

Deaths Following MMR and MMRV Vaccination in the United States

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Figure 5: MMR/MMRV Vaccine-Associated Death Reports (VAERS) Versus Measles Infection-Associated Deaths in the U.S. (1995 - 2025)

Measles vaccine versus measles infection: A contextual comparison

As highlighted in this paper, 299 deaths were reported in the US after measles vaccination in the VAERS database. Since 1995, 193 MMR/MMRV vaccine-associated deaths with identifiable dates of death have been reported to VAERS. In contrast, measles infection-associated mortality in the US has been exceedingly rare in the modern era. CDC surveillance and mortality analyses document 7 measles-related deaths since 1995, including one death in 1996 identified through National Center for Health Statistics review and six additional deaths reported in 2003 (n=2), 2015 (n=1), and 2025 (n=3)^{8,9}.

This corresponds to 2,657% more measles vaccine-associated deaths than measles infection-associated deaths since 1995 (193 vs 7). An additional 65 VAERS death reports lacked sufficient date information to assign them to the post-1995 period and were therefore excluded from the time-anchored comparison. **Figure 5** illustrates this contrast in reported deaths since 1995.

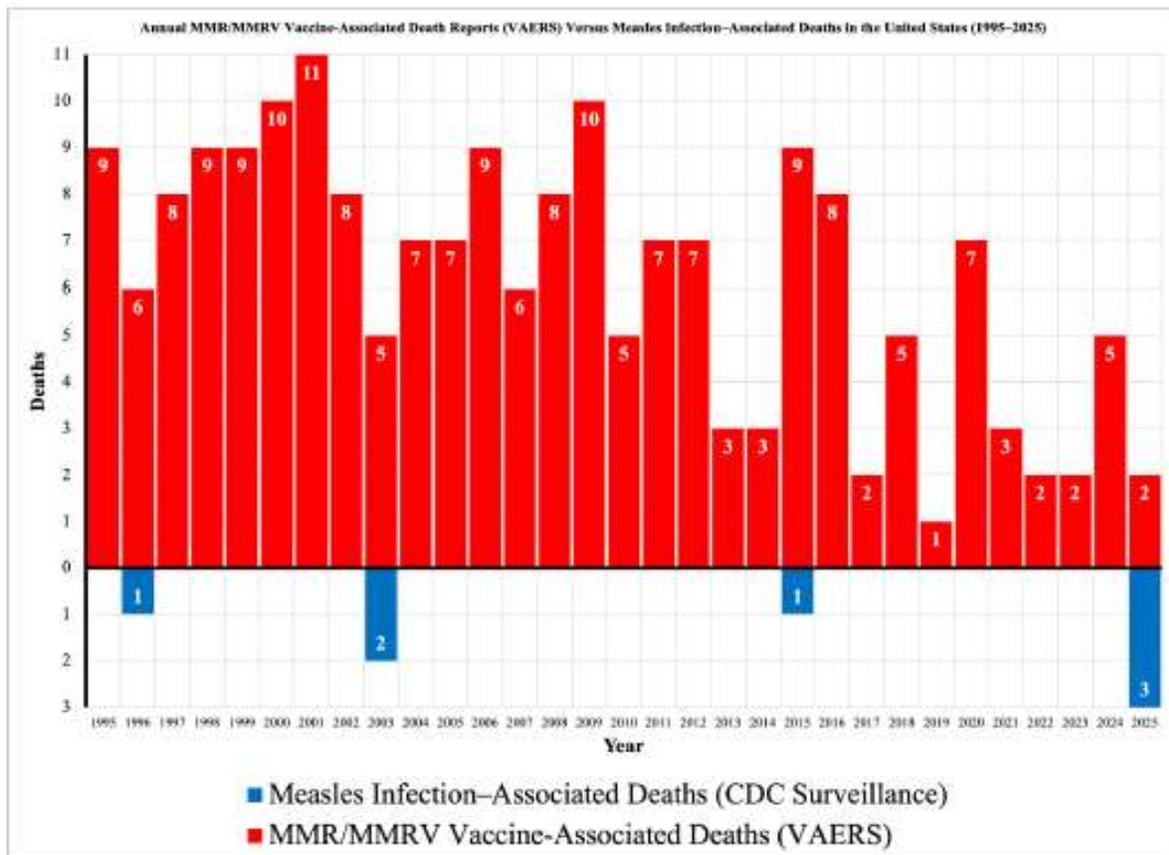


Figure 5. Annual MMR/MMRV Vaccine-Associated Death Reports (VAERS) Versus Measles Infection-Associated Deaths in the United States, 1995–2025. This figure displays the annual number of U.S. VAERS reports involving death following MMR or MMRV vaccination compared with documented measles infection-associated deaths identified through CDC surveillance from 1995 through 2025. Red bars represent vaccine-associated death reports submitted to VAERS (n=193). Blue bars represent measles infection-associated deaths recorded through CDC surveillance systems^{8,9} (n=7). Values are shown for each calendar year.

