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Mar 7, 2024 · 18 tweets · [awakenindiamvmt/status/1765601342444208253](https://twitter.com/awakenindiamvmt/status/1765601342444208253)

Flu vaccine. Know the facts

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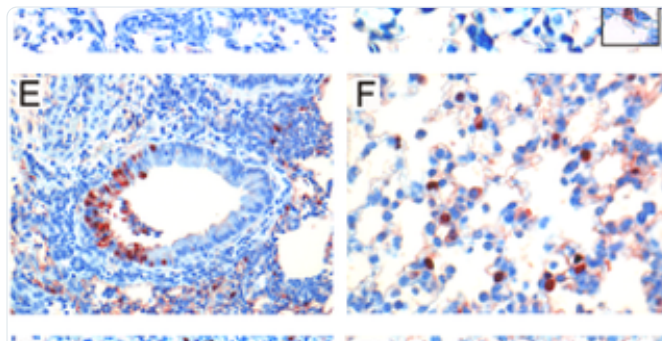
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(Source: Miller's review of critical vaccine

studies)[https://thelancet.com/journals/laninf/article/PIIS1473-3099\(09\)70263-4/fulltext](https://thelancet.com/journals/laninf/article/PIIS1473-3099(09)70263-4/fulltext)



Vaccination against Human Influenza A/H3N2 Virus Prevents the Induc...

Annual vaccination against seasonal influenza viruses is recommended for certain individuals that have a high risk for complications resulting from infection with these viruses. Recently it was recom...

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0005538>



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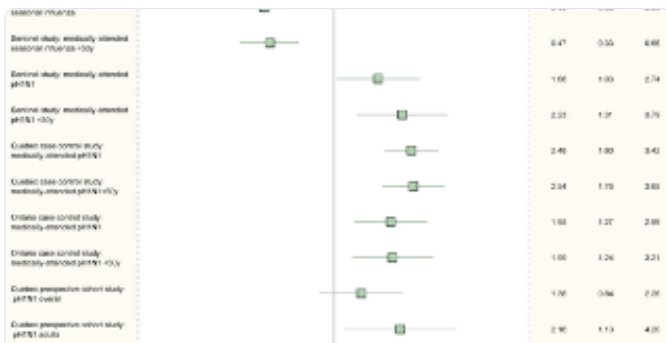
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Effectiveness of trivalent inactivated influenza vaccine in influenza-rel...

Influenza is known to be associated with asthma exacerbation but the effectiveness of the trivalent inactivated flu vaccine (TIV) in children, especially children with asthma, in preventing hospitali...


<https://pubmed.ncbi.nlm.nih.gov/22525386/>



Association between the 2008–09 Seasonal Influenza Vaccine and Pan...

In three case-control studies and a household transmission cohort, Danuta Skowronski and colleagues find an association between prior seasonal flu vaccination and increased risk of 2009 pandemic H1N1...

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258>



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Comparison of VAERS fetal-loss reports during three consecutive influ...

The aim of this study was to compare the number of inactivated-influenza vaccine-related spontaneous abortion and stillbirth (SB) reports in the Vaccine Adverse Event Reporting System (VAERS) databas...

<https://pubmed.ncbi.nlm.nih.gov/23023030/>

[Critical-Ayoub-Yazbak/5036ba3263121b326cdfob6067a21042ca16f81d](https://pubmed.ncbi.nlm.nih.gov/15710788/)

<https://researchgate.net/publication/26439988> **Influenza Vaccine Review of Effectiveness of the US Immunization Program and Policy Considerations**



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Impact of influenza vaccination on seasonal mortality in the US elderly...

We attribute the decline in influenza-related mortality among people aged 65 to 74 years in the decade after the 1968 pandemic to the acquisition of immunity to the emerging A(H3N2) virus. We could not...

<https://pubmed.ncbi.nlm.nih.gov/15710788/>

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<https://ncbi.nlm.nih.gov/labs/pmc/articles/PMC3502850/>

