

# Re: HYPING VACCINES: AN INVESTIGATION

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"john" <nospamoriidots@vaccine.com> wrote in message news:<ckvvlk\$d78\$1@sparta.btinternet.com>...

> [http://www.redflagsweekly.com/conferences/vaccines/2004\\_jan12.html](http://www.redflagsweekly.com/conferences/vaccines/2004_jan12.html)

>

> HYPING VACCINES: AN INVESTIGATION

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> *Chickenpox, Lyme, Rotavirus, And A Highly Revealing Analysis Of Flu*

> *Statistics*

>

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>

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>

> *Years ago, the description of diseases used to be accurate. Smallpox was a*

> *very dreaded, serious, and often fatal illness. Certainly, no parent wished*

> *smallpox on his children. Chickenpox on the other hand was a relatively*

> *benign illness: a low-grade fever, an itchy rash and a week out of school.*

> *Like all childhood illnesses, it was worse in adults and parents were*

> *actually hoping that their children could "catch chickenpox" and be finished*

> *with it for the future.*

>

> *In 1995, chickenpox suddenly became a major health problem. Six children*

> *were reported to have died from chickenpox; frequent and repeated TV*

> *coverage lasted for weeks without anyone mentioning that two of the six*

> *children had leukemia and the others were on cortico-steroids. Concurrently,*

> *chickenpox became a major economical disaster that was gravely impacting the*

> *United States economy, as working mothers stayed home to give their children*

> *Aveeno baths and syrup to relieve itching. A short time later, the*

> *chickenpox vaccine was cheerfully and successfully launched.*

>

> *Historically, epidemics have occurred in cycles. Experts in infectious*

> *diseases could often predict them. The number of unvaccinated children*

> *increased during several successive years of low spread and when the*

> *reservoir was full, an outbreak, an epidemic or a pandemic occurred.*

> *Children then developed a solid immunity that was boosted successfully*

- > during subsequent outbreaks. Recently, in the United States, a new
- > epidemiological trend has become very evident: MBAs and Marketing Directors
- > predict epidemics that are then orchestrated to occur, on cue, when a new
- > vaccine is due to be launched.
- >
- > A flurry of interest about Lyme disease started in the Northeast and Upper
- > Midwest in 1996–97. It promptly snowballed into a major news campaign in the
- > targeted areas, where indeed there were increasing numbers of cases, many
- > with serious long–term complications. In 1998, the LYMERix vaccine received
- > conditional approval by the FDA and was welcome in the geographical
- > locations where the disease was common and often devastating. Unfortunately,
- > it was soon discovered that the vaccine itself had major side effects and
- > doctors became disenchanted with its use. Since the manufacturer
- > discontinued production of the vaccine, the newspaper articles, experts'
- > interviews and television "health minutes" on Lyme disease have completely
- > stopped. It is almost as if the disease has totally disappeared, when it
- > obviously has not.
- >
- > Years ago, we did not talk much about the rotavirus. Most people did not
- > even know the name and some thought that it was "RotoVirus", because it kept
- > spreading "around and around" nursery schools. We were happy to tell the
- > parents the baby had "some kind of a virus", that penicillin was not going
- > to help, that we were seeing many children with the same symptoms, and that
- > they improved after a few days. We then suggested liquids and a limited diet
- > and the reassured parents left with their little ones, to stop at their
- > neighborhood drugstore for Pampers and Pedialyte. We obviously were
- > immensely more alarmed when a child had salmonella, shigella, cholera,
- > pathogenic E. Coli and staphylococcus gastro–enteritis.
- >
- > Rarely, the babies with rotavirus infections became dehydrated. They were
- > then brought to a holding unit at the hospital, given intravenous fluids and
- > discharged before 23 hours. Officially, they had not been actually
- > "admitted" to the hospital.
- >
- > Suddenly, in 1998, every newspaper and every TV news program started
- > continuous reporting on the rotavirus. Overnight, the rotavirus became a
- > household name and the most common cause of diarrhea. It also killed
- > thousands of babies. The fact that the deaths occurred in Third World
- > countries was rarely, if ever, mentioned. In addition, the news programs
- > warned that the economy of the United States was once more in dire danger,
- > that HMOs were almost bankrupt trying to keep up with the rising costs of
- > hospitalizations and that millions of hours were lost in the workplace
- > during the rotavirus season; after all, mothers of affected children had to
- > stay out of work to care for them and could not drop them off, as usual, at
- > schools and day–care centers. In the midst of that intense "information"
- > campaign, the rotavirus vaccine "Rotashield" was released to the joy and
- > relief of The Centers for Disease Control and Prevention (CDC),
- > pediatricians and parents. Because three doses were needed, the delight of
- > the manufacturer and stockholders was tripled. One could almost imagine them
- > visualizing a set of gorgeous blond triplets singing "Triple the Doses,
- > Triple the Dough" using the old and proven tune of "Double the Mint, Double

> *the Fun*".

