

The Influenza Vaccine and COVID-19

Please click here for August 2020 data updates

here for Analysis of Research and Fact Checks Claiming that
Vaccine Improves COVID-19 Outcomes

Flu Injection -- Fatal Infection

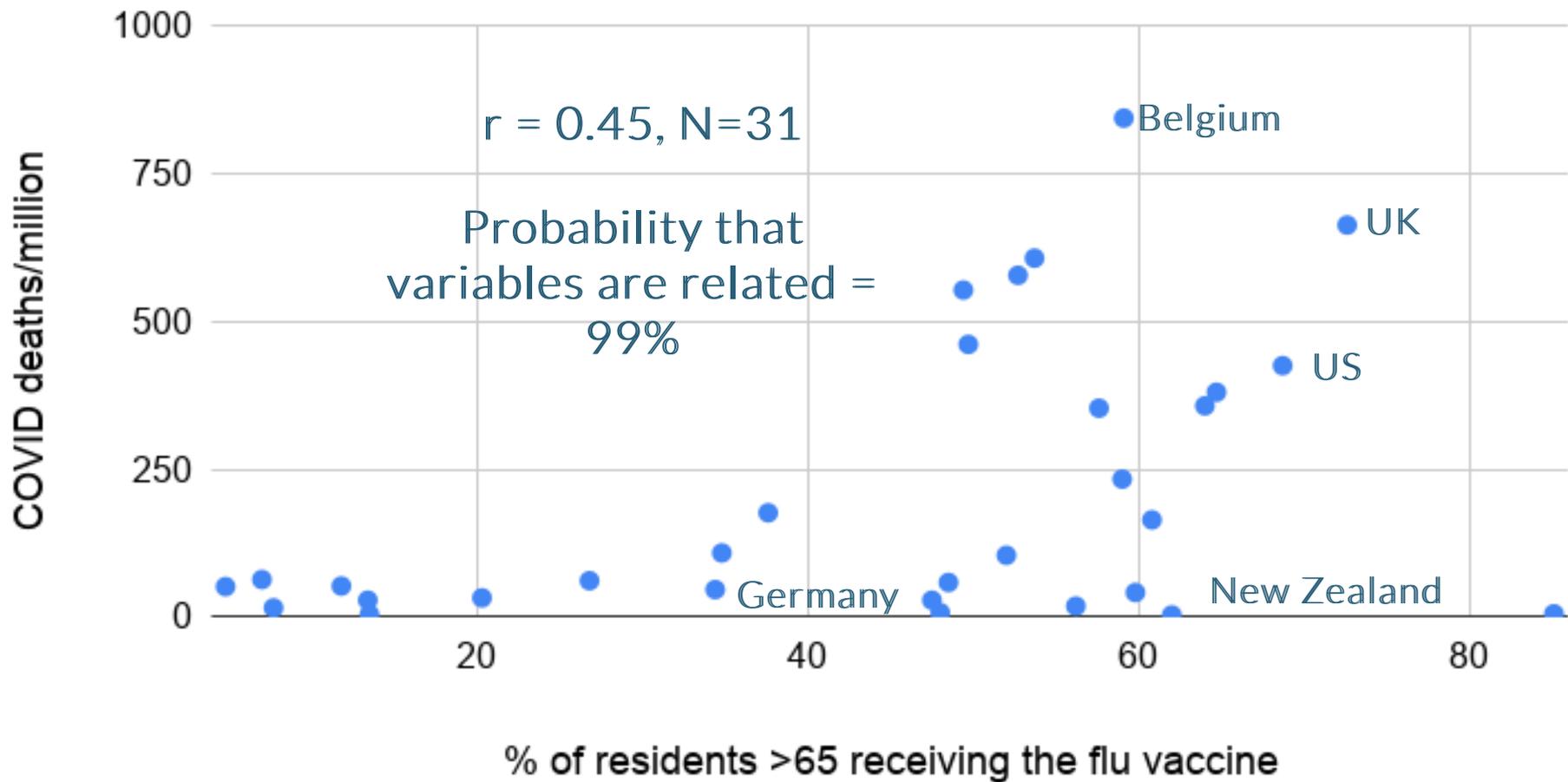
the countries of Belgium, Peru, the UK, Spain, Italy, Chile, Sweden, the US, Mexico, and France? The
COVID-19 mortality (as of August 24, 2020, [according to Johns Hopkins](#)), all injected more than 49%
the flu vaccine. This stands in stark contrast to the countries on the low end, with fatality rates/pop
ude smaller: Rwanda, Thailand, Mozambique, Sri Lanka, Papua New Guinea, Uganda, Tanzania, Taiwa
on of a 49% vaccination rate in Taiwan, the flu vaccination rates in these countries is extremely low.

countries may lack in testing ability, careful serological study of multiple countries in Africa has shown that many COVID-19 cases were missed, this is because the residents were in fact not very ill - while the number of individuals who died in Kenya, for example, was similar to Spain, the hospitals were never overwhelmed and excess deaths were low. Look at the data - either between or within continents - higher rates of flu vaccination clearly appears to be associated with fewer COVID cases from mild to severe disease. As flu vaccines are being pushed aggressively and even mandated in some countries, citizens and medical professionals to review the issue. Please read on for data, references, and sources.

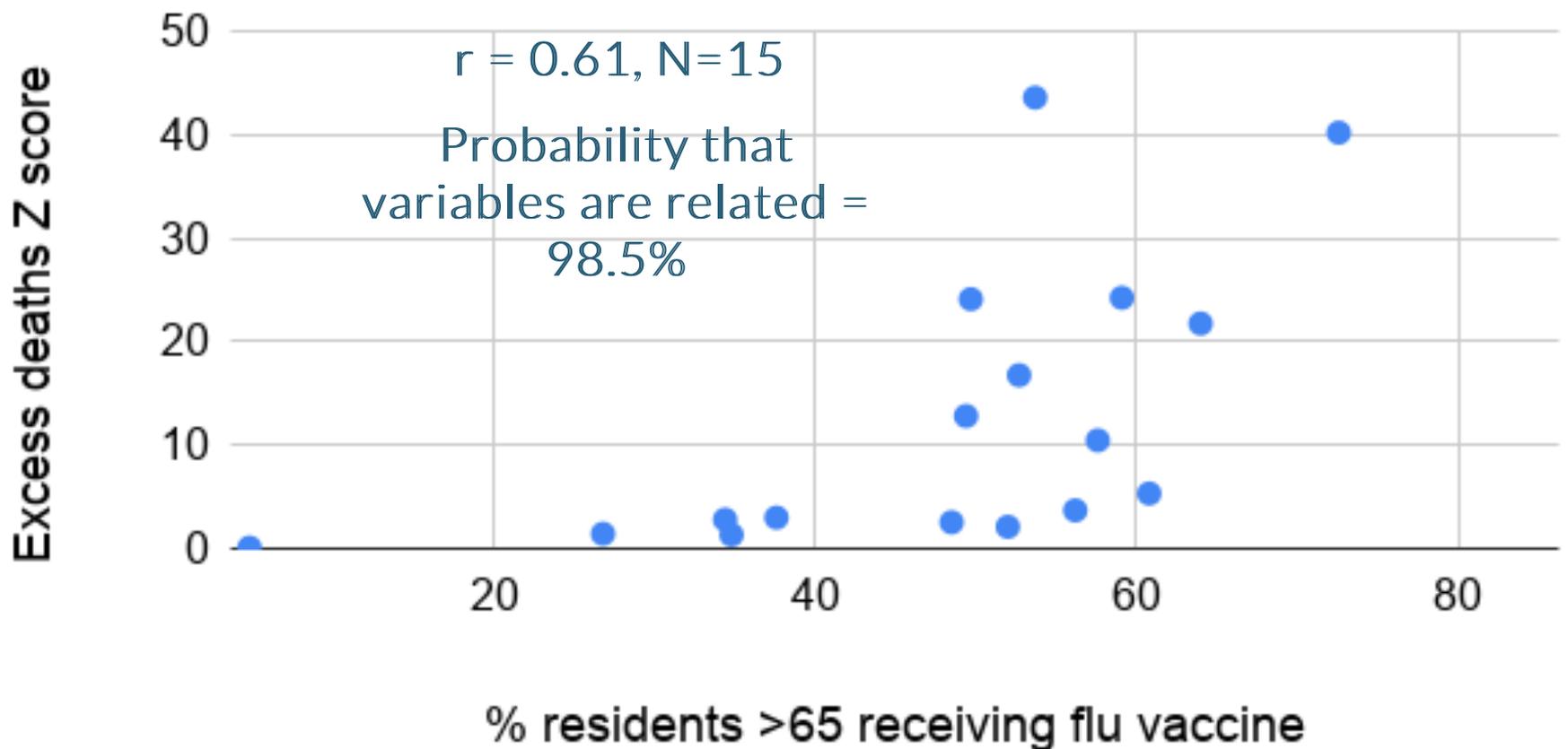
COVID-19 fatality rates seen in countries with high influenza vaccine coverage

