Measles (MMR) Vaccination and Increased Rates of Cancer: Scientific Documentation of a More Accurate Vaccine Risks-to-Benefit Tradeoff

Numerous studies have confirmed a link between vaccinations and cancer. Children who are permitted to contract measles naturally are significantly protected against various cancers later in life. In fact, the wild measles virus has oncolytic (anti-cancer) properties. Tumor remissions after measles infection are well documented in the medical literature.

Children who are required to be vaccinated against measles have had this anti-cancer protection stripped from them for life. They have been forced to trade a reduced risk of contracting measles for an increased risk of developing cancer later in childhood or as an adult.

I will list just a few of the studies confirming the scientific link between vaccines and cancer:

Albonico et al found that adults are significantly protected against non-breast cancers – genital, prostate, gastrointestinal, skin, lung, ear-nose-throat, and others – if they contracted measles (odds ratio, OR = 0.45), rubella (OR = 0.38) or chickenpox (OR = 0.62) earlier in life. [Med Hypotheses 1998; 51(4): 315-20].

Montella et al found that contracting measles in childhood reduces the risk of developing lymphatic cancer in adulthood [Leuk Res 2006; 30(8): 917-22].

Alexander et al found that infection with measles during childhood is significantly protective – it cuts the risk in half -- against developing Hodgkin’s disease (OR = 0.53) [Br J Cancer 2000; 82(5): 1117-21].

Glaser et al also found that lymph cancer is significantly more likely in adults who were not infected with measles, mumps or rubella in childhood [In J Cancer 2005; 115(4): 599-605].

Gilham et al found that infants with the least exposure to common infections have the greatest risk of developing childhood leukemia [BMJ 2005; 330: 1294].

Urayama et al also found that early exposure to infections is protective against leukemia [Int J Cancer 2011; 128(7): 1632-43].

I presented some of the abundant evidence showing that there is a tradeoff between increasing vaccination rates and increasing rates of cancer. There are many additional studies that have shown a statistically significant link between vaccinations and cancer. Scientists are fully aware of this scientifically documented link.

In the world of science, it is quite well known that infections in early life protect against various cancers in later life. Later born children have less cancer than first born children because they are exposed to more infections in early life from their siblings. Children that go to daycare in early life are more protected against cancers for the same reason. Vaccinations denied babies opportunities to become naturally infected, and with this reduction in exposure to disease there was a tradeoff – increased rates of cancer.

People may legitimately argue over whether the reduction in disease in exchange for an increase in cancer is a good thing or a bad thing but the tradeoff is a real thing that must be considered when weighing the honest risk-to-benefit ratio of vaccinations. Parents are entitled to know this information in order to retain true informed consent, remain free to accept or reject vaccinations and have their human rights preserved.