

MCH 789
February 22, 2008
Clare Loprinzi
Case Study Research/MCH program

Can exposure to the flu vaccination precede significant respiratory infection and are they linked?

Influenza, or the flu, is a contagious respiratory infection caused by a virus that usually comes during winter. Symptoms include fever, chills, runny nose, sore throat, cough, headache, muscle aches, fatigue, and decreased appetite. Conditions usually improve in two to three days. Western medical physicians' treatment for flu is just allowing the disease to run its course. Since the flu is a viral infection, antibiotics are ineffective. Bed rest and drinking lots of fluids are often recommended. Naturopathic physicians also work with bed rest and drinking lots of fluids, but also use many other natural modalities. Good diet, herbal medicines, and working with the healthy fever help the flu run a healthy course. If the flu is treated with just fluids and bed rest it may not have good outcomes. Their belief is that getting the illness and fighting it off properly leads to the best immunity the child can have for the rest of his/her life. These natural illnesses are a way to build lifetime immunity.

The flu can lead to complications, such as pneumonia, in high-risk groups. The elderly, people with heart, lung, or kidney dysfunctions, diabetes, anemia, or compromised immune systems fall into this high-risk group. In some circumstances, severe complications can lead to death.

There are three main types of flu virus, and each type can mutate, or change, from year to year. This makes it difficult to develop immunity to the disease. Every year health officials produce a new flu vaccine containing the three types of flu virus. For example, the influenza vaccine prepared for the 1999-2000 season included Sydney, Beijing, and Shangdong-like disease antigens. (2) The 2000-2001 flu vaccine contained Moscow, Beijing, and New Caledonia-like

strains of the virus. (3)

Kaea's case

Ka'ea is a well-educated woman who is a long-term kumu at a Hawaiian Immersion School. She has two young children, one five and the other 7. She takes great care of her children and when it came to making the decision whether to have her children take the flu vaccination, she studied the issue. She studied the handouts that were given to her from the school district and also went on Internet sites to find out more information on the flu vaccination.

She considered having the immunization because last year her daughter got the flu and was sick for three days. She had a fever, congestion and a cough and missed three days of school because of this illness. She was really sick and when she read up on the vaccination she was assured that if she had her daughter, son and she take it then they would be spared the flu this year. She read that she was given two options, the "flu shot"- an inactivated vaccine (containing killed virus) that is given by injection, usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. The other option, which was the one she chose is the nasal-spray flu vaccine- a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "live attenuated influenza vaccine" or FluMist). LAIV is approved for use in healthy people 2-49 yrs of age who are not pregnant. She found out that about two weeks after the vaccination, antibodies that provide protection against influenza virus infection develop in the body. She found out that October or November was the best time to get the vaccination.)

Thursday, November 2007, her two children had the nasal spray flu vaccination. She herself was not able to get the vaccination because she had a cold at the

time. Her children were not in the “reasons” given for who should not be vaccinated. These were:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in past.
- People who developed Gullain-Barre’ syndrone (GBS) within 6 weeks of getting an influenza vaccine previously.
- Influenza vaccine is not approved for use in children less than 6 months of age.
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

The next night after receiving the vaccination, her daughter became sicker than she had ever been, a fever of 102, delirious, and flu like symptoms. The next four days those flu symptoms became worse than her daughter had the year before. Her son did not react like her daughter. For the next three months her daughter stayed home ten more days with similar levels of the illness, this was not counting the days sick on the weekends. Ka’ea missed ten days of teaching because of this illness that her daughter had associated with the vaccine. It took many months for her daughter to regain her health and break the cycle of getting sick over and over again. The timing shows that Ka’ea’s daughter was well, received the vaccination and became ill. We know that vaccination diverts immune function from other illnesses. We also know that she was exposed to an illness that her mother and children at school had. Therefore it seems likely that the vaccination contributed to her illness and the course of the illness.

Ka’ea has since become more educated about the side-affects that can occur as a result of taking a flu vaccination. Thinking she was educated, she discovered that the information concerning this vaccination that is being circulated is totally one sided. Finding out the hard way what can happen as a result of giving her children the vaccination has needless to say made her look harder at making an

informed choice. The ones that pushed the vaccination and sent the information home did not give this information to her. The information written in the CDC fact sheet states that the testing has shown that both the flu shot and the nasal-spray vaccine are effective at preventing the flu. It also states that LAIV (FluMist) viruses in the nasal-spray vaccine are weakened and do not cause severe symptoms often associated with influenza illness. (In clinical studies, transmission of vaccine viruses to close contacts has occurred only rarely.) The side effects from LAIV can include:

- runny nose
- wheezing
- headaches
- vomiting
- muscle aches
- fever

Ka'ea has since done more research on this vaccine (and vaccines in general) and now knows that it is ok to be sick for a couple of days and let the sick take it's course with the knowledge of how to address the situation with diet, liquids, herbs/vitamins and lots of rest. It was brought to her attention afterwards that because she was sick her daughter was exposed to her sickness, besides all the sick kids at school and this could play a major part of her reaction to the vaccination. Her daughter may have been either in the early stages of the sickness or had a compromised immune system because of exposures to illnesses. This exposure to the cold may be responsible for the post-vaccination reaction or perhaps even caused the reaction she had as a result of the vaccination. She is now questioning the normal use of antibiotics and how to keep children from being sick all the time. This is prompting her to study how to keep her children healthy. Needless to say, Ka'ea did not do the last flu shot last month for either of her children.