[this study](#) published a list of flu shot coverage rates in European countries vs. their COVID-19 fatality rates. This data was updated through July 16 and supplemented with every other country for which we could find influenza vaccination rates. Countries included the United States, Canada, New Zealand, Japan, Iceland, Israel, and South Korea. Because COVID-19 testing and reporting is inconsistent between countries, we also provide the peak total excess death rate since January of 2020 for each country. [Click here](#) for countries for which this was available. Full data and sources are given at the bottom of this article. All influenza vaccine data comes from 2019, if available, or 2018.

Percent of residents >65 receiving the influenza vaccine vs. COVID deaths/million population



Percent residents >65 receiving the flu vaccine vs. peak excess deaths during COVID epidemic to July 16, 2020



important messages from these graphs:

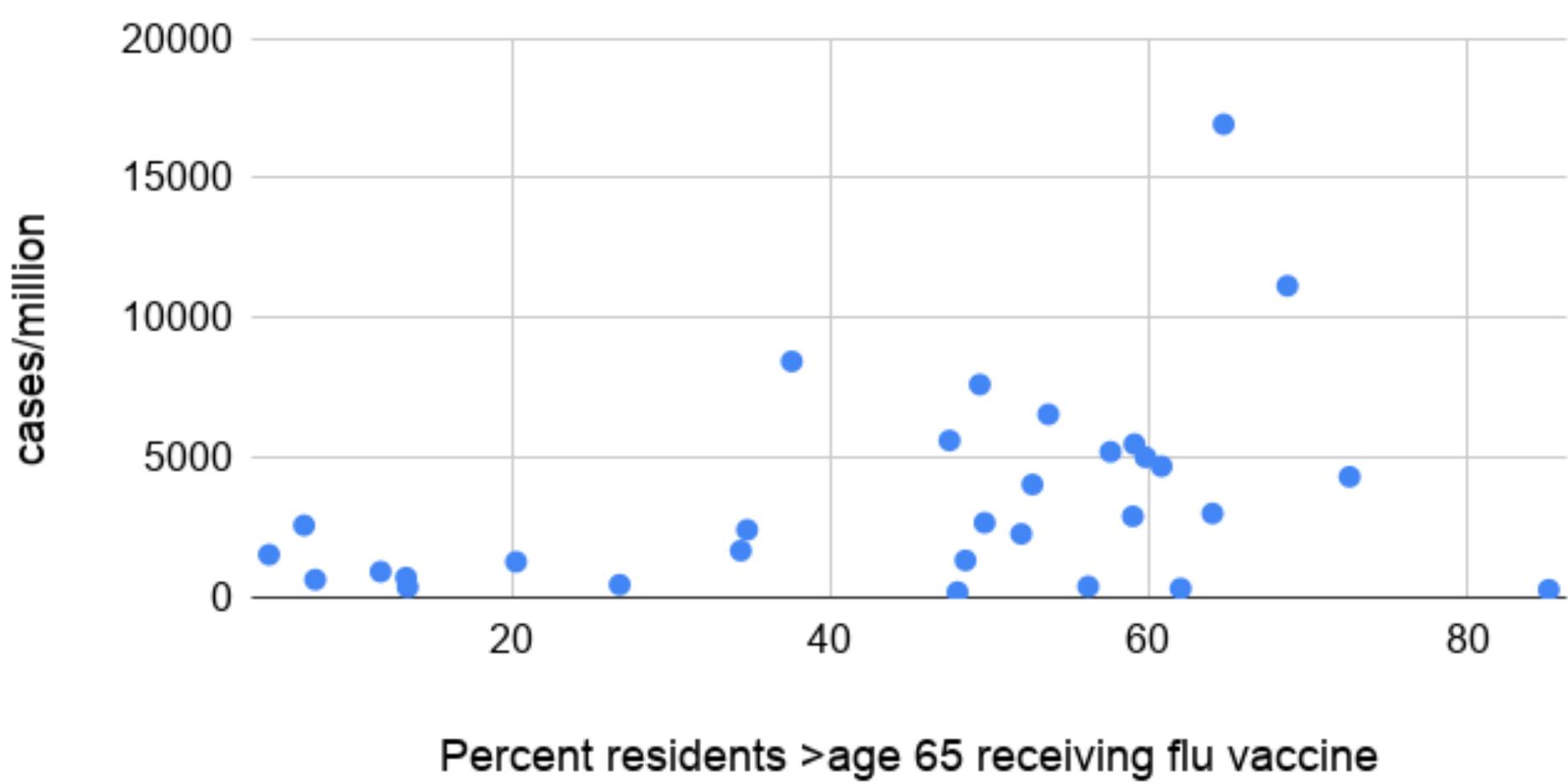
a high flu vaccine coverage, as of July 2020, suffered up to at least 20 times more COVID-19 fatalities/n
w coverage.

to be a TIPPING POINT that occurs at 45% -50% flu vaccine coverage. At vaccination coverage level
nt there is little correlation with COVID fatality, but the average fatality rate in countries with coverage
significantly higher. This indicates that reaching a certain density of individuals made especially vulner
n results in connected clusters of vulnerability that span the system (that is, the percolation threshold
uddenly creates sharply worse outcomes.

