Food for Thought

With all of the recent talk about fast tracking a vaccine for COVID-19 we thought that we would take a look at previous efforts to produce a vaccine for pandemics to see how things turned out.

In 2009 we wrote an article [1] that is posted at our web site on the Swine or H1N1 Flu that emerged in 1976 and reappeared briefly in 2007. Because there was reason to suspect that the Swine Flu virus had possibly mutated so that it could be transmitted to humans and then from person to person, concerns were raised at the federal level that this would turn into a pandemic of the magnitude experienced in 1918 when the Bird Flu began to infect humans. The problem with this mode of transmission is that humans have not formed antibodies or developed heard immunity and that the current influenza vaccines would be ineffective.

In March 1976 the decision was made by the Centers for Disease Control (CDC) and President Ford, to fast track a vaccine to combat the disease despite the low numbers of cases. In order to do so the National Influenza Immunization Program (NIIP) was initiated and funds earmarked for vaccine development and distribution. The estimated budget for the program was initially reported as being $137 million but was later changed to $1.9 billion because the $137 million was included as part of the $1.9 billion expenditure. This was reported widely in the press and quickly became somewhat controversial.

At the same time the vaccine was being produced, the CDC proposed legislation that would cover individuals injured by the vaccine should that occur. This was due to the unknowns of vaccine development, especially those that were being fast tracked without proper testing and the previous track records that vaccines had with regard to injury. After the vaccine was produced, the pharmaceutical companies demanded and received immunity from prosecution and liability before they would release the vaccine. Both the CDC and Congress gave into their demands and the vaccine was administered to about 45 million people over a 10-week period. While there were few deaths associated with administration of the vaccine, several occurred among elderly patients which received a lot of publicity and made the program suspect. [2]

The real problem for the Swine Flu vaccine was that there were an increasing number of cases of Guillain-Barre Syndrome (GBS) among those receiving it. GBS is an acute, rapidly progressive inflammatory polyneuropathy resulting in muscular weakness and distal sensory loss. It is characterized by demyelination of the nerves in various regions of the body and is due to an autoimmune response to a previous illness or vaccine reaction. [3] Because of the increasing number of cases of GBS that were statistically above what would normally be expected, and the fact that the projected Swine Flu pandemic never materialized, the program was discontinued in December 1976, 10 months after it was initiated.

So why would the CDC and Congress again consider fast tracking another pandemic/influenza vaccine when by the CDC's own admission they have the following adverse effects:

Vaccination against Influenza with thimerosal-containing vaccines is associated with an increase in non-influenza respiratory infections [4]

Repeated vaccination at a young age substantially increases the risk of influenza in older age, by a factor ranging between 1. 2 to 2. 4 [5]

B-cells activated by flu vaccine crowds out B-cells for other viruses. [6]

The evidence that heterologous immunity and very limited efficacy makes universal vaccination against the flu will create more disease than it prevents is impressive. [7]

The rate of aerosol shedding among cases with vaccination in the current and previous season is higher than that in people with no vaccination in those two seasons. [8]

A/H3N2 disease vaccinated individuals were significantly more likely to report myalgias than vaccinated individuals. [9]

What we learned from the 1976 Swine Flu fiasco was that decisions made based upon incomplete and often inaccurate data influenced decisions at a number of government levels that resulted in the decision to fast track a vaccine for a pandemic that never materialized. Press coverage of events often was sensational, over reported and not well fact checked, similar to what is occurring with the current COVID-19 coverage. This resulted in the publics distrust of the government agencies charged with managing the pandemic and was seen by many as a financial windfall for the pharmaceutical companies. It also made clear the fact that the U. S. was not equipped to handle a pandemic as the various government agencies had neither the resources or ability to coordinate efforts, also similar to what we are seeing with the COVID-19 pandemic.

The CDC itself owns patents on a number of vaccines and in particular, one on the Coronavirus, and the viral precursor to COVID-19. They also make billions of dollars selling vaccines worldwide and have been shown to have a number of conflicts of interest with regard to the pharmaceutical industry. [10] They have also, along with Dr. Anthony Fauci, promoted "gain of function research" on the Coronavirus, research that is designed to develop an animal strains' ability to infect humans. This work, as we previously wrote, was conducted at the WuHan laboratory in China where the first cases appeared.

So we know why someone would want to fast track a vaccine as there is plenty of profit in it. But the question one needs to ask themselves is, would I want to be the recipient of one, especially one that has not been tested?

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