So You Want to Get a Flu Shot?

There is an increasing amount of evidence that getting a flu shot, or worse yet getting yearly flu shots, puts you at higher risk for getting the flu you just got vaccinated against. Additionally, your risk of getting the flu in subsequent years increases the more times you get the flu vaccine, but also remains high even if you do not get re-immunized. [1] According to a Canadian study, following the H1N1 flu epidemic in 2009 patients receiving flu shots in 2008 were 1.4 to 2.5 times more likely to contact the H1N1 flu compared to those who did not receive the vaccination. [2,3]

Additionally, in patients who receive the influenza vaccine, there is an increased risk of developing non-influenza respiratory illnesses, especially among children [4]. Another report shows that patients are 5 times more likely to develop upper respiratory illnesses post flu vaccination [5]. This supports a clinical observation made at our clinic that persons who get the flu shot, subsequently either come down with the flu or some sort of upper respiratory illness post vaccination.

Why does this occur? What immunological mechanisms are affected that cause the body to no longer be able to defend itself against viral illness? In a study released by the National Academy of Science on the shedding of influenza virus following immunization provides some clues. Essentially the study found that immunized patients exhale significant quantities of influenza virus with normal breathing and not just coughing and sneezing. In essence, vaccinated individuals become carriers that spread the virus to the non-vaccinated population. [6] A similar pattern was found with the MMR vaccine [7] and a study conducted on baboons showed that viruses could be harbored for months to years and spread repeatedly.

An argument could be made here that if everyone got the flu vaccine, then it would not matter if they shed the virus. Unfortunately it just does not work that way as viruses mutate as they make their way through the population, which is one of the reasons that vaccines for the flu are rarely effective.

As we have written about before, it is the environment rather than the organism that allows a viral illness to set up housekeeping in our bodies. This is why some people get the flu and others do not when subjected to the

same exposure. Repeated exposure to influenza viruses, because of habitual shedding and viral mutations increases ones chances of getting the flu however, simply because the immune system is repeatedly fighting off the insult and stress levels among individuals vary which makes us more vulnerable.

Another series of studies showed that many people have developed long term IgE mediated sensitization to the H3N2 viral proteins due to immunization with a specific vaccine (Flublok) developed to provide immunization against this particular strain. When a person who has received this immunization is exposed to the actual virus, the course of the flu becomes significantly worse because the "cytokine storm" being observed in severe cases is likely to be an over reaction due to the properties of the vaccine that causes the immune system to over react. Therefore a more severe and prolonged “Dengue Fever” like condition ensues. This condition is particularly problematic in asthmatics. [8,9,10]

The Centers for Disease Control (CDC) have mandated influenza vaccination for hospital employees, presumably to keep the risk of infections down. The reason this has become a contentious issue for hospital facilities is that insurance reimbursement is tied to compliance rates. Therefore the fewer employees vaccinated, the less reimbursement the hospital receives. More and more hospital workers are refusing to receive the influenza vaccine because there is a 5.5X chance that they will come down with the flu compared to placebo and that studies comparing flu vaccinations against non-vaccinated workers do not show a statistically significant benefit. [11,12] Additionally, many recipients end up with autoimmune disease later on due in part to the adjuvants added to the vaccines. These statistics are not unique to the hospital population, but the general population at large.

Lastly, before you consider getting that flu shot, consider that of the vaccine injury cases, patients that have had adverse reactions to the influenza vaccine have over all received the highest number of vaccine damage awards. [11]

So what are your alternatives to avoid getting the flu? We offer a safe, highly effective and natural alternative to the yearly flu shot. It is administered orally, the way nature has intended, in order to provide

maximum resistance against the virus, and is taken once a week throughout the flu season. In our experience we have consistently seen less than 1% of our patients that follow this protocol come down with the flu, a much better outcome than those who receive the flu vaccine. For more information, please contact the clinic.

References:

1. **Repeated flu shots may blunt effectiveness** Terry Murray CMAJ. 2015 Apr 7; 187(6): E180. doi: [10.1503/cmaj.109-5000]

2. **Seasonal Influenza Vaccine and Increased Risk of Pandemic A/H1N1-Related Illness: First Detection of the Association in British Columbia, Canada** Naveed Z. Janjua Danuta M. Skowronski et al *Clinical Infectious Diseases*, Volume 51, Issue 9, 1 November 2010, , https://doi.org/10.1086/656586

3. **Review of seasonal influenza in Canada: Burden of disease and the cost-effectiveness of quadrivalent inactivated influenza vaccines**

Edward W. Thommes, et.al Hum Vaccin Immunother. 2017 Apr; 13(4): 867–876.

4. **Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine** Benjamin J. Cowling, Vicky J. Fang, et.al Clinical Infectious Diseases 2012;54(12):1n8-83

5. **Flu Shot Causes Over 5x Times More Respiratory Infections** – ... http://www.realfarmacy.com/flu-shot-respiratory/

6. "**Infectious Virus Exhaled In Breath Of Symptomatic Seasonal Flu Cases (http://www.pnas.org/content/early/2018/01/17/1716561115),"** (Proceedings of the National Academy of Science).

7. http://www.greenmedinfo.com/blog/vaccinated-spreading-measles- who-merck-cdc.. (http://www.greenmedinfo.com/blog/vaccinated-spreading-measles- who-merck-cdc-documents-confirms)

8. **Long term persistence of IgE anti-influenza virus antibodies in pediatric and adult serum post vaccination with influenza virus vaccine.** Smith-Norowitz T a, Wong D, Kusonruksa M, Norowitz KB, Joks R, Durkin HG, et alInt J Med Sci. 2011;8(3):239–44. 2.

9. **Influenza specific serum IgE is present in non- allergic subjects.** Davidsson A, Eriksson JC, Rudblad S, Brokstad KA. Scand J Immunol. 2005 Dec;62(6):560–1.

10. **Seasonal split influenza vaccine induced IgE sensitization against influenza vaccine.** Nakayama T, Kumagai T, Nishimura N, Ozaki T, Okafuji T, Suzuki E, et al. Vaccine. 2015

11. **Why Are Nurses and Healthcare Workers Across the U.S. Refusing the Flu Vaccine...** http://ourfamilymagazine.com/why-are-nurses-and-healthcare-.

12. **Influenza Vaccination of Healthcare Workers: Critical Analysis of the Evidence for Patient Benefit Underpinning Policies of Enforcement**
Gaston De Serres, Danuta M. Skowronski, et al
Published: January 27, 2017 https://doi.org/10.1371/journal.pone.0163586