

The Flu Shot Debate – 2010-2011

By Nikolai Alenov II, D.C.

Information is everywhere these days (news, internet, radio, *iPhones*), and it can become confusing and overwhelming. Most people find themselves going along with common trends in health care without questioning their validity because “medicine is scientific”, right? We have been hammered with the idea that if a medical entity such as a doctor, association, government agency or health expert says it is so, then they are telling us these “facts” because it has been proven through the scrutiny of modern science, proven to be true, and therefore demands our support and compliance as a rational and educated society.

So why is there so much counter information in the “fringe” media? Why, despite all the hype about the H1N1 vaccination last year, did only 39% of all health care workers receive the flu shot themselves (according to a Rand Corporation survey published last year)? This number is up only 6% from the previous 5 year average. That’s right, historically only one-third of all health care workers (doctors, nurses, aids, lab techs, etc.) get a flu shot. There is very little mention of this seemingly counter-intuitive statistic in the media. Do the very people who we think all agree on the importance of a flu vaccine not share the same opinion? What information are *they* using to make their decisions on the importance of a flu shot considering they will be interacting with sick and infected people all winter long?

This article is an attempt to look at the scientific evidence around the topic of flu vaccination. As it turns out, there are some very well-done studies on the topic, but the results may be surprising to the average American. I will present the numbers as they exist. Following these various quotes or statistics, I will do my best to present some commentary to elicit thought since pure scientific data is extremely boring and sometimes unusable until placed in the proper context.

Herein lies the majority of the problem with this debate. In truth, numbers never lie, but the same numbers can be interpreted many different ways, giving many different impressions to different audiences. It is human nature to use information to “verify” your beliefs. We often picture doctors and researchers as scientific robots who never fail to find the pure truth according to the laws of nature. But researchers are human like you and me. We all make mistakes, we all have emotions and feelings, and we all have the ability to be influenced by our association groups.

I therefore challenge and invite all who read this to look into my numbers and statistics. Do not take my word for anything. Where applicable, I will show all sources and studies so that you may double check or dig deeper into any one topic. If anyone finds my information to be false or misleading, then I invite you to contact me and present your findings. All I ask is that “real”

studies be considered in forming your opinions or rebuttals. I have gone to great lengths to check and double check the data I present below.

In an attempt to help the reader understand this information, [direct quotes or commentary from news sources, health officials and scientific literature will be in BLUE.](#)

If you have wondered why the information in the media the past two years has been disproportionately alarmist... this article is for you. If you think flu vaccination does not agree with your personal beliefs around your health and wellness but have trouble explaining your feelings to friends and family ...this article is for you. If you are a strong believer in flu vaccination policy due to the data that suggests we will save lives and protect our children by doing so...this article is for you.

The Numbers

What does the medical “media” tell us about the seasonal flu shot and flu borne illnesses? Here are the numbers as they are typically presented to us.

[Approximately 36,000 deaths and more than 200,000 hospitalizations are directly associated with influenza every year in the United States. \(Wikipedia\)](#) This number of annual deaths from influenza (36,000) has not changed in the past 10 years. This fact has elicited much criticism from the medical and scientific community since the “strength” of any seasonal flu varies greatly from year to year which should give a much greater variability in the number of deaths. But the media does like to keep things simple and it is much easier to make a case for the need to vaccinate if a specific number is repeated and remembered.

Just recently, this discrepancy has been addressed by the CDC (Centers for Disease Control) as noted in the following excerpt from MSNBC. The CDC is the government agency that is largely in charge of making policy for vaccinations in the U.S.

(MSNBC.COM August 26th, 2010)

[The U.S. Centers for Disease Control and Prevention is backing away from its decades-old estimate of the number of people who die annually from seasonal flu, instead saying deaths vary widely from year to year.](#)

[Instead of the estimated 36,000 annual flu deaths in the United States -- a figure often cited to encourage people to get flu shots -- the actual number in the past 30 years has ranged from a low of about 3,300 deaths to a high of nearly 49,000, the CDC said on Thursday.](#)

"Flu really is unpredictable. We don't know what the impact of flu will be at the beginning of a particular season," Dr. David Shay, a medical officer in the CDC's National Center for Immunization and Respiratory Diseases, told reporters in a conference call.

The estimates do not take into account the H1N1 swine flu pandemic of 2009, but they do suggest that some flu strains are more deadly than others.

The long-held 36,000 estimate was based on data from the 1990s when H3N2 viruses were prominent, the CDC said.

Its new analysis suggests that years when H3N2 flu strains are strongest, flu-related deaths are 2.7 times higher than in years when H1N1 or influenza B viruses were prominent.

Because of that variability, it is more accurate to use a range of deaths, the CDC said, but that likely will change over time with better diagnostic tests and better ways of tracking flu deaths.

"Because we have this very wide range of deaths -- from 3,000 to 49,000 -- it's really meaningless to say what happens in an average flu season," said Shay, whose analysis appears in the CDC's weekly report on death and illness.

What is consistent is that flu strikes the elderly the hardest. About 90 percent of flu deaths in the 31 flu seasons between 1976 to 2007 occurred in people over age 65.

Shay said better tracking methods and improved tests, which have changed over the past decade, will likely make it impossible to compare estimates over time.

The CDC said the best way to prevent flu-related deaths is an annual flu vaccine, and recommends that virtually everyone over the age of six months gets one.

This short article by MSNBC.com nicely covers many of the repeated statistics and recommendations for the flu season. Let's go through them one by one and look at their relevance and accuracy.

Let's use 36,000 flu deaths per year as an average even though we know the number can vary greatly. Most statistics regarding flu deaths in the media are calculated off this number. A recent news story on KARE11 news interviewed Dr. Poland from Mayo Clinic. For those who are fearful of getting the flu vaccine this year, Dr. Poland had the following statistic. He said, "About one out of every 8,300 Americans who are alive right now will be dead four to six months from now due to influenza." This sounds frightening doesn't it? (298 million people in the U.S. divided by 36,000 deaths equals 8,300).

