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Since 1995, measles vaccines have caused 2,657% more deaths in the USA than measles infections

February 18, 2026 by Dr. Peter F. Mayer 6.8 minute read

A new study in the US database for vaccine injuries, VAERS, has identified an alarming number of deaths in infants and young children shortly after MMR/MMRV vaccination – often in association with SIDS, seizures and cardiac arrest.

For decades, we have been told that measles poses a serious and ongoing threat—and that the MMR vaccine is one of the safest and most effective measures in modern medicine. The mass media and public health authorities, controlled by the pharmaceutical industry, have focused almost exclusively on the minimal risks of measles infection, ignoring grieving parents whose children have been harmed or even killed by the vaccines. No adequate attention has been paid to the signals emerging from the German government's own vaccine safety database. Measles

vaccines are offered as MMR or MMRV combination vaccines. The vaccination is supposed to protect against measles, mumps, and rubella, and, if necessary, varicella (chickenpox), according to the German Paul Ehrlich Institute (PEI).

It was introduced in Germany when measles was essentially no longer a problem, as this graphic shows:

The doyen of orthomolecular medicine, Dr. sc. Bodo Kuklinski, said in a TKP interview in May 2020 :

An evaluation of 47 studies in children aged 1 to 5 years (1.2 million children) showed that vitamin A supplementation alone (without vitamin D) reduced the incidence of measles by 50% and mortality by 12%.

Kuklinski points out that prophylaxis is more sensible than vaccination.

As US Health Secretary Robert F. Kennedy Jr. demonstrated with data from his department , these vaccines were also never tested for efficacy and safety in proper placebo-controlled studies before their approval.

A new study by the McCullough Foundation entitled " *Deaths Following MMR and MMRV Vaccination in the United States"* , authored by Kirstin Cosgrove, Peter A. McCullough, Nicolas Hulscher et al, comprehensively examines the reported fatal consequences following MMR and MMRV vaccinations in the United States.

After analyzing VAERS data up to August 29, 2025, the authors identified a serious safety signal regarding mortality following MMR/MMRV vaccinations in the United States. This is not a diffuse or randomly scattered pattern across age groups and time intervals. Instead, an alarming number of deaths were observed in infants and young children within a few days of receiving the MMR/MMRV vaccines, strongly concentrated around the time of the routine first dose.

Most of the deaths appeared to be associated with an acute deterioration after vaccination, with symptoms such as fever, seizures and cardiac arrest at home, often leading to classification as sudden infant death syndrome (SIDS).

The most striking finding is the larger correlation. Since 1995, there have been 193 reported deaths in the US related to MMR/MMRV vaccinations with identifiable data, compared to 7 deaths related to measles infections recorded in the United States during the same period. This represents a 2,657% higher number of reported vaccination-related deaths than measles deaths.

Total number of deaths identified in VAERS related to MMR/MMRV

Using the MedAlerts interface to query VAERS from the beginning until August 29, 2025, we identified the following:

- A total of 536 worldwide reports of deaths following MMR or MMRV vaccinations
- 299 reports that were explicitly attributed to the United States (focus of this study)

It is widely acknowledged that VAERS is significantly underreported. A federally funded study led by Lazarus et al. found that less than 1% of adverse events following vaccination are reported to national surveillance systems. In other words, VAERS captures only a small fraction of all adverse events.

Measles vaccination vs. measles infection

Since 1995

- 193 US reports of deaths following MMR/MMRV vaccinations with identifiable data
- 7 deaths related to measles infections in the United States (CDC monitoring)

This represents a 2,657% higher number of reported vaccine-associated deaths compared to measles deaths during the same period.

That's absolutely absurd. A vaccine should NEVER be more deadly than the disease.

Most frequent mortality occurs at the age of first dose

Among the 299 reports from the USA,

- 182 deaths (60.9%) among children under 2 years of age.
- 156 deaths (52.2%) in children aged between 1.0 and 1.5 years on

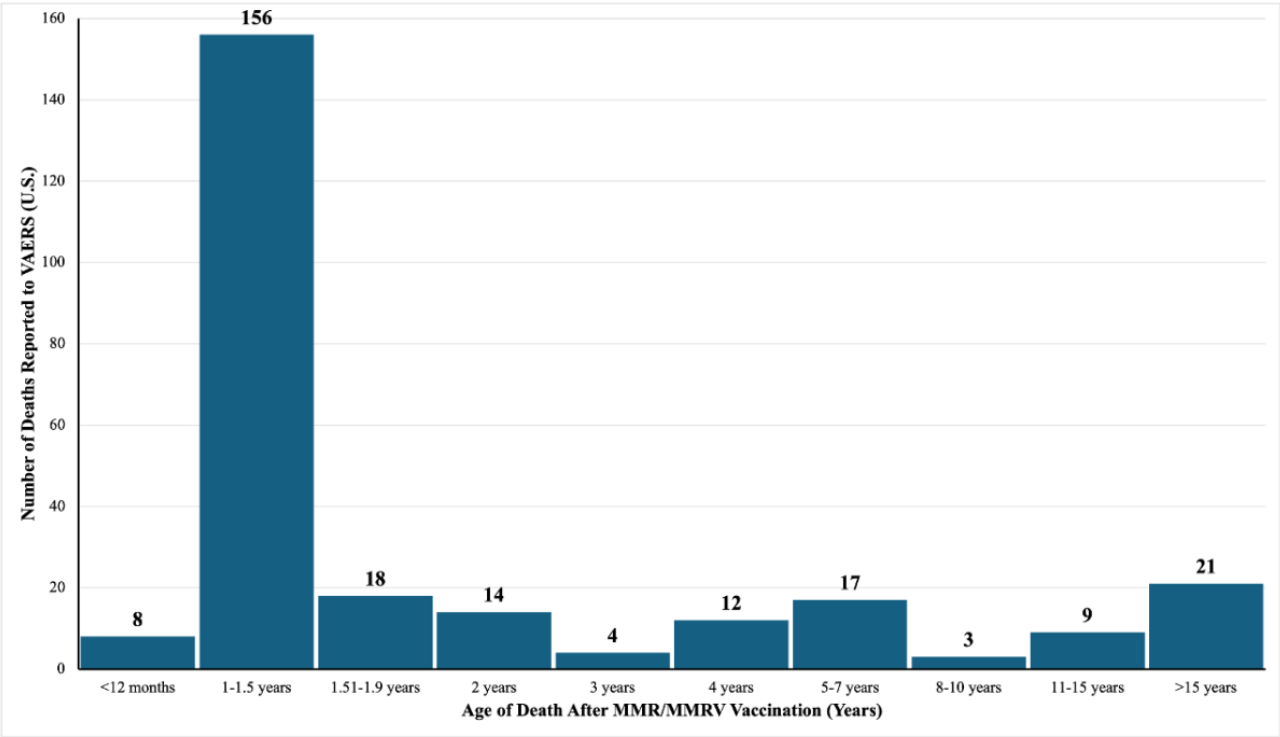

Figure 1. Age Distribution of Reported Deaths Following MMR/MMRV Vaccination. This figure shows the number of U.S. VAERS death reports stratified by age at death following MMR or MMRV vaccination. Bars represent the total number of reported deaths within each predefined age category. Reports with missing age information were excluded from this figure.

This age group of 1.0 to 1.5 years corresponds exactly to the routine first MMR vaccination at the age of 12 to 15 months.

Instead of an even distribution throughout childhood, there is a strong concentration during the narrow developmental period in which the first dose is typically administered. The age-related concentration was pronounced and uneven.

Most of the deaths occurred within two weeks.

The analysis of the time until death showed a strongly front-biased distribution:

- 120 deaths (40.1%) occurred within 7 days.
- 158 deaths (52.8%) occurred within 14 days.

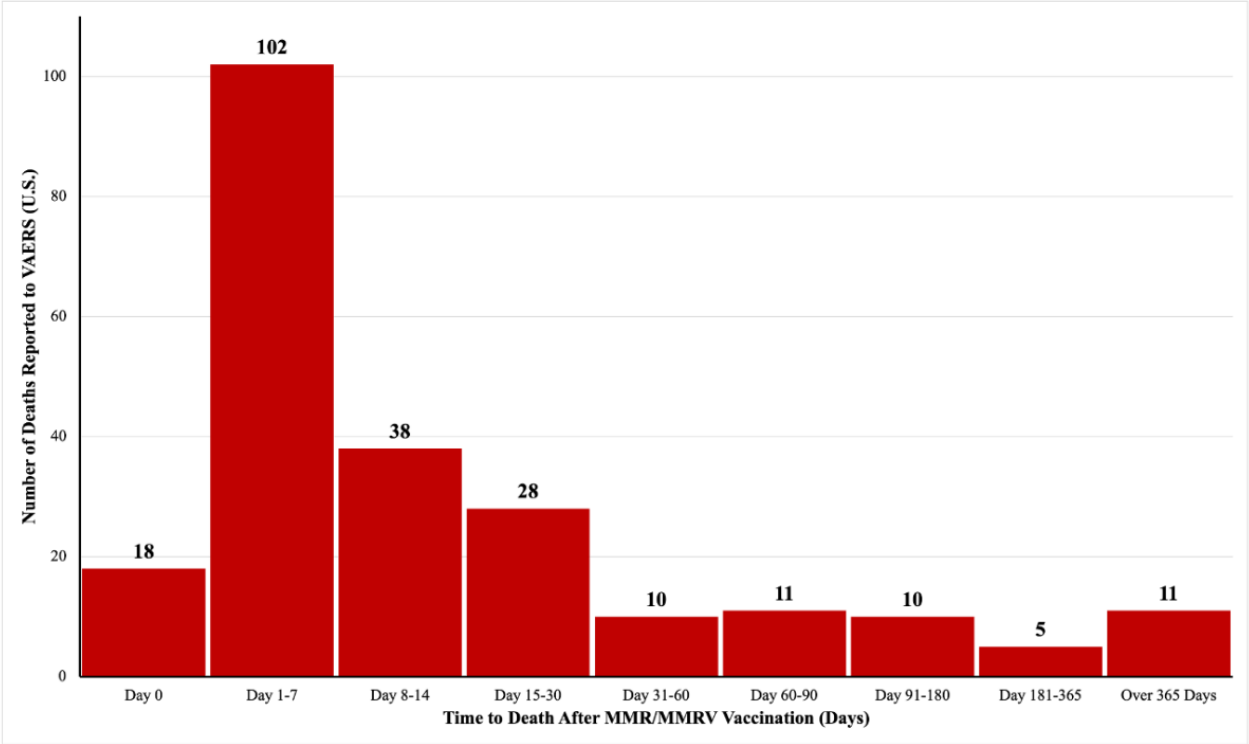

Figure 2. Distribution of Reported Deaths by Time Interval Following MMR/MMRV Vaccination. This figure displays the distribution of reported deaths by interval of time elapsed after MMR or MMRV vaccination among U.S. VAERS reports. Bars represent the number of reported deaths within each predefined post-vaccination time interval. Reports lacking sufficient information to determine time-to-death were excluded from this figure.

Among the deaths in the first week for which age data are available, 68.6% occurred in children aged 1.0 to 1.5 years, highlighting the synchronization between the age peak and the time immediately after vaccination.

The highest concentration of deaths occurred in the days immediately following vaccination – not months or years later.

The majority appeared during visits involving multiple vaccinations.

We also investigated simultaneous vaccine exposure:

- 74.6% of the deaths followed visits where MMR/MMRV plus one or more additional vaccinations were administered.
- 25.4% followed MMR/MMRV alone

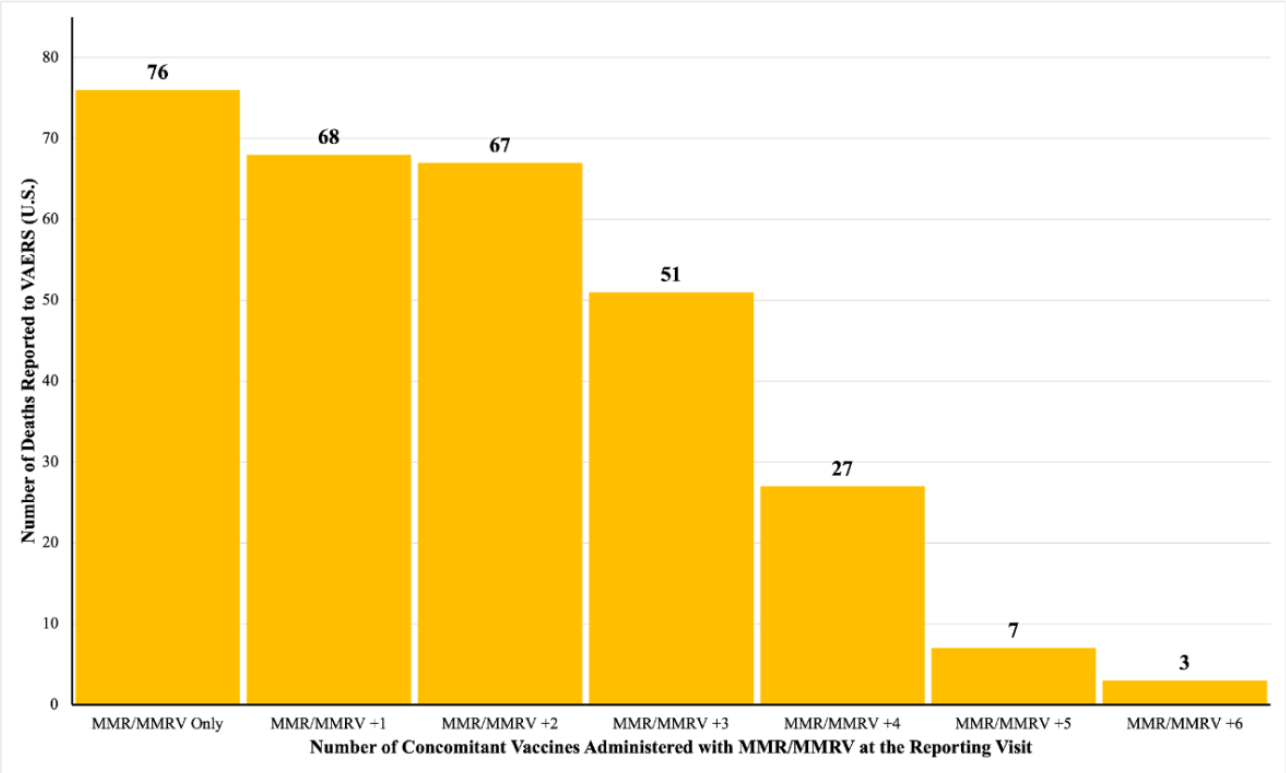

Figure 3. Distribution of Reported Deaths Following MMR/MMRV Vaccination by Number of Concomitant Vaccines Administered. This figure displays the distribution of reported deaths following MMR or MMRV vaccination stratified by the number of concomitant vaccines administered at the same visit among U.S. VAERS reports. Bars represent the number of reported deaths within each predefined category of additional vaccines given concurrently with MMR/MMRV.

Recurrent clinical symptoms

The clinical symptoms before death showed recurring patterns:

- 24% SIDS or sudden unexplained death
- 15% fever
- 12% seizures
- 8% cardiac arrest
- 7% shortness of breath
- 3% encephalitis
- It is noteworthy that 68% of SIDS cases occurred in the age group of 1.0 to 1.5 years, which corresponds to the time window for the first dose.

Over and beyond

- 23.7% required emergency room visits.
- 25.4% required hospitalization.

In many cases, an acute clinical deterioration was documented prior to death.

Overall, these results cannot be dismissed as mere chance or statistical noise. The clustering across age, time period, vaccination context, and recurring clinical presentations constitutes a coherent and internally consistent signal for deaths within the federal reporting system itself.

Conclusion from the study:

We have identified a serious safety signal regarding mortality following MMR/MMRV vaccination in the United States. A substantial number of reported deaths have been documented, with patterns showing a clear correlation in terms of age, timing, timing of routine vaccination, concurrent vaccine exposure, and recurrent clinical symptoms—including fever, seizures, SIDS, and cardiac arrest.

The reported deaths were predominantly concentrated in children under 2 years of age, and the majority occurred within the first 14 days after vaccination. The synchronization of the age-specific clustering with the time immediately following vaccination reflects a non-random mortality pattern. This concern is further heightened by the stark contrast between the reported vaccine-associated deaths and the extremely rare number of deaths associated with measles infection today.

The scale, concentration, and temporal proximity of these reports necessitate a rigorous, transparent, and completely independent evaluation. Future research should prioritize active surveillance cohort studies, detailed autopsies with virological testing, and dataset-linked datasets that can assess background mortality and establish causal relationships.

The causal link to the damage was, incidentally, proven long ago by elucidating the mechanisms of action. In short: Electrically positively charged components of the preparations disrupt the zeta potential and can lead to clumping in the blood and lymphatic vessels. This can cause microstrokes or adhesions, which in turn lead to poor circulation and reduced or prevented elimination of toxins via the lymphatic system.