

Might Flu Shots Increase COVID-19 Pandemic Risk?

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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STORY AT-A-GLANCE

- › People who received the trivalent influenza vaccine during the 2008-2009 flu season were between 1.4 and 2.5 times more likely to get infected with pandemic H1N1 in the spring and summer of 2009 than those who did not get the seasonal flu vaccine
- › A double-blind, placebo-controlled study on ferrets confirmed the results, showing the seasonal influenza vaccine did worsen symptoms after subsequent exposure to the H1N1 virus
- › A 2011 study found the seasonal flu vaccine may weaken children's immune systems and increase their chances of getting sick from influenza viruses not included in the vaccine
- › In a 2012 study, children receiving inactivated influenza vaccines had a 4.4 times higher relative risk of contracting noninfluenza respiratory virus infections in the nine months following their inoculation
- › A 2020 study found people were 36% more likely to get some form of coronavirus infection if they had been vaccinated against influenza

i From Dr. Joseph Mercola

Since COVID-19 first entered the scene, exchange of ideas has basically been outlawed. By sharing my views and those from various experts throughout the pandemic on COVID treatments and the experimental COVID jabs, I became a main target of the White House, the political establishment and the global cabal.

Propaganda and pervasive censorship have been deployed to seize control over every part of your life, including your health, finances and food supply. The major media are

key players and have been instrumental in creating and fueling fear.

I am republishing this article in its original form so that you can see how the progression unfolded.

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Could a “perfect storm” be brewing, ready to be unleashed this fall? If the regular influenza season ends up converging with a resurgence of SARS-CoV-2 outbreaks, or even a new SARS-CoV-3, the results are anyone’s guess at this point. Confounding matters is the possibility that influenza vaccination may increase people’s risk of other viral infections.

In a June 12, 2020, Science editorial, Michael Osterholm, virologist and director of the Center for Infectious Disease Research and Policy at the University of Minnesota in Minneapolis, and Edward Belongia, director of the Center for Clinical Epidemiology and Population Health at the Marshfield Clinic Research Institute in Marshfield, Wisconsin write:¹

“There are important differences in the epidemiology of COVID-19 and seasonal influenza, but symptoms overlap ... The prospect of a second COVID-19 wave requires planning to ensure optimal delivery of influenza vaccines starting in the early fall ...

The optimal timing of influenza vaccination in patients with confirmed COVID-19 is uncertain. There are no clinical studies on the effects of influenza vaccination in patients with COVID-19, but it may be prudent to delay vaccine administration until after the acute illness has resolved ...

Will there be a perfect storm of COVID-19 and influenza during the 2020–2021 season? We do not yet know, but we must start preparing in the coming months.”

‘False Claim’ Is Based on Published Science

Osterholm and Belongia stress there is a “false claim that influenza vaccination increases the risk of SARS-CoV-2 infection” promoted by Judy Mikovits and circulating online, and that “Scientists, health care providers, and public health leaders must counter these claims with clear, evidence-based information on the importance of influenza vaccination during the COVID-19 pandemic.”

But this so-called “false claim” is not a rumor pulled out of thin air. As is so often the case, Osterholm and Belongia are actually insulting fellow virologists and researchers when slapping a hoax label on such claims, seeing how there is published research showing that, yes, influenza vaccination appears to worsen outcomes during viral pandemics.

If Osterholm and Belongia wanted to be factual and clear, they should dissect the actual studies using scientific methods and reasoning, and not just dismiss them as made-up internet hoaxes.

The fact that peer-reviewed studies have come to the conclusion that previous flu vaccination seems to increase patients’ risk of contracting more severe pandemic illness at least worthy of consideration and review.

I’m not surprised though, seeing how Osterholm appears to routinely ignore the reality of published science. In a March 10, 2020, interview with Joe Rogan,² in which the question of SARS-CoV-2’s origin came up, Osterholm stated that “we could not have crafted a virus like this to do what it’s doing; I mean we don’t have the creative imagination or the skill set.”

This simply does not line up with reality. Again, published research shows we clearly have the technology, know-how and “creative imagination” to create SARS-CoV-2.