Now remember that nine out of ten “flu deaths” are individuals over the age of 65. But what I really want to focus on in Dr. Poland’s quote are the last three words “...due to influenza”. When someone says an individual died from a heart attack that implies that the heart attack was the cause of their death. If you died in a car accident...the car accident is what killed you and you become another statistic for car accident deaths. So, when we hear that one in every 8,300 Americans will die “due to influenza”, we assume the flu is what is killing these people and is therefore something of significance that deserves our attention. The truth regarding this number (36,000) is that it is extremely misleading. What do I mean by this?

According to the CDC, **flu death estimates have always been lumped with deaths from pneumonia**. In other words, 36,000 is the annual number of deaths from influenza and pneumonia *combined*. This fact is not widely known and I have NEVER heard it mentioned in the media. The full document, directly from the CDC’s web site, is attached on the back of this article and is typical of the yearly breakdown in pneumonia and influenza deaths. The chart shows the number of deaths from “**influenza and pneumonia**”. Then it breaks down the deaths according to age group. In 2001, this number was 62,034, almost twice the stated number of 36,000 that most people heard. 55,518 of these deaths were people 65 or older and only 6,650 of those were ages 65 to 75. That means death due to influenza AND PNEUMONIA in people 65 or older accounted for 89.5% of all flu related deaths in 2001. This reaffirms the statistic that nine out of ten of flu deaths are in the elderly.

Directly below these numbers, there is a breakdown showing how many of the 62,034 deaths due to “influenza and pneumonia” were actually due to “influenza”.

In the year 2001, there were 257 deaths due to influenza and 61,777 deaths from pneumonia.

You read correctly, the CDC is putting in writing that only 257 of the total 62,034 deaths are purely due to the flu.

Of the 61,177 deaths from pneumonia (a very common final cause of death in the chronically ill or elderly), some may have also had influenza at the time of death, but that number is usually estimated since the influenza virus is rarely tested for. According to Dr. Jeff Bland, noted research scientist and CEO of Metagenics, “**out of all influenza-like illness, only 10 to 15 percent are an actual strain of influenza.**” This means that unless you run a test to confirm the presence of influenza, 9 out of 10 patients will be misdiagnosed as having the flu when they really have something else.

Let’s stop and discuss this shocking piece of information. In a typical year where we are being told 36,000 people died from the flu, we are actually being given the number of flu deaths and pneumonia deaths COMBINED. In a typical year, ACCORDING TO THE CDC’S own numbers, **influenza only deaths** are between 200 and 400 per year. That means actual flu death

numbers are 0.01% of the number we are being told. The obvious question here is, “why are we being given a combined number?” If I go into the hospital with a heart attack and I also have a paper cut on my index finger and I die, am I put into a statistic that says I died of a paper cut? Obviously not, that would be absurd, but that is what is being done here.

To be fair let’s consider what the proponents of this number have said in the past couple years: “[There is a close relationship between influenza and pneumonia in the elderly.](#)” The statistic that most flu deaths are in the elderly becomes very important. While you age, your immune system becomes weaker, just like all the other systems in your body. If you are one of the lucky individuals who reach an old age without having cancer or heart disease, you will inevitably reach an age at which infection becomes your most likely cause of death.

Many doctors and researchers have “hypothesized” that influenza is what causes most of the winter pneumonia in the elderly. Therefore, they have a causal relationship and should be reported as the same cause of death. However, no research has ever confirmed this hypothesis. In fact, as you will read below, there is a growing body of evidence that shows flu shots do nothing to prevent pneumonia in the elderly.

Let’s put this argument into context. Let’s say you are 95 years old, you have diabetes, high blood pressure, 30% kidney function, dementia, irregular heart rate, cataracts, and an ingrown toe nail. Then your body decides it has reached the end of its time here on earth; your energy declines rapidly and you catch pneumonia in your lungs because pneumococcal bacteria are always around waiting for a weakened immune system. Two days later despite anti-biotic treatment, you pass away. Your death will be in the CDC’s book as death due to “pneumonia and influenza,” despite the presence of multiple other health issues. And, “old age” is not considered a cause of death in this country because it is not a medical diagnosis.

Now, if you died of “flu” at age 50, 60, or even 70 and you had no other known health issues, that might be a different story. But let’s be very clear on this, all the statistics point to the fact that this is an extremely rare occurrence. When the total number of deaths from flu alone is estimated at 200-400 per year for the entire U.S. population and 90% of those are individuals 65 or older, what is that saying? If you are under the age of 65, you have a better chance of dying by slipping on ice than from the flu?

On the other side of the spectrum are children who die from the flu. In 2001, as you can see on the attached report, 13 children between the age of 1 month and 5 years died from influenza; 13 out of a total population of 300 million. This is an extremely small fraction of the deaths for this age group, in other words, an extremely rare cause of death in children. These deaths, just like those of the H1N1 virus of 2009, are mostly in children with “other major health issues”. So, influenza-related deaths are no longer a random incident. This is similar to the elderly person with 15 health issues that contracts pneumonia. If you recall, every time a death due to H1N1 was reported on the news, they would end the statement with, “the individual had other

underlying health issues.” It is highly unlikely that any healthy child or adult under the age of 65 would die from influenza ALONE. So, is the influenza to blame for the deaths? This is up for debate but needs to be considered when we as a society are deciding where to focus our energy and resources.

But let’s suppose that every one of the elderly who died from pneumonia also had influenza and that the virus played a part in their death. If that were the case, then a flu shot may be prudent in that age group since you can do very little about the virus once you have it. “Prevention” with a vaccine would then be an important recommendation...if it worked.

How Effective Are Flu Shots?

This question is an obvious one. If you ask the average person who has received a flu shot how effective they think it is, they will usually answer, “very effective, I won’t be getting the flu now this year.”

In fact, many of the early sales pitches for the flu shot revolved around the idea of saving time and money. “You don’t want to miss work by getting the flu. You don’t want to miss work staying home with your children who have the flu so just get the shot so you don’t have to worry about these things. Save yourself time and money.” This type of rhetoric implies that the flu shot is highly effective in preventing the flu. Like I stated in opening this article, “show me the research, what does the science say about this?”