>

> *And then, something went wrong, very wrong. It became quickly evident that  
> some infants who received the vaccine developed intussusception, a form of  
> intestinal obstruction and that a few died. The CDC, to its credit, acted  
> promptly and suspended the administration of the Rotashield in July 1999,  
> just a few months after it was released. In October 1999, it issued a  
> detailed statement that started with the following two paragraphs: "The  
> Advisory Committee on Immunization Practices (ACIP) decided that Rotashield,  
> the only U.S.-licensed rotavirus vaccine, should no longer be recommended  
> for infants in the United States. This action was based on the results of  
> an expedited review of scientific data presented to the ACIP by CDC in  
> cooperation with the FDA, NIH, and Public Health Service officials, along  
> with Wyeth-Lederle. Data from the review indicated a strong association  
> between Rotashield and intussusception (bowel obstruction) among some  
> infants during the first 1-2 weeks following vaccination. Use of the  
> vaccine was suspended in July pending the data review by the ACIP. Parents  
> should be reassured that their children who received rotavirus vaccine  
> before July and remain well are not at increased risk for intussusception  
> now.*

>

> *Rotavirus is a severe diarrheal illness in childhood that accounts for more  
> than 500,000 physician visits and approximately 50,000 hospitalizations each  
> year among children less than 5 years of age. Symptoms include fever, an  
> upset stomach and vomiting followed by diarrhea, which may lead to  
> dehydration. This results in \$264 million in direct medical costs and \$1  
> billion in total costs to society.*

>

> *The rotavirus media blitz came to a screeching halt and for four years,  
> interest in the "designer diarrhea" has ranged between nil and minimal.  
> Children with the disease had once again "some kind of a virus."*

>

> *However, this is due to change AGAIN. Yes indeed, very soon, we will be  
> undoubtedly bombarded once more with a barrage of relentless rotavirus  
> propaganda, diarrhea will become extremely serious in the United States and  
> the cost to the National economy will become even more staggering as the  
> launching of the "new, safe, effective and improved" rotavirus vaccine is  
> carefully orchestrated. This second vaccine has been developed for years and  
> has been ready to go. If rotavirus disease is so serious, the new  
> formulation should have been released already "to save lives". But it was  
> probably felt that releasing it too soon after the first fiasco would not  
> have been a good business move and as it happens sometimes, when it comes to  
> the care of children, MBAs may overrule MDs. So everyone involved had to  
> wait patiently for the opportune time. Indications are that 2004 will be the  
> year.*

>

> *For years, the inactivated flu vaccine has been recommended for the elderly.  
> It was also recommended for children and adults at risk, mainly those with  
> chronic debilitating conditions. Recently, annual vaccination of all  
> children aged 6 to 23 months and older children and adolescents in their  
> household was recommended. Because of parental concerns over thimerosal, a*

