05/01/20

Vaccinated vs. Unvaccinated—Part 9

We have now assembled nearly 60 studies that find vaccinated cohorts to be far sicker than their unvaccinated peers. CDC blocks access by independent scientists to the largest vaccine database, the Vaccine Safety Datalink, which Congress created expressly for the purpose of performing this kind of study.

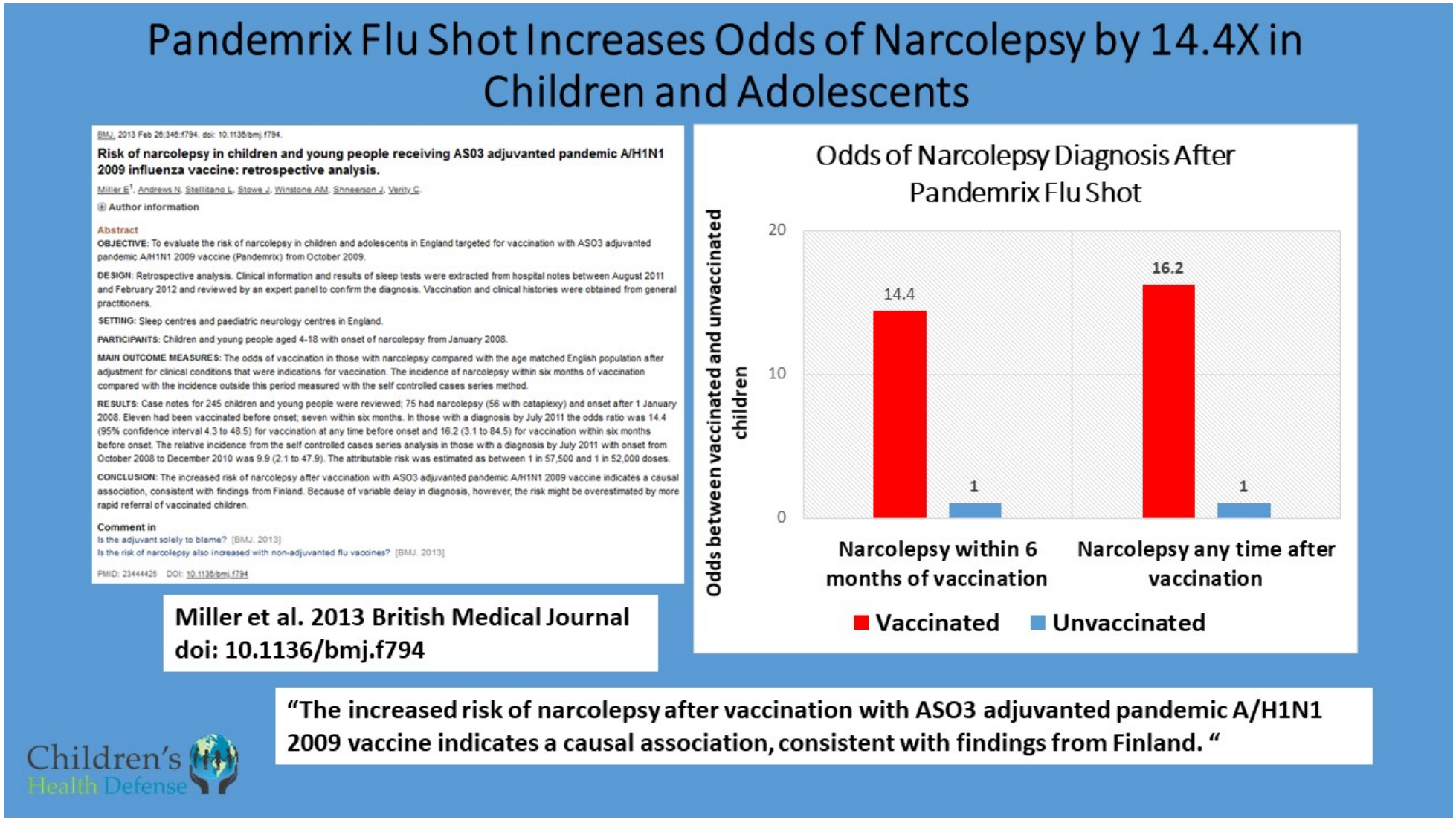
By Robert F. Kennedy, Jr., Chairman, Children's Health Defense

