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Health Authorities Now Admit Severe Side Effects of Vaccination Swine Flu, Pandemrix and Narcolepsy

by Karin Munsterhjelm-Ahumada, M.D.

(OMNS, March 20, 2012) The swine flu pandemic of 2009 was caused by a type A influenza (H1N1) virus. This virus was originally referred to as "swine flu" because many of the genes of this new virus were very similar to influenza viruses that normally occur in pigs in North America. The H1N1 virus is genetically similar to the 1918 pandemic virus, as determined from victims of the latter who were buried, and later disinterred, in Svalbard. It was responsible for most of the outbreaks up until 1956 and then disappeared.

However, this new virus was actually quite different from the typical swine flu viruses. This virus first caused illness in Mexico and the United States in March and April, 2009. This novel H1N1 flu spread from person to person, unlike typical swine flu. In 2009 vaccines were being developed for the prevention of swine flu in humans. <http://www.medterms.com/script/main/art.asp?articlekey=99584>

On 11 June 2009, the World Health Organization (WHO) declared that the swine flu had developed into a full scale world epidemic - a pandemic alert to Phase 6. Margaret Chan, the Director-General of WHO, commented on the situation in a somewhat ambiguous way. While stressing that the swine flu had reached a serious pandemic level, she declared later in the same statement that the illness seemed to be mild and that most of the patients would recover without medical intervention.

http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html

The world chose to listen to the first part of her message.

Two pharmaceutical companies GlaxoSmithKline (GSK) and Novartis had, under considerable time pressure, developed a vaccine against the swine flu. Since the cultivation of an adequate amount of virus to generate the vaccine requires time, GSK and Novartis decided to formulate a weaker vaccine but strengthen it with an adjuvant that contains squalene. Immunologic adjuvants are substances, administered in conjunction with a vaccine, that stimulate the immune system and increase the response to the vaccine http://www.who.int/vaccine_safety/topics/adjuvants/squalene/questions_and_answers/en/. Although squalene is a natural substance found in metabolic pathways of the body, its inclusion in a vaccine is

controversial and it is not in use in the USA.

On 25 September 2009, the European Medicines Agency (EMA) approved Pandemrix, the swine flu vaccine produced by GSK and Focetria produced by Novartis. <http://justthevax.blogspot.com/2009/09/eu-approves-gsk-pandemrix-and-novartis.html> The vaccine would be ready for use that October.

In Sweden, Finland, Norway and Iceland, the authorities explicitly set the goal of vaccinating the entire population http://www.svd.se/nyheter/inrikes/massvaccinering-raddade-sex-liv_6851143.svd. In this respect, it is of interest that the governments of these countries, already before the outbreak of the swine flu, had concluded an agreement with GSK, according to which they were assured the delivery of pandemic vaccines, if needed. In addition, the contract stipulated that, in a situation characterized as a pandemic by the WHO, the same Nordic countries would have ten days to decide whether or not to accept delivery of the vaccine in question. Hence, the purpose of the agreement was to assure that the entire populations of these countries would receive vaccinations. Finally, the contract protected GSK from any claim for financial compensation in case the delivered vaccine would have any side effects.

When WHO declared the swine flu to be a Phase 6 pandemic, the agreement referred to above was automatically activated.

Mass vaccination started in Finland and Sweden in October 2009. In order to cover the largest possible percentage of the population, the authorities initiated an enormous public relations campaign, which could be described in terms of a "moral persuasion." Solidarity became the slogan: "Be vaccinated to protect your fellow citizens." Those who questioned the vaccination program (small groups of vaccine opponents or just people who were hesitant) were looked upon with disapproval.

In contrast to these vaccine - enthusiastic countries, the politics of vaccination within the rest of the European Union varied immensely among its member states. Poland, for example, decided not to buy vaccines at all due to the strict agreement conditions required by the pharmaceutical companies. Denmark's order covered only "risk groups". http://www.svd.se/nyheter/inrikes/svd-granskar-sveriges-vaccinering-mot-svininfluensan_6843475.svd

The expected second wave of the influenza never appeared. The epidemic gradually declined during the first half of 2010. The same year, on 10 August, WHO officially declared the end of the epidemic. The European Center for Disease Prevention and Control (ECDC) stated that the swine flu was less dangerous and had a lower mortality rate than the seasonal influenza. Thus, apparently the swine flu would not have been a dangerous epidemic even without the mass vaccination. Interestingly, also that same year, vitamin D was shown to prevent influenza in children. (1)

In Sweden, 60% of the population had been vaccinated, while in Finland 50% was covered. In contrast, the figures in Germany and Poland were only 8 and 0% respectively. In the history of Swedish health care this pandemic campaign amounted to one of the most expensive ever. Enormous amounts of taxpayer money were at stake. http://www.svd.se/nyheter/inrikes/svd-granskar-sveriges-vaccinering-mot-svininfluensan_6843475.svd

Meanwhile, the media had become silent on this issue ; there was no further discussion about the swine flu anymore.

Then the blow came:

"The absolutely worst thing that could happen," commented Richard Bergström, the Director - General of the European Federation of Pharmaceutical Industries and Associations, EFPIA. "The worst nightmare of

both the industry and the health authorities is an illness that turns out to be mild, while the vaccine that was supposed to prevent a dangerous epidemic causes a severe side effect that was previously unknown." <http://www.kostdemokrati.se/nyheter/files/2012/02/SvD-sid-14-19.pdf>

In August 2010, Finland reported an increased occurrence of narcolepsy in children and youngsters vaccinated with Pandemrix. On 1 September 2010, Finland stopped all Pandemrix vaccinations. <http://articles.mercola.com/sites/articles/archive/2010/09/10/swine-flu-vaccine-may-have-caused-narcolepsy.aspx>

Narcolepsy is a severe chronic neurologic disease that not only results in a disabling fatigue, which typically results in the patient falling asleep anywhere and at any time. It might also lead to panic attacks and a state of exhaustion. For many, the worst consequences are the symptoms of cataplexy. This condition causes the narcolepsy patient, when expressing strong feelings such as laughter or crying, to suddenly lose muscular control. The legs give way, speech gets slurred, the gaze goes unfocused and the person gives the impression of being drunk. In some patients, frightening hallucinations appear when falling asleep or waking up.

