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To the Attention of:

Michelle Richardson

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Keith Bonnell

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Dear Ms. Richardson and Mr. Bonnell

I am responding to the recent posting by Ms. Elizabeth Payne in the Ottawa Citizen - **Flu shot dramatically reduces the risk young children will be hospitalized** (November 17, 2017). <http://ottawacitizen.com/news/local-news/flu-shot-dramatically-reduces-the-risk-young-children-will-be-hospitalized>

Ms. Payne and the Ottawa Citizen continue to offer a narrow and distorted perspective of the safety and effectiveness of vaccination.

Title is Deceptive

Firstly, the title of the article is deceptive. The title definitively states that the influenza vaccine *"dramatically reduces the risk young children will be hospitalized"*. Yet the conclusion in the article is much more cautious in its claim. It states the hospitalizations *"could be significantly reduced with widespread uptake of the annual flu vaccine, the research suggests"*.

It is dishonest to make a definitive statement in the title when the reported evidence does not support such a statement.

Competing Interests Not Reported

Payne also fails to acknowledge the competing interests of the researchers that ought to be considered when evaluating the potential for bias of industry-funded studies. I have copied the competing interests for this study below:

Competing interests: *I have read the journal's policy and the authors of this manuscript have the following competing interests: JBG has received research grants from GSK and Hoffmann-LaRoche for antiviral resistance studies, and from Pfizer Inc. to conduct microbiological surveillance of Streptococcus pneumoniae. AJM has received research funds from GSK and Sanofi-Pasteur. MS has received research grants from Janssen Canada for respiratory virus clinical trials. DT has received research grants from GSK for influenza burden studies and payment for the development of an online course on influenza immunization from Family Physician Airways Group of Canada.*

Payne Ignores Body of Evidence

Finally, Ms. Payne is either unaware or willfully chooses to ignore the significant body of evidence that indicates the influenza vaccine is neither as safe nor effective as claimed.

Influenza Vaccine Ineffective

The fact is the influenza vaccine is recognized as the least effective vaccine product on the market. The vaccine used in the 2012-2013 'flu season' was only 27% effective. The 2014-2015 influenza vaccine was only 23% effective. During the 2016 'flu season' the CDC removed FluMist from the US market because it was found to be only 3% effective. Canada continued to endorse its use in spite of its ineffectiveness.

The Cochrane Collaboration, the world's foremost group of unbiased researchers, physicians and scientists, performed a series of meta-analyses on the effectiveness of the influenza vaccine. In 2014 they found that vaccinating adults against influenza did not affect the number of people hospitalized nor decrease lost work. [1]

The Cochrane Collaboration's examination of influenza vaccines in healthy adults, a body of literature spanning 25 studies and involving 59,566 people, found the annual influenza vaccine reduced overall clinical influenza by about six percent. It would reduce absenteeism by only 0.16 days (about four hours) for each influenza episode. According to Dr. Tom Jefferson at the Cochrane Collaboration, **it makes little sense to keep vaccinating against seasonal influenza based on the evidence.** [2]

A 2005 study carried out by scientists at the federal National Institutes of Health (NIH) and published in the Journal of the American Medical Association (JAMA) revealed that the influenza vaccine did nothing to prevent deaths from influenza among seniors. Instead the flu mortality rates increased as a greater percentage of seniors received the shot. [3] Despite a 50% increase in seniors' acceptance of 'flu shots' between 1989 and 2000, flu season death rates of seniors increased during that period.

The influenza vaccine has **never conclusively been shown to be effective** at preventing the flu in anyone, including children 6-24 months of age. In older children, the results show that the vaccine fails nearly all who receive it. [4]

Safety of Influenza Vaccine

There is a substantial body of evidence that the influenza vaccine is not a safe product and does more harm than good.

The FluMist influenza vaccine contributed to more cases of influenza infection than it prevented. This is the fundamental flaw with all live vaccines, and even killed attenuated ones, that have been shown to “shed” and infect people in contact with the vaccinated persons. The attenuated virus in the live influenza (LAIV) vaccine can shed and infect others for months after vaccination. Both the unvaccinated and the vaccinated are at risk. The CDC acknowledges this risk and warns:

“Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for 7 days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus.” [5]

Increased Risk of H1N1

Evidence is mounting that people who received a seasonal ‘flu shot’ in the previous year are at increased risk of contracting H1N1 pandemic influenza. This phenomenon was initially observed in Canadians in 2009. In 2012 an animal study and international reports corroborated this effect.