Flu Shot Effectiveness in Individuals 65 and older

In April 2010, at a national conference for vaccine research, Michael Osterholm (director of the University of Minnesota's Center for Infectious Disease Research and Policy) had these comments for his peers. (Full article attached “**Research suggests flu vaccine doesn't prevent deaths among the elderly**”)

[A growing body of research shows that because our immune systems age, flu vaccines don't work as well in the elderly.](#)

[The revelation has been so unsettling that public health officials have not shared the information widely with the public - even though some of the early findings have been a part of the scientific literature for several years now.](#)

[“It’s time to be more open about the flu vaccine and its lack of protection for the elderly.”](#)
[Osterholm also urged his colleagues to “Support attempts to create a new, effective vaccine.”](#)

"These 36,000 deaths that we keep talking about with the flu, that we want to get people vaccinated for so they don't happen, really is not going to occur. And we have to be honest about that," Osterholm said.

This is very clear data (read the full article for the whole story) indicating that the flu shot simply does not work for the elderly. What is being done about this? The following is the direct recommendation made by the ACIP (Advisory Committee on Immunization Practices) on February 26th, 2010.

"A higher dose formulation of an inactivated seasonal influenza vaccine (Fluzone High-Dose, manufactured by Sanofi Pasteur, licensed by FDA on December 23, 2009) for use in people age 65 years and older will be available in the 2010-11 influenza season.

Fluzone High-Dose contains *four times* the amount of influenza antigen compared to other inactivated seasonal influenza vaccines. ...

Studies are underway to assess the relative effectiveness of Fluzone High-Dose compared to standard dose inactivated influenza vaccine, but results from those studies will not be available before the 2010-11 influenza season."

Fluzone High-Dose is currently being distributed and used this season for those 65 or older. You read correctly, "Results from studies will not be available before the 2010-11 influenza season." The CDC is indirectly admitting that those who receive this new vaccine are a part of a large public health experiment since the results of the studies on how well it works and if there are any major side effects will not be known until after the vaccines have already been administered. Do any of you reading this find that fact mildly alarming? Is this the best our medical system can offer?

Now let me point out that this information has been known since 2006. This study by the Cochran Collaborative may be what started the search for better information in Minnesota.

Although the hype is that the elderly must be protected, in a **review of 64 studies** in 98 flu seasons, for elderly living in nursing homes, flu shots were non-significant for preventing the flu. For elderly living in the community, vaccines were not significantly effective against **influenza, ILI or pneumonia**. ("Vaccines for preventing influenza in the elderly," *The Cochrane Database of Systematic Reviews*, 2006) This was the conclusion from not just 1 study, but 64 studies. There is no evidence that increasing the dose of antigen by four times will help improve the results of taking a flu shot yet that is what is being given to all Americans over the age of 65 this season.

Flu Shot Effectiveness in Individuals age 18 to 65

If you go to the CDC's own web site to read about the effectiveness of the seasonal flu shot this is what you will read.

[“Past studies have shown in years when the vaccine viruses and circulating viruses are well-matched, the vaccine can reduce the chances of getting the flu by 70% to 90% in healthy adults.”](#)

I added the underline to “in healthy adults” because this is key. These studies are created using “selection bias,” meaning you only allow healthy people into the study. If you have any underlying health issues (like low immunity), you are not allowed in the study. Then you give the healthy people the flu shot and see if they get the flu. Here's a shocker, people who were completely healthy at the beginning of the flu season...did not get the flu. Healthy people are 70% to 90% less likely to get the flu than the unhealthy people. That is what this study showed. Here's a question that the study doesn't ask, “did the vaccine make the difference?”

So how much does the flu shot really help the average person between the ages of 18 and 65? A recent study done by the Cochrane Collaboration has shed much light on this question.

Before we get into the study it is of great importance that we explain the significance of this study. If we don't, there is a risk that those reading this will say, “oh, well it's just one study, let's see what others are saying.” This Cochran study is a **complete independent data analysis of every randomized study ever done on the flu shot.** The Cochrane Collaboration searched through every study done with a fine tooth comb, and rather than “take the word” of the companies doing the research, they looked at the numbers for themselves and brought the scientific data to us, the consumers.

The Cochran Collaboration

“The Cochrane Collaboration is an enterprise that rivals the Human Genome Project in its potential implications for modern medicine.”
- The Lancet

The Cochrane Collaboration is an international, independent, not-for-profit organization of over 28,000 contributors from more than 100 countries, dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide.

We are world leaders in evidence-based health care

Our contributors work together to produce systematic reviews of healthcare interventions, known as Cochrane Reviews, which are published online in *The Cochrane Library*. Cochrane Reviews

are intended to help providers, practitioners and patients make informed decisions about health care, and are the most comprehensive, reliable and relevant source of evidence on which to base these decisions.

The study was titled “Vaccines for preventing influenza in healthy adults.”

Citation: Jefferson T, Di Pietrantonj C, Rivetti A, Bawazeer GA, Al-Ansary LA, Ferroni E. Vaccines for preventing influenza in healthy adults. *Cochrane Database of Systematic Reviews* 2010, Issue 7. Art. No.: CD001269. DOI: 10.1002/14651858.CD001269.pub4.

Background

Different types of influenza vaccines are currently produced worldwide. Healthy adults are presently targeted mainly in North America.

Objectives

Identify, retrieve and assess all studies evaluating the effects of vaccines against influenza in healthy adults.

Search strategy

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library*, 2010, issue 2), MEDLINE (January 1966 to June 2010) and EMBASE (1990 to June 2010).

Selection criteria

Randomized controlled trials (RCTs) or quasi-RCTs comparing influenza vaccines with placebo or no intervention in naturally-occurring influenza in healthy individuals aged 16 to 65 years. We also included comparative studies assessing serious and rare harms.

We included 50 reports. Forty (59 sub-studies) were clinical trials of over 70,000 people. Eight were comparative non-RCTs and assessed serious harms.

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.

Plain language summary

Authors of this review assessed all trials that compared vaccinated people with unvaccinated people. The combined results of these trials showed that under ideal conditions (vaccine completely matching circulating viral configuration) 33 healthy adults need to be vaccinated to avoid one set of influenza symptoms. In average conditions (partially matching vaccine) 100

people need to be vaccinated to avoid one set of influenza symptoms. Vaccine use did not affect the number of people hospitalized or working days lost but caused one case of Guillian-Barré syndrome (a major neurological condition leading to paralysis) for every one million vaccinations. Fifteen of the 36 trials were funded by vaccine companies and four had no funding declaration. Our results may be an optimistic estimate because company-sponsored influenza vaccines trials tend to produce results favorable to their products and some of the evidence comes from trials carried out in ideal viral circulation and matching conditions and because the harms evidence base is limited.