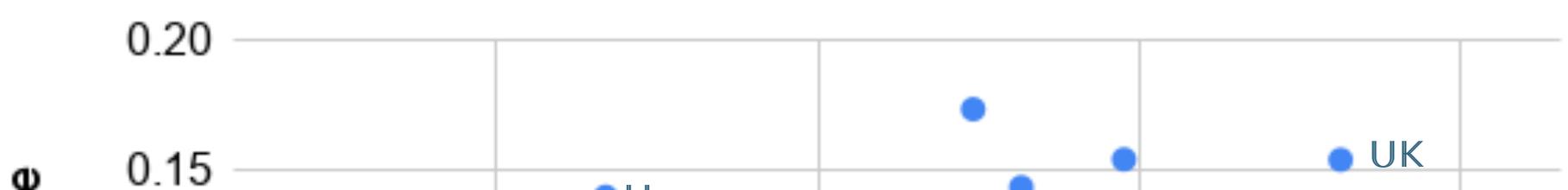
Flu Coverage Rates Might Make *Individual* COVID Infections More Lethal

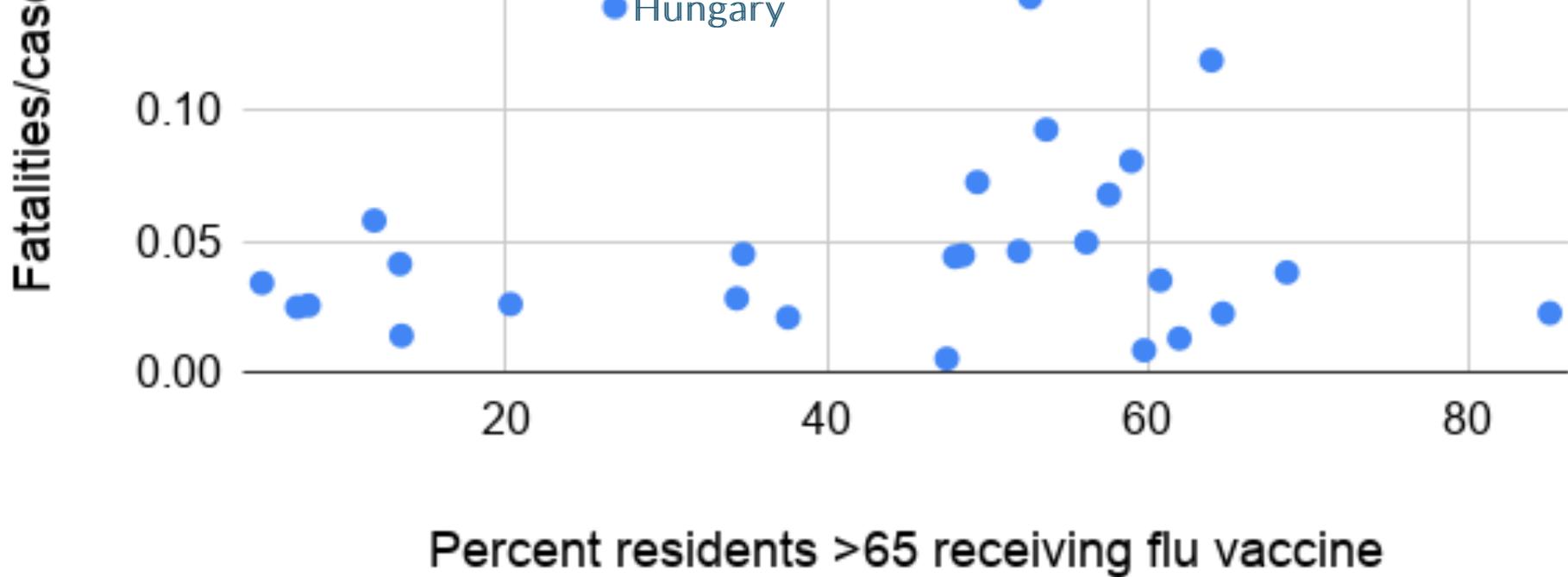
ns/million = cases/million x deaths/case. When we plot these two factors individually we find that both are affected by flu vaccination rates, but that deaths/case may be affected more strongly. This indicates that when the virus spreads in a population where many individuals have all received the flu vaccine it may somehow become more dangerous, perhaps because of higher viral loads or because the virus changes in some way. The one country that has a high death/case rate and low vaccination is Hungary, the only country to use an aluminum-adjuvanted flu vaccine. No clear impact of high or high potency vaccines can be seen with existing data (see sources below). As supporting evidence, a study on flu vaccination is to make COVID more lethal rather than simply more contagious is [this article about flu vaccination](#), and reveals that COVID does indeed spread readily through countries with very low flu vaccination rates, and causes exceedingly low fatalities.

