Disease Outbreaks have been well documented in FULLY vaccinated communities----

*In 1967, Ghana was declared “measles free” by the World Health Organisation after 96% of its population was vaccinated. In 1972, Ghana experienced one of its worst measles outbreaks with its highest ever mortality rate. (Dr H Albonico, MMR Vaccine Campaign in Switzerland, March 1990)

*In the UK between 1970 and 1990, over 200,000 cases of whooping cough occurred in fully vaccinated children. (Community Disease Surveillance Centre, UK)

*In the 1970's a tuberculosis vaccine trial in India involving 260,000 people revealed that more cases of TB occurred in the vaccinated than the unvaccinated. (The Lancet 12/1/80 p73)

*In the New England Journal of Medicine July 1994 issue a study found that over 80% of children under 5 years of age who had contracted whooping cough had been fully vaccinated.

*In 1990, the Journal of the American Medical Association had an article on measles which stated "Although more than 95% of school-aged children in the US are vaccinated against measles, large measles outbreaks continue to occur in schools and most cases in this setting occur among previously vaccinated children." (JAMA, 21/11/90)

*In Oman between 1988 and 1989, a polio outbreak occurred amongst thousands of fully vaccinated children. The region with the highest attack rate had the highest vaccine coverage. The region with the lowest attack rate had the lowest vaccine coverage. (The Lancet, 21/9/91)

*Measles Outbreak among Vaccinated High School Students -- Illinois From December 9, 1983, to January 13, 1984, 21 cases of measles occurred in Sangamon County, Illinois.* Nine of the cases were confirmed serologically. The outbreak involved 16 high school students, all of whom had histories of measles vaccination after 15 months of age documented in their school health records. Of the five remaining cases, four occurred in unvaccinated preschool children, two of whom were under 15 months of age, and one case occurred in a previously vaccinated college student. A review of health records in the high school showed that all 411 students had documentation of measles vaccination on or
after the first birthday, in accordance with Illinois law.

http://www.cdc.gov/mmwr/preview/mmwrhtml/0000359.htm

During a 5-month period between September 2013 and January 2014, 26 preschoolers, two staff members and 11 family members of the students or staff at the facility in Leon County came down with whooping cough, according to a report of the outbreak published today (Jan. 13) in the journal Emerging Infectious Diseases. Only five of 117 students attending the preschool had not received all of the shots required by their age. This is the first time a "sustained transmission of pertussis in a vaccinated group of 1- to 5-year-old children has been reported in the United States," the report said. https://www.google.com/amp/amp.livescience.com/53359-whooping-cough-outbreak raises questions vaccine effectiveness.html?client=ms-android-hms-tmobile-us

In March 2006, 245 cases of mumps were confirmed in Iowa, US, where the law requires vaccination for school entry. Eleven year-old Will Hean of Davenport was diagnosed with mumps, and his 21 year old sister Kate. Both children had gotten the measles, mumps and rubella vaccine, or MMR. “He had all the shots and everything. You don’t think you’re going to get the mumps after you’ve been inoculated,” said Will’s father, Wayne Hean. (2006, The Associated Press).

In 2002 an outbreak of Varicella (Chickenpox) occurred in a US daycare center for fully vaccinated children. Varicella developed in 25 of 88 children (28.4 percent) between December 1, 2000, and January 11, 2001. A case occurred in a healthy child who had been vaccinated three years previously and who infected more than 50 percent of his classmates who had no history of varicella. The effectiveness of the vaccine was 44.0 percent against disease of any severity. Children who had been vaccinated three years or more before the outbreak were at greater risk for vaccine failure than those who had been vaccinated more recently. Conclusions: In this outbreak, vaccination provided poor protection against varicella. Longer interval since vaccination was associated with an increased risk of vaccine failure. Breakthrough infections in vaccinated, healthy persons can be as infectious as varicella in unvaccinated persons. (Outbreak of Varicella at a Day-Care Centre despite Vaccination) 2002 Karin Gallt, M.D., M.P.H., Brent Lee, M.D., M.P.H., Tara Strine, M.P.H., Claire Carraher, R.N., Andrew L. Baughman, Ph.D., M.P.H., Melinda Eaton, D.V.M., Jose Montero, M.D., and Jane Seward, M.B., B.S., M.P.H.).

