

The Annual Influenza Vaccine Industry

Most of the American public are not aware of the [WHO Global Influenza Programme](#)(GIP) with its backbone [Global Influenza Surveillance and Response System](#)(GISRS), which is a complex network of 143 national reference centers and specialist laboratories in 113 nations carrying out surveillance of circulating influenza viruses. GISRS was devised and developed to guide annual influenza vaccine production, and the emphasis is mainly on influenza viruses, their variants, and emerging strains.

- 1947: During the seasonal flu epidemic of 1947, investigators determine that changes in the antigenic composition of circulating influenza viruses has rendered existing vaccines ineffective, highlighting the need for continuous surveillance and characterization of circulating flu viruses.
- 1948: The World Health Organization (WHO) Influenza Centre is established at the National Institute for Medical Research in London. The primary tasks of the organization are to collect and characterize influenza viruses, develop methods for the laboratory diagnosis of influenza virus infections, establish a network of laboratories, and disseminate data accumulated from their investigations.

In the 1970's a H1N1 (swine flu) outbreak among recruits at Fort Dix leads to a vaccination program to prevent a pandemic. Within 10 months, roughly 25% of the US population is vaccinated (48 million people), about twice the level needed to provide coverage for the at-risk population. Cases of Guillain-Barre syndrome, a neurologic condition that in rare instances has been associated with vaccination, among vaccine recipients appeared to be in excess of what was expected, so officials determine the vaccination program should be halted.

1981: CDC begins collecting reports of influenza outbreaks from state and territorial epidemiologists.

The CDC runs the annual FLU program in the US,, highlighting the benefits of vaccination at <https://www.cdc.gov/flu/prevent/vaccine-benefits.htm> The CDC references studies, but none of them confirm the level of influenza benefits the CDC lists, and historic facts on annual deaths do not show much impact by the vaccination program.

In the United States, the average deaths from the annual flu season between 1976 and 2003 was 68,541 (CDC counts both pneumonia and influenza) causes. The average deaths from 2004-2019 has been 55,101. In 2010 was the first year of the Universal Flu Vaccine program. The CDC report did not include any measurable benefits, only reporting how many doses were created and distributed, and then estimated the age, gender and race categories of who got served. the 2010-2018 CDC influenza season death rates appear little impacted, (Average 54,427) the annual flu continues with a variable death result every year. The CDC vaccination program does not protect a person from getting the flu, but is intended to help reduce the need to get medical help, and hospitalization.

The CDC Vaccine Effectiveness is from CDC and only refers to if the vaccine helped the individual not have to visit a doctor from the CDC descriptions of its term. Due to the variable

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nature of the annual virus, with several variations possible, the WHO and CDC guess which mix of vaccine should be tried, so only after the season can we see if their guess worked better, or worse than in prior years. The FLU vaccine does not include any treatment for pneumonia virus that I can identify.

Not everyone thinks the influenza vaccine system run by CDC has value or effect. The fairly constant “flu season” deaths reported would seem to support their position.

A review of this “annual flu shot” recommendation four years later found little evidence that annual vaccination of seniors and others thought to be at high risk for influenza had any appreciable impact on influenza-related mortality rates. A 1968 double-blind randomized study conducted by CDC officials and published by the World Health Organization (WHO) came to similar conclusions and even suggested that *“attention should be redirected towards finding a more efficacious means of protection.”*¹¹ Yet, despite studies demonstrating that the influenza vaccine was ineffective, government vaccine policy recommendations for annual flu shots continued. <https://www.nvic.org/vaccines-and-diseases/Influenza/vaccine-history.aspx>

So, after dozens of years of study research and hundreds of billions of dollars, the annual flu season in the United States sees an average of over 54,000 people die each year, and measures the vaccine effectiveness from a low of 10% to a high of 60%, typically in the 30% range. This is the result of one of the most studied and funded vaccine programs mankind has ever attempted. Worldwide research, worldwide funding, massive bureaucracies all to study and decide what formula to use for the next vaccine. All getting funding without significant success or improvement to the vaccine effectiveness, or reduction to the deaths caused by the event. While a goal of stopping a virus outbreak is noble, it has proven to be simply jousting at windmills. Lots of energy, lots of pathos but almost nothing changed in the end.

It would seem that the traditional treatments of healthy living, eating are as good a treatment, plus perhaps chicken soup. If you do suspect PNEUMONIA – check with your doctor, there are vaccines to protect you against that.

