

## Short Communication

# We Should Forget about COVID-19 Vaccine: MMR is the Viable Safe Remedy

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## Introduction

A lot of hope hangs on the SARS-COV-2 vaccine. This new virus has raked up unimaginable deaths in a short period of time (over 900,000). Although this is not in the same scale as pandemic Spanish flu of 1918 (50,000,000 within 2 years), it has outflanked SARS COV (774 deaths) and MERS-COV (858 deaths). And SARS-COV-2 is still in action worldwide. There are various groups working worldwide to develop a vaccine. The world has never developed an effective vaccine for the flu. Typically, vulnerable adults are immunized every year, perhaps because of the large variety of these flu viruses. The best known vaccines are the Measles, Mumps and Rubella (MMR) which have been around since 1971, and their effectiveness and safety are established. However, few people know that it took more than 20 years to show that the best known safe vaccines can be relied upon.

A COVID-19 vaccine needs to have three features. Firstly, the COVID-19 vaccine must be effective. This means that it can stimulate the immune system to make IgG antibodies, the immunity soldiers of the body. Hopefully, these IgG antibodies must last forever to amount to immunity. This might require one or more vaccinations as in MMR. At the moment, there is a slight concern that these COVID-19 IgG antibodies do not have longevity that can amount to immunity. Secondly, the COVID-19 vaccine must be safe in the short-term and thirdly, safety in the long-term. If it is not trialed in the long term, how can we be reassured that the individuals looking for protection from the severe outcomes of COVID-9 infection will not suddenly go 'blind' 10-15 years afterwards, for example? It is not an anecdote that it took 21 years to declare Measles vaccine safe.

What are the natural possibilities for the prevention of serious SARS CoV-2 outcomes?

1. That SARS CoV-2 will behave like SARS CoV and burn itself out within 1 year.
2. That SARS CoV-2 will behave like MERS-CoV and burn itself out within 2 years.
3. The protection of COVID-19 vaccine.
4. Mass immunization with Measles, Mumps and Rubella.

## Proposals

We should stop dreaming and waiting for SARS-CoV-2 vaccine because of safety issues. Notwithstanding disruptions in current trials, the foremost vaccine from Oxford, UK has been suspended twice for short term safety problems. These problems will affect other vaccines on volunteers. And the people of the world would despair because the world expects a 'vaccine' soon to sort it all. We propose that the world should look at an available plausible alternative of mass immunization with MMR for the following reasons principally based on the medical concept of cross-immunity:

### 1. Scientific Basis

There is a scientific link between MMR and COVID-19. Kodzius et al. [1] proposed that MMR vaccination may be able to protect children from COVID-19 because of their discovery of a sequence similarity of the 30 amino acid residues between glycoproteins of SARS-COV-2, Measles and Rubella viruses. They followed this hypothesis along the lines that the antibodies produced in children due to the MMR vaccine could recognize some protein parts (epitopes) on the SARS-CoV-2 spike proteins". They theorised that these antibodies, particularly in the epithelial layer of respiratory airways, block binding and entry of the virus into the cells".

Kodzius et al. were inspired by the immunological principle based on the antibody cross-reaction recognizing antigens in two different microbes. They looked for homology sequence in SARS-CoV-2 and the viruses that commonly are prevented by vaccination during childhood. It was discovered that 30 amino acid residues share similarities between the Spike (S) glycoprotein of the SARS-CoV-2 virus and the fusion glycoprotein of Measles virus as well as with the envelope glycoprotein of the Rubella virus. These initial findings have been supported by other epidemiological studies [2], including proposals for a plausible explanation in cross-immunity protection [3].

### 2. Epidemiological Evidence

There are corroborating epidemiological evidence. Belgium has one of the highest rates of COVID-19 deaths worldwide. This has now been linked to the absence of Measles, Mumps, and Rubella (MMR) immunization in Belgium in the 1980 and 1990 [4]. Similar to countries

like Nigeria with massive attacks of Measles and widespread adoption of the MMR vaccine since 1971 and which now show very low level relative rates of COVID-19 mortality rates (5/million population) [5].

### 3. Recent Mass Immunizations against Measles

The other group of countries with the lowest rates of COVID-19 deaths are those that have been involved with mass immunizations with MMR because of recent epidemics of Measles, example in Samoa 0/million population, Singapore 4.7/million population, Madagascar 6.8/million population and Hong Kong 11.4/million population as of early 2020 [6].

This proposal for mass immunization has immediate advantages worldwide because it has been spread by the WHO to the remotest parts of the world. More importantly, it is very safe. World Health [7] maintains that evidence continues to add up demonstrating that the commonly available MMR vaccine could be the key to stopping the COVID-19 pandemic quickly, allowing much of the world to get back to business as usual within months. There is no doubt that the MMR

vaccine is safe and that mass immunization with the MMR vaccine is feasible even as progress continues on developing a specific SARS-Cov-2 vaccine.

### Reference

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