- > *"preservative-free" pediatric flu vaccine was expressly produced for the*
- > *2003-2004 season. Marketing experts decided that the description of the*
- > *product as "preservative-free" was less controversial than "mercury-free".*
- >
- > *A live intranasal flu vaccine, FluMist, was also recently licensed. As per*
- > *the manufacturer: "Before you get the flu, ask your health care*
- > *professional about new FluMist – the first nasal flu vaccine that helps*
- > *prevent the flu where the flu virus typically enters your body – your nose.*
- > *FluMist helps prevent the flu for the entire season. FluMist is indicated*
- > *for active immunization for the prevention of disease caused by influenza A*
- > *and B viruses in healthy children and adolescents, 5 to 17 years of age, and*
- > *healthy adults, 18 to 49 years of age. FluMist is not indicated for*
- > *immunization of individuals less than 5 years of age, or 50 years of age and*
- > *older."*
- >
- > *It is not exactly clear why suddenly healthy infants, children and adults*
- > *under the age of 50 needed to be vaccinated.*
- >
- > *As expected, an outbreak of flu occurred in the fall of 2003. A massive*
- > *barrage of "information" was orchestrated and news programs were saturated*
- > *except for two days after the capture of Saddam Hussein. There was special*
- > *emphasis on pediatric cases and particularly pediatric deaths.*
- >
- > *According to the 2003 "Red Book" of the American Academy of Pediatrics*
- > *(AAP), the Report of the Committee on Infectious Diseases and the*
- > *pediatrician's reference on the subject, par excellence: "Influenza*
- > *classically is characterized by sudden onset of fever, often with chills or*
- > *rigors, headache, malaise, diffuse myalgia, and a nonproductive cough.*
- > *Subsequently, the respiratory tract signs of sore throat, nasal congestion,*
- > *rhinitis, and cough become more prominent. Conjunctival injection, abdominal*
- > *pain, nausea and vomiting can occur. In some children, influenza can appear*
- > *as an upper respiratory tract infection or as a febrile illness with few*
- > *respiratory tract signs. In young infants, influenza can produce a*
- > *sepsis-like picture and occasionally can cause croup, bronchiolitis or*
- > *pneumonia. Acute myositis characterized by calf tenderness and refusal to*
- > *walk may develop after several days of influenza illness." (p. 382)*
- >
- > *Epidemiology and Prevention of Vaccine-Preventable Diseases is an important*
- > *CDC publication that is often used as a resource. The following is from page*
- > *249 of the 5th Edition: "The severity of influenza illness depends on the*
- > *prior immunologic experience with antigenically related virus variants. In*
- > *general, only around 50% of infected persons will develop the classic*
- > *clinical symptoms of influenza.*
- >
- > *'Classic' influenza disease is characterized by the abrupt onset of fever,*
- > *myalgia, sore throat, and non-productive cough. The fever is usually*
- > *101-102°F, and accompanied by prostration. The onset of fever is so abrupt*
- > *that the exact hour is recalled by the patient. Myalgias mainly affect the*
- > *back muscles. Cough is believed to be the result of tracheal epithelial*
- > *destruction. Additional symptoms may include rhinorrhea (runny nose),*
- > *headache, substernal chest burning and ocular symptoms (e.g. eye pain and*

- > *sensitivity to light.)"*
- >
- > *All of us who have had the flu remember the aches and pains, and how much*
- > *our eyes hurt when we moved them. We remember the cough and the fever and*
- > *the sick stomach. We remember how we felt tired and fatigued for a long*
- > *while. We actually remember our flu encounters so well that we feel sick all*
- > *over again watching that great commercial with the poor actor looking so*
- > *miserable and enumerating all his symptoms.*
- >
- > *MMWR*
- > *For years, the Mortality and Morbidity Weekly Report published by the CDC*
- > *has been the most reliable source of accurate information on diseases. The*
- > *CDC was so careful about every statement and figure that it included the*
- > *following disclaimer in every report on the Internet: All MMWR HTML versions*
- > *of articles are electronic conversions from ASCII text into HTML. This*
- > *conversion may have resulted in character translation or format errors in*
- > *the HTML version. Users should not rely on this HTML document, but are*
- > *referred to the electronic PDF version and/or the original MMWR paper copy*
- > *for the official text, figures, and tables. An original paper copy of this*
- > *issue can be obtained from the Superintendent of Documents, U.S. Government*
- > *Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800.*
- > *Contact GPO for current prices*
- >
- > *The MMWR of December 19, 2003 [ / 52(50);1232-1234] covers the period between*
- > *December 7 and 13. It can be accessed [here](#)*
- >
- > *Important portions will be copied verbatim and footnotes will be inserted*
- > *between brackets, immediately after the corresponding statements for clarity*
- > *(italics). My comments will appear in bold.*
- >
- > *Influenza activity in the United States continued to increase during*
- > *December 7--13, 2003\*. [\* Provisional data reported as of December 17] The*
- > *proportion of patient visits to sentinel providers for influenza-like*
- > *illness (ILI)? overall was 7.4%, which is above the national baseline\$ of*
- > *2.5%. [? Temperature of >100.0° F (>37.8° C) and cough and/or sore throat in*
- > *the absence of a known cause other than influenza] [\$ Calculated as the mean*
- > *percentage of visits for ILI during non-influenza weeks, plus two standard*
- > *deviations. Wide variability in regional data precludes calculating*
- > *region-specific baselines and makes it inappropriate to apply the national*
- > *baseline to regional data.] The above symptoms are not flu symptoms. They*
- > *are certainly not those listed in the Red Book and the quoted CDC*
- > *publication and they are certainly not those that the average person*
- > *attributes to the flu. A child or an adult with just such a low-grade fever*
- > *and a cough or a sore throat can hardly be said to have Influenza. The bar*
- > *has been substantially lowered if the CDC includes such cases in the*
- > *national flu statistics, whatever the intention. Similarly, one must wonder*
- > *why and how the 2.5% baseline for low-grade fever, sore throat or cough was*
- > *decided on. Certainly every primary physician and nurse practitioner will*
- > *easily assert that year-round, patients with such symptoms amount to a*
- > *greater percentage of visits. The unrealistic 2.5% figure lowers the bar*
- > *further.*

