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Flu Vaccine: No Good Evidence

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(OMNS, Jan 14, 2012) Is it wise to have the flu vaccine, or Tamiflu, or would you get better protection just from taking vitamin D? Having a vaccine should be a matter of personal choice; we don't think that government or insurance companies or medical societies should be telling you what to do. If you're bothering to read this then you're clearly smart enough to make your own decisions about your own health. While you are deciding, here is a second opinion.

So What About Vaccines?

A major review appeared in the journal *Lancet Infectious Diseases* (1) in October (principal author Prof. Michael Osterholm, a respected researcher into infectious diseases). The paper, which found only 31 studies worthy of inclusion out of a massive 5,700 screened, concluded that there was only good evidence for moderate flu vaccine efficacy in healthy adults, and no real evidence of protection in those over 65 years, or for that matter in children. Of course it is the elderly, and particularly the frail elderly, that doctors are more concerned about - and in whom 90% of flu cases occur - and there was *no evidence* that flu vaccine prevents flu infection in this group.

Let's do that again; after nearly 6,000 studies of all sorts, there is no good evidence that flu vaccine prevents flu in its main target population.

The pooled effect in those healthy adults, aged 18 to 65, is reported as 57%, which means the vaccine roughly halves your chances of getting flu. What is well known about placebo effects can account for most of that 57% effect. If you know you've had a shot for the flu you think you're invincible. But since the chance of getting flu in that age group was less than 3% to begin with, that's really only about a 11/2 percent reduction. Rounding the figures off, if you're a healthy adult, the flu vaccine will reduce your risk of actually getting the flu from 1 in 36 to 1 in 83. These are figures that are not offered in any of these studies.

Then of course, this all happens at a price. Whatever you may have heard, there is no such thing as a medication without the risk of side-effects. In vaccines that risk can also come from the adjuvants. A vaccine is a small dose of an organism plus adjuvants - chemicals that are irritants to the immune system and trigger it to react to the organism part. Without adjuvants vaccines generally won't work. Popular adjuvants include the antibiotic gentamicin (too much of which can make you deaf), aluminum compounds (which probably contribute to Alzheimer's and other neurological diseases) (2), and the mercury antiseptic, thiomersal/thimerosal (long known to be toxic and recently suspected in autism) - after all, they have to be toxic to work as adjuvants. Fluarix, one of the main brands of flu vaccine in the USA and UK, is stated by the manufacturers to contain both gentamicin and thimerosal.

We also used to think that flu vaccine prevented deaths from flu to a significant extent, even if it didn't prevent overt infection - until we realized there was a major artifact at work. This is known as the *healthy vaccine recipient effect*, and the clue is in the name; a frail elderly person is much less likely to get down to their GP to have the vaccine than is a fit elderly person, who by the way is more likely to eat and live well, take vitamins and so on, and so has better resistance to viruses anyway.

What Osterholm and colleagues concluded, citing a couple of Californian studies, is that flu vaccine reduced all-cause mortality in those over 65 by a mere 4.6%. Is that worth the risk of adverse effects? That's the choice you have to make but now you can make it knowing these facts.

Tamiflu

So if the vaccine can't prevent you from getting the flu, how about Tamiflu (oseltamivir)? Well, it reduces the duration of flu symptoms by 1 to 11/2 days, and can give you other unpleasant symptoms, such as nausea and vomiting, and serious brain-fog ("I couldn't think past a comma"), even according to the official website (3). But recently we became aware of another problem with Tamiflu; basically, the whole planet is starting to become resistant to it - already - as shown in the next new paper (4), actually a PhD dissertation at the University of

Uppsala. Here's how it works; Tamiflu is excreted largely unchanged by patients, and is barely affected by sewage treatment. So the drug enters the waterways, as was shown during a flu outbreak in Japan, where ducks, the natural reservoir for the virus, can pick it up. And when this happens, the virus can probably (which means that so far it has happened in a lab experiment) develop resistance to Tamiflu.

So Tamiflu, which governments were stockpiling and then handing out like candy in the last big flu outbreak, may already be on the fast track past its *Sell By* date. We've been here before, with overuse of antibiotics leading to seriously resistant hospital bugs like MRSA. But that took decades. We've managed to squander this resource much faster, and it shows that we live on a small planet - and there's nowhere left to hide our waste. Everywhere is our doorstep now.

