

JUNE 30, 2015 by DAVE MIHALOVIC

## Medical Journal Verifies That Vaccinated Populations Are Transmitting Disease Without Symptoms

Officials at the U.S. Centers for Disease Control and Prevention (CDC) say the best way to prevent pertussis is to get vaccinated. However, more data continues to present itself suggesting that may be completely false. A new study published in *BMC Medicine* by Santa Fe Institute Omidyar Fellows Ben Althouse and Sam Scarpino points to a different, but related, source of the outbreak -- vaccinated people who are infectious but who do not display the symptoms of whooping cough, suggesting that the number of people transmitting without symptoms may be many times greater than those transmitting with symptoms.



In 2012, whooping cough, or pertussis, is [spread across the entire US at rates at least twice as high as those recorded in 2011](#) and epidemiologists and health officials were even admitting that the vaccines may be the cause.

The dangerous new strains of whooping cough bacteria were [reported in March 2012](#). The vaccine, researchers said, was responsible. The reason for this is because, while whooping cough is primarily attributed to *Bordetella pertussis* infection, it is also caused by another closely related pathogen called *B. parapertussis*, which the vaccine does NOT protect against. Two years earlier, scientists at Penn State had already reported that the pertussis vaccine significantly enhanced the colonization of *B. parapertussis*, thereby [promoting vaccine-resistant whooping cough outbreaks](#).

Even the CDC admits that vaccinated adolescents and adults may serve as reservoirs for silent infection and become potential transmitters to unprotected infants.

### Modern Whooping Cough Vaccines Accelerated Disease

In the 1990s adverse side effects of previous whooping cough vaccines led to the development and introduction of acellular pertussis vaccines, which use just a handful of the bacteria's proteins. The standard DTP or DPT (diphtheria, pertussis (whooping cough) and [tetanus](#)) vaccine is acknowledged to be the **deadliest of all vaccines**, causing more disability, illness and the highest risks, even exceeding MMR (measles, mumps and rubella).

In the study cited above, the researchers noted the vaccine's effectiveness was only 41 percent among 2- to 7-year-olds and a dismal [24 percent among those aged 8-12](#)

According to the authors:

*"... [V]accination led to a 40-fold enhancement of B. parapertussis colonization in the lungs of mice. Though the mechanism behind this increased colonization was not specifically elucidated, it is speculated to involve specific immune responses skewed or dampened by the acellular vaccine, including cytokine and antibody production during infection. Despite this vaccine being hugely effective against B. pertussis, which was once the primary childhood killer, these data suggest that the vaccine may be contributing to the observed rise in whooping cough incidence over the last decade by promoting B. parapertussis infection."*

Pertussis whooping cough is a cyclical disease with natural increases that tend to occur every 4-5 years, no matter how high the vaccination rate is in a population using DTP or Tdap vaccines on a widespread basis. Whole cell DTP vaccines used in the U.S. from the 1950's until the late 1990's were estimated to be 63 to 94 percent effective and studies showed that vaccine-acquired immunity fell to about 40 percent after seven years.

The problem is, the newer vaccines do not block transmission. A January 2014 study in *PNAS* by another research team demonstrated that giving baboons acellular pertussis vaccines prevented them from developing symptoms of whooping cough but failed to stop transmission.

Building on that result, Althouse and Scarpino used whooping cough case counts from the CDC, genomic data on the pertussis bacteria, and a detailed epidemiological model of whooping cough transmission to conclude that acellular vaccines may well have contributed to -- even exacerbated -- the recent pertussis outbreak by allowing infected individuals without symptoms to unknowingly spread pertussis multiple times in their lifetimes.

### **No Protection**

'There could be millions of people out there with just a minor cough or no cough spreading this potentially fatal disease without knowing it,' said Althouse. 'The public health community should act now to better assess the true burden of pertussis infection.'