Percent residents >65 receiving flu vaccination vs. COVID cases/million



Percent residents >65 receiving the influenza vaccine vs. COVID deaths/case

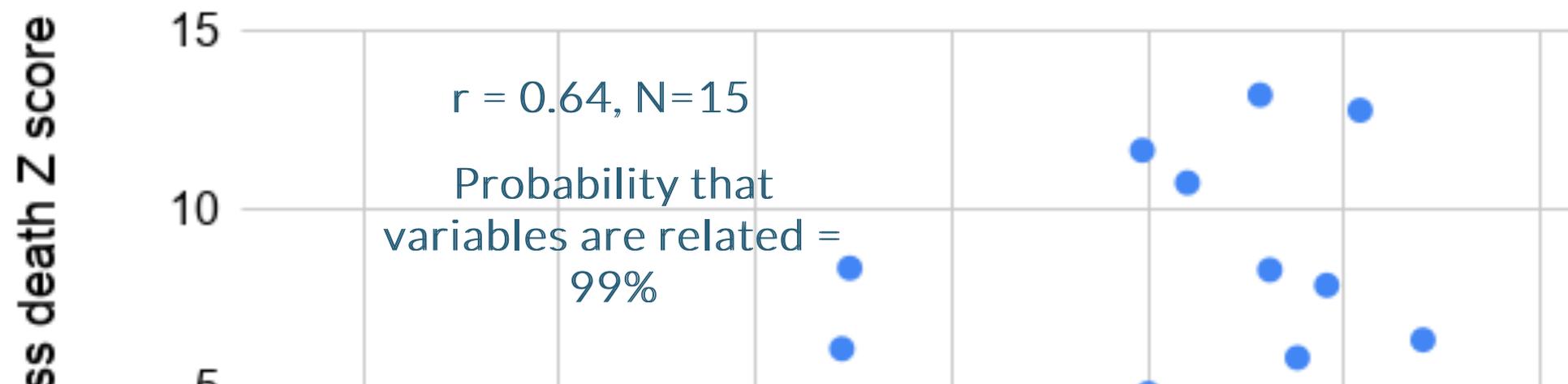


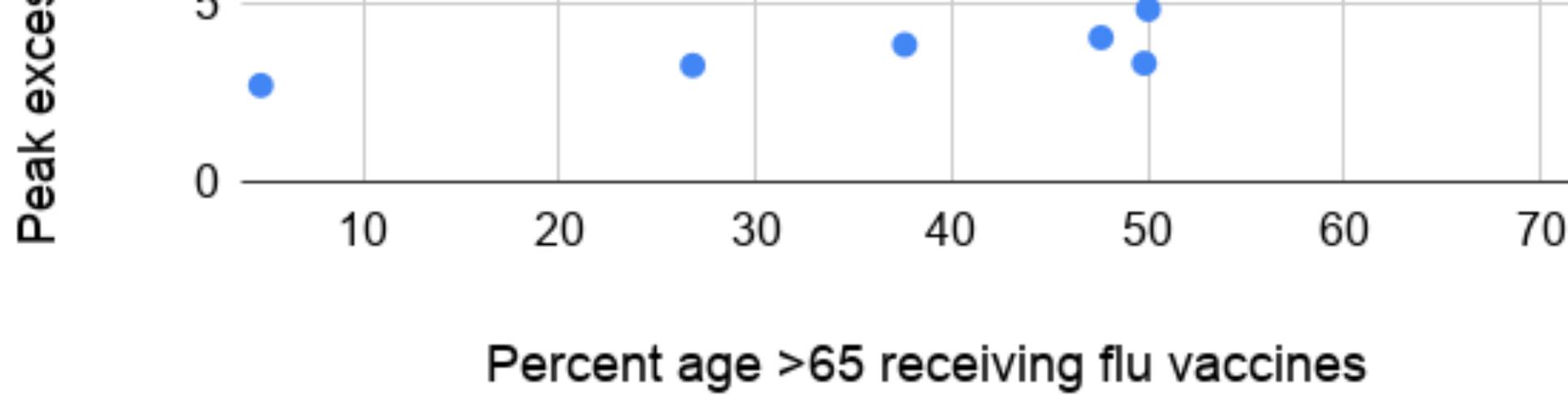


Flu Shot Also Correlated With Excess Deaths in 2017

As explained below, the flu vaccine can increase vulnerability to *any* infection not specifically covered by the vaccine. It might be expected to increase mortality in any year in which the primary dangerous circulating pathogen is not the flu virus. In 2017 we saw the exact same pattern as in 2020 - more excess deaths in countries with higher flu vaccine coverage. There is a tipping point again at the 50% coverage rate and also another potential tipping point at 30% coverage (see the critical behavior at 30% in the COVID data). Alternatively it would also be possible to fit a linear relationship to the data set is more straightforward since no country was taking extreme social distancing measures in 2017.

Percent residents >65 receiving flu vaccines in 2017 vs. peak 2017 excess deaths



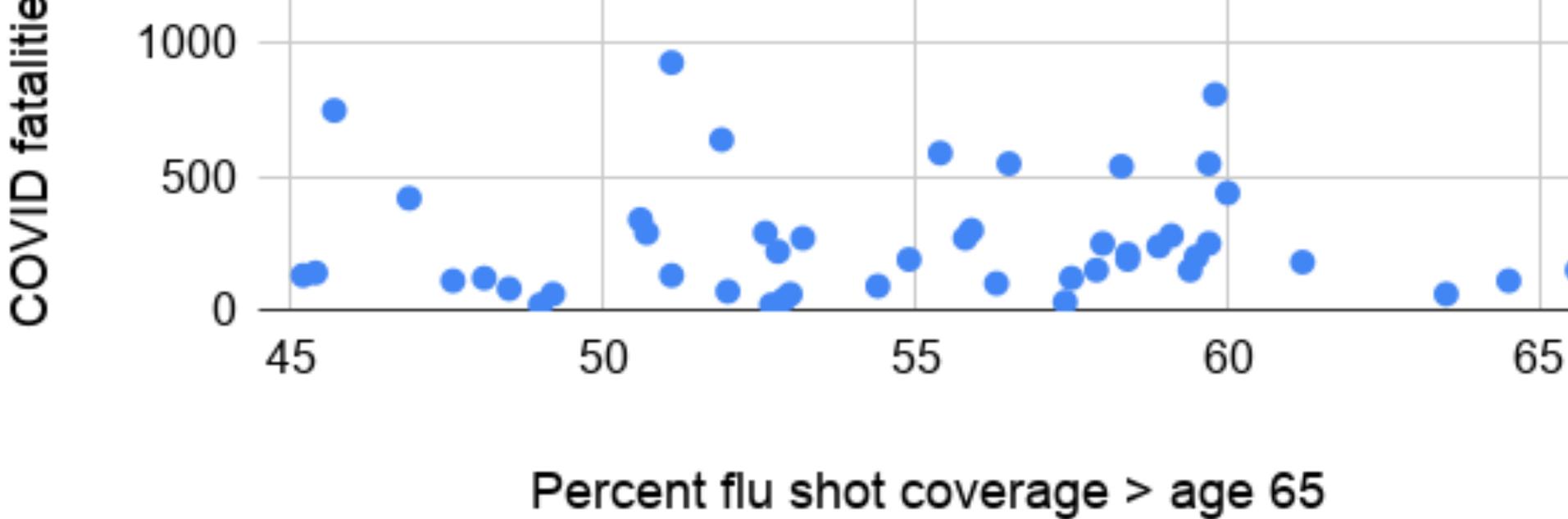


Correlation Between Flu Shot Coverage and COVID-19 Mortality Seen in the United States

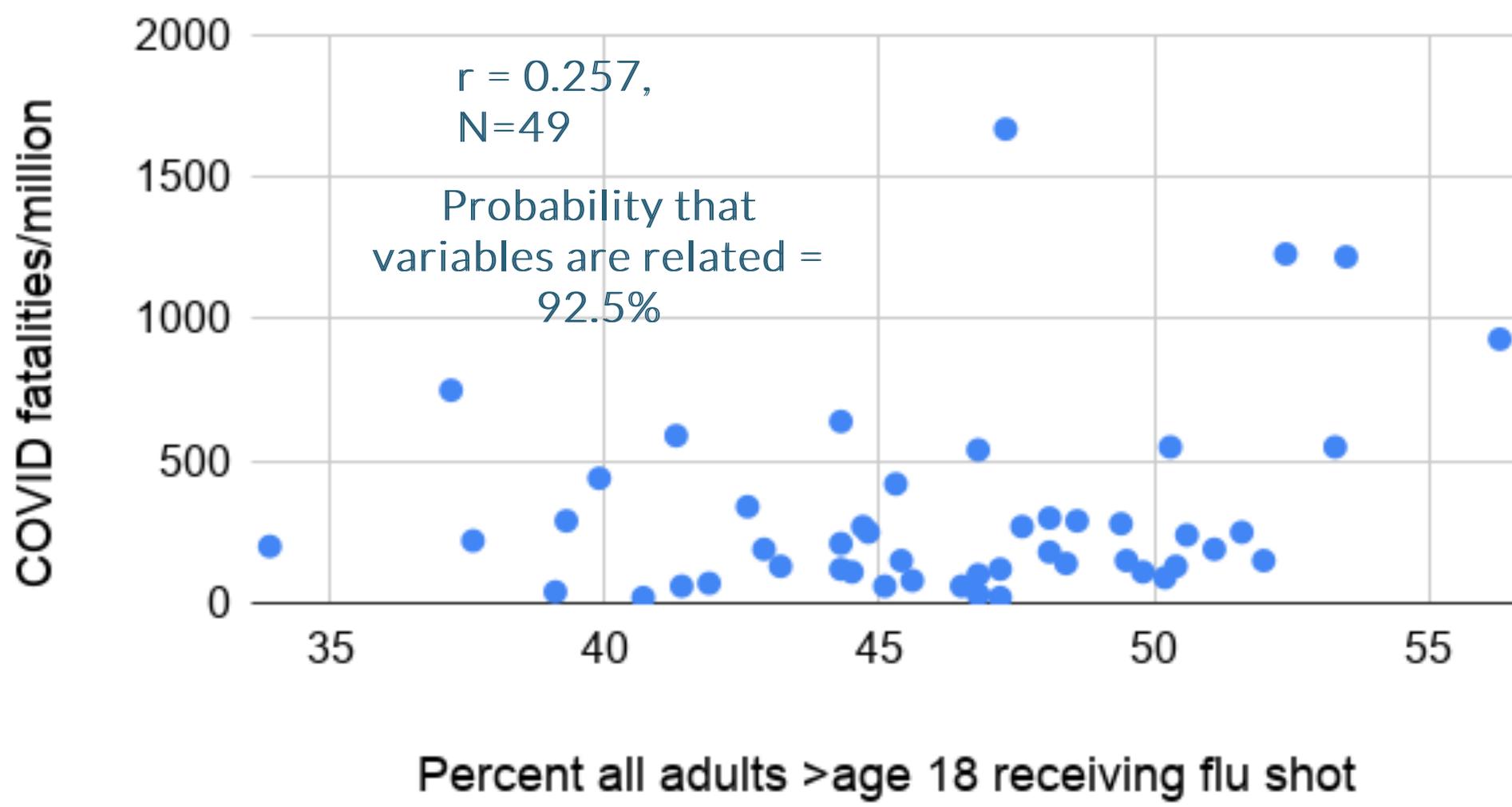
Make sure to scroll through all three figures below to understand the situation in the United States! No correlation was seen between state by state flu shot coverage in 2020 of the over 65 population and COVID deaths/million in the United States (see data link below), however, we find that every state had a vaccination coverage of >50% in the early 2020 season. The data above shows that 50% vaccination rates in 2018 or later is a tipping point - the average COVID fatality rate is much higher than for <50% coverage, however increasing values over 50% does not cause additional deaths. We do not see a statistically significant correlation when we look at the vaccination rates of the entire population (see data link below for the 2018/2019 season), and an even more powerful correlation is seen when we look at vaccination rates of the over 65 population (2019 season). For all adults the tipping point is again at around 45% - 50%, whereas for children there is a tipping point at around 25% and a much larger one around 69%. Every single state with a high COVID death rate, including New York, has a high vaccination rate of children. Since child deaths nonetheless remain low, this must indicate that the children population is not contributing to their elders, indicating again that the primary role of flu vaccination is to cause individuals to pass COVID-19 to each other. The COVID-19 fatality data is from mid-July, 2020.

