Let’s face it.
As parents, we’re inundated with mixed messages about vaccines. On one hand, doctors and mainstream media tell you how effective and safe vaccines are. On the other hand, you have parents like me who claim vaccines injured their children, or, in this case, that vaccines really “don’t work” as advertised.

What is often quickly forgotten is how often (and badly) vaccines fail. Ask yourself, “Why don’t these vaccine failures regularly make the news?”

If you can imagine in your mind’s eye, for a moment, the cash register “cha-chinging” while Big Pharma is pulling out a wad of cash, I think you may be getting close to the real answer.

There’s big money in making sure the vaccine program is perceived as a success by you. But this isn’t why you’re here.

Before I give you the 17 examples of how vaccines have failed, please investigate the United States vaccine schedule (Impfpflichtprogramm). Children are injected with 36 vaccines by the time they are 6 years of age.

The United States has the most aggressive vaccine schedule (USA Impfpflichtprogramm) in the world.
You'll notice a common theme that when vaccines fail, the proposed solution is often more vaccines, even when the child has already received multiple doses to “protect” them.

As promised, here are examples of the children being injected with toxic and ineffective vaccines, which their parents trusted would protect their children from getting the disease.

**Vaccine Failure 1 – Mumps Outbreak in Orthodox Jewish Communities in the United States (2010)**

A large mumps outbreak occurred among highly vaccinated U.S. Orthodox Jewish communities during 2009 and 2010. Of the teenagers vaccinated,

- 89% had previously received two doses of a mumps-containing vaccine
- 8% had received one dose

Those infected who received a vaccine: 97%. [1]

**Vaccine Failure 2 – Mumps Epidemic in Iowa (2006)**

In March, 2006, a total of 219 mumps cases had been reported in Iowa – the largest epidemic of mumps in the United States since 1988. Of the 219 cases reported in Iowa, the average age of infection was 21. Of the 133 patients investigated with a vaccine history,

- 87 (65%) had received 2 doses
- 19 (14%) had received 1 dose
- 8 (6%) had no doses
- 19 (14%) vaccine status could not be documented

Those infected who received a vaccine: 79% (at least). [2]

**Vaccine Failure 3 – Mumps Outbreak at a Summer Camp in New York (2005)**

On July 26, 2005, the New York State Department of Health identified 31 cases of mumps, possibly introduced by an unvaccinated camp counselor from the United Kingdom (UK). The vaccine coverage for the entire camp was 96%. Of the infected 31,

- 16 (52%) had received 2 doses
- 4 (13%) had received 1 dose
- 9 (29%) had no doses
- 2 (6%) vaccine status could not be documented

20 of the 31 people infected (65%) of the people infected were vaccinated. Vaccine coverage for the camp: 96%. [3]

**Vaccine Failure 4 – Mumps Outbreak in a Highly Vaccinated Population (1989)**

From October 1988 to April 1989, an outbreak involving 269 cases of mumps 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 received a mumps vaccination. [4]

**Vaccine Failure 5 – Two Fully Vaccinated Doctors Get Measles (2009)**

A measles outbreak in 2009 exposed and infected two physicians, both of whom had been fully vaccinated with two doses of the MMR vaccine. These physicians were suspected of having been infected by treating patients diagnosed with measles.

**Scoreboard: Measles 2 – Vaccinated Doctors 0.** [5]

**Vaccine Failure 6 – Major Measles Epidemic in Quebec Despite 99% Vaccine Coverage (1989)**

The 1989 measles outbreak infecting 1,363 people in the province of Quebec was attempted to be explained away as occurring because of “incomplete vaccination coverage.” However, upon further investigation, it was discovered the vaccination coverage among cases was at least 84.5%. Vaccination coverage for the total population was 99.0%.

**Vaccine coverage for population: 99%** [6]

**Vaccine Failure 7–Outbreak of Measles Despite Appropriate Control Measures (1985)**

In 1985, of 118 cases of measles which occurred on a Blackfeet reservation in Montana, 82% were vaccinated. Twenty-three of those cases occurred in the schools in Browning, Montana, where 98.7% of students were vaccinated. [7]


In 1985, an outbreak of measles occurred in a secondary school located in Corpus Christi, Texas. More than 99% had records of vaccination with live measles vaccine. The investigators concluded “that outbreaks of
measles can occur in secondary schools, even when more than 99 percent of the students have been vaccinated and more than 95 percent are immune.”

Vaccine coverage for school: 99%. [8]

**Vaccine Failure 9 – Measles in an Immunized School-Aged Population in New Mexico (1984)**

The story keeps repeating.

In 1984, 76 cases of measles were reported in Hobbs, New Mexico. Forty-seven cases (62%) occurred among students. The school reported that 98% of students were vaccinated against measles before the outbreak began.

Vaccine coverage for school: 98% [9]

**Vaccine Failure 10 – Measles Outbreak Among Vaccinated High School Students in Illinois (1984)**

In 1984, 21 cases of measles occurred in Sangamon County, Illinois.

16 (76%) were vaccinated  
4 (19%) were unvaccinated preschool children  
1 (5%) vaccinated college student

All 411 students of the local high school were documented as having received the vaccination on or after their first birthday. Investigators remarked, “This outbreak demonstrates that transmission of measles can occur within a school population with a documented immunization level of 100%.”

Vaccine coverage in school children contracting measles: 100% [10]

**Vaccine Failure 11 – Analysis of Measles Epidemic; Possible Role of Vaccine Failures (1975)**

In 1975, a measles epidemic occurred in schools in Greensville, Ontario. Out of the 47 cases of measles,

26 (55.3%) had been vaccinated  
18 (18.3%) had not been vaccinated  
3 (6.4%) vaccine status unknown

Researchers concluded one vaccine isn’t enough to protect children. They recommended children be injected with an additional measles vaccine.