Two, five, seven and twelve years after vaccination with further attenuated live measles vaccine, three of five patients experienced modified measles infection, and the remaining two had typical measles. "This may be the first SVF case report that confirms the existence of completely waning immunity in recipients of the further attenuated live measles vaccines." Temporal trends in the population structure of bordetella pertussis during 1949-1996 in a highly vaccinated population- "Despite the introduction of large-scale pertussis vaccination in 1953 and high vaccination coverage, pertussis is still an endemic disease in The Netherlands, with epidemic outbreaks occurring every 3-5 years." One factor that might contribute to this is the ability of pertussis strains to adapt to vaccine-induced immunity, causing new strains of pertussis to re-emerge in this well-vaccinated population. *Journal of Infectious Diseases, vol. 179, April 1999; 915-923.*

Just recently, Dr. Kari Simonsen, a pediatrician at the University of Nebraska Medical Center, USA, said *one in five children who are vaccinated for whooping cough will still get the disease.* She said *efficacy of the vaccine was 'comparatively low', but said 'It's the best vaccine we can build to date.'* Despite admitting this, she still believes that parents should get the vaccine for their children. *Journal of Infectious Diseases, vol. 179, April 1999; 915-923.*

The effects of whole-cell pertussis vaccine wane after 5 to 10 years, and infection in a vaccinated person causes nonspecific symptoms (3-7). *Vaccinated adolescents and adults may serve as reservoirs for silent infection and become potential transmitters to unprotected infants* (3-11). The whole-cell vaccine for pertussis is protective only against clinical disease, not against infection (15-17). *Therefore, even young, recently vaccinated children may serve as reservoirs and potential transmitters of infection.*

http://wwwnc.cdc.gov/eid/article/6/5/00-0512_article
“A new study is helping to provide a better understanding of vaccines for whooping cough, the common name for the disease pertussis. Based on an animal model, the study conducted by the U.S. Food and Drug Administration (FDA) and published November 25, 2013, in The Proceedings of the National Academy of Sciences, shows that acellular pertussis vaccines licensed by the FDA are effective in preventing the disease among those vaccinated, but suggests that they may not prevent infection from the bacteria that causes whooping cough in those vaccinated or its spread to other people, including those who may not be vaccinated.”

http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm376937.htm

“Increased reports of mumps in vaccinated populations prompted a review of the performance of mumps vaccines. The effectiveness of prior vaccination with 1 dose of vaccine ranged from 72.8% to 91% for the Jeryl Lynn strain, from 54.4% to 93% for the Urabe strain, and from 0% to 33% for the Rubini strain. Vaccine effectiveness after 2 doses of mumps vaccine was reported in 3 outbreaks and ranged from 91% to 94.6%. There was evidence of waning immunity, which is a likely factor in mumps outbreaks, aggravated by possible antigenic differences between the vaccine strain and outbreak strains. Inadequate vaccine coverage or use of the Rubini vaccine strain accounted for the majority of outbreaks reviewed; however, some outbreaks could not be prevented, despite high vaccination coverage with 2 doses of the Jeryl Lynn vaccine strain. Our findings indicate the need for more-effective mumps vaccines and/or for review of current vaccination policies to prevent future outbreaks.”

http://m.cid.oxfordjournals.org/content/47/11/1458.full

As of Aug. 10, there were 178 confirmed cases of pertussis in Vermont children between the ages of six months and 18 years. Of that number, 90 percent — or 160 kids — had received at least one dose of the child vaccination, while the majority had received five or six doses. According to the DOH, one child had received one or two doses, eight had received three doses, nine had received four doses, 74 had received five doses and 68 had received six doses.

laboratory evidence of B pertussis infection was found in eight (47%) of 17 immunized eighth-grade classmates and in three (23%) of 13 household contacts, all of whom were 12 years of age or older. CONCLUSIONS: Vaccine-induced immunity wanes by early adolescence. These older age groups may be infected with B pertussis and may serve as reservoirs of infection for other susceptible individuals.


Most of the people who got whooping cough in San Diego County so far this year were up to date with their immunizations, according to county data. Of the 621 people who contracted the illness, 85 percent had all their preventative shots — calling into question the efficacy of the vaccine.


"I think we were hoping the Tdap booster would counteract what happened in 2010," said Dr. Nicola P. Klein, the lead researcher. "Unfortunately, it didn't. It worked pretty well for about a year and unfortunately it doesn't work well after that."


Get the measles vaccine, and you won’t get the measles—or give it to anyone else. Right? Well, not always. A person fully vaccinated against measles has contracted the disease and passed it on to others. The startling case study contradicts received wisdom about the vaccine and suggests that a recent swell of measles outbreaks in developed nations could mean more illnesses even among the vaccinated.