Flu shot coverage in residents age 65 vs. COVID mortality rates, by state

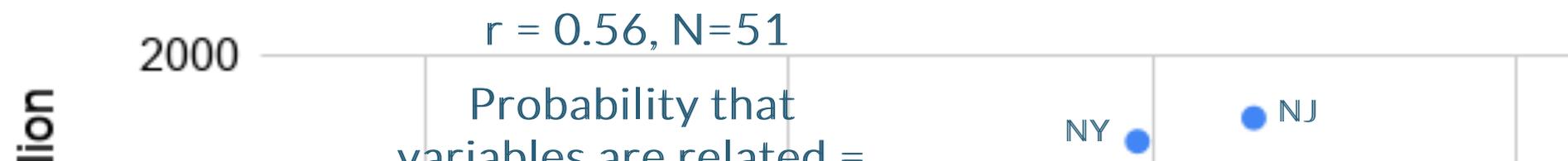


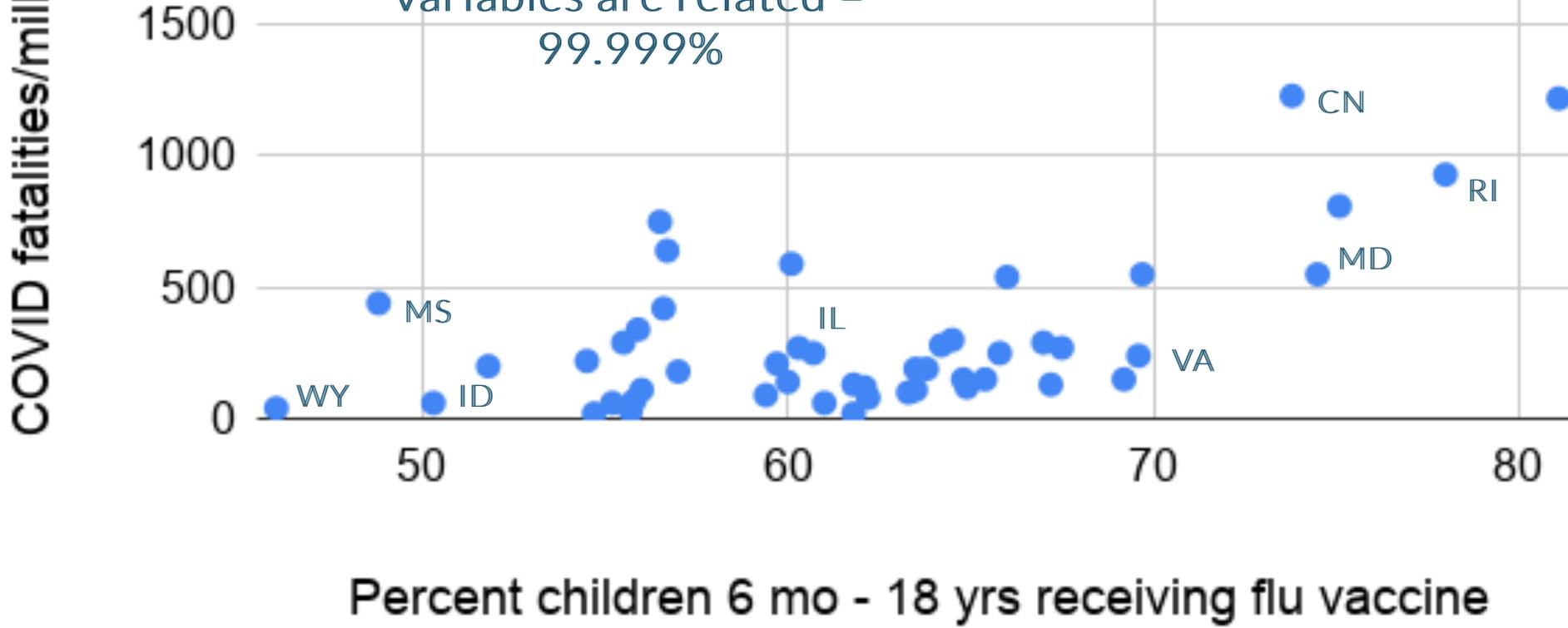


Flu vaccine coverage in all adults vs. COVID fatalities, by state

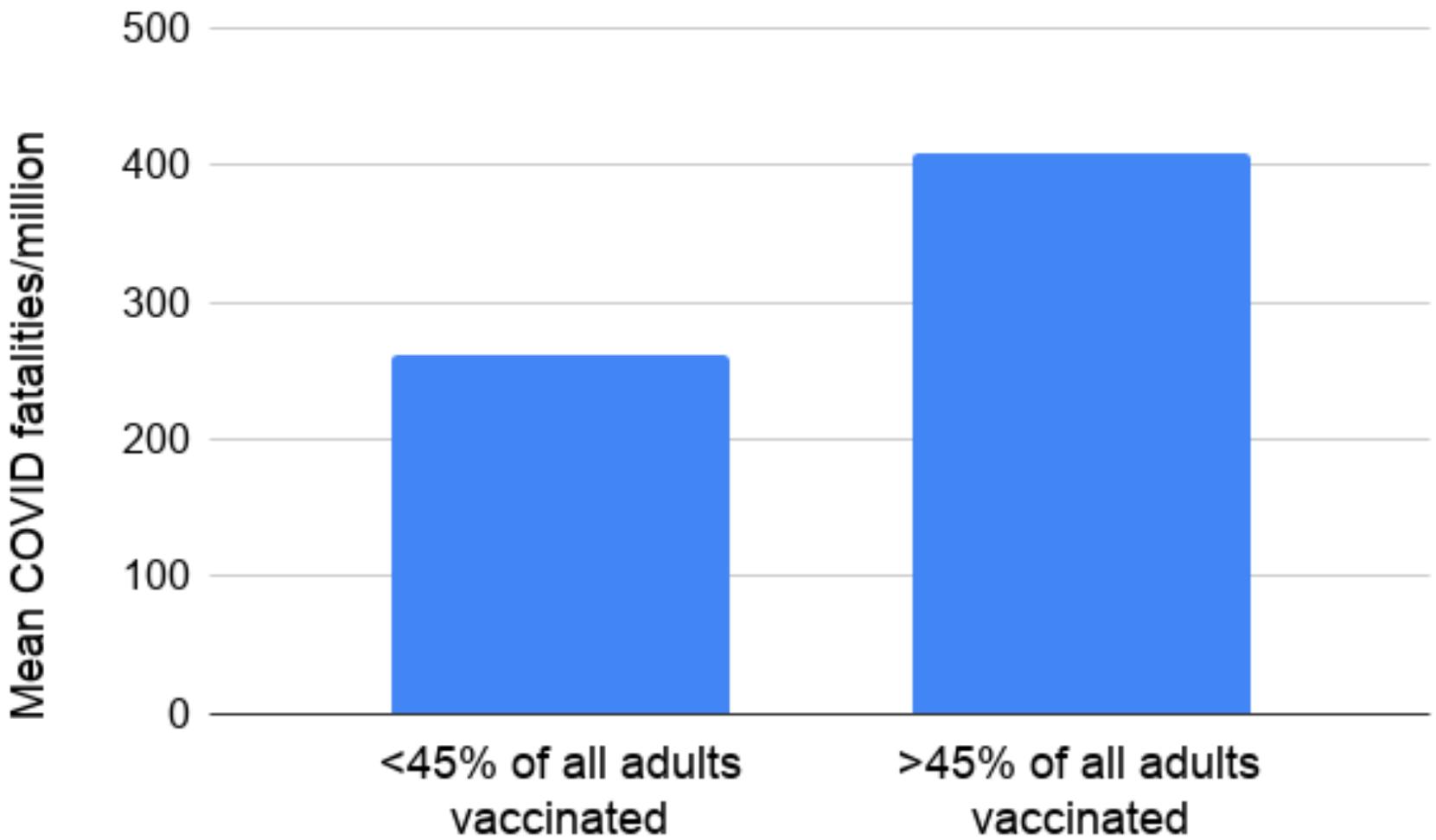


COVID fatality rate vs. flu vaccination coverage in children, by state, United States



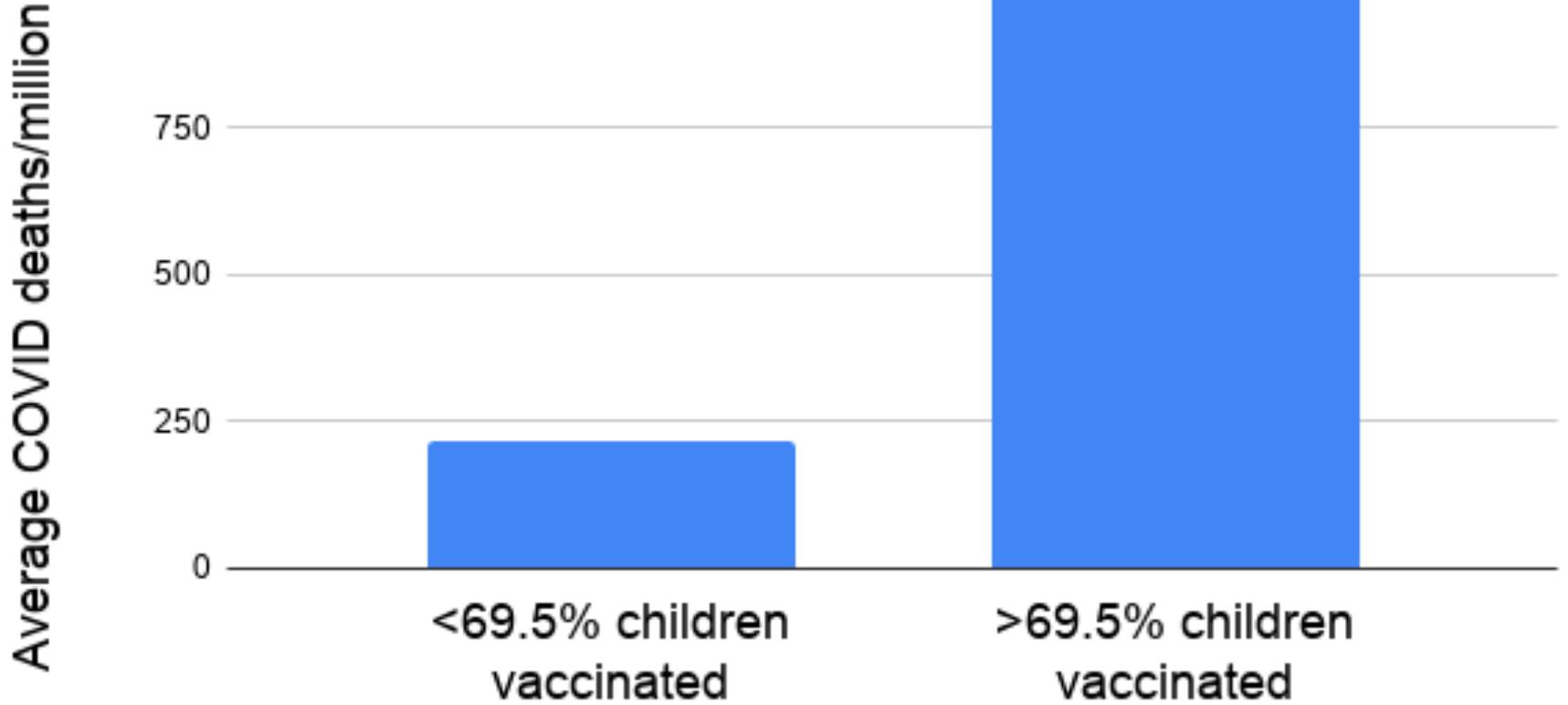


Another way to plot the state data from the United States, if you're tired at looking at so many scatter plots



COVID fatality rates as a function of flu vaccination rates in children 6 months-18 yrs

1000



only heard many times that "correlation does not imply causation". Causation is implied, however, when there is evidence that both supports and explains a casual relationship. In the case of the flu vaccine there are multiple studies which were double-blinded and placebo controlled, which have demonstrated that the flu vaccine increases the risk of other infections. Read below for this science, starting with a background about the flu vaccine and the arguments against it for years.