Gathering Information

The facts that were presented to Ka'ea in the literature were not the reality that she experienced because she decided to protect her daughter with the flu vaccination. According to the article in US News and World Report, it states that there is evidence at building immunity in small children as they are in healthy teens and adults. The fact that people are concerned about thimerosal (a mercury-based preservative that can cause autism seem to be overlooked by the CDC Advisory Committee on immunization Practices who is expected to recommend that all school age children start getting annual flu immunizations by 2009 if it has not already happened. Reading Dr. Hurwitz article on the effects of immunizations, it is concluded that the DPT or tetanus vaccination appears to increase the risk of allergic reactions and related symptoms and asthma. How close are these children having all these vaccinations and where is the informed choice for them.

I went to the school health room and the nurse there did not know much. She tried to call the state and was told that the information was there. She stated It was not and then was told that if anyone wanted to know more than they should contact them. She asked what she should recognize as symptoms to be aware of and was not given an answer. They were also short with her and did not want to answer any question she had about negative side effects of this vaccination. They stopped by her office and gave her a pamphlet encouraging immunizing for the vaccination. This prompted me to dive deeper into research.

I decided to research the flu vaccination through the Internet as to what information a parent would most likely have access to. The push for vaccination was strong. It made informed or not informed parents who did not choose to vaccinate their child appear to be irresponsible. The US News (January 25, 2008) mentioned that New Jersey would become the first state to mandate the flu vaccine for children two and over that attends daycare or preschool. However this was the only article that mentions that there is evidence that flu shots are not as effective at creating immunity in the younger children as they are in teens and

adults. Another concern is the mercury-based preservative used in some flu shots.

Having researched the immunization issue for years, I have learned how to properly make an informed choice. I sent out an email to a number of people who are well researched on these issue. The Thinktwice Global Vaccine Institute receives their data from independent data on adverse reactions to vaccines. Cases of a reaction to the flu resulting in Gullain-Barre Syndrome (GBS), "reactivated mono", subcutaneous T-cell lymphoma, Goodpastures disease and death have occurred. I also talked to many people who had had reactions to the flu vaccines at the school that I teach at and others within the community. Having known four children that died as a result of other vaccinations also prompted me to do thorough research on this issue. Another resource for education on the flu vaccination (and all vaccinations) is Generation Rescue. (www.generationrescue.org). This information is gathered from an international group of parent-volunteers who believe that there is a direct correlation between overuse of antibiotics, vaccinations and environmental illnesses and the epidemics of ADD/ADHD, Asperger's, PDD-NOS and Autism.

According to this site there are legitimate concerns over the efficacy of some vaccines. The vaccine that they referred to specifically was the flu vaccine. "Consider the flu vaccine as just one example of where there may be evidence that the vaccine does not work" states a recent study was published in the Journal of the American Medical Association touting the safety of the flu vaccine. Nine of the studies authors had stated financial ties to vaccine manufacturers, and an additional four authors worked for the CDC. The study also stated: "It is also important to note that there is scant data on the efficacy and effectiveness of influenza vaccine in young children." On October 27, 2006, the British Medical Journal published an article also questioning the efficacy of the flu vaccine. The article noted: "Evidence from systematic reviews shows that inactivated vaccines [flu vaccines] have little or no effect on the effects measured. Little comparative evidence exists on the safety of these vaccines. Reasons for the current gap

between policy and evidence are unclear, but given the huge resources involved, a re-evaluation should be urgently undertaken...The optimistic and confident tone of some predictions of viral circulation and of the impact of inactivated vaccines, which are at odds with the evidence, is striking."

Finally in study of this case history of Ka'ea daughter, I read that this week (February 16, 2008) " The flu season is getting worse, and U.S. health officials say it's partly because the flu vaccine doesn't protect against most of the spreading flu bugs. The flu shot is a good match for only about 40 percent of this year's flu viruses, officials at the U.S. Centers for Disease Control and Prevention said Friday. " However last week, the World Health Organization took the unusual step of recommending that next season's flu vaccine have a completely different makeup from this year's. The U.S. Food and Drug Administration is expected to make its decision about the U.S. vaccine next week."(Associated Press, February 15, 2008)

The following questions come to mind after doing the research on the flu immunization.

- It is suspected that the flu vaccination impairs the immunity of children younger than two, why would this not apply to other ages?
- How much unbiased research has been done to study the positive and negative aspects of the flu vaccine?
- The flu vaccine is given during the flu season, how does this affect other sicknesses such as bronchitis and asthma?
- The United States does not use the BCG for tuberculosis because it is only 60% effective. Why then would you use a vaccine that is 40% effective, particularly when TB, which has drug resistance, is a much more serious illness than the flu?

Conclusion

Hawai'i DOH writes in the handout to the parents. "Please read both of these statements to help you decide which vaccine would be best for your child. (Inactivated influenza vaccine or Live intranasal influenza vaccine.) "Thank you for helping to make your child's school and our community a healthier place." Stickers that read "Protect Hawaii's keiki, STOP FLU AT SCHOOL, Hawai'i State Department of Health", are given out. These appear to be pretty bold statements after thorough informed information was gathered.

References

CDC- Influenza (Flu) Key Facts About Flu Vaccine

Flu Season Expected to Get Worse, Vaccine Doesn't Match Most Circulating Viruses, Health Officials Say. Associated Press, Feb. 15, 2008

Jefferson, T., Influenza Vaccination: Policy Versus Evidence, BMJ. Oct. 2006

Madera Tribune, Saturday 26, 2008, Time to Get a Flu Shot

US News & World Report, January 25, 2008 04:49 PM ET, Flu Shot for Toddlers

State of Hawai'i Department of Health Student Influenza Vaccination Consent Form, Inactivated Influenza Vaccine 2007-08 What You Need To Know, Live, Intranasal Influenza Vaccine What You Need To Know 2007-08

Think Twice Global Vaccine Institute, www.thinktwice.com

