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## 'Herd Immunity': the misplaced driver of universal vaccination

The term, 'herd immunity', was coined by researcher, A W Hedrich, after he'd studied the epidemiology of measles in USA between 1900-1931. His study published in the May, 1933 American Journal of Epidemiology concluded that when 68% of children younger than 15 yrs old had become immune to measles via infection,

measles epidemics ceased. For several reasons, this natural, pre-vaccine herd immunity differed greatly from today's vaccine 'herd immunity'.<sup>1,2</sup>

When immunity was derived from natural infection, a much smaller proportion of the population needed to become immune to show the herd effect; compare the 68% measles immunity required for natural herd immunity to the very high percentages of vaccine uptake deemed necessary for measles vaccine 'herd immunity'. In his 'Vaccine Safety Manual', Neil Z Miller cites research which concluded increasing vaccine uptake necessary for 'herd immunity' ranging from "70 to 80 percent of two year olds in inner cities" in 1991 to "'close to 100 percent coverage'...with a vaccine that is 90 to 98 percent effective." in 1997. Miller notes that, "When the measles vaccine was introduced in 1963, officials were confident that they could eradicate the disease by 1967."

Subsequently, new dates for eradication were pronounced as 1982, 2000 and 2010. Meanwhile, "In 1990, after examining 320 scientific works from around the world, 180 European medical doctors concluded that 'the eradication of measles...would today appear to be an unrealistic goal.'" And in 1984, Professor D. Levy of Johns Hopkins University had already "concluded that if current practices [of suppressing natural immunity] continue, by the year 2050 a large part of the population will be at risk and 'there could in theory be over 25,000 fatal cases of measles in the U.S.A.'"

Disease-conferred immunity usually lasted a lifetime. As each new generation of children contracted the infection, the immunity of those previously infected was renewed due to their continual cyclical re-exposure to the disease; except for newly-infected children and the few individuals who'd never had the disease or been exposed to it, the 'herd immunity' of the entire population was maintained at all times.

Vaccine 'herd immunity' is hit-and-miss; outbreaks of disease sometimes erupt in those who follow recommended vaccine schedules. If they do actually "immunize", vaccines provide only short-term immunity so, in an attempt to maintain 'herd immunity', health authorities hold 'cattle drives' to round up older members of the 'herd' for administration of booster shots. And on it goes, to the point that, now, it's recommended we

accept cradle-to-grave shots of vaccine against pertussis, a disease which still persists after more than sixty years of widespread use of the vaccine.

Russell Blaylock, MD remarks, "One of the grand lies of the vaccine program is the concept of "herd immunity". In fact, vaccines for most Americans declined to non-protective levels within 5 to 10 years of the vaccines. This means that for the vast majority of Americans, as well as others in the developed world, herd immunity doesn't exist and hasn't for over 60 years."3

In the pre-vaccine era, newborns could receive antibodies against infectious diseases from their mothers who had themselves been infected as children and re-exposed to the diseases later in life. Today's babies born to mothers who were vaccinated and never exposed to these diseases do not receive these antibodies. In direct contrast to fear mongering disease "facts" and 'herd immunity' theories related by Public Health, most of today's babies are more vulnerable than babies of the pre-vaccine era.

#### References:

1. "Monthly estimates of the child population 'susceptible' to measles, 1900-1931, Baltimore, Maryland"; A W Hedrich; American Journal of Epidemiology; May 1933 – Oxford University Press.
2. 'Vaccine Safety Manual' by Neil Z Miller; New Atlantean Press; 2008, 2009; pg 152.
3. Ibid; pgs 16-17.

## Further reading

[Herd Immunity: Myth or Reality?](#) by immunologist, Tetyana Obukhanych PhD

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