vScience Bites Radio

small bites you can remember
to bite them in the behind

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Influenza and Influenza Vaccines – PART 2

(full course available at www.VaccineU.com)

In Week 1 Review:

1. The Illness – remember how influenza differs from sinus infections – and how it is NOT "stomach symptoms!"
2. The History of the Influenza Vaccine – started in 1936. Today it is NOT a match; it's man-made
3. The Vaccine ingredients: TritonX100, polysorbate80, gelatin, latex …and thimerosal.

We also looked at a few of hundreds of studies showing harm caused by flu shots. In fact, it's the LARGEST section in the TRL.com

Today in Part 2, we'll take a look at a few studies that show how flu shots cause harm:

March 7, 2019 – Journal: Vaccine - Abstract.

Post-licensure surveillance of Fluad, (VAERS), United States, July 2016–June 2018
https://www.sciencedirect.com/science/article/pii/S0264410X19301288
http://www.TenpennyResearchLibrary.com - **has an entire PAGE on Fluad.**

The trivalent influenza vaccine, Fluad, was approved in the United States in 2015 for adults aged ≥65 years and has been in use since the 2016–17 influenza season. It is the only vaccine that contains the Squalene-based adjuvant, MF59.

"VAERS received 630 reports after Fluad, of which 521 (83%) were in adults aged ≥65 years; 79 in persons <65 years and in 30 reports, the

age was missing. Of these,19 reports were serious, **including two deaths** related to **myocardial infarction and Sjogren's syndrome**.

The most common AEs reported in adults aged ≥65 years were injection site pain (21%) and erythema (18%), similar to the regular flu shot. **Except for reports related to vaccination of inappropriate age (n = 79) and syringe malfunction** (n = 6), **data mining did not identify other disproportionately reported AEs.**

I want to say a little about MF59 – back in July our vScienceBites were on PROBLEMATIC INGREDIENTS - but we really didn't say anything specific about MF59. – SEE ARCHIVES AND SEE VaccineU.com for "problematic ingredients bundle"

> How MF59 increases the production of antibodies remains unclear. We know that MF59 rapidly recruits macrophages, granulocytes and monocytes into the injection site. And we also know that MF59 changes the behavior of a cell by changing its lipid metabolism. **AND we know that MF59 is capable of switching on at least 891 genes**. **It is the most potent activator of all adjuvants tested** so far.
>
> Even more frightening is that scientists don't really know what these "activated genes" really do and cannot predict the long term effects of MF59 on humans – Each human has different genes and are different ages. Can these gene activations associated with a short or long term effect? Can this later result in demyelinating or autoimmune disease? No one seems to know and now one really seems to care.

July 26, 2013 – BMC Infectious Disease - FULL TEXT
Selection of an adjuvant for seasonal influenza vaccine in elderly people: modeling immunogenicity from a randomized trial
https://bmcinfectdis.biomedcentral.com/articles/10.1186/1471-2334-13-348

Participants were randomized (~200 per group) to receive the influenza vaccine, Fluarix, that was given as a plain vaccine (non-adjuvanted) or formulated with eight different adjuvants: Squalene, Tocopherol oil-in-water, Adjuvant System ($AS03_C$, $AS03_B$ or $AS03_A$) PLUS the immune-stimulant MonoPhosphoryl Lipid A (MPL-A).

During the **21-day follow-up** period, 19 participants reported 25 SAEs:

- Two participants (1 each in the $AS03_B$ and $AS03_B$-MPL50 groups) withdrew from the study due to atrial fibrillation/ischemic stroke and myocardial infarction) ***that were not related to vaccination.***
- One SAE (chest pain) was **possibly** causally related to vaccination, since the chest pain started on the day of vaccination ($AS03_B$-MPL50).
- Between Days 21 and 179, 112 participants reported 134 SAEs. There were **4 fatal SAEs** during this time, ***none of which were considered to be related to vaccination***
- For systemic symptoms, between **30.9% and 57.1%** of participants reported a symptom from vaccine groups,
- **CONCLUSION:** Five formulations containing $AS03_A$ or $AS03_B$ with or without MPL were considered to be potential candidates to improve immune responses to seasonal influenza vaccine in older adults.