The Influenza Vaccine: Part III

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Your Journey to Health & Healing

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Today's article will cover the vaccine in the elderly and in special situations and conditions. The primary two articles I reference include a Cochrane Database Review "Vaccines for Preventing Influenza in the Elderly" published Feb 2010, PMID 20166072, and the recently published "The Impact of Vaccination on Influenza-Related Respiratory Failure and Mortality in Hospitalized Elderly Patients over the 2013-2014 Season", Feb 2015, PMID 25763116. The other Cochrane reviews that I will briefly allude to can also be found on Pub Med (http://www.ncbi.nlm.nih.gov/pubmed).

As most of you know, the elderly are the primary target for preventing complications from the flu. Due to a poor overall response to the vaccine in this age group, which all doctors know, this has led to the promotion of targeting everyone in our population over 6 months to promote "herd immunity". Our previous reviews, however, have shown that the vaccination does not decrease the rate of secondary cases in the 6 month to 65 year-old population, thus in no way protecting our elderly. For clarity, even the studies where mandatory vaccinations of hospital or elderly care institution facility employees show no benefit in preventing influenza complications in these facilities. Our health care workers have no choice, yet promote a scientifically invalid system. Should these be the "authorities" we listen to?

Thus it comes as no surprise when we look at all the scientific studies evaluating the efficacy of the influenza vaccine in the elderly, the concluding statement of "The available evidence is of poor quality and provides no guidance regarding the safety, efficacy or effectiveness of influenza vaccine for people aged 65 years or older" shocks no one. If the influenza vaccine was a natural healing modality, evidence based medicine would be calling it quackery, and the thousands of complaints registered against it would now be taken seriously and "authorities" would be pulling it from the market "for your protection".

A recent review of hospitalized patients, with documented influenza, shows that vaccinated patients were more than twice as likely to require mechanical ventilation and ICU stays (Highly statistically significant) and three times more likely to die (too few deaths to establish statistical significance). Although this was a group (91%) that

had significant co-morbid conditions, the only condition that predicted worse outcome was the "disease" known as influenza vaccine.

Looking at further Cochrane Reviews at preventing influenza in populations with specific illnesses, there is no evidence that the vaccine benefits those with asthma (including a possible risk of harm by using the intranasal vaccine in infants with asthma),bronchiectasis, cystic fibrosis, or HIV (a decrease in flu without a decrease in complication rate). There may be mild benefit in those with cancer, end-stage renal disease, and COPD (although the most recent study brings this into question).
In conclusion, the influenza virus mutates regularly making it such a difficult target for our vaccine manufacturers. This family of viruses will never be wiped out due to its significant intelligence and will to live. Furthermore, actually catching this virus provides a significant education to our immune system. Multiple epidemiological trials indicate that the more febrile illnesses we acquire in a lifetime dramatically reduces our risk of cancer. Are these viruses here to educate us, make us stronger?

Or we can subject ourselves to yearly aluminum and mercury injections with no proof of true efficacy, and just trust that the epidemic of autism, learning disorders, autoimmunity and asthma has no relation to the cumulative effect of so many childhood vaccines with the ever so profitable yearly influenza vaccine for the rest of your life model of medicine. The choice is yours.

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