Expert Medical Record Reviews Of The Two Young Girls In Texas Who Purportedly Died of Measles

Records Reviewer by: Pierre Kory, MD, MPA

Kory is a pulmonary and critical care doctor who has researched and managed lung failure for his entire career and he is highly qualified to serve as an expert reviewer for these cases. Kory is also founder and Medical Director of a private telehealth practice opened in February of 2022 called the Leading Edge Clinic (drpierrekory.com) which is solely focused on treating patients with COVID and its complications including 'long haul' and post-COVID-mRNA vaccine injury syndromes. Kory is also a founding member of the Independent Medical Alliance (IMA), formerly FLCCC, formed to promote long-term wellness through science-based, patient-centered care. IMA advocates for patient rights, informed consent, and a healthcare systems that restores the doctor-patient relationship. (Excerpts source IMA and CHD)

imahealth.org/wp-content/uploads/2021/01/FLCCC-Alliance-member-CV-Kory.pdf
imahealth.org/about/founders-and-clinical-team/

Background

The Children's Health Defense, who, by their relationships with the families and members of the Mennonite community in Texas where the two young girls died, both obtained the medical records and then asked Dr. Kory to serve as an expert reviewer. Kaley Fehr died on February 26, 2025 after nearly 4 days at Covenant Children's Hospital in Lubbock, Texas. About 3 ½ hours after Kaley's death, USA Today reported, "the unvaccinated 6-year-old girl" as "the first reported US measles death in a decade." Daisy Hillebrand died on April 2, 2025, after a one night stay at Covenant Children's Hospital and two stays at University Medical Center (UMC), two miles from Covenant. Daisy's 4 day stay began March 21st and she returned for 8 days beginning on March 26th.

usatoday.com/story/life/health-wellness/2025/03/21/measles-death-parents-child-vaccine/82588858007/

From the Mennonite Church USA: "It has been determined that the epicenter of this outbreak is a Mennonite community in Gaines County, Texas." "The group in Texas primarily speaks, Plautdietsch, a Low German dialect, dresses plainly and generally sends their children to their own schools. Vaccination rates in this community have been historically low." The webpage lists current CDC recommendations and, "As a denomination, MC USA does not request vaccine exemptions for our members on behalf of our religious beliefs."

mennoniteusa.org/menno-snapshots/measles/

Parents of Kaley Fehr, age 6, allow access to records so others could learn, to ensure errors are not made again

Dr. Kory's opinion: Kaley Fehr's died from, "an overwhelming lung injury called Acute Respiratory Distress Syndrome (ARDS) caused by mycoplasma pneumonia." He advises that Kaley would have survived had the attending physician followed either the American Academy of Family Physicians Guidelines for Community-Acquired Pneumonia or The Infectious Disease Society of America Guidelines. Kaley was a six-year-old previously healthy girl who contracted measles along with her four siblings (all of whom weathered the illness just fine under the care of Dr. Ben Edwards). As her rash was clearing, she began to develop symptoms of "secondary bacterial pneumonia," a common complication of almost any viral infection. Kory claims Kaley was treated much too late with the wrong antibiotic for community-acquired pneumonia. According to the article: "The girl's family has said that they intended to allow CHD access to the records and make the conclusions public so others could learn of the errors and ensure they are not made again." (Excerpts source Kory post and CHD article)

pierrekorymedicalmusings.com/p/my-expert-review-of-the-medical-records?r=iutjw

ChildrensHealthDefense.org/defender/parents-daughter-death-texas-measles-outbreak-chd-tv/

<https://www.usatoday.com/story/life/health-wellness/2025/02/26/first-measles-death-texas-outbreak/80482935007/>



Opinion: Daisy Hillebrand, age 8, dies of ARDS, hospital-acquired pneumonia

Dr. Kory's opinion: Daisy Hillebrand died from ARDS secondary to hospital-acquired pneumonia caused by a highly antibiotic-resistant E.Coli pneumonia. Kory observed the ICU team didn't appear to have considered the possibility of hospital-acquired pneumonia until day 6 of 8. The doctor wrote, "severe pulmonary sequela of measles infection around 3 weeks ago" and "we are concerned that the true extent of her lung injury due to measles is unknowable and it may be an end-stage process given the span of illness and the fact she truly is an outlier." According to Dr. Richard Barlett, in addition to a diagnosis and treatment of mononucleosis, persistent fevers, and strep, Daisy had a history of chronic tonsillitis and was being scheduled for a tonsillectomy. Dr. Kory did not have records of the strep treatment.

Upon her first admission to UMC, Daisy had a subtle rash and PCR was positive for measles. She was treated and released after 3 days. After readmission 2 days later to UMC, the hospital "assumed measles" and stopped antibiotics on Day 2. Kory acknowledges that there are no published guidelines for the specific treatment of hospital-acquired pneumonia however advises that a paper by the Cochrane Library proposed the methodology in 2019 that could be included by the American Academy of Pediatrics.

pierrekorymedicalmusings.com/p/my-expert-review-of-the-medical-records?r=iutjw

childrenshealthdefense.org/defender/dad-west-texas-child-died-talks-chd-tv/

