Historical & Scientific Perspectives on Immunity, Infectious Disease & Vaccination

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January, 2011
“When the tide is receding from the beach it is easy to have the illusion that one can empty the ocean by removing water with a pail.”

Rene Dubos
in Mirage of Health
A few sources maintain the view that inoculation or variolation as a disease preventative originated in the sorcery of early Egyptian priest-physicians. Ancient Egyptian magical potions & cures included: donkey dung; fish eyes; Nile river mud; camel’s hair; & fly wings.

Before 200 BC the practice was carried along trade routes north & east to India (alongside sacred cow worship) & much later to China. Exploration records from the 1500s show that the Brahmins of India were variolating dried pus from smallpox postules to induce “immunity” as a regular practice. Co-founder of the Jesuit Order, Francis Xavier (1506-1552) spent 10 yrs in India where it is claimed that he picked up this practice from Brahmin priests & later introduced it to limited areas of south Europe.

DEVELOPMENTS IN THE UK

- Lady Montague, wife of the British Ambassador to the Ottoman Empire upon returning to England, in 1722, widely promoted the practice of variolation (inoculation) for smallpox after having observed this practice among the Turks.

- Victims of variolation could be found at all levels of British society; King George III lost a son to the procedure, as did many others.  

- In 1840 - although variolation was endorsed by the Royal College of Physicians – it was condemned by an Act of Parliament as a criminal offense.

1. http://www.fordham.edu/halsall/mod/montagu-smallpox.html ;
2. Act of 4 & 5 Victoria, C. 29, s. 8; July 23, 1840; English Statutes, Vol. XV.; p. 353.
First “vaccination” - 1776 Ben Jesty used a stocking needle to transfer cowpox lesion pus to his wife’s arm, inserting it into her skin & then repeated this procedure on his two boys.

In Jenner’s first experiment, May 14, 1796 - he transferred cowpox pus from the hand of Sarah Nelmes to the arm of James Phipps.

19th Century Smallpox Vaccination Efficacy

- 1871 Bavaria – out of 30,742 cases 29,429 were in vaccinated persons (95.7 percent)
- 1871 Prussia – highest re-vaccinated country in Europe - highest death rate from smallpox of any northern European country (69,839)
- German army - all recruits re-vaccinated - death-rate from smallpox was 60 percent higher than among the civil population of the same age, for whom re-vaccination is not mandatory
- Various European epidemics - Cologne in 1870 the first unvaccinated person attacked by smallpox was the 174th in order of time, at Bonn the same year the 42d, & at Liegnitz in 1871 the 225th
Vaccine Success in the UK?

“Since the passing of the [UK compulsory vaccination] Act of 1853 we have had no less than three distinct epidemics. In 1857-9 we had more than 14,000 deaths from smallpox; in the 1863-5 epidemic the deaths had increased to 20,000; and in 1871-2 … 44,800.”

Walter R. Hadwen M.D. (1896)

Stricter enforcement led to the highest vaccination rate ever achieved in England in 1871 - 97.5%. This rate coincided with England’s worst smallpox epidemic.

Walter Hadwen; The Case Against Vaccination; Public Address – Gloucester, UK; January 25th, 1896.

Dr. Hadwen delivered Gloucester from a smallpox epidemic in a shorter time than any other British city, by ruling out all vaccination & introducing strict measures of hygiene & isolation of the infected.
Smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated.

In highly vaccinated areas, e.g., Bombay & Calcutta, smallpox is rife, while in minimally vaccinated areas, such as Leicester, it is almost unknown.

80 percent of the smallpox cases admitted into the hospitals have been vaccinated, with 20 percent unvaccinated.

Germany - the best-vaccinated country in the world – has more smallpox deaths proportional to the population than England. However, in 1919, there were 28 deaths in England, compared with 707 in Germany.

L. A. Parry; Fatality Rates of Small-Pox in the Vaccinated & Unvaccinated; British Medical Journal; Jan. 21, 1928; p. 116. (http://www.bmj.com/content/1/3498/116.1.full.pdf+html)
VACCINE SUCCESS IN THE USA?

“One of the most insane … things we have advocated in medicine…was to insist on the vaccination of children, or anybody else, for the prevention of smallpox. We [were] never able to prove that vaccination saved one man from smallpox.”