>  
> *During the reporting week of December 7--13, World Health Organization (WHO)*  
> *and National Respiratory and Enteric Virus Surveillance System (NREVSS)*  
> *laboratories reported testing 3,814 specimens for influenza viruses; 1,365*  
> *(35.8%) were positive. Of these, 262 were influenza A (H3N2) viruses, 1,080*  
> *were influenza A viruses that were not subtyped, and 23 were influenza B*  
> *viruses.*  
>  
> *Since September 28, WHO and NREVSS laboratories have tested 32,854 specimens*  
> *for influenza viruses; 9,464 (28.8%) were positive. Of these, 9,395 (99.3%)*  
> *were influenza A viruses, and 69 (0.7%) were influenza B viruses. Of the*  
> *9,395 influenza A viruses, 2,113 (22.5%) have been subtyped; 2,112 (>99.9%)*  
> *were influenza A (H3N2) viruses, and one (<0.1%) was an influenza A (H1)*  
> *virus. All 50 states have reported laboratory-confirmed influenza this*  
> *season. The fact that only 1/3 of the submitted specimens were positive is*  
> *of some concern and may suggest that most of the patients tested may not*  
> *have had the flu. A more careful clinical diagnosis, based on more*  
> *appropriate criteria, would have yielded reasonable incidence figures and*  
> *higher confirmation rates. One can only imagine the uproar if surgeons*  
> *performed appendectomies on patients who vomited once, had a low-grade fever*  
> *and a vague tummy ache.*  
>  
> *Of 269 influenza viruses collected by U.S. laboratories since October 1 and*  
> *characterized antigenically by CDC, 265 were influenza A (H3N2) viruses, two*  
> *were influenza A (H1) viruses, and two were influenza B viruses. The*  
> *hemagglutinin proteins of the influenza A (H1) viruses were similar*  
> *antigenically to the hemagglutinin of the vaccine strain A/New*  
> *Caledonia/20/99. Of the 265 influenza A (H3N2) isolates that have been*  
> *characterized, 62 (23%) were similar antigenically to the vaccine strain*  
> *A/Panama/2007/99 (H3N2), and 203 (77%) were similar to a drift variant,*  
> *A/Fujian/411/2002 (H3N2)\*\*. Both influenza B viruses characterized were*  
> *similar antigenically to B/Sichuan/379/99. [\*\* Although vaccine*  
> *effectiveness against A/Fujian/411/2002-like viruses might be less than that*  
> *against A/Panama/2007/99-like viruses, the current U.S. vaccine probably*  
> *will offer some cross-protective immunity against the A/Fujian/411/2002-like*  
> *viruses and reduce the severity of disease.] It is imperative to point out*  
> *that 77% of the cultures antigenically identified by the CDC did not match*  
> *the strain in the flu vaccine this year. In addition, one must question the*  
> *first statement in the footnote "Although vaccine effectiveness against*  
> *A/Fujian/411/2002-like viruses might be less than that against*  
> *A/Panama/2007/99-like viruses". The use of the word "might" seems*  
> *inappropriate. The vaccine effectiveness against A/Fujian/411/2002-like*  
> *viruses is definitely less than that against A/Panama/2007/99. The bar has*  
> *been lowered further. The authors were wise to use the word "probably" in*  
> *the following sentence: the current U.S. vaccine probably will offer some*  
> *cross-protective immunity against the A/Fujian/411/2002-like viruses and*  
> *reduce the severity of disease. Commenting on that possibility, an*  
> *infectious disease specialist said in an interview: "The available flu*  
> *vaccine will prevent death".*  
>  
> \* \* \*

