

SOME THOUGHTS AND A PROPOSAL WITH REGARD TO ‘SWINE FLU’

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1. RELEVANT SCIENTIFIC INFORMATION

- The first two reported cases of swine flu (virus A/H1N1, strain S-OIV) were diagnosed in California (USA) on April 17, 2009 ¹.
- The swine flu is not new because it is type A, neither is it new because it is of the subtype H1N1: the flu epidemic in 1918 was of the type A/H1N1 and since 1977 the virus A/H1N1 circulates during the flu season each year ²; the only novelty is the S-OIV strain ^{3 4}.
- One-third of people older than 60 seem to be immune to the virus of the swine flu ⁵.
- Since it began until 15 September, 2009, 137 people have died from this flu in Europe and 3,559 worldwide ⁶. One must remember that each year, in Europe alone, between 40,000 and 220,000 people die because of the flu ⁷.
- Recognised health specialists, among whom are Dr. Bernard Debré, (member of the French National Ethics committee) and Dr. Juan José Rodríguez Sendín (president of the Spanish Association of Medical Colleges) have publicly declared that the information obtained from the flu season in the southern hemisphere, shows that the swine flu has a lower mortality rate and complications rate than the annual flu ⁸.

¹ Zimmer SM Burke, Historical Perspective: Emergence of Influenza A (H1N1) viruses. NEJM, July 16, 2009. p. 279.

² “*The re-emergence was probably an accidental release from a laboratory source in the setting of the waning population immunity to HI and NI antigens*”, Zimmer, Burke, *ibid.* p. 282.

³ Zimmer, Bunker, *ibid.* p. 279.

⁴ Doshi, Peter, Calibrated response to emerging infections. BMJ 2009; 399: b3471.

⁵ US Centres for Disease Control and Prevention. Serum cross-reactive antibody response to a novel influenza A (H1N1) virus after vaccination with seasonal influenza vaccine. MMWR 2009; 58; 521-4

⁶ Official Data from the European Center for Disease Prevention and Control (www.ecdc.europa.eu)

⁷ Official Data from the European Center for Disease Prevention and Control (www.ecdc.europa.eu)

⁸ Cf. Debré: Cette grippe n'est pas dangereuse. *Le Journal du Dimanche*, July 25, 2009. Cf. Rodríguez Sendín: Cordura frente el alarmismo en la prevención de la gripe A. *La Razón*, September 4, 2009.

2. IRREGULARITIES WHICH SHOULD BE EXPLAINED

- At the end of January, 2009, the Austrian subsidiary of the North American pharmaceutical company, Baxter, delivered 72 kilos of vaccine material to 16 laboratories in Austria, Germany, the Czech Republic and Slovenia⁹. A laboratory technician from the company, BioTest in the Czech Republic decided on his own to test the vaccines in ferrets. Ferrets are being used since 1918 to study the influenza vaccines: all the vaccinated ferrets died. Then the material sent by Baxter was investigated to find out what it actually was and it was discovered that it contained live bird flu virus (virus A/H5N1) combined with live seasonal flu virus (virus A/H3N2). If this contamination had not been discovered on time, the pandemic that without a real basis is being proclaimed by health authorities at the global (WHO) and at the local level, could now be a horrific reality. This combination of live viruses is potentially lethal because it combines a virus that has a 60% mortality rate and a low infectivity rate (the virus of the bird flu), with a virus that has a low mortality rate and a high infectivity rate (a seasonal flu virus)¹⁰.

- On the 29 April, 2009, 12 days after the detection of the first cases of the swine flu, Dr. Margaret Chan, Director General of the WHO, declared that the level of alert because of the danger of pandemic was phase 5 (on a scale 1-6) and ordered all governments of the member states of the WHO to activate emergency plans and maximum health alert. A month and a half later, on June 11, 2009, Dr. Chan declared that the A/H1N1 S-OIV pandemic was a reality (phase 6)¹¹. How could she declare a pandemic if according to the scientific data exposed above, the swine flu is milder than the seasonal flu, and the A/H1N1 is not a new virus but only a new strain of a very well known virus that a subset of the population recognizes immunologically? Declaring a pandemic was possible despite these circumstances because in early May, the WHO had changed its definition of what a pandemic is. Prior to May, 2009, the definition of pandemic took into account the severity of the disease, which is the most relevant aspect with regard to the clinical and the political handling of a pandemic. However, this requirement was eliminated from the definition in May, 2009¹². The change occurred shortly after the United States declared a state of “national health emergency” despite having only 20 people infected with the swine flu virus and no deaths whatsoever¹³.

⁹ Baxter denied that the contaminated product were to manufacture vaccines for human use and called it ‘experimental virus material’. Baxter failed to reveal for what use it was because doing so would give away proprietary information about Baxter's production process. Cf. *The Canadian Press*: Baxter admits flu product contained live bird flu. February 27, 2009.

¹⁰ Cf. Virus mix-up by lab could have resulted in pandemic. The Times of India, science section, 6, March 2009.