On 1 September 2011, the Finnish National Institute for Health and Welfare (THL) admitted, that for Finnish children and youngsters age 4-19, there was a new and obvious connection between Pandemrix and narcolepsy. As stated in THL's press release, "The increased risk associated with vaccination amounted to six cases of narcolepsy per 100,000 persons vaccinated in the 4-19 age group during the eight months following vaccination. This was 12.7 times the risk of a person in the same age group who had not been vaccinated." http://www.thl.fi/en_US/web/en/pressrelease?id=26352 This statement was made almost exactly two years after the THL's earlier statement made in the midst of the swine flu hysteria that everyone should be vaccinated with Pandemrix and that it would be safe. In that original statement, the director of the THL emphasized that the squalene adjuvant could increase the side effects of the vaccine to some extent. However, he stated, these side effects would not be dangerous. <http://www.tohtori.fi/?page=5833192&id=0169960>

In Sweden, at least 150 children are now suffering from narcolepsy caused by Pandemrix vaccine. In Finland, the number is approximately 100. In both countries the number is probably growing. Narcolepsy is a disease with lifetime consequences, and the risk that Pandemrix may have caused other neurological illnesses has not yet been excluded. Many have already begun to compare this tragedy with the thalidomide catastrophe. http://www.svd.se/nyheter/inrikes/medicinsk-tragedi-med-ett-absurt-slut_6861775.svd

No European countries had a particularly high rate of deaths due to the swine flue. Germany had the same death rate as Sweden, which was 0.31/100 000, although Sweden vaccinated 60% and Germany only 8%. This implies that the vaccine did little to prevent deaths. The responsible authorities have not yet commented on this matter of fact. http://www.svd.se/nyheter/inrikes/massvaccinering-raddade-sex-liv_6851143.svd

Last year the Finnish government promised full compensation for those who have developed narcolepsy as a consequence of the vaccination. <http://www.bloomberg.com/news/2011-10-05/finnish-government-to-compensate-pandemrix-narcolepsy-victims.html>. While Sweden did, indeed, follow the Finnish THL in admitting the connection between the vaccine and the disease, the Swedish authorities have not yet decided whether and how to provide appropriate compensation.

In February 2012, *Svenska Dagbladet*, a widely read newspaper in Sweden, presented an informative and accurate series of articles on this theme. They describe some of the affected children narrating how difficult it is to live with narcolepsy http://www.svd.se/nyheter/multimedia/artikel_6840743.svd

According to the authorities, much research is still underway concerning the details of the vaccine injury. Taking the pressure from the public and the affected families into account, it will be difficult for them to avoid carrying out a thorough investigation. Let's hope so.

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1. Urashima M, Segawa T, Okazaki M, Kurihara M, Wada Y, Ida H. Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren. Am J Clin Nutr. 2010 May;91(5):1255-60.

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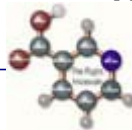
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Seasonal Influenza (Flu)

[Seasonal Influenza \(Flu\) 2012-2013 Flu Season](#)

What You Should Know for the 2012-2013 Influenza Season

Questions & Answers

What should I do during flu season?

As always, get a flu vaccine every year. Getting vaccinated is the first and most important step in protecting against this serious disease. Vaccination efforts should continue as long as influenza viruses are circulating.

Also, you can help stop the spread of influenza and other diseases by doing the following things:

- If you get sick with flu-like illness, stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)
- Practice proper cough and sneeze etiquette to prevent the spread of germs.
- Wash your hands regularly.
- Avoid touching your eyes, nose or mouth
- Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill.

While not a substitute for vaccination, these steps can help prevent the spread of respiratory viruses like influenza.

And remember, there are antiviral drugs that can treat flu illness. They can make your illness milder and help you feel better faster. They also can prevent serious flu-related complications, like pneumonia. For more information about antiviral drugs, visit [Treatment - Antiviral Drugs](#).

Find out if you are at high risk of developing influenza-related complications if you get the flu. See [People Who Are at High Risk of Developing Flu-Related Complications](#) for a complete list.

How well is the vaccine working this season?

CDC conducts studies each year to determine how well the vaccine protects against illness. These estimates provide more information about how well this season's vaccine is working.

Findings from early data suggest that this season's vaccine so far is reducing the risk of having to go to the doctor for influenza by about 60% for vaccinated people. The data are published in "[Early Estimates of Seasonal Influenza Vaccine Effectiveness — United States, January 2013](#)," in the January 11, 2013, Morbidity and Mortality Weekly Report.

These estimates are within the range of what is expected during seasons when most circulating influenza viruses characterized by CDC are like the viruses included in the vaccine, which is what we are seeing this season. These findings also are similar to those published in a recent meta-analysis, which summarized the benefits of influenza vaccines using data from randomized

controlled clinical trials. Influenza vaccination, even with moderate effectiveness of about 60%, has been shown to also reduce the following: flu-related illness, antibiotic use, time lost from work, hospitalizations, and deaths.

Is vaccine still available?

Flu vaccine is produced by private manufacturers, so availability depends on when production is completed. Information about the number of seasonal influenza vaccine doses distributed this season is available at [Seasonal Influenza Vaccine & Total Doses Distributed](#).

In May and September, 2012, influenza vaccine manufacturers originally projected about 135 million doses would be available for the U.S. market during the 2012-2013 season. Recent updates from manufacturers to CDC indicate that more doses of flu vaccine were actually produced, totaling 145 million doses. As of January 25, 2013, more than 134 million doses had been distributed. (During 2011-2012, 132.8 million doses of flu vaccine were distributed in the United States.)

At this time, some vaccine providers may have exhausted their vaccine supplies, while others may have remaining supplies of vaccine. People seeking vaccination may need to call more than one provider to locate vaccine. The [flu vaccine locator](#) may be helpful.

Does CDC recommend prioritizing remaining supplies of flu vaccine?

No, CDC does not have a recommendation to prioritize remaining supplies of flu vaccine at this time. CDC continues to recommend influenza vaccination for all people 6 months and older. It also continues to be especially important that people at high risk of influenza complications get vaccinated, including pregnant women, children under 5 years but especially younger than 2 years, older adults 65 years and older, and people with chronic conditions like asthma, diabetes, and heart disease.

Are there supply concerns with antiviral drugs this season?