This is my ninth installment in CHD's series of studies comparing health outcomes in vaccinated vs unvaccinated populations. Despite CDC's and NIH's (Tony Fauci's) efforts to prevent the creation of these studies, courageous and independent university and government scientists have found ways to perform vaccinated/ unvaxxed studies. We have now assembled nearly 60 studies- all published in previous installments on my Instagram page and on CHD's website. All of these studies found vaccinated cohorts to be far sicker than their unvaccinated peers. CDC blocks access by independent scientists to the largest vaccine database, the Vaccine Safety Datalink, which Congress created expressly for the purpose of performing this kind of study.
(See full-sized Part 9 slides or see the complete Vaxxed-Unvaxxed presentation, Parts 1-9.)

Slides and Summaries from Part 9:

Slide 1 and Summary:

The increased risk of narcolepsy after vaccination with ASO3 adjuvanted pandemic A/HlNl 2009 vaccine indicates a causal association, consistent with findings from Finland.



Slide 2 and Summary:

In sum, this study demonstrates that trivalent influenza virus vaccine (TIV) elicits a measurable inflammatory response during pregnancy, and that considerable variability is seen between women in the magnitude of this response.

Influenza Vaccination Increases Inflammatory Response by 39% in Pregnant Women

Vaccine. 2011 Nov 8;29(48):8982-7. doi: 10.1016/j.vaccine.2011.09.039. Epub 2011 Sep 22.

Inflammatory responses to trivalent influenza virus vaccine among pregnant women.

Christian LM[1], Iams JD, Porter K, Glaser R.

Author information

Abstract

OBJECTIVE: In the U.S., seasonal trivalent influenza virus vaccine (TIV) is currently universally recommended for all pregnant women. However, data on the maternal inflammatory response to vaccination is lacking and would better delineate the safety and clinical utility of immunization. In addition, for research purposes, vaccination has been used as a mild immune trigger to examine in vivo inflammatory responses in nonpregnant adults. The utility of such a model in pregnancy is unknown. Given the clinical and empirical justifications, the current study examined the magnitude, time course, and variance in inflammatory responses following seasonal influenza virus vaccination among pregnant women.

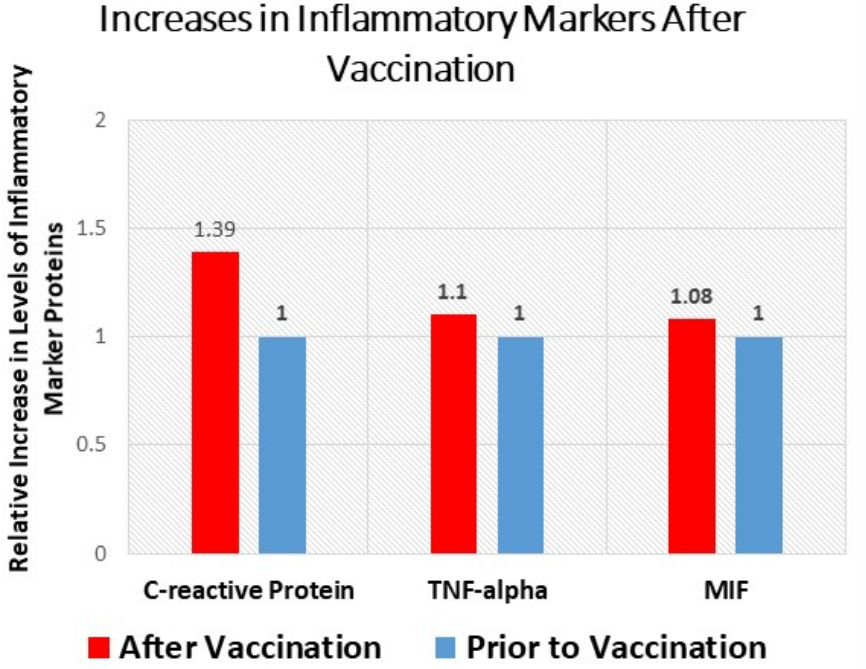
METHODS: Women were assessed prior to and at one day (n=15), two days (n=10), or approximately one week (n=21) following TIV. Serum interleukin (IL)-6, tumor necrosis factor (TNF)-α, C-reactive protein (CRP), and macrophage migration inhibitory factor (MIF) were determined by high sensitivity immunoassay.