<p>62. Annual vaccination against common strains of influenza reduces protective immunity against more dangerous strains of the disease</p> <p><i>"Since young children are immunologically naive to influenza viruses, vaccination of this age group every year might prevent the induction of heterologous immunity, leaving infants more susceptible to pandemic strains of influenza."</i></p> <p>Bodewes R, Kreijtz JH, Rimmelstein GF. Yearly influenza vaccinations: a double-edged sword? <i>Lancet Infect Dis</i> 2009 Dec; 9(12): 784-88.</p>	<p>63. Prior vaccination against seasonal influenza may increase the risk of contracting a severe case of pandemic influenza</p> <p><i>"We report findings from four epidemiologic studies in Canada showing that prior receipt of 2008-09 trivalent inactivated influenza vaccine was associated with increased risk of medically attended pandemic H1N1 illness during the spring-summer 2009."</i></p> <p>Skowronski DM, De Serres G, et al. Association between the 2008-09 seasonal influenza vaccine and pandemic H1N1 illness during Spring-Summer 2009: four observational studies from Canada. <i>PLoS Med</i> 2010 April 6; 7(4): e1000258.</p> <ul style="list-style-type: none">Four studies showed that recipients of a seasonal influenza vaccine had a significantly increased risk of subsequently developing severe pandemic influenza compared to people	<p>71. CDC policy to vaccinate pregnant women with thimerosal-containing influenza vaccines is not supported by science</p> <p><i>"The [CDC] recommendation of influenza vaccination during pregnancy is not supported by children in its own policy paper or its current medical literature. Considering the potential risks of maternal and fetal mercury exposure, the administration of thimerosal during pregnancy is both unjustified and unsafe."</i></p> <p>Ayoub DM, Yazbak TE. Influenza vaccination during pregnancy: a critical assessment of the recommendations of the Advisory Committee on Immunization Practices (ACIP). <i>Journal of American Physicians and Surgeons</i> 2006 Summer; 11(2): 41-47.</p>
<p>65. Mice that were infected with a seasonal influenza virus survived exposure to a lethal influenza strain; vaccinated mice died</p> <p><i>"During a next pandemic, especially children that received the annual flu shot would be at higher risk to develop severe illness and a fatal outcome of the disease than those that experienced an infection with a seasonal influenza A virus strain. This of course would be of great concern and is supported by the data obtained in our mouse model."</i></p> <p>Bodewes R, Kreijtz JH, et al. Vaccination against human influenza A/H3N2 virus prevents the induction of heterologous immunity against lethal infection with Avian influenza A/H5N1 virus. <i>PLoS One</i> 2009; 4(5): e4538.</p>	<p>70. Pregnant women vaccinated against seasonal influenza and A-H1N1 (swine flu) had high rates of spontaneous abortions</p> <p><i>"Just because a single vaccine has been tested and considered safe does not imply there will not be a synergistic, fetal toxicity effect associated with the administration of two or more [thimerosal-containing] vaccines to a pregnant woman and/or a synergistic toxicity effect from the combination of the biologically active components contained in concurrently administered vaccines."</i></p> <p>Goldman GS. Comparison of VAERS fetal-loss reports during three consecutive influenza seasons: Was there a synergistic fetal toxicity associated with the two-vaccine 2009/2010 season? <i>Hum Exp Toxicol</i> 2013 Mar; 32(3): 368-75.</p>	<p>72. The influenza vaccine is not very effective, causes adverse reactions, and can spread disease to other people</p> <p><i>"The yearly U.S. mass influenza vaccination campaign has been ineffective in preventing influenza in vaccine recipients. Vaccine recipients need to be informed of the limitations and risks of the vaccine and of the alternatives to vaccination. In particular, they need to know of the possibility that repeated vaccination may increase the risk of adverse effects."</i></p> <p>Gier DA, King PG, et al. Influenza vaccine: review of effectiveness of the U.S. immunization program, and policy considerations. <i>Journal of American Physicians and Surgeons</i> 2006 Fall; 11(3): 69-74.</p>
<p>75. Children who receive an inactivated influenza vaccine are significantly more likely than non-vaccinated children to be hospitalized</p> <p><i>"Trivalent inactivated influenza vaccine did not provide any protection against hospitalization in pediatric subjects, especially children with asthma. On the contrary, we found a twofold increased risk of hospitalization in subjects who did get trivalent inactivated influenza vaccine."</i></p> <p>Joshi AY, Iyer VN, et al. Effectiveness of trivalent inactivated influenza vaccine in influenza-related hospitalization in children: a case-control study. <i>Allergy Asthma Proc</i> 2012 Mar-Apr; 33(2): e23-7.</p>	<p>76. Children vaccinated against seasonal influenza are not protected and are more likely than non-vaccinated children to develop respiratory virus infections</p> <p><i>"We identified a statistically significant increased risk of non-influenza respiratory virus infection among trivalent inactivated influenza vaccine recipients, including significant increases in the risk of rhinovirus and coxsackievirus infections."</i></p> <p>Cowling BJ, Fung VY, et al. Increased risk of noninfluenza respiratory virus infections associated with receipt of inactivated influenza vaccine. <i>Clin Infect Dis</i> 2012 June 15; 54(12): 1778-83.</p>	<p>79. Influenza-related death rates in the elderly do not improve by increasing influenza vaccination rates in the elderly</p> <p><i>"We could not correlate increasing vaccination coverage after 1960 with declining mortality rates in any age group. We conclude that observational studies substantially overestimate vaccination benefits."</i></p> <p>Simsen L, Buchert TA, et al. Impact of influenza vaccination on seasonal mortality in the US elderly population. <i>Arch Intern Med</i> 2005 Feb 14; 165(3): 265-72.</p>
<p>83. Healthcare policies that mandate influenza vaccination for healthcare workers to protect their patients are not supported by science</p> <p><i>"The studies aiming to prove the widespread belief that staff vaccination has a substantial effect on patient morbidity and mortality are heavily flawed. No reliable evidence shows that healthcare worker vaccination has noteworthy advantage to their patients — not in reducing patient morbidity or mortality, not in increasing patient vaccination, and not in decreasing healthcare worker work absenteeism."</i></p> <p>Abramson ZH. What, in fact, is the evidence that vaccinating healthcare workers against seasonal influenza protects their patients? A critical review. <i>Int J Family Med</i> 2012; 202464.</p>		

