



OUTBREAKS PROOF THAT WHOOPING COUGH VACCINES DON'T WORK

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This past summer, newspapers throughout North America announced an epidemic of whooping cough, caused by the bacterium *Bordetella pertussis*, in California that health officials predicted would spread throughout the country. From January, 2010 through the end of November, California's state epidemiologist reported 2,625 pertussis cases including ten infant deaths while the Center for Disease Control and Prevention (CDC) reported 18,586 cases nationwide. [1] The reports have speculated that the outbreaks have been caused by the large number of unvaccinated children throughout the state. What these reports fail to mention is that most of the children who contracted pertussis had been vaccinated against whooping cough.

In response to the outbreaks, the California state legislature passed a law in September, 2010. The new law targets children in 7th to 12th. Starting with the 2012-13 school year, parents have been told that incoming seventh graders will need to provide proof of vaccination. [2] This has led to some confusion because California law allows the execution of personal belief exemptions, or PBEs, giving parents the right to refuse vaccines.[3] According to 2009 records, close to 175 schools had PBE rates of 20 percent or more. A few schools had exemption rates above 70 percent. [4] While that may seem alarming to some, officials estimate that the overall rate for PBEs among the state's roughly 7,200 schools is about 2 percent. Officials believe that vaccination rates of at least 93 percent are needed to ensure so-called herd immunity against pertussis. So with 98 percent of California's children receiving all of the CDC recommended vaccines, herd immunity should be maintained and blaming the unvaccinated for the outbreak is not logical.

Vaccine failures

The push for children of all ages and even their adult family members to get their DTaP shot is certainly questionable when one looks at a sampling of the well-documented cases of vaccine failure in communities with large numbers of whooping cough cases. In 1996, a statewide outbreak of pertussis occurred in Vermont, a state where vaccination rates were among the highest in the country. Of those children, 19 to 35 months of age who contracted whooping cough, 97 percent had received all doses of the recommended DTaP vaccines.

In 2006, British Medical Journal reported on a study showing that a substantial proportion of immunized children of school age who have a persistent cough may have had a recent infection with *Bordetella pertussis*. Harnden and colleagues recruited 172 children aged 5 to 16 years (from 18 U.K. general practices) who had been coughing for two weeks or more.

Serological evidence of a recent pertussis infection was found in 64 of the children, and 55 of these children had been fully vaccinated. They went on to say, “Making a secure diagnosis of whooping cough may reassure the parents and prevent inappropriate investigations and treatment, conclude the authors.” [5]

More recently, *The Star-Ledger* reported on February 11, 2009 of a pertussis outbreak in 21 fully vaccinated children in Hunterdon County, New Jersey. [6] Even in Canada, a laboratory-confirmed pertussis outbreak occurred among preschool children in Toronto where greater than 90 percent of the kids were up-to-date with pertussis immunization. [7]

The Watchdog Institute, an investigative journalism center based in San Diego, recently teamed up with local San Diego television station, KPBS, to research the actual number of families affected by the whooping cough outbreak to determine how many children had been fully vaccinated against pertussis. The four-month investigation culminated in the airing of a documentary on December 16, 2010. Their research was revealing: In the nine California counties most affected, 44 to 83 percent of those contracting the infection had been fully vaccinated. In Ohio and Texas, two states also having record numbers of whooping cough cases, 75 and 67.5 percent respectively had been vaccinated. [8]

Dr. Fritz Mooi, a respected Dutch scientist who has been studying pertussis bacteria mutations for 15 years, claims a more virulent strain is the cause of recent outbreaks. Mooi says the international Global Pertussis Initiative has ignored his theories about a new, more toxic strain of the disease. “They just don’t want to listen,” he said. “They have kept it out of their articles, and it’s a kind of censorship.” Much money has been invested in the current vaccine, Mooi said, and if he is right about a new strain, a different vaccine would need to be developed. [9]

Conflicts of interest

The Watchdog Institute and KPBS further found that the two leading global makers of pertussis vaccines, Sanofi Pasteur and GlaxoSmith Kline, have funded expert groups that recommend vaccine policy on the disease to government agencies. Sanofi Pasteur funds the most influential group, the Global Pertussis Initiative, which is made up of 35 medical experts from 16 countries. The Watchdog Institute and KPBS found that 24 of the group’s members have received funding from Sanofi Pasteur, its parent company Sanofi-Aventis, and/or GlaxoSmithKline (GSK). [10]

The CDC cites the Global Pertussis Initiative in its publications and the World Health Organization had four members of the Initiative on their pertussis vaccine advisory committee. This conflict of interest translates to countries spending millions on pertussis vaccines that have a long history of not being protective, with the manufacturers unwilling to spend any of their revenue on research into emerging strains of pertussis. Globally, vaccines were a \$22 billion industry last year and according to one forecast, sales are expected to top \$34 billion by 2012. In just the state of California, health departments spent \$207 million on pertussis vaccines since 2007 with a whopping \$59.6 million spent in 2010. [11]

Vaccinated as Silent Carriers

Vaccine-induced immunity to pertussis is measured by a blood test, called a titer test, which measures the presence of specific antibodies thought to be protective. It is recognized that these antibodies wane over time. The incidence of *B. pertussis* infection in adolescents and adults appears to be approximately one percent per year. Infection is most likely to be pertussis among those with a cough that has lasted more than 21 days. Officials believe infections in adolescents caused by “waning immunity” to be a source of transmission in the

community, particularly for young infants.