Lets quickly review what this means.

"Vaccination had... **no effect on hospital admissions or complication rates.**"

"Vaccine use **did not** affect the number of people hospitalized or working days lost."

“Reliable evidence on influenza vaccines is thin but there is **evidence of widespread manipulation of conclusions...**” Is it shocking to us that when billion dollar industries do their own studies the numbers get manipulated to help them sell us more products?

"There is no evidence that [influenza vaccines] affect complications, such as pneumonia, or transmission." Got that? Vaccines do not affect *transmission* of the disease, yet that's the whole reason vaccines are pushed so heavily during pandemics -- to block disease transmission.

"In average conditions (partially matching vaccine) 100 people need to be vaccinated to avoid one set of influenza symptoms."

And finally, the study author's summary concludes with this whopper of a statement: "**Our results may be an optimistic estimate** because company-sponsored influenza vaccines trials tend to produce results favorable to their products."

Is there anything else left to say? This is the real science. So what are you hearing on the local news? It may be entertaining...but it isn't science. Read this next quote by Dr. J. Anthony Morris (distinguished virologist and **former Chief Vaccine Control Officer at the US Food and Drug Administration**): "There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza. The producers of these vaccines know they are worthless, but they go on selling them anyway". Gee, I wonder how he lost his job at the FDA. Is this a random statement, or is he just one of the few people at the FDA who wasn't afraid to read the actual research reports?

What the CDC Has to Say About it

From the CDC's web site under "**Does the flu vaccine work the same for everyone?**"

“The flu vaccine is the single best way to prevent the flu, and vaccination is the main tool used to protect people from influenza. A number of studies have shown that the flu vaccine works, but how well the vaccine works can change from year to year and vary among different groups of people. The ability of the flu vaccine to protect a person depends on at least two things: 1) the age and health of the person getting the vaccine and, 2) the similarity or "match" between the virus strains in the vaccine and those being spread in the community.”

Really...is the vaccine the “single best way to prevent the flu”? In order for something to work better than the vaccine, it must beat a whopping 1% success rate. How about this recent study on vitamin D?

Randomized trial of vitamin D supplementation to prevent seasonal influenza-A in schoolchildren

Am J Clin Nutr (March 10, 2010)

Results: Influenza A occurred in 18 of 167 (10.8%) children in the vitamin D₃ group compared with 31 of 167 (18.6%) children in the placebo group

This means vitamin D was responsible for an **8 percent reduction in flu symptoms**. Flu vaccines, according to the latest scientific evidence, achieve a **1 percent** reduction in influenza symptoms. Vitamin D appears to be **800% more effective than vaccines** at preventing influenza infections in children.

So is the flu vaccine the “single best way to prevent the flu”? How long do you think we will have to wait until the CDC “updates” its web site?

Flu Shot Effectiveness in Children

The flu shot does not work for babies.

In a **review of 51 studies** involving more than 294,000 children, it was found there was "**no evidence that injecting children 6 to 24 months of age with a flu shot was any more effective than a placebo**. In children over the age of 2 years, it was effective only 33% of the time in preventing the flu. ("Vaccines for preventing influenza in healthy children", *The Cochrane Database of Systematic Reviews*, 2008)

The flu shot does not work in children with asthma.

In a study of 800 children with asthma in which one half was vaccinated and the other half was not, the two groups were compared with respect to clinic visits, emergency department visits, and hospitalizations for asthma. The researchers concluded that no evidence was provided that the influenza vaccine prevented pediatric asthma exacerbations (Christly, C. et al, "Effectiveness of influenza vaccine for the prevention of asthma exacerbations." *Arch Dis Child*, August, 2004,

734-5).

"The inactivated flu vaccine, Flumist, does not prevent influenza-related hospitalizations in children, especially the ones with asthma...In fact, children who get the flu vaccine are more at risk for hospitalization than children who do not get the vaccine." Children who had received the flu vaccine had **three times the risk of hospitalization**, as compared to children who had not received the vaccine. In asthmatic children, there was a **significantly higher risk of hospitalization in subjects who received the TIV**, as compared to those who did not ($p=0.006$). But no other measured factors—such as insurance plans or severity of asthma—appeared to affect risk of hospitalization. (The American Thoracic Society's International Conference, May 15-20, 2009, San Diego) The part of this study report that bugs me is the way in which it was dismissed. The researchers go on to add, "While these findings do raise questions about the efficacy of the vaccine, they do not in fact implicate it as a cause of hospitalizations," said Dr. Joshi. "More studies are needed to assess not only the immunogenicity, but also the efficacy of different influenza vaccines in asthmatic subjects."

Allow me to translate; they are saying they have not found a direct link in how the vaccine would "cause" the hospitalizations. What they refuse to consider is that the vaccine did not cause a direct injury, but rather it lowered the overall immunity in the children leading to more problems during the winter months. This study done at our Mayo Clinic in Minnesota was not widely publicized because it was designed to show the "effectiveness" of the flu vaccine in **reducing** hospitalizations in children with asthma. It's hard not to become cynical after reading dozens of similar studies. Slowly it becomes clear that the mentality is: Do a study that favors vaccination, tell everyone. Do a study that finds negative results, hide the results.

The current CDC recommendation for children is:

Everyone 6 months of age and older should get vaccinated against the flu as soon as the 2010-2011 season vaccine is available.

Why? As mentioned above, a review of **51 studies** showed that flu vaccines administered to children from birth to 24 months gave the child absolutely zero benefit. Their immune systems are too young to use the vaccine. Their immunity has been designed by nature to rely on their mothers' breast milk.

How bad was last year's "Swine Flu Pandemic"?

If you were conscious last winter, you couldn't help but notice the world was coming to an end...again. So now that it's over, how bad was last year's flu season? Keeping in mind that the reported number of "flu deaths" is actually a combined number of deaths from the flu and

pneumonia; The CDC reports “last year's flu season turned out to be one of the *mildest* in recent years...only 12,000 flu deaths – a mere *one-third of the average*.”

The projected number of casualties in the U.S. alone was declared to be between 60,000 to 90,000, an astounding number that started the alarms flying and the vaccine manufacturers off to the races to produce a vaccine.