Cases of measles in vaccinated children: 55.3%. [11]


In 2012, doctors at Kaiser Permanente Medical Center identified 171 cases of pertussis – 132 in children. They noticed increased cases in children between the ages 8-12. They claim vaccine effectiveness was as follows:

For ages 2-7: 41% effective (?!?)  
For ages 8-12: 24% effective (?!?)  
For ages 13-18: 79% effective

Outside of using colorful adjectives such as garbage, worthless, or junk, the doctors hypothesized children need more vaccines to become “adequately protected.”

Vaccine effectiveness for ages 8-12: 24%. [12]

**Vaccine Failure 13 – Clinical Presentation of Pertussis in Fully Immunized Children in Lithuania (2001)**

In 2001, Lithuania’s vaccine coverage was 94.6% as a country. From May to December of that year, 53 children showed a serological confirmation of pertussis. Of the 53 children,

32 (60.4%) were fully vaccinated  
21 (39.6%) were partially vaccinated or unvaccinated

Researchers conveniently grouped both partially vaccinated and unvaccinated children together. Twenty-eight of 32 fully vaccinated children (87.5%) had also received antibiotics.

Vaccinated children (who received at least three DTP vaccine doses) represented 43.2% of all pertussis cases diagnosed in 2001.

Vaccine coverage for Lithuania: 94.6%. [13]


Many health professionals are adamant that vaccines protect against infection. Evidence from a field investigation in Israel challenges this belief.

In 2000, a child died suspected of having pertussis. The baby received the first dose of DTP at two months of age – all family members were completely vaccinated with four doses of DTP.
The day care centers that two siblings had attended during the child’s illness were investigated. All the children in the day care had been vaccinated in infancy with four doses of diphtheria-tetanus toxoid pertussis (DTP) vaccine, and a booster dose at 12 months of age.

Five fully vaccinated children were found to be colonized with Bordetella pertussis.

At the conclusion of the investigation, researchers stressed the following information:

“Vaccinated adolescents and adults may serve as reservoirs for silent infection and become potential transmitters to unprotected infants. The whole-cell vaccine for pertussis is protective only against clinical disease, not against infection. Therefore, even young, recently vaccinated children may serve as reservoirs and potential transmitters of infection.”

They re-emphasized again, “Our results indicate that children ages 5-6 years and possibly younger, ages 2-3 years, play a role as silent reservoirs in the transmission of pertussis in the community.”

**Vaccine coverage in daycare: 100% [14]**

### Vaccine Failure 15 – Pertussis Outbreak in Vermont (1996)

In 1996, over 280 cases of pertussis cases were identified in Vermont. Here is the breakdown of the age groups of those infected:

- 12 (4%) were aged less than 1 year
- 32 (11%) were 1-4 years
- 42 (15%) were 5-9 years
- 129 (46%) were 10-19 years
- 65 (23%) were greater than or equal to 20 years

How many of these 215 children were vaccinated? According to the report, of the children who had a known vaccine status,

- 5 children aged 7-47 months were partially vaccinated
- 14 children aged 7-47 months were vaccinated with 3 doses
- 49 children aged 7-18 years were partially vaccinated
- 106 children aged 7-18 years were fully vaccinated

Disturbingly, 174 children were vaccinated and over half (61%) of the school children were considered “fully vaccinated!” It’s also important to keep in mind that in 1996, 97% of children aged 19-35 months in Vermont had received three or more doses of DT or DTP vaccine.

**Complete failure in vaccinated children: at least 80.9% [15]**

### Vaccine Failure 16 – Outbreak of Varicella at a Day Care Center Despite Vaccination (2012)

Sometimes instead of saying a vaccine is a complete failure, a term such as “breakthrough varicella” is used to describe how children get the disease for which they were vaccinated.

In December of 2012, an outbreak occurred in a private day care center in a small community near Concord, New Hampshire. There were a total of 25 cases of varicella reported in children.

- 17 (68%) were vaccinated
- 8 (32%) were unvaccinated – two of these children were vaccinated in late December and classified as “unvaccinated”

The investigators lamented that the vaccine was 44% effective, saying, “The reasons for the poor performance of the vaccine are not apparent…the findings in this investigation raise concern that the current vaccination strategy may not protect all children adequately.”

**Vaccine coverage: 73.1% [16]**

### Vaccine Failure 17 – An Outbreak of Chickenpox in Elementary School Children with Two-Dose Varicella Vaccine Recipients (2006)

When it is apparent one vaccine isn’t working, the answer is almost always more vaccines... ever notice?

In June 2006, a second dose of the chickenpox (varicella) vaccine was recommended for school entry. Shortly after school had begun, the Arkansas Department of Health was notified of a varicella outbreak in students.

Vaccination information was available for 871 (99%) of the 880 children. Ninety-seven percent of the children had been vaccinated for varicella! In this outbreak, 84 cases were reported.

**Vaccine coverage: 97%. [17]**

### Conclusion

As you can see from the above examples, vaccines fail and do so often. Trust me, there are many more examples I didn’t cover here.

Here’s a tip for you if you want to look for more information. Open your browser right now. Go to Google.com and do a search for the terms “previously immunized for (x)” or “breakthrough (x) in school.” X, of
course, represents a “vaccine preventable” disease such as pertussis, measles, varicella, etc., – you get the point.

As a parent, you trust doctors to provide you with accurate information. When doctors say vaccines work and they are effective, from whom are they getting their information?

Maybe even more importantly, why aren’t the vacci— they are effective, from whom are they getting their information?

If you find other examples, please post them below (with the link to PubMed) for other parents to read.

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