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Vaccines Update
By Ann Gerhardt MD May 2025

In 2024 there were 285 known measles cases. So far in 2025, we now have thirty-one states with a total of 800 **measles cases**. At the time of this writing, two children and one adult, all unvaccinated, have died. Of the 800 known U.S. cases, the vast majority lived in Western Texas, where the two children died. There is a latent period of about 7 to 10 days after contracting infection with the measles virus, in which, with little to no symptoms, they can transmit it to others whose susceptibility depends on their immune status. In 2000, after most Americans were vaccinated against measles as required by state school systems, measles largely disappeared from our communities because we had "herd immunity", meaning infection was unlikely because most people were immune, and those who did contract it were less likely to die. Until this year, the last measles death in the U.S. was in 2015. Since then, the anti-vax movement has depleted our community-wide measles resistance, so the virus can spread much more readily.

California state senator and pediatrician Richard Pan puts the need for vaccination this way, "The issue is one of rights and freedoms". Those who don't want their children to be vaccinated have that right, but the rest of us and our families should have the right and freedom to circulate freely in society without being exposed to unvaccinated persons' illnesses. With almost eleven thousand cases in Yemen and more than 7000 measles cases in India in the last half year, travelers from those countries could easily bring it to more of our less vaccinated, more susceptible communities. If there is any doubt, a simple blood test for measles antibodies can verify a person's resistance to infection.

The last new case of **polio** in the U.S. occurred in a Rockland, NY, unvaccinated male in 2022. Poliovirus has also been detected in London sewage samples. Prior to the man in 2022, it had been a decade since polio was last diagnosed in the U.S. Cases were reported in 2024 in Afghanistan and Nigeria, areas with low vaccination rates. As travel expands, the world contracts, bringing more people into contact with disease for which they may or may not have immunity, so in the absence of mandatory vaccination, doctors who have never seen a new case of polio may be confronted by it.

Similarly, travel by infected individuals may bring the **Zaire Ebolavirus**, for which there is a safe and effective vaccine, to us. So far, the vaccine has been stockpiled for use in countries in need of disease containment and has been effective in doing so in multiple West African countries. Ebola is extremely contagious and more fatal (50% of cases) than COVID-19. In 2014 eleven cases were reported in the U.S., including a Doctors Without Borders physician and two nurses who had treated an infected Liberian national visiting family in Texas. I hope anyone traveling to West Africa at some time in the future has access to the vaccine.

Influenza is a risky and prevalent infection for which there is an effective vaccine. In December, an unvaccinated Louisiana farmworker died from bird flu. Long ago, I had an elderly patient whose vaccine refusal led to his death. His vaccinated wife and I watched in horror as his lungs turned into bloody mush. Influenza is contagious enough that we really need herd immunity for it, attained only by widespread vaccination.

Respiratory Syncytial Virus (RSV) infection is also quite common. Babies not yet old enough to have a good immune system and older individuals with underlying lung or cardiac conditions are most susceptible to severe disease, so the CDC last year recommended the RSV vaccine for those older than 60 years. Vaccinated elderly are much safer for

themselves, their friends and their new grandchildren.

It took more than forty years, but there are now some *possibly* effective vaccines for **Human Immunodeficiency Virus**, which causes AIDS. We also have a medication, Cabenuva (lenacapavir), that, dosed just twice a year, almost completely prevents AIDS in at-risk individuals. The debate now revolves around the need for further work on vaccines when there is such an effective, albeit expensive, preventive medication that would obviate the need for a vaccine.

It's obvious from this review that I wish we hadn't acquired a vaccine skeptic as our current national Health and Human Services chief, whom I doubt will contribute to positively to community health. I spoke with some of his fans when he was running for president. They said that he's not anti-vax, he just thinks people should do their own research. I say that the average citizen doesn't have the access to many scientific studies or the ability to critically assess the significance of random reports of unproven side effects or the validity of large, controlled, vaccine studies. Also, the fact that most health providers trained since the nineteen sixties have never seen a measles or polio case is a great argument for vaccines.