

Flu Vaccine Mismatched, but Pharma Shills Say Take It Anyway

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STORY AT-A-GLANCE

- › One pre-published study found a mismatch between the current flu vaccine and the main circulating strain, which may explain a recent flu outbreak on a college campus where the data suggested the vaccine was not effective
- › The argument to take the vaccine is that it may help reduce the severity of the illness. Yet, studies have demonstrated that seniors are not better protected, and the shot may only reduce the initial headache from flu
- › People who received the vaccine in 2008-2009 had a higher likelihood of contracting pandemic H1N1 in 2009; health experts believe this may repeat during the COVID pandemic as some have already found a positive association between COVID death and flu vaccination rates in the elderly
- › Experts believe, and data confirm, the research on flu vaccination is weak. Moderna and others are chasing larger returns as they plow ahead in human trials for an mRNA flu vaccine despite mounting adverse events

A search of the Vaccine Adverse Events Reporting System (VAERS) for 2019 using "flu" as the vax type and "influenza" as the vax name, recorded 12,061 adverse events following the influenza vaccine. In 2018, that number was 12,970.¹

Despite what was considered a high number of adverse events in 2019, the effectiveness of the vaccine has been questionable. According to the Centers for

Disease Control and Prevention:²

"While vaccine effectiveness (VE) can vary, recent studies show that flu vaccination reduces the risk of flu illness by between 40% and 60% among the overall population during seasons when most circulating flu viruses are well-matched to those used to make flu vaccines."

In other words, only in years when the vaccine is well-matched to most circulating viruses will the shot afford protection for 40% to 60% of the overall population. This flu season doesn't meet the criteria and so we can expect a low rate of protection in the overall population and possibly even lower in the elderly.

According to the National Foundation for Infectious Diseases,³ this is the very population that requires the best protection. Older adults are at higher risk of related complications and other flu-related risks, such as heart attack and stroke, which increase in the first two weeks after infection.⁴

This Year's Flu Vaccine Doesn't Match the Circulating Virus

Headlines in the news are calling this year's flu shot a "mismatch" for the dominant strain,⁵ but continue to encourage adults and children to get a shot without also encouraging healthy behaviors. The information comes from a study⁶ co-written by Scott Hensley, professor of microbiology at the Perelman School of Medicine at the University of Pennsylvania.

The researchers wrote that although there may be a mismatch between the flu vaccine and the circulating H3N2 subtype of the influenza virus, "Studies have clearly shown that seasonal influenza vaccines consistently prevent hospitalizations and deaths even in years where there are large antigenic mismatches."⁷

Hensley spoke with a reporter from CNN,⁸ sharing that they have been monitoring the H3N2 strain of flu for months, which is the main circulating strain. He believes this strain will evade the antibodies your body produces in response to the current vaccine.

In November 2021, there was an outbreak of flu at the University of Michigan, in which 700 people were affected and more than 26% who tested positive for flu had been vaccinated.⁹ Interestingly, this was the same percentage as those who tested negative, indicating the vaccine was not effective.

Hensley's argument for taking the vaccine despite the mismatch is that while the vaccine does not generate the right antibodies for the new version of H3N2, the mismatch does not affect the second line of defense: your T cells. These are designed to help protect against severe disease.

One paper in 2016¹⁰ outlined the importance of memory T-cells against the influenza virus and suggested the need for addressing this shortcoming in the flu vaccines. Two new approaches being researched at the time were infection permissive and recombinant T-cell inducing vaccines.

According to the CDC,¹¹ 82% of the 2021-2022 flu vaccine will be produced using egg-based manufacturing technology and the remaining 18% using recombinant and cell-based technology.