“I know of one epidemic of smallpox comprising nine hundred & some cases, in which 95 percent of the infected had been vaccinated, & most of them recently.”

In thirty years of practicing medicine “I have run across so many histories of children who had never seen a sick day until they were vaccinated, & who have never seen a well day since.”  

William Howard Hay M.D. 1936

W. H. Hay; Address to the Medical Freedom Society on the Lemke Bill to Abolish Compulsory Vaccination; Pocono, PA USA; June 25, 1937.
# Smallpox Case Mortality Rates Vaccinated vs. Unvaccinated

<table>
<thead>
<tr>
<th>Name</th>
<th>Period</th>
<th>Small-Pox Cases</th>
<th>Small-Pox Deaths</th>
<th>Fatality Rate % of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>1886-1908</td>
<td>288,779</td>
<td>77,415</td>
<td>26.8</td>
</tr>
<tr>
<td>British Army (India)</td>
<td>1860-1908</td>
<td>2,753</td>
<td>307</td>
<td>11.1</td>
</tr>
<tr>
<td>British Army (Colonies)</td>
<td>1860-1908</td>
<td>934</td>
<td>82</td>
<td>8.8</td>
</tr>
<tr>
<td>Leicester (No Vaccination)</td>
<td>1880-1908</td>
<td>1,206</td>
<td>61</td>
<td>5.1</td>
</tr>
</tbody>
</table>

SMALLPOX VACCINE
FURTHER CHALLENGES TO EFFICACY


1919 - England & Wales, population of 37.8 million people. One of the least vaccinated countries. Registers that year only 28 deaths from smallpox.

1919 – Philippines, population 10 million. All triple vaccinated over the prior 6 years. Registers that year 47,368 deaths from smallpox.

G. Krasner; Dangers of Smallpox vaccination - viewable online at: http://www.naturodoc.com/library/public_health/truth_re_smallpox_vaccine.htm & see: G. Dettman & A. Kalokerinos; Viral Vaccines Vital or Vulnerable; Australasian Nurses Journal; No. 9; Aug., 1980; pp. 29-30.
WHO SMALLPOX ERADICATION?

- During the 16 years preceding the 1966 launch of the WHO smallpox eradication campaign) 38 additional countries became free of smallpox cases \(^1\) with several more nations being very close to 0 cases.

- Over 90 percent of children in developing countries were never reached with the vaccine. \(^2\)

- Smallpox was eradicated by three (3) synergistic mechanisms: 1. Isolation; 2. Attenuation; & 3. Improved Social Determinants, particularly nutrition & sanitation. \(^3\)

1 F. Hoole; *Evaluation Research & Development Activities*; Sage Publications, Newberry Park, Calif., 1978, Figure 2.3, p. 58.
2. H. Buttram, & J. Hoffman; *Bringing Vaccines into Perspective*; Mothering Magazine; Vol. 34; 1985; p. 43.
Attenuation of Smallpox & Reducing Pathogenicity

Variola minor is a mild form of smallpox caused by a less virulent form of the virus. (It is also called Cuban itch, milkpox or alastrim.) First observed in the Americas at the end of the 19th century. ¹

The “pathogenicity” of a virus is primarily determined by the ability of the host to resist infection. Nutritional status is an obvious critical factor in strengthening natural immunity & resisting infections of all types.

“Satellite photographs of Africa have shown how gigantic flights of locusts will cover thousands of miles ignoring healthy vegetation, then descending & destroying fields where the soil is worn out.” *

This phenomena parallels the relationship of microbes to disease, in which pathogenic microorganisms act as nature's censors, proliferating only when the human host's psycho-physiology has been imbalanced & weakened by factors such as stress, malnutrition, endo & environmental toxins.