RESULTS: Significant increases in CRP were seen at one and two days post-vaccination (ps<05). A similar effect was seen for TNF-α, for which an increase at two days post-vaccination approached statistical significance (p=.06). There was considerable variability in magnitude of response; coefficients of variation for change at two days post-vaccination ranged from 122% to 728%, with the greatest variability in IL-6 responses at this timepoint.

CONCLUSIONS: Trivalent influenza virus vaccination elicits a measurable inflammatory response among pregnant women. There is sufficient variability in response for testing associations with clinical outcomes. As adverse perinatal health outcomes including preeclampsia and preterm birth have an inflammatory component, a tendency toward greater inflammatory responding to immune triggers may predict risk of adverse outcomes, providing insight into biological mechanisms underlying risk. The inflammatory response elicited by vaccination is substantially milder and more transient than seen in infectious illness, arguing for the clinical value of vaccination. However, further research is needed to confirm that the mild inflammatory response elicited by vaccination is benign in pregnancy.

PMID: 21945263 PMCID: PMC3204610 DOI: 10.1016/j.vaccine.2011.09.039

Christian et al. Vaccine 2011
doi:10.1016/j.vaccine.2011.09.039



"In sum, this study demonstrates that trivalent influenza virus vaccine (TIV) elicits a measurable inflammatory response during pregnancy, and that considerable variability is seen between women in the magnitude of this response."

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Slide 3 and Summary:

Together with an inflammatory reaction, influenza A vaccine induced platelet activation and sympathovagal imbalance towards adrenergic predominance … The vaccine-related platelet activation and cardiac autonomic dysfunction may transiently increase the risk of cardiovascular events.

Influenza Vaccination Increases Inflammatory Response by 173% and Induces Platelet Activation and Cardiac Imbalance

J Intern Med. 2011 Jan;269(1):118-25. doi: 10.1111/j.1365-2796.2010.02285.x. Epub 2010 Oct 22.

Inflammation-related effects of adjuvant influenza A vaccination on platelet activation and cardiac autonomic function.

Lanza GA[1], Barone L, Scalone G, Pitocco D, Squeglia GA, Mollo R, Nerla R, Zaccardi F, Ghirlanda G, Crea F.

⊕ Author information

Abstract

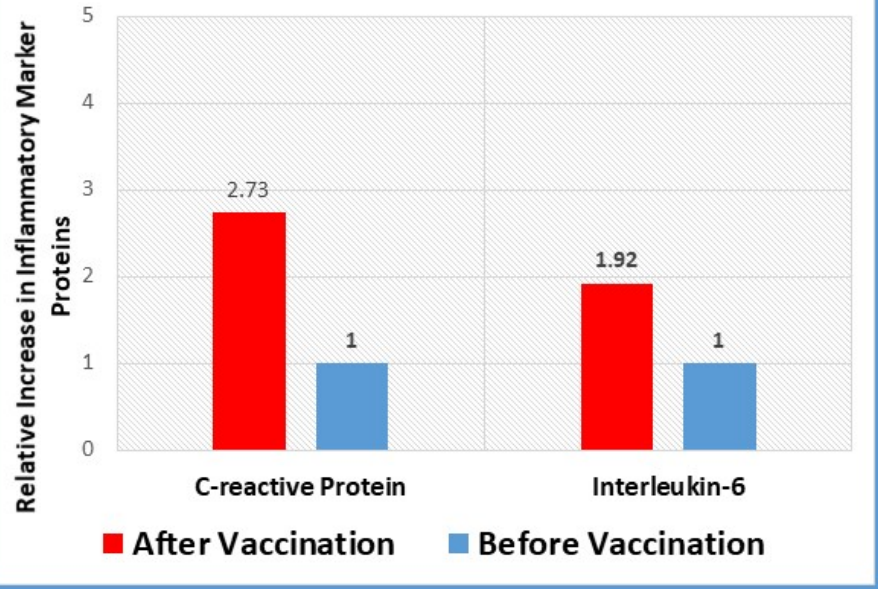
BACKGROUND: Inflammation, platelet reactivity and cardiac autonomic dysfunction increase the risk of cardiovascular events, but the relationships between these prognostic markers are poorly defined. In this study, we investigated the effect of an inflammatory stimulus (influenza A vaccine) on platelet activation and cardiac autonomic function.