- >
- > *On December 19, 2003, a MMWR Dispatch was also published by the CDC*
- > *(52:1–2). Reported by J Wright, DVM, A Likos, MD, N*
- > *Bhat, MD [EIS officers, CDC], it was entitled Update: Influenza–Associated*
- > *Deaths Reported Among Children Aged <18 Years --- United States, 2003–04*
- > *Influenza Season.*
- >
- > *Since October, 42 influenza–associated deaths among children aged <18 years*
- > *have been reported to CDC. All patients had influenza virus infection*
- > *detected by rapid antigen testing or other laboratory testing methods. The*
- > *fact that all 42 deaths, according to the authors, were*
- > *"influenza–associated" does not mean that the cause of death was the*
- > *influenza, of course. The second sentence serves to "reinforce" the first*
- > *and to convince anyone with doubts. But it cannot change the fact that*
- > *detection of influenza viral infection in the laboratory does not prove that*
- > *"The Flu" was the cause of death.*
- >
- > *Among the 42 reported deaths, 20 (48%) patients were male, and 21 (50%) were*
- > *female; the sex of one patient was not reported. Twenty–three (55%) of the*
- > *children were aged <5 years, and 13 (31%) were aged 6–23 months. The median*
- > *age was 4 years (range: 9 weeks–17 years). Seventeen (40%) of the children*
- > *had underlying chronic medical conditions; the previous medical status for*
- > *four (10%) children was unknown. Among the 21 patients who had no underlying*
- > *chronic medical condition, five had invasive bacterial co–infections,*
- > *including three caused by methicillin–resistant Staphylococcus aureus*
- > *(MRSA), one by Streptococcus pneumoniae, and one by Group A streptococcus.*
- > *Three children with underlying chronic medical conditions had invasive*
- > *bacterial co–infections, including one caused by MRSA, one caused by*
- > *Streptococcus pneumoniae, and one caused by Neisseria meningitidis. One must*
- > *wonder why in a review of national importance, an effort was not made to*
- > *identify the sex of one child and the past history of four others. The*
- > *underlying chronic conditions (some children had more than one) were: Lupus*
- > *1, cerebral palsy 2, chromosomal abnormality 1, hypothyroidism 1,*
- > *gastroesophageal reflux 1 and biliary atresia 1. Two children were*
- > *developmentally delayed and 2 had mental retardation. Three children had*
- > *asthma, one had received a heart transplant, 3 had seizure disorders, one*
- > *had Pierre Robin Syndrome and the last one had the syndrome of Cornelia de*
- > *Lange. The available information is not enough to determine the role of the*
- > *influenza infection in the demise of these children. Eight (19%) of the 42*
- > *children had fulminating systemic infections. At least in these, influenza*
- > *was not the primary cause of death. [The immediate cause of death is*
- > *listed first on a death certificate. To its right, the physician must enter*
- > *the interval between onset and death. In the following three lines,*
- > *underlying and associated causes are listed in order of significance with*
- > *the intervals between onset and death.]*
- >
- > *What may be tragic is the fact that, because of the continuous bombardment*
- > *with reports of the "epidemic", some parents, believing that their children*
- > *just had the flu, may have waited too long to seek medical advice for*
- > *meningitis, septicemia or pneumonia. Similarly, a busy ER physician seeing a*
- > *multitude of children brought by parents concerned about the "major flu*

