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Practice Easily Missed?

Measles in older children and adults

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Re: Measles in older children and adults

Langmuir (1962) wrote:

“Among all diseases measles has stood as the classic example of successful parasitism. This self-limiting infection of short duration, moderate severity, and low fatality has maintained a remarkably stable biological balance over centuries. Those epidemiologists, and there are many, who tend to revere the biological balance have long argued that the ecological equilibrium of measles is solidly based, that it cannot readily be disrupted, and that therefore we must learn to live with this parasite rather than hope to eradicate it. This speaker, not so long ago, was counted among this group and waxed eloquent on this subject in print.

Happily, this era is ending. New and potent tools that promise effective control of measles are at hand. If these tools are properly developed and wisely used it should be possible to disrupt the biological balance of measles. Its eradication from large continental land masses such as North America and many other parts of the world can be anticipated soon.”

“The importance of any disease as a public health problem must be gauged from many angles.

For example, using mortality as a criterion, heart disease becomes most important. Short-term morbidity, makes the common cold rank high. For chronic disability, arthritis and mental disease dominate. For public interest and parental concern, in spite of relatively low incidence, nothing has equaled poliomyelitis.”

And,

“…the importance of measles cannot be compared with any of the diseases mentioned so far, but it should still be classed as an important health problem on 2 main counts.

First, any parent who has seen his small child suffer even for a few days with persistent fever of 105 C with hacking cough and delirium, wants to see this prevented, if it can be done safely.
Second, at last there is promise that something can be accomplished by organized health action.”

Langmuir's Figure 1 shows annual stable measles morbidity and the steady mortality rate from 1912 to 1959, with "somewhat ominous" suggestion of a cessation of this downward trend since1955.

Does anybody benefit from disrupting a successful natural balance of a non-threatening natural childhood disease?

Fever, a general inflammatory natural healing process, is part of achieving a life-long natural measles immunity; having measles with proper rash and not suppressing fever also prevents many other conditions: asthma, allergies, sebaceous skin diseases and many tumours (Ronne 1985).

Children with measles benefit from traditional conservative management by keeping them warm in a darkened room to protect their eyes, and, ideally, administering vitamins A and C.

Well managed natural measles occurs at the appropriate ages when children can take a bout of measles without any major complications.

Soon after mass vaccination against measles started in 1960s, major problems have appeared, such as atypical measles, an especially dangerous form of measles with high fever, a deranged appearance of rash and high mortality (Fulginiti 1967). It first affected those vaccinated with killed measles virus vaccine, and soon after occurred also in those vaccinated with live measles virus vaccine (Scott and Bonanno1967).

Vaccination changed the age distribution of measles: many children born to mothers vaccinated against measles in childhood, experienced a lack of transplacentally-transmitted immunity which normally protects young children against any infectious diseases their mothers experienced naturally (Gans and Maldonado (2013), and exposed them to possible serious complications.

Additionally, another problem has appeared: the occurrence of measles in teenagers and young adults, another disadvantageous age distribution caused by vaccination (MMWR 1997) characterised by high incidence in babies, teenagers and older ages and low incidence in 4-10 years old when it should be at its highest.

The overambitious plan to eradicate measles by 1967 by vaccination failed. Despite the implementation of the specified essential conditions for eradication: a) routine vaccination of infants at approximately one year of age b) vaccination of all susceptible children on entry to school or other place of congregation, c) surveillance, and d) epidemic control, measles has re-surfaced in many worldwide epidemics in the vaccinated.

Despite this fiasco, the secretary of state Joseph A. Califano jr announced a launch "that seeks to free the United States from measles by 1 October 1982." Instead, the United States was hit by major sustained epidemics of measles, mostly in fully vaccinated populations right after 1982.

First, the blame was laid at the "ineffective, formalin-inactivated ("killed") vaccine, administered to hundreds of thousands of children (1963-1967). Measles outbreaks and epidemics continued occurring every 2-3 years even when this first vaccine was replaced with two doses of "live" measles vaccine and the age of administration was changed. Black et al (1984) wrote that antibody titres in re-immunised children may fall after several months to very low levels and such children may still experience clinically recognisable measles, although in a much milder form. "Such children are immunologically sensitised but not immune".

In contrast, the unvaccinated Amish (claiming religious exemption) have not reported a single case of measles (1970-1987) for 18 years (Sutter et al. 1991) as Hedrich (1933) observed.

The only 'achievement' was a disruption of the natural biological balance of measles.

Why eradicating measles at all? Langmuir (1967) answered by paraphraising Hillary, who replied, when asked why he climbed Mount Everest, "Because it is there. To this may I add,…and it can be done."

It's hard for me to see such a flippant excuse as a valid medical justification for disturbing the measles biological balance.

Finally,

Sencer et al. (1967) addressed the herd immunity by citing Hedrich's (1930) data from Baltimore from 1897 to 1927 to quantitate the ebb and flow of susceptibles. The incidence fluctuated in a roughly 2- to -3 year periodicity. The rate of susceptibles ranging between 45 to 50% triggered an epidemic, while falling to 30%-35%, ended it. With immunity above 55% epidemics did not develop. If a 99% vaccination rate were as effective as natural measles, measles should not exist any more. In reality it is here and kicking and morphed into a serious atypical disease in the unvaccinated babies and vaccinated teenagers and adults.

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Competing interests: No competing interests

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