Below a sample of US court rulings where compensation has been awarded for the below conditions following administration of the flu vaccines

- ➔ Guillain-Barré Syndrome (“GBS”)
- ➔ Narcolepsy
- ➔ Death

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https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2019vvo119-85-0
https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2015vv1048-114-0
https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2012vv0155-186-0

From: @picphysicians

1. THERE IS A 65% INCREASED RISK OF NON-FLU RESPIRATORY ILLNESS IN POPULATIONS THAT GET THE FLU VACCINE.
2. STUDIES SHOW THE FLU VACCINE DOESN'T REDUCE DEMAND ON HOSPITALS.
3. STUDIES SHOW THE FLU VACCINE DOESN'T PREVENT THE SPREAD OF THE FLU.
4. THE FLU VACCINE FAILS TO PREVENT THE FLU ABOUT 65% OF THE TIME.
5. REPEAT DOSES OF THE FLU VACCINE MAY INCREASE THE RISK OF FLU VACCINE FAILURE.
6. DEATH FROM INFLUENZA IS RARE IN CHILDREN.
7. STUDIES SHOW THE FLU VACCINE DOESN'T REDUCE DEATHS FROM PNEUMONIA AND FLU.
8. STUDIES SHOW PATIENTS DON'T BENEFIT FROM THE VACCINATION OF HEALTHCARE WORKERS.
9. FLU VACCINE MANDATES ARE NOT SCIENCE-BASED.

Are Mandates Science-Based?

1. THERE IS A 65% INCREASED RISK OF NON-FLU RESPIRATORY ILLNESS IN POPULATIONS THAT GET THE FLU VACCINE.

Although some studies suggest possible effects of the flu vaccine on the incidence of illness caused by the flu, the benefits to potentially outweigh by the negative effects of the flu vaccine on the incidence of non-flu respiratory illness. To address the concern among patients that the flu vaccine increases the risk of acute respiratory illness, a study published in *Journal of the American Medical Association* (JAMA) in 2012 found a 65% increase in the risk of non-flu respiratory illness in vaccinated individuals.

The study, which included healthy subjects, found a 65% increased risk of non-flu acute respiratory illness within 14 days of receiving the flu vaccine. The authors state, "Random assignment to illness after vaccination may be explained by these results." The most common non-flu respiratory illness was influenza, followed by pneumonia, sinusitis, and conjunctivitis.

This is important because although the vaccine target those at the highest risk of the most severe influenza complications, such as pneumonia, sinusitis, and conjunctivitis, the study found that overall, the risk of non-flu respiratory illness was increased in vaccinated individuals.

2. THE FLU VACCINE DOESN'T REDUCE DEMAND ON HOSPITALS.

The National Institute of Health (NIH) funded a study to measure the effect of seasonal influenza vaccination on hospitalizations among the elderly. The study analyzed 132 adults aged 65 and older and found that "no reduction in hospitalizations was observed in vaccinated individuals."

Furthermore, a systematic review of 33 influenza vaccine studies published in 2012 found that hospitalizations rates and time of work loss for comparable between vaccinated and unvaccinated adults.

