

Recent Pertussis Outbreaks and the likely causal factors (Hint: it's not what the Hospitals, Health Authorities, or Hoppy might be telling you!)

A little education for pharmacist Ken Reed and other people who need some updates on vaccine education (Things have changed a lot since your time in pharmacy school, maybe you should catch up).

The following paper was the result of a Consensus Conference of world experts on Pertussis (Whooping Cough) held in Italy in and published in 2019. **Pertussis**

Prevention: Reasons for Resurgence, and Differences in the Current Acellular

Pertussis Vaccines

<https://pubmed.ncbi.nlm.nih.gov/31333640/>

This paper reports the results of a Consensus Conference organized by the World Association for Infectious Disease and Immunological Disorders (WAidid) on June 22, 2018, in Perugia, Italy, with the goal of evaluating the most important reasons for the pertussis resurgence and the role of different aPVs in this resurgence.

Key conclusion quoted from the paper, **"Finally, aPV pertussis vaccines do not prevent colonization. Consequently, they do not reduce the circulation of *B. pertussis* and do not exert any herd immunity effect.** These findings at least partly explain the resurgence of pertussis." (emphasis added)

Here is a key quote from a peer reviewed published paper: **The 112-Year Odyssey of Pertussis and Pertussis Vaccines-Mistakes Made and Implications for the Future** by Dr. James D Cherry

"The type of cellular response a predominantly, T2 response results in less efficacy and shorter duration of protection. Because of the small number of antigens (3-5 in DTaP vaccines vs >3000 in DTwP vaccines), linked-epitope suppression occurs. ***Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility.***" (emphasis added) This is the paper

quoted: <https://pubmed.ncbi.nlm.nih.gov/30793754/> This is authors background:

<https://doctor.webmd.com/doctor/james-cherry-4387d960-1273-4017-92dd-f3ae07a9f4d6-overview>

So, the "science" basically says 1) The current vaccine in use since 1997, aPV, does not prevent circulation of pertussis nor does it exert any herd immunity 2) A recipient of aPV

pertussis vaccine can get pertussis and be asymptomatic and spread pertussis 3) a recipient of aPV pertussis vaccine will have shorter durations of any immunity they do receive and are more likely to get pertussis than an individual never vaccinated who gets pertussis and recovers.

If you don't want to read these two papers thoroughly, here is a link to an 8 minute explanation by Aaron Siri on the topic from his appearance in front of an Arizona legislative committee: https://rumble.com/v4fn8dl-section-1-pertussis-a.k.a.-whooping-cough.html?e9s=src_v1_ucp

In conclusion, we have a problem within our Healthcare community which is rooted from one or more of the following 1) Ignorance (they just don't know the data or current science) which leads to them spreading misinformation 2) Disinformation where they are intentionally spreading false information that is designed to mislead people and is deliberately spread with the intent to manipulate truth and facts 3) Outright Fraud, "Fraud is generally defined in the law as an intentional misrepresentation of material existing fact made by one person to another with knowledge of its falsity and for the purpose of inducing the other person to act, and upon which the other person relies with resulting injury or damage. Fraud may also be made by an omission or purposeful failure to state material facts, which nondisclosure makes other statements misleading." (from uslegal.com)

The ball's in your court now Healthcare Community and Media. Do we begin an actual honest dialogue based on facts or do you continue the Russian style disinformation of "safe and effective". I'll wait, but I won't hold my breath.

Michael Folk