On January 10, 2013, the U.S. Food and Drug Administration (FDA) released information indicating there may currently be intermittent shortages of [Oseltamivir Phosphate \(Tamiflu\) for Oral Suspension \(6mg/mL 60 mL\)](#), due to increased demand for the drug. This is the pediatric suspension (liquid). The manufacturer has instructions for pharmacists on how [to compound an oral suspension from Tamiflu 75 mg \(adult\) capsules](#). These instructions provide for an alternative oral suspension when commercially manufactured oral suspension formulation is not readily available.

When will flu activity peak?

The timing of flu is very unpredictable and can vary from season to season. Flu activity most commonly [peaks](#) in the United States in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May. The 2011-2012 season began late and was relatively mild compared with previous seasons (see [2011-2012 Flu Season Draws to a Close](#) for more information). The 2012-2013 influenza season began relatively early compared to recent seasons (see [Press Briefing Transcript: U.S. Influenza Activity and Vaccination Rates for Current Season](#)) and by January 11, 2013, flu activity was high across most of the United States. It is not possible to predict when the season will peak or how severe the 2012-2013 season will be, but based on past experience, it's likely that flu activity will continue for some time. During the past 10 influenza seasons, the proportion of people visiting doctors for influenza-like illness (ILI) remained at or above baseline for an average of 12 consecutive weeks, with a range of 1 week ([2011-2012 season](#)) to 16 weeks (2005-2006 season). During the pandemic, the proportion of visits to doctors for ILI remained above the national baseline for 19 consecutive weeks.

Are new flu viruses circulating this season?

Flu viruses are constantly changing so it's not unusual for new flu viruses to appear. For more information about how flu viruses change, visit [How the Flu Virus Can Change](#). CDC analyzes influenza viruses that are circulating each season to see whether they are like the viruses included in that season's vaccine. This so-called "antigenic characterization" data is published weekly in [FluView](#). So far, most of the influenza viruses that have been analyzed at CDC are like the viruses included in the 2012-2013 influenza vaccine. However, some influenza B viruses that have been analyzed by CDC do not match the influenza B virus included in the 2012-2013 vaccine.

(See [FluView](#) for more information).

Should I still get vaccinated since flu season has started?

Yes. CDC recommends that people get vaccinated against influenza as long as influenza viruses are circulating. Influenza seasons are unpredictable and can begin as early as October, and substantial activity can occur as late as May.

It takes about two weeks after vaccination for antibodies to develop in the body that provide protection against the flu.

Should I still get vaccinated even if I have already gotten sick with the flu?

Yes. There are a couple of reasons why you should be vaccinated even if you have already been sick with a flu-like illness this season. First, it's possible that your illness was not caused by an influenza virus. There are other respiratory viruses circulating along with flu that can have similar flu symptoms. The only way to know for sure that a flu virus is making you sick is to have a sample taken and tested in a laboratory. Second, even if you were sick with one influenza virus, the seasonal flu vaccine protects against three types of flu viruses that research suggests will be most common. This means the vaccine can offer protection against other influenza viruses you haven't been exposed to yet.

Can I get vaccinated and still get influenza?

Yes. It's possible to get sick with influenza even if you have been vaccinated (although you won't know for sure unless you get a positive influenza test). This is possible for the following reasons:

- You may be exposed to an influenza virus shortly before getting vaccinated or during the period that it takes the body to gain protection after getting vaccinated. This exposure may result in you becoming ill with flu before the vaccine begins to protect you. (About 2 weeks after vaccination, antibodies that provide protection develop in the body.)
- You may be exposed to an influenza virus that is not included in the seasonal flu vaccine. There are many different influenza viruses that circulate every year. The composition of the flu shot is reviewed each season and updated if needed to protect against the three viruses that research suggests will be most common. Characterization of influenza viruses collected this season in the United States indicates that most circulating viruses are like the vaccine viruses; however, there is a smaller percentage of viruses that the vaccine would not be expected to protect against.
- Unfortunately, some people can get infected with an influenza virus the flu vaccine is designed to protect against despite getting vaccinated. Protection provided by influenza vaccination can vary widely, based in part on health and age factors of the person getting vaccinated. In general, the flu vaccine works best among young healthy adults and older children. Some older people and people with certain chronic illnesses may develop less immunity after vaccination. While vaccination offers the best protection against influenza

infection, it's still possible that some people may become ill after being vaccinated. Influenza vaccination is not a perfect tool, but it is the best tool currently at our disposal to prevent influenza.

Has CDC received reports of people who have gotten a flu vaccine and then tested positive for influenza?

Yes. CDC has received reports of some people who were vaccinated against influenza becoming ill and testing positive for influenza. This occurs every season. This is an early season, with more influenza activity being reported at this time than has been seen during recent flu seasons. CDC is watching the situation closely and will provide additional information as it becomes available. There are, however, a number of reasons why people who got an influenza vaccine may still get influenza this season, see [Can I get vaccinated and still get influenza](#).

To estimate how well influenza vaccines work each year, CDC has been working with researchers at universities and hospitals since the 2004-2005 influenza season conducting observational studies using laboratory-confirmed influenza as the outcome.

For the latest interim data on effectiveness of this year's vaccine, see [How well is the vaccine working this season?](#)

It's important that health care providers and the public remember that influenza antiviral medications are available to treat influenza. CDC has recommendations on the use of these medications (sold commercially as "Tamiflu®" and "Relenza®"). Antiviral treatment as early as possible is recommended for any patients with confirmed or suspected influenza who are hospitalized, seriously ill, or ill and at high risk of serious influenza-related complications, including young children, people 65 and older, people with certain underlying medical conditions and pregnant women. Treatment should begin as soon as influenza is suspected, regardless of vaccination status or rapid test results and should not be delayed for confirmatory testing. A full list of people considered at high risk for serious influenza complications is available at [People at High Risk of Developing Flu-Related Complications](#). More information about antiviral drugs and CDC's recommendations are available at [Antiviral Drugs](#).

Is this season's vaccine a good match for circulating viruses?

Over the course of a flu season, CDC studies samples of flu viruses circulating during that season to evaluate how close a match there is between viruses used to make the vaccine and circulating viruses. Data are published in the weekly [FluView](#).

As of the first week in January 2013, most (91%) of the influenza viruses that have been analyzed at CDC are like the viruses included in the 2012-2013 influenza vaccine. The match between the vaccine virus and circulating viruses is one factor that impacts how well the vaccine works.