METHODS: We measured serum C-reactive protein (CRP) and interleukin-6 levels, monocyte-platelet aggregates (MPAs) and monocyte/platelet receptor expression before and after adjuvant influenza A vaccination in 28 patients with type II diabetes (mean age 62.1 ± 8 years, 18 men). Twenty-four-hour Holter electrocardiogram was recorded 24 h before and after vaccination; heart rate variability (HRV) was assessed as a measure of cardiac autonomic function.

RESULTS: Inflammatory cytokines, MPA formation and monocyte/platelet receptor expression increased after vaccination. CRP was 2.6 ± 2.8 and 7.1 ± 5.7 mg L^{-1} 48 h before and after vaccination, respectively ($P < 0.0001$). HRV parameters decreased after vaccination compared to baseline, with very low-frequency amplitude showing the most significant change (34.6 ± 11.8 and 31.0 ± 10.2 ms 48 h before and after vaccination, respectively; $P = 0.002$). A significant correlation was found between percentage changes in CRP levels and in most HRV variables, with the most significant correlations between changes in CRP levels and changes in standard deviation of all normal RR intervals ($r = 0.43$; $P = 0.02$).

CONCLUSIONS: Together with an inflammatory reaction, influenza A vaccine induced platelet activation and sympathovagal imbalance towards adrenergic predominance. Significant correlations were found between CRP levels and HRV parameters, suggesting a pathophysiological link between inflammation and cardiac autonomic regulation. The vaccine-related platelet activation and cardiac autonomic dysfunction may transiently increase the risk of cardiovascular events.

PMID: 20964738 DOI: 10.1111/j.1365-2796.2010.02285.x



Lanza et al. 2011 J Intern Med
doi: 10.1111/j.1365-2796.2010.02285.x

"Together with an inflammatory reaction, influenza A vaccine induced platelet activation and sympathovagal imbalance towards adrenergic predominance... The vaccine-related platelet activation and cardiac autonomic dysfunction may transiently increase the risk of cardiovascular events."

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Slide 4 and Summary:

Vaccinating pigs with whole inactivated H1N2 (human-like) virus vaccine (WIV-H1N2) resulted in enhanced pneumonia and disease after pHlNl infection.

Influenza Vaccination Increases Susceptibility to and Damage Caused by Non-Target Flu Strains