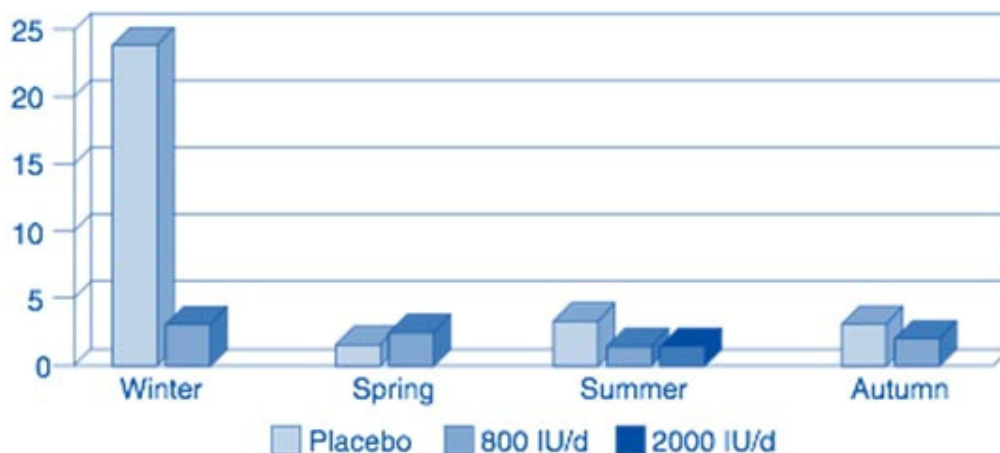
Vitamin D

Nobody could accuse us of overusing vitamin D. To begin with, we are almost all deficient, both in Northern Europe and the northern half of the USA (5). The final paper in this year's crop (6) shows that the higher your blood level of vitamin D the lower your risk of catching flu, or respiratory infections in general.

The study found this to be true up to a vitamin D blood level over 100 nmol/L, which we used to think was excessive. But nowadays we don't; the D*Action (<http://www.grassrootshealth.org/daction/index.php>) group located in San Diego have shown that you need to get even higher, above 125 nmol/L, in order to minimize your risk of developing most cancers, multiple sclerosis and other autoimmune diseases (7). Chances are the same applies to flu and chest infections. The problem is finding people with that high a vitamin D level to study them; D*Action found that it takes 9,600 IU per day of vitamin D by mouth to reliably get people above 100nmol/L (specifically, to get 97.5% of people there).

In the new UK study those with the highest vitamin D level - over 100 nmol/L - had about 50% the risk of getting respiratory infections of those with the lowest level - below 25nmol/L, which is truly deficient. All the subjects were Caucasians living in the UK, and you might expect that fair-skinned people would have a higher level of vitamin D, but this turns out not to be so - according to a 2009 study, again in the UK (8), Caucasian women have a slightly worse level of vitamin D than darker-skinned ones - no doubt because they heed the health warnings about skin cancer (now that's a story for another time). They didn't ask whether the subjects took any supplements, which could have made an even greater difference; a previous study in African-American women (9) found that a supplement of 800 IU per day of vitamin D reduced, and 2000 IU effectively wiped out, the risk of winter flu (see the chart below).

This was partly confirmed by a randomized controlled trial in Japanese schoolchildren which showed that 1200 IU reduced the incidence of confirmed influenza by 40% (10), and study at Yale which found that people with a serum vitamin D level over 38ng/ml (equivalent to 95 nmol/L, very close to the 100nmol/L used in the UK study) had half the chance of catching acute respiratory infections (11).



Before we get bogged down in the numbers, this is how I see it; if you live north of New York or Madrid you're unlikely to have enough vitamin D in your system. You can improve that somewhat with diet, but with supplements you can probably make almost 100% certain (96% in fact) that you don't get flu. How much vitamin D? At least 5,000 IU for an adult, and 10,000 is completely safe (or better still get it from sunlight - take a sunshine break now!). And if you do choose to have the vaccine, vitamin D might even make it work better (12).

OMNS is not specifically anti-vaccine, but we are very pro-personal choice; you can read our previous posting on this topic. (13) Get the facts, make up your own mind. Don't accept coercion or baloney from governments. As Vera Hassner Sharav said, *"Public health officials on both sides of the Atlantic have lost the public trust because they have been in league with vaccine manufacturers in denying that safety problems exist."*

Vaccines are a valuable asset and we shouldn't squander them the way we did antibiotics. You're not going to turn down rabies vaccine if you need it. But, equally, why ignore a gift of nature such as vitamin D?

References:

(To find a reference by PMID number, type or paste the number into the "Search" box at the top of <http://www.ncbi.nlm.nih.gov/sites/entrez>)

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