More Questions about Vaccine

Where can I get a flu vaccine?

Flu vaccines are offered in many locations, including doctor's offices, clinics, health departments, pharmacies and college health centers, as well as by many employers, and even in some schools.

Even if you don't have a regular doctor or nurse, you can get a flu vaccine somewhere else, like a health department, pharmacy, urgent care clinic, and often your school, college health center, or work.

At this time, some vaccine providers may have exhausted their vaccine supplies, while others may have remaining supplies of vaccine. People seeking vaccination may need to call more than one provider to locate vaccine. The [flu vaccine locator](#) may be helpful.

What kinds of vaccines have been made available in the United States for 2012-2013?

A number of different manufacturers produced trivalent (three component) influenza vaccines for the U.S. market, including intramuscular (IM), intradermal, and nasal spray vaccines. See [Key Facts About Seasonal Flu Vaccine](#) for more information about the different types of vaccine made available in the United States. Some manufacturers are planning to produce a quadrivalent (four component) vaccine for the 2013-2014 season.

Who produces influenza vaccine for the United States?

Influenza vaccine for the United States is produced by a number of different vaccine manufacturers and licensed by the Food and Drug Administration. The CDC does not produce flu vaccine.

Why do I need a flu vaccine every year?

A flu vaccine is needed every year because flu viruses are constantly changing. It's not unusual for new flu viruses to appear each year. The flu vaccine is formulated each year to keep up with the flu viruses as they change.

Also, multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body's immunity to influenza viruses (acquired either through natural infection or vaccination) declines over time.

Getting vaccinated each year provides the best protection against influenza throughout flu season.

How long does a flu vaccine protect me from getting the flu?

First, it's important to note that how well the flu vaccine protects against influenza illness can vary for a number of reasons. (See "[How effective is the flu vaccine?](#)"). In terms of the duration of immunity, multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body's immunity to influenza viruses (acquired either through natural infection or vaccination) declines over time. The decline in antibodies is influenced by several factors, including the antigen used in the vaccine, and the person's general health (for example, certain chronic health conditions may have an impact on immunity). When most healthy people with regular immune systems are vaccinated, their bodies produce antibodies and they are protected throughout the flu season, even as antibody levels decline over time. People with weakened immune systems may not generate the same amount of antibodies after vaccination. In addition, their antibody levels may drop more quickly when compared to healthy people.

For everyone, getting vaccinated each year provides the best protection against influenza throughout flu season. It's important to get a flu vaccine every year, even if you got vaccinated the season before and the viruses in the vaccine have not changed for the current season.

For additional information about declining immunity after vaccination, please see the studies listed below.

- Ambrose CS, Tingling Y, Walker RE, Connor EM. [Duration of protection provided by live attenuated influenza vaccine in children](#). *Pediatr Infect Dis J* 2008;27:744-748.
- Künzel W et al. *Kinetics of humoral antibody response to trivalent inactivated split influenza vaccine in subjects previously vaccinated or vaccinated for the first time*. Vaccine

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- Song JY et al. *Long-term immunogenicity of influenza vaccine among the elderly: Risk factors for poor immune response and persistence*. *Vaccine* 2010; 28: 3929-3935.

What flu viruses does the vaccine protect against?

Flu vaccines are designed to protect against the three influenza viruses that research indicates will be the most common during the upcoming season. Three kinds of influenza viruses commonly circulate among people today: influenza B viruses, influenza A (H1N1) viruses, and influenza A (H3N2) viruses. Each year, one flu virus of each kind is used to produce seasonal influenza vaccine.

The 2012-2013 influenza vaccine is made to protect against the following three viruses:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Victoria/361/2011 (H3N2)-like virus;
- a B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).

Note: The H1N1 virus is the same as the H1N1 virus that was included in the 2011-2012 vaccine, but the influenza H3N2 and B vaccine viruses are different.

More information about influenza vaccines is available at [Preventing Seasonal Flu With Vaccination](#).

In what years was there a good match between the vaccine and the circulating viruses?

In recent years the match between the vaccine viruses and those identified during the flu season has usually been good. In 18 of the last 22 U.S. influenza seasons the viruses in the influenza vaccine have been well matched to the predominant circulating viruses. Since 1990, there has only been one season (1997-98) when there was very low cross-reaction between the viruses in the seasonal vaccine and the predominant circulating virus, and three seasons (1992-93, 2003-04, and 2007-08) when there was low cross-reaction.

It's not possible to predict with certainty which flu viruses will predominate during a given season. Flu viruses are constantly changing (called "antigenic drift") – they can change from one season to the next or they can even change within the course of one flu season. Experts must pick which viruses to include in the vaccine many months in advance in order for vaccine to be produced and delivered on time. (For more information about the vaccine virus selection process visit [Selecting the Viruses in the Influenza \(Flu\) Vaccine](#).) Because of these factors, there is always the possibility of a less than optimal match between circulating viruses and the viruses in the vaccine. CDC analyzes influenza viruses that are circulating each season to see whether they are like the viruses included in that season's vaccine. This so-called "antigenic characterization" data is published weekly in [FluView](#).

Can the vaccine provide protection even if the vaccine is not a "good" match?

Yes, antibodies made in response to vaccination with one flu virus can sometimes provide protection against different but related viruses. A less than ideal match may result in reduced vaccine effectiveness against the virus that is different from what is in the vaccine, but it can still provide some protection against influenza illness.

In addition, it's important to remember that the flu vaccine contains three virus viruses so that even when there is a less than ideal match or lower effectiveness against one virus, the vaccine may protect against the other viruses.

For these reasons, even during seasons when there is a less than ideal match, CDC continues to recommend flu vaccination. This is particularly important for [people at high risk for serious flu complications](#), and their close contacts.

I have heard of people who don't get vaccinated against influenza in September or October because they want it to "last" through the entire influenza season. Should people wait until later in the influenza season to be vaccinated?

CDC recommends that influenza vaccination begin as soon as vaccine becomes available in the community and continue throughout the flu season. It takes about two weeks after vaccination for antibodies to develop in the body that provide protection against influenza, and influenza seasons can begin as early as October. Therefore, CDC recommends that vaccination begin as soon as vaccine becomes available to ensure that as many people as possible are protected before flu season begins.

Were there any new recommendations for the 2012-2013 influenza season?