Flu Vaccine Increased Risk of Pandemic H1N1

So, what is the basis for these claims? Research raising serious questions about flu vaccinations and their impact on pandemic viral illnesses include a 2010 review^{3,4} in PLOS Medicine, led by Dr. Danuta Skowronski, a Canadian influenza expert with the

Centre for Disease Control in British Columbia, which found the seasonal flu vaccine increased people's risk of getting sick with pandemic H1N1 swine flu and resulted in more serious bouts of illness.

People who received the trivalent influenza vaccine during the 2008-2009 flu season were between 1.4 and 2.5 times more likely to get infected with pandemic H1N1 in the spring and summer of 2009 than those who did not get the seasonal flu vaccine.

In all, five observational studies conducted across several Canadian provinces found identical results. These findings also confirmed preliminary data from Canada and Hong Kong. As Australian infectious disease expert professor Peter Collignon told ABC News at the time:⁵

"Some interesting data has become available which suggests that if you get immunized with the seasonal vaccine, you get less broad protection than if you get a natural infection ...

We may be perversely setting ourselves up that if something really new and nasty comes along, that people who have been vaccinated may in fact be more susceptible compared to getting this natural infection."

Double-Blind Animal Study Confirmed Results

To double-check the findings, Skowronski and other researchers conducted a study on ferrets. Their findings were presented at the 2012 Interscience Conference on Antimicrobial Agents and Chemotherapy. As reported by MedPage Today:⁶

"A double-blind, placebo-controlled animal study suggests that vaccination with seasonal influenza vaccine did, in fact, worsen symptoms after subsequent exposure to H1N1 flu ... The vaccinated ferrets also accumulated significantly greater lung virus titers – 4.96 plot forming units/ml versus 4.23 pfu/ml ...

'We did find that the ferret findings were consistent with our earlier human studies,' Skowronski said, noting that the scientifically stringent experiment

used ferrets, considered to be excellent models of human influenza infection ...

'We needed to follow up on those studies from Canada. They were clearly indicating something important about the interaction between seasonal and pandemic viruses,' she said.

'First, people attributed the human findings to bias and confounding. That is a common problem with observational studies ... Our ferret studies showed that the findings could not be explained away on the basis of confounding.

There may be a direct vaccine effect in which the seasonal vaccine induced some cross-reactive antibodies that recognized pandemic H1N1 virus, but those antibodies were at low levels and were not effective at neutralizing the virus,' she continued, explaining that instead of killing the new virus it actually may facilitate its entry into the cells."

Flu Vaccine Increases Risk of Respiratory Infections

Another study,⁷ published in the Journal of Virology in 2011, found the seasonal flu vaccine weakens children's immune systems and increases their chances of getting sick from influenza viruses not included in the vaccine.

Further, when blood samples from 27 healthy, unvaccinated children and 14 children who had received an annual flu shot were compared, the former unvaccinated group was found to have naturally built up more antibodies across a wider variety of influenza strains compared to the latter vaccinated group, which is the type of situation Collignon referred to in the quote above.

Then there's a 2012 study^{8,9} in the journal Clinical Infectious Diseases, which found that children receiving inactivated influenza vaccines had a 4.4 times higher relative risk of contracting noninfluenza respiratory virus infections in the nine months following their inoculation.

The authors proposed the theory that “Being protected against influenza, trivalent inactivated influenza vaccine recipients may lack temporary nonspecific immunity that protected against other respiratory viruses.”

Natural Infection, Inoculation Confer Different Protection

So, on the one hand, studies have shown that when you get the flu vaccine, you may become more prone to flu caused by influenza viruses that are not contained in the vaccine, or other noninfluenza viral respiratory illnesses, including coronavirus infections (more on that below).

Conversely, researchers^{10,11,12} recently found that common colds caused by the betacoronaviruses OC43 and HKU1 might actually make you more resistant to SARS-CoV-2 infection, and that the resulting immunity might last as long as 17 years.

The authors suggest that if you’ve beat a common cold caused by a OC43 or HKU1 betacoronavirus in the past, you may have a 50/50 chance of having defensive T-cells that can recognize and help defend against SARS-CoV-2.

Flu Vaccination Increases Risk of Coronavirus Infection

So, what about SARS-CoV-2? Is there any evidence to suggest influenza vaccines might render people more susceptible to this pandