

VACCINATION RISK AWARENESS NETWORK INC

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Dec 9, 2012

Rachel Bard, Chief Executive Officer
Barbara Mildon, President
Canadian Nurses Association
50 Driveway
Ottawa, ON K2P 1E2

(Sent by Fax and email.)

Dear Ms Bard and Ms Mildon:

Re: *Position Statement on Influenza Immunization of Registered Nurses, Nov 2012.*
Vaccination Risk Awareness Network Inc (VRAN) is an independent, not-for-profit Canadian volunteer organization which advocates non-coerced, fully informed consent to vaccination. Because of this, we are writing today to ask that you withdraw your Position Paper immediately.

VRAN agrees with many of the statements made to you in Nov 29th letters by the Canadian Federation of Nurses Unions and the BC Nurses Union and in the Dec 4th letter by the Ontario Nurses' Association. In particular, we agree that the most recent and rigorous science (Cochrane Review 2010 and CIDRAP Analysis/Osterholm et al *Lancet* study 2012) provides no basis for mandating flu shots for nurses.^{1,2}

However, there are several other important reasons flu shot mandates are not warranted. On pg 3 of your Position Paper you cite reasons why nurses may not receive influenza vaccine: "...*misrepresentation of the risk of contracting influenza, lack of knowledge about the possible severity of the disease or even misrepresentation about the transmission of influenza to patients.*" We understand you to imply by this that there is a high risk of contracting influenza, that the possible risk from influenza may be underestimated, and that, unless nurses are vaccinated, transmission of influenza to patients will be considerable.

But, influenza is a minor disease in terms of incidence. The 'Plain language summary' of the 2010 Cochrane Review states: "*Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or serious illness. At best, vaccines might be effective against only influenza A and B, which represent about 10% of all circulating viruses*"¹ FluWatch statistics for Canada corroborate this Cochrane summary. The Canada Communicable Disease Report (CCDR) for the 2005-2006 influenza season states: "*Over the 10 seasons from 1996-1997 to 2005-2006, the percentage of positive influenza tests has been below 10% (range 5.8% to 8.7%) when influenza seasons were typically*

characterized by mixed influenza A and B activity or a predominance of influenza B activity.”³

The annual death rate from influenza and possible complications has never been determined, but is probably much lower than public health authorities estimate. The Public Health Agency of Canada estimates that, “*every year, between 2,000 to 8,000 Canadians die of flu and its complications.*”⁴ But when Dr Kumanen Wilson, Canada Research Chair in public health policy at the University of Ottawa, was asked by CBC if statistical models used for estimating the death toll exaggerate the results, he admitted: “*These are complicated models. There are multiple ways to calculate the information. Five different analysts with the same data can come up with five different estimates.*” When Dr Tom Jefferson of the Cochrane Collaboration was asked, he replied, “*How many die every year? Answer: maybe 300 or maybe 9,000... The only mortality estimates which have any credibility are those based on post mortem examinations and tests which have been done before death.*” But, of course, autopsies and tests are rarely done. Jefferson also questioned the reliability of the category, ‘death due to influenza complications’: “*If someone already extremely fragile with heart or lung disease is tipped over the edge with a flu infection, is that a flu death, or a heart death or a lung death?*”⁵ (Please also see ‘Hyping influenza deaths’ at <http://vran.org/in-the-news/hyping-influenza-deaths/>.)

It’s never been shown that flu shots prevent influenza transmission. The CIDRAP Analysis, pgs 28-29, states “*it remains unclear whether or not herd immunity plays a significant role in influenza prevention and control.*” The 2010 Cochrane review states: “*Influenza vaccines have a modest effect in reducing influenza symptoms and working days lost. There is no evidence that they affect complications, such as pneumonia, or transmission.*” Furthermore, concerning the studies reviewed it warns: “*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*”.¹

We suggest that this warning likely also applies to at least some of the studies you have referenced in your Position Statement. And on pages 21-23 of the 2012 CIDRAP Analysis another reason is given for likely overestimation of flu shot effectiveness: serology tests are unreliable in detecting influenza in persons who’ve received flu shots. In fact, in Table A1 (starting on page 139), Osterholm et al list 145 studies which were excluded from their 2012 *Lancet* study, many because “*Influenza cases were not systematically evaluated by RT-PCR and/or viral culture only*”. In fact, for that very reason they excluded four of the studies you list as references:

Hayward AC et al, 2006 *BMJ*, 333 (7581), 1241.