Never Supported by Science

Dr. John Anthony Morris reported his research findings on the influenza vaccine to the FDA. A distinguished doctor and government scientist, Dr. Morris had been commissioned 13 years earlier to scientifically justify the decision to widely expand the flu vaccination program. To his expectation, however, his results were thoroughly disappointing. Dr. Morris reported that the vaccine provided no measurable net benefit, in part because the injected vaccine failed to stimulate antibody production in the lungs, thus allowing for viral replication in this sensitive area. It was later realized that the lack of benefit also stemmed from the flu shot's ability to *increase* vulnerability to viruses not covered in the vaccine, including unmatched strains of flu and different respiratory viruses that occur on their own right. Dr. Morris' finding of no net benefit of the influenza vaccine has been repeatedly verified with contemporary data, including a study by [Ginsberg et al. \(2005\)](#) that found that the large increase in flu vaccination of the United States between 1980 and 2001 failed to decrease flu season mortality, and a study by [Ginsberg et al. \(2005\)](#) that found that the vast increase in flu shot uptake by those who had



Dr. John Campbell discusses the flu vaccine and COVID-19



found that the vast increase in flu shot uptake by those who had 5 (vs. those who were just a bit younger) provided no decline in cases or deaths.

Not Public Health

Successful results of Dr. Morris' research, the flu vaccine's only perk could be the pockets of Big Pharma, and should have been regulated out of existence. Fortunately, the cozy relationship between the FDA, CDC, and the pharmaceutical industry, well documented today, is not a new phenomena. Instead of expanding the vaccination program Dr. Morris' supervisors swiftly closed his research and blocked publication of his results. Breathing a sigh of relief that nothing would be placed in the way of good profits, Big Pharma continued the expansion of the flu shot market. Even if there wasn't a huge benefit in the shot, they argued, it was important to have manufacturing in place in order to produce large quantities of vaccine quickly to save the world during the next pandemic (*History of Vaccines, by Arthur Allen*).

Makes A Flu Pandemic - Worse?

The 1968 Hong Kong flu pandemic was the first major flu pandemic to occur after mass influenza vaccination became a reality. Big pharma did indeed heroically turn out millions of doses of the 1968 Hong Kong influenza vaccine. Unfortunately, most of the doses did not become available to the general public until after the pandemic was nearly over. In addition to the inconvenient finding that individuals who had obediently taken the 1968 Hong Kong vaccine the year before were more likely to develop pandemic influenza illness that was medically attended. Public health experts were shocked and outraged but kept their lips sealed as Big Pharma and their sponsored agencies used the public spotlight on the flu in 2009 as a springboard for an even larger flu vaccination program. For the first time the flu shot was recommended for every American citizen, especially children, who by 2009 were the largest consumers of the shot despite lack of evidence of benefit and the fact that mercury was allowed to remain in the vaccine.

Promotes Other Viruses

As shown above, 2009 was not an anomaly; the flu shot *routinely increases* the risk of infection with other pathogens, negating any benefits of the shot. While



Dr. Peter Aaby discusses how vaccines can cause higher susceptibility to other illnesses (non-specific effects)



Do vaccines ever save lives? Or do they simply replace one illness to be replaced by another?



Viruses do not create pandemics because they are novel. The human body has an innate immune system that can fight against any illness. Dr. Paul Ke...

udies of this phenomena worked with patients who had freely chosen
t to take the flu shot, ([Dierig et al., 2014](#)), one study met the gold
blinded, randomized, placebo controlled trial ([Cowling et al., 2012](#)).
been generally hypothesized that the mechanism of the increase
sses is viral interference - [the observation that illness with one virus](#)
[ers](#) - it was found by [Riken et al. \(2018\)](#) that the increase in non-flu
ts in the first 14 days after receipt of the flu vaccine, before any
ne flu has developed. This indicates that like the [DTP vaccine](#) and
ted pathogen vaccines, the vaccine engenders non-specific immune
s which increase vulnerability to certain other infections. Most of
the flu vaccine have focused on children, or found statistically
ults only in children, however one study to find an affect in adults
ile the flu shot appeared to offer cross protection against certain
this population, [the vulnerability to several other pathogens,](#)
[navirus](#), was specifically increased. [This study was with regards to](#)
[uses](#), not COVID-19. The potential of the flu shot to fuel COVID-19,
rmly established, and, as we demonstrated above, can now clearly be
VID data.

against any illness. DTP had
how it was only *after* severe c
damaged the immune systems
Americans that they succumb
diseases. With COVID, again,
immune systems is also at issu



Learn how to support your in
system with natural melatonin
dangerously depleted in today

Download the Data

Download Our Data Files to Do Your Own Investigating

COVID and flu vaccine data by
country, .xls format



COVID and flu vaccine data by
country, simple text tab
delimited format

COVID and flu vaccine data by state
.xls format

Links to Data Sources

[Influenza vaccination rates > age 65, by country](#)

[Global COVID fatalities, testing, and case rates](#)

[Flu Vaccine Types Approved In Different European Countries](#)

[Documentation of Flu Vaccine Policies Across Europe](#)

[Flu Vaccination Rates by State](#)

[COVID Deaths by State](#)

[Flu Vaccination Rates by State over Age 65](#)

[Excess Death Z scores for Europe](#)

References

[Polkin, C., & Gorry, D. \(2020\). The Effect of Influenza Vaccination for the Elderly on Hospitalization and Mortality: An Observational Cohort Study. Annals of Internal Medicine, 172\(7\), 445-452.](#)

[Booy, R. \(2009\). Interference between outbreaks of respiratory viruses. Eurosurveillance, 14\(41\), 19359.](#)

[Chan, K. H., Ip, D. K., ... & Peiris, J. M. \(2012\). Increased risk of noninfluenza respiratory virus infection in children receiving influenza vaccine. Clinical Infectious Diseases, 54\(12\), 1778-1783.](#)

[Blackwelder, W. C., Yin, J. K., Leask, J., Chow, M. Y. K., ... & Booy, R. \(2014\). Epidemiology of respiratory viral infections in children and influenza vaccine effectiveness. Influenza and other respiratory viruses, 8\(3\), 293-301.](#)

[Booy, R. \(2020\). COVID-19 severity in Europe and the USA: Could the seasonal influenza vaccination play a role?. Social Science Research, 97, 102137.](#)

[Blackwelder, W. C., de Belliard, Y. C., Reed, C., LaRussa, P., ... & Stockwell, M. S. \(2018\). Assessment of temporally-related acute respiratory infections. Vaccine, 36\(15\), 1958-1964.](#)

[Blackwelder, W. C., Viboud, C., Blackwelder, W. C., Taylor, R. J., & Miller, M. A. \(2005\). Impact of influenza vaccination on seasonal mortality. Journal of internal medicine, 165\(3\), 265-272.](#)

[Blackwelder, W. C., Viboud, C., Blackwelder, W. C., Taylor, R. J., & Miller, M. A. \(2005\). Influenza vaccination and respiratory virus interference among Department of Defense personnel during the 2017-2018 influenza season. Vaccine, 33\(2\), 350-354.](#)

Series of BMJ Rapid Response Articles on Flu Vaccine & COVID by Dr. Cu

[17 March, 2020](#)

[19 February, 2020](#)

[17 September, 2020](#)

[2 March, 2020](#)

[23 September, 2020](#)

[28 February, 2020](#)

Links to Other Discussions Of Flu Shots and COVID:

[Dr. Murray](#)

[Children's Health Defense Fund](#)

[Spain](#)

[grahmweb.com](#)

[medium.com](#)

[d Response
Dublin](#)

