

## What Is The Herd Immunity Theory?

According to the [American Journal of Epidemiology](#), The herd immunity theory was originally **coined in 1933** by researcher named **Hedrich**. He had been studying measles patterns in the US between 1900-1931 (more than 20 yrs. before the measles vaccine introduced.) He observed that **epidemics of the illness only occurred when less than 68% of children developed life long immunity by contracting or being directly exposed to the measles pathogen.** [Herd immunity theory](#) was about [immunity via the natural disease processes](#) and had [nothing to do with vaccination](#).

(MONTHLY ESTIMATES OF THE CHILD POPULATION "SUSCEPTIBLE" TO MEASLES, 1900-1931, BALTIMORE, MD, AW HEDRICH, [American Journal of Epidemiology](#), May 1933 - Oxford University Press).

**Vaccinologists and the CDC simply stole the phrase, applied it to vaccines and increased the figure from 68% to 95% without any scientific justification I could find.** There are dozens of documented disease outbreaks in populations with vaccination rates well above 95%. We continue to see outbreaks occurring on well vaccinated college campuses across the nation, so Un-vaccinated children are obviously NOT the problem. **In fact CDC Pink book states that adults accounted for 48% of all reported measles cases in 2001.** <https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html>

**Even if 'Herd Immunity' did apply to vaccines, is that a possible reality in our society? No.** It a scientific fact that vaccine immunity is waning and varies from individual to individual.

A Nov. [2013 FDA press release](#) stated that whooping cough outbreaks were more likely due to waning vaccine effectiveness and vaccinated children being silent carriers rather than unvaccinated being at fault.

“While the reasons for the increase in cases of whooping cough are not fully understood, *multiple factors are likely involved, including diminished immunity from childhood pertussis vaccines.*” “This research suggests that although **individuals immunized** with an acellular pertussis vaccine may be protected from disease, they may still become infected with the bacteria without always getting sick and are able to spread infection to others, including young infants who are susceptible to pertussis disease.” <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm376937.htm>

## What is Shedding?

In addition to the major flaws in herd immunity you also have the issue of shedding! It is a known fact that a percentage of the population that has been inoculated with a 'live virus' vaccine can "shed" that virus to unsuspecting populations for up to 21 days post vaccination.

St. Jude's hospital website under "Inpatient Visiting Guidelines" openly states...

*It is recommended for your immune suppressed child:*

- To **avoid contact** with a person who has a rash after **recently receiving the chickenpox** (varicella) **vaccine**.
- To **avoid contact** with a person who has received a **intranasal flu vaccine** within one week.
- **If a household contact (infant) has recently received rotavirus vaccination, all family members should wash hands thoroughly and frequently after contact with the vaccinated infant, especially when changing diapers.**
- **Household contacts not receive the Oral Polio Vaccine.** Note that the oral polio vaccine is not used in the United States

<https://www.stjude.org/treatment/patient-resources/caregiver-resources/infection-tips/inpatient-visiting-guidelines.html>

During a viral infection, live virus is shed in the body fluids of those who are infected for varying amounts of time and can be transmitted to others. <sup>3 4 5</sup> Vaccine strain live virus is ALSO shed for varying amounts of time in the body fluids of vaccinated people and can be transmitted to others. <sup>6 7 8</sup>

Although public health officials maintain that live attenuated virus vaccines rarely cause complications in the vaccinated person and that vaccine strain viral shedding rarely causes disease in close contacts of the recently vaccinated, it is important to be aware that vaccine strain live virus infection *can* sometimes cause serious complications in vaccinated persons and vaccine strain live viruses *can* be shed and transmitted to others with serious or even fatal consequences.

King JC, Treanor J, Fast PE et al. Comparison of the Safety, Vaccine Virus Shedding and Immunogenicity of Influenza Virus Vaccine, Trivalent, Types A and B, Live Cold-Adapted, Administered to Human Immunodeficiency Virus (HIV) Infected and NonHIV Infected Adults. *J Infect. Dis.* 2000; 181(2): 725-728. 7Payne DC, Edwards KM, Bowen MD et al.

Sibling Transmission of Vaccine-Derived Rotavirus (RotaTeq) Associated with Rotavirus Gastroenteritis. *Pediatrics* 2010; 125(2).8McKenna M.

Polio vaccination may continue after wild virus fades. *CIDRAP* Oct. 16, 2008.

Live vaccine virus shedding is a possible source of transmission of vaccine-strain viral infection, but how frequently that occurs is unknown. There is no active surveillance of live virus vaccine shedding, and most vaccine strain virus infections likely remain unidentified, untested, and unreported.