Last year the United States contracted for the manufacture of over 170 million doses of swine flu vaccine but only 90 million doses were used in the United States. Only 30% of the U.S. population decided to get the H1N1 flu shot despite all the alarms. Interestingly, only 38% of medical professionals chose to get the shot. Maybe they heard the news coming out of Australia that reported the swine flu was a dud.

Australia is going through their flu season while we in North America are enjoying our summer. This is incredibly beneficial to us in that we can see what is heading our way. Last year while news of a pandemic was stirring during our summer months, the news from scientists in Australia was that the seasonal flu virus and H1N1 swine flu was “40 times less lethal than originally feared.” No one was dying from the swine flu. So how did the WHO (World Health Organization) respond to these reports? They instructed countries to simply *stop lab testing* suspected H1N1 cases, which meant that any and all flu-like symptoms were reported as pandemic influenza, padding the statistics.

This mandate was then immediately given through the CDC to all health care workers in the United States. So rather than collecting more data, they stopped taking it all together. The message was, “if it looks like the flu, report it as a case of swine flu.” That is why reporters had to use the term, “swine flu-like illness”, when they reported another death because there was no way to confirm what the person died of. As discussed above, statistically only 10% of suspected flu like illnesses turns out to be from a flu virus. The other 90% are something else. So how many people did die from the swine flu? Most likely it was much fewer than the reported 12,000.

The W.H.O and a Made-up Pandemic

The WHO was paramount in creating the recommendations to prepare for a pandemic flu season. This was perhaps suspected, but when the World Health Organization finally released a list of its pandemic advisors, it finally confirmed that **at least five of the key players who influenced the phase six pandemic declaration indeed had financial ties to vaccine makers** (See attached article, “How to Fake a Flu Pandemic and Make Billions”).

As we now know, our tax dollars were completely wasted on these nonessential pandemic vaccines, and it appears as though financial conflicts of interest between WHO pandemic advisors and the industry may have had a great deal to do with it.

Is it wise to take advice from people who have a financial stake in the outcome of the decision to declare a worldwide pandemic?

As for the U.S. response to these allegations, the CDC has not said a word about these major discrepancies; however, some European governments are demanding some answers. The following can be found on the European Parliamentary web site.

On June 24th, the European Parliamentary Assembly criticized the lack of transparency and "grave shortcomings" in the decision-making processes relating to the pandemic, stating:

"The Parliamentary Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO) but also by the competent health authorities at the level of the European Union and at national level.

It is particularly troubled by some of the consequences of decisions taken and advice given leading to distortion of priorities of public health services across Europe, waste of large sums of public money and also unjustified scares and fears about health risks faced by the European public at large.

The Assembly notes that grave shortcomings have been identified regarding the transparency of decision-making processes relating to the pandemic which have generated concerns about the possible influence of the pharmaceutical industry on some of the major decisions relating to the pandemic."

They also remarked that:

"In Recommendation 1908 (2010) on lobbying in a democratic society (European Code of conduct on lobbying), the Assembly noted that unregulated or secret lobbying may be a danger and can undermine democratic principles and good governance."

For more on this topic, read the attached article, "How to Fake a Flu Pandemic and Make Billions." Here is one excerpt:

Many jumped on the pandemic bandwagon, but not everyone was fooled. As Spiegel Online reported, Polish health minister, physician Ewa Kopacz, saw through the scam and declined to buy swine flu vaccines for the country. She asked:

“Is it my duty to sign agreements that are in the interest of Poles, or in the interest of the pharmaceutical companies?”

This is not a fringe conspiracy theory that the H1N1 was sold purely for profit, ENTIRE COUNTRIES such as Poland refused to purchase them despite the WHO’s recommendations. Could this be because Poland has been “left in the shadows” over the past 2 decades and offered very little economic and political help from the rest of the European Union, leaving them “less tied” to the economic outcomes of corporate interests? The U.S. media outlets have done an incredible job of censoring this debate that is of high visibility and importance to the rest of the world.

Is the H1N1 Vaccine Safe?

Normally this is a simple question, the answer of which is supplied by the outcomes of the randomized controlled trials that were done prior to releasing the medicine. The problem is no safety studies have been done on the H1N1 vaccine; there are none...not a single one. This is the first recorded time in the history of the FDA that a drug has been given clearance without first running some sort of scientific study.

The reasons for this have been varied and extremely vague. Most revolve around “the greater good” and of course we couldn’t wait because the original estimate coming from the WHO was that 60,000 to 90,000 people in the US alone were going to die of the swine flu. However, as shown above, there was proof out of Australia before the vaccine was even distributed in North America that the H1N1 in circulation was 40 times less lethal than expected, making it one of the mildest flu seasons in 10 years.

Now, 90 million Americans who received a flu shot along with those in other countries are the study. We will learn the side effects and safety information by studying this real world population. This may take much longer than a controlled study and makes data more obscure, but, some information has already emerged. I recommend we give it proper respect and consideration while keeping in mind that nothing has been proven yet by scientific study.

Australia bans 2010-11 combined vaccine for children less than five years of age.

For the 2010-11 flu season that is coming to a close in Australia and just beginning in North America, the flu shot is now a **combination of the seasonal flu and the H1N1 vaccine** from last year. This vaccine was used this year in Australia.

In April 2010, flu vaccinations across Australia for children under the age of five were suspended after 23 children in Western Australia were admitted to hospitals with convulsions following their injections.

(From WAToday.com.au)...

"We take all reports very seriously and we believe we've acted in a very timely fashion," Dr Weeramanthri said.

"We've been monitoring the situation, we've been talking to clinicians and we've acted as soon as we can."

He said that since this year's vaccine program started a month ago, 23 children under the age of 10 had presented to Princess Margaret Hospital with convulsions related to vaccinations they had received less than 12 hours before.

Another 40 convulsion cases had been detected in the past month in children at other metropolitan hospitals and in Bunbury. Doctors are now working to determine how many of those children received the flu vaccine.

Aside from the convulsions, affected children were suffering fever and vomiting within 12 hours of their flu shots.

Dr. Richmond said researchers were trying to determine whether it was the entire vaccine, or just batches, that had caused the problems which today prompted Australia's chief medical officer to tell doctors to stop giving the vaccine to children.

