



The Wellness Family

Dr. Greeley Keeps You Informed

Flu Shot Awareness

Typically anticipated to start in the fall months and peak in January or February, the “flu season” is always accompanied by signs in pharmacies and doctors’ offices promoting the vaccine. Your local pharmacy’s automated answering service may start with a recording letting you know that they’re offering the flu shot today – no appointment necessary. It may also include an announcement that by taking advantage of their services you will be giving a “life-saving vaccine to a child in a developing country” through the U.N.’s Shot@Life program. All of this for just \$40.99. What a deal! Or is it?

History of the Flu Vaccine

Researchers discovered in 1933 that certain viruses caused influenza. Prior to this, it was thought that bacteria named Haemophilus was causing the flu. Then Jonas Salk and Thomas Francis developed the first vaccine against flu viruses in 1938. The first ever flu vaccine was used to protect military forces fighting during World War II. This same technology was used to develop the polio vaccine in 1952, however, the process wasn’t really refined until the late 20th century [1].

To create the vaccine, influenza viruses are injected into eggs where they multiply. Once harvested they are separated from as much of the egg particles and egg antigens as possible. This process is altered slightly for the nasal spray vaccine since the strains selected should only replicate under cooler temperatures so they can survive the nasal passages long enough to cause an immune response, but should not be able to replicate and spread to the lungs and actually cause the disease.

Recent changes in the development of the flu vaccine include the H1N1 vaccine created in 2009; the introduction of the first ever quadrivalent (4 antigens in one) vaccine in 2013; and the most recent approval by the FDA of Flublok, a trivalent (3 antigens in one) flu vaccine made from insect-cell cultures with insect-cell recombinant DNA modified to make viral hemagglutinin [1,2].

The latter was the result of a pharmaceutical company being unable to create enough of the H1N1 vaccine to meet the demand caused by the fear of a flu pandemic. To avoid this in the future they found a way to combine insect-cell cultures and insect-cell DNA to create the flu viruses. Flublok contains this manufactured virus.

Pandemic Fear

The fear of a pandemic would be justified if there really were a justifiable reason. However, a review of the Vital Statistics of the United States paints a completely different picture from that presented by the Centers for Disease Control (CDC). First, the statistics for deaths from influenza and pneumonia have been combined for over 100 years and the *actual deaths* due to flu are significantly less than the number presented to

the public. Additionally, a review of the numbers would show that, aside from the actual flu pandemic in 1918, the number of deaths attributed to flu and pneumonia have steadily declined since the 1900’s. More telling would be the fact that these numbers have shown no significant decrease since the inception of the flu vaccine in 1933 [3,4].

In fact, during the 2009 swine flu pandemic, scientists in the Netherlands asked a big question: do annual flu shots preventing natural influenza A infections in infants and young people increase their risk of illness and death when a highly pathogenic pandemic influenza strain develops and circulates? The answer to that question was, “Yes!” Additionally, in 2016 the CDC reported that the vaccine was only between 40 and 60% effective. Considering this, is it wise to put children at risk of developing a deadly version of the flu for barely a 50% chance of avoiding a less deadly version [4]?



Every parent asks, “Is it safe?” and the answer will vary with who is asked.

What’s the Value?

Based on these statistics, it might be wise to consider if there is any value to the flu vaccine. The Cochrane Collaboration, a UK-based not-for-profit, assessed all studies evaluating the safety and effectiveness of the flu vaccine in 2009. Their study concluded that there was not enough evidence to decide whether routine vaccination actually prevents influenza and that the results would seem to discourage the vaccination of healthy adults against the flu as a routine public health measure [5].

A study published by the Archives of Internal Medicine in 2005 examined the flu related deaths in the entire US population. The authors expected there to be a correlation between the increase of flu vaccinations over the past 25 years and the mortality rate – an anticipated 35% to 40% drop – but what they found was no reduction in death. They concluded that a 50% increase in vaccination coverage among the elderly after 1980 should have reduced the number of pneumonia and influenza deaths by a significant number yet they found no evidence to indicate any such reduction had occurred. Their conclusion: “We could not correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group. Because fewer than 10% of all winter deaths were attributable to influenza

in any season, we conclude that observational studies substantially overestimate vaccination benefit [6].” In other words, the benefits of the flu vaccine are being exaggerated.

