

Influenza and Its Enemies

by Dennis Behreandt

According to the Centers for Disease Control, the flu sickens over 200,000 people each year and kills 36,000 more. To fight this menace and to raise awareness about the availability of the flu vaccine, the Department of Health and Human Services declared the week of November 27 to December 3 to be "National Flu Vaccination Week."

In the press release announcing "Flu Vaccination Week," HHS noted that the United States has up to 115 million doses of influenza vaccine on order and that the vaccine "is especially recommended for those 50 and older, those with chronic illnesses, pregnant women, children 6 months until their 5th birthday, health care workers, and household contacts and caregivers of high-risk persons." Moreover, HHS pointed out, flu vaccination is "a smart choice for anyone wishing to avoid becoming sick — or spreading illness at home, the office, or on holiday visits with friends and family."

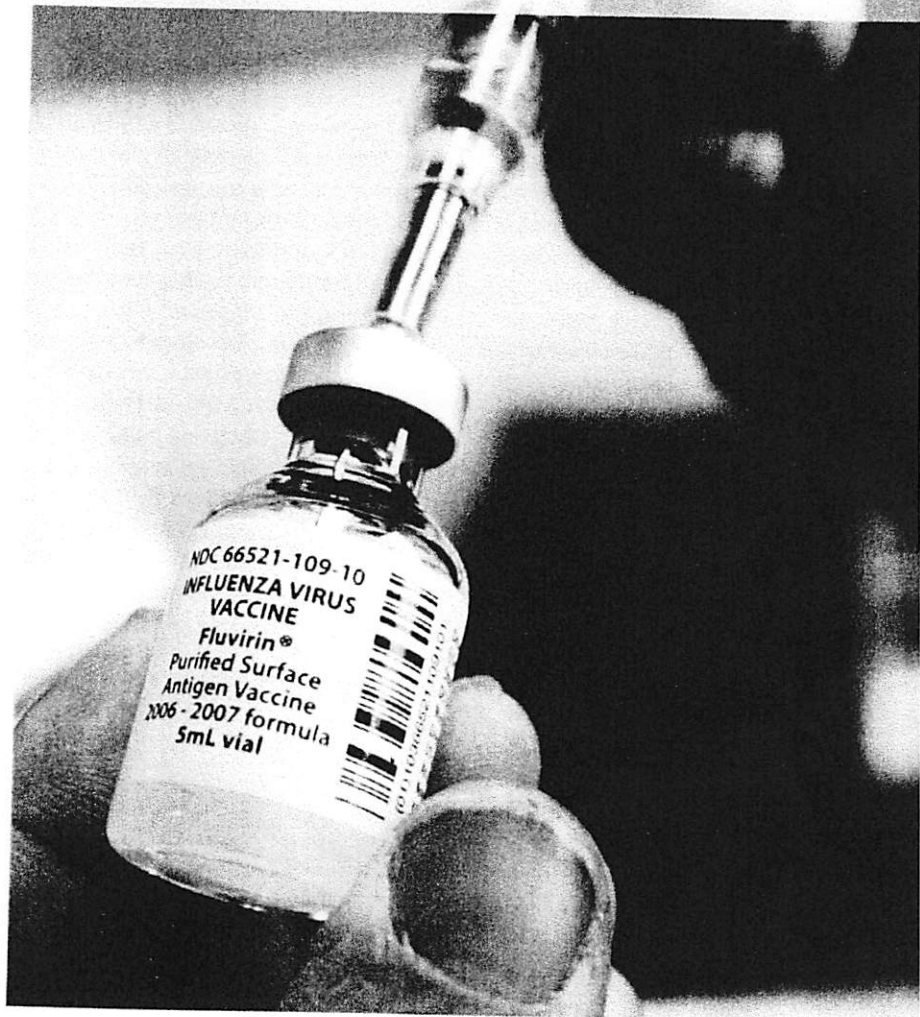
That's the conventional wisdom anyway. But what if the flu vaccine was largely irrelevant? While vaccinations, when used appropriately, have proven to be remarkably effective in fighting a number of debilitating illnesses, the flu vaccine may not be nearly so effective.