The CDC data reports this mortality and Influenza Vaccine Effectiveness.

	CDC Deaths for influenza and pneumonia reported	CDC Vaccine Effectiveness
2001	62,034	
2002	65,681	
2003	65,163	
2004	59,733	10%
2005	62,946	21%
2006	56,394	52%
2007	52,715	37%

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2008	56,257	41%
2009	53,685	56%
2010	50,017	60%
2011	53,903	47%
2012	50,533	49%
2013	56,891	52%
2014	55,081	19%
2015	57,092	48%
2016	51,368	40%
2017	61,099	38%
2018	59,120	29%
2019	49,783	31%
2020	20,342	n/a
2021	n/a.	n/a
2022	5,000-14,000 est.	14%

<https://www.cdc.gov/flu/vaccines-work/effectiveness-studies.htm>

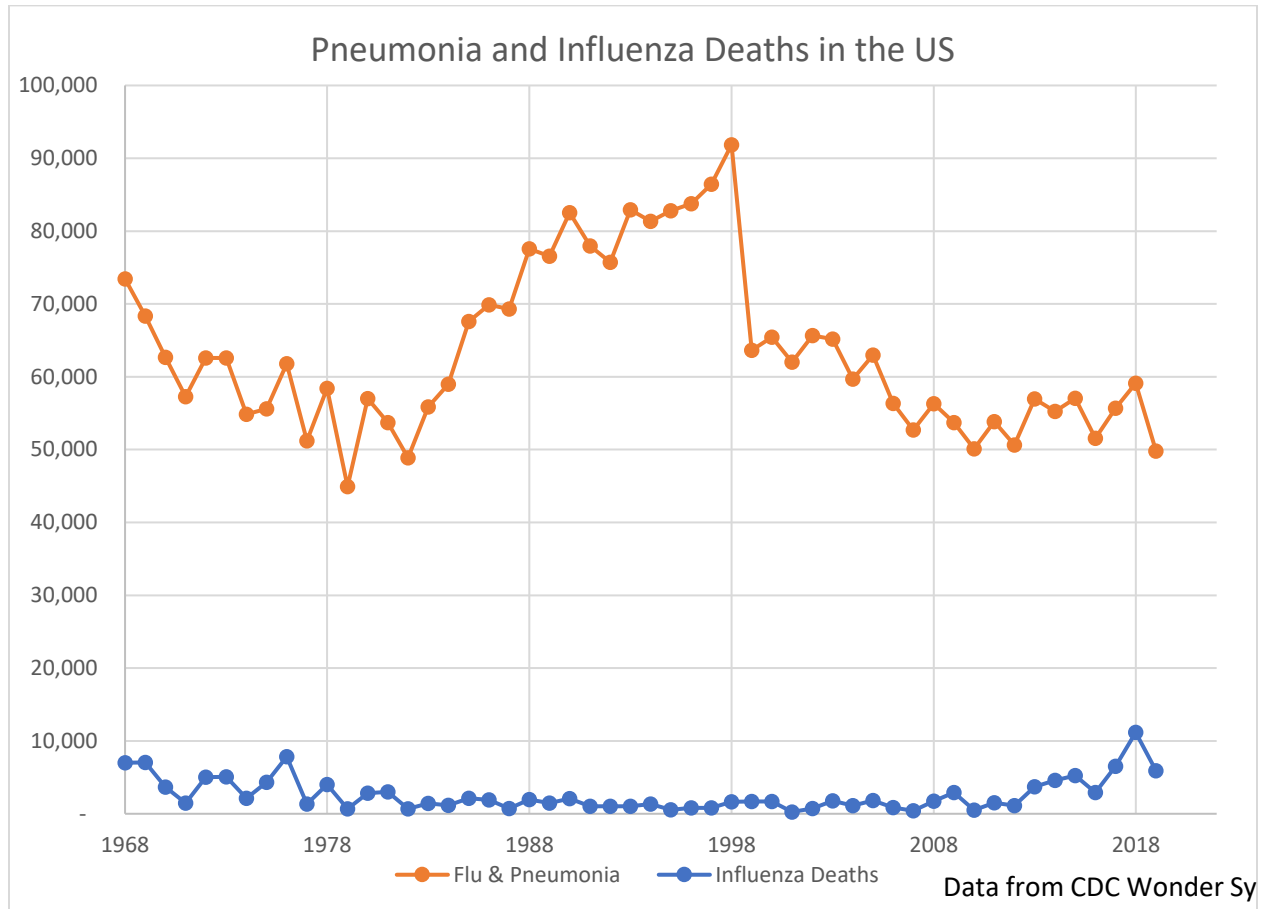
<https://www.cdc.gov/flu/vaccines-work/2019-2020.html>

The term **vaccine effectiveness** does **NOT** mean taking the vaccine protects you against getting the illness. It only means it reduces your chance of seeking medical treatment, either at a doctor's office, or at a hospital.

