

Should I Get the Flu Shot? CDC Data Raise Concerns

<http://www.greenmedinfo.com/blog/should-i-get-flu-shot-cdc-data-raise-concerns>

Posted on:

Friday, December 9th 2016 at 9:00 am

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Originally published on [EcoWatch.com](#).

Should I Get the Flu Shot?

Not only are there serious questions about the efficacy of the flu vaccine, there is evidence to suggest that getting the vaccine every year may cause damage to the immune system.

Dec. 4 to Dec. 10 is "National Influenza Vaccination Week" and the Centers for Disease Control and Prevention (CDC) is pushing hard for children and adults to get immunized against the flu. Colorful advertisements warn us to get our flu shots from the walls of

our doctor's offices, pharmacies and grocery stores. [According to the CDC](#), getting the flu shot is a matter of life and death. Flu shots, we are told, save lives.

At the same time, government officials [have been lamenting](#) that influenza vaccination rates are concerningly low in the U.S. and seem to be falling. Fewer than 50 percent of Americans currently heed the government's call to get their annual [flu shot](#).

Part of the reluctance seems to stem from questions about efficacy, raised by data coming directly from the CDC. Why get a flu shot if the flu shot does not work?

In February the [CDC revealed](#) that the 2014-2015 influenza vaccine had an efficacy rate of only 19 percent. **[This was for the more common influenza A H1H3N2, which is ~1/3 of the usual estimated vaccine effectiveness (VE) when well-matched. Estimated VE for influenza was 45% Decrease VE from H3N2 was thought to be due to genetic drift. These estimated VE are RRR from biased observational studies and are considered "rubbish" by Tom Jefferson.]** If that was not bad enough, in June the CDC's committee that advises on immunization practices [announced](#) that nasal spray flu vaccines **[Live attenuated influenza virus vaccine, LAIV]** should not be used in the 2016-2017 flu season because, in the CDC's own words, "no protective benefit could be measured" from taking them.

While this disappointing news may have come as a surprise to parents who had been told by their doctors that the nasal spray vaccines were safe and effective, it was not a surprise to health safety advocates and environmentalists who have raised scientifically based efficacy concerns for nearly as long as the government has been promoting flu vaccines.

Indeed, numerous peer-reviewed scientific studies **[From Cochcrane reviews, Doshi & others]** have shown that the flu vaccine is [not effective](#) either at reducing the flu or reducing flu-related deaths.

- When a team of researchers at the National Institutes of Health **[2004 study by Simonsen et al]** compared flu vaccine rates with influenza-related illness over a 19-year period, from 1980 to 1999, they found that deaths from the flu increased as vaccination rates increased. **[Misleading; this was not true after adjustments made for age, & change in H3N2 virus infections over time. See figure 1 A & B for helpful graphs.]** "In conclusion, the increase in elderly influenza vaccination coverage in the U.S. after 1980 was not accompanied by a decline in influenza-related mortality," the [researchers concluded](#). **[This is a true statement.]**
- **[Ignores 2008 Dutch study showing observational data that VE in elderly was 50-60% (RRR). JFK, Jr is cherry picking the studies. However, going into all the details of all the pro & con papers would be a monumental task!]**
- A study, led by a researcher at the National Institute of Allergy and Infectious Diseases and published in the journal *Archives of Internal Medicine* **[2005]**, found that increasing vaccination coverage did not correlate with declining mortality and the decline in influenza-related mortality could not be attributed to the flu vaccine but was rather the result of naturally acquired immunity. Observational studies crediting the flu vaccine with contributing to decreased deaths from the flu, "substantially overestimate vaccination benefit," these [researchers concluded](#). **[True. They quote a meta-analysis of 20 case-control and cohort studies showing influenza VE was so**

phenomenal and unbelievable that there was a 50% (RRR) reduction in winter deaths in the elderly! Read the commentary. These are largely the same authors as the 2004 Simonsen et al study. In Peter Doshi's BMJ commentary he sites this data as evidence of flawed studies on VE]]

- A [study \[2004\]](#) published in the *American Journal of Perinatology* of vaccine effectiveness in pregnant women in Northern California across five flu seasons found that women who received flu vaccines during pregnancy had the same risk for influenza-like illness as unvaccinated women, and infants born to women who received flu vaccines also had the same risks for influenza or pneumonia as infants born to unvaccinated women. In other words, vaccine status made no difference to whether or not pregnant women or their offspring got the flu.
- A [study](#) published in *Pediatrics International* of Japanese children ages 6 months to 2 years who were vaccinated against the flu found that the influenza vaccine did not reduce the rate of influenza A infections in children under two.

