

Herd Immunity – Sacred Cow or Just an Old Cow Tale?

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%,¹ to the current goal of 95%.² However, **measles outbreaks still occur in the places where the vaccination rate is 99%.**³

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.⁴ 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.⁵
- Viruses mutate over time. **Vaccines contain only outdated virus strains** that offer scant protection from currently evolving natural disease strains.⁶
- Vaccine immunity is temporary and frequently ineffective, with up to 74% of people not responding to repeated vaccinations.⁷ **Populations with near 100% vaccination compliance are still experiencing outbreaks.**⁸ In 18 different measles outbreaks in North America, **vaccinated children constituted 30%-100% of the measles cases.**⁹
- **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.¹⁰
- 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.¹¹

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>