This is not good science! Give the unstudied vaccine to the population, wait and see if it causes any problems, then if it does, start doing studies to find out what went wrong with your "experimental vaccine".

Finland Suspends H1N1 Vaccine

H1N1 vaccine suspended due to suspected links to increased narcolepsy in children and adolescents

(From The Epoch times - Friday, August 27, 2010)

The Finnish National Institute for Health (THL) proposed suspending vaccinations for H1N1 swine flu, due to suspected links to increased narcolepsy in children and adolescents, the body announced this week.

Six cases of narcolepsy, a chronic disorder causing excessive daytime sleepiness and extreme fatigue, have been reported after patients had been receiving the Pandemrix vaccine.

Six cases of narcolepsy are consistent with annual averages, reports THL, but all of these patients were affected after being vaccinated, and there are nine additional cases that have not yet been confirmed.

In Sweden, the Medical Products Agency started a similar investigation on Aug. 19 for the same reason.

Last winter, 29 million children in the United States were given a seasonal influenza shot that incorporates the swine flu vaccine, but according to Tom Skinner, press officer of Centers for Disease Control and Prevention, narcolepsy associated with the vaccine has not been reported.

According to Marjo Renko, chairwoman of Finland's national group of experts on vaccines, a substance was identified as possibly causing narcolepsy, but later denied it.

“There is no proof that the increase in narcolepsy would be linked with the vaccines. We do not suspect anything. This is mere speculation,” she said, according to Helsingin Sanomat.

Of course there is no proof that the vaccine could increase narcolepsy because no studies have been done on the vaccine. It is very easy to deny a relationship between two things when you have zero data on that relationship. So again, it will be several months before we have data regarding this potential side effect. Meanwhile in the U.S., we are lining up our children to receive this “experimental vaccine”.

Conclusion

I would like you to come to your own conclusions regarding the data you have been presented. I am very aware that for any of the above topics presented, you can find multiple counter arguments, usually in a ratio of 10 to 1 in favor of the counter arguments. Type “flu vaccine – children” into Google and get ready for hundreds of sites touting the effectiveness of flu vaccine in keeping kids healthy this winter. My response is always “show me the science to back up

these statements.” I am not likely to accept the conclusion of a single study funded by Big Pharma. The review studies coming from the Cochran Collaborative are shedding light on the “junk studies” being used to boast inflated benefits of a questionable medication. When “not for profit” scientists conclude that a majority of medical reports today show **“evidence of widespread manipulation of conclusions,”** does that worry you?

The data presented here is just a fraction of what is available. People on both sides of this important debate have their data to back up their convictions. I am not opposed to any information that can be presented with integrity. My hope is that we can find a common means of helping our society move towards greater health and prosperity for all. Medicine is not the enemy and I would never imply that it was. It is becoming clear, however, that our best interests were not at the forefront of the decision to sell the American people a questionable vaccine. You be the judge and make up your mind for yourself.

Volume 52, Number 3 September 18, 2003

Deaths: Final Data for 2001

by Elizabeth Arias, Ph.D.; Robert N. Anderson, Ph.D.; Hsiang-Ching Kung, Ph.D.;
Sherry L. Murphy, B.S.; Kenneth D. Kochanek, M.A.; Division of Vital Statistics

Table 10. Number of deaths from 113 selected causes by age: United States, 2001

National Vital Statistics Reports, Vol. 52, No. 3, September 18, 2003

Pages 30-33

Cause of death (Based on the Tenth Revision, International Classification of Diseases, 1992)	All ages	Under 1 year	1-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85 years and over	Not stated
All causes	2,416,425	27,568	5,108	7,094	32,252	41,683	91,674	168,065	244,139	430,960	701,929	665,531	422
Influenza and pneumonia (J10-J18)	62,034	299	112	92	181	339	983	1,801	2,704	6,650	18,677	30,191	5
Influenza (J10-J11)	257	7	6	12	7	10	6	15	21	21	56	96	-
Pneumonia (J12-J18)	61,777	292	106	80	174	329	977	1,786	2,683	6,629	18,621	30,095	5
Malnutrition (E40-E46)	3,454	2	-	2	9	13	39	99	146	347	1,025	1,772	-
Asthma (J45-J46)	4,269	10	31	99	140	233	455	603	553	634	802	709	-

Note: This is an abridged version of the complete table.

From MPR news Q

Research suggests flu vaccine doesn't prevent deaths among the elderly

By Lorna Benson, Minnesota Public Radio

April 27, 2010

(Red commentary added by Dr. Alenov for your amusement and to spark intelligent and rigorous debate over the issue of flu shots)

St. Paul, Minn. — if the main point of the nation's influenza vaccination program is to reduce deaths from flu, then the program has failed, at least among people over 65.

A growing body of research shows that because our immune systems age, flu vaccines don't work as well in the elderly - the group of people most likely to die from flu-related causes.

The revelation has been so unsettling that public health officials have not shared the information widely with the public - even though some of the early findings have been a part of the scientific literature for several years now. **Very nice! Keeping information from the public admittedly because they did not like the results of the data.**

Michael Osterholm, who directs the University of Minnesota's Center for Infectious Disease Research and Policy, Tuesday told a national conference on vaccine research that it's time to be more open about the flu vaccine and its lack of protection for the elderly. Osterholm also urged his colleagues to support attempts to create a new, effective vaccine.

"These 36,000 deaths that we keep talking about with the flu, that we want to get people vaccinated for so they don't happen, really is not going to occur. And we have to be honest about that," Osterholm said. **At least someone wants to be honest with us. How about being honest about the number of deaths (36,000???) in the first place. Should we spend billions of dollars to prevent 250 cases of life threatening influenza in the elderly per year? (See attached graph regarding the actual number of death from flu annually.)**

Part of the problem is that as our immune systems deteriorate with age, the same flu vaccination that causes our bodies to mount a strong immune response in our 20s, only elicits a weak reaction in our 60s and beyond. **Is this really the reason why it is not working in the elderly, or could it be because the vaccine simply does not work? See previous article for details.**

That weaker response might be enough to offer a little protection from flu in a healthy, older person. But the evidence suggests that it's not enough to actually prevent death among most of the frail, elderly people who die each year from flu-related causes.

