The Shocking Lack of Evidence Supporting Flu Vaccines
By Sayer Ji, Founder, GreenMedInfo.com – December 29, 2013

With the flu season ramping up, many are looking to vaccination as a "preventive" approach. Those who abstain are often accused of being uneducated, or worse, socially irresponsible. Nothing could be further from the truth.

As it presently stands, it is not sound medical science, but primarily economic and political motivation which generates the immense pressure behind mass participation in the annual ritual of flu vaccination.

It is a heavily guarded secret within the medical establishment (especially within the corridors of the CDC) that the Cochrane Database Review, considered by many within the evidence-based medical model to be the gold standard for assessing the effectiveness of common medical interventions, does not lend unequivocal scientific support to the belief and/or propaganda that flu vaccines are safe and effective.

To the contrary, these authoritative reviews reveal there is a conspicuous absence of conclusive evidence as to the effectiveness of influenza vaccines in children under 2, healthy adults, the elderly and healthcare workers who care for the elderly.

What is even more disconcerting is that only one safety study on inactivated flu vaccines has been performed in children under 2 (the population most susceptible to adverse reactions), even though in the USA and Canada current guidelines recommend the vaccination of healthy children from six months old.

Another alarming finding following the global pandemic declared by the World Health Organization in 2009, is that receipt of the seasonal flu vaccine among Canadians actually increased the rate of medically attended pandemic H1N1 infection. Vaccines, therefore, may actually decrease resistance to viral infection via their immunosuppressive actions. View the study at link below*.

Can Vaccination Replace Natural Immunity?

At the outset it should be acknowledged that there could be no medical justification for vaccination in the first place if it were not for the observation that periodic infection from wild type pathogens confers lasting, natural immunity. In a very real sense periodic infectious challenges are Nature’s immunizations, without which the very concept of vaccination would make absolutely no sense.

The vaccination process artificially simulates and co-opts a natural process, generating a broad range of adverse unintended consequences, many of which have been documented here. Vaccine proponents would have us believe that natural immunity is inferior to synthetic immunity, and should be replaced by the latter. In some cases they even suggest breastfeeding should be delayed during immunizations because it "interferes" with the vaccine efficacy. Sounds like naked economic incentives have trumped genuine, serious health concerns for the entire population, especially the very young, the elderly and the sick.

This warped perspective follows from the disingenuous standard vaccine researchers use to "prove" the "efficacy" of their vaccines. The chemical kitchen sink is thrown at the immune system in order to conserve the expensive-to-produce antigen and to generate a more intense immune response – a process, not unlike what happens when you kick a beehive. These chemicals include detergents, anti-freeze, heavy metals, xenotropic retroviruses, DNA from aborted human fetuses (diploid cells) and other species, etc. Amazingly, vaccine researchers and manufacturers do not have to prove the antibodies actually have affinity with the antigens they are marketed to protect us against, i.e. they do not have to prove "effectiveness," only "efficacy." This
semantic trick is at the root of how the world has been deceived into accepting interventions so
dangerous that their risk, like nuclear power, is underwritten by world governments, not private
insurers who know they would go bankrupt paying out claims to the injured. Also, recent research
indicates in some cases no antibodies are required for immunity against some viruses, running
diametrically opposed to orthodox vaccinology.

Another point that can not be understated is that the trivalent (3-strained) influenza vaccines are
incapable of protecting us against the wide range of pathogens which produce influenza-like illness:
"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." (Cochrane Database).

It is therefore exceedingly clear that it is a mathematical impossibility for influenza vaccines to be
effective at preventing wild-circulating strains of influenza. Nutritional support, then, becomes the
most logical and reasonable solution.

**Immune Status Determines Susceptibility to Infection**

The fact is that our immune status determines susceptibility. If the immune system is continually
challenged with environmental toxicants, nutritional deficiencies and/or incompatibilities, chronic
stress, influenza is far more likely to take hold. If your immune system is strong, many infectious
challenges occur, are met with an appropriate response, and often go unnoticed. In other words, it is
not a lack of a vaccination that causes infection, rather, the inability of the immune system to function
effectively. [Note: In some cases, we may become infected and the ultimate outcome is that we enjoy
even greater immunity.]

While there are a broad spectrum of natural substances which have been studied for their anti-
influenza properties, vitamin D deserves special consideration due to the fact that it is indispensable
to produce antiviral peptides (e.g. cathelicidin) within the immune system, and can be supported for
pennies a day.

A study published in the *American Journal of Clinical Nutrition* in 2010, revealed that children
receiving 1200 IUs of vitamin D a day were at 59% reduced risk for contracting seasonal Influenza A
infection. Moreover as a secondary outcome, only 2 children in the treatment group versus 12 for the
control group, experienced an asthma attack.

There are actually a broad range of preventive strategies that are evidence-based, and available
without prescription.


Page 3 – The Shocking Lack of Evidence Supporting Flu Vaccines

* http://www.greenmedinfo.com/article/prior-receipt-seasonal-flu-vaccine-2008-09-was-associated-increased-risk

NOTE: Emphasis in **bold type** has been added to the original article.

Sayer Ji is the founder and chair of GreenMedInfo.com. His writings have been published in the Wellbeing Journal, the Journal of Gluten Sensitivity, and have been featured on numerous websites, including Mercola.com, NaturalNews.com, Infowars.com, Care2.com.