

To whom it may concern

We would just like to add further to our original submission, please.

Those that choose to not vaccinate, are constantly being blamed for 'outbreaks'; even the CDC admits that whooping cough outbreaks cannot be blamed on those choosing not to vaccinate: "*vaccinated people are reservoirs for silent infection and become potential transmitters to unprotected infants*" and "*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

Virus shedding: "*The term is used to refer to shedding from a single cell, shedding from one part of the body into another part of the body, and shedding from bodies into the environment where the viruses may infect other bodies.*"

https://en.wikipedia.org/wiki/Viral_shedding

The below excerpt not only shows the ineffectiveness of vaccines, but how viral shedding is used as a marker for contagiousness.

"infected patients were a highly vaccinated population, 63% of the cases had been vaccinated for mumps and 49% had received two doses of vaccine. An important control activity is exclusion of patients from work or school. Public Health experts do not agree on whether patients should be excluded from school or work 5 days or 9 days following symptom onset. The purpose of this study was to determine the probability of viral shedding (as a marker for contagiousness) as a function of time after onset of symptoms."

<https://idsa.confex.com/idsa/2007/webprogram/Paper24332.html>

Vaccine virus shedding and vaccine virus transmission:

<http://www.ncbi.nlm.nih.gov/pubmed/11858860>

<http://www.ncbi.nlm.nih.gov/pubmed/7494055>

<http://www.ncbi.nlm.nih.gov/pubmed/18768116>

<http://pediatrics.aappublications.org/content/106/2/e28.full>

<http://www.ncbi.nlm.nih.gov/pubmed/24076325>

<http://www.ncbi.nlm.nih.gov/pubmed/5117594>

<http://www.ncbi.nlm.nih.gov/pubmed/16769402>

<http://www.ncbi.nlm.nih.gov/pubmed/10920184>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866412/>

<http://www.ncbi.nlm.nih.gov/pubmed/21513761>

<http://www.ncbi.nlm.nih.gov/pubmed/9333170>

<http://www.ncbi.nlm.nih.gov/pubmed/18662737>

<http://www.ncbi.nlm.nih.gov/pubmed/21477676>

It is well recognised that almost 70% of the entire immune system is represented in the gut

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2515351/>

<http://www.ncbi.nlm.nih.gov/pubmed/16875418>

Rather than assaulting a developing immune system with harmful vaccines, perhaps money should be spent on promoting gut health, and supplementing quality probiotics.

As mentioned in our earlier submission, the Herd Immunity Hypothesis was not hypothesised with vaccinations (which are unpredictable in efficacy and their waning times) in mind, it was hypothesised with NATURAL LIFELONG IMMUNITY in mind.

Following is another excerpt from Dr Tetyana Obukhanych, who earned her Ph.D. in Immunology at the Rockefeller University in New York, NY with her research dissertation focused on understanding immunologic memory, perceived by the mainstream biomedical establishment to be crucial to vaccination and immunity. During her subsequent involvement in laboratory research as a postdoctoral fellow within leading biomedical institutions, such as Harvard Medical School and Stanford University School of Medicine, Dr. Obukhanych realized the flaws and limitations of current immunologic paradigms.

"Let us now remind ourselves that the touted purpose of establishing herd immunity via a high degree of vaccination compliance is to be able to promptly cease any outbreak of a benign childhood disease so that a vulnerable but vaccine-ineligible population (i.e., infants or individuals taking immuno-suppressive medications) could avoid contracting the disease that is dangerous only at their age or given their state of health. To prevent an outbreak, 70-95% of the population, according to very-broad theoretical estimates, has to be truly immune – that is, resistant to viral infection, not just protected from developing the full range of symptoms that conform to the accepted clinical definition of the disease. However, even 100% vaccination compliance can at best make only a quarter of the population become resistant to infection for more than ten years. This makes it apparent that stable herd immunity cannot be achieved via childhood vaccination in the long term regardless of the degree of vaccination compliance.

