

## Measles, testing, and vaccination: perspectives and discussion on benefits and risks

CDC & LLCHD Position (1)(2)	Discussion & other perspectives	Questions
<p><b>Measles symptoms:</b> fever, rash, cough, runny nose, red and/or water eyes, white spots in the mouth (Koplik spots) may be present.</p> <p><b>Cause:</b> caused by a very contagious virus, especially dangerous for babies and young children. Measles is spreads through the air when a sick person coughs or sneezes. About 9 out of 10 people who come near a person with measles and are not protected by vaccination will also become infected.</p>	<p>Historically, there has been much discussion on the difficulty of distinguishing variously-named fever/rash conditions, like smallpox, etc., due to similarity of symptoms and individually variable expression.</p> <p>A theory opposing the viral contagion hypothesis proposes that measles may be a developmental stage preceding growth and symptom suppression may cause long-term health issues.</p>	<p>What are the benefits and risks of measles vaccination compared to the benefits and risks of experiencing measles?</p> <p>Has a measles virus been isolated, characterized, and proven to transfer through the fluids of a sick person to make a well person sick?</p>
<p><b>Detecting measles:</b> clinical observation of symptoms, antibody and genetic RT-PCR testing.</p>	<p>- Neurobiologist, Harold Hillman, wrote that researchers should understand all techniques whose results they use or quote.(5 - Pg 110)</p> <p>- Isolation of a virus has not been proven through electron microscopy. (Lanka)</p>	<p>What are the limitations of PCR testing and observation in electron microscopy?</p>
<p><b>Complications of measles infection:</b> include serious problems such as pneumonia and encephalitis - swelling of the brain - or death. 1 out of 5 people who get measles will be hospitalized. 1 in 20 children with measles will get pneumonia, the most common cause of death from measles in young children. 1 in 1,000 people with measles will develop brain swelling, which may lead to brain damage. 1 to 3 in 1,000 people with measles will die. <b>Long-term:</b> risk of a very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.</p>	<p>Note that subacute sclerosing panencephalitis (SSPE) is an identified risk not only for measles infection but also for the MMR II vaccine, see the adverse reactions listed in the package insert for MMR II.</p> <p>Highly regarded critical care doctor, Pierre Kory, reviewed hospital records for two young girls who purported died of measles infection in Texas hospitals. In Dr. Kory’s opinion, the girls both died from receiving the correct diagnosis and appropriate medication much too late. See attached detail.</p>	<p>-How often are measles complications not treated adequately at home or in hospital?</p> <p>-Where is the promotion of early, effective treatment for pneumonia and other respiratory illnesses?</p> <p>-How is it determined that SSPE, developed 7 to 10 years after a measles infection, is caused by a measles infection?</p>
<p><b>Best protection against measles:</b> MMR vaccine. Never too late. Vaccinations help protect you, the people around you, and your community. MMR provides your children with safe and long-lasting protection against measles.</p>	<p>- The measles vaccine was introduced in 1963 when CDC statistics show that deaths from measles had dropped significantly by 1950.</p> <p>- See Henry Ford Health Systems study, Lyons-Weiler &amp; Thomas study, McCullough Foundation review</p> <p>- The MMR II vaccine <u>Patient Information sheet</u>, possible side effects include: fever, rash, and some rare serious effects including seizures and change in behavior. The <u>package insert</u> under adverse reactions includes atypical measles, measles-like rash, and the following for encephalitis: encephalopathy; measles inclusion body encephalitis (MIBE) subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia; syncope.</p>	<p>Is the vaccine preventing measles or perhaps simply suppressing symptoms and preventing a necessary detoxification process that may cause increased disease long-term?</p>