[The Cochrane Collaboration](#) is a non-profit independent network of researchers, professionals, patients and people interested in health, based in the United Kingdom. The Cochrane Collaboration's exhaustive reviews of existing medical literature are considered the gold standard in unbiased scientific research. In 2010, when the Cochrane Collaboration [reviewed](#) the published literature on the efficacy of influenza vaccination in preventing the flu in healthy adults, researchers noted that industry-sponsored studies were much more likely to report conclusions favorable to influenza vaccines than studies funded from public sources and that, "reliable evidence on influenza vaccine is thin but there is evidence of widespread manipulation of conclusions."**[A damning conclusion.]**

A [Cochrane review](#) of the use of the flu vaccine in healthy adults found that influenza vaccination "shows no appreciable effect on working days lost or hospitalization."

The quality of the evidence in favor of the flu vaccine is so poor that Tom Jefferson, a British epidemiologist based in Rome who was then head of the Vaccine Field Group at the Cochrane Collaboration, told two journalists writing for The Atlantic that the vast majority of the studies are deeply flawed. "Rubbish is not a scientific term," Jefferson said in that [2009 interview](#), "but I think it's the term that applies."

William Redwood, MD, an emergency room doctor based in Atlanta, Georgia, who has been practicing medicine for 26 years, does not think it is in the best interests of public health for the CDC to push the influenza vaccine, given the preponderance of government data that calls its efficacy into question.

"Read the Cochrane review. The studies show there is very little value in the flu vaccine," Redwood said. "More physicians are asking questions about it because the current recommendation just doesn't make sense."

CDC data suggest flu shots may take more lives than they save

Not only are there serious questions about the efficacy of the flu vaccine, there is evidence to suggest that getting the vaccine every year may cause damage to the immune system.

In a [peer-reviewed study](#) published in *Clinical Infectious Diseases* in March 2016, a team of Canadian researchers found that people who were vaccinated against the flu three years in a row were actually at higher risk of being infected with the flu. **[This was thought to be from the "perfect storm" of genetic variation (antigenetic drift) & negative effects of serial vaccinations against A H3N2; estimated VE for less common influenza B was 42% (RRR).]**

Also troubling is the number of adverse reactions reported to the CDC after flu vaccination. The [Vaccine Adverse Events Reporting System](#), known as VAERS, allows doctors and individual patients to report poor health outcomes following vaccination. CDC uses VAERS to track, analyze and make vaccine safety information available to the public. Though it is estimated that the majority of adverse reactions—even serious ones—are not reported to VAERS, scientists consider it a useful tool for detecting signals about possible adverse reactions to certain vaccines. **About 13 percent [See copy of VAERS website below. This data is for all vaccines, not just influenza.]** of the some 30,000 post-vaccine events reported to VAERS are considered serious, associated with disability, hospitalization, life threatening illness or death, according to the U.S. Department of Health and Human Services.

Data culled from VAERS by Stephanie Seneff, PhD, a senior research scientist at MIT, reveals a mortality rate following the flu vaccine that public health officials might find surprising: 560 deaths attributed to flu shots between 1990 and 2016.

But VAERS data grossly underestimates the actual number of adverse outcomes, as with any passive reporting system: "... VAERS receives reports for only a small fraction of actual adverse events. The degree of underreporting varies widely," according to the government website. A [2013 article](#) in *Neurology Clinical Practice* calculated that only between 1 and 10 percent of adverse reactions are actually reported by physicians. Applying that calculus, the actual range of deaths following flu vaccination in the past 25 years may be between 5,600 and 56,000.

"Everyone admits that there is underreporting going on, because it's a passive system," said one state health department statistician who has worked in public health for seven years and asked to remain anonymous for fear of losing his job. "Many doctors don't even know about VAERS. I never get flu shots myself. Researchers that develop the flu shot admit year after year that they have very low efficacy. The benefit is not worth the risk of getting the shot."

