

# **Short sighted influenza control policy based on poorly designed vaccines will sicken more people**

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## **The simple picture currently portrayed**

The World Health Organization (WHO) selects 4 influenza virus strains each year for vaccine development. Vaccines are developed and administered. If most people get the vaccine, we have herd immunity and individual protection.

## **The complex reality**

### Natural influenza immunity is better than vaccine induced immunity

Influenza vaccine induced immunity lasts for no more than a year, usually only for a few months<sup>1</sup> and sometimes the vaccine may not work at all. WHO may not have selected the right strains. Declining long term, strong, natural herd immunity due to increasing influenza vaccination, increases the likelihood of pandemics. Natural influenza infection results in decades of protection to related strains. People who were infected by swine flu decades ago had protection against the recent pandemic flu.<sup>2</sup>

### Influenza vaccine causes allergy and allergic asthma

Injected proteins cause the development of allergy and allergic asthma to those proteins.<sup>3</sup> Whether the vaccine works or not, vaccine recipients develop or boost long term IgE mediated allergy to four types of hemagglutinin (HA) proteins,<sup>4-6</sup> aeroallergens and egg proteins,<sup>7</sup> following quadrivalent influenza vaccine administration.

Extreme care is needed to eliminate aeroallergen contamination of vaccines. Clean rooms used in vaccine production can filter out large particles (like complete pollen grains, but not subpollen particles). Fine allergen particles cannot be completely filtered out.<sup>8,9</sup> Focus is on preventing contamination with viable organisms, not allergens. So vaccines can be expected to be contaminated with all types of aeroallergens brought into the plant by plant personnel. Plant personnel are the main source of aeroallergen contamination. They can be expected to bring all aeroallergens such as house dust mite, pollen, cat dander, roach allergens etc., to the plant. Annual vaccination with influenza vaccine is therefore also an aeroallergen allergy booster shot.<sup>10-13</sup>

As previously described<sup>3</sup>, the Institute of Medicine (IOM) wrongly concluded that influenza vaccine is not associated with asthma. The vaccine boosts aeroallergen related allergies and asthma.

### Prediction of allergic reactions to the Flublok vaccine come true

The Flublok vaccine was approved (inexplicably) with 3X the HA protein content as the regular vaccine. There is no science behind the approval of Flublok. It is like going to two doctors with the

same headache complaint and getting 325mg of acetaminophen from one and 1000mg from the other. I predicted that Flublok will cause allergic reactions due to IgE mediated sensitization caused by previous influenza vaccines and the high HA content in Flublok. VAERS reports of reactions to Flublok occurred as predicted<sup>14</sup>.

Flublok being egg-free was touted as a safe vaccine for those with egg allergy.<sup>15</sup> But it caused allergic reactions due to IgE mediated sensitization to the influenza HA protein itself.<sup>6</sup> And further, it is more likely than a regular vaccine to boost or cause *de novo* HA allergy.

And reacting to the vaccine is not the only problem. The IgE mediated allergy persists far longer than vaccine protection. So if you are infected, as a top allergy researcher put it:

“It would certainly stand to reason that having IgE that recognized flu epitopes could make the course of one’s flu significantly worse.”

### Effectiveness

Antigenic drift occurs between virus replicating in the wild and the virus replicating in chick eggs for the vaccine. The resulting mismatch between vaccine viral proteins and actual viral proteins, causes the vaccine to be ineffective.

Repeated influenza vaccine administration causes vaccine effectiveness to go down.<sup>16</sup> Repeated Flumist administration failed spectacularly.

McClean et al.<sup>16</sup> wrote: "Current- and previous-season vaccination generated similar levels of protection, and vaccine-induced protection was greatest for individuals not vaccinated during the prior 5 years."

One possible explanation is that upon repeat vaccination, circulating long-term persistent anti-influenza IgE antibodies, bind to the injected antigens, neutralize them and make them unavailable for IgG antibody generation required for disease protection.

### Cancer

Periodic influenza related fever is a natural protection against cancer<sup>17</sup>. We have evolved to depend on this natural protection. The influenza vaccine interferes with this natural protection.

### Autoimmunity

#### **Injecting animal protein contaminated vaccines into healthy humans is barbaric**

Influenza vaccines are contaminated with egg proteins, Madin Darby Canine Kidney (MDCK) cell proteins or insect cell proteins, etc.<sup>18</sup> This will result in allergy or numerous autoimmune diseases due to molecular mimicry between these proteins and human proteins as we had with Pandemrix vaccine induced narcolepsy.<sup>19,20</sup>

For every case of diagnosed autoimmune disease, there are numerous subclinical cases.<sup>21</sup> These subclinical diseases could shave decades off your life. So these “rare” diagnosed adverse events are the tip of the iceberg.

