

# Chickenpox: The Dirty Dozen Facts You Should Know Before Vaccinating

by [Robert F. Kennedy, Jr., Chairman, Children's Health Defense](#)

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[Source](#)

*CHD NOTE: Several weeks ago our Chairman, Robert F. Kennedy, Jr., was asked to participate in a debate about vaccines with Dr. Robert James Reiwertz from Kaiser Permanente. While Mr. Kennedy has vowed to debate anyone, anywhere on the subject of vaccines and the safety research needed, the two weren't actually in the same location, or even allowed to speak with each other directly. In the course of the discussion, Dr. Reiwertz said many confusing statements regarding the facts about vaccines. The show will air in mid-October. Until then, Mr. Kennedy is clearing up some of the confusion with the facts.*



In our debate, Dr. Reiwertz claimed that wild-type chickenpox (or varicella) kills 1/100 people. This is incorrect. Here are some actual facts with citations about chickenpox:

1. Prior to varicella vaccine licensure, chickenpox was a mild childhood disease that presented as a rash and slight fever. Contracting chickenpox as a youth conferred lifetime immunity to chickenpox and protection against heart disease, atopic diseases and cancers,

including glioma brain and spinal tumors.<sup>1</sup>

2. Before Merck introduced the varicella vaccine, 4 million people contracted chickenpox annually with 100 deaths, half of those deaths were in children. CDC reports, "Death occurred in approximately 1 in 60,000 cases" (not 1/100 as per Dr Reiwart).<sup>2</sup>
3. Half the deaths were in adults who missed the infection in childhood.<sup>3</sup>
4. In adults, chickenpox presents as pneumonia or can reactivate as shingles (herpes zoster) According to Dr. Jane Seward of the CDC, Chickenpox in adults has twenty times the risk of death and 10-15 times the risk of hospitalization as chickenpox in children.<sup>4</sup>
5. Shingles is twice as deadly as chickenpox<sup>5</sup> and can also cause debilitating pain (called post herpetic neuralgia or PHN) and blindness.
6. Merck's varicella vaccine and booster cost \$100 each. The total cost to theoretically save 50 children is approximately \$1 billion dollars or \$20 million per child life saved (i.e., \$1 billion in vaccine costs—based on \$100 for the initial vaccine and \$100 for the booster for 4 million children annually, plus a \$50 vaccine administration fee for both vaccines—divided by 50 childhood deaths). For reference, the maximum compensable value of a child's life is \$250,000 in the Vaccine Court.<sup>6</sup>
7. CDCs clinical studies on Merck's vaccine indicated that due to waning immunity, the single dose varicella vaccine was only 44% effective.<sup>7</sup>
8. By eliminating the boosting effects of regularly circulating wild-type chickenpox, widespread vaccination would increase shingles rates among adults and children with a history of chickenpox and precipitate a shingles epidemic.<sup>8</sup>

9. The Research Analyst for the Antelope Valley Varicella Active Surveillance Project (VASP), Dr. Gary Goldman, was issued a notice to “cease and desist” publication of deleterious data concerning increasing shingles incidence following widespread varicella vaccination. CDC Director, Julie Gerberding, continued to support the CDC recommendation that every child get vaccinated for Chickenpox. Merck rewarded Gerberding for this billion dollar gift by naming her as President of its Vaccine division.<sup>9</sup>
10. The United Kingdom (England) and other nations refused to recommend the universal vaccination of children due to predictions that loss of exogenous (outside) boosting would create a shingles epidemic over decades.<sup>8</sup>
11. Merck’s reaction to the shingles epidemic that it created was to market a new shingles vaccine. Zostavax, which is linked to a long list of side effects including asthma exacerbation, polymyalgia rheumatica, congestive heart failure, pulmonary edema<sup>10</sup> and death.<sup>11</sup>
12. In 2018 FDA posted a warning that immunocompromised persons and pregnant should avoid children for up to six weeks after vaccination since vaccinated individuals can transmit the disease through viral shedding—a phenomena never mentioned by advocates of excluding unvaccinated children from schools.<sup>12</sup>

<sup>1</sup> Wrensch M1, Weinberg A, Wiencke J, Masters H, Miike R, Barger G, Lee M. Does prior infection with varicella-zoster virus influence risk of adult glioma? Am J Epidemiol. 1997 Apr 1;145(7):594–7.

<sup>2</sup> <https://www.cdc.gov/vaccines/pubs/pinkbook/varicella.htm> [last accessed: 09/26/2019]

<sup>3</sup>Leonid I, Evelyn L. Primary Varicella in an Immunocompetent Adult. J Clin Aesthet Dermatol. 2009 Aug; 2(8):36–8.

<sup>4</sup>Chickenpox vaccine loses effectiveness study. Reuters; March 15,

2007. Available

at <https://www.nytimes.com/2007/03/15/health/15pox.html>

[last accessed: 09/26/2019].

<sup>5</sup><https://www.cdc.gov/shingles/hcp/clinical-overview.html> [last accessed 09/26/2019]

<sup>6</sup><https://www.hrsa.gov/sites/default/files/vaccinecompensation/resources/84521booklet.pdf> [last accessed: 09/26/2019]

<sup>7</sup>Galil K, Lee B, Strine T, Carraher C, Baughman AL, Eaton M, Montero J, Seward J. Outbreak of varicella at a day-care center despite vaccination. N Engl J Med 2002;347(24):1909–15.

<sup>8</sup>Brisson M, Edmunds WJ, Gay NJ, Miller E. Varicella Vaccine and Shingles. [Letter to the Editor] JAMA 2002 May 1;287(17):2211. Available online at <https://researchonline.lshtm.ac.uk/6783/1/Varicella%20Vaccine%20and%20Shingles.pdf> [last accessed: 09/26/2019].

<sup>9</sup><https://www.nytimes.com/2009/01/11/us/11cdc.html> [last accessed: 09/26/2019]

<sup>10</sup> <https://www.merckvaccines.com/Products/Zostavax> [last accessed: 09/27/2019]

<sup>11</sup> [https://www.merck.com/product/usa/pi\\_circulars/z/zostavax/zostavax\\_pi2.pdf](https://www.merck.com/product/usa/pi_circulars/z/zostavax/zostavax_pi2.pdf) [last accessed: 09/27/2019]

<sup>12</sup> <https://www.fda.gov/media/76000/download> [last accessed: 09/27/2019]