

FLU VACCINE, 2011-2012, A TERMINATOR VACCINE
MORE REASONS TO SAY A REASONABLE "NO" BY PROFESSIONALS
AND PATIENTS

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Genetic use restriction technology, colloquially known as terminator technology, is the name given to methods for restricting the use of genetically modified seeds by causing second generation seeds to be sterile. This requires customers to repurchase seed for every crop. So using this technology increases customers dependency of seed suppliers. In this way, flu vaccine is a "terminator vaccine". The immunity lasted one year, and prevented natural immunity which remains up 50 years.

Flu vaccine transforms us in dependent of the pharmaceutical industry, year after year.

Previously it was said that because the viruses are constantly changing the selection of viruses used for the vaccines are reviewed each year. But for the 2011-2012 season, the recommendation is identical to that of 2010-2011, in Europe, the US and everywhere¹.

Now we must get the shot because the immunity lasts one year. It is a "terminator vaccine", no doubt.

Flu virus produces what we name as "immunity of original sin", which can last

¹ World Health Organization (WHO). Recommended composition of influenza virus vaccines for use in the 2011-2012 northern hemisphere influenza season OMS.

up to 50 years², as demonstrated the swine flu (H1N1) in 2009, with protection of those born before 1957. In a similar way, people aged 50 years and more are protected against H1N2 flu (Asian flu), because having circulated the virus 1957 to 1968³. How can we compare this natural immunity with the artificial one that lasts one year?

Apart from the flu vaccine does not protect healthy adults and children (does not decrease deaths, hospitalizations, pneumonias, or sickness absent) and does not block the transmission chain^{4,5}. In patients, maximum effectiveness is 4.6% (16 deaths avoided for 100,000 vaccinated)⁶.

In exchange of this doubtful or null effect, the flu vaccine has true adverse effects, as demonstrated for example in 2010 in Australia, in children, as an epidemic of convulsions, in some cases with devastating consequences⁷.

For how long we will admit the absence of clinical trial to measures long term effects of this vaccine?⁸

For how long they will ask professionals and patients for vaccination against science and ethics?⁹

2 Couch RB, Kasel JA. Immunity to influenza in man. *Ann Rev Microbiol.* 1983;37:529-49.

3 Nabel GJ et al. *Nature.* Vaccinate for the next H2N2 pandemic now. 2011;471, 158-159.

4 Jefferson T, Di Pietrantonj, Rivetti A, Bawazeer GA, Al-Ansari LA, Ferroni E. Vaccines for preventing influenza in healthy adults. *The Cochrane Library*, 2010.

5 Jefferson T, Rivetti A, Harnden AR, Di Pietrantonj C, Demicheli V. Vaccines for preventing influenza in healthy children. *The Cochrane Library*, 2008.

6 Fireman B, Lee J, Lewis N, Bembom O, van de Laan M, Baxter R. Influenza vaccination and mortality: differentiating vaccine effects from bias. *Am J Epidemiol.* 2009; 170:650-6.

7 Bitá N. Virus in the system. *The Australian* 2011; 28 May. <http://www.theaustralian.com.au/news/features/virus-in-the-system/storye6frg8h6-1226063484330>

8 Gervas J, Wright J. Future of flu vaccines: Please may we have an RCT now? *BMJ* 339:doi:10.1136/bmj.b4651 (2009)

9 <http://www.equipoesca.org/uso-apropiado-de-recursos/a-los-sanitarios-razones-eticas-y-cientificas-para-no-vacunarse-contr-la-gripe-y-no-vacunar-a-los-pacientes-contr-ninguna-gripe-ni-h1n1-ni-h2n2-ni-gripe-estacional/>