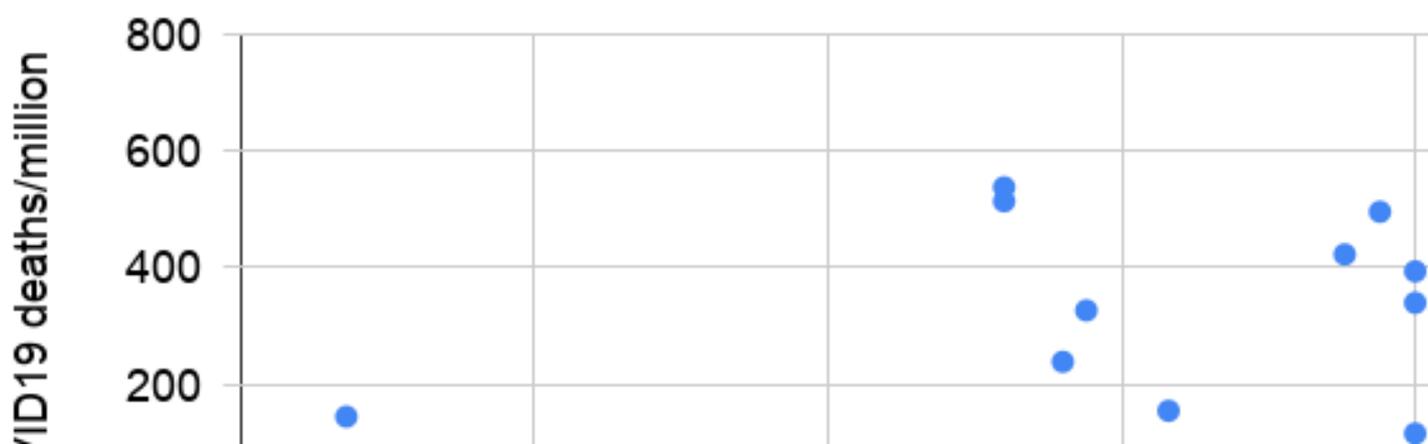
[m
First Freedoms](#)

[Healthy Immunity
Now - Natural
Immune System
Support](#)

New and Updated Data: August, 2020

and data for 2018 influenza vaccine coverage for the Americas provided by PAHO. [The original data set](#) plotted on it's own, with COVID deaths/million accessed on August 13, 2020, looks the same as the Eu to higher COVID deaths after ~50% of the population is vaccinated:

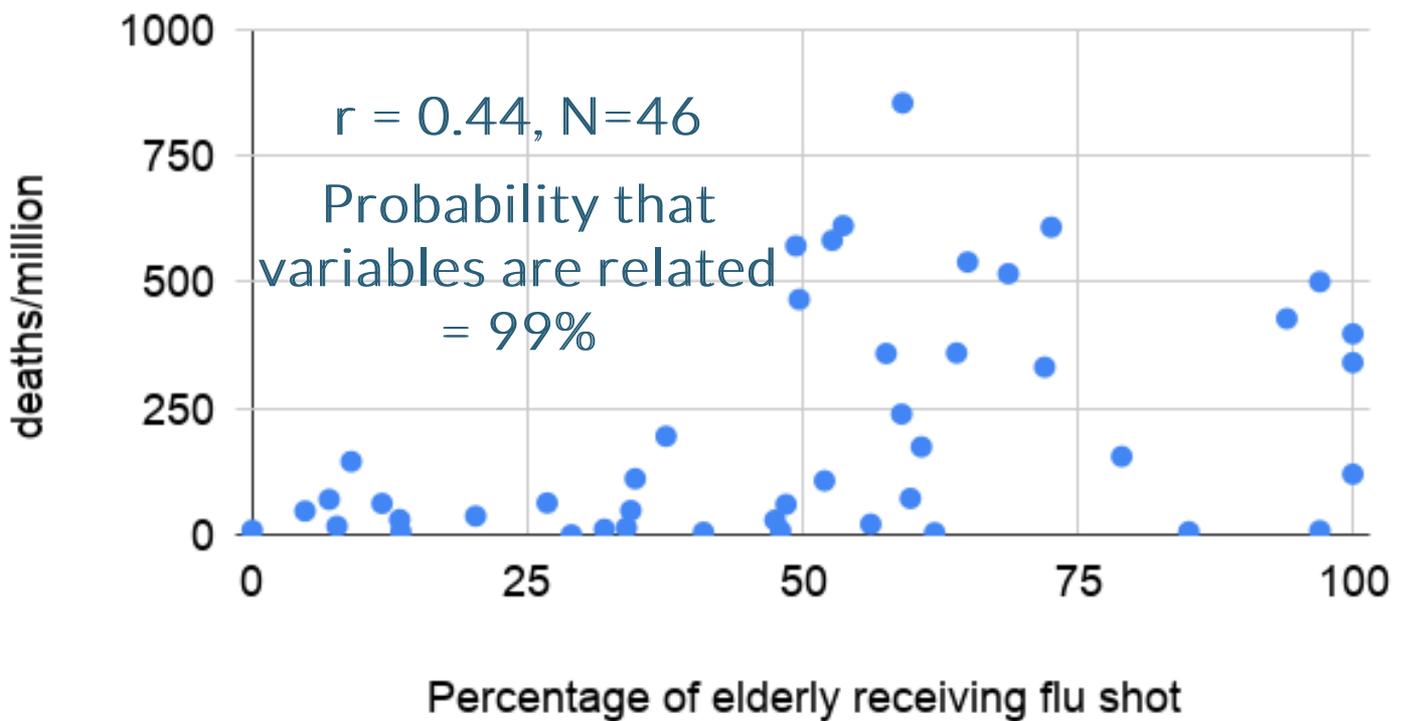
Flu Vaccination Coverage vs. COVID-19 Fatality Rates in North and South America





ed the PAHO data with the original data set and re-accessed all COVID fatality rates as of August 14, 2020. The data set, primarily consisting of data from Europe and the Americas. All flu shot coverage data is from

Flu vaccine coverage in the elderly vs. COVID deaths/million



entire data set, as well as the European and Americas subsets, clearly shows that COVID-19 suddenly became much worse once flu vaccine coverage passes the critical value of ~50%.

[↓ Download the updated and expanded data set](#)

currently working on bringing you more information about COVID-19 and the flu. We don't have a mailing list, but we'll be posting short summary and notification videos on this channel as new content is added to this site, so please subscribe to our [youtube channel](#) and ring the bell for notifications. Thank you !!

Please read our [disclaimer](#)

Home Vaccine Education Network

"The importance of any disease as a public health problem must be gauged from many angles. For example, using mortality as a criterion heart disease becomes most important. Short term morbidity makes the common cold rank high. For chronic disability arthritis and mental disease dominate. ... According to these criteria the importance of measles cannot be compared with any of the diseases mentioned so far... To those who ask me "why do you wish to eliminate measles?" I reply with the same answer that Hillary used when asked why he wished to climb Mt. Everest: "Because it is there" ". **Director of the CDC, 1962***

Langmuir, A. D., Henderson, D. A., Serfling, R. E., & Sherman, I. L. (1962). The importance of measles as a health problem. *American Journal of Public Health and the Nations Health*, 52(Suppl_2), 1-4. |

Gratitude to [Dr. Tetyana Obukhanych](#) from whom we first heard this quote and have learned so much more.

Together we have power!

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I'm not a robot



Supporting