

New York City declares public health emergency over measles outbreak

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A large outbreak of measles in the Orthodox Jewish community in parts of Brooklyn prompted Mayor Bill de Blasio to declare a public health emergency on Tuesday. Health officials said that the city would require unvaccinated people living in select ZIP codes in the Williamsburg neighborhood to receive the measles vaccine or face a citation or possible \$1,000 fine.

The move came following a spike in measles infections in New York City, where there have been 285 confirmed cases since the outbreak began in the fall. Twenty-one of these cases required hospitalizations, including five admissions to intensive care units.

According to the Centers for Disease Control and Prevention (CDC), there were 78 new cases of the potentially deadly measles virus in the United States last week, bringing the count to 465 so far this year, the second-greatest number of recorded cases in a year since measles was declared eliminated in the US in 2000.

At the current rate, the number of measles cases by mid-year would surpass the 667 cases in 2014, the highest number since 2000. The 2014 cases were driven in part by a measles exposure at Disneyland in California and by an outbreak among unvaccinated Amish communities in Ohio.

In the first week in April, Florida, Indiana, Massachusetts and Nevada confirmed their first measles patients. Another 15 states have already reported cases this year: Arizona, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Michigan, Missouri, New Hampshire, New Jersey, New York, Oregon, Texas and Washington.

Over the last few months, an outbreak of measles has shaken Rockland County, a suburban county in New York's Hudson Valley of about 320,000 with a large population of Hasidic Jews. As of April, there were 167 reported cases of measles in the county since the beginning of the 2018-2019 outbreak. Eighty-five percent of these cases were children, ages 18 and younger. Nearly 60 percent of the cases have been among children 6 and under, and 15 percent of those afflicted were children younger than a year old.

On Wednesday, officials in Westchester County, New York confirmed eight measles cases, mostly confined to unvaccinated children in one family, aged 6 months to 14 years. The children were exposed to the measles while attending family events in nearby Rockland County and Brooklyn.

Earlier this year, Washington state Department of Health officials declared a state of emergency as they grappled with a measles outbreak in two counties in the state. There were 36 confirmed cases and 11 suspected cases of the viral infection in

counties with a lower than normal vaccination rate. Most of the cases involved children between the ages of 1 and 10 who had not been vaccinated.

Low immunization rates fail to provide “herd immunity”

Health officials at the federal, state and local level point to a rate of immunization below that which provides “herd immunity” to the disease as the cause of the surge in measles cases. Herd immunity means that a sufficient number of people have been vaccinated so the disease cannot spread easily, even among those who cannot be vaccinated, including newborns, those with vaccine allergies, and some people with compromised immune systems.

The measles vaccine is given as part of the combination measles, mumps, rubella (MMR) injection. The CDC recommends that children receive two doses: one at 12 through 15 months of age, the second at 4 through 6 years of age. Overall, about 91 percent of young children received the shot in 2016, according to the CDC.

However, there are dozens of counties across the country where nonmedical exemption rates for the vaccine exceed the national average. Camas County, Idaho, led the nation in 2016-17, with a 27 percent opt-out rate.

The measles virus is airborne and is transmitted by droplets from the nose, mouth or throat of an infected person, usually released through coughing or sneezing. These small particles can remain suspended in the air for long periods of time and can live on surfaces for up to two hours. The virus strikes after an incubation period of 10 to 12 days, so people carrying the virus can spread it to others before even knowing they have the disease.

Usual symptoms include fever, cough, stuffy nose, and then the onset of the characteristic red rash. Loss of appetite, lethargy and confusion are common. While in uncomplicated cases sufferers, who are overwhelmingly children, begin to recover soon after the rash appears and feel better in about two to three weeks, up to 40 percent of patients—usually children under five, adults over 20, the undernourished and immunocompromised—suffer complications.

Children under age 5 have the highest probability of death from measles, with pneumonia being the most common cause. Less common complications include blindness, croup, mouth ulcers, ear infections, and severe diarrhea. Some children develop swelling of

the brain, or encephalitis, which can lead to convulsions, loss of hearing, mental retardation or death.

