Vaccination of “every man, woman and child” has been in the planning for at least the last several years. The current concept, originated by former Health and Human Services (HHS) Secretary, Tommy Thompson,[1] is being advanced by his successor, Mike Leavitt. [2] Of course, Thompson envisioned mass vaccination using the smallpox vaccine. But times have changed, and the flu shot now appears to be the instrument of choice for those pursuing the universal vaccination agenda.

The fact that the flu shots are ineffective in every age group hardly seems to matter to those who continually promote their use. Multiple studies published in highly reputable publications have documented that flu shots are ineffective in all ages. For example, The Cochrane Collaboration produced a series of articles in 2005 reviewing the published literature to determine the effectiveness of the flu shot. Nothing substantiating its usefulness was found.

In a review of 51 studies involving more than 260,000 children, including 17 papers translated from Russian, researchers concluded that there was “No evidence that injecting children 6-23 months of age with flu vaccines is any more effective than placebo.” [3] For healthy adults, the results were similar. A total of 25 studies were reviewed that included more than 60,000 study participants. Again, The Cochrane Group found that vaccination reduced risk of influenza by a meager 6% and reduced the number of days missed from work by less than one (0.16) day. Researchers concluded, “Universal immunization of healthy adults was not supported by the results of this review.” [4]

For the elderly population, the prime target group for flu shots, The Cochrane Group reviewed 64 studies and chided that, “The runaway 100% effectiveness that’s touted by proponents [of the flu shot] was nowhere to be seen...What you see is that marketing rules the response to influenza, and scientific evidence comes fourth or fifth.” [5]

A new study, soon to be released in the prestigious medical journal, Vaccine, resulted in the same conclusion. The study was undertaken to determine whether the incidence of influenza had decreased in Ontario, Canada following the introduction of the Universal Influenza Immunization Campaign (UIIC) in 2000. All laboratory-confirmed influenza cases – diagnosed between January 1990 and August 2005 – were analyzed. It was determined that, “…despite intensified vaccination distribution and the increased financial resources used to promote vaccination,” the incidence of influenza had not been decreased by the national flu shot campaign. [6]

Perhaps something needs to be done to strengthen the flu shot so that it will work better?

During the week of April 17, 2006, The Washington Post ran a story that not only extolled the use of the influenza vaccines but pushed for a new and improved version by saying, “Why wait for the pandemic to benefit from better flu vaccines?” [7] The story went on to say that the National Institutes of Health (NIH) is planning to strengthen the flu shot “destined for the elderly” by adding an immune-boosting compound to the shot called an adjuvant.

An adjuvant is a substance added to produce a high antibody response using the smallest amount of virus (antigen) possible. By definition adjuvants are considered to be “pharmacologically active drugs.” They are designed to be “inert without inherent activity or toxicity” and yet they are required to “potently augment effects of the other compounds” in the vaccines. [8] It is difficult to explain how a substance can be defined as “pharmacologically active” and at the same time be described as “inert and have no activity or toxicity.”

The limiting factor for approval of new adjuvants has been that most are far too toxic for use in humans. However, one adjuvant has been approved in Europe and its approval is on the way for use in the U.S. It is an oil-based adjuvant called MF-59, a compound primarily composed of squalene.
On first blush, squalene seems like a good choice for an adjuvant. Manufactured naturally in the liver, squalene is a precursor for cholesterol. In addition, squalene can be purchased at health food stores in its more commonly known form, “shark liver oil.” However, ingested squalene has a completely different effect on the body than injected squalene. When molecules of squalene enter the body through an injection, even at concentrations as small as 10 to 20 parts per billion, it can lead to self-destructive immune responses, such as autoimmune arthritis and lupus. [9]

Several mechanisms have been proposed to explain this reaction. Metabolically, squalene stimulates an immune response excessively and nonspecifically. More than two dozen peer-reviewed scientific papers from ten different laboratories throughout the U.S., Europe, Asia, and Australia have been published documenting the development of autoimmune disease in animals subjected to squalene-based adjuvants. [10] A convincing proposal for why this occurs includes the concept of “molecular mimicry” in which an antibody created against the squalene in MF59 can cross react with the body’s squalene on the surface of human cells. The destruction of the body’s own squalene can lead to debilitating autoimmune and central nervous system diseases.

The squalene in MF59 is not the only cause for concern. One of its components, Tween80 (polysorbate 80) is considered to be “inert” but is far from it. A recent study (December 2005) discovered that Tween80 can cause anaphylaxis, a sometimes fatal reaction characterized by a sharp drop in blood pressure, hives, and breathing difficulties. Researchers concluded that the severe reaction was not a typical allergic response characterized by the combination of IgE antibodies and the release of histamines; it was caused by a serious disruption that had occurred within the immune system. [11]

Vaccine manufacturer, Chiron, is already using MF59 in its European influenza vaccine for seniors called Fluad™. It remains to be seen if Chiron will gain approval for using this adjuvant-containing vaccine in the U.S. In the mean time – and for the first time – all children from age six months to five years will be targeted for the flu shot this fall. Expect even more children to be on the vaccine list as early as 2007; discussions are underway to mandatorily vaccinate the healthy five to nine year-old group as a school requirement.

With a record 120 million vaccine doses expected to be produced for the 2006-2007 flu season, be prepared for a huge push to get everyone vaccinated this fall. Consider it to be psychological pre-conditioning. The plan is to get each person ready – and eager – to roll up their sleeve for an injection of the “pandemic” flu vaccine when it becomes available.

Retaining the right to refuse will become increasingly important, especially in the face of concentrated pressure from self-appointed experts at the CDC and the WHO. But keep this in mind: The “bird flu” vaccine will not be any more effective than the annual flu shot. Even worse, there is a high probability it will contain MF-59.

Footnotes:

2, Department of Health and Human Services FY 2007 Budget announcement. February 6, 2006
4, The Cochrane Database of Systematic Reviews "Vaccines for preventing influenza in healthy adults." 1-(2006)

© 2006 Sherri Tenpenny - All Rights Reserved

Dr. Sherri Tenpenny is respected as one of the country's most knowledgeable and outspoken physicians regarding the impact of vaccines on health. Through her education company, New Medical Awareness, LLC, she spreads her vision of retaining freedom of choice in healthcare, including the freedom to refuse vaccination.

A portion of this article is an excerpt from her new book, FOWL! Bird Flu: It's Not What You Think, released in April, 2006. For daily updates on the bird flu, including the real reasons behind the hype, and a bi-weekly e-Newsletter with Dr. Tenpenny's commentary go to www.BirdFluHype.com

Dr. Tenpenny is a regular columnist for www.NewsWithViews.com. Her 3-hour vaccine DVD, Vaccines: The Risk, The Benefits and her new book FOWL! is available through this site; other tapes and materials are available www.DrTenpenny.com

Website: www.nmaseminars.com
E-Mail: nmaseminars@aol.com