The Wages of Mutation

To get a better picture of how well flu vaccines may work, it helps to understand a little bit about the virus that causes the disease. Influenza is caused by a family of viruses known in scientific literature as orthomyxoviruses. These are tiny little pirates, usually spherical in shape and no more than 80 to 120 nanometers in diameter. In order to spread, these tiny pirates invade host cells and hijack the cell's internal machinery, forcing it to produce the bits and pieces needed to make new viruses. When these are assembled into new viruses, they exit the host cell and move on.

Fortunately, the body's immune system

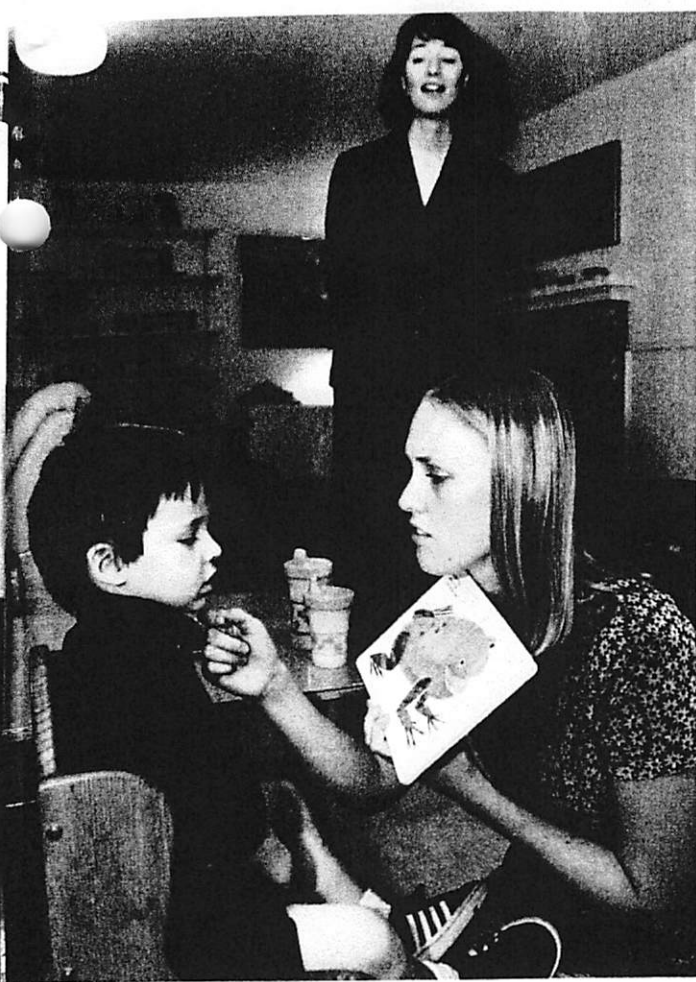
Government badly wants Americans to line up for annual flu shots, but though highly touted, there are indications the vaccines may not be as effective as advertised.



can usually detect and destroy viruses, after it learns to recognize them. The practice of vaccination takes advantage of this immune response by introducing either dead or very weakened viral elements into the body. After the vaccination, the immune system learns to recognize the viral matter that has been introduced and is able to respond effectively should a real infection occur.

The trick to this is that the immune system can only respond to what it recognizes, and orthomyxoviruses have a nasty habit of mutation.

The influenza virus' propensity for change makes it hard to create a vaccine that will prove fully effective. "In order to give time for adequate vaccine stocks to be produced, a decision must be made, usually in about August, as to which ... type



AP Images

Mercury poisoning: Three-year-old William Mead works with speech therapist Jen Jones while his mother looks on. The Meads became part of a lawsuit that claimed that children developed neurological problems as a result of mercury poisoning after receiving vaccines containing thimerosal, a preservative made largely of the heavy metal.

to use for this year's vaccine (for the winter season)," reports virologist Alan Cann, whose lecture notes on the influenza virus have been posted online by Tulane University. "There is an elaborate and sophisticated epidemiological monitoring system worldwide, which helps these decisions," professor Cann says, but "because of the capricious nature of influenza virus, the right decision which gives truly effective protection is only made about one year out of two."

