presumptive pertussis delays public health response to prevent continued transmission of pertussis in the community," they said.

It is understandable why pediatricians do not want to admit to themselves, much less admit to parents, that a vaccine they insist children and pregnant women get to prevent pertussis actually does not do that most of the time. Why should pediatricians suspect that a fully vaccinated child with either no symptoms or few symptoms is infected with and transmitting pertussis, when the CDC and AAP have taught them to believe vaccine orthodoxy is the truth and nothing but the truth? The media dutifully reinforces vaccine myths by not questioning vaccine orthodoxy, either.<sup>6</sup>

CDC and AAP officials have only themselves to blame for pediatricians sticking their heads in the sand when the message they have put out for 50 years and still put out is "Pertussis, or whooping cough, can be prevented with vaccines."<sup>7</sup> Clearly, for the recently vaccinated pre-school children in Florida up to date on their DTaP shots, the pertussis vaccine prevented whooping cough less than half the time!

If a car seat belt failed more than half the time, it would pulled off the market.

### Tdap Fails to Protect California Adolescents After One Year

OF COURSE THEY ARE NERVOUS: 80% OF PEDIATRICIANS' INCOME COME FROM VACCINATION OF INNOCENT CHILDREN!



Why should pediatricians suspect that a fully vaccinated child with either no symptoms or few symptoms is infected with and transmitting pertussis, when the CDC and AAP have taught them to believe vaccine orthodoxy is the truth and nothing but the truth?

EXHIBIT 18



**"You may choose to look the other way, but you can never say again that you did not know."**

— William Wilberforce

## RISK & FAILURE REPORTS

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# FluMist Nasal Spray Vaccine Doesn't Work Says CDC Advisory Committee

by TVR Staff

Published July 6, 2016 | [Vaccination, Risk & Failure Reports](#)

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The U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) on June 22, 2016 recommended against using the live nasal spray version of the influenza vaccine known as FluMist during the 2016-2017 influenza season. After reviewing data for 2013-2016, the committee found that the "FluMist Quadrivalent" live attenuated influenza vaccine (LAIV), produced by AstraZeneca plc subsidiary MedImmune, LLC of Gaithersburg, MD, was only three percent effective in protecting children two to seven years of age against the flu.<sup>1</sup>

The three percent figure is so low that, for all practical purposes, the vaccine provided no protection, or at least that "no protective benefit could be measured." The reason for the "poor performance" of FluMist is "not known."<sup>1</sup>

According to the CDC:

*Vaccine manufacturers had projected that as many as 171 million to 176 million doses of flu vaccine, in all forms, would be available for the United States during the 2016-2017 season.*

In a press release issued on June 23, AstraZeneca acknowledged the ACIP decision, but also cited its own studies, along with "preliminary independent findings by public health authorities in other countries," demonstrating a 46-58% overall effectiveness for FluMist against "circulating influenza strains" in 2015-2016.<sup>2</sup>

FluMist was developed by MedImmune and first licensed by the U.S. Food and Drug Administration (FDA) in June 2003 and initially was only approved for healthy individuals between five and 49 years of age. It was approved for expanded use by the FDA in 2007 for children as young as two years old, but "with precautions."<sup>3</sup>

Information contained in the MedImmune/AstraZeneca product insert contains contraindications and "warnings and precautions" for the following persons:

- pregnant women
- nursing women
- children under 24 months of age
- people of any age with asthma
- children less than five years of age with recurrent wheezing
- people over 65 years old
- people with an underlying medical condition that may predispose them to complications following wild-type influenza infection
- anyone allergic to any part of the vaccine including eggs, egg proteins, gentamicin, gelatin or arginine
- children or adolescents receiving aspirin therapy
- people receiving anti-viral drugs
- people with a history of Guillain-Barre syndrome
- people with known or suspected immune system problems or who are immune-compromised or are in close contact with an immunocompromised person<sup>4</sup>



[F]or all practical purposes, the [FluMist] vaccine provided no protection, or at least that "no protective benefit could be measured."

EXHIBIT 19.1

The National Vaccine Information Center (NVIC) further notes that the manufacturer discusses the ability of the live virus FluMist vaccine to cause vaccine strain infection and shedding in the product insert:

*Immune mechanisms conferring protection against influenza following receipt of FluMist Quadrivalent vaccine are not fully understood; serum antibodies, mucosal antibodies, and influenza-specific T cells may play a role. FluMist and FluMist Quadrivalent contain live attenuated influenza viruses that must infect and replicate in cells lining the nasopharynx of the recipient to induce immunity. Vaccine viruses capable of infection and replication can be cultured from nasal secretions obtained from vaccine recipients (shedding).<sup>5</sup>*

Additionally, NVIC points out that the manufacturer warns that, "The safety and immunogenicity of FluMist Quadrivalent when administered concomitantly with inactivated vaccines have not been determined."<sup>5</sup> FluMist also has not been studied when given simultaneously with live virus MMR and varicella zoster (chickenpox) vaccines.

Ingredients in FluMist Quadrivalent include four live attenuated (weakened) influenza virus strains, including A(H1N1); 786 A(H3N2); B Yamagata lineage; and B Victoria lineage. The viruses are introduced into eggs "where they are allowed to multiply." Monosodium glutamate (MSG), sucrose, potassium phosphate, and gelatin are then added as stabilizers. Also added is the antibiotic Gentamicin and the immunostimulant arginine.<sup>4</sup>

Despite the CDC advisory committee's recommendation against use of FluMist, the United Kingdom-based AstraZeneca manufacturer of FluMist indicated it plans to continue to distribute and sell the vaccine (known as Fluenz in Europe) outside of the United States.

*The distribution and use of the vaccine in other countries are progressing as planned for the forthcoming influenza season, pending the annual release process from relevant regulatory authorities.<sup>2</sup>*

Sales of FluMist in the U.S. in 2015 totaled \$206 million, which is equivalent to about one percent of AstraZeneca's overall revenue for the year.<sup>6</sup>

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#### References:

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EXHIBIT 19.2