



What are the consequences of pushing poorly tested vaccines?

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The pushing of poorly tested drugs on vulnerable populations can hardly be viewed as ethical. Unfortunately it is a frequent occurrence in medical practice when it comes to vaccination.

To illustrate the consequences of such practices, in 2010 in Australia, there were a large numbers of serious adverse reactions from seasonal influenza vaccines routinely administered to children. Subsequently, vaccination with certain influenza vaccines has been suspended in children under five years of age.

In a series of *Rapid Responses* addressing this issue, published in *British Medical Journal*, titled “Adverse events following influenza vaccination in Australia-should we be surprised?” Peter Collignon (Director of Infectious Diseases & Microbiology at Australian National University) and colleagues from the Cochrane Collaboration review panel concluded [emphasis added] ^[1,2]:

Unlike most drugs, vaccines are used on a population basis triggered by public health policy. As such, evidence of their safety and efficacy needs to be extraordinarily rigorous and evaluation methods and data should be open to independent scrutiny.

We need much better and larger studies on both safety and efficacy before we roll out influenza vaccine programs to all populations, especially to children who appear to have much higher rates of adverse reactions.

There is poor evidence on how well influenza vaccines prevent any influenza complications in children and other age groups. There is good evidence that influenza vaccines study reports cherry pick results and achieve spurious notoriety. Exposing human beings to uncertain effects is a risky business” ^[1]

Vaccine policies must ensure they are doing more good than harm. Vaccine must cause far fewer serious adverse events compared to what the disease would have caused in the vaccine's absence. Evidence suggests this is not the case with influenza. ^[2]

In Australia in 2009, during winter when young children (0-4 years) were first hit with the new H1N1 strain, the admission rate for influenza was 57 per 100,000. ⁽³⁾

In the US, CDC says that influenza results in hospitalization for approximately 20 per 100,000 children aged 2 to 5 years, ⁽⁴⁾ but vaccine-induced febrile convulsions resulting in hospitalization in US young children, likely occurred at a rate of 114 per 100,000 children vaccinated .

According to the FDA, a "serious adverse event" is defined as hospitalization that results from a vaccine adverse event. ⁽⁵⁾

Thus vaccinating young children without risk factors likely caused more serious adverse events than disease from the new "pandemic" itself.

There is poor safety data available for other serious adverse events that might occur in young children in addition to febrile seizures. ⁽⁶⁾

Evidence from systematic reviews show evidence of data suppression of vaccine-associated harms to small children by some pharmaceutical companies. ⁽⁷⁾

Other reports suggest that influenza vaccines put children at higher risk of future influenza infections compared to acquiring natural infection (original antigenic sin). ⁽⁸⁾

In older children, unexpected adverse events such as narcolepsy have been reported from at least 12 countries. ⁽⁹⁾

In Canada previous immunisation with seasonal influenza vaccine doubled your risk of being infected with "swine flu". ⁽¹⁰⁾

That the influenza vaccine is not an isolated case of poor scrutiny is evident from other literature on vaccines. **Indeed, there is a growing number of reports of research misconduct, biased reporting, conflicts of interest, and outright fraudulent activity by pharmaceutical companies** ⁽¹¹⁻¹³⁾ who produce the ever growing list of vaccines, bringing into question the accuracy of the vaccine manufacturers' claims of safety and efficacy.

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