The VAERS data also reveals a large number of reports of other injuries from seasonal flu shots. These include Guillain-Barré, a debilitating illness in which the immune system attacks the peripheral nervous system, as well as post-vaccination shoulder related injury, [SIRVA](#), which can [cause paralysis and chronic pain](#), and may [necessitate surgery](#).

How many people actually die from the flu?

The CDC claims that in a bad flu season as many as [36,000 people will die from the flu](#) and some [200,000 will be hospitalized](#). Those scary numbers motivate people to get the flu vaccine. But are they accurate?

Apparently not, according to the CDC, which [admits](#) that it has no method to accurately estimate annual flu deaths. States are not required to report deaths from influenza in people older than eighteen. In order to inflate the number of flu

complications and deaths, the CDC includes influenza-like illnesses, pneumonia, and even heart problems, brain swelling, and sepsis. By lumping deaths from pneumonia (a bacterial infection) together with deaths from [influenza](#) (a viral infection), the threat from the flu—an uncomfortable but short-lived illness among otherwise healthy children and adults—can be exaggerated enough to justify calls for universal vaccination.

As it turns out, only one-third of people with "influenza-like illnesses" actually test positive for an influenza virus against which vaccines are designed to protect. This means that any estimate of flu deaths is inflated by at least two-thirds. If the CDC tabulated deaths from the flu based on death certificates, there would be very few, even among older adults.

Thimerosal in flu vaccines

One of the greatest concerns with influenza vaccines is that they contain [thimerosal](#), a mercury-based preservative. [According to the CDC](#), 48 million of the 168 million flu vaccines available this year contain mega-doses of thimerosal. In 2003, the U.S. Food and Drug Administration acting director for the Office of Vaccines Research and Review, William Egan, PhD, admitted in testimony before a Congressional committee, that thimerosal, which was grandfathered into the vaccine program in 1932, has never been safety tested.

As Paul Thomas, MD, a Dartmouth-trained medical doctor with more than 13,000 children in his practice in Portland, Oregon, points out, thimerosal has not been proven safe for administration to pregnant women, whose fetuses are particularly vulnerable to toxic exposures. The material safety data sheet (MSDS) for thimerosal [warns](#) that it is mutagenic in mammals, and may cause adverse reproductive effects and birth defects in humans.

Media reports that flu vaccines contain only a "trace" or "negligible" amounts of mercury are incorrect. Federal regulations define trace amounts to mean less than 1 microgram. Typical flu shots contain 25mcg of mercury (25 times the trace amount). ***[As far as I'm aware this applies largely, or only exclusively, to the multi-dose vials for IAIV, inactivated influenza vaccines.]***

Mark Hyman, MD, an international recognized practicing family physician at the Cleveland Clinic and an 11 times New York Times bestselling author, calls the presence of mercury in the flu vaccine a "[dirty little secret](#)," pointing out that [mercury](#) is a known neurotoxin that causes immune and neurological problems, including dementia and memory loss.

CDC senior scientist [Dr. William Thompson](#), a 17 year veteran vaccine safety researcher, urges that pregnant women should avoid thimerosal laced flu shots. According to Thompson, CDC's own research proves that thimerosal causes tics, a grave neurological disorder that commonly occurs in children with autism. In fact, four studies have confirmed the association between exposure to thimerosal and the development of tics. These include [Verstraten et al.2003](#), [Andrews, 2004](#), [Thompson et al, 2007](#) and [Barile et al, 2012](#). ***[I looked at the last 2 studies and they do show small, positive statistical differences. However, I'm sure they are subject to confounders & statistical manipulations, since they are only ecological/observational studies.]***

"I can say confidently I do think Thimerosal causes tics," Thompson said. "So I don't know why they still give it to pregnant women. Like that's the last person that I would give mercury to. Thimerosal from vaccines cause tics. Do you think a pregnant mother would want to take a vaccine that they know caused tics? Absolutely not! I would never give my wife a vaccine that I thought caused tics. I can say tics are four times more prevalent in kids with autism. There is biologic plausibility right now to say that Thimerosal causes autism-like features."