* S. Mueller; A Horticulturist Speaks Out on Health; Health Science; April-May 1980; p. 28.
PRE-COLUMBIAN HEALTH STATUS

Paleopathologist Ales Hrdlicka observes that: “The skeletal remains of unquestionably pre-Columbian date are, barring few exceptions, remarkably free from disease. Whole important scourges were wholly unknown.” ¹

The college textbook Aboriginal Health in Canada refers to “recollections” of Indigenous peoples of a time before European contact, when “There was then no sickness; they had no aching bones; they then had no high fever;... no smallpox;... no burning chest;...no abdominal pain;...no consumption;...no headache.”   ²

1. Ales Hrdlicka, Disease, Medicine & Surgery Among the American Aborigines; JAMA; Vol. XCIX, No. 20, 1937; pp. 1661-1662.
2. J. Waldram, et al.; Aboriginal Health in Canada: Historical, Cultural & Epidemiological Perspectives, Univ. of Toronto Press; 1995, pp. 24, 44 & 47.
TRADITIONAL NUTRIENT INTAKE

Based on field data from Weston Price’s research in remote regions of NW Canada & Alaska

Major Minerals
Dietary Intake in Milligrams

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Based on field data from Price’s research in remote regions of NW Canada & Alaska

In the 1970s, medical historians McNeill & Crosby documented the decimation of Indigenous peoples in the Americas by infectious diseases. This popularized the concept of such peoples being “virgin soils” readily destroyed by the menacing microbes carried by European settlers.

However, a closer examination reveals that their observations were both misunderstood & misrepresented. In actuality, these historians emphasized the severely debilitating role of “malnutrition, exhaustion & stress” which was generated by early European colonization.

Northwest coastal peoples traced the onset of infectious disease to what became embedded into legends as “disease boats” or “pestilence canoes”.

An early 100 ft. ship was able to transport as much as 800 thousand pounds of white sugar, white flour, white polished rice, sweetened jams, tinned milk, tinned meat & alcohol.

The radical change from “whole foods” to the immune system destroying foods of trade precipitated a downward vicious cycle of physical degeneration, stress, & unprecedented infectious disease epidemics. These “new” diseases struck specific Indigenous populations over decades of commercial growth, ultimately culminating in demographic catastrophe for North America’s first peoples.

During early infectious disease epidemics among North American Indigenous peoples mortality was worsened by sheer panic.

Modern science has found an intimate connection between the neuroendocrine & immune systems, showing the mind’s powerful influence on the onset, course, & remission of disease.

Some medical historians believe that more people have died of the fear of dreaded diseases like smallpox, than of the disease itself.

R. Obomsawin: Historical & Scientific Perspectives on the Health of Canada’s First Peoples; for: FNIHB - Health Canada; March, 2007; p. 10.
The Foundation of Immunity

British Imperial Economic Botanist Sir Albert Howard, through natural soil regeneration created crops immune to all forms of disease & insect pests. He understood “the ‘true role’ of disease: in agriculture is that of censors for pointing out the crops which are imperfectly nourished. Disease resistance [is] the natural reward of healthy & well-nourished protoplasm.” Pesticide use is “unscientific & radically unsound”.

Animals fed on his crops became totally immune to all known diseases. Although “epidemic diseases such as rinderpest, hoof & mouth disease, septicaemia… frequently devastated the countryside. None of my animals were segregated, none were inoculated; they frequently came in contact with diseased stock [&) no case of infectious disease occurred.”

A. Howard; The Role of Insects & Fungi in Agriculture; The Empire Cotton Growing Review; Vol. XIII; 1936 ; pp. 185-7.
Soil Remineralization & Immunity

Like Sir Howard - Sampson Morgan correctly perceived that the bankruptcy of the soil means degeneration & a wide range of diseases in plants, animals & humans.

Employing soil remineralization & aeration he produced consistently disease free food crops in his vast orchards & gardens. Massive increases in output & giantism in foods realized, e.g. he grew: two (2) pound pears & apples (including the largest apple ever recorded at 34½ oz & exceeding a foot in circumference); onions averaging one (1) pound; & celery up to 40 inches in length.

S. Morgan; Clean Culture: The New Soil Science; Health Research, Mokelumne Hill, CA USA; Sept. 1996.
The importance of the method of culture of food is primary, radical, & fundamental in the matter of health... Nature endows life with a powerful, eternal capacity to renew itself healthfully, given the right conditions.” (emphasis my own)

Hunzas noted for extreme longevity & unparalleled immunity to disease. The 2 feet of black topsoil in Hunza is routinely remineralized by the Hunza river-bed silt fed by glacial waters. This silt is saturated with the full spectrum of macro & micro minerals.

In the early 20th century Sir Robert McCarrison was “amazed at the health & immunity record of the Hunzas who though surrounded on all sides by people afflicted with all kinds of degenerative & pestilential diseases, still did not contract any of them.”

