

MEASLES MAKES A COMEBACK; WHY WE SHOULD ALL CARE

An NPG Forum Paper
by Edwin S. Rubenstein

In 2024 there were 285 measles cases reported in the U.S., nearly a five-fold increase from the 59 cases in 2023, according to recent data from the Centers for Disease Control and Prevention (CDC).¹

The rise should “**alert us rather than alarm us,**” says Dr. Demetre Daskalakis, director of Immunization and Respiratory Diseases at the CDC.² Most communities have vaccination rates high enough to have robust protection against the measles virus, he said. Even after the spike, the number of cases is significantly lower than it was in 2019, when more than 1,200 people were infected – more than two-thirds of them children.

But other health experts – including several of Dr. Daskalakis’s colleagues at the CDC – don’t share his optimism. They see the 2024 surge in reported cases as a distressing reminder that even though there is an effective vaccine against the virus, measles remains a persistent threat.

Measles is an airborne disease which spreads easily through coughs and sneezes of infected people. Symptoms may include fever (often greater than 104°F), cough, inflamed eyes, and a red rash that usually starts on the face and then spreads to the rest of the body. Symptoms usually develop 10 to 12 days after exposure to an infected person, and last seven to ten days.

The disease is extremely contagious: nine of ten people who share living space with an infected person will be infected. Furthermore, newly infected people are infectious to others from four days before to four days after the start of the rash.

While usually regarded as a childhood disease, it can affect people of any age. Unlike avian flu, measles is not known to occur in other animals.

WHAT FORCES ARE DRIVING THE SPREAD OF MEASLES? (LET US COUNT THE WAYS)

1. OPEN BORDERS

Measles had been on the verge of being eliminated in the U.S., but thanks (in part) to mass immigration, keeps being reintroduced by migrants from countries with rudimentary healthcare systems. American children are particularly at risk, as U.S. law requires local public school districts to educate children of illegal immigrants.

A glaring example of the public health consequences was a measles outbreak in a migrant shelter in Chicago in March 2024. Four migrants – including 2 children – were infected. Drawn by the city’s reputation as a sanctuary city, 2,000 illegal alien children have reportedly enrolled in Chicago public schools. Their presence places American children at risk of infection if not properly vetted and immunized.

A team of CDC experts was sent to the city to help local officials contain the outbreak. Their report candidly states that migration is the main way measles enters the U.S., adding that “**...we expect importations of measles cases into the United States to continue.**”³

Many illegal migrants come from countries where vaccinations are either not available or offer insufficient protection. In Venezuela healthcare has essentially collapsed, with a Johns Hopkins University team finding outbreaks of measles spreading to countries Venezuelans travel to. The U.S. is likely the top destination: in 2023 alone, U.S. Border Patrol and Border Protection reported 334,914 encounters with Venezuelan nationals.⁴

What makes the Chicago outbreak particularly troubling is that measles is a potentially dangerous – even fatal – illness for babies and young children. Large, densely populated cities provide ideal conditions for infection and transmission. In 2019 over 600 people came down with measles in New York City – 80% of them children – and their median age was three years old. Measles infections in children can cause complications ranging from pneumonia to organ damage.⁵

The first measles vaccine was developed in 1963, followed by a mumps vaccine in 1967 and a rubella vaccine in 1969. In 1971, while working for Merck & Co., epidemiologist Maurice Hilleman combined the three medicines to create the **MMR vaccine**, which is administered in two doses, and is still the most common vaccine used to provide long-term protection from measles.⁶

Before the vaccine became available, almost all children in the U.S. contracted measles before the age of 15. Before 1963 there were between 3 to 4 million people infected annually, resulting in 400 to 500 annual deaths, 48,000 annual hospitalizations, and 1,000 cases of measles-associated encephalitis per year. **MMR’s impact was astounding.**

The elimination of measles in the U.S. was declared in 2000, with zero disease transmissions reported for more than 12 months. The U.S. maintained measles elimination status for almost 20 years.