No substantive changes to the Advisory Committee on Immunization Practices (ACIP) influenza vaccine recommendations were made for the 2012-2013 influenza season.

Recommendations are available at [Seasonal Influenza Vaccination Resources for Health Professionals](#).

Visit the [What's New](#) web page to sign up and receive updates from the CDC Influenza site.

Who should get vaccinated?

Everyone who is at least 6 months of age should get a flu vaccine this season. It's especially important for some people to get vaccinated. Those people include the following:

- People who are at high risk of developing serious complications like pneumonia if they get sick with the flu
 - This includes
 - People who have certain medical conditions including asthma, diabetes, and chronic lung disease.
 - Pregnant women.
 - People 65 years and older.
- People who live with or care for others who are high risk of developing serious complications
 - This includes household contacts and caregivers of people with certain medical conditions including asthma, diabetes, and chronic lung disease.

A detailed list is available at [Who Should Get Vaccinated Against Influenza](#). A complete list of health and age factors that are known to increase a person's risk of developing serious complications from flu is available at [People Who Are at High Risk of Developing Flu-Related Complications](#).

More Questions about Antiviral Drugs

Is there treatment if I get sick with the flu?

Yes. If you get sick with influenza there are drugs that can treat flu illness. They are called antiviral drugs and they can make your illness milder and help you feel better faster. They also can prevent serious flu-related complications, like pneumonia. For more information about antiviral drugs, visit [Treatment \(Antiviral Drugs\)](#). To find out if you are at high risk of developing influenza-related complications if you get the flu, see [People Who Are at High Risk of Developing Flu-Related Complications](#).

What antiviral drugs are available this season?

There are two influenza antiviral drugs this season that can be used to treat illness caused by most currently circulating influenza viruses. The generic names for these drugs are oseltamivir and zanamivir. The brand names for these are Tamiflu® and Relenza®.

In what formulations are the drugs manufactured?

Oseltamivir (Tamiflu®) is manufactured by Roche Pharmaceuticals and is approved for treatment in people 2 weeks and older. It is available as a oral suspension (liquid) (6mg/mL) and capsules (30mg, 45 mg, and 75 mg).

Zanamivir (Relenza®) is manufactured by GlaxoSmithKline and is approved for treatment in people 7 years and older. Zanamivir is administered through oral inhalation by using a plastic device included in the medication package. Patients will benefit from instruction and demonstration of the correct use of the device. Zanamivir is not recommended for those persons with underlying airway disease.

This information is based on [data published by the Food and Drug Administration \(FDA\)](#).

Who should take antiviral drugs this season?

It's very important that antiviral drugs be used early to treat people who are very sick with the flu (for example people who are in the hospital) and people who are sick with the flu and have a greater chance of getting serious flu complications, either because of their age or because they have a high risk medical condition. Other people also may be treated with antiviral drugs by their doctor this season. Most otherwise-healthy people who get the flu, however, do not need to be treated with antiviral drugs.

What is antiviral resistance?

[Antiviral resistance](#) means that a virus has changed in such a way that the antiviral drug is less effective in treating or preventing illness. Samples of viruses collected from around the United States and worldwide are studied to determine if they are resistant to any of the FDA-approved influenza antiviral drugs.

What is CDC doing to monitor antiviral resistance in the United States during the 2012-13 season?

CDC routinely collects viruses through a domestic and global surveillance system to monitor for changes in influenza viruses. Additionally, CDC is working with the state public health departments and the World Health Organization to collect additional information on antiviral resistance in the

United States and worldwide. The information collected will assist in making informed public health policy recommendations.

See [Treatment - Antiviral Drugs](#) for more information.

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Flu pandemic got you concerned? Powerful home remedies available now at the Natural News store



Tuesday, January 15, 2013
by [Mike Adams](#), the Health Ranger
Editor of NaturalNews.com ([See all articles...](#))

(NaturalNews) It's a "flu pandemic," says the CDC. Americans who are gullible enough to believe that flu shots actually prevent the flu can proceed to any corner pharmacy and get themselves injected with [mercury](#), [formaldehyde](#), [aluminum](#) and [MSG](#) -- all ingredients which are *admittedly* added to vaccines, says the CDC.

Everyone else can go to the [Natural News store](#) and check out the powerful flu remedies we have available right now that provide overall immune support and wellbeing during any influenza outbreak*.

Our featured product is our [Immune Support Pack](#). From the manufacturer:

The Immune Support Pack is for seasonal relief of symptoms, such as: nasal congestion, runny nose, post-nasal drip, cough, sore throat, sinus pressure, chest congestion accompanied by heavy phlegm, and immune deficiency. This pack also includes immune-boosting herbs to stimulate the body's own anti-microbial responses.

This pack contains six powerful remedies, including "EchinOsha Herbal Remedy," daily immune support tablets made from mushroom polysaccharides, a "Nettles Decongesting Herbal Remedy," a "Cough Calming Herbal Remedy" and more. These are potent herbal extracts, and many of the herbs used in the extracts are wildcrafted and used *fresh*. You'll taste the potency of these!

As of this writing, the [Immune Support Pack](#) is IN STOCK and ready to ship.

Also available: Individual herbs

[Lung renewal tincture](#) - a combination of osha root, mullien leaf, lobelia, dandelion, elecampane root and more, many harvested wild and extracted from *fresh herb*.

[Nettles decongesting tincture](#) - made from nettles,



eluethero, eyebright, yerba santa leaf and other herbs.

Herbal medicine kits

If you're looking for something more diverse, check out the [Herbal Survival Pack](#), a collection of the 10 most common herbs for preparedness and survival. Includes **Honey & Propolis Throat Spray**, an echinacea & osha tincture, trauma oil, parasite purge and more.

The [Enerhealth Medicine Cabinet \(basic\)](#) is a 14-herb combination kit that includes cayenne, echinacea, lung renewal, cough calming syrup, healing salve and much more.



And for those who want it all, there's the [Intermediate Medicine Cabinet](#) and the [Advanced Medicine Cabinet](#).

Colloidal silver and more

On the colloidal silver side, we carry [Silver Fuzion](#) from GHC as well as [Sovereign Silver](#)

[Bio Active Silver Hydrosol](#) in the 16 oz size.