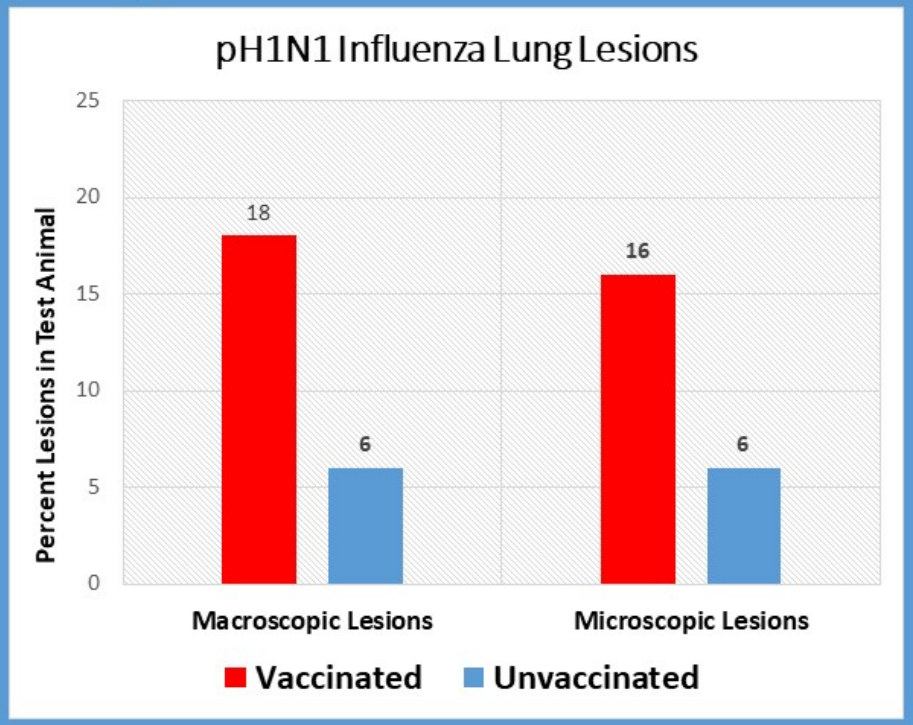
INFLUENZA

Vaccine-Induced Anti-HA2 Antibodies Promote Virus Fusion and Enhance Influenza Virus Respiratory Disease

Surender Khurana,[1] Crystal L. Loving,[2] Jody Manischewitz,[1] Lisa R. King,[1] Phillip C. Gauger,[3] Jamie Henningson,[4] Amy L. Vincent,[2]* Hana Golding[1]*

Vaccine-induced disease enhancement has been described in connection with several viral vaccines in animal models and in humans. We investigated a swine model to evaluate mismatched influenza vaccine-associated enhanced respiratory disease (VAERD) after pH1N1 infection. Vaccinating pigs with whole inactivated H1N2 (human-like) virus vaccine (WIV-H1N2) resulted in enhanced pneumonia and disease after pH1N1 infection. WIV-H1N2 immune sera contained high titers of cross-reactive anti-pH1N1 hemagglutinin (HA) antibodies that bound exclusively to the HA2 domain but not to the HA1 globular head. No hemagglutination inhibition titers against pH1N1 (challenge virus) were measured. Epitope mapping using phage display library identified the immunodominant epitope recognized by WIV-H1N2 immune sera as amino acids 32 to 77 of pH1N1-HA2 domain, close to the fusion peptide. These cross-reactive anti-HA2 antibodies enhanced pH1N1 infection of Madin-Darby canine kidney cells by promoting virus membrane fusion activity. The enhanced fusion activity correlated with lung pathology in pigs. This study suggests a role for fusion-enhancing anti-HA2 antibodies in VAERD, in the absence of receptor-blocking virus-neutralizing antibodies. These findings should be considered during the evaluation of universal influenza vaccines designed to elicit HA2 stem-targeting antibodies.

Khurana et al. 2013 Sci Translational Med
DOI: 10.1126/scitranslmed.3006366



"Vaccinating pigs with whole inactivated H1N2 (human-like) virus vaccine (WIV-H1N2) resulted in enhanced pneumonia and disease after pH1N1 infection."

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Slide 5 and Summary:

In assessing the effectiveness of the TIV for preventing hospitalization with influenza in all subjects, there was an overall trend towards higher rates of hospitalization in subjects who got the TIV as compared to the ones who did not get the TIV(OR:2.97,CI: 1.3,6.7).