Osterholm said he knows the idea that the flu vaccine doesn't prevent deaths in the elderly sounds almost blasphemous (but only to those who don't read the actual research), and he admits he didn't really want to believe it at first either. But he says the new research is incontrovertible, and that data must drive health policy. We can't hide the facts any longer from the public, now it's back to the drawing board...just please don't play this quote on the news tonight, instead tuck it away on the internet in a small piece in MPR's News Q.

"I know that some people are going to find it very challenging to basically understand that much of what we've probably done has had little impact on deaths," Osterholm said.

Osterholm said that previous studies showing that flu vaccines prevent half of all deaths in the elderly population were compromised by something known as "selection bias," A scientific way of lying so that your data says what you would like it to say meaning an error was made in selecting the people who were enrolled in the research, resulting in distorted and unreliable findings. "Selection bias" is incredibly common in research that is being done by corporations that are researching a product they happen to sell.

Lisa Jackson, a doctor at Group Health Center for Health Studies in Seattle, was one of the first researchers to challenge the idea that flu vaccines prevent half of all deaths in the elderly.

"Influenza only causes about five percent on average of deaths in seniors during winter months. So even if the vaccine was perfect, you could prevent only five percent of deaths," Jackson said. "So if you're showing a difference of 50 percent, there's something else happening there."

The first thing Jackson did was analyze the previous studies. She wanted to see if vaccinated people had a lower rate of death during times of the year when flu viruses were not circulating. She discovered that they did have a lower rate of death during those periods too.

"So that's been sort of a shocking revelation," Jackson said. (Why is it shocking that more people die during our cold harsh winters?)

Her findings meant that there was probably another factor other than getting a flu shot that lowered the risk of death among vaccinated people.

Still, the findings didn't prove that flu vaccines have no effect. To test that hypothesis, Jackson conducted another study looking specifically at pneumonia deaths. Pneumonia is a common complication of severe influenza. (Here again is the correlation between pneumonia and influenza and the reason CDC reports the death from both combined.)

Jackson tried to eliminate the problems that previous researchers had with selection bias, by rejecting patients who had compromised immune systems. She also reviewed patient records to make sure that her study subjects truly had pneumonia, and included people in her study that had been treated for pneumonia as outpatients, in addition to those treated in the hospital.

After adjusting for all of those factors, Jackson found there was no difference in the number of pneumonia deaths between people who got the vaccine and those who didn't. (This is not

surprising because in the elderly pneumonia is a common end of life infection and will be the recorded "cause of death" even though you had 20 other things wrong with you. In other words you will die whether or not you have the flu; it makes no difference at this age.)

"So I think we've done the best that you can do and we did not see an effect," Jackson said.

Jackson's findings were not well received. Two U.S. research journals rejected her pneumonia paper, before the British journal "The Lancet" finally agreed to publish her study.

In the years since, it has gotten a little easier to challenge the effectiveness of the flu vaccine as more research emerged that supports Jackson's findings. But the issue is still unsettled for some researchers.

"You know if everybody says that the sky is blue, the sky is blue and then you get a paper submitted that says the sky is green, people question you more and they're a little bit more reluctant," said Kris Ehresmann, who directs the Infectious Disease Epidemiology, Prevention and Control Division at the Minnesota Health Department. (Do you see how hard it is to go against the status quo, even after it has been proven to be completely false?)

Ehresmann said Jackson's data is good data but it makes her job harder. (Insert the sounds of tiny violins here.)

"I welcome the data as a scientist," Ehresmann said. "But as someone that also does communication and public messaging, that's the part that doesn't welcome it as much, just simply because it makes it more complicated for trying to convey things to the public." (Translation: It's not fun to tell millions of people that we were wrong big time when they put their blind trust in us.)

Ehresmann is worried that if the data are publicized, people will think there is no reason to get a flu vaccination. She says there is strong research showing that flu vaccines are very effective among younger people. (Please read attached article regarding this statement.) And for those over age 65, she says the vaccine likely has some effect at preventing flu - especially among healthier older people. This statement is complete conjecture, there is no evidence to back up this statement and is typical of people in this position who need to deflect all the bad news.

Dr. Ed Belangia with the Marshfield Clinic in Marshfield, Wisconsin agrees. He studied vaccine effectiveness in the elderly and in children. While his research reported widely varying results, ranging from 10 percent effectiveness to just over 50 percent during a three-year period, he says it's clear that the flu vaccine is better than nothing. Why no mention of vitamin D? Studies have been surfacing for over two years now showing that vitamin D can dramatically increase your immune systems strength and decrease your chances of becoming sick with cold's and flu's. (See aforementioned article)

"None of us are saying that the current vaccine is no good or doesn't work," Belangia. "It's just that it doesn't appear to work as well as we thought and we need to look at how we can improve it." Translation: This shot still does a great job of keeping "completely healthy people" from

dying from a virus they had no risk of dying from to begin with. However, for the people who are dying from it, (the elderly), it doesn't seem to do a single thing.

That's also the message that Osterholm took to a national gathering of vaccine researchers in Bethesda, Maryland.

"The bottom line message is we need new and better vaccines that are going to work more effectively in the elderly," Osterholm said.

Osterholm said there is promising work already underway to identify a new type of flu vaccine. He's part of a group of researchers looking at what it will take to make the vaccine a reality.

In the meantime, a new high potency flu vaccine has been approved for people over age 65. It's essentially a double dose of the regular vaccine. It will be available this fall. **In actuality it is 4 times the dose of the regular flu shot and there is not one study indicating that this will work any better than last year's shot. This is very clearly another deflection attempt.**

How many of those elderly getting the flu shot this year will be told the dose is 4 times the amount they had last year and that they are giving them an "experimental vaccine"? The CDC has admitted that all studies on this new vaccine we are giving the elderly this year will not be concluded till late next year after the flu season has ended. How many will be told that all the flu shots they have had in the past 10 years have offered no protection to them? How many of you heard anything regarding this important story before reading this article?

How to Fake a Flu Pandemic and Make Billions

(From Spiegel Online March 12, 2010)

When the swine flu first emerged, World Health Organization officials estimated that between 2 and 7.4 million could die. The panic that ensued mounted worldwide vaccination programs while government agencies prepared for disaster.