Mismatched Vaccine May Do Seniors More Harm Than Good

Despite assurances from the CDC that an annual flu shot is the best protection for seniors, there is a dismal history of effectiveness. After studies showed that protection in the elderly against mortality was low,¹² the Flucelvax vaccine was introduced.¹³

It was promoted as an improved flu shot that would protect more people and yet, FDA research¹⁴ showed no significant difference between this vaccine and a conventional flu shot in seniors. The overall effectiveness in preventing hospitalizations for flu shots in the study was 24% in people 65 and older, while the Flucelvax shot had an effectiveness rate of 26.5% in the same population.¹⁵

Health officials also frequently encourage flu vaccines to lessen the severity of disease, but a 2017 study found these claims were also not true.¹⁶ Analyzing data from

vaccinated and unvaccinated seniors diagnosed with influenza, the researchers found only a reduction in initial headache complaints in those who had been vaccinated.

And yet the same researchers implausibly suggest that this very slight improvement in initial flu symptoms was enough to warrant the suggestion to "reinforce the need for influenza vaccines providing better protection."¹⁷

Another systematic review and meta-analysis published in The Lancet Infectious Diseases similarly found "Evidence for protection [from influenza vaccines] in adults aged 65 years or older is lacking."¹⁸

Will the Flu Vaccine Raise COVID-Related Deaths?

Questions arose after the 2009 mass vaccination campaign against H1N1 swine flu about whether seasonal influenza vaccinations may make pandemic infections worse or more prevalent.¹⁹ This same question has arisen during the COVID-19 pandemic.

A review of four studies published in 2010^{20,21} showed that people who received the trivalent influenza vaccine during the 2008-2009 flu season were between 1.4 and 2.5 times more likely to get infected with pandemic H1N1 in the spring and summer of 2009 than those who did not get the seasonal flu vaccine.

In the early months of the COVID pandemic, Dr. Michael Murray, naturopath and author, agreed with what Judy Mikovitz, Ph.D., spoke with me about during one of our interviews²² — seasonal influenza vaccinations may have contributed to the dramatically elevated mortality from COVID-19 seen in Italy. In a blog post, Murray pointed out that Italy had introduced a new, more potent type of flu vaccine, called VIQCC, in September 2019:²³

"Most available influenza vaccines are produced in embryonated chicken eggs. VIQCC, however, is produced from cultured animal cells rather than eggs and has more of a "boost" to the immune system as a result. VIQCC also contains four types of viruses – 2 type A viruses (H1N1 and H3N2) and 2 type B viruses."²⁴

It looks like this "super" vaccine impacted the immune system in such a way to increase coronavirus infection through virus interference that set the stage for what happened in Italy."

Cell-based technology flu vaccines, which are included in the 18% of vaccines distributed in the 2021-2022 season in the U.S., are cultured in animal cells.²⁵ One study published in early 2020 in the journal *Vaccine* showed people were more likely to get some form of coronavirus infection if they had been vaccinated against influenza. The scientists wrote:²⁶

"Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as virus interference ... Examining virus interference by specific respiratory viruses showed mixed results. Vaccine derived virus interference was significantly associated with coronavirus and human metapneumovirus."

October 1, 2020, Christian Wehenkel, an academic editor for PeerJ, published a data analysis²⁷ in which he reported finding a "positive association between COVID-19 deaths and influenza vaccination rates in elderly people worldwide." In other words, areas with the highest flu vaccination rates among elderly people also had the highest COVID-19 death rates. To be fair, the publisher noted that correlation does not necessarily equal causation.

That said, one of the reasons for the analysis was to double-check whether the data would support claims that seasonal influenza vaccination was negatively correlated with COVID-19 mortality – including one that found regions in Italy with higher vaccination rates among elders had lower COVID-19 death rates.²⁸ "A negative association was expected," Wehenkel writes in PeerJ. But that's not what he found:²⁹

"Contrary to expectations, the present worldwide analysis and European sub-analysis do not support the previously reported negative association between COVID-19 deaths (DPMI) [COVID-19 deaths per million inhabitants] and IVR [influenza vaccination rate] in elderly people, observed in studies in Brazil and Italy ...

The results showed a positive association between COVID-19 deaths and IVR of people ≥ 65 years-old. There is a significant increase in COVID-19 deaths from eastern to western regions in the world. Further exploration is needed to explain these findings, and additional work on this line of research may lead to prevention of deaths associated with COVID-19."

