



Ohio Advocates for Medical Freedom

Influenza fact sheet

Deaths from lab confirmed influenza:

2015-2016 - 89

2016-2017 - 61

Only true reportable flu deaths are laboratory-confirmed pediatric deaths.

NO MENTION OF VACCINATION STATUS.

Number of Influenza-Associated Pediatric Deaths by Week of Death

<https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>

“CDC does not count how many people die from flu each year. Unlike flu deaths in children, flu deaths in adults are not nationally reportable.”

Summary of the 2015-2016 Influenza Season

<http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm>

Specimens tested by The National Respiratory and Enteric Virus Surveillance System (NREVSS)

Specimens tested - 639,456

Positive specimens - 64,921 (10.2%)

Hospitalizations related to influenza:

Cumulative all age range - 31.3/100,000

Of the adults 91.8% had at least one underlying medical condition:

Obesity (41.8%)

Cardiovascular disease 39.6%

Metabolic disorders 38.4%

Of the children 47.5% had at least one underlying medical condition:

Asthma 21.7%

Neurologic disorders 18.3%



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Influenza Activity — United States, 2015–16 Season and Composition of the 2016–17 Influenza Vaccine

<https://www.cdc.gov/mmwr/volumes/65/wr/mm6522a3.htm>

Deaths ATTRIBUTED to pneumonia and influenza:

167,697 (6.68% of total deaths)

****These statistics are based on data provided to NCHS through contracts with the vital registration systems operated in the various jurisdictions legally responsible for the registration of deaths (i.e., death certificates) and other vital events.*

Mortality Surveillance Data from the National Center for Health Statistics

https://www.cdc.gov/flu/weekly/nchs.htm#modalIdString_CDCTable_0

Definition of attribute - regard something as being caused by. Death certificates that list pneumonia and influenza as cause are not guarantee of lab confirmed infection and may be clinically diagnosed.

Also it does not account for vaccination rates of the deceased for pneumonia or influenza.

ODH says: “On average, it is **ESTIMATED** that there are more than 20,000 flu related deaths. Not all of these deaths are directly related to the flu but many are – and **POSSIBLY** could be prevented with a flu vaccine.”

<http://www.odh.ohio.gov/features/odhfeatures/seasflu/seasonalinfluenza.aspx/>

Deaths from medical errors:

250,000/year

Based on an estimate from Johns Hopkins, far surpass attributed estimated deaths from pneumonia/influenza.

Medical Errors Are No. 3 Cause Of U.S Deaths, Researchers Say

<http://www.npr.org/sections/health-shots/2016/05/03/476636183/death-certificates-undercount-toll-of-medical-errors>



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*** *influenza vaccine now is named in the majority of all the VICP petitions.*

Compensated flu shot injuries 2006-2015:

1,822 : >200/year

43% of all vaccines administered

63% of all adjudications

According to HRSA data, compensation to flu shot injuries increased 30% between fiscal year ending 2014 and 2015.

HRSA Data & Statistics

https://www.hrsa.gov/vaccinecompensation/data/vicpmonthlyreporttemplate3_1_17.pdf

****less than 10% of injuries are reported to the Vaccine Adverse Event Reporting System (VAERS). A fraction of the reports file for compensation.*

ESTIMATED Vaccine Efficacy (VE):

48% at preventing MEDICALLY ATTENDED, influenza associated acute respiratory infection (ARI)

U.S. Influenza Vaccine Effectiveness Network (U.S. Flu VE Network) followed 3,144 children and adults with ARI from 11/28/16-2/4/17.

24% had lab confirmed influenza associated ARI. 45% of patients with lab confirmed influenza were vaccinated.

CDC Reports This Season's Flu Vaccine Reducing Risk by Nearly Half

<https://www.cdc.gov/flu/spotlights/flu-vaccine-reducing-risk.htm>

Interim Estimates of 2016–17 Seasonal Influenza Vaccine Effectiveness — United States, February 2017

https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a3.htm?s_cid=mm6606a3_w

An estimation is not science, it is a best guess.



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Cochrane Collaboration

Cochrane contributors - 37,000 from more than 130 countries - work together to produce credible, accessible health information that is **free from commercial sponsorship and other conflicts of interest**. Many of our contributors are world leaders in their fields - medicine, health policy, research methodology, or consumer advocacy - and our groups are situated in some of the world's most respected academic and medical institutions.

Across all age ranges, influenza vaccination offers **modest** protection at best.