The Dark Side of Vaccination

Though flu vaccines may not always prove maximally effective, there are concerns that they may actually be dangerous, particularly for children. According to data published by the Institute for Vaccine Safety at the Johns Hopkins Bloomberg School of Public Health, three varieties of the 2006/2007 influenza vaccines contain thimerosal. With mercury, a toxin, making up about 50 percent of thimerosal, that means that a per-

son receiving a flu vaccination with one of the vaccines containing the compound receives 12.5 micrograms of mercury. In an article for the *Kansas City Star*, reporter Judy L. Thomas notes that "the flu shot given many babies today contains 12.5 micrograms of mercury — 14 times the daily amount considered safe by the EPA for a child weighing 20 pounds. Young children routinely are given a second 12.5-microgram dose a month later."

Nevertheless, the medical establishment maintains thimerosal is safe. According to the American Academy of Pediatrics, for instance, "No scientific data link thimerosal used as a preservative in vaccines with any pediatric neurologic disorder, including autism." Still, some physicians see a correspondence between the

use of mercury-containing substances and conditions like autism and Alzheimer's.

In an article for the libertarian website *LewRockwell.com*, Dr. Donald Miller, a surgeon at the University of Washington Medical Center, noted: "Autism was discovered in 1943, in American children, twelve years after ethyl mercury (thimerosal) was added to the pertussis vaccine. (The disease was not seen in Europe until the 1950s, after thimerosal was added to vaccines used there.)" Other researchers have linked mercury from thimerosal with the onset of Alzheimer's disease in adults. One is Dr. Hugh Fudenberg, presently head of the Neuro Immuno Therapeutics Research Foundation, who told a vaccine conference in 1997, "If an individual has had 5 consecutive flu shots between 1970-1980 (the years of the study) his/her chance of developing Alzheimer's Disease is 10 times greater than if they had one, two or no shots." THE NEW AMERICAN contacted Dr. Fudenberg to investigate the

accuracy of this quote and to ask if he had changed his mind since 1997. In an e-mail reply, Dr. Fudenberg, who is widely cited in medical and scientific literature, did not dispute the accuracy of the quote.

Those Mortality Figures

Questions also surround those 36,000 deaths the CDC says the flu causes each year since that number does not match other data reported by the CDC. According to the *Kansas City Star*, "The CDC's National Center for Health Statistics ... reports that 727 persons died of influenza in 2002." More recent data seems to confirm a continued low rate of mortality from the flu. According to the CDC's "Deaths: Preliminary Data for 2004," published in *National Vital Statistics Reports Volume 54*, Number 19, dated June 28, 2006, only 1,265 people died from the flu in 2004. The number was 1,792 in 2003. Only when flu stats are paired with mortality numbers from pneumonia do the statistics take on a more alarming character. When paired, influenza and pneumonia together caused 61,472 deaths.

Why the staggering discrepancy? According to the CDC, it's a guess. "The way they try to look at the deaths associated with influenza is they look at deaths during a certain time of year and due to certain causes and how it exceeds the deaths that occurred from those causes during the noninfluenza time of year," the CDC's Jeanne Santoli told the *Kansas City Star*. "So they look at the excess and estimate those are the number of deaths."

Does this mean that the flu shot doesn't matter? Maybe the best way to answer that question is by looking at the behavior of healthcare professionals themselves. By and large, they seem to be avoiding the flu shot. According to the journal *Nursing2006*, "Although the CDC has long urged health care workers to get the annual flu vaccine, less than 40% do so in a typical year." And it's not just American healthcare professionals who avoid taking the shots. According to the *Sunday Times* of London, a recent study of one large hospital in Dublin, Ireland, found that less than one-third of hospital workers there sought out the vaccine. According to the Dublin study, those who didn't get the shot "said it was because they had concerns over its safety and possible side-effects." ■