[Here, his argument leaves out the neurotoxic effect of aluminum and other adjuvants that may be causing ASIA and other neurotoxic conditions. To be fair, he does recognize other environmental toxins likely contributing to adverse vaccine reactions, but he feels that ethylmercury (Thimerosal) is by far the biggest factor.]

During the 2009-2010 flu season, the CDC recommended for the first time two flu shots for pregnant women to provide immunity to both the seasonal flu and the H1N1 influenza virus. Research by [Goldman in 2013](#) compared the number of flu vaccine adverse event reports (VAERS) that cited spontaneous abortion or stillbirth following the receipt of flu vaccine during three consecutive flu seasons beginning in 2008. He documented a 40 fold (4,000 percent) increase in fetal loss reports in the 2009-2010 pandemic flu season following the recommendation that pregnant women received two flu vaccines.

Because of the order of magnitude increase in fetal-loss report rates, from 6.8 fetal-loss reports per million pregnant women vaccinated in the single-dose 2008-2009 season to a 77.8 in the two-dose 2009-2010 season, the investigator called for further long term studies to assess adverse outcomes in the surviving children. The CDC never performed these follow-up studies.

When children or adults are injured by vaccines, they are entitled to monetary compensation. A special federal vaccine court adjudicates "no fault" settlements which are funded by a surcharge on every vaccine administered in the United States. Though originally established to help Americans harmed by vaccines, an [Associated Press investigation](#) into vaccine injury compensation found that the government often fights legitimate vaccine injury claims and stalls proceedings for years, doing the opposite of what lawmakers intended when the court was founded in 1986.

To date the vaccine injury compensation program has [paid](#) \$3.5 billion to Americans injured by vaccines.

In 2015, the court paid out \$114 million more for vaccine injuries and deaths than it ever has before. For comparison, in 2014 it paid \$22.8 million. Payouts in 2015 represented a 400 percent increase.

The largest increase was for flu shots. In 2014, the vaccine court paid \$4.9 million for adverse flu shot reactions. That sum grew to \$61 million last year, a whopping increase of 1,000 percent, as detailed by [this article](#) in the *Mom Street Journal*, which spent 10 months analyzing the government's [latest report](#).

Finally, a [new study](#) published Nov. 11 in *Science* suggests that contracting the flu as a child may convey lifetime health benefits. That publication by UCLA and Arizona scientists funded by the National Institute of Health, the National Science Foundation,

the David Packard Foundation and others found that individuals who contracted the flu during childhood had lifetime immunities to entire families of flu viruses. The investigators report strong evidence that childhood influenza infection "provides profound, lifelong protection against severe infection and death from the virus." They also acknowledge that their findings might "complicate universal vaccination approaches" and question whether universal vaccination policies might impair natural long-term protection "if received before an individual's first natural influenza A virus infection." Clearly, much more research is needed to answer these critical questions. ***[This appears to be a good epidemiological study in Science and it shows 'potent protection' against H5N1 and H7N9 influenza illness in children previously ill with one of these viruses. Whether this applies to H3N2 and other viruses isn't known, but could be inferred as at least likely. It also means VE studies need to look at hemagglutinin inhibition and neutralizing Ab titers to influenza virus before doing studies purporting to show VE for IAIV.]***

Drive past the Chicago skyline any night this week and you will see a brightly illuminated message in blue and white lights on the side of Blue Cross Blue Shield downtown skyscraper. GET A FLU SHOT.

But is vaccination against the flu really in the best interests of America's health? The government data is readily available—hidden in plain sight—to anyone interested. Read it for yourself and decide.

To sign up for updates from Robert F. Kennedy, Jr., go to the [World Mercury Project](#).