In children: “The review authors found that in children aged from two years, nasal spray vaccines made from weakened influenza viruses were better at preventing illness caused by the influenza virus than injected vaccines made from the killed virus. Neither type was particularly good at preventing 'flu-like illness' caused by other types of viruses. In children under the age of two, *the efficacy of inactivated vaccine was similar to placebo.*”

Vaccines for preventing influenza in healthy children

http://www.cochrane.org/CD004879/ARI_vaccines-preventing-influenza-healthy-children

In adults: “Influenza vaccines have a very modest effect in reducing influenza symptoms and working days lost in the general population, including pregnant women.”

Vaccines to prevent influenza in healthy adults

http://www.cochrane.org/CD001269/ARI_vaccines-to-prevent-influenza-in-healthy-adults

In elderly: “The available evidence is of poor quality and provides no guidance regarding the safety, efficacy or effectiveness of influenza vaccines for people aged 65 years or older.”

Vaccines for preventing seasonal influenza and its complications in people aged 65 or older

http://www.cochrane.org/CD004876/ARI_vaccines-for-preventing-seasonal-influenza-and-its-complications-in-people-aged-65-or-older

In healthcare workers: “Our review findings have not identified conclusive evidence of benefit of HCW vaccination programmes on specific outcomes of laboratory-proven influenza, its complications (lower respiratory tract infection, hospitalisation or death due to lower respiratory tract illness), or all cause mortality in people over the age of 60 who live in care institutions.”



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Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions

http://www.cochrane.org/CD005187/ARI_influenza-vaccination-healthcare-workers-who-care-people-aged-60-or-older-living-long-term-care

Where is the absolute data to support employer vaccine mandate policies? The data does not exist.

PLOS study 2017

“More realistic recalibration based on actual patient data instead shows that **at least 6,000 to 32,000 hospital workers would need to be vaccinated before a single patient death could potentially be averted.**”

“The impression that unvaccinated healthcare workers place their patients at great influenza peril is exaggerated. Instead the healthcare worker attributable risk and vaccine preventable fraction both remain unknown and **the number needed to vaccinate to achieve patient benefit still requires better understanding.**”

Influenza Vaccination of Healthcare Workers: Critical Analysis of the Evidence for Patient Benefit Underpinning Policies of Enforcement

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0163586>

A collaborative study including the CDC published in 2013, Clinical Infectious Diseases 2013;56(10):1363-9

“Substantially lower effectiveness was noted among subjects who were vaccinated in both the current and prior season. There was no evidence that vaccination prevented household transmission once influenza was introduced; adults wear at particular risk despite vaccination.”

Influenza vaccine effectiveness in the community and the household.

<https://www.ncbi.nlm.nih.gov/pubmed/23413420>



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A collaborative study including the CDC published in 2014, *Clinical Infectious Disease* (2014) 59 (10): 1375-1385.

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**. Additional studies are needed to understand the long-term effects of annual vaccination.

“The analysis using 5 years of historical vaccination data suggested a significant difference in current-season VE among frequent vaccinees compared with nonvaccinees...**the potential immunologic mechanisms for vaccine interference are not well understood**. Contributing factors may include “original antigenic sin,” immune exhaustion, and/or antigenic drift of circulating influenza viruses with respect to vaccine antigens.”

Impact of repeated vaccination on vaccine effectiveness against influenza A(H3N2) and B during 8 seasons.

<https://www.ncbi.nlm.nih.gov/pubmed/25270645>

CDC Scientists Preserving Integrity, Diligence and Ethics in Research, or (CDC SPIDER), put a list of complaints in writing in a letter to CDC Chief of Staff and provided a copy of the letter to the public watchdog organization U.S. Right to Know (USRTK). The members of the group have elected to file the complaint anonymously for fear of retribution.

“It appears that our mission is being influenced and shaped by outside parties and rogue interests... and Congressional intent for our agency is being circumvented by some of our leaders. What concerns us most, is that it is becoming the norm and not the rare exception,” the letter states. “These questionable and unethical practices threaten to undermine our credibility and reputation as a trusted leader in public health.”

“Definitions were changed and data ‘cooked’ to make the results look better than they were,” the complaint states. “An ‘internal review’ that involved staff across CDC occurred and its findings were essentially suppressed so media and/or Congressional staff would not become aware of the problems.”

<http://thehill.com/blogs/pundits-blog/healthcare/301432-the-cdc-is-being-being-influenced-by-corporate-and-political>