Flu vaccines for all nursing home patients?

Roman Bystrianyk, "Flu vaccines for all nursing home patients?", Health Sentinel, August 29, 2005,

The Centers for Medicare and Medicaid Services (CMS) has put forth a proposal to provide flu and pneumococcal vaccines to all nursing home residents that are under the Medicare and Medicaid programs. Unless refused by the patient or patient’s family or for medical reasons, nursing homes would be required to ensure that each resident received the immunizations as a condition of participation in the two programs.

According to the CMS website, “About two million Americans, most age 65 years or older, live in long-term care facilities. People aged 65 years and older account for more than 90 percent of influenza-related deaths in the United States and elderly nursing home residents are particularly vulnerable to influenza-related complications. In addition, the elderly are more likely than younger individuals to die from pneumonia.”

According to the proposal listed in the August 15, 2005 Federal Register, “In the elderly population residing in nursing homes, the vaccine can be 50-60 percent effective in preventing hospitalization or pneumonia and 80 percent effective in preventing death, even though the effectiveness in preventing influenza illness often ranges from 30 percent to 40 percent.”

However, the proposal notes that a February 14, 2005 study published in the Archives of Internal Medicine found that, “vaccination of the elderly population against influenza may be less effective in preventing death among the elderly than previously estimated.” In fact, this study examined the influenza related deaths in the entire US elderly population. The authors expected that since influenza vaccination had greatly increased over the last 25 years that there would be a reduction in mortality by about 35% to 40%. What they found instead was no reduction in death despite increased vaccination and concluding, “these estimates, which provide the best available national estimates of the fraction of all winter deaths that are specifically attributable to influenza, show that the observational studies must overstate the mortality benefits of the vaccine.”

Why did this study differ so greatly from the generally stated benefit?

According to the study, “an immunologic study that found antibody responses following influenza vaccination decline sharply after age 65 years and a clinical trial involving subjects 60 years or older that the efficacy of the influenza vaccine in preventing illness was lower in people older than 70 years.” They also conclude, “Some or all of the reduction in all-cause mortality in other observational studies was not attributable to vaccination but rather to underlying differences between vaccinated and unvaccinated cohorts.” This means that the authors believe that the studies that found a benefit were flawed in how they chose the people that participated in the study.

Taking the raw mortality data from a number of sources and plotting them versus vaccination rates I arrived at similarly interesting results (http://www.healthsentinel.com/graphs.php?id=67&event=graphs_print_list_item). In 1979 the mortality rate was approximately 21 per 100,000. By 2002, the rate had increased to 37 per 100,000. During the same time period influenza vaccination rates had gone from 20% of the population to approximately 65% of the population. Contrary to general assertions the mortality rate increased during the time vaccination rates had increased. However, through an email exchange with the lead author of that February 14, 2005 study, Dr. Simonsen, she noted that after adjusting for an increasingly aging population and for changes in circulating influenza strains that the increase became a flat trend. That is to say there was no change at all despite a 50% increase in influenza vaccinations.

A report by the CDC on the effectiveness of the 2003-2004 influenza vaccine (http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_03.pdf) showed only a 14% and 3% effectiveness. Still worse, the person-time analysis showed that vaccinated persons had a 12.28% chance of becoming ill (ILI), whereas non-vaccinated persons had a 11.5% (or 10.6% analysis #2) chance of becoming ill, indicating you were more likely to become ill if you were vaccinated against influenza.
Vaccine info sites:

http://www.novaccine.com/
http://vactruth.com/
www.whale.to
www.drday.com
http://www.vaclib.org/
http://www.greatergoodmovie.org/
www.bergmanchiropractic.com
Vaccinations and Flu Shots

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Vaccination Theory:
By injecting a small amount of a virus into the blood stream, a body will develop antibodies to fight the virus or illness.

How are vaccines made?
A virus is injected into living tissue such as monkey kidneys (polio) or chicken eggs (flu) it is allowed to fester then the animal tissue and virus are preserved with formaldehyde, aluminum and or mercury.

Vaccines are a pillar in our medical system they are 90% of a pediatricians business and a major part of medical theory.

Here is the big Vaccine question:
Are they beneficial or harmful?
Have vaccines wiped out diseases or are they weakening the human immune system?

Vaccination History:
Began before 1721 by scratching the arm and rubbing pus from sores into the wound.
1791 “modern vaccination” began with Edward Jenner who vaccinated his 9 year old son and 9 year old neighbor with cow pox (both children died at 21 years old of TB).
1871 In Birmingham, England from 1871 to 1874, there were 7,706 cases of smallpox, out of these, 6,795 had been vaccinated.
1871 In Bavaria, Germany, vaccination is compulsory and re-vaccination is commonplace. Out of 30,472 cases of smallpox, 29,429 had been vaccinated.
1936 Pertussis vaccine introduced in the United States. Autism begins to appear in children shortly thereafter. (Autism: A mental illness of children characterized by inability to communicate or to relate to other people and, often, mental sub normality).
1948 Randolph Byes and Frederick Moll of Harvard Medical School validate that severe neurological disorders follow the administration of DPT vaccine. The research was performed at Childrens Hospital in Boston and published in Pediatrics magazine. Nothing was done by physicians to halt the use of DPT vaccine.
1976 Dr. Jonas Salk, creator of the polio vaccine, says that analysis indicates that the live virus vaccine in use since the 1960's is the principle, if not sole cause of all polio cases since 1961.
185 The Assistant Secretary of Health, Edward Brandt, Jr.,M.D, testifies before a Senate Committee, "every year 35,000 children suffer neurological complications because of DPT vaccine."
1986 In Kansas, 1300 cases of Pertussis reported. Over 1100 had been vaccinated.
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Death rates were in decline before vaccines were introduced.

In the Recommended Childhood Immunization Schedule put out by the Centers for Disease Control and Prevention (CDC), 26 vaccines are given to children before they reach the age of two. Providers inject them with the following:

- Hepatitis B
- Diphtheria
- Tetanus (lockjaw)
- Pertussis (whooping cough)
- Polio
- Pneumococcal infections
- Hemophilus influenzae type b infections
- Measles
- Mumps
- Rubella (German measles)
- Chickenpox
- Influenza (the flu)

For More Information ask Dr John Bergman
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Health Facts:
1. Today, one in every 68 American families has an autistic child
2. **One in six American children are now classified as "Learning Disabled**
3. Four million American children have Attention Deficit Hyperactivity Disorder (ADHD).
4. Juvenile rheumatoid arthritis afflicts 300,000 American children.
5. There has been a 17-fold increase in Type I diabetes, from 1 in 7,100 children in the 1950s to 1 in 400 now.
6. There has been a four-fold increase in asthma, and bowel disorders in children since 1987
7. 98% of all childhood Cancers have the SV-40 virus in them (only possible source is the polio shot)
8. There hasn’t been a case of wild polio for over 60 years, however there are about 2000 cases per year in America from the Polio vaccination

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President Lincoln—who was one of our greatest Americans—has told us that no man, however good, is fit to govern another man without the latter’s consent, and I think it will be generally admitted, as a sound Democratic and American doctrine, that no one class or profession of men—not even the great clerical or medical profession—is quite perfect enough to be trusted with exclusive, unlimited or dangerous power over our fellow men. Nevertheless it is a fact that the medical profession, as now organized and possessed of political and official power, and in control of some of our most important departments of government, such as Public Health, Vital Statistics and Medical Legislation, has already a most dangerous power over the people, perhaps more dangerous and unlimited than any other class of men, and this dangerous power must be curbed as soon and as much as possible in the interest of true Medical Freedom and Progress and public right and safety.