- > epidemic" going on, may have thought that the child he was sending home,
- > simply had the flu, like all the others. Symptoms of early bacterial
- > meningitis are easily mistaken for the flu. This was evident in New
- > Hampshire around Christmas when an 18-year old co-ed was seen in an
- > Emergency Room, diagnosed with the flu and discharged without further
- > testing only to die of meningococcal meningitis a short time later. The
- > cases of the 5 children in the MMWR report, who died of invasive bacterial
- > illnesses, and who had no underlying condition, should be thoroughly
- > investigated. The fact that they "tested positive for the flu" may be
- > etiologically irrelevant.
- >
- > Influenza vaccination status was available for only seven patients; five
- > (aged 1 year, 14 months, 20 months, 3 years, and 8 years) were not
- > vaccinated; two (aged 21 months and 5 years) received 1 dose of influenza
- > vaccine; however, their previous vaccination history was unknown. Influenza
- > A viruses were isolated from 11 (26%) patients; 29 (69%) infections were
- > detected by rapid diagnostic testing or by direct fluorescent antibody
- > testing of respiratory specimens. In two (5%) patients, evidence of
- > influenza A virus infection was solely by immunohistochemical staining (IHC)
- > of postmortem tissue specimens at CDC. Five cases that were positive by
- > rapid antigen testing of respiratory specimens also were tested by IHC; all
- > five also had influenza A viral antigens detected in bronchial epithelium
- > tissues obtained at autopsy. CDC continues to work with state health
- > departments to collect additional information on all cases. The lack of
- > information on the vaccination status of 83% of the deceased children is
- > disturbing and indicates a further lowering of the bar. Positive viral
- > cultures are more definitive proofs of viral presence. The fact that viral
- > cultures were positive in only 26% of cases is important. On the other hand,
- > a positive viral culture is not absolute proof that influenza is the cause
- > of death; without more details, its significance is hard to determine.
- >
- > Lastly, the fact that the events that followed vaccination of seven children
- > were not made available for review is also of concern.
- >
- > Before December 2002, there were 12 reports to the Vaccine Adverse Events
- > Reporting System (VAERS) of children under 10, who expired shortly after
- > receiving the inactivated flu vaccine. It is accepted that only a small
- > percentage of actual reactions are ever reported to VAERS. In 11 cases, the
- > flu vaccine was the only vaccine administered. All children had serious
- > underlying chronic illnesses. Five children died within 24 hours of
- > vaccination and 2 within 72 hours.
- >
- > \* \* \*
- >
- > Influenza outbreaks are usually widespread and of uniform intensity. So, was
- > the flu a global emergency this past fall, as it seemed to be in the United
- > States? Specifically, what was the situation worldwide during the week of
- > December 7 to 13?
- >
- > According to a December 23, 2003 report of the World Health Organization
- > (WHO) entitled "Widespread influenza activity persists in northern

- > *hemisphere – update 5" Disease Outbreak Reported that covered Week 50, 7*
- > *December – 13 December 2003: " Influenza activity associated with influenza*
- > *A(H3N2) viruses continues to increase in Africa (Tunisia), Europe (Czech*
- > *Republic, Denmark, Finland, Italy, Norway, Russia, Switzerland, Russia*
- > *Federation and Ukraine) and North America (the United States), and persists*
- > *in France and some parts of Canada. In other European countries (Portugal,*
- > *Spain and the United Kingdom) and most parts of Canada, activity has*
- > *declined.*
- >
- > *Most influenza infections this season have been attributed to influenza*
- > *A(H3N2) viruses. The majority of viruses antigenically characterized so far*
- > *have been shown to be A/Fujian/411/2002–like; the rest have been*
- > *A/Panama/2007/99–like. There have been few reports of influenza*
- > *A/Fujian/411/2002–like virus detections from Asia .*
- >
- > *An avian influenza A(H5N1) outbreak in poultry in a chicken farm in the*
- > *Republic of Korea was reported on Tuesday 16 December. The outbreak was*
- > *recognized by the death of about 19 000 chickens. Surviving chickens in the*
- > *affected farm were slaughtered. As of Monday 22 December 2003, nine poultry*
- > *farms in 4 provinces were found to be infected by avian influenza. About one*
- > *million chickens and ducks are to be culled. The A(H5N1) strain isolated is*
- > *being examined to determine its relation to other influenza A(H5N1) viruses,*
- > *which emerged in Asia recently. So far no human A(H5N1) cases have been*
- > *reported. [[http://www.who.int/csr/don/2003\\_12\\_23/en/](http://www.who.int/csr/don/2003_12_23/en/)]*
- >
- > *It is not unusual for flu outbreaks to be increasing in the second week of*
- > *December. It is unusual that this outbreak was already decreasing in Spain,*
- > *Portugal, the United Kingdom and most of Canada. In fact, the British*
- > *vaccine authorities were so sure the flu season was over that they were*
- > *happy to sell their leftover stock of flu vaccines to the CDC. Over all, it*
- > *should be reassuring to note that a shorter paragraph was needed to*
- > *summarize the influenza activity globally in the week in question (December*
- > *7 to13) than to describe what happened in chicken farms in Korea.*
- >
- > *Over here, the CDC was publishing on December 11, a long and detailed report*
- > *entitled Flu Vaccine Supply–2003–04 Season*
- > *[<http://www.cdc.gov/flu/fluupdate.htm>] which started with the following*
- > *statement: "The strong consumer demand for influenza vaccine this year will*
- > *likely exceed the consumer demand seen in previous flu seasons. Some*
- > *healthcare providers have used – or may use -- all of their supplies of*
- > *influenza vaccine. In past years, supply has generally been sufficient to*
- > *meet demand. This year, however, a strong demand has continued for longer*
- > *than usual into the month of December. At a time when flu vaccination*
- > *clinics are typically winding down, people are still seeking vaccination.*
- >
- > *That certainly says it all.*
- >
- > *The early reports of vaccine shortage resulted in sustained greater demand.*
- > *People who had never been interested in previous flu vaccination programs,*
- > *when the vaccine supply was plentiful, were lining up this past fall before*
- > *the "vaccine ran out". To its credit, the CDC was able to provide vaccines*