Influenza Vaccination Increases Hospitalizations in Asthmatic Patients by 2.97X

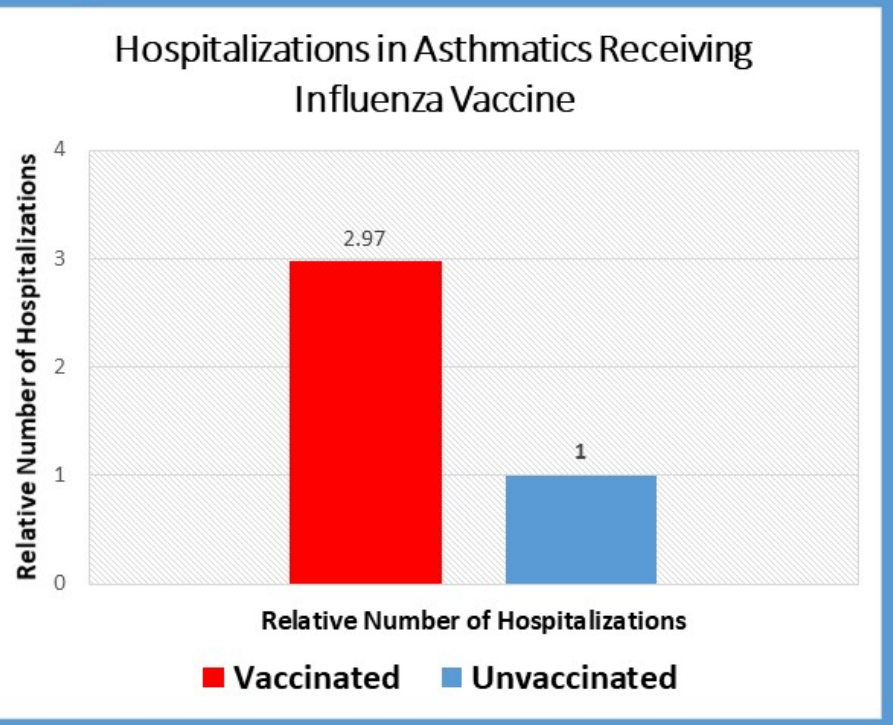
C94 VIRAL INFECTIONS IN CHILDHOOD RESPIRATORY DISEASE / Mini Symposium / Tuesday, May 19/1:30 PM-4:00 PM / Room 3 (Upper Level) San Diego Convention Center

Flu Vaccination in Asthmatics: Does It Work?.

A. Y. Joshi, MD[1], V. N. Iyer, MD,MPH[1], M. F. Hartz, MD[1], G. W. Volcheck, MD,Ph.D[1], A. M. Patel, MD[1] and J. T. Li, MD,Ph.D[1].
Email: joshi.avni@mayo.edu

[1]Mayo Clinic College of Medicine, Rochester, MN.

INTRODUCTION: Influenza is known to be associated with asthma exacerbation but the effectiveness of the trivalent inactivated flu vaccine (TIV) in asthmatics is unknown.
METHODS: We conducted a ***cohort study*** of all pediatric subjects(6 months to 18 years age) who were evaluated at Mayo Clinic, Rochester, MN, USA who had laboratory confirmed influenza during each flu season from 1999–2006 to evaluate the efficacy of TIV. A case control analysis was performed with the cases and the controls being the subjects with asthma who did and did not required hospitalization with the influenza illness respectively.
RESULTS:
There were 236 subjects with laboratory confirmed influenza from 1996–2006.
In assessing the effectiveness of the TIV for preventing hospitalization with influenza in all subjects, there was an overall trend towards higher rates of hospitalization in subjects who got the TIV as compared to the ones who did not get the TIV(OR:2.97, CI: 1.3,6.7).Using Cochran–Mantel–Haenszel (CMH) test for Asthma status stratification, there was a significant association between hospitalization in asthmatic subjects and TIV (P=0.006).
In the asthmatic subset:
There was no association between ER visit and receiving the TIV ,severity of asthma and the risk of hospitalization or the hospital length of stay and receiving the TIV.
In assessing access to medical care, there was no association between hospitalizations and health care insurance plans (Odds ratio:0.3, P= 0.13)
CONCLUSION:
1) TIV did not provide any protection against hospitalization in pediatric subjects' esp. children with asthma. On the contrary, we found a 3– fold increased risk of hospitalization in subjects who did get the TIV vaccine.This may be a reflection not only of the vaccine effectiveness but also the population of children who are more likely to get the vaccine.
2) More studies are needed to assess not only the immunogenicity but also efficacy of different influenza vaccines in asthmatic subjects.



Joshi et al. 2009 American Thoracic Society Conference Abstract

"In assessing the effectiveness of the TIV for preventing hospitalization with influenza in all subjects, there was an overall trend towards higher rates of hospitalization in subjects who got the TIV as compared to the ones who did not get the TIV(OR:2.97,CI: 1.3,6.7). "

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Slide 6 and Summary:

Cardiorespiratory events were associated marginally with receipt of multiple injections {OR, 3.62; 95% Cl 0.99-13.25) and significantly with gastroesophagealreflux {GER) {OR, 4.76; 95% Cl 1.22-18.52).

Suggest a Correction

- H1N1 Influenza
- H1N2
- Narcolepsy
- platelet activation
- trivalent influenza virus vaccine