EARLY LIFE FREE FROM DISEASE & INFECTIONS

“Disease was not present in the earliest times of the earth's history, so far as animals & plants are concerned.”

“Disease... did not exist with the most ancient bacteria”

In the earliest periods physical injuries & wounds were free from infections

“Present evidences [suggest] that a wide distribution of the bacterial types of disease & the resulting pathology is a relatively recent phenomenon.”

R. L. Moodie; The Antiquity of Disease; The University of Chicago Science Series, Chicago, USA; 1923; pp. 13, 22 & 23.
**Advanced Health of Early Man**

Research on fossil remains of early human life observed that:

“There is no trace in the adults of any destructive constitutional disease [&,] but little disease of the alveolar processes. It appears therefore, that on the whole, early man was remarkably free from disease that would leave any evidence on his bones or teeth.”

Ales Hrdlicka; *Anthropology & Medicine*; American Journal of Physical Anthropology, No. 10 (1926); p. 6.
COMMON CREATURES GIANTS IN THE PAST

Museum Mounted Skeletal Reconstruction Bat - 1954 Cave in Sinaloa Mtns Mexico

Super-Croc – 40 ft Long, 10 Tons & 6 Foot Skull & Jaw

Beelzebufo - Beach-ball-size frog 16 inches long & weighing 10 lbs.
COMMON CREATURES GIANTS IN THE PAST

Teratorn – Wingspan up to 24 ft., & 172 lbs.

Turtle - From tips of its flippers 20 feet wide
http://www.euroturtle.org/biology/fossil.htm

Beaver – Anciently Size of a Black Bear
“Miners prospecting the Chihuahua Mountains of Mexico found, intact in a hidden cave, a group of skeletons... Measured from crown to heel they... would have stood ten to twelve feet. Anthropologists set off to examine these giants.”

“Giants Inhabited Florida... State Geologist Sellards & Prof. May [Carnegie Institute] Concur in Opinion After Fossil Study at Vero – Say Men Grew 12 feet Tall...” “That the human beings were of enormous size is evidenced by the bones... some [persons being] ten or twelve feet in height.”

In December 1601 in Cumberland UK a human giant was found buried at a depth of 12 feet. “The said gyant was 4 yards & a half long... his forehead was 2 spans & a half broad.” viz. 13 ½ feet tall & a forehead 22½ inches wide.
Nearly 2000 years ago noted historian Flavius Josephus took to task those who ridiculed the view that that the earliest generations of man had remarkable longevity. “But let no one, upon comparing the lives of the ancients with our lives, and with the few years which we now live, think that what we have said of them is false.” He then refers to the “written antiquities” of historians & scholars of various civilizations who affirmed that the life-span of early man extended into centuries (not decades).

- Chaldean (Babylonian) – Berosus
- Egyptian – Manetho, Hieronymus
- Phoenician - Mochus
- Syrian - Nicolaus
- Greek – Hestieus, Hesiod, Hecateus, Hellanicus, & Ephorus

Flavius Josephus; Complete Works of Flavius Josephus; Ant. III. 9; Translated by William Whiston; Kregel Publications; Grand Rapids MI-USA; 1981.
THEORY & REALITY

THEORY: B lymphocyte cell response to infectious agents are dependent on intelligence from Memory T cells which serve as “helpers” aiding in the recognition of the of intrusive pathogens by signaling to B cells to produce “high affinity antibodies”.

REALITY: University of Chicago researchers found that Memory T cells are “distressingly slow learners”, requiring “several generations” of intensive stimulation to make a lasting impression on T cells “No vaccine trial to date has been able to produce significant numbers of memory T lymphocytes…”

The Pasteur Institute observed that “98% of the immune responses triggered at the early stages of infection are non specific. These non specific responses had been observed following different infections by viruses, bacteria, parasites and fungi.” Thus the innate or natural immune system affords 98% of early response to an infectious agent, while the adaptive or memory-based response that vaccination seeks to stimulate represents only 2% of early response.

Making war on disease with vaccines & toxic drugs amounts to “battling down reserve life forces & fighting delusional causes & entities. It is really a war upon the human constitution…

“So long as medical science is hinged on pathology instead of physiology, it will continue to sow seeds of error & disease; more, it will neglect to sustain the health of the community, whose peril is in proportion to its ignorance.”