But as the world now knows, swine flu was actually relatively harmless ... and the deadly “pandemic” never emerged. As it turns out, those who suspected a greed and money-driven conspiracy was at play may have been right all along.

As the German magazine Der Spiegel reports, the swine flu pandemic of 2009 may have been engineered by the drug companies:

“In mid-May, about three weeks before the swine flu was declared a pandemic, 30 senior representatives of pharmaceutical companies met with WHO Director-General Chan and United Nations Secretary General Ban Ki Moon at WHO headquarters.

The vaccine industry was mainly interested in one question: the decision to declare phase 6.

Phase 6 acted as a switch that would allow bells on the industry's cash registers to ring, risk-free, because many pandemic vaccine contracts had already been signed. Germany, for example, signed an agreement with the British firm GlaxoSmithKline (GSK) in 2007 to buy its pandemic vaccine -- as soon as phase 6 was declared.”

Many jumped on the pandemic bandwagon, but not everyone was fooled. As Spiegel Online reported, Polish health minister, physician Ewa Kopacz, saw through the scam and declined to buy swine flu vaccines for the country. She asked:

“Is it my duty to sign agreements that are in the interest of Poles, or in the interest of the pharmaceutical companies?”

The Following are comments from Dr. Mercola: Mercola.Com

I remember very well when last year on June 11, the World Health Organization (WHO) raised its swine flu pandemic alert from a 5 to a 6. Already by this time the swine flu virus was showing itself to have mild symptoms, quick recovery time, and low incidence of death among the vast majority of H1N1 patients throughout the world.

Yet all the drug companies needed to begin shipping out their profitable new H1N1 vaccine across the world was for the swine flu to be kicked up one notch, from a phase 5 to a phase 6 pandemic ... and that is exactly what they got.

How Did a Mild Flu Virus Get the Highest Warning Level Available?

Phase 6 is the highest warning level that indicates a pandemic capable of widespread human infection.

However, in reality, the word 'pandemic' only means that a new virus is spreading across the world. It says nothing about its level of physical danger, but that was not always the case.

WHO actually changed their definition of a pandemic just one month before raising the swine flu alert level.

As Spiegel Online reported:

"On the WHO Web site, the answer to the question "What is a pandemic?" included mention of "an enormous number of deaths and cases of the disease" -- until May 4, 2009. That was when a CNN reporter pointed out the discrepancy between this description and the generally mild course of the swine flu. The language was promptly removed."

So the swine flu only became a "pandemic" because the WHO decided to change the definition in May last year to make it no longer necessary for an enormous amount of people to have contracted an illness or died before a pandemic could be called.

Instead, under the new definition, it doesn't matter how many, or how few, people are affected. All a disease has to do to be labeled a pandemic is move beyond a few countries' borders.

So in mid-May 2009, just weeks before the swine flu was declared a pandemic, what do you think the 30 senior pharmaceutical company representatives wanted to discuss when they met with WHO Director-General Chan and United Nations Secretary General Ban Ki Moon at WHO headquarters?

By changing the definition, nations were compelled to implement pandemic plans and to purchase H1N1 flu vaccines – some already had existing contracts in place to do so! In the blink

of an eye, this enabled drug companies to pocket billions of dollars on fast-tracked, untested vaccines.

Swine Flu Hysteria

In the beginning, even before it was declared a level 6 pandemic by WHO, a group of “scientists” were sounding the alarm that this might indeed be the terrifying, deadly pandemic they had been expecting for over half a century.

We were told that young, healthy people, pregnant women and small children were falling ill and quickly dying, and the virus was spreading rapidly. They even suggested it could mutate into an even more dangerous form that could kill countless numbers of people.

The drug companies, of course, also played a role in keeping up this mounting hysteria. According to Spiegel Online:

“The pharmaceutical industry was particularly adept at keeping this vision alive. Manufacturers of flu remedies and vaccines even funded a group of scientists devoted solely to this issue: the European Scientific Working Group on Influenza, which regularly held conferences and meetings of experts.

The lobbying group was headed by Albert Osterhaus of the Erasmus Medical Center in Rotterdam, who also happened to be one of the WHO's most influential advisors on influenza vaccines.”

The Scam, Exposed

The scare phenomenon ... the scare machine ... the fear mongering that took hold of much of the world last year as government officials spread panic in the form of inaccurate swine flu statistics and worst-case scenarios turned out to be a major scam.

It started to come out in late 2009 when British and French media began saying the [H1N1 pandemic had been "hyped" by medical researchers](#) to further their own cause, boost research grants and line the pockets of drug companies.

Ontario health officials also [declared H1N1 a “dud” pandemic](#), stating the huge government investment made so far may have been unjustified. And a study by researchers at Harvard University and the Medical Research Council Biostatistics Unit in the U.K. also found that [the “pandemic” was never a cause for alarm](#).

After analyzing H1N1 deaths in the United States in the spring, then projecting outcomes for this past fall, they found the flu season should have been no different than a typical flu season -- and possibly even milder than average!

A Faked Pandemic!

On January 4, 14 members from 10 countries in the Council of Europe stunned the world by calling H1N1 a FAKED pandemic!

In a motion asking the council to investigate the declaration of H1N1 as a pandemic, these members accused pharmaceutical companies of faking the pandemic and farming it out to the world, so they could fill their pockets with the proceeds:

“In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide.

They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.”

The motion, spear-headed by Dr. Wolfgang Wodarg, chairman of the Parliamentary Assembly of the Council of Europe (PACE), goes on to say:

“The “bird-flu“-campaign (2005/06) combined with the ‘swine-flu’-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies. The definition of an alarming pandemic must not be under the influence of drug-sellers.

The member states of the Council of Europe should ask for immediate investigations on the consequences at national as well as European level.”

In the United States, we should be doing the same thing, by demanding a call to action for complete, detailed accountings from the CDC, the FDA, the Advisory Committee on Immunization Practices (ACIP) and all health agencies and academic researchers and scientists who have stakes in any drug that is mass-marketed.

At the very least, this swine flu fiasco will likely make many Americans think twice before standing in line for an experimental vaccine against a very mild disease.

As for how it will impact the workings of the public health agencies ... well, that remains to be seen. As it stands, as of April 9, 2010 the U.S. CDC is STILL recommending Americans get vaccinated for 2009 H1N1.

Outrageous, yes, but true nonetheless.