For those needing the digestive support of probiotics, we carry a new, delicious and incredibly popular probiotics product called [Sunbiotics Organic Potent Probiotic & Prebiotic Tablets](#).

Made with friendly, non-dairy strains of bacteria, it's sweetened with low-glycemic organic coconut sugar and organic vanilla. Delicious! It's almost like eating a healthy candy...

You'll also need vitamin D

We don't sell vitamin D, but I want to urge you to get some and keep taking it through the flu season. **Nearly every person who gets infected with the [flu](#) is deficient in vitamin D.**

A lack of vitamin D makes you ridiculously susceptible to the flu, as vitamin D is necessary to "activate" your immune defenses.

So boost your vitamin D levels no matter what else you do. The best strategy is to go get your levels tested, and then aim to raise them into the 60 - 90 range. (Most people's levels are below 25.)

Stay healthy!

* These statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, or cure any disease.

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Shock vaccine study reveals influenza vaccines only prevent the flu in 1.5 out of 100 adults (not 60% as you've been told)



Thursday, October 27, 2011
 by [Mike Adams](#), the Health Ranger
 Editor of NaturalNews.com ([See all articles...](#))

(NaturalNews) A new scientific study published in *The Lancet* reveals that influenza vaccines only prevent influenza in 1.5 out of every 100 adults who are injected with the flu vaccine. Yet, predictably, this report is being touted by the quack science community, the vaccine-pushing CDC and the scientifically-inept mainstream media as proof that "flu vaccines are 60% effective!"

This absurd claim was repeated across the mainstream media over the past few days, with all sorts of sloppy reporting that didn't even bother to read the study itself (as usual).

NaturalNews continues to earn a reputation for **actually READING these "scientific" studies** and then reporting what they really reveal, not what some vaccine-pushing CDC bureaucrat *wants* them to say. So we purchased the PDF file from *The Lancet* and read this study to get the real story.

The "60% effectiveness" claim is a total lie - here's why

What we found is that the "60% effectiveness" claim is utterly absurd and highly misleading. For starters, most people think that "60% effectiveness" means that for every 100 people injected with the flu shot, **60 of them won't get the flu!**

Thus, the "60% effectiveness" claim implies that getting a flu shot has about a 6 in 10 chance of preventing you from getting the flu.

This is utterly false.

In reality -- and this is spelled out right in Figure 2 of the study itself, which is entitled, "Efficacy and effectiveness of influenza vaccines: a systematic review and meta-analysis" -- only about 2.7 in 100 adults get the [flu](#) in the first place!

See the abstract at:

<http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2811%2...>

Flu vaccine stops influenza in only 1.5 out of 100 adults who get the shots

Let's start with the actual numbers from the study.

The "control group" of adults consisted of 13,095 non-vaccinated adults who were monitored to see if they caught influenza. Over **97% of them did not**. Only 357 of them caught influenza, which means **only 2.7% of these adults caught the flu** in the first place.

The "treatment group" consisted of adults who were vaccinated with a *trivalent inactivated influenza vaccine*. Out of this group, according to the study, **only 1.2% did not catch the flu**.

The difference between these two groups is **1.5 people out of 100**.

So even if you believe this study, and even if you believe all the pro-vaccine hype behind it, the truly "scientific" conclusion from this is rather astonishing:

Flu vaccines only prevent the flu in 1.5 out of every 100 adults injected with the vaccine!

Note that this is very, very close to my own analysis of the [effectiveness](#) vaccines as I wrote back in September of 2010 in an article entitled, *Evidence-based vaccinations: A scientific look at the missing science behind flu season vaccines* (http://www.naturalnews.com/029641_vaccines_junk_science.html)

In that article, I proclaimed that flu [vaccines](#) "don't work on 99 out of 100 people." Apparently, if you believe the new study, I was off by 0.5 people out of 100 (at least in adults, see below for more discussion of effectiveness on children).

So where does the media get "60% effective?"

This is called "massaging the numbers," and it's an old statistical trick that the vaccine industry (and the pharmaceutical industry) uses over and over again to trick people into thinking their useless drugs actually work.

First, you take the 2.73% in the control group who got the flu, and you divide that into the 1.18% in the treatment group who got the flu. This gives you 0.43.

You can then say that 0.43 is "43% of 2.73," and claim that the vaccine therefore results in a "57% decrease" in influenza infections. This then becomes a "57% effectiveness rate" claim.

The overall "60% effectiveness" being claimed from this [study](#) comes from adding additional data about vaccine efficacy for *children*, which returned higher numbers than adults (see below). There were other problems with the data for children, however, including one study that showed an *increase* in influenza rates in the second year *after* the flu shot.

So when the media (or your doctor, or pharmacist, or CDC official) says these vaccines are "60% effective," what they really mean is that **you would have to inject 100 adults to avoid the flu in just 1.5 of them**.

Or, put another way, **flu vaccines do nothing in 98.5% of adults**.

But you've probably already noticed that the mainstream media won't dare print this statistical revelation. They would much rather mislead everybody into the utterly false and ridiculous belief that flu vaccines are "60% effective," whatever that means.

How to lie with statistics

This little statistical lying technique is very popular in the cancer industry, too, where these "relative numbers" are used to lie about all sorts of drugs.

You may have heard, for example, that a breast cancer drug is "50% effective at preventing breast cancer!"

But what does that really mean? It could mean that **2 women** out of 100 got breast cancer in the control group, and only **1 woman** out of 100 got it in the treatment group. Thus, the drug is only shown to work on **1 out of 100 women**.

But since 1 is 50% of 2, they will spin the story and claim a "50% breast cancer prevention rate!" And most consumers will buy into this because they don't understand how the medical industry lies with these statistics. So they will think to themselves, "Wow, if I take this medication, there is a 50% chance this will prevent breast cancer for me!"

And yet that's utterly false. In fact, there is **only a 1% chance** it will prevent breast cancer for you, according to the study.

Minimizing side effects with yet more statistical lies

At the same time the vaccine and drug industries are lying with *relative statistics* to make you think their drugs really work (even when they don't), they will also use *absolute statistics* to try to minimize any perception of side effects.

In the fictional example given above for a breast cancer drug, let's suppose the drug prevented breast cancer in 1 out of 100 women, but while doing that, it **caused kidney failure in 4 out of 100 women** who take it. The manufacturer of the drug would spin all this and say something like the following:

"This amazing new drug has a 50% efficacy rate! But it only causes side effects in 4%!"