A study by Dr. Danuta Skowronski in Canada showed that individuals with a history of receiving consecutive seasonal influenza shots over several years had an increased risk of becoming infected with H1N1 swine flu. [13]

Dr. Geier, formerly of the National Institute of Health declares the influenza vaccine is basically an experimental vaccine every year and that there are no studies showing the safety of giving the influenza vaccine to the same person every single year. [15]

Leading Claim to US Vaccine Injury Compensation Program

According to the National Vaccine Information Center (NVIC) in the U.S.:

“As of July 2012, there have been more than 84,000 reports of reactions, hospitalizations, injuries and deaths following influenza vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including over 1,000 related deaths and over 1,600 cases of Guillain-Barre Syndrome (GBS). Adult influenza

vaccine injury claims are now the leading claim submitted to the U.S. Federal Vaccine Injury Compensation Program.”

The Department of Justice regularly releases a report on settlements made for vaccine injuries and deaths. In recent years the influenza vaccine has been the vaccine most often requiring compensation due to injuries and death.

In its quarterly release in June 2016, 85 of the 116 cases, and 2 of the 3 deaths, settled by the “vaccine court” were associated with the influenza vaccine. The most recent report, which covers cases settled for vaccine injuries and deaths from 11/16/16 through 8/15/17, revealed that of the 332 cases receiving compensation 275 were for injuries due to the influenza vaccine. Of the 5 deaths compensated, 4 of them were related to the influenza vaccine. [15]

Adjudicated influenza vaccine injury settlements by the U.S. ‘vaccine court’ increased from \$4.9 million in 2014 to \$61 million in 2015, an increase of more than 1000%. [6]

The US Department of Justice numbers reporting of vaccine injury information reveals that the flu shot remains the most dangerous vaccine based on injuries and death compensated by the U.S. Government. According to the report, Guillain-Barre Syndrome is the most frequent complication from the flu vaccine. Other complications include fibromyalgia, transverse myelitis, chronic inflammatory demyelinating polyneuropathy, acute disseminated encephalomyelitis, and death.

As you are no doubt aware, Canada is the only G7 Nation without a vaccine injury compensation program and therefore there are no individuals compensated for vaccine injury in Canada. A morally unjust position for a government and media that actively promote vaccination.

Toxic Ingredients

Depending on brand, ‘flu shot’ ingredients include:

- Mercury (thimerosal) in multi-dose vials
- Formaldehyde, a known carcinogen
- Triton X-100 (aka octoxynol-10), a pesticide and sterility agent
- Sodium deoxycholate, an immunotoxin
- Polysorbate 80
- Gelatin, known cause of anaphylaxis
- MSG
- Synthetic Vitamin E
- Antibiotics

Multi-dose vials of the influenza vaccine in Canada continue to contain mercury in spite of media claims that mercury has been removed from vaccines. [7] A simple review of the product information inserts will confirm this. Mercury is a known neurotoxin and there is no safe limit established for injected mercury. [14]

Narcolepsy

Glaxo's Pandermrix influenza vaccine was associated with a 1400% increase in narcolepsy risk. Pandermrix was pulled from the market and the British government has paid out over 63 million pounds to cover lawsuits to Pandermrix victims.

Increased Risk of Febrile Disorders

The Journal of the American Medical Association reported increased risks of febrile disorders greater than placebo associated with the live influenza vaccine. [8]

Known Effects of FluMist

According to the FDA's literature on FluMist, the vaccine was not studied for immunocompromised individuals (yet was still administered to them), and has been associated with acute allergic reactions, asthma, Guillian-Barre, and a high rate of hospitalizations among children under 24 months – largely due to upper respiratory tract infections. Other adverse effects include pericarditis, congenital and genetic disorders, mitochondrial encephalomyopathy or Leigh Syndrome, meningitis, and others. [9]

Vaccinated vs. Unvaccinated

To date there is only one gold standard clinical trial with the influenza vaccine that compares vaccinated vs. unvaccinated. This Hong Kong funded double-blind placebo controlled study following the health conditions of vaccinated and unvaccinated children between the ages of 6-15 years for 272 days. The trial concluded the influenza vaccine holds '**no health benefits**'.