Co-Founder of Cochrane Finds Flu Research Weak

Professor Peter Gøtzsche is a Danish physician-researcher who co-founded the Cochrane Collaboration in 1993 and later launched the Nordic Cochrane Centre. He has been an outspoken critic of conflicts of interest and bias in research.

In a February 9, 2020, tweet,³⁰ Gøtzsche wrote: "Cochrane corruption. A Cochrane review did not find that flu shots reduce deaths ... 'After invitation from Cochrane,' a financially conflicted person 're-arranged' the data and vaccines reduced deaths. They don't ..."

Indeed, in past years, Cochrane has repeatedly found flu vaccinations are ineffective and have no appreciable effect on influenza-related hospitalizations and mortality. For example:

- A 2006 systematic review³¹ of 51 studies analyzing the effectiveness of the shot in children found a 33% effectiveness in children using live vaccines and 36% using inactivated vaccines.
- A 2010 Cochrane review³² of 50 influenza studies found "In the relatively uncommon circumstance of vaccine matching the viral circulating strain and high circulation, 4% of unvaccinated people versus 1% of vaccinated people developed influenza symptoms ... Vaccination had a modest effect on time off work and had no effect on hospital admissions ..."
- A 2010 Cochrane review³³ of 75 studies analyzing the effectiveness of preventing influenza in the elderly found the studies were generally of low quality and there was a "likely presence of biases" making any firm conclusions possibly misleading.

- In a 2018 Cochrane review³⁴ of 41 clinical trials on live and inactivated flu vaccines in children they found for live attenuated vaccines, "Seven children would need to be vaccinated to prevent one case of influenza, and 20 children would need to be vaccinated to prevent one child experiencing an ILI [influenza-like illness] ..."

Children vaccinated with inactivated vaccines showed "Five children would need to be vaccinated to prevent one case of influenza, and 12 children would need to be vaccinated to avoid one case of ILI."

Moderna Racing for mRNA Flu Vaccine

Despite not knowing the long-term effects of mRNA vaccines and the mounting evidence of adverse events occurring within the first six months of the COVID mRNA injection, there are several genetic therapy shots in the pipeline. One of those is a seasonal flu vaccine produced by Moderna, which has already entered Phase 1 human trials. July 7, 2021, The Verge reported:³⁵

"Moderna gave its mRNA-based seasonal flu vaccine to the first set of volunteers in a clinical trial. ... Moderna is the second group to start testing its mRNA flu shot in human trials – Sanofi and Translate Bio kicked off a trial this summer. Pfizer and BioNTech have been interested in mRNA flu shots for a few years, and they're pushing forward with those plans as well."

Six months later, Moderna has announced the initial data from the Phase I trials are showing positive results and boosting "the immune response against all targeted flu strains 29 days after administration."³⁶

In true warp-speed action, Moderna announced they have already fully enrolled their Phase II human clinical trial for this mRNA flu vaccine before the Phase I trial has been completed. In addition, they are preparing for a Phase III study, assuming the data – produced by the pharmaceutical company that owns the rights to the flu vaccine – will be positive.

Human clinical trials are split into three phases to protect the participants as much as possible.³⁷ Phase I is primarily aimed at establishing the safety and dose range using a small number of healthy volunteers. These studies often involve risk as they are the first time the drug has been administered to a human.

Phase II studies look at the effectiveness of the drug against a particular condition and can last up to two years. The secondary objective is to determine the therapeutic dose level and frequency. According to the University of Cincinnati College of Medicine,³⁸ roughly 33% of drugs that pass Phase I and Phase II will go on to Phase III.

Phase III studies should occur over multiple centers and enroll up to several thousand patients. In this phase, the drug can be studied for several years and roughly 25 to 30% of these drugs may pass Phase III trials. Moderna is confident the data from the trial they are sponsoring will sail over these hurdles.

Big Pharma and vaccine stakeholders advise you to take every shot possible without concern for your health and safety. Despite a growing number of adverse events being reported³⁹ – including death – from a new technology genetic therapy injection, pharmaceutical companies are plowing ahead in human trials to create yet another mRNA vaccine as they chase larger quarterly returns.

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