Before the measles vaccine was introduced in the US in 1963, there were 4 million measles cases with 48,000 hospitalizations and 500 deaths in the US every year. Measles was also a leading cause of death for children globally. Intense pockets of transmission still exist around the world today, especially in low-income countries. Europe saw more than 41,000 measles cases in the first half of 2018, with this spike also attributable to growing numbers of the unvaccinated.

Unfounded beliefs about vaccines

Aside from medical reasons, people in the US choose to opt out of the vaccine for themselves and their children for religious and philosophical reasons, as well as the mistaken belief that the vaccine can cause autism, Attention-Deficit/Hyperactivity Disorder (ADHD) and other developmental problems in children.

One of the most prominent proponents of the link between vaccines and autism is the now-disbarred British physician Andrew Wakefield. He was the senior author of a 1998 *Lancet* study linking autism to the MMR vaccine. The study involved only 12 children, including 8 whose parents were already convinced of the MMR-autism connection. Ten of the 12 co-authors of the paper eventually issued a retraction. The *Lancet* also admitted that Wakefield had failed to disclose that his research had been funded by lawyers representing parents in lawsuits against vaccine-producing companies.

The science shows that serious complications from the MMR vaccine are so rare that a causal relationship cannot be established. However, despite the debunking of Wakefield's work, these unproven, anti-scientific theories persist and have taken hold in some communities. In the ultra-Orthodox Jewish community in Brooklyn, significant numbers of people refuse to have themselves and their children vaccinated based on the unfounded belief that the vaccines will harm their children.

While most prominent ultra-Orthodox rabbis urge observant Jews to be immunized, a 40-page "Vaccine Safety Handbook" has been circulated in the Brooklyn community which includes false warnings that vaccines cause autism and contain cells from aborted human fetuses. An editor of the group creating the handbook, Parents Education and Advocating for Children's Health, told the *New York Times* in an email, "Vaccines contain monkey, rat and pig DNA as well as cow-serum blood."

For-profit health care and social inequality

Contributing as well to the anti-vaccine movement is a well-deserved distrust of the pharmaceutical industry. As part of the for-profit health care system in America, drug company operations are

geared toward improving their bottom line, not toward protecting and improving the health of the US population.

Unless it is a new blockbuster vaccine like Gardasil 9—manufactured by Merck and advertised widely on US television as a protection against the human papillomavirus—vaccines are not a big money-maker for the drug companies. Gardasil led Merck's vaccine business for 2017, generating \$2.3 billion and growing by 6 percent over 2016. By contrast, Merck's MMR II vaccine and Varivax, a chicken pox vaccine, brought in only \$1.4 billion in 2014, a fraction of the company's \$42.2 billion in global sales.

The giant pharmaceuticals have little appetite for developing vaccines that are only given a few times over a person's life to protect them from deadly diseases. There is much more profit to be made from developing drugs for cancer, heart disease, diabetes and other chronic conditions.

This was shown during last year's flu season, when doctors and clinics faced a shortage of the flu vaccine. The federal National Institutes of Health only committed \$30 million in funding out of an already inadequate budget of \$230 million overall in 2017 for the development of a universal flu vaccine that would protect an individual for life.

The Department of Health and Human Services (HHS) acknowledges that its National Vaccine Program is beholden to the private market, writing on its web page: "Vaccines are developed through public-private partnerships—including researchers, government, manufacturers, purchasers, and policy makers—who have been successful at bringing new vaccines to licensure for broad use. These partnerships are central to the success of vaccine innovations."

As in all aspects of the delivery of health care in America, even the public programs developed to promote vaccination fail to deliver to society's poor and most vulnerable. The CDC's Vaccines for Children (VFC) program, which is aimed at helping children whose families cannot afford recommended vaccinations to get them on schedule, fails to serve many children.

Parents must first find a provider that participates in the VFC program. Then there can be a fee for the office visit. There can also be fees for non-vaccine services, such as for conditions that may be detected during an office visit. These fees can discourage parents from utilizing the program.

Social inequality is a determining factor is the ability of working-class families to obtain overall health care services. Child Trends found that children without health insurance coverage are less likely than children with coverage to have received a well-child checkup in 2017—66 percent versus 91 percent, respectively.

An HHS report in 2014 found that only 63 percent of children on Medicaid, the government health care program for the poor, received at least one medical screening in 2013, far below the department's 80 percent goal.



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