



## Vaccine Info Sheet #3: Herd Immunity

Public health officials use the **theory of “herd immunity”** as the rationale behind vaccine mandates. The theory was promoted by Dr. A.W. Hedrich who studied measles outbreaks in the 1930s and noticed that when 55% of Baltimore children had measles, the rest of the community appeared to be protected.

Inspired by Hedrich’s discovery, the U. S. Public Health Service planned to vaccinate over 55% of the population against measles in the 1960s, fully expecting to eradicate it by 1967. When outbreaks continued, target vaccination rates were increased to 70-75%, then 80%, and 90%,<sup>1</sup> to the current goal of 95%.<sup>2</sup> However, **measles outbreaks still occur** in the places where the **vaccination rate is 99%**.<sup>3</sup>

**The original herd immunity theory was founded on communities which had attained natural immunity through the course of an infection, not those with vaccine-induced response.** Historically, children would experience illnesses from wild virus exposure, and non-vaccinated adults were naturally re-exposed to the wild virus as they cared for sick children, thus boosting the adult’s natural immunity.<sup>4</sup> This type of **immunity is generally lifelong and can be transmitted from mothers to infants through breastfeeding**, thus protecting them until they are old enough to acquire the wild virus naturally and begin building their own lifelong immunity. **Vaccines DO NOT replicate this natural cycle because:**

- Mothers who received vaccines have a lower concentration of virus-specific antibodies than mothers with naturally acquired immunity. For example, infants born to **measles-vaccinated mothers** have lower levels maternal antibodies at birth and a **shorter period of protection** than infants of mothers who acquired measles naturally.<sup>5</sup>
- Viruses mutate over time. **Vaccines contain only outdated virus strains** that offer scant protection from currently evolving natural disease strains.<sup>6</sup>
- Vaccine immunity is temporary and frequently ineffective, with up to 74% of people not responding to repeated vaccinations.<sup>7</sup> **Populations with near 100% vaccination compliance are still experiencing outbreaks.**<sup>8</sup> In 18 different measles outbreaks in North America, **vaccinated children constituted 30%-100% of the measles cases.**<sup>9</sup>
- **Vaccine dependence leaves the most vulnerable populations at risk** – the elderly and the very young – as childhood diseases are occurring in adults and infants where they are more serious.<sup>10</sup>
- Even **after six doses of Tdap** (Tetanus, Diphtheria, Pertussis), **vaccine effectiveness declined to 34% after 2-4 years**, likely contributing to increases in Pertussis among adolescents.<sup>11</sup>

### **The Herd Immunity theory is a proven failure; adding more vaccines is not a solution.**

1 [https://www.researchgate.net/publication/11686637\\_Evaluating\\_the\\_benefits\\_of\\_increasing\\_measles\\_immunization\\_rates](https://www.researchgate.net/publication/11686637_Evaluating_the_benefits_of_increasing_measles_immunization_rates)

2 <http://business.financialpost.com/fp-comment/junk-science-week-vaccinating-the-herd>

3 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3930734/>

4 <http://www.vaccinationcouncil.org/2012/07/05/herd-immunity-the-flawed-science-and-failures-of-mass-vaccination-suzanne-humphries-md-3/>

5 <https://jid.oxfordjournals.org/content/early/2013/04/29/infdis.jit143.full>

6 <https://www.sciencedaily.com/releases/2015/06/150625130251.htm>

7 <http://www.ncbi.nlm.nih.gov/pubmed/22423127>

8 <http://www.greenmedinfo.com/blog/2013-measles-outbreak-failing-vaccine-not-failure-vaccinate1>

9 <http://www.ncbi.nlm.nih.gov/pubmed/8053748>

10 <http://www.cbsnews.com/news/why-more-adults-are-getting-kids-diseases/>

11 <http://dx.doi.org/10.1542/peds.2014-3358>