Furthermore, the Mayo Clinic conducted a case-control study to evaluate the effectiveness of the 2009 H1N1 influenza vaccine (2009 H1N1) in preventing hospitalization in children 6 months to 18 years old. The study evaluated the risk of hospitalization in both vaccinated and unvaccinated children over an eight-year period. The authors state, "This case-control study comparing influenza vaccination to unvaccinated children in a community setting found a 10% increased risk of hospitalization in subjects who did get the flu vaccine."

3. THE FLU VACCINE DOESN'T PREVENT THE SPREAD OF THE FLU.

Healthcare workers thought to play a major role in community spread of influenza, and there has been a long history of efforts to reduce influenza transmission among healthcare workers. To study the efficacy and cost-effectiveness of influenza vaccination in healthcare workers, a study published in *Journal of the American Medical Association* (JAMA) in 2012 found that influenza vaccination in healthcare workers did not reduce influenza transmission in the community.

In conclusion, the authors state, "There was no evidence that vaccination prevented household transmission once influenza was introduced."

4. THE FLU VACCINE FAILS TO PREVENT THE FLU ABOUT 65% OF THE TIME.

Studies have shown that influenza vaccines have low effectiveness in individuals who are vaccinated in non-outbreak periods. A review of 17 influenza vaccine studies published in 2012 found that the overall effectiveness of influenza vaccine was 59% in non-outbreak periods. The authors state, "The overall effectiveness of influenza vaccine was 59% in non-outbreak periods, but was 93% in outbreak periods."

5. REPEAT DOSES OF THE FLU VACCINE MAY INCREASE THE RISK OF FLU VACCINE FAILURE.

Studies have shown that influenza vaccines have low effectiveness in individuals who are vaccinated in non-outbreak periods. A review of 17 influenza vaccine studies published in 2012 found that the overall effectiveness of influenza vaccine was 59% in non-outbreak periods. The authors state, "The overall effectiveness of influenza vaccine was 59% in non-outbreak periods, but was 93% in outbreak periods."

6. DEATH FROM INFLUENZA IS RARE IN CHILDREN.

Before the widespread use of the influenza vaccine in children, between 2000 and 2005, each year 100,000 to 150,000 children aged 19 and younger had died in the United States of influenza. Since the beginning of the 2000s, the CDC states, "Deaths from influenza are uncommon among children with and without high-risk conditions."

7. FLU VACCINE DOESN'T REDUCE DEATHS FROM PNEUMONIA AND FLU.

The National Vaccine Program Office, a division of the U.S. Department of Health and Human Services (HHS), funded a study to measure the mortality over the period of 33 years (1980-2012). The study found no difference in the mortality rate between vaccinated and unvaccinated children. The authors state, "We could not conclude increasing vaccination coverage after 1990 with increasing mortality rates in any age group. DDT concludes that observational studies and laboratory experiments suggest that hospitalization or mortality rates."

8. PATIENTS DON'T BENEFIT FROM THE VACCINATION OF HEALTHCARE WORKERS.

A number of studies that influenza vaccine studies conducted by the Cochrane Library states, "The review findings have not provided conclusive evidence of benefit of 100% Healthcare workers' vaccination program to specific outcomes of influenza prevention in long-term care facilities, long-term care facilities, residential care facilities, or long-term care facilities. The authors conclude, 'This review does not provide sufficient evidence to support the vaccination of healthcare workers to prevent influenza.' In addition, 'There is little evidence to justify routine use of staff influenza vaccination in residential care facilities or health-care workers.'

9. FLU VACCINE MANDATES ARE NOT SCIENCE-BASED.

A Cochrane Vaccine Field (VFC) evidence-based studies examined the benefits of the vaccination. The authors published a meta-analysis. "The meta-analysis concludes that what the data tell us clearly is that influenza vaccination is not effective in preventing influenza and other respiratory viruses in the community. Evidence from systematic reviews shows that influenza vaccines have little or no effect on the overall effectiveness. However, for the overall effectiveness of influenza vaccine in the community, there is high confidence that a meta-analysis should be properly conducted."

FLU VACCINE FAILURE?

Figure 1. Evidence of Flu Vaccine Failure from 2000-2012. Note: The U.S. Department of Health and Human Services (HHS) funded a study to measure the mortality over the period of 33 years (1980-2012). The study found no difference in the mortality rate between vaccinated and unvaccinated children. The authors state, "We could not conclude increasing vaccination coverage after 1990 with increasing mortality rates in any age group. DDT concludes that observational studies and laboratory experiments suggest that hospitalization or mortality rates."