The COVID pandemic triggered an ominous increase in reported measles cases. The increase is attributed to many factors, including social restrictions during the pandemic, post pandemic vaccine hesitancy, and the non-evidence-based fears – shamelessly stoked by vaccine skeptics on social media – of a relationship between the MMR vaccine and autism.

The “evidence” consisted of a single study published in the *Lancet* that claimed to provide data for the association between the MMR vaccine and autism. Although that study was retracted in 2011, the damage had already been done. Anti-vaxxers focused on the measles component of the MMR vaccine, flooding social media with bogus links to childhood autism, sudden infant death syndrome, and immune dysfunction.⁷

“Routine childhood vaccinations, including the MMR, stalled once the pandemic started. At the same time, vaccine hesitancy has become more commonplace,” says Dr. Paul Offit, a vaccine expert at the Children’s Hospital in Philadelphia.⁸

Vaccine hesitancy is so widespread that the national vaccination rate may have been affected. **“Generally, a community is protected against measles if more than 95% of people in it are vaccinated,”** Offit said. Adding: **“But state-required vaccinations among kindergartners in the U.S. fell from around 95% in the 2019-20 school year to roughly 93% in the 2022-23 school year.”**⁹

“People use terms like ‘personal choice,’ ‘individual freedom,’ and ‘bodily autonomy,’” [to rationalize their refusal to vaccinate their children.] [But] **“this is a contagious disease,”** Dr. Offit says, **“You’re making a decision for yourself and others with whom you come in contact.”**¹⁰

The vaccination gap has left about 250,000 kindergartners vulnerable to the disease. The rate of vaccine exemptions for children has also increased – underscoring the challenges vaccine hesitancy presents.

About one in five people in the United States who are infected by measles and not vaccinated end up hospitalized, according to the CDC. And as many as one in 20 children with measles develops pneumonia, the most common cause of death from measles in young children.¹¹

Some parents might wrongly assume **“that measles is a mild disease,”** warns Dr. Sean O’Leary, a professor of Pediatrics Infectious Diseases at the University of Colorado School of Medicine.

Most cases cause fevers, cough, red eyes, and a telltale rash. In some cases, people develop pneumonia and brain swelling that can lead to deafness or cognitive disabilities. **“It is potentially a very severe disease,”** Dr. O’Leary says.¹²

2. OLDER HEALTHCARE WORKERS

Before measles vaccines were available, almost everyone contracted the disease during childhood. It is widely presumed that these older folks—born before 1957—were already exposed to the virus, and, therefore, achieved herd immunity. **“Reports have shown that despite high population immunity to the measles virus...**

measles transmission can occur in healthcare workers with presumed immunity. Therefore, newly appointed healthcare workers and those who work with and for their community should be considered at risk and offered further MMR vaccination.”¹³

3. THE FLORIDA SYNDROME: QUACKERY REPLACES SCIENCE

In early 2024, as a measles epidemic raged in a Broward County, Florida, elementary school, the state’s surgeon general – Harvard educated Dr. Joseph Ladapo – sent a letter to parents saying it was perfectly OK for them to send their unvaccinated children to school.

“The surgeon general is Ron DeSantis’s lapdog, and says whatever DeSantis wants him to say,” said Dr. Robert Speth, a professor of pharmaceutical sciences at south Florida’s Nova Southeastern University with more than four decades of research experience.¹⁴ **“His statements are more political than medical and that’s a horrible disservice to the people of Florida. He’s somebody whose job is to protect public health, and he’s doing the exact opposite.”**¹⁵

By giving parents **“freedom”** to make their own decisions about school attendance, Ladapo is directly contradicting CDC’s recommendations, which call for a 21-day quarantine for anyone with no history of prior measles infection or immunization.

Well, at least Ladapo is consistent. His previous vaccine proclamations include advice to shun COVID-19 booster shots based on conspiracy theories suggesting that the shots altered human DNA and can potentially cause cancer – **“scientific nonsense”** – according to Dr. Ashish Jha, a former White House COVID response coordinator.¹⁶

To Speth and numerous other medical experts, Ladapo’s denial of even the most obvious benefits of measles vaccination is symptomatic of a wider, politically-inspired assault on medical practice by right-wing activists.

