

vScience Bites Radio
*small bites you can remember
to bite them in the behind*

Date: January 23, 2020

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The Shingles Vaccines: Part 2

Review of Shingles:

1. History of chickenpox – and why we now have shingles epidemic
2. Historically, only occurred in immunosuppressed persons.
3. Shingles Prevention Study ...showed it really didn't prevent!

Article:

July 2013 – Journal: PLOS (Full Text)

“Herpes Zoster Vaccine Effectiveness against Incident Herpes Zoster and Post-herpetic Neuralgia in an Older US Population: A Cohort Study.”

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001420>

Study: 5% random sample of 766,330 individuals aged ≥ 65 years separated into two groups: Those who received and did not receive zoster vaccination between January 1, 2007 and December 31, 2009.

Results:

- Vaccine effectiveness against shingles in immunocompetent individuals was 48%.
- Vaccine effectiveness against shingles among immunosuppressed individuals was 37%.
- Finally, vaccine effectiveness against post-herpetic neuralgia was 59%.

Article:

Nov. 2017 – Journal – VACCINE (Full text)

“Herpes zoster vaccine live: A 10-year review of post-marketing safety experience.”

<https://sci-hub.tw/10.1016/j.vaccine.2017.11.013>

Following 10 years of post-marketing use, a total of 23,556 reports, **containing a total of 45,898 AEs, were reported.** All post-marketing adverse experience reports received worldwide between May 2, 2006 and May 1, 2016 from healthcare professionals following vaccination with zoster vaccine and submitted to Merck's global safety database, were analyzed.

Results: A total of 23,556 AE reports, **93% non-serious**, were reported.

Specifically: “A total of 45,898 adverse events (AEs) were reported. 93% were non-serious. **4,607 (8.5%) were serious. More than 3800 persons contracted shingles from the vaccine with two deaths and 36% did not recover, meaning, they most likely went on to develop post-herpetic neuralgia.**

Injection-site reaction (ISR) – 4,355 reports – erythema, swelling, pain warmth, pruritis. Median time to onset was 2 days. Of the 74% of reports with outcome reported, **61% recovered.**

- **Herpes zoster (HZ) – 3,810 reports** has developed shingles after immunization (**3943 AEs; 373 were serious**). Time to onset varied from **two weeks (53%) to six weeks (65%)**. Of the those with an outcome reported, **64% recovered**. There **two reports of death with shingles (HZ) listed as the cause of death.**
- **Varicella and Varicella-like rash** – There were **221 reports** of varicella rash after the immunization. **29 were listed as serious.**
- **Rash** – There were **1922 reports** of one or more rash terms that were non-shingles and non-chickenpox rash. Of these, 185 were listed as serious. Of those reported, **66% recovered.**
- **Hypersensitivity-anaphylaxis** – there were **190 reports** of adverse events and 80 serious adverse events reported with the median onset **3 days post vaccination.**
- **Disseminated herpes zoster** – there were **19 AEs and 14 Serious AEs** suggesting of disseminated herpes zoster with four reports of **visceral (internal organ) involvement**. Vaccine-strain virus (VSV Oka/Merck) was confirmed by PCR analysis. Of the 14 reports without visceral involvement, 4 had immunocompromised conditions and/or concomitant use of immunosuppressive therapies.
- **Ophthalmic HZ HZO** – (shingles around the eye) – **141 reports, 32 were serious**, with the median age of 71 years. Median time to onset was 56 days post vaccination. **63% recovered.**
- **CNS experiences** – **498 reports**, with 100 serious, involved central nervous system side effects. The most common was headache, followed by **encephalitis and ataxia**. Acute disseminated encephalomyelitis (**ADEM**) was reported in **three persons**. The median time to onset of CNS events was two days post vaccination.
- **Herpes zoster Oticus (Ramsy Hunt syndrome)**– **14 events of HZ Oticus**, palsy of the VIIth cranial nerve. Median time to onset was **18 days**. Of those reporting an outcome, **4 of 9 recovered.**
- **Fatal outcome reports** – There were **74 deaths** that were deemed to be temporal, but not causally associated with shingles vaccination. Study investigators related to the reports were related to pre-existing conditions (cardiac) or immune compromise.

Disseminated herpes zoster can be deadly; ADEM can be deadly; herpes zoster ophthalmicus can cause blindness. There were 74 deaths that were dismissed as “not associated” – but who knows for sure? Consider these ramifications with a vaccine that at best prevents shingles 50% of the time.

What To Do Instead

Vitamin C is a first-line antioxidant to protect against viral illnesses. The higher the blood levels of vitamin C, the more shingles can be avoided. It is well known that when a person is ill, much higher doses of vitamin C can be administered. By taking oral vitamin C ascorbates daily – as much as can be tolerated – is one of the best ways to keep the herpes zoster virus in check. I recommend powdered ascorbates so it can be dosed easily for all persons in the family.

An oral protocol recommended by The Vitamin C Foundation suggests starting with 3,000 mg powdered vitamin C ascorbates. Repeat the dose every 30 to 60 minutes until you experience a single episode of loose stool (not quite diarrhea). At that point, reduce the dosage to 2,000 mg and take a dose every hour until the illness or symptoms have been relieved. If you have access to an IV program, the pain of shingles and PHN can definitely be modulated and perhaps quickly eliminated with [intravenous vitamin C](#).

[A case report](#) of two patients (females aged 67 and 53 years) who were diagnosed with shingles and PHN received 15 gm of vitamin C intravenously every second day over a period of two weeks. Sudden and total remission of the neuropathic pain was observed and the skin lesions were completely resolved within 10 days.

The shingles vaccine is one of many the mainstream establishment will be pushing on seniors over the next few years to reach the vaccination goals set by [HealthyPeople 2020](#). Knowing the risks of side effects and the *lack of benefit* from Zostavax should help you to stand firm on your decision to Just. Say. NO.