Here, we report an outbreak of measles among healthcare workers and among the 60 measles infected patients 50 were healthcare workers including doctors, nurses, staff, and medics. Fifty-one patients (85%) tested positive for IgM
antibodies against the measles virus and 50 patients (83.3%) tested positive for measles virus RNA. Surprisingly, 73.3% of the infected individuals had been previously immunized against measles.

https://www.hindawi.com/journals/cjidmm/2016/1742530/

A measles outbreak in early 1989 among approximately 4200 students at a high school and two intermediate schools in suburban Houston, TX, was investigated to evaluate reasons for vaccine failure and to predict the efficacy of a booster dose of measles vaccine. Seventy-seven cases occurred (71 at the high school, 6 at intermediate schools; attack rate, 3.2 and 0.3%, respectively). Vaccination in the first year of life and 13 to 14 years since last vaccination were independent risk factors for being a case. Forty-three (18%) of 239 sera collected from students just before revaccination during the outbreak were negative by enzyme immunoassay; a neutralization assay confirmed these 43 lacked antibody predicting protection against measles infection. Of 43 enzyme immunoassay-negative students 24 gave another blood sample 9 to 10 months after revaccination. Revaccination appeared to reduce the portion of all students with neutralization titers predicting susceptibility to measles illness with rash from 7.9% to 3.0% and left the portion predicted to be susceptible to illness without rash unchanged (45%).


An outbreak of measles occurred in a high school with a documented vaccination level of 98 per cent. Nineteen (70 per cent) of the cases were students who had histories of measles vaccination at 12 months of age or older and are therefore considered vaccine failures. Persons who were unimmunized or immunized at less than 12 months of age had substantially higher attack rates compared to those immunized on or after 12 months of age. Vaccine failures among apparently adequately vaccinated individuals were sources of infection for at least 48 per cent of the cases in the outbreak. There was no evidence to suggest that waning immunity was a contributing factor among the vaccine failures.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1646939/
Recently, numerous large-scale mumps outbreaks have occurred in vaccinated populations. Clinical isolates sequenced from these outbreaks have invariably been of genotypes distinct from those of vaccine viruses, raising concern that certain mumps virus strains may escape vaccine-induced immunity. To investigate this concern, sera obtained from children 6 weeks after receipt of measles, mumps, and rubella (MMR) vaccine were tested for the ability to neutralize a carefully selected group of genetically diverse mumps virus strains. Although the geometric mean neutralizing antibody titer of the sera was lower against some virus strains than others, all viruses were readily neutralized, arguing against immune escape. 

[http://jvi.asm.org/content/86/1/615.full](http://jvi.asm.org/content/86/1/615.full)

From October 1988 to April 1989, a large mumps outbreak occurred in Douglas County, Kansas. Of the 269 cases, 208 (77.3%) occurred among primary and secondary school students, of whom 203 (97.6%) had documentation of mumps vaccination. 


Other pertinent info:

“The state (OH) also outpaces the national average on most other childhood vaccinations, according to the most recent statistics from the Centers for Disease Control and Prevention's National Immunization Survey, released today.”


“There’s two issues. One is the vaccinated. They’re going to be at higher risk. Or the partially vaccinated. They very young, young children that might be partially vaccinated they’re going to be at higher risk,” Pook said. “But also even if you are immunized you need to make sure your immunizations are up to date because your immunity goes down and that can very from person to person.” Pook says whooping cough vaccinations should be good for at least 5 years and sometimes 10. To find out if your up-to-date, Pook says check with your doctor’s office.”
“Various explanations have been suggested — the protection afforded by the vaccine wanes over time; the bacterium has evolved to evade immunity; vaccine coverage has not been wide enough. But this study has found that although all these factors probably contribute, "asymptomatic transmission may be the most important cause of all." The study is in BMC Medicine.”

“But while doctors are using the publicity to push for the recommended vaccination schedule, it's not correct to simply blame the anti-vaccine movement for these outbreaks. Ohio’s 2014 outbreak, for instance, accounted for 382 of that year’s cases—and the virus that caused it was carried from the Philippines, which has been struggling with a massive outbreak of the disease since 2013, by an Amish missionary.”

“So far, most of those infected are students or workers at Ohio State, Brown says. And here's what's surprising: Many of those who got sick had previously been immunized against mumps via one of the top weapons against childhood diseases: the MMR vaccine. That's a two-dose shot most of us got when we were kids to protect against three diseases — measles, mumps and rubella. Interestingly, a young woman in New York caught the measles in 2011 even though she, too, had been vaccinated, scientists reported last week. "Measles Mary," as Science magazine called her, also spread the virus to four others.”