

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 **Vaccines contain only outdated virus strains** that offer scant protection from currently evolving natural disease strains.⁶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

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>