Education: Flu Vaccine Risk Statement


The study, which included healthy subjects, found a 65% increased risk of non-flu acute respiratory illness within 14 days of receiving the flu vaccine.

<https://physiciansforinformedconsent.org/influenza-flu-vaccine/>

2013: 19 year old died immediately following the #Flu shot. Brain swelling, coma, and then death

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#replug 2013
19 year old died immediately following the #Flu shot.
Brain swelling, coma, and then death.
wnd.com/2013/11/mom-fa...




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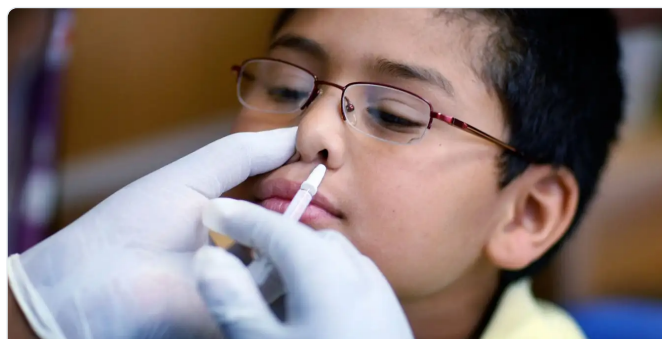
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Flu vaccine for children linked to pneumonia risk for their relatives

 **Dr David Cartland BMedSci MBChB MRCGP (2014)** ✓
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Flu vaccine for children linked to pneumonia risk for their relatives | New Scientist



Flu vaccine for children linked to pneumonia risk for their relatives

The nasal flu vaccine may reduce cases of pneumonia illness in population over the whole flu season because flu infections are likely to lead to even higher boost in bacteria

<https://www.newscientist.com/article/2430141-flu-vaccine-for-children-linked-to-pneum...>

A girl had a stroke after the FLUENZ TETRA - flu vaccine. 16/03/23 Cerebral hemorrhage



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A 3-11 year old girl had a stroke after the FLUENZ TETRA - flu vaccine.
16/03/23
Cerebral hemorrhage
adrreports.eu/en/index.html

EVPMS ICSR(s)		Individual Case Safety Report Form		EudraVigilance	
General Information					
EudraVigilance Local Report Number	EU-EC-10014822667				
Sender Type	Regulatory authority				
Sender's Organisation	EEA Regulator				
Type of Report	Spontaneous				
Primary source country	European Economic Area				
Reporter's qualification	Healthcare Professional				
Case serious?	Yes				
Patient					
Age Group	Age Group (as per reporter)			Sex	
3-11 Years	Child			Female	
Reaction / Event					
MedDRA LLT	Duration	Outcome	Seriousness ¹		
Aphasia		Unknown	life threat.		
Crying		Unknown	life threat.		
Cramps		Unknown	life threat.		
Cerebral hemorrhage	0.0 Days	Recovered/Resolved	life threat.		
Drug Information					
Role ²	Drug	Duration	Dose	Units in Interval	Action taken
	FLUENZ TETRA - A/GUANGDONG-MAONAN/SWL1536/2019 (H1N1)PDM09 - LIKE STRAIN (A/HAWAII/66/2019, MEDI 326775), A/HONG KONG/2671/2019 (H3N2) - LIKE STRAIN (A/HONG KONG/2671/2019, MEDI 325078), B/PHUKET/3073/2013 - LIKE STRAIN (B/PHUKET/3073/2013, MEDI 306444), B/WASHINGTON/02/2019 - LIKE STRAIN (B/WASHINGTON/02/2019, MEDI 323797), A/TEXAS/50/2012 (H3N2)-LIKE STRAIN (A/TEXAS/50/2012, MEDI 237514), B/BRISBANE/60/2008 (VICTORIA LINEAGE)-LIKE STRAIN (B/BRISBANE/60/2008, MEDI 228030), B/MASSACHUSETTS/2/2012 (YAMAGATA LINEAGE)-LIKE STRAIN (B/MASSACHUSETTS/2/2012, MEDI 237751), A/CALIFORNIA/7/2009 (H1N1)PDM09-LIKE STRAIN (A/CALIFORNIA/7/2009, MEDI 228029), B/BRISBANE/60/2008 (VICTORIA LINEAGE)-LIKE				