The U.S. Flu VE Network currently consists of five study sites across the United States that measure the flu vaccine's effectiveness at preventing outpatient medical visits due to laboratory-confirmed influenza. HAIVEN and NVSN currently consists of four and seven study sites, respectively, in the U.S. that measure the flu vaccine's effectiveness at preventing hospitalizations due to laboratory-confirmed influenza. At both networks, persons hospitalized with respiratory illness are tested for influenza using molecular tests (including PCR). These studies compare the frequency of influenza vaccination among patients who test positive for influenza to vaccination in a comparable group of patients without influenza.

<https://www.cdc.gov/flu/vaccines-work/effectivenessqa.htm>

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Influenza is NOT the main cause of death – it is Pneumonia

Historic reported deaths, comparing the Influenza only and the CDC influenza and pneumonia totals together. Pneumonia coded deaths account for about 89-91% of the combined statistics. Influenza accounts for about 9-11% of the deaths.

The spike of deaths in the 1980 – 1998 years was code 486, (Pneumonia, organism unspecified). About 80% of all those deaths were in ages 65+

The CDC reports annual “influenza season” deaths and hospitalizations combining both influenza and pneumonia cause codes (see above). Separating out just the influenza cause codes by year reflects the lower line in this graph. Given that many patients likely go into a pneumonia phase as part of a possible underlying influenza cause – appears to be why the CDC chooses to combine them into a single reported death number for “Flu Season Deaths”. It was curious the deaths increased so much between 1980 and 1998. A study of what reported pneumonia cases triggering that abnormal rise would be appropriate, but I have shown the Influenza deaths reported during that period remained constant.

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Consider this graph shows actual death totals for the United States during a time when the population went from 199,533,564 in 1968 to 323,070,000 in 2016, so the overall RATE is going down.

The CDC data was obtained using the CDC Wonder database tool.

<https://wonder.cdc.gov/>

Using the Compressed Mortality database.

CDC deaths reported for the annual influenza season include both influenza and pneumonia causes.

For ICD-8 Coding (1969-1978) it includes the following –

- 470 (Influenza, unqualified)
- 471 (Influenza with pneumonia)
- 472 (Influenza with other respiratory manifestations)
- 473 (Influenza with digestive manifestations)
- 474 (Influenza with nervous manifestations)
- 480 (Viral pneumonia)
- 481 (Pneumococcal pneumonia)
- 482 (Other bacterial pneumonia)
- 483 (Pneumonia due to other specified organism)
- 484 (Acute interstitial pneumonia)
- 485 (Bronchopneumonia, unspecified)
- 486 (Pneumonia, unspecified)

For ICD-9 Coding (1979-1998) it includes the following -

- 480-487 (Pneumonia and influenza)
- 480 (Viral pneumonia)
- 481 (Pneumococcal pneumonia [streptococcus pneumoniae pneumonia])
- 482 (Other bacterial pneumonia)
- 483 (Pneumonia due to other specified organism)
- 485 (Bronchopneumonia, organism unspecified)
- 486 (Pneumonia, organism unspecified)
- 487 (Influenza)

For ICD-10 Coding (1999-2016) it includes the following –

- J09 (Influenza due to identified avian influenza virus)
- J10 (Influenza due to identified influenza virus)
- J11 (Influenza, virus not identified)
- J12 (Viral pneumonia, not elsewhere classified)
- J13 (Pneumonia due to Streptococcus pneumoniae)
- J14 (Pneumonia due to Haemophilus influenzae)

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J15 (Bacterial pneumonia, not elsewhere classified)

J16 (Pneumonia due to other infectious organisms, not elsewhere classified)

J18 (Pneumonia, organism unspecified)

The European CDC provides a summary of the 2018 Flu season reflecting Italy, Germany and Sweden as hot spots. It does not list the actual influenza deaths in total, or by country. Figuring out how that compares to the US is not possible using their presentations.

<https://www.ecdc.europa.eu/en/seasonal-influenza/season-2017-18>