Normal variations in the gene pool (i.e., personal, immuno-genetic profile) affect how efficiently antigens get processed and presented to the immune system for the purposes of antibody production. This might be one of the reasons why only a fraction of children can respond well to vaccination (i.e., can generate and maintain high enough antibody titers for many years), whereas other apparently healthy children do not. Would re-vaccinating those whose personal immuno-genetics do not favor high antibody production in response to the measles vaccine, correct their inherently low degree of vaccine responsiveness? The research that attests to the futility of such an endeavor is gleaned from observations summed up by Dr. Gregory Poland:

"In studies of measles, post-immunization measles antibody in the 'low positive' range did not protect against clinical measles when subjects were exposed to the wild measles virus, whereas high levels were protective. Furthermore, non-responders to a single dose of measles vaccine, who demonstrated an antibody response only after a second immunization, were still six times more likely than were responders to a single dose of measles vaccine to develop measles on exposure to wild virus. Others examined 'poor responders,' who were re-immunized and developed poor or low-level antibody responses only to lose detectable antibody and develop measles on exposure 2-5 years later."[7]

The answer is clear: poor responders remain poor responders to further vaccination and cannot contribute to herd immunity from viral diseases in the long run. Then why would the medical establishment insist that vaccine-based herd immunity is even possible if only stricter or more frequent vaccination measures were implemented? Why, for the sake of an unattainable idea, would pediatricians and public-health officials pester those families who choose to shield their children from potential vaccine injuries or to ensure their children's health via natural vaccine-independent strategies?

A Self-Defeating Public Venture

The biomedical belief that a vaccine-exempt child endangers society by not contributing to herd immunity is preposterous, because vaccinating every single child by the required schedule cannot maintain the desired herd immunity anyway. It is time to let go of the bigotry against those seeking vaccination exemptions for their children. Instead, we should turn our attention to the outcome of mass-vaccination campaigns that lies ahead.

As I have explained elsewhere, mass vaccination of children initially achieves rapid results in disease reduction through attempted viral eradication only because it hitch hikes on top of the permanently immune majority of adults who acquired their real immunity naturally in the pre-vaccination era.[8] The problem is, however, that the proportion of vaccinated but non-immune young adults is now growing, while the proportion of the older immune population is diminishing due to old age. Thus, over time mass vaccination makes us lose rather than gain cumulative immunity in the adult population. At this stage the struggle to control imported outbreaks is going to become an uphill battle regardless of vaccine compliance, with the Quebec experience of 2011 being a harbinger for more of such outbreaks to come.

Mass vaccination eventually ceases endemic disease outbreaks by removing virus circulation in the community, instead of inducing permanent immunity in the vaccinated. However, viral diseases, although reduced in incidence in many countries, are not fully eradicated from all parts of the World. A region-specific elimination of viral exposure by means of mass vaccination at the time when the virus is present globally is hardly good news. Prolonged mass childhood vaccination is a measure of disease control that with time makes our entire adult population (but more importantly infants) more and more defenseless against the incompletely eradicated virus, which can be easily re-imported. Why do we then choose to put so much effort into a self-defeating public-health venture?

Two epidemiologists, who have recognized the potential problem of this waning vaccine-based protection and have included this parameter into their herd-immunity modeling, predict:

"For infectious diseases where immunization can offer lifelong protection, a variety of simple models can be used to explain the utility of vaccination as a control method. However, for many diseases, immunity wanes over time.... Here we show how vaccination can have a range of unexpected consequences. We predict that, after a long disease-free period, the introduction of infection will lead to far larger epidemics than that predicted by standard models. These results have clear implications for the long-term success of any vaccination campaign and highlight the need for a sound understanding of the immunological mechanisms of immunity and vaccination." [9]

The medical establishment got it all in reverse: it is not vaccine-exempt children who endanger us all, it is the effects of prolonged mass-vaccination campaigns that have done so. When would the medical establishment (and the media) start paying attention to the long-term consequences of mass-vaccination measures instead of hastily and unjustifiably blaming every outbreak on the unvaccinated?"

<http://www.greenmedinfo.com/blog/herd-immunity-myth-or-reality>

Yours sincerely
Dean and Angela Kelly