This could very well be the reason that the United States and Canada are the only countries to encourage the use of the flu vaccine. A CNN Health article published in 2013 states, “Not a single country in Europe asks the general population [to be vaccinated for the flu].” This is according to Robb Butler, the World Health Organization’s technical officer in vaccine preventable diseases and immunizations in the organizations Europe office in the Netherlands [7].

Global health experts say the data isn’t there to support such a blanket vaccination policy and some scientists say that the zeal for mass vaccination in the United States may actually hurt efforts to create a refined or better flu vaccine [7].

Informed Choices

Every parent asks, “Is it safe?” and the answer will vary with who is asked. The CDC would argue it is and that it’s actually life-saving and many would agree with them [8]. Many more would disagree.

The United States is one of the only countries that protects pharmaceutical companies from any repercussions due to adverse reactions. They are absolutely protected by law against being sued if a child dies due to a flu vaccine reaction or side-effect. If a child’s immune system is not functioning properly, this could result in their being more susceptible to an adverse reaction. Unfortunately, the adverse reaction could be the first sign that there is a problem and by then it could be too late [9].

In November of 2013, an extremely healthy young man in Utah was encouraged to get a flu vaccine during a routine physical. Within a week he was in a coma and within a month he was dead. Only one of his doctors was willing to suggest that the flu vaccine could’ve been related. The Department of Health said they couldn’t verify that the vaccine was responsible and there is no record of anyone from Utah dying as a result of the vaccine [10].

In Summary

When all is said and done, getting vaccinated for the flu is a personal choice. Research the side-effects and look into the risks and benefits associated with the flu vaccine at all ages before making a decision.

The CDC says 106 children died during the last flu season and of that number 80% of them were not vaccinated [11]. Out of 73,800,000 [12] children in the United States, 106 died as a result of the flu. That is less than 0.0001%. Potentially of more concern is the fact that the CDC does not report or provide on their website the number of deaths attributed to the vaccine. The National Vaccine Information Center states, “As of May 31, 2019, there have been more than 165,807 reports of influenza vaccine reactions, hospitalizations, injuries and deaths following influenza vaccinations made to the federal Vaccine Adverse Events Reporting System, including 1,664 related deaths, 13,276 hospitalizations, and 3,338 related disabilities [13].”

There are risks associated with both choices but as a parent you have the right to informed consent so have a discussion with your Family Wellness Chiropractor.

Resources:

1. www.emedicinehealth.com/flu_vaccine/article_em.htm
2. www.cnn.com/2013/01/17/health/fda-flu-vaccine/index.html
3. www.ncbi.nlm.nih.gov/pmc/articles/PMC2374803/
4. www.nvic.org/nvic-vaccine-news/april-2016/cdc-admits-flu-shots-fail-half-the-time.aspx
5. Demicheli V, Di Pietrantonj C, Jefferson T, Rivetti A, Rivetti D, “Vaccines for preventing influenza in healthy adults (Review),” The Cochrane Collaboration, 2009.
6. Lone Simonsen, PhD; Thomas A. Reichert, MD, PhD; Cecile Viboud, PhD; William C. Blackwelder, PhD; Robert J. Taylor, PhD; Mark A. Miller, MD, “Impact of Influenza Vaccination on Seasonal Mortality in the US Elderly Population,” JAMA Internal Medicine, February 14, 2005, vol. 165, no.
7. www.cnn.com/2013/01/17/health/flu-vaccine-policy/
8. www.cdc.gov/flu/protect/keyfacts.htm
9. articles.mercola.com/sites/articles/archive/2014/04/26/vaccines-adverse-reaction.aspx
10. www.sltrib.com/sltrib/news/57169475-78/webb-flu-son-effects.html
11. www.aappublications.org/news/2019/05/10/flu051019
12. www.childstats.gov/americaschildren/tables/pop1.asp
13. www.nvic.org/Vaccines-and-Diseases/Influenza.aspx



*Dear Patient,
Dr. Greeley is dedicated to providing you with the absolute best in family wellness care. So take a moment today to discuss with your Family Wellness Chiropractor any concerns you may have regarding your family’s overall health and wellness.*

This newsletter is provided to you by:

The Chiropractic Office of
Dr. Katie Greeley
10815 RR 222, Building 3C; Suite 100
Austin, TX 78730
512.234.1868