The most prolific American woman non-fiction writer (5,000 articles & 40 books) - translated into more than 140 languages was Ellen White.

She recommended that (my emphasis): “Let physicians teach the people that restorative power is not in drugs, but in nature. Disease is an effort of nature to free the system from conditions that result from a violation of the laws of health. In case of sickness, the cause should be ascertained. Unhealthful conditions should be changed, wrong habits corrected. Then nature is to be assisted in her effort to expel impurities and to re-establish right conditions in the system.”

E. White; The Ministry of Healing; Pacific Press Publishing Assoc.; 1905; p 127.
In 1962 Bernard Greenberg, Chair - Committee on Evaluation & Standards APHA provided evidence for U.S. congressional hearings on polio vaccination. He disputed the widespread publicizing of the Salk vaccine's effectiveness.

In late 1955, major alterations to diagnostic criteria were established whereby all non-paralytic “polio” cases (many thousands) were re-diagnosed as Coxsackie virus infections & aseptic meningitis. This led to vastly exaggerated claims that the vaccine caused the “huge decline” in polio.

Despite greatly increased vaccination, 1957-58 experienced a 50% increase, & 1958-59 an 80% increase in paralytic cases.

Compelling epidemiological evidence links polio’s rise & fall with the widespread usage & subsequent prohibition of neurotoxins, such as DDT, BHC, arsenic & lead based pesticides. Organochlorine pesticides such as DDT are associated with nerve damage, paralysis & death.  

In spite of repeated vaccine-based “eradication” efforts, polio continues to persist in certain Developing World countries e.g. in Tajikistan where DDT is still “commonly sold at market places …by women & children” for farming, in the year 2010: 458 cases of polio; Kirgizstan 0 cases; & Kazakhstan 1 case.

1. http://www.harpub.co.cc/overview.htm
All production data is derived from U.S. Board of Transportation figures (Hayes and Laws, 1996) since it is illegal for government to divulge pesticide production figures to the public.

DDT production after 1954 was exported on a huge scale, thus DDT production directed towards U.S. after 1954 is estimated from National Adipose Tissue Study (from Hayes), and inferred from increasing dominance of organophosphate pesticides.

Polio incidence and pesticide production in U.S. 1940-1970 (millions of pounds)

Laboratory analyses (1958) showed "polio" to be a mix of CNS diseases: polio, encephalitis, meningitis, and acute flaccid paralysis (no microbe found).

Red dashes represent relative DDT exposure, estimated from Adipose Tissue Survey and DDT ingestion data.

DDT-related compounds in adipose tissue diminish slowly after DDT exposure is reduced because DDT has a half-life of approximately one year.

Five-fold decrease in DDT ingestion from 1954 to 1967.

Some DDT enters U.S. adipose tissue in imported food.

1968, DDT registration cancelled.

Milk, a primary carrier of DDT, is not largely imported. Thus, infant exposure to DDT was greatly reduced by restricting US DDT application from dairy farms.
2,000 Yrs ago a seer looked back upon the panorama of earth’s history & solemnly warned that a time would come when: “Her merchants ruled the earth, & by her sorceries (Pharmakeia) were all the nations deceived.” Revelation 18:23

Pharmakeia Greek - ‘druggist’ ‘poisoner’ or ‘giver of potions to produce magical effects’
VACCINES DIDN’T SAVE US

A large body of historical epidemiological data shows that major declines in virtually all of the major infectious diseases took place before the use of specific vaccines. Claims about the historical life-saving impact of artificial immunization programs are assumptive & not factual.
Canada
Measles Incidence
Reported Cases (1935-1983)

Note: Incidence data was unavailable in the period spanning 1959-1968

Measles Vaccines Introduced
Live 1963 / Inactivated 1964

Source: Adapted from: Public Health Agency of Canada, Figure 8 – Measles Reported Incidence Canada. http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-meas-roug-eng.php
England & Wales
Mean Annual Measles Mortality
Cases Children under 15 (1850-1965)

England
Scurvy & Measles - Parallel Mortality Rates per 100,000 (1919-1967)

Measles Vaccination Begins

Canada
Tuberculosis Mortality
Rates per 100,000 (1880-1960)

BCG Vaccination
Introduced Between 1948-1954 (Depending on Prov. or Terr.)

Source: based on data at: Timeline of TB in Canada http://www.lung.ca/tb/tbhistory/timeline/;
http://www.thecanadianencyclopedia.com/index.cfm?PgNm=TCE&Params=A1ARTA0008151
United States
Tuberculosis Mortality
Rates per 100,000 Infants (1900-1960)

No Vaccination for Tuberculosis Adopted in the USA

Source: John H. Dingle; Life and Death in Medicine; Scientific American; 1973; p. 56.
New Zealand Tuberculosis Mortality Rates Per Million (1880-1960)

BCG Vaccination Introduced

Source: Director General Annual Mortality Reports Covering 1872-1960, New Zealand Parliamentary Journals for the Years Specified.
England & Wales
Mean Annual Pertussis Mortality Cases Children under 15 (1850-1965)

Source: Thomas McKeown, The Role of Medicine: Dream, Mirage or Nemesis?; Basil Blackwell; Oxford, UK; 1979; p. 103
England
Scurvy & Pertussis - Parallel Mortality Rates per 100,000 (1919-1967)

United States
Mean Annual Scarlet Fever Mortality
Rates per 100,000 (1910-1958)

No Vaccination for Scarlet Fever Adopted in the U.S.

Influenza vaccination first widely administered in the U.S. in the late 1980s.

Children Under 2 Yrs of Age
Inactivated Influenza Vaccine

0% Effective

Source: Cochrane Collaboration Database of Systematic Reviews, (John Wiley & Sons, Ltd.) 2006 (1) Article No. CD004879 – Covers 51 Studies on 260,000 children
Elderly Living in Communities & Group Homes

Inactivated Influenza Vaccine

Little or No Effectiveness

Source: Cochrane Collaboration Database of Systematic Reviews, (John Wiley & Sons, Ltd.) 2006 (3) Article No. CD004876 – Covers 64 Studies, over 40 years of influenza vaccination and see: http://www.bmj.com/cgi/content/full/333/7574/912
BCG for Tuberculosis

Note: Tuberculosis higher among two (2) dose Vaccinated versus Placebo Group

0% Effective

Source: Randomised controlled trial of single BCG, repeated BCG, or combined BCG and killed Mycobacterium leprae vaccine for prevention of leprosy and tuberculosis in Malawi; The Lancet, Volume 348, Issue 9019, Pages 17 - 24, July 6, 1996.
BCG for Tuberculosis

Note: In years 0-2.5 the vaccinated had double the incidence of Tuberculosis versus Placebo Group.

0% Effective

Source: Double blind randomized controlled trial of BCG’s effectiveness on 250,000 subjects Tuberculosis Research Centre (ICMR), Chennai, India: Indian Journal of Medical Research, 110, August 1999, pp. 56-69.
Is Vaccine Induced “Immunity” Reliable & Genuine?

A mid 20th century British study investigated the relationship of the incidence of diphtheria to the presence of antibodies. It was observed that there was no observable correlation between the antibody count & the incidence of the disease.

“The researchers found people who were highly resistant with extremely low antibody count, & people who developed the disease who had high antibody counts.”

Burnet M.; Auto Immunity & Auto Immune Disease; MTP Press, Lancaster, UK; 1973, Ch. 3
Is Vaccine Induced “Immunity” Reliable & Genuine?

A team of scientists writing in the *NEJM* provided evidence for the position that immunity to infectious disease is a broader bio-ecological question than the factors of artificial immunization or serology.

They summarily concluded: “*It is important to stress that immunity (or its absence) cannot be determined reliably on the basis of history of the disease, history of immunization, or even history of prior serologic determination.*”

Mumps Outbreak in Highly Vaccinated Population

Source: Center for Disease Control, MMWR 55 (20); May 26, 2006; pp. 559-63.
Chickenpox Outbreak in Highly Vaccinated Population

Source: Pediatrics - Vol. 113; No. 3; pp. 455-459; (2004)
Pertussis Outbreak in Highly Vaccinated Population

Source: N.Z. Miller; Vaccine Safety Manual; N.A. Press, Sante Fe, New Mexico; p. 140; (2008) (Refers to CDC & Official Surveillance data)
Measles Outbreak in Highly Vaccinated Population

Absolute Incidence N=543
Nederlands Vereniging Kritisch Prikken 2004 Survey Findings

Absolute Incidence (Non-Vaccinated in Relation to Vaccinated to N = 312 Per Group)