

**The ARN single strand (+) novel corona virus may be blocked from entering a cell and from replicating by the MMR Vaccine which acts against ARN single strand (+) & (-) viruses. The MMR Vaccine targets three viruses belonging to the same family as the novel Covid-19**

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Abstract:	<p>There is a pronounced disparity in the population susceptible to COVID-19. The population ranging in age from 20 to 70 comprise 80% of infected patients; 0% are children.</p> <p>The population 0-10-20 was administrated the eleven mandatory vaccines including the Measles Mumps Rubella Vaccine (MMR M-M-RVAXPRO) which targets viruses that use the same mechanism to replicate and apparently the same gate of entry into the body as Covid-19.</p> <p>The difference between the child and adult populations are the mandatory vaccines. The Covid-19 virus is similar to the viruses in the MMR vaccine and the Polio vaccine. The MMR vaccine combines two single catena ARN negative anti-viruses and one single catena ARN positive. They might cause an anti-virulent reaction in the entire family of viruses of class ARN positive single catena (which include, according to David Baltimore's Classification: Rugeola Paramyxovirus, Paramyxovirus Morbidus and Togavirus Rubella).</p> <p>The last years have seen several outbreaks of measles with the same symptoms as Covid-19: dry cough, diarrhea &amp; pneumonia. That the mandatory MMR vaccine is effective against an ARN single stranded (+) virus and may share the same entry access as the novel corona virus, might account for children's immunity to Covid-19. Re-inoculation of the adult population with the MMR Vaccine may be indicated to prevent Covid-19 contamination or to neutralize the infection within the first three days of exposure to the disease.</p> <p>Conclusion: The ARN (+) single stranded Rubella Togavirus has apparently the same recognition at entry of the host as the novel Corona Virus precipitating Covid-19. The MMR vaccine should block both at the entry of the host. As the adult already had this immunization as a child, less time should be needed to produce the antibodies to an ARN ss (+) virus upon the second immunization. In our case study, immediate.</p>