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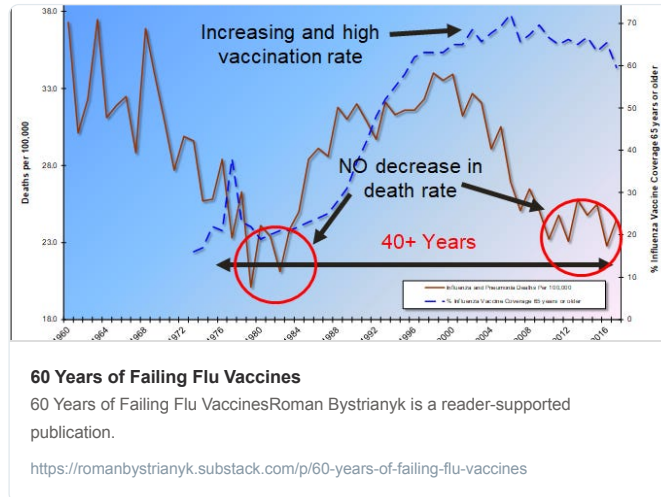
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EVPMS ICSR(s)		Individual Case Safety Report Form		EudraVigilance	
General Information					
EudraVigilance Local Report Number	EU-EC-10014822667				
Sender Type	Regulatory authority				
Sender's Organisation	EEA Regulator				
Type of Report	Spontaneous				
Primary source country	European Economic Area				
Reporter's qualification	Healthcare Professional				
Case serious?	Yes				
Patient					
Age Group	Age Group (as per reporter)			Sex	
3-11 Years	Child			Female	
Reaction / Event					
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60 Years of Failing Flu Vaccines

“As of 2022, after more than 60 years of experience with influenza vaccines, very little improvement in vaccine prevention of infection has been noted. As pointed out decades ago, and still true today, the rates of effectiveness of our best approved influenza vaccines would be inadequate for licensure for most other vaccine-preventable diseases...”

@RBystrianyk



Systemic vasculitis following influenza vaccination--report of 3 cases and literature review

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Systemic vasculitis following influenza vaccination--report of 3 cases ...
Influenza vaccination is a widely accepted practice particularly among the elderly and high risk individuals. Minor and transitory side effects following the vaccination are common while systemic com...
<https://pubmed.ncbi.nlm.nih.gov/8230034/>

Flu Vaccine....responsible for the most vaccine injuries until 2020.



Flu Vaccine....responsible for the most vaccine injuries until 2020.

Reprinted from www.vi-ta.orgThe Illness: The Flu is a respiratory virus that is usually mild and rarely serious. Serious infection is most likely to affect the elderly, whose immune function is not o...

<https://www.michiganvaccinechoice.org/single-post/flu-vaccine-responsible-for-the-mo...>



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Flu Vaccine....responsible for the most vaccine injuries until 2020.



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Flu Vaccine....responsible for the most vaccine injuries until 2020.

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Influenza epidemic among a community of elderly people in spite of vaccination
An outbreak of influenza occurred in a nursing home of 81 vaccinated elderly people



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Influenza epidemic among a community of elderly people in spite of va...
An outbreak of influenza occurred in a nursing home of 81 vaccinated elderly people. The clinical attack rate was 73%. The responsibility of an A/H3N2 strain was proved in 12 patients and 2 staff mem...

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Adverse Effects of Influenza Vaccines: Evidence and Causality.



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Delirium following influenza vaccination - PubMed
Delirium following influenza vaccination

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<https://www.ncbi.nlm.nih.gov/books/NBK190013/>

Reactive arthritis after influenza vaccination



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Reactive arthritis after influenza vaccination: report of a case - PubMed
We describe a patient with reactive arthritis (ReA) induced by influenza vaccination. A healthy 79-year-old Japanese man began suffering from migrating polyarthritis 2 days after receiving influenza ...

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Recurrence of pericarditis after influenza vaccination: a case report and review of the literature

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5935955/>

60 years of failing flu vaccines

Roman Bystrianyk ✓
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Thanks to Druthers Canada's Independent, People Powered Newspaper for publishing my article on the flu vaccine in their July 2024 issue on page 4. druthers.ca/wp-content/upl...

60 Years of Failing Flu Vaccines

By Roman Bystrianyk

Vaccination has long been deeply ingrained in the public consciousness as the most effective means to prevent a wide range of diseases. Public health campaigns and medical professionals have long advocated for the benefits of vaccination, emphasizing its critical role in safeguarding individual and community health. The influenza vaccine stands out as a prominent example among the many vaccines promoted over the years. This vaccine has been continuously championed for decades, with efforts to encourage its uptake particularly vigorously during flu season. Nearly every drugstore and pharmacy offers the influenza vaccine, making it easily accessible to the public. This widespread availability reflects the importance placed on preventing influenza, a respiratory illness that can lead to severe health complications, especially in vulnerable populations. Through persistent promotion and education, the influenza vaccine has become a cornerstone of preventive healthcare, demonstrating the enduring value of vaccination in modern medicine.

