

The Influenza Vaccine: Part II

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March 2015

Today's article focuses on healthy adults ages 16 to 65. Primary reference comes from The Cochrane Library PMID: 20614424. Please utilize Pub Med as your primary tool for research, not Google or Wikipedia. Hopefully you recognize our format by now, the PMID means Pub Med ID number.

In a review of 50 RCTs (Randomized Clinical Trials) including over 70,000 people, here is the direct quote from the study:


“In the relatively uncommon circumstance of vaccine matching the viral circulating strain and high circulation, 4% of unvaccinated people versus 1% of vaccinated people developed influenza symptoms (risk difference (RD) 3%, 95% confidence interval (CI) 2% to 5%). The corresponding figures for poor vaccine matching were 2% and 1% (RD 1, 95% CI 0% to 3%). These differences were not likely to be due to chance. Vaccination had a modest effect on time off work and had *no effect on hospital admissions or complication rates*. Inactivated vaccines caused local harms and an estimated 1.6 additional cases of Guillain-Barre Syndrome per million vaccinations.”

Let me interpret, after an even more important finding is quoted:

“Influenza vaccines have a modest effect in reducing influenza symptoms and working days lost. There is no evidence that they affect complications, such as pneumonia, or transmission. **WARNING:** This review includes 15 out of 36 trials funded by industry (four had no funding declaration). An earlier systematic review of 274 influenza vaccine studies published up to 2007 found industry funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size. Studies funded from public sources were significantly less likely to report conclusions favorable to the vaccines. The review showed that *reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies*. The content and conclusions of this review should be interpreted in light of this finding.”

The italics in both quotes were added by me.

Despite widespread industry bias in research almost no benefits to vaccination can be found, and no effect on transmission rates can be found, meaning no herd immunity. Yet you get all this:

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Vaccine Ingredients


Vaccines contain ingredients, called antigens, which cause the body to develop immunity. Vaccines also contain very small amounts of other ingredients--all of which play necessary roles either in making the vaccine, or in ensuring that the vaccine is safe and effective. These types of ingredients are listed below.

Type of Ingredient	Examples	Purpose
Preservatives	Thimerosal (only in multi-dose vials of flu vaccine)*	To prevent contamination
Adjuvants	Aluminum salts	To help stimulate the body's response to the antigens
Stabilizers	Sugars, gelatin	To keep the vaccine potent during transportation and storage
Residual cell culture materials	Egg protein	To grow enough of the virus or bacteria to make the vaccine
Residual inactivating ingredients	Formaldehyde	To kill viruses or inactivate toxins during the manufacturing process
Residual antibiotics	Neomycin	To prevent contamination by bacteria during the vaccine manufacturing process

*Today, the only childhood vaccines used routinely in the United States that contain thimerosal (mercury) are flu vaccines in multi-dose vials. These vials have very tiny amounts of thimerosal as a preservative. This is necessary because each time an individual dose is drawn from a multi-dose vial with a new needle and syringe, there is the potential to contaminate the vial with harmful microbes (toxins).

There is no evidence that the small amounts of thimerosal in flu vaccines causes any harm, except for minor reactions like redness and swelling at the injection site. Although no evidence suggests that there are safety concerns with thimerosal, vaccine manufacturers have stopped using it as a precautionary measure. Flu vaccines that do not contain thimerosal are available (in single dose vials).

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The above is taken from a CDC website. Although targeting children, adults can get the same cocktail injected directly into them.

Getting back to the Cochrane conclusions, there are slim benefits if any, given the industry funded bias, of getting the flu vaccine. I suspect the reported rate of 1.6 cases of

Guillain-Barre Syndrome (GBS) per million shots is a gross underestimate, but I find GBS, an acute potentially life-threatening autoimmune condition affecting the nervous system, too much of a risk considering the vaccine has almost no significant clinical benefit.

So the choice is up to you, but yet again we have no scientifically valid reason to give the influenza vaccine to healthy children or adults.

Our next article will focus the influenza vaccine in the elderly.

Your Journey to Health and Healing,
Gary E Foresman MD