Its origins, Speth believes, lie in a long-discredited study by the disgraced British doctor Andrew Wakefield falsely tying the MMR vaccine to autism, but which was enthusiastically embraced by anti-vaxxers and other extremists in the U.S.¹⁷

“The Wakefield study was a gross fraud, yet today up to 25% of our population believes it, and opportunistic politicians seize on the sentiment to tell people what they want to hear about the danger of vaccines,” Speth said.

Ladapo became a vocal cheerleader for the governor’s anti-mask, anti-vax, and anti-lockdown decrees, and was also a prominent member of **Frontline Doctors of America**, a fringe group that pushed ineffective medicines – **remember hydroxychloroquine?** – and saw sunlight as a possible cure for the COVID virus.

Frontline’s founder, Simone Gold, received a 60-day prison sentence in 2022 for taking part in the January 6th Capitol riot.¹⁸

4. SHARED AMNESIA ON CHILDHOOD DISEASES

While everyone seems to be talking about the (alleged) side effects of the measles vaccine, few are discussing other once-common illnesses that vaccines have long eradicated. That's not surprising: It's been a half-century or more since childhood vaccinations became commonplace in the U.S., and the experience of having suffered from them has been largely erased from our collective memory.

HERE ARE FIVE NON-MEASLES DISEASES THAT VACCINATIONS HAVE CONTAINED—FOR DECADES:

1. DIPHTHERIA

The Greek word means leather – a reference to the bacterial infection that creates a thick membrane over the throat and tonsils, suffocating its victims. There was a time when up to eight children in a single U.S. family suffered this fate, a burden so grave that one medical historian called it “childhood’s deadly scourge.”¹⁹

The infection travels in “respiratory droplets” and works by killing healthy tissues, which can lead to problems breathing and swallowing, especially in young children with smaller airways. It can also damage the heart and nervous systems, resulting in heart failure or paralysis.

Thanks to vaccinations, cases have gone from more than 100,000 per year in the 1920s to – on average – less than one today.²⁰

2. TETANUS

The bacteria can start with a rusty nail that lies dormant in soil amidst animal feces, until it enters the body through broken skin like a cut. The tetanus microbe grows, divides, and releases a toxin that impairs nerves.

Baumgaertner notes: **“A fully developed tetanus infection can be an alarming sight: fists clenched, back arched, legs rigid from excruciating muscle spasms that last for several minutes. Extreme fluctuations in blood pressure. A racing heart. Neck and stomach muscles tight enough to impair breathing.”**²¹

In the 1940s there were more than 500 cases per year. Children today are protected by multiple doses of the DPT vaccine – which also protects against diphtheria and pertussis (also known as whooping cough.) **Since 2000 fewer than 50 cases per year have been reported.**²²

3. MUMPS

The mumps virus, spread through saliva and cough droplets, triggers a fever and swollen glands near the ears – which is why patients often display symptoms, such as a puffy jaw and cheeks. In severe cases, it can cause deafness.

The disease is insidious: it can remain dormant for up to a month before symptoms appear, and most people are infectious before their salivary glands begin to swell. Complications are more common in adults than in children – and can include inflammation in the brain and spinal cord, which can produce seizures and strokes.

The U.S. began vaccinating against mumps in 1967, and quickly saw a 99% reduction in cases. But annual cases – which had hovered between 200 and 400 – have surpassed 1,000 nine times since 2006. On three occasions they topped 6,000.²³

4. RUBELLA

Rubella usually presents as a rash on the face – and while the infection usually remains mild in children, it can be devastating for pregnant women who infect their unborn children.

When passed on to a fetus, rubella can cause a miscarriage or lead to severe birth defects, such as heart damage, blindness, and intellectual disability. Globally, at least 32,000 babies are born annually with congenital rubella. Data shows that about one-third of them will die before their first birthday.