But just how effective has the influenza vaccine been in practice? Have deaths from influenza declined due to this highly promoted annual vaccination? What do the statistics tell us about the vaccine's impact on public health?

critical tool in preventing the spread of the virus.

*"As of 2022, after more than 60 years of experience with influenza vaccines, very little improvement in vaccine prevention of infection has been noted. As pointed out decades ago, and still true today, the rates of effectiveness of our best approved influenza vaccines would be inadequate for licensure for most other vaccine-preventable diseases... Taking all of these factors into account, it is not surprising that none of the predominantly mucosal respiratory viruses have ever been effectively controlled by vaccines... Durably protective vaccines against non-systemic mucosal respiratory viruses with high mortality rates have thus far eluded vaccine development efforts."*²

Why don't the CDC and other health agencies tell us this information? Why haven't doctors and drug stores stopped promoting and giving this vaccine? Why is there apparently one message from the governments and medical system for the public, while behind the scenes, there is an entirely different story? Should we trust the same people to continue experimenting on us after 60 years of influenza vaccine failures that have actually caused more misery than influenza would have?

1. Chapter B, Vital Statistics and Health and Medical Care, Vital Statistics, B 149-166, p. 58, 2.census.gov/prod2/statcomp/documents/CT1970p1-03.pdf; Leading Causes of Death, 1900-1998,

Year	Mortality rate (per 100,000)	Coverage (%)
1988	~360	~60
1990	~350	~65
1992	~340	~70
1994	~330	~75
1996	~320	~80
1998	~310	~85
2000	~300	~90
2002	~290	~95
2004	~280	~98
2006	~270	~99
2008	~260	~100
2010	~250	~100
2012	~240	~100
2014	~230	~100
2016	~220	~100
2017	~210	~100

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By Roman Bystrianykh

Vaccination has long been deeply ingrained in the public consciousness as the most effective means to prevent a wide range of diseases. Public health campaigns and medical professionals have long advocated for the benefits of vaccination, emphasizing its critical role in safeguarding individual and community health.

The influenza vaccine stands out as a prominent example among the many vaccines promoted over the years. This vaccine has been continuously championed for decades, with efforts to encourage its uptake particularly vigorously during flu season. Nearly every drug-store and pharmacy offers the influenza vaccine, making it easily accessible to the public. This widespread availability reflects the importance placed on preventing influenza, a respiratory illness that can lead to severe health complications, especially in vulnerable populations. Through persistent promotion and education, the influenza vaccine has become a cornerstone of preventive healthcare, demonstrating the enduring value of vaccination in modern medicine.

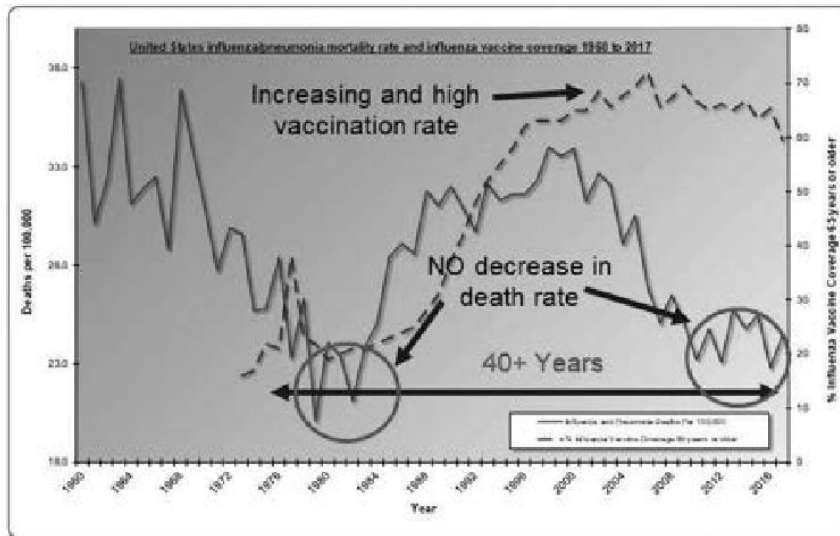
But just how effective has the influenza vaccine been in practice? Have deaths from influenza declined due to this highly promoted annual vaccination? What do the statistics tell us about the vaccine's impact on public health?

critical tool in preventing the spread of the virus.