- > *for anyone who wanted to be vaccinated. Vaccine supplies were redistributed*
- > *to areas with increased demands and more stock was imported from abroad.*
- > *People lined up in clinics on a first come first serve basis and in certain*
- > *sites, had to pick up little pink numbered tickets like those used at*
- > *delicatessen counters. The vaccine was also administered in drugstores and*
- > *senior centers.*
- >
- > *The owners of a retail chain considered distributing FluMist in their stores*
- > *but changed their mind when they realized that Christmas shoppers may not be*
- > *too thrilled if they were sneezed upon and showered with live viruses from*
- > *vaccinated folks. Computer-literate folks searched on eBay.*
- >
- > *In New York, two entrepreneurs without medical or nursing training, rented*
- > *space in an apartment building and started administering the flu vaccine to*
- > *anyone who could afford it. [They were arrested]. In Florida, thousands of*
- > *doses of an unapproved vaccine almost found their way to the people.*
- >
- > *Some HMO's became convinced that the flu was a National Emergency and*
- > *decided that distribution of the vaccine was the patriotic duty of all*
- > *healthcare providers. This resulted in payments that were less than the cost*
- > *of the product and its administration forcing some physicians to refer their*
- > *private patients to clinics.*
- >
- > *Earlier in the season, the makers of FluMist were concerned about the*
- > *limited popular interest and offered \$25 refunds to stimulate sales.*
- > *Recovery was quick when the shortage of the inactivated vaccine was*
- > *publicized. The perfect example of a win-win situation was the recent offer*
- > *by the CDC to purchase a substantial number of doses of FluMist at \$20 a*
- > *dose.*
- >
- > *Over all, the sales of flu vaccines exceeded everyone's expectations. Large*
- > *bonuses must have certainly been distributed and everyone in flu vaccine*
- > *companies must have had wonderful holidays. That was indeed a very good year*
- > *and it would not be surprising if textbooks for Business 101 were rewritten*
- > *to include a chapter entitled: "The Marketing of an Epidemic: The Flu of*
- > *2003".*
- >
- > *Some of the following questions have been asked. Many more should be.*
- >
- > *How effective is the inactivated flu vaccine? Is it safe? Does it still have*
- > *serious side effects? Does it cause long-term problems? Do the benefits*
- > *outweigh the risks for everyone including debilitated children and adults?*
- > *Should preservative-free products be developed for adults and particularly*
- > *the elderly? How are the strains for the upcoming season vaccine really*
- > *chosen? Do MDs get vaccinated yearly? How about the owners of the company*
- > *that manufactures the vaccines?*
- >
- > *How good is the live flu vaccine? Will it be considered "safe and effective"*
- > *after a few years? Do we really need to vaccinate every one?*
- >
- > *How serious was this Flu Epidemic?*

>

> *Why is Medicine changing so much?*

There is indeed no such thing as the "flu epidemic" when only 42 in the entire country have died as a result. That is what one call bad health care or a weakened immune system.If anyone can prove me wrong ,I wan to see the published evidence.