You see how this game is played? So they make the benefits look huge and the side effects look small. But in reality -- scientifically speaking -- you are **400% more likely to be injured by the drug than helped by it!** (Or 4 times more likely, which is the same thing stated differently.)

How many people are harmed by influenza vaccines?

Much the same is true with vaccines. In this influenza vaccine study just published in *The Lancet*, it shows that you have to inject 100 adults to avoid influenza in just 1.5 adults. But what they don't tell you is the **side effect rate** in all 100 adults!

It's very likely that upon injecting 100 adults with vaccines containing chemical adjuvants (inflammatory chemicals used to make flu vaccines "work" better), you might get **7.5 cases of long-term neurological side effects** such as dementia or Alzheimer's. This is an estimate, by the way, used here to illustrate the statistics involved.

So for every 100 adults you injected with this flu vaccine, you *prevent* the flu in 1.5 of them, but you *cause* a neurological disorder in 7.5 of them! This means you are **500% more likely to be harmed by the flu vaccine than helped by it**. (A theoretical example only. This study did not contain statistics on the harm of vaccines.)

Much the same is true with mammograms, by the way, which harm 10 women for every 1 woman they actually help (<http://www.naturalnews.com/020829.html>).

Chemotherapy is also a similar story. Sure, chemotherapy may "shrink tumors" in 80% of those who receive it, but shrinking tumors does not prevent death. And in reality, **chemotherapy eventually kills most of those who receive it**. Many of those people who describe themselves as "cancer survivors" are, for the most part, actually "chemo survivors."

Good news for children?

If there's any "good news" in this study, it's that the data show vaccines to be considerably more effective on children than on adults. According to the actual data (from Figure 2 of the study itself), [influenza vaccines](#) are effective at preventing influenza infections in 12 out of 100 children.

So the best result of the study (which still has many problems, see below) is that the vaccines work on **12% of children** who are injected. But again, this data is almost certainly largely *falsified* in favor of the vaccine industry, as explained below. It also completely ignores the vaccine / autism link, which is provably quite real and yet has been politically and financially swept under the rug by the *criminal* vaccine industry (which relies on scientific lies to stay in business).

Guess who funded this study?

This study was funded by the **Alfred P. Sloan Foundation**, the very same non-profit that gives grant money to Wikipedia (which has an obvious pro-vaccine slant), and is staffed by pharma loyalists.

For example, the Vice President for Human Resources and Program Management at the Alfred P. Sloan Foundation is none other than Gail Pesyna, a former DuPont executive (DuPont is second in the world in GMO biotech activities, just behind Monsanto) with special expertise in pharmaceuticals and medical diagnostics. (<http://www.sloan.org/bio/item/10>)

The Alfred P. Sloan Foundation also gave a \$650,000 grant to fund the creation of a film called "Shots in the Dark: The Wayward Search for an AIDS Vaccine," (http://www.sloan.org/assets/files/annual_reports/1999_annual_report.p...) which features a pro-vaccine slant that focuses on the International AIDS Vaccine Initiative, an AIDS-centric front group for Big Pharma which was founded by none other than the **Rockefeller Foundation** (http://www.vppartners.org/sites/default/files/reports/report2004_iavi...).

Seven significant credibility problems with this Lancet study

Beyond all the points already mentioned above, this study suffers from at least seven significant problems that any honest journalist should have pointed out:

Problem #1) The "control" group was often given a vaccine, too

In many of the studies used in this meta analysis, the "control" groups were given so-called "insert"

vaccines which may have contained chemical adjuvants and other additives *but not attenuated viruses*. Why does this matter? Because the adjuvants can *cause* immune system disorders, thereby making the control group more susceptible to influenza infections and distorting the data in favor of vaccines. The "control" group, in other words, wasn't really a proper control group in many studies.

Problem #2) Flu vaccines are NEVER tested against non-vaccinated healthy children

It's the most horrifying thought of all for the vaccine industry: Testing healthy, non-vaccinated children against vaccinated children. It's no surprise, therefore, that flu shots were simply not tested against "never vaccinated" children who have avoided flu shots for their entire lives. That would be a real test, huh? But of course you will never see that test conducted because it would make flu shots look laughably useless by comparison.

Problem #3) Influenza vaccines were not tested against vitamin D

Vitamin D prevents influenza at a rate that is **8 times more effective** than flu shots (http://www.naturalnews.com/029760_vitamin_D_influenza.html). Read the article to see the actual "absolute" numbers in this study.

Problem #4) There is no observation of long-term health effects of vaccines

Vaccines are considered "effective" if they merely prevent the flu. But what if they also cause a 50% increase in Alzheimer's two decades later? Is that still a "success?" If you're a drug manufacturer it is, because you can make money on the vaccine and then later on the Alzheimer's pills, too. That's probably why neither the CDC nor the FDA *ever* conducts long-term testing of influenza vaccines. They simply have no willingness whatsoever to observe and record the actual long-term results of vaccines.

Problem #5) 99.5% of eligible studies were excluded from this meta-analysis

There were 5,707 potentially eligible studies identified for this meta-analysis study. A whopping 99.5% of those studies were excluded for one reason or another, leaving only **28 studies** that were "selected" for inclusion. Give that this study was published in a pro-vaccine medical journal, and authored by researchers who likely have financial ties to the vaccine industry, it is very difficult to imagine that this selection of 28 studies was not in some way **slanted to favor vaccine efficacy**.

Remember: Scientific fraud isn't the exception in modern medicine; *it is the rule*. Most of the "science" you read in today's medical journals is really just corporate-funded quackery dressed up in the language of science.

Problem #6) Authors of the studies included in this meta-analysis almost certainly have financial ties to vaccine manufacturers

I haven't had time to follow the money ties for each individual study and author included in this meta analysis, but I'm willing to publicly and openly bet you large sums of money that at least some of these study authors have financial ties to the vaccine industry (drug makers). The corruption, financial influence and outright bribery is so pervasive in "scientific" circles today that you can hardly find a published author writing about vaccines who hasn't been in some way financially influenced (or outright bought out) by the vaccine industry itself. It would be a fascinating follow-up study to explore and reveal all these financial ties. But don't expect the medical journals to print that article, of course. They'd rather not reveal what happens when you *follow the money*.