What's worse, their model shows that if the disease can be spread through vaccinated, asymptomatic individuals essentially undetected, the level of vaccination needed to protect those that are unvaccinated (so-called 'herd immunity') is over 99 percent, an impossible feat at a time when more informed and educated parents are turning away from vaccination.

Their results also suggest that a practice called cocooning, where mothers, fathers, and siblings are vaccinated to protect newborns, isn't effective. 'It just doesn't work, because even if you get the acellular vaccine you can still become infected and can still transmit. So that baby is not protected,' Althouse says.

### **When It Comes To Vaccines, It's One Of The Worst Offenders In Damaging Health**

The fact that many vaccines are ineffective is becoming increasingly apparent. Merck has recently been slapped with two separate class action lawsuits contending they [lied about the effectiveness of the mumps vaccine](#) in their combination MMR shot, and fabricated efficacy studies to maintain the illusion for the past two decades that the vaccine is highly protective.

In 1993, [The National Childhood Encephalopathy study: a 10-year follow-up](#) reported on the medical, social, behavioural and educational outcomes after serious, acute, neurological illness in early childhood. The analysis found a four-fold increase in the estimated risk of encephalitis from the pertussis vaccine. The analysis showed the risk of encephalitis with the vaccine have been grossly underestimated.

Diphtheria and tetanus toxoids and whole-cell pertussis vaccine (DTP) and pediatric diphtheria and tetanus

toxoids (DT) are not recommended for individuals 7 years of age or older due to increased adverse reactions. Yet in 1994, a [study in the Family Practice Research Journal](#) found that children 7 years of age or older are inadvertently receiving DTP or DT and were unnecessarily experiencing adverse reactions.

In another study in the [The Journal of the American Medical Association](#), children vaccinated with pertussis vaccine were six times more likely to develop asthma. In 2004, a study in the [British Medical Journal](#) found that the prevalence of asthma and wheezing in non-vaccinated individuals was approximately 50% less at age 69-81 months than children who had 3 or more doses of with the Diphtheria and tetanus vaccine.

Researchers reported in the [OSMA Journal](#) that the pertussis vaccine may cause lasting and permanent brain damage. Physicians are required to warn all responsible parties of vaccine recipients that pertussis vaccine may cause "lasting brain damage", but rarely if ever to Physicians inform parents of this fact.

In the [Journal of Pediatrics](#) researchers found an association observed between the DTP vaccination of preterm infants and a transient increase or recurrence of apnea where they would stop breathing.

[New England Medical Journal reported](#) in 2001 that the DTP vaccine increases the risk of febrile seizures fivefold on the day of vaccination and that there are significantly elevated risks.

Several other [research citations linking the DTP vaccines to disease](#) causing complications in neurological systems, the central nervous system, sudden death, cervical lymphadenitis and convulsions.

**Sources:**

[santafe.edu](#)

[iom.edu](#)

[healthy.net](#)

[vaccinenewsdaily.com](#)

*[Dave Mihalovic](#) is a Naturopathic Doctor who specializes in vaccine research, cancer prevention and a natural approach to treatment.*

- [WHO Caught Falsely Stating Pentavalent Vaccine Was Safe After It Was Discontinued In Some Countries Due To Deaths In Children](#)

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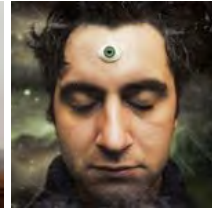
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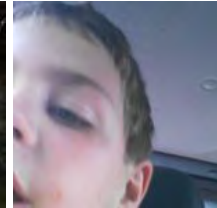
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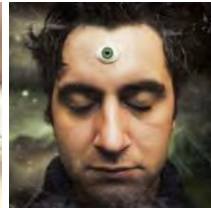
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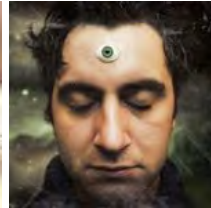
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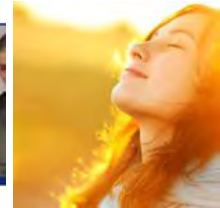
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