In 1969 a rubella vaccine was licensed in the United States. Before that year, the disease was common among young children. In 2004, the U.S. declared the disease eliminated. Cases in the U.S. fell from about 47,000 before the vaccine to only six in 2020. Today, cases are mainly imported from other parts of the world.²⁴

5. POLIO

Polio epidemics had been occurring for decades, but they gained momentum in the 1950s, killing or paralyzing more than half a million people worldwide a year. Families avoided public spaces and turned down play dates, knowing that the disease struck quickly. As the historian Richard Rhodes remarked, **“One day you had a headache, and an hour later you were paralyzed.”**²⁵

In some parts of the world, the disease is still a major threat. It can be transmitted by exposure to fecal matter on food or contaminated objects. Most people who contract the polio virus have no visible symptoms, though they can pass it on.

In the U.S. vaccines drove paralytic polio cases down from more than 21,000 in 1952 to just one in 1993. But in 2022, the CDC confirmed a new case in Rockland County, NY, which had low vaccination coverage. The agency called the single case a “public health emergency.”²⁶

Measles is Surging Globally; It Could Quickly Become the Deadliest U.S. Import

Worldwide measles cases exploded by more than 20%, to an estimated 10.3 million in 2023, according to WHO and CDC data released in November 2024.²⁷ About 107,500 people died – most of them young children – an “unacceptable” toll from a disease that’s preventable through vaccination, the health groups said.²⁸

The virus had been completely eliminated from 82 countries in the past 50 years, but lack of access to vaccines and misinformation about vaccine safety has caused the world to backslide. Since the COVID-19 pandemic, there has been a global decline in the number of people getting even standard vaccinations.²⁹

Globally, about 83% of children who were supposed to get their first measles vaccine in 2023 received it, and

only 74% got their recommended second dose. More than 22 million children missed getting vaccinated altogether.

With so many gaps in global vaccine coverage, there was a 60% increase in the number of “**significant measles outbreaks**” in 2023. Fifty-seven countries saw “large or disruptive” measles outbreaks in 2023, up from 36 in 2022. Nearly half of the outbreaks were in Africa.

The U.S., by contrast, is well ahead of the rest of the world. While measles vaccination rates among kindergartners have **been well below** the federal target for four years in a row, at 92.7% in the 2023-24 school year, they are well above the global average.

“Measles vaccine has saved more lives than any other vaccine in the past 50 years,” WHO Director General Dr. Tedros Adhanom Ghebreyesus says. **“To save even more lives and stop this deadly virus from harming the most vulnerable, we must invest in immunization for every person, no matter where they live.”**³⁰

SUMMARY

On the health risks posed by measles, we have good news and bad news.

The good news: By reducing the influx of immigrants into this country, President Trump is reducing the chance that American children will come in contact with the potentially deadly measles virus.

The bad news: Immigration at any level will increase the risks that our children will contract the virus.

For most American parents, this is a no-brainer.

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Edwin S. Rubenstein, president of ESR Research, is an experienced business researcher, financial analyst, and economics journalist. He has written extensively on federal tax policy, government waste, the Reagan legacy, and – most recently – on immigration. He is the author of two books: *The Right Data* (1994) and *From the Empire State to the Vampire State: New York in a Downward Transition* (with Herbert London, 1994). His essays on public policy have appeared in *The Wall Street Journal*, *The New York Times*, *Harvard Business Review*, *Investor’s Business Daily*, *Newsday*, and *National Review*. His TV appearances include *Firing Line*, *Bill Moyers*, *McNeil-Lehr*, *CNBC*, and *Debates-Debates*. Mr. Rubenstein has a B.A. from Johns Hopkins and a graduate degree in economics from Columbia University.

NOTE: The views expressed in this article are those of the author and do not necessarily represent the views of NPG, Inc.



Negative Population Growth, Inc.
2861 Duke Street, Suite 36
Alexandria, VA 22314

Phone: (703) 370-9510
Fax: (703) 370-9514
Email: npg@npg.org

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