Vaccination: Influenza

View The Evidence:
52 Abstracts with Vaccination: Influenza Research

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Inactivated flu vaccines have not been proven to be effective or safe in preventing influenza in healthy children under two. (+)
SEP 01, 2009

Influenza vaccination for healthcare workers who work with the elderly has no effect on laboratory-proven influenza, pneumonia or deaths from pneumonia. (+)
JAN 01, 2010

Maternal influenza vaccination during pregnancy does not reduce the incidence of acute respiratory illness visits among infants. (+)
JUL 01, 2004

The effectiveness of the 2008-2009 seasonal flu vaccine in England was -6%. (+)

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51 Diseases Researched for Vaccination: Influenza

NAME	AC	DK	FOC
Vaccine-induced Toxicity	19	132	Q
Influenza	11	120	Q
Influenza A	7	81	Q
H1N1 Infection	5	50	Q
Guillain-Barre Syndrome	6	44	Q
Elderly: Age Specific Diseases	2	40	Q
Cystic Fibrosis	2	30	Q
Pregnancy: Vaccination	2	30	Q
Upper Respiratory Infections	2	30	Q
Swine Flu Associated Virus	3	23	Q
Pneumonia	2	21	Q
Cold and Flu: Infants & Children	1	20	Q
Infant Infections	1	20	Q

Vaccination: Influenza Related Articles

Following Your Inner Compass: Rejecting Flu Vaccine in Pregnancy
Written by Kelly Brogan, M.D.
Modern women have permitted doctors and pharmaceutical companies privileged access to their fierce and primitive drive toward protecting a pregnancy. A recent study found a 116 fold increase in fetal death presumably caused by flu vaccines.

Colostrum Three Times

For more evidence-based research on the Influenza Vaccination, [visit the GreenMedInfo.com Research Dashboard](#).



Robert F. Kennedy, Jr. is an American radio host, environmental activist, author and attorney specializing in environmental law. [Learn more.](#)

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About the VAERS Program

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Background and Public Health Importance

The Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS is a post-marketing safety surveillance program that collects information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the United States.

The National Childhood Vaccine Injury Act (NCVIA) of 1986 requires health professionals and vaccine manufacturers to report to the U.S. Department of Health and Human Services (HHS) specific adverse events that occur after the administration of routinely recommended vaccines. In response to NCVIA, CDC and FDA established VAERS in 1990 (Chen, Vaccine, 1994).

VAERS has demonstrated its public health importance by providing health scientists with signals about possible adverse events following immunization. In one instance, VAERS detected reports for intussusception over that what would be expected to occur by chance alone after the RotaShield rotavirus vaccine in 1999. Epidemiologic studies confirmed an increased risk, and these data contributed to the product's removal from the US market. In another example, VAERS determined that there may be a potential for a small increase in risk for Guillain-Barre' syndrome (GBS) after the meningococcal conjugate vaccine, Menactra. As a result of this finding, a history of GBS became a contraindication to the vaccine and further controlled studies are currently underway to research this issue.

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Number of Reports VAERS Receives

VAERS receives around 30,000 reports annually, with **13% classified as serious** (e.g., associated with disability, hospitalization, life-threatening illness or death) (CDC VAERS Master Search Tool, April 2, 2008).

Since 1990, VAERS has received over 200,000 reports, most of which describe mild side effects such as fever. Very rarely, people experience serious adverse events following immunization. By monitoring such events, VAERS helps to identify any important new safety concerns and thereby assists in ensuring that the benefits of vaccines continue to be far greater than the risks. [***A 2015 paper by the CDC in Clinical Infectious Diseases looked at only reported deaths in VAERS from 1997-2013 & concluded that the 2,149 deaths reported by the passive VAERS translated to about 1 death/1 million vaccine doses. They felt the data did not show any "concerning pattern noted among death reports submitted. The main causes of death were consistent with the most common causes of death in the US population" However, death isn't the only serious adverse reaction!***]

Many different types of adverse events occur after vaccination. About 85-90% of the reports describe mild adverse events such as fever, local reactions, and episodes of crying or mild irritability. The remaining reports reflect serious adverse events involving life-threatening conditions, hospitalization, permanent disability, or death, which may or may not have been caused by a vaccine.

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Objectives of VAERS

The primary objectives of VAERS are to:

1. Detect new, unusual, or rare vaccine adverse events (VAEs);
2. Monitor increases in known adverse events;
3. Identify potential patient risk factors for particular types of adverse events;
4. Identify vaccine lots with increased numbers or types of reported adverse events; and
5. Assess the safety of newly licensed vaccines.

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Frequently Asked Questions (FAQs)

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