Problem #7) The Lancet is, itself, a pro-vaccine propaganda mouthpiece funded by the vaccine industry!

Need we point out the obvious? Trusting *The Lancet* to report on the effectiveness of vaccines is sort of like asking the Pentagon to report on the effectiveness of cruise missiles. Does anyone really think we're going to get a truthful report from a medical journal that depends on vaccine company revenues for its very existence?

That's a lot like listening to big government tell you how great government is for protecting your rights. Or listening to the Federal Reserve tell you why the Fed is so good for the U.S. economy. You might as well just ask the Devil whether you should be good or evil, eh?

Just for fun, let's conduct a thought experiment and suppose that *The Lancet* actually reported the truth, and that this study was conducted with total honesty and perfect scientific integrity. Do you realize that even if you believe all this, the study concludes that **flu vaccines only prevent the flu in 1.5 out of 100 adults?**

Or to put it another way, even when pro-vaccine medical journals publish pro-vaccine studies paid for by pro-vaccine non-profit groups, the very best data they can manage to contort into existence only shows flu vaccines preventing influenza in 1.5 out of 100 adults.

Gee, imagine the results if all these studies were independent reviews with no financial ties to Big Pharma! Do you think the results would be even worse? You bet they would. They would probably show a **negative efficacy rate**, meaning that flu shots actually *cause* more cases of influenza to appear. That's the far more likely reality of the situation.

Flu shots, you see, actually *cause* the flu in some people. That's why the people who get sick with the flu every winter are largely the very same people who got flu shots! (Just ask 'em yourself this coming winter, and you'll see.)

What the public believes

Thanks to the outright lies of the CDC, the flu shot propaganda of retail pharmacies, and the quack science published in conventional medical journals, most people today falsely believe that flu shots are "70 to 90 percent effective." This is the official propaganda on the effectiveness of vaccines.

It is so pervasive that when this new study came out reporting vaccines to be "only" 60% effective, some mainstream media outlets actually published articles with headlines like, "Vaccines don't work as well as you might have thought." These headlines were followed up with explanations like "Even though we all thought vaccines were up to 90% effective, it turns out they are only 60% effective!"

I hate to break it to 'em all, but the truth is that flu shots, even in the best case the industry can come up with, really only prevent the flu in **1.5 out of 100 adults**.

Or, put another way, when you see 100 adults lined up at a pharmacy waiting to receive their coveted flu shots, nearly 99 out of those 100 are not only wasting their time (and money), but may actually be subjecting themselves to **long-term neurological damage** as a result of being injected with flu shot chemical adjuvants.

Outright fraudulent marketing

Given their 1.5% effectiveness among adults, the marketing of flu shots is one of the most

outrageous examples of **fraudulent marketing** ever witnessed in modern society. Can you imagine a car company selling a car that only worked 1.5% of the time? Or a computer company selling a computer that only worked 1.5% of the time? They would be indicted for fraud by the FTC!

So why does the vaccine industry get away with marketing its flu shots that even the most desperately pro-vaccine statistical analysis reveals only works on 1.5 out of 100 adults?

It's truly astonishing. This puts flu shots in roughly the same efficacy category as **rubbing a rabbit's foot** or **wishing really hard**. That this is what passes as "science" today is so snortingly laughable that it makes your ribs hurt.

That so many adults today buy into this total marketing fraud is a powerful commentary on the gullibility of the population and the power of TV-driven news propaganda. Apparently, actually getting people to buy something totally useless that might actually harm them (or kill them) isn't difficult these days. Just shroud it all under "science" jargon and offer prizes to the pharmacy workers who strong-arm the most customers to get injected. And it works!

The real story on flu shots that you probably don't want to know

Want to know the real story on what flu shots are for? They aren't for halting the flu. We've already established that. They hardly work at all, even if you believe the "science" on that.

So what are flu shots *really* for?

You won't like this answer, but I'll tell you what I now believe to be true: The purpose of flu shots is to "soft kill" the global population. Vaccines are *population control* technologies, as openly admitted by Bill Gates (http://www.naturalnews.com/029911_vaccines_Bill_Gates.html) and they are so cleverly packaged under the fabricated "public health" message that even those who administer vaccines have no idea they are actually engaged in the reduction of human population through vaccine-induced infertility and genetic mutations.

Vaccines ultimately have but one purpose: **To permanently alter the human gene pool** and "weed out" those humans who are stupid enough to fall for vaccine propaganda.

And for that nefarious purpose, they probably are 60% effective after all.

Also worth reading:

Flu Vaccines -- The Mainstream Admits, We Want an Epidemic!

<http://liamscheff.com/2011/10/flu-vaccines-the-mainstream-admits-we-w...>

Articles Related to This Article:

- [Facebook crowdsourced investigation exposes vaccine denials of SIGA Technologies](#)
- [Evidence-based vaccinations: A scientific look at the missing science behind flu season vaccines](#)
- [The Health Ranger interviews neurosurgeon Dr. Russell Blaylock on mandatory vaccine trials, fraudulent vaccine science and vaccine ethics](#)
- [Institute of Medicine adverse reactions report admits MMR vaccines cause measles, seizures, anaphylaxis and other health problems](#)
- [Flu vaccines revealed as the greatest quackery ever pushed in the history of medicine](#)

- [NaturalNews exposes secret vaccine industry ties and military involvement with Institute of Medicine, reveals fatal conflicts of interest at IoM](#)

About the author: Mike Adams is a natural health author and award-winning journalist with a strong interest in personal health, the environment and the power of nature to help us all heal. He has authored more than 1,800 articles and dozens of reports, guides and interviews on natural health topics, and he has created several [downloadable courses on survival and preparedness](#), including his widely-downloaded course on [personal safety and self-defense](#). Adams is a trusted, independent journalist who receives no money or promotional fees whatsoever to write about other companies' products. In 2010, Adams co-founded [NaturalNews.com](#), a natural health video sharing site that has now grown in popularity. He's also a successful software entrepreneur, having founded a well known [email marketing software company](#) whose technology currently powers the NaturalNews email newsletters. Adams also serves as the executive director of the [Consumer Wellness Center](#), a non-profit consumer protection group, and practices nature photography, Capoeira, martial arts and organic gardening. Known as the 'Health Ranger,' Adams' personal health statistics and mission statements are located at [www.HealthRanger.org](#)