In fact, those vaccinated with the influenza virus were observed to have a **550% higher risk of contracting non-influenza virus acute respiratory infections**. Among the vaccinated children, there were 116 influenza cases compared to 88 among the unvaccinated; there were 487 other non-influenza virus infections, including rhinovirus, coxsackie, echovirus and others, among the vaccinated versus 88 with the unvaccinated. This single study alone poses a scientifically sound rationale for avoiding the influenza vaccine. [10]

What I find disconcerting about the study that is the subject of Payne's article is that true to the average annual statistics, only 12.8% of the children hospitalized for ILI (influenza like illness) were found to have true influenza. The vast majority who

were sick enough to be hospitalized, while they had clinical symptoms identical to influenza, actually had an ILI caused by other pathogens.

The abstract states, *“We included specimens from 9,982 patient hospitalization episodes over four seasons, with 12.8% testing positive for influenza. So this means that the vast majority, (i.e. 8,704.3 children) who were hospitalized, were ill with a non-influenza pathogen.*

The question these researchers and the media ought to be exploring is how many of the children who got sick enough to be hospitalized with one of the dozens of non-influenza pathogens had also been vaccinated and thus were **rendered more vulnerable** to a serious respiratory illness. This question arises from that Hong Kong study that found children who received an influenza vaccine suffer a more than 5X higher rate of non-influenza respiratory illness.

The Threat of Influenza Overstated

In a 2013 article by Peter Doshi, PhD of the Johns Hopkins University School of Medicine in the British Journal of Medicine, Doshi questions the influenza vaccine paradigm stating:

*“Closer examination of influenza vaccine policies shows **that although proponents employ the rhetoric of science, the studies underlying the policy are often of low quality, and do not substantiate officials’ claims.** The vaccine might be less beneficial and less safe than has been claimed, and the threat of influenza appears overstated.” [11]*

The evidence is compelling that the influenza vaccine is neither as safe nor effective as we have been led to believe.

According to the Journal of American Physicians and Surgeons (Summer 2016) –

*“The safety of CDC’s childhood vaccination schedule was never affirmed in clinical studies. Health authorities have **no scientific data** from synergistic toxicity studies on all combinations of vaccines that infants are likely to receive.*

*National vaccination campaigns must be supported by scientific evidence. **No child should be subjected to a health policy that is not based on sound scientific principles and, in fact, has been shown to be potentially dangerous.”***

It is unethical to carry on this large-scale, hype-inducing public health program without scientific evidence that proves that vaccines are doing what they are intended to do and does it safely.

Flu is Not Necessarily Influenza

Dr. Richard Schabas, the former chief medical officer of health for Ontario noted while many illnesses cause influenza-like-illnesses (ILI), actual influenza is quite rare. He said a normal person would contract influenza only once about every 30 years. Much of what is described or assumed to be influenza is not actually influenza.

Year in and year out, the majority of cases of 'the flu' are not caused by the influenza virus. There are dozens of pathogens that cause influenza-like-illnesses (ILI). On average only between 10-15% of seasonal cases of the 'the flu' are attributable to the influenza virus. This has been corroborated by Canada's 'Fluwatch' program that tracks influenza and influenza-like-illnesses and international research groups like the Cochrane Collaboration.

Dr. Schabas is of the opinion - *"We immunized five million people (in Ontario) at a cost of about \$100 million **for no net benefit.**"*

Rather than promoting the influenza vaccine, the Ottawa Citizen ought to be asking difficult questions like – **could the hundreds of millions of dollars spent annually on influenza vaccines in Canada be used in more effective ways to promote health?**

The Ottawa Citizen has a history of producing news articles and opinions about vaccines that are poorly researched and simply a regurgitation of vaccine industry propaganda.

It does both the reader and The Ottawa Citizen a disservice by disseminating inaccurate and distorted information. This kind of reporting provides false information and undermines trust in the Ottawa Citizen as an honest purveyor of health information.

Sincerely,



Ted Kuntz, Parent of a Vaccine Injured Child
Vice President – Vaccine Choice Canada

Cc.

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