*"As of 2022, after more than 60 years of experience with influenza vaccines, very little improvement in vaccine prevention of infection has been noted. As pointed out decades ago, and still true today, the rates of effectiveness of our best approved influenza vaccines would be inadequate for licensure for most other vaccine-preventable diseases... Taking all of these factors into account, it is not surprising that none of the predominantly mucosal respiratory viruses have ever been effectively controlled by vaccines... Durably protective vaccines against non-systemic mucosal respiratory viruses with high mortality rates have thus far eluded vaccine development efforts."*²

Why don't the CDC and other health agencies tell us this information? Why haven't doctors and drug stores stopped promoting and giving this vaccine? Why is there apparently one message from the governments and medical system for the public, while behind the scenes, there is an entirely different story? Should we trust the same people to continue experimenting on us after 60 years of influenza vaccine failures that have actually caused more misery than influenza would have?

1. Chapter B, Vital Statistics and Health and Medical Care, Vital Statistics, B 149-166, p. 58, 2.census.gov/prod/2/statcomp/documents/CT1970p1-03.pdf; Leading Causes of Death, 1900-1998,



Stevens-Johnson Syndrome Due to Influenza Vaccination



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Influenza is a common virus that affects millions of people every year. The influenza vaccine decreases morbidity and mortality associated with influenza and is generally well tolerated. Stevens-John...

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FDA Approves First Self-Administered Nasal Spray Flu Vaccine

The FDA has approved #FluMist (AstraZeneca) for self-administration by adults up to age 49 years or for caregiver administration for children aged 2 to 17 years.

What could go wrong?

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What are severe side effects of FluMist?

- Allergic reaction
- Anaphylaxis
- Asthma
- Bell's palsy
- Brain damage
- Breathing problems
- Diarrhea
- Eosinophilic meningitis
- Encephalitis
- Epistaxis
- Facial paralysis
- Gastrointestinal infection
- Guillain-Barré syndrome
- Heart inflammation
- Hypersensitivity reactions
- Hypoxia
- Leigh syndrome symptoms worsen
- Low oxygen in blood
- Meningitis
- Mitochondrial encephalomyopathy symptoms worsen
- Nausea
- Pericarditis
- Rash
- Reye's Syndrome (aspirin side effect)
- Respiratory distress
- Respiratory tract infection
- Vaccine-associated encephalitis
- Vomiting
- Wheezing requiring bronchodilator therapy

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#Flumist Warnings & Precautions

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5 WARNINGS AND PRECAUTIONS

5.1 Risks of Hospitalization and Wheezing in Children Younger than 24 Months of Age

In clinical trials, risks of hospitalization and wheezing were increased in children younger than 2 years of age who received FluMist [see [Adverse Reactions \(6.1\)](#)].

5.2 Asthma, Recurrent Wheezing, and Active Wheezing

Children younger than 5 years of age with recurrent wheezing and persons of any age with asthma may be at increased risk of wheezing following administration of FluMist. FluMist has not been studied in persons with severe asthma or active wheezing.

5.3 Guillain-Barré Syndrome

If Guillain-Barré syndrome (GBS) has occurred within 6 weeks of any prior influenza vaccination, the decision to give FluMist should be based on careful consideration of the potential benefits and potential risks.

The 1976 swine influenza vaccine (inactivated) was associated with an elevated risk of GBS. Evidence for causal relation of GBS with other influenza vaccines is inconclusive; if an excess risk exists, based on data for inactivated influenza vaccines, it is probably slightly more than 1 additional case per 1 million persons vaccinated¹.

5.4 Altered Immunocompetence

The effectiveness of FluMist has not been studied in immunocompromised persons. Data on safety and shedding of vaccine virus after administration of FluMist in immunocompromised persons are limited to 173 persons with HIV infection and 10 mild to moderately immunocompromised children and adolescents with cancer [see [Clinical Pharmacology \(12.2\)](#)].

5.5 Medical Conditions Predisposing to Influenza Complications

The safety of FluMist in individuals with underlying medical conditions that may predispose them to complications following wild-type influenza infection has not been established.

5.6 Management of Acute Allergic Reactions

When administered by a healthcare provider in a healthcare setting, appropriate medical treatment must be immediately available to manage potential anaphylactic reactions following administration of FluMist [see [Contraindications \(4.1\)](#)].

When FluMist is self-administered or administered by a caregiver, immediate medical attention should be sought if the vaccine recipient experiences symptoms of an allergic reaction following administration of FluMist.

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