¹¹ <http://www.who.int/mediacentre/news/statements/2009>

¹² Cohen E. When a pandemic isn't a pandemic. CNN, 4 May, '09. <http://edition.cnn.com/2009/HEALTH/05/04/swine.flu.pandemic/index.html>

¹³ Doshi, Peter: Calibrated response to emerging infections. BMJ 2009; 339:b3471

3. POLITICAL CONSEQUENCES OF THE DECLARATION OF PANDEMIC

- In the context of a pandemic, it is possible to require mandatory vaccination of a given segment of the people or even of the whole population ¹⁴.

- What can happen to a person who decides not to accept the vaccination? As long as it has not been decreed that the vaccination is mandatory, he/she is free to do so: but if the vaccination is decreed mandatory, then the State has the obligation to enforce the law by imposing a fine or a term in prison (in the state of Massachusetts, the proposed fine in this case could be as high as 1,000 dollars for each day that goes without vaccination) ¹⁵.

- Taking this into account, one could reasonably conclude: *if the vaccination is made mandatory, then I will just go along and get vaccinated; after all, the vaccine is more or less the same as that of the annual flu, so no big deal.*

- It is necessary to know that there are three new features that make the swine flu vaccine different from the annual flu vaccine. **The first novelty** is that the majority of pharmaceutical companies are designing the vaccine in such a way that one injection will not be enough and each person will need to get two doses. The WHO also recommends to receive the seasonal flu vaccine. As a result, whoever follows this year's WHO recommendations exposes him or herself to be injected three times. This is something new which, theoretically, multiplies by three the possible toxicities. In practice, there is no way to know the long-term effects of this triple injection because it has never been done in this way before. **The second novelty** is that some of the companies making the swine flu vaccine have decided to use co-adjuvants which are far more potent than those contained in the seasonal flu vaccine. Co-adjuvants are substances added to a vaccine to booster the immune system: the swine flu vaccine from Glaxo-Smith-Kline, for example, contains ASO3 (a combination of squalene and polysorbate), a co-adjuvant able to increase ten times the immune response. The problem with this rationale is that no one can be sure that this artificial stimulus to the immune system will not provoke serious autoimmune diseases (like Guillain-Barré paralysis) ¹⁶. **The third novelty** that distinguishes the swine flu vaccine from that of each year is that the manufacturing companies are demanding that the States sign agreements so that they will have impunity if the vaccines have more side effects than expected (e.g. the Guillain-Barré paralysis may affect 10 people in every million who are vaccinated with the annual flu vaccine): The USA has signed a document which frees the politicians and the pharmaceutical companies from all responsibilities associated with unexpected side effects of the swine flu vaccine ¹⁷.

¹⁴ Falkiner, Keith. Get the rush flu jab or be jailed: Irish Star, Sunday 13 September, 2009.

¹⁵ Senate Bill n. 2028: An act relative to pandemic and disaster preparation and response in the Commonwealth. 4 August, '09. Cf Moore, RT. Critics rage as state prepares for flu pandemic. 11 Sept. '09. WBUR Boston.

¹⁶ Cf. Vaccination HINI: méfiance des infirmières. www.syndicat-infirmier.com/Vaccination-HINI-mefiance-des.html

¹⁷ Stobbe, Mark. Legal immunity set for swine flu vaccine makers. Associated press 17 July, '09.

SOME THOUGHTS

If the contamination of the vaccine material from Baxter had not been accidentally discovered, an extremely grave pandemic could be by now a shocking reality. The appalling lack of political and mass media reaction to what happened in February in the Czech laboratory it is inexplicable. What is even more inexplicable is the degree of irresponsibility demonstrated by the WHO, by governments and by the national health agencies in declaring a pandemic and promoting a maximum health alert without a real rational basis. It is irresponsible and inexplicable, in the extreme, that billions of Euros from public funds have been spent to manufacture millions of doses of vaccines against a non-existent danger, while there is not sufficient money to help the millions of people (more than 5 million in the US alone) who due to the current economic crisis have lost their job and their home.

As long as these facts remain unexplained, the risk that contaminated vaccines could be distributed this winter and the risk that legal measures could be adopted to mandate vaccination are very real. They should not be underestimated.

If the swine flu continues to be as mild as it has been up to now, it does not make sense to expose oneself to the risk of a contaminated vaccine nor run the risk of suffering a Guillain-Barré partial paralysis.

If the flu turns unexpectedly worse, as it has been predicted with no scientific basis by quite a few people in high office - among them the General Director of the WHO -, it would still make no sense to allow oneself to be vaccinated: a rise in mortality could mean only two things: 1. that the virus of the S-OIV strain which is circulating now has suffered a mutation; 2. that another virus (or other viruses) are now circulating. In both cases, the vaccine that is being currently prepared will be useless, and, considering what happened last February in the Baxter Pharmaceutical Company, it could even be the means of transmitting the disease.

A PROPOSAL

My proposal is clear:

Along with staying calm, do take common sense precautions to avoid infection and avoid getting vaccinated

I make a call to urgently activate the legal instruments and the necessary citizen participation to assure, in a rotund manner, that no one in our country will be forced to be vaccinated against his/her will, and that those who freely accept to be vaccinated will not be deprived of their right to claim grievance and be compensated (they or their family) if the vaccine causes them illness or death.