## Protein sequence alignment between GBS epitope, influenza viruses and *C. jejuni*

Guillain–Barré syndrome (GBS) an autoimmune disorder, has been associated with natural *Campylobacter jejuni* infections and with the influenza vaccine.

### Method

BLASTP methodology was used for protein sequence alignment. As shown before<sup>22</sup>, a BLASTP sequence alignment score of 19.3 was obtained comparing human hypocretin receptor and H1N1 nucleoprotein contained in the Pandemrix vaccine. This level of sequence alignment was sufficient to cause autoimmunity that resulted in hypocretin dysregulation and narcolepsy.<sup>20</sup> Therefore any score equal to or higher than 19.3 suggests high probability of autoimmunity.

While vaccines target one or a few particular viral, bacterial proteins, most vaccines are contaminated with all proteins from that virus or bacteria. Example: the Pandemrix vaccine contained both H1N1 hemagglutinin (target) and H1N1 nucleoproteins (contaminant). The exceptions are recombinant vaccines. In recombinant vaccines, the vaccine contains only the target protein from the target organism. The target protein is produced usually by genetically modifying yeast (*Saccharomyces cerevisiae*). Hepatitis B<sup>23,24</sup> and HPV vaccines<sup>25</sup> are produced using this technique. Such vaccines are however, contaminated with all *Saccharomyces cerevisiae* proteins.

### Results

hypothetical protein [Campylobacter jejuni]

[WP\\_088261625.1](#) 660 1

[See 1 more title\(s\)](#)

[GenPeptGraphics](#) [Next Match](#) [Previous Match](#)

#### Alignment statistics for match #1

Score	Expect	Method	Identities	Positives	Gaps
40.8 bits(94)	0.029	Compositional matrix adjust.	26/63(41%)	34/63(53%)	1/63(1%)
Query	162	KKCAVVGNGGILKNSRCGREINSADVFVRCNLPPISEKYTMDVGVKTDVVTVNPSIITER	221		
		K+ AVVGN N G EI+S D V R N + K+ D GVKT++ V P+ +			
Sbjct	482	KRIAVVGNSPCELNKNRGEEDSHDVVIRFNNFSSNLKFHRDYGVKTNIVVTPA-LNSI	540		
Query	222	FHK 224			
		FHK			
Sbjct	541	FHK 543			

PB1-F2 protein [Influenza A virus (A/Uganda/MUWRP-043/2008(H3N2))]

[AEA04121.1](#) 90 1

[GenPeptGraphics](#) [Next Match](#) [Previous Match](#)

#### Alignment statistics for match #1

Score	Expect	Method	Identities	Positives	Gaps
25.8 bits(55)	370	Composition-based stats.	10/21(48%)	15/21(71%)	1/21(4%)
Query	214	NPSIITERFHKLEKWRPFYR 234			
		NP+ ++ R H LE+W +PF R			
Sbjct	66	NPTQVSLRTHALEQW-KPFNR 85			

PB1-F2 protein [Influenza A virus (A/KOL/507/2007(H1N1))]  
[ADV39680.1](#) 90 1

[GenPeptGraphics](#) [Next Match](#) [Previous Match](#)

### Alignment statistics for match #1

Score	Expect	Method	Identities	Positives	Gaps
24.3 bits(51)	1491	Composition-based stats.	9/21(43%)	15/21(71%)	1/21(4%)
Query	214	NPSIITERFHKLEKWRPFYR	234		
		NP+ ++ R H L++W +PF R			
Sbjct	66	NPTQVSLRTHALKQW-KPFNR	85		

With all scores above 19.3, there is a strong likelihood of the influenza vaccine causing GBS antibodies.<sup>26</sup>

## Conclusion

Influenza vaccines cause anti-influenza allergy, aeroallergen allergy and allergic asthma. Anti-influenza allergy causes vaccine ineffectiveness due to IgE neutralizing vaccine antigens. Allergy to influenza, increases morbidity and mortality when a person is eventually infected by the strain due to inevitable vaccine failure (wrong strain chosen by WHO, antigenic drift between wild and vaccine strains, IgE mediated antigen neutralization, etc.).

When the vaccine works, it provides temporary immunity at the expense of allergy, autoimmunity, cancer and loss of long term protection against influenza.

When the flu vaccine "works", it makes the population more dependent on WHO making the right strain selection every time and no antigenic drift between wild and vaccine strains. We are creating a more vulnerable population (allergic asthma to HA and no natural influenza protection) that is dependent on an unreliable vaccine.

Influenza vaccine is therefore contributing to increasing influenza related morbidity and mortality.

Where are the peer-reviewed studies accounting for all the above factors and still supporting the oft-repeated claim that the benefits of the vaccine far outweigh the risks?

We need a new influenza control policy redesigned from scratch to address the big picture.

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