Devastating evidence: The inconvenient truth about the flu vaccine

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It is advertised like sour beer in the media and there are posters for it in almost every waiting room: the flu vaccination. But how well does it protect? At “Impfgeflüster”, we looked at the studies - with devastating results.

The confusion starts with the terminology. **The media and politicians throw the term “flu” around without hesitation and without differentiating.** It is impossible to determine the alleged causative pathogen based on the symptoms alone. The clinical manifestations of genuine influenza and a variety of flu-like respiratory diseases are almost identical.

Particularly explosive: **nobody knows the exact numbers of cases and deaths from influenza.** Regular surveillance systems cannot reliably distinguish between real flu and flu-like illnesses. Routine autopsies to determine the cause of death? Not a chance. Instead, exaggerated estimates and extrapolations dominate - the basis for highly inflated statistics and incorrect calculations. In Austria, only the summer deaths are subtracted from the winter

deaths when calculating the number of flu deaths. In spite of this mass of figures, the flu vaccination is advertised almost non-stop.

Vaccinated against flu - and promptly ill?

To address patient fears that the flu vaccine causes acute respiratory illness, the Centers for Disease Control and Prevention (CDC) funded a three-year study, published in the journal Vaccine, to compare the risk of illness after flu vaccination with the risk of illness in unvaccinated individuals. **The study, which involved healthy volunteers, found a 65% increased risk of non-influenza acute respiratory illness within 14 days of flu vaccination.** The authors state: "The patients' experience of illness after vaccination can be confirmed by these results." The most common alleged non-influenza pathogens found were rhinoviruses, enteroviruses, respiratory syncytial viruses and coronaviruses.

Although flu vaccines only target a few strains of flu viruses, over 200 different supposed viruses cause illnesses with exactly the same symptoms as the flu - fever, headache, aches, cough and cold. Over 85% of acute respiratory illnesses are not flu.

Studies fail in series to prove effectiveness

Studies show that the flu vaccine does not reduce demand in hospitals.

The National Institute of Health (NIH) funded a study to measure the impact of the seasonal flu vaccine on hospital admissions among the elderly. The study analyzed 170 million cases of medical care and concluded that, quote, "There is no evidence that vaccination reduced the number of hospital admissions."

Furthermore, a 2018 Cochrane review that evaluated 52 clinical trials on the effectiveness of flu vaccines found **no significant difference in hospital admissions between vaccinated and unvaccinated adults.** Instead, the reviewers found "low-certainty evidence that hospitalization rates and lost work time may be comparable between vaccinated and unvaccinated adults".

There is a long tradition of analyzing family households to study the incidence and transmission of respiratory diseases of all severities. For this reason, the CDC funded a study of 1,441 participants, both vaccinated and unvaccinated, in 328 households. The study evaluated the ability of influenza vaccines to prevent community-acquired influenza (household index cases) and influenza that occurred in persons with confirmed exposure to influenza in the household (secondary cases). Transmission risks were identified and characterized.

In conclusion, the authors state: **"There was no evidence that vaccination prevented household transmission once influenza had occurred."** The flu vaccine does not prevent influenza in about 65% of cases.

Studies have also shown that flu vaccines have low efficacy in people who are vaccinated in two consecutive years. A review of 17 influenza vaccine studies published in the "Expert Review of Vaccines" states: "The effects of repeated annual vaccination on individual long-term protection, population immunity and viral evolution are still largely unknown."

Prior to the widespread use of the flu vaccine in children, between 2000 and 2003, the odds of dying from the flu for children aged 18 and under were about 1 in 1.26 million, or 0.00008%. In a 2004 report, the CDC stated, "Influenza deaths are rare among children with and without risk factors."

The National Vaccine Program Office, a division of the U.S. Department of Health and Human Services (HHS), funded a study to examine influenza deaths over a 33-year period (1968-2001). The study found **no decline in flu mortality associated with widespread use of the flu vaccines.**

The authors stated: "We found no correlation between increasing vaccination coverage after 1980 and decreasing mortality rates in any age group ... We conclude that observational studies substantially overestimate the benefits of vaccination."

In addition, the National Institute of Health (NIH) funded a study to measure the impact of seasonal influenza vaccination on mortality in the elderly. **The study analyzed 7.6 million deaths and found "a large increase in influenza vaccination rates at age 65 without a corresponding decrease in hospitalization or mortality rates."**

Further studies show that patients do not benefit from vaccinating healthcare workers. A review of more than 30 influenza vaccine trials conducted for the Cochrane Library states: "Our results did not provide conclusive evidence of the benefits of vaccination programs for healthcare workers. No evidence was found for specific outcomes of laboratory-detected influenza and its complications, nor for all-cause mortality in people over 60 years of age." The authors conclude: **"This review does not provide reasonable evidence for vaccinating healthcare workers to prevent influenza."** Influenza vaccinations are not scientifically sound.

A Cochrane Vaccines Field analysis evaluated studies measuring the benefits of influenza vaccination. The analysis, published in the BMJ, concludes: "The large discrepancy between policy and what the data tell us (when carefully collated and evaluated) is surprising ... The evidence from systematic reviews shows that inactivated vaccines have little or no impact on the effects measured ... The reasons for the current discrepancy between policy and evidence are unclear, but given the enormous resources devoted to it, an urgent reassessment should be undertaken."

Follow-up vaccines are not tested for real efficacy

Drug authorities do not consider the annually updated flu and COVID vaccines to be new vaccines in the true sense of the word. For these reasons, they generally do not require proof that these vaccines protect people from illness, hospitalization, or death from flu or COVID before approval. However, people who get vaccinated against a respiratory infection want to know how well they are protected throughout the season.

Regulatory authorities are satisfied with much less. **It is sufficient for them if manufacturers demonstrate that the adapted vaccines work in the laboratory and lead to the production of antibodies in vaccinated individuals.** Such studies can be conducted more quickly and are much less expensive than studies that examine protection against disease, hospitalization, and death. For example, when the COVID vaccine adapted for the Omikron XBB.1.5 virus variant was approved in the US in June 2023, the regulatory authority

only had data on its effectiveness in mice. To be precise, it was only eight mice. Of the eight mice, three died after just a few days. The regulatory authorities were not interested. The US CDC recommended vaccination with the adapted COVID vaccine based on efficacy estimates that it itself classified as "uncertain" or "very uncertain." Its statements on how well the vaccine protected were based on a single observational study in humans, which had also been conducted with the previous vaccine.

A clinical trial of a flu vaccine conducted in China used a real saline placebo. In this study, researchers found no difference between the trivalent flu vaccine and the saline placebo in preventing flu. Meaning, it didn't work.

What the Chinese researchers discovered, however, was that **those who received the flu vaccine experienced a 340 percent increase in non-flu-related acute respiratory infections (ARI).**

The current US vaccination schedule recommends nearly four vaccinations annually until age 18, and a COVID dose is also recommended for every person in 2025.

A few days ago, the US CDC, the central health authority for the United States, published its vaccination schedule for 2025. Over 200 vaccinations are now recommended as "routine." Almost 40 years ago, that number was seven. In 1986, the pharmaceutical industry was granted a liability exemption for vaccines. The flu vaccine market is estimated to be worth $15 billion by the end of 2030.

US Secretary of Health Robert F. Kennedy Jr. said: **“Not in a million years would I get a flu shot.”**

Links Special 3 – Flu vaccination (as of January and February 2025)

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