As a result, new vaccines such as Boostrix, for children 11 to 18 years of age, and Adacel, for adults 19 to 64 years of age, have been developed and licensed for use in the U.S. [12] Public health officials hope that by vaccinating teens and adults there will be fewer cases of pertussis overall. The rush to revaccinate the entire population and all age groups against pertussis has had little effect on lowering the incidence of whooping cough overall.

Pertussis-containing vaccines seem to have little effect on the overall incidence of the infection. Instead of focusing on the fear of whooping cough, it is obvious we need to focus on strengthening the immune system naturally and simple public health measure that work. Health aids such as hand washing, getting eight hours of sleep per night, taking vitamin C and maintaining a high blood level of Vitamin D are foundational in the prevention of all infectious diseases, including pertussis. Clearly, public health officials need to embrace these non-toxic, non-invasive methods over injections that don't work and can cause serious harm.

Footnotes:

- 1, MMWR. Pertussis Weekly Update. Week 48
- 2, "[New California Law Mandates Whooping Cough Booster Shot for Teens](#)," Jan 3, 2011.
- 3, [National Vaccine Information Center documentation](#).
- 4, [Whooping Cough in California Worries Officials](#). ABC Healthnews. June 24, 2010.
- 5, [Ibid](#)
- 6, "[Whooping Cough returns to Hunterdon County](#)" by Mike Frasinelli, The Star-Ledger, February 11, 2009 .
- 7, Waters, Valerie et al. "[Outbreak of Atypical Pertussis Detected by Polymerase Chain Reaction in Immunized Preschool-Aged Children](#)." Pediatric Infectious Disease Journal. 28(7):582-587, July 2009.
- 8, "[Many whooping cough victims have been immunized; Experts spar over prospects of new disease strain](#)," by Kevin Crowe. Published December 13, 2010
9. "[Blurred lines of Influence](#)," by Kevin Crowe and Roxanna Popescu. Published December 14, 2010.
10. Ibid. "Blurred lines of influence."
11. Ibid. "Blurred lines of influence."
12. [National Network for Immunization Information](#). "Adolescent and Adult Pertussis Vaccines." December, 2006.

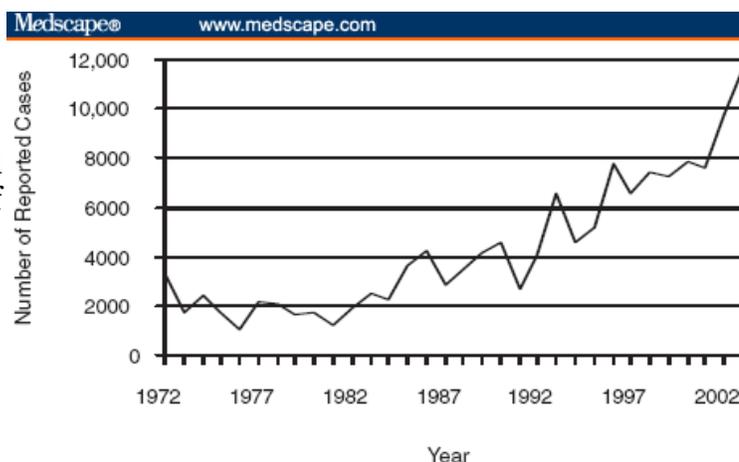
Source of above article: <http://newswithviews.com/Tenpenny/sherri128.htm>

Some Graphs:

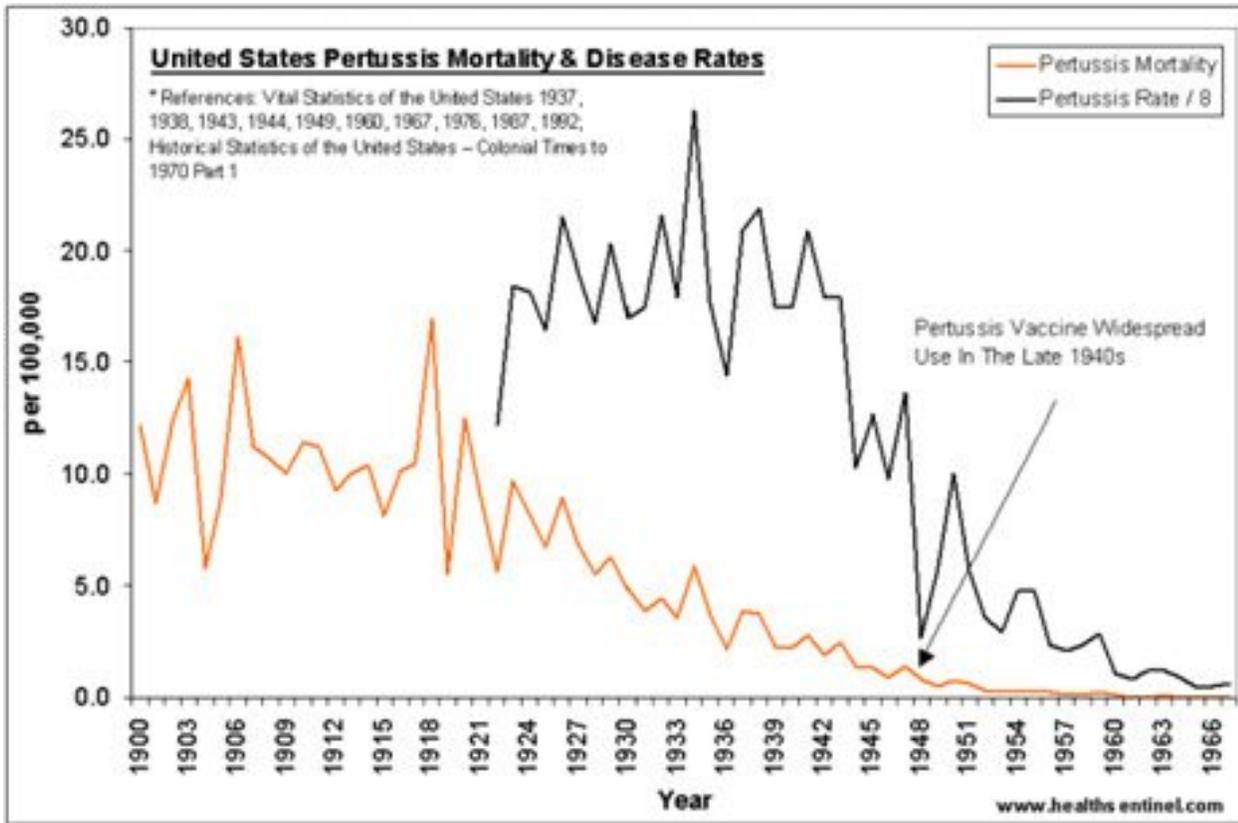
Reported cases of Whooping Cough.

Note that the lowest number of reported incidents was in 1977 and the number of reported cases has been rising since 1980. Cases are typically mild and are seriously under-reported.

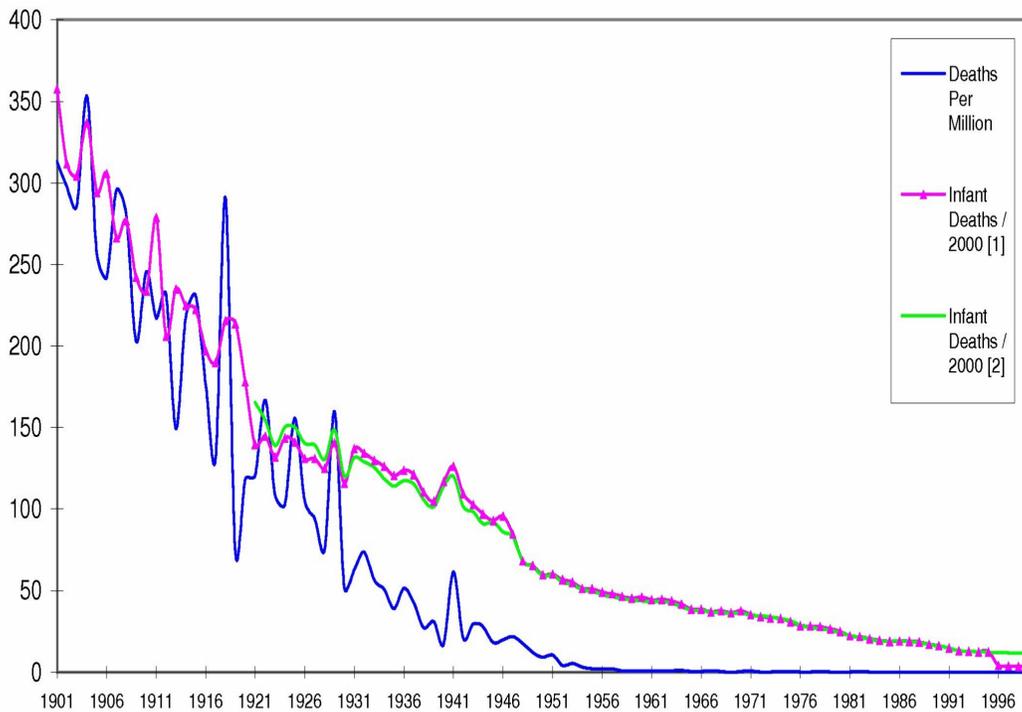
Source: Medcape.com



Source: Pharmacotherapy © 2007 Pharmacotherapy Publications



Whooping Cough - Mortality Per Million All Ages [1] vs All Infant Mortality all causes per 2000 infants [1] - England & Wales 1901-1999



[1] Source: Office for National Statistics - 20th Century Mortality

[2] Series DH3 No.38 - Table 33 - Mortality statistics - Childhood, infant and perinatal, Review of the Registrar General on deaths in England and Wales, 2005