Christian Communicator Brief: Measles Outbreaks

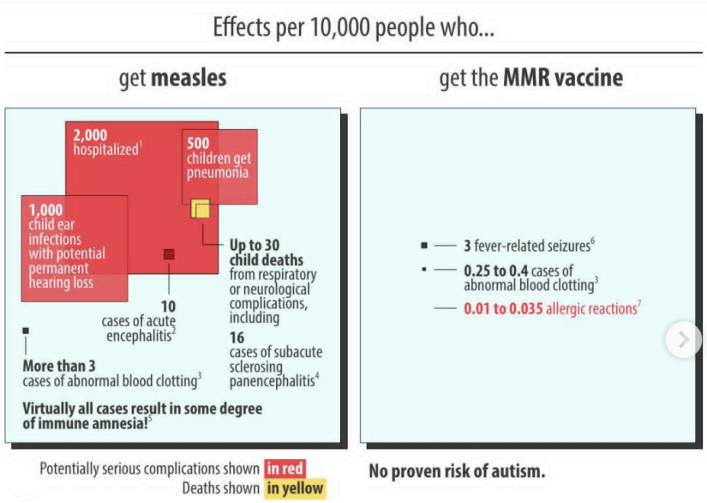
Measles is spreading in some Christian communities. This brief is intended to support faith-focused communicators who seek to protect Christian communities as outbreaks grow.

What's Happening

- The U.S. has had the worst year of measles cases since 1991
- Outbreaks (more than 3 cases) and sporadic cases (random cases due to travel) have been reported across 26 states, including South Carolina, California, and Wisconsin.
- Some Christian communities have been hit harder by low vaccination rates.
- The vast majority of cases in these outbreaks are among unvaccinated individuals (90-95%), and children and teens are most affected (90%). Of the cases, about 1 in 5 are hospitalized. As of Feb 2026, no one has died.

Why It Matters

- **Measles is one of the most contagious viruses in the world.** It spreads very easily and can make people very sick. It causes fever and a rash, but it can also lead to hearing loss, vision problems, pneumonia, diarrhea, and swelling of the brain. Measles also weakens your immune system, making it harder to fight off other infections later.
    - One of the scariest complications is called SSPE, which slowly damages the brain and leads to coma and death. There is no cure, and it is almost always fatal. This can happen years after someone has measles.



Source: Unbiased Science

- **The good news is that we can prevent measles.** The measles vaccine (MMR) is 97% effective at stopping illness. It is very rare for vaccinated people to be hospitalized or die from measles. The vaccine also helps stop the virus from spreading. That is important because one person with measles can infect 12 to 18 other people if no one is protected. The vaccine is much safer than contracting the disease (as shown in the figure above).

- **There is no specific medicine or supplement that cures measles.** In the United States, vitamin A is *not* an effective treatment because most people are not deficient in it. Doctors can only provide supportive care, such as fluids and symptom management.
- **Hurts the most vulnerable:** Measles hits kids the hardest.

Key Messages

- **Our faith calls us to love our neighbors as ourselves.** In moments of illness and crisis, love is demonstrated by actions like protecting children, caring for the sick, and preventing harm where we can (Mark 12:31).
- **Measles is not a mild childhood illness.** As Christians, we believe every child is made in the image of God. Preventable death matters.
- **Prevention as Stewardship.** Scripture reminds us, "Carry each other's burdens" (Galatians 6:2). Vaccination is one way we can carry burdens together. It protects not only our own families but also those who are too young or too medically fragile to protect themselves. Choosing prevention is an act of stewardship; caring wisely for the health God has entrusted to us and strengthening the whole community.
- **God can work through human hands**. Healers, teachers, builders, and caregivers — to bring comfort and grace. Jesus was a carpenter. Science and medicine are no different. God can work through a vaccine the same way God works through a surgeon's hands, a counselor's words, or a meal brought to a grieving family.

Deliverables

If you decide to make content on this, it should:

- **React to the Outbreak:** Explain how quickly it's spreading and how kids are most affected.
- **Connect to Faith Values:** Emphasize that serving the vulnerable is a moral and spiritual responsibility.
- **Highlight the Human Cost:** Share examples or stories of families or communities impacted. For example, here is a recent story of a 7-year-old hospitalized for brain swelling from his measles infection. There are also more stories at Vaccinate Your Family here, like Maggie, who was exposed to measles while battling cancer.
- **Call to Action:** Encourage your audience to raise awareness and find a vaccine clinic near them. It's not too late to get vaccinated *after* exposure, but it needs to be within XX hours. A church in South Carolina provided a free MMR vaccine clinic to help during the measles outbreaks in their area. If you're a church leader, consider reaching out to your local health officials and hosting a free mobile vaccination clinic for your community.

For more information and resources, contact Elisabeth Marnik, PhD, Executive Director of The Evidence Collective, liz@yourlocalepidemiologist.co. The Evidence Collective works to break through echo chambers by equipping trusted voices with clear, credible information, so people can make informed, evidence-based decisions for themselves and their families. This brief was a collaboration with creators of faith inside and outside TEC.

Appendix: Common Concerns & Misconceptions

Common Concern: MMR Vaccines and fetal tissue use

Measles vaccines are made using weakened forms of the virus. To grow these weakened viruses, scientists use special cells in the lab. Some of these cells originally came from fetal tissue in the 1960s.

Scientists began using these cells after a safety scare years ago. At one point, monkey kidney cells used to make polio vaccines were accidentally infected with another virus called SV40. Switching to fetal cell strains helped reduce the risk of unwanted viruses contaminating vaccines. During vaccine production, the cells are carefully removed and purified out. Tiny leftover fragments may remain, but the amounts are so small they cannot be measured and are not harmful.

The measles vaccine uses one of two cell strains called WI-38 or MRC-5. Both came from fetal lung tissue donated to science after elective abortions in the 1960s. There is no ongoing use of abortions to make vaccines today. These cell strains have been growing in laboratories for decades and can continue to grow without needing new fetal tissue.

It is also important to know that the abortions that led to these cell lines would have happened whether or not the tissue was used for research.

Most Christian denominations do not oppose the use of these vaccines. Some say that if an alternative vaccine without fetal cell use were available, it would be preferred. However, for measles vaccines, no such alternative currently exists.

False Claim: Measles can be beneficial and may even protect against cancer

Measles is not beneficial. This claim comes from a few medical reports in the 1970s. In those reports, some cancer patients had short-term improvements after getting measles. But these cases have been misunderstood for years. The cancer remissions only lasted a few weeks. The cancer came back soon after.

Today, when scientists study measles as a possible cancer treatment, they do not use the natural virus. They use a highly engineered version made in a lab from the vaccine strain. This lab version is carefully designed so it cannot cause a real measles infection, because natural measles is too dangerous.

Measles does not make the immune system stronger. In fact, it does the opposite. The virus attacks the cells that store immune memory. This can erase some of the protection your body has built up from past infections or vaccines. Scientists call this "immune amnesia."

After measles, children can lose protection against diseases they were already immune to. This weakened protection can last for years. Large population studies have shown that deaths from other infections stayed higher than expected for 2 to 3 years after measles outbreaks. This shows that the harm from measles goes far beyond the first illness.

The MMR vaccine prevents measles and also prevents all of this long-term damage. There is no safe version of getting measles that gives benefits. The risks are real, well documented, and completely preventable.

False Claim: The MMR vaccine causes autism

This claim started with one study published in 1998 in *The Lancet* by Andrew Wakefield. Later, investigators found serious problems with the study. Wakefield had changed data, did not tell the journal he was being paid by lawyers suing vaccine companies, and had applied for a patent on a different measles vaccine at the same time. Because of this misconduct, the paper was fully retracted, and he lost his medical license.

Since then, the question of whether MMR causes autism has been studied more carefully than almost any other vaccine safety issue. Researchers have studied millions of children in many different countries. The results have been clear and consistent: there is no link between the MMR vaccine and autism.

What scientists do know is that autism is strongly genetic. Brain differences linked to autism begin before birth, long before any vaccines are given. Autism is often diagnosed around 12 to 18 months of age. This is also when children receive their first MMR vaccine. The timing can make it seem connected, even though studies show it is not.

Autism diagnoses have increased over time. This is not because of vaccines. It is largely because doctors now use broader diagnostic criteria and are much better at recognizing autism in children with different traits and abilities.

The original study that raised concerns was fraudulent. The many large, independent studies that followed have found no connection between MMR and autism.