Lemaitre M et al, 2009 *Journal of the American Geriatric Society*, 57 (9), 1580-1586.

Potter J et al, 1997 *Journal of Infectious Diseases*, 175 (1), 1-6.

Wilde JA et al, 1999 *JAMA*, 281 (10), 908-913.

Influenza vaccine adverse events, including serious ones, are likely much more common than health authorities admit. This is because: (a) Even in the six provinces where laws require reporting of all such events which may be related to vaccines, those laws are not enforced. (b) It's likely that many health care consumers are unaware they can report or how to report, or even that vaccines can harm. (c) The parameters within which adverse events may be considered vaccine-related are much too narrow, especially considering that some chronic conditions are slow to develop. (d) Since (with the exception of some knowledge regarding the immune system) very little is known about how vaccines may act within our bodies, the scope of our knowledge of possible vaccine adverse events is probably quite limited. (e) Recent investigations by Bruser and Bailey regarding drug adverse events and Health Canada's apparent lack of concern make us further question the reliability of Canada's monitoring and recognition of vaccine adverse events.^{6,7}

In summary, although much reliable data is lacking, it appears there's little need for flu shots for anyone, not just nurses. And, even if there were a need, there's little evidence the shots would be effective. In light of this and the lack of information about adverse events, VRAN suggests that both flu shot mandates and taxpayer funded flu shot programs are highly unethical; they should be dropped and their funding used for much more pressing healthcare needs.

We appreciate your consideration of this and look forward to your response.

Sincerely,

Susan Fletcher, President VRAN

Cc Linda Silas, President CFNU; Maggie Danko, President CNSA; Debra McPherson, President BCNU; Linda-Haslam-Stroud, President ONA.

References:

1. Jefferson T, Pietrantoni C, Rivetti A, Bawazeer GA, Al-Ansary L, Ferroni E. Vaccines to prevent influenza in healthy adults. *The Cochrane Library* (Cochrane Acute Respiratory Infections Group) 2010; DOI: 10.1002/1465 1858.CD001269.pub4. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001269.pub4/abstract>
2. Osterholm MT, Kelley NS, Manske JM, Ballering KS, Leighton TR, Moore KA. The Compelling Need for Game-Changing Influenza Vaccines: An Analysis of the Influenza Vaccine Enterprise and Recommendations for the Future – Executive Summary. 2012 (includes *Lancet* study in Appendix B). <http://www.cidrap.umn.edu/cidrap/files/80/ccivi%20report.pdf>
3. Influenza in Canada: 2005-2006 season. *CCDR* 1 Feb 2007; Vol 33; No 03. <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/dr3303a-eng.php> (see 'Discussion')
4. 'Influenza immunization – “the flu shot”'. PHAC, accessed Dec 7, 2012. <http://www.phac-aspc.gc.ca/im/iif-vcg/index-eng.php>

5. 'Flu deaths reality check: credibility of flu models disputed by Kelly Crowe. CBC News; Nov 25, 2012. <http://www.cbc.ca/news/health/story/2012/11/22/flu-deaths-crowe.html>
 6. 'ADHD drugs suspected of hurting Canadian Kids' by D Bruser and A Bailey. Toronto Star; Sept 26, 2012. <http://www.thestar.com/news/canada/article/1262220>
 7. 'Canada brushes off reports of serious side effects' by D Bruser and J McLean. Toronto Star; Oct 29, 2012. <http://www.thestar.com/news/canada/article/1278841-health-canada-brushes-off-reports-of-serious-side-effects>
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