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<p><b>Isolation for unvaccinated:</b> If you are not vaccinated, <b>consider staying at home or away from crowded areas until measles cases in the area decrease</b>, especially to protect people in your family that could get very sick</p>	<p>- 1954 John Enders, “the father of modern vaccines,” “While there <u>is no ground</u> for concluding that the factors in vivo are the same as those which underlie the formation of giant cells and the nuclear disturbances in vitro, the appearance of these phenomena in cultured cells is consistent with the properties that a priori <u>might</u> be associated with the virus of measles.” 1954 study, Pg. 286</p>	<p>- Is there enough data to prove which measure carries more risk and/or benefit, vaccination or measles? - Enders 1954 study, Cytopathogenic Agents from Measles Cases, is proof of what?</p>
<p><b>Dr. Francis Collins’ positions on vaccines and the work of Dr. Andrew Wakefield</b></p>	<p><b>Discussion &amp; other perspectives</b></p>	<p><b>Questions</b></p>
<p>- “... a lawyer like [Robert F. Kennedy, Jr.] can be taken as more credible than public health experts who have conducted rigorous studies for decades as part of their professional experience, <u>and who have absolutely nothing to gain financially by putting forward the results of their work.</u>” (4 – Pg 151)</p>	<p>- Look at how much vaccine research is funded by government and private industry versus individuals through non-profits.</p> <p>- Researchers, like Dr. Wakefield, Dr. Peter McCullough, and Dr. Paul Thomas, who examine vaccine safety risk losing status, credentials and their livelihood.</p> <p>- Examine how discrediting and shaming experts who question vaccine’s association with disease and how suppressing potential healing options prevents practitioners from considering or discussing these topics.</p>	<p>Is vaccine safety research primarily funded by individuals, through non-profit organizations like the Children’s Health Defense, formerly the Mercury Project, founded by Robert F. Kennedy, Jr.?</p> <p>How does vaccine product liability and Emergency Use Authorization protections prevent open debate on healing measures?</p>
<p>- “Wakefield called a press conference and advocated for suspension of the MMR vaccine.”(4, Pg 149)</p>	<p>- Collins did not clarify that Wakefield recommended single vaccines.</p> <p>- Wakefield notes that in 1989 cases of meningitis appear soon after the MMR was introduced, as reported in The Lancet (6, timeline pg 251).</p> <p>- Wakefield addresses the debate on whether vaccines injure the minds of some children, writing, “That vaccines may do so is acknowledged and it is not actually the debate at hand; the real questions are which children and how many.” (6, Pg 223)</p>	<p>Why are there no FDA-licensed single measles vaccines available? (3)</p> <p>How is it that Wakefield’s caution against using the MMR and recommendation for use of the single vaccines is blamed for a “sharp decline in vaccine uptake.”(4, Pg 149)</p>
<p>- “...the damage was done. Though this association of MMR with autism has now been convincingly disproved by dozens of trials...those data have not succeeded in erasing the impression of risk.”(4, Pg 149)</p>	<p>- There are no true placebo-controlled trials using inert material, like saline, for any currently licensed childhood vaccine. A vaccine is used as the placebo citing ethical concerns in using placebo.</p>	<p>Which placebo material is more ethical to use in trials?</p>
<p>- “As vaccination resistance increases in the US, entirely preventable deaths from measles will start happening here too.”(4, Pg 150)</p>	<p>- See the attached records review of two young girls who died in Texas in early 2025 and the opinion of critical care practitioner and educator, Dr. Pierre Kory.</p>	<p>How does discrediting experts who research vaccine’s association with disease improve trust? - Is there enough data to prove which measure carries more risk and/or benefit, vaccination or measles?</p>

(1) Measles Flyer: <https://www.lincoln.ne.gov/files/sharedassets/public/v/2/health-dept/public-health-informatics/communicable-disease/measles/current-outbreak/english-measles-outbreak.pdf>  
(2) Measles Flyer: <https://www.lincoln.ne.gov/files/sharedassets/public/v/1/health-dept/public-health-informatics/communicable-disease/measles/isntjustarash/english-isnt-just-a-little-rash.pdf>  
(3) [fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)  
(4) Collins, Francis. The Road to Wisdom: On Truth, Science, Faith, and Trust. Large print edition. 2025. Hachette Book Group.  
(5) Hillman, Harold, edited by Martin, Brian. Confronting the Experts: What Price Intellectual Honesty. 1996. State University of New York Press.  
(6) Wakefield, Andrew. Callous Disregard: Autism and Vaccines – The Truth Behind a Tragedy. 2011. Skyhorse Publishing.