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Vaccine Failures Keep Mounting — When Will Studies Pointing Out Flaws Result in Healthy Changes?

December 13, 2016 | 64,128 views

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By Dr. Mercola

Do routine vaccinations actually protect us from disease? The fact that repeated outbreaks among vaccinated populations keep occurring suggests that many vaccines are ineffective and do not work as advertised.

One of the most obvious vaccine failures is the mumps vaccine, which is part of the measles, mumps and rubella, otherwise known as the MMR vaccine.

In 2010, two virologists filed a federal lawsuit against Merck, their former employer, alleging the vaccine maker used improper testing methods and falsified data to artificially inflate the efficacy rating of their [mumps vaccine](#).

For details on how they allegedly pulled this off, read Dr. Suzanne Humphries' excellent summary,¹ which explains in layman's terms how the tests were manipulated.

So why are people still surprised when mumps outbreaks occur? And why are most disease outbreaks still blamed on the unvaccinated minority when most of the infected are in fact often "fully" vaccinated majority?

Second Mumps Outbreak in Vaccinated Populations This Year Strengthens Questions About MMR Effectiveness

This past summer, more than 40 Harvard University students came down with mumps. According to the public health department in Cambridge, every single one of them had been vaccinated.² Arkansas is now battling an outbreak of mumps that began in August.

As of December 2, 1,824 people had contracted the disease,³ despite 90 to 95 percent of school aged children and 30 to 40

Story at-a-glance

Arkansas is battling an outbreak of mumps that began in August. As of December 2, 1,824 people had contracted the disease, despite 90 to 95 percent of school aged children and 30 to 40 percent of adults being "fully immunized," according to the state health department

There have been mumps outbreaks reported for more than a decade in vaccinated persons and an Arkansas epidemiologist is worried the mumps strain included in MMR vaccine used in the U.S. may not match the disease now being seen in some people

Research looking at lab-confirmed type A or B influenza shows flu shots have no impact on absenteeism among children. Whether they're vaccinated or not, children miss the same number of days of school due to influenza

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percent of adults involved in the outbreak having been "fully immunized," according to the Arkansas State Health Department (ADH).^{4,5,6,7}

On September 12, 40/29 News covering Fort Smith and Fayetteville, Arkansas, reported that:⁸ "The Arkansas Dept. of Health says they have seen no cases of the mumps in people who aren't immunized."

Two days later, on September 14, the ADH released an update to the news station showing 16 of the 100 cases in Little Rock, Arkansas, were unvaccinated; four had received one MMR shot and 67 had received two doses of the MMR vaccine. In 13 cases, immunization status was undetermined.⁹

In King County, where nine cases were reported, all were up-to-date on their MMR vaccine, none needed hospitalization and all recovered.¹⁰ Eight of the children were between the ages of 8 and 17. One was 23 years old.

But rather than admitting the mumps vaccine is a failure, the state health department is requiring children with non-medical vaccine exemptions for religious, conscientious or personal beliefs to be excluded from schools where mumps has been identified for 26 days from the date of exposure and until the outbreak has ended.

Students with exemptions who agree to get an MMR shot can return to school immediately — as if excluding unvaccinated children from school when vaccinated children are transmitting the infection is a solution, and that giving more of something that doesn't work well to begin with would fix the problem.

Is the Mumps Virus Mutating to Evade Vaccine?

According to Dr. Dirk Haselow, an epidemiologist with ADH, the attenuated mumps virus strain in the current MMR vaccine may not even match the disease they're now seeing in some patients:

"We are actually to the point that we are worried that this vaccine may indeed not be protecting against the strain of mumps that is circulating as well as it could. With the number of people we've seen infected, we'd expect three of 400 cases of orchitis, or swollen testicles in boys, and we've seen five."

What this suggests is that the mumps virus may be evolving in response to mass vaccination campaigns, much in the same way that bacteria have evolved in response to excessive use of antibiotics.

This is a scenario that deserves serious attention and reevaluation of how and when we use certain vaccines. We cannot simply shrug it off with a recommendation to add booster shots of a mismatched vaccine. Yet that is the route that has been chosen.

Granted, there's significant disagreement among scientists and health officials about whether the mumps virus is evolving to evade the vaccine or whether the issue is simply waning immunity. We may even be dealing with a combination of both.

The position of FDA and CDC officials is that there is no evidence for mutation of the mumps virus (like there is for B. pertussis), only waning immunity and the need for boosters to extend immunity.¹¹

There are a number of different mumps virus strains used by different vaccine manufacturers in different countries. The U.S. uses the Jeryl-Lynn strain in the MMR vaccine developed by Merck.

An interesting 2014 paper¹² published in Human Vaccines and Immunotherapeutics suggests the resurgence in mumps outbreaks is not so much due to mutation of the mumps virus itself, but rather that people vaccinated with Merck's MMR are having altered immune responses when exposed to the wild type virus.

Merck Accused of Lying about Vaccine Effectiveness

What Whistleblowers Tell Us About Vaccine Safety and Effectiveness

Vaccines — Are They Still Contributing to the Greater Good?



On the other hand, another 2014 paper¹³ written by U.S. researchers developing a new mumps vaccine does suggest that a possible cause of mumps outbreaks in vaccinated persons in the U.S. could be due to "... the antigenic differences between the genotype A vaccine strain and the genotype G circulating wild-type mumps viruses." These authors conclude that:

"Mumps viruses are classified into 12 genotypes based on genetic variability of the SH gene. Different subtypes of mumps viruses exhibit distinguished geographic distribution worldwide.

Although the driving force of such distribution remains unclear, emergence of new subclusters of circulating mumps viruses within a genotype indicates evolution of wild-type mumps viruses under various selection forces.

Failure to detect genotype A wild-type mumps viruses in countries/regions immunized with genotype A vaccine in recent studies may be due to a vaccine-based selection pressure.

This pressure may select for genotypes with increased virulence and heterogeneity compared to current vaccines."

Mumps Vaccine Has Been Failing for at Least a Decade

Mumps outbreaks have occurred in primarily vaccinated populations for at least a decade. In 2006, mumps infected more than 6,500 people in the U.S.^{14,15} Most of those cases occurred among the vaccinated population, primarily among college students who had received two doses of MMR vaccine.

In 2009, more than 1,000 people in New Jersey and New York contracted the disease. At that time, 77 percent of those sickened were vaccinated.¹⁶ The official stance is that the MMR vaccine is 88 percent effective; in other words, it will protect 88 percent of those who get it.

However, if the mumps virus is indeed evolving in response to pressure from the vaccine, which it may well be doing, we could see more outbreaks as time goes on, no matter how many doses of MMR vaccine people get.

Risks Versus Benefits

If a vaccine is ineffective, and/or if the disease doesn't pose a great threat to begin with in terms of a high incidence of serious complications and death, then the benefit risk equation could well tip toward the vaccine posing an unacceptable risk for most people. This is particularly true if the vaccine has been linked to serious side effects.

Unfortunately, that is the case with the MMR vaccine, which has been linked to at least 98 deaths and 694 disabilities between 2003 and 2015. Considering the fact that only 1 to 10 percent of vaccine reactions are ever reported, those numbers could actually be closer to 980 deaths and 6,940 disabilities.¹⁷

Meanwhile, death from mumps is "exceedingly rare" according to the CDC,¹⁸ and no one has died from mumps during any of the recent outbreaks. So, statistically, which poses the greatest danger: the vaccine or the disease?

How can one say that the MMR vaccine is the best way to protect against the disease and leave it at that, without also disclosing these vaccine harm statistics?

The Myth of Vaccine-Generated Herd Immunity

Vaccine promoters typically stress the importance of compliance with the federally recommended vaccine schedule to create and maintain vaccine induced "herd immunity." This may require multiple doses of certain vaccines, the MMR included, because no vaccine is 100 percent effective.

However, they never seem to be able to explain why the majority of outbreaks occur in areas that are thought to HAVE herd immunity status already, i.e., where the majority of people are fully vaccinated and "should" therefore protect the entire community from infection and transmission of infection.

For example, health officials claim that if 70 percent of children are vaccinated against influenza, the entire community could be protected.¹⁹ Clearly, this is not the case. The problem stems from a convenient mix-up of terms. While natural herd immu-

nity does exist, vaccine-induced herd immunity is a total misnomer.

Vaccine makers simply assumed that vaccines would work in the same way as natural immunity, but science has clearly refuted that notion. In fact, vaccination and exposure to a given disease produce two qualitatively different types of immune responses. To learn more, I urge you to listen to the video above, in which Barbara Loe Fisher, co-founder and president of the National Vaccine Information Center (NVIC), discusses the concept of herd immunity. As explained by Fisher:

"Vaccines do not confer the same type of immunity that natural exposure to the disease does ... [V]accines only confer temporary protection ... In most cases, natural exposure to disease would give you a longer lasting, more robust [and] qualitatively superior immunity because it gives you both cell mediated immunity and humoral immunity."

Humoral is the antibody production. The way you measure vaccine-induced immunity is by how high the antibody titers are (how many antibodies you have). The problem is the cell mediated immunity is very important as well. Most vaccines evade cell mediated immunity and go straight for the antibodies, which is only one part of immunity."

The Flu Vaccine — Another Miserable Failure

The annual influenza shot is a vaccine that has become fraught with failures. Curiously enough, its use continues to be strongly recommended and frequently mandated DESPITE the large number of published studies showing it fails to prevent influenza the majority of the time. For example, according to one recent study, flu vaccinations have no impact on absenteeism among children.

In other words, whether they're vaccinated or not, children miss about the same number of days of school due to the flu. As reported by the University of Minnesota Center for Infectious Disease Research and Policy:²⁰

"The study contradicts previous research that showed lower absenteeism in vaccinated school-age children. Those studies looked at children suffering from any acute respiratory illnesses (ARIs). This is the first study to look at absentee rates among children with lab-confirmed flu, not just nonspecific respiratory illnesses ..."

"[F]lu vaccination status had no effect on how many days, or if children missed school. Between 30 percent and 40 percent of the children testing positive for flu at the clinic had received a flu vaccine ... 'Our study confirms that flu is a major contributor to absenteeism, and vaccination status did not reduce this,' said [lead author Huong] McLean [Ph.D.]. Also, surprisingly, results did not change when the 2014 [to] '15 flu season (a mismatched year for the vaccine) was excluded."

How Effective Is the Flu Vaccine, Really?

Independent science reviews have concluded that flu shots do not appear to prevent influenza or complications of influenza, which are their stated intent.^{21,22} The flu vaccine also does not appear to prevent influenza-like-illness (ILI) associated with other types of viruses responsible for about 80 percent of all respiratory or gastrointestinal infections during any given flu season.^{23,24,25,26}

Yet it seems no matter how poorly it performs, the call to vaccinate continues unabated. In all honesty, how can getting a poorly matched, poorly functioning vaccine really be "the best way" to protect yourself against influenza, especially when you consider that the flu vaccine is the one resulting in the most payouts from the vaccine injury compensation program (VICP)?

Moreover, as previously reported by investigative journalist Sharyl Attkisson,²⁷ there's been a sharp uptick in flu vaccine damage. Since January 2014, the number of flu vaccine injury claims conceded by the government is more than double the previous eight years combined. Clearly, the flu vaccine is not harmless. So why are people urged to take what may be a significant risk if the benefit is more or less inconsequential? Consider these statistics:

- In the 2004/2005 season, the flu vaccine was 10 percent effective. Put another way, in 90 percent of those who received it, the vaccine provided no protection.²⁸
- During the 2012/2013 flu season, the seasonal flu vaccine was 56 percent effective across all age groups, but only 9 percent effective in seniors.
- The 2014/2015 flu vaccine flopped with a mere 18 percent effectiveness rate, and as low as 15 percent among

children aged 2 to 8. Fluzone — which delivers four times the normal dose of antigen — was found to lower seniors' risk of influenza by a mere 24 percent compared to the standard-dose vaccine.²⁹

- In January 2015, U.S. government officials admitted that, in most years, flu shots are, at best, 50 to 60 percent effective at preventing lab confirmed influenza requiring medical care.³⁰ Then, in December 2015, a Centers for Disease Control and Prevention (CDC) analysis³¹ of flu vaccine effectiveness revealed that, between 2005 and 2015, the influenza vaccine was less than 50 percent effective more than half of the time.
- In the 2015/2016 season, the injectable flu vaccine ended up having a 63 percent effectiveness. However, the popular live virus nasal flu vaccine (FluMist) was officially pronounced a failure. Evidence showed it had not protected children from influenza, three years in a row.³² FluMist will not be available for the 2016/2017 season either, for the same reason.³³

Studies Suggest More Is Not Better When It Comes to Flu Vaccines

As if lack of protection is not enough, studies have also shown that seasonal flu shots may backfire and actually raise your risk of more severe infection, or other infections, either that same year or in subsequent years.

For example, data shows that people who received the seasonal flu vaccine in 2008 had twice the risk of getting the H1N1 "swine flu" compared to those who didn't receive a flu shot.³⁴ Another study³⁵ found that, compared to children who do not get an annual flu vaccine, those who receive influenza vaccinations have a 300 percent higher risk of hospitalization due to influenza.

The protection afforded by the vaccine, which is typically less than 50 percent more than half of the time to begin with, also appears to diminish further with each successive annual flu vaccination.^{36,37} Research published in 2014 concluded that vaccine-induced protection against influenza was greatest among those who had NOT received a flu shot in the previous five years.³⁸

Statin users may be at a particular disadvantage, as researchers have warned statins may undermine your immune system's ability to respond to the flu vaccine.^{39,40} After vaccination, antibody concentrations were 38 percent to 67 percent lower in statin users over the age of 65, compared to non-statin users of the same age.⁴¹

Antibody concentrations were also reduced, albeit slightly less, in younger people who took statins. Statin drugs are currently used by 25 percent of Americans over the age of 45, and this is yet another factor that undermines the blanket recommendation for all people to get a flu shot.

Underreporting of Negative Studies Undermines Medical Science

Scientific fraud is commonplace, as is shoddy methodology used to conduct clinical trials. Both undermine the integrity of medical science, but the most significant threat is the fact that a vast majority of studies showing negative findings are simply never published.

As a theoretical example, consider this scenario: 100 studies looking into the benefits of a drug are conducted. Seventy-five of them come to a negative conclusion, meaning they find the drug doesn't work, or works poorly, or has significant risks. Twenty-five manage to find a benefit, whether based on solid science or through manipulation of data. In either case, all of the 25 positive studies are published. Meanwhile, only five of the negative results studies ever see the light of day.

What you end up with is a situation where it appears the scientific evidence strongly supports use of the drug when, in fact, it's overwhelmingly against it. The problem is, no one knows about those 70 missing negative studies, so an argument cannot even be made that there is cause to doubt the results of the 25 positive studies. Instead, the five negative results studies that are published are viewed as being anomalous and not worthy of consideration.

According to a team of Dutch researchers looking at scientific misbehaviors that impact on truth and trust in science, this kind of selective reporting of results is a core problem plaguing modern science:^{42,43}

"[O]ur ranking results seem to suggest that selective reporting, selective citing and flaws in quality assurance and mentoring are the major evils of modern research. A picture emerges not of concern about wholesale fraud but of profound concerns that many scientists may be cutting corners and engage in sloppy science, possibly with a view to get more positive and more spectacular results that will be easier to publish in high-impact journals and will attract many

citations."

Study Abstract Linking Vaccines to Autism Not Available Online Anymore

Astonishingly, 34 percent of scientists polled admit to cutting corners or engaging in questionable manipulation of their work in order to reach a certain conclusion — typically in order to augment their chances of publication.

A similar problem is that studies that come to uncomfortable conclusions and are actually published often are removed from public access in the wake of backlash — usually from lobbying by online trolls tied to pharmaceutical and medical trade industry interests or pressure from other scientists who have a vested stake in promoting a particular scientific "truth."

We've seen this happen with studies linking genetically modified organisms (GMOs) to serious health effects and those linking vaccines to serious harm, such as neurodevelopmental disorders that involve the diagnosis of autism, for example.

Most recently, the abstract of a study that discovered vaccinated children were nearly 300 percent more likely to be diagnosed with neurodevelopmental disorders, including ADHD, learning disabilities and autism, than unvaccinated children was retracted within less than a week of being posted online. According to the study abstract, which is no longer available online but was copied by Retraction Watch:⁴⁴

"A total of 415 mothers provided data on 666 children, of which 261 (39 percent) were unvaccinated. Vaccinated children were significantly less likely than the unvaccinated to have been diagnosed with chickenpox and pertussis, but significantly more likely to have been diagnosed with pneumonia, otitis media, allergies and NDDs (defined as Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and/or a learning disability) ...

In this study based on mothers' reports, the vaccinated had a higher rate of allergies and NDD than the unvaccinated. Vaccination, but not preterm birth, remained significantly associated with NDD after controlling for other factors. However, preterm birth combined with vaccination was associated with an apparent synergistic increase in the odds of NDD.

Further research involving larger, independent samples is needed to verify and understand these unexpected findings in order to optimize the impact of vaccines on children's health."

Without Scientific Integrity, What Will Medical System Be Based On?

According to Retraction Watch, the publishing of the abstract of the study was immediately attacked on Twitter, which prompted the medical journal to remove the abstract from online access. How is it that Twitter comments can sway a scientific journal to remove public access to the abstract of a study accepted for publication? That's quite remarkable, if you ask me.

Regardless of the merits of this particular piece of research, the fact remains that it is part of a very clear trend to limit publication of negative, uncomfortable findings when it comes to vaccine safety, and/or eliminate published studies that don't conform to the generally accepted "status quo," even though that status quo may have been generated by false or misleading research in the first place!

This is a frustrating and complex problem that have few immediate solutions, since industry-funded research dominates the scientific field, and companies do not want to publish studies that do not support their product. A number of changes need to be made, and I believe scientists are the ones who will have to start pushing for transparency and honesty, no matter what the cost.

Because as it stands, the public trust in science is quickly disintegrating, and without scientific integrity, what kind of scientific evidence will our medical system claim to be based on?

Protect Your Right to Informed Consent and Defend Vaccine Exemptions

With all the uncertainty surrounding the safety and efficacy of vaccines, it's critical to protect your right to make independent health choices and exercise voluntary informed consent to vaccination. It is urgent that everyone in America stand up and fight to protect and expand

vaccine informed consent protections in state public health and employment laws. The best way to do this is to get personally involved with your state legislators and educating the leaders in your community.



THINK GLOBALLY, ACT LOCALLY.

National vaccine policy recommendations are made at the federal level but vaccine laws are made at the state level. It is at the state level where your action to protect your vaccine choice rights can have the greatest impact.

It is critical for EVERYONE to get involved now in standing up for the legal right to make voluntary vaccine choices in America because those choices are being threatened by lobbyists representing drug companies, medical trade associations, and public health officials, who are trying to persuade legislators to strip all vaccine exemptions from public health laws.

Signing up for NVIC's free Advocacy Portal at www.NVICAdvocacy.org gives you immediate, easy access to your own state legislators on your smart phone or computer so you can make your voice heard. You will be kept up-to-date on the latest state bills threatening your vaccine choice rights and get practical, useful information to help you become an effective vaccine choice advocate in your own community.

Also, when national vaccine issues come up, you will have the up-to-date information and call to action items you need at your fingertips. So please, as your first step, [sign up for the NVIC Advocacy Portal](http://www.NVICAdvocacy.org).

Share Your Story With the Media and People You Know

If you or a family member has suffered a serious vaccine reaction, injury, or death, please talk about it. If we don't share information and experiences with one another, everybody feels alone and afraid to speak up. Write a letter to the editor if you have a different perspective on a vaccine story that appears in your local newspaper. Make a call in to a radio talk show that is only presenting one side of the vaccine story.

I must be frank with you: you have to be brave because you might be strongly criticized for

I must be frank with you, you have to be brave because you might be strongly criticized for daring to talk about the "other side" of the vaccine story. Be prepared for it and have the courage to not back down. Only by sharing our perspective and what we know to be true about vaccination, will the public conversation about vaccination open up so people are not afraid to talk about it.

We cannot allow the drug companies and medical trade associations funded by drug companies or public health officials promoting forced use of a growing list of vaccines to dominate the conversation about vaccination.

The vaccine injured cannot be swept under the carpet and treated like nothing more than "statistically acceptable collateral damage" of national one-size-fits-all mandatory vaccination policies that put way too many people at risk for injury and death. We shouldn't be treating people like guinea pigs instead of human beings.

Internet Resources Where You Can Learn More

I encourage you to visit the website of the non-profit charity, the National Vaccine Information Center (NVIC), at www.NVIC.org:

- **NVIC Memorial for Vaccine Victims:** View descriptions and photos of children and adults, who have suffered vaccine reactions, injuries, and deaths. If you or your child experiences an adverse vaccine event, please consider posting and sharing your story here.
- **If You Vaccinate, Ask 8 Questions:** Learn how to recognize vaccine reaction symptoms and prevent vaccine injuries.
- **Vaccine Freedom Wall:** View or post descriptions of harassment and sanctions by doctors, employers, and school and health officials for making independent vaccine choices.
- **Vaccine Failure Wall:** View or post descriptions about vaccines that have failed to work and protect the vaccinated from disease.

Connect With Your Doctor or Find a New One That Will Listen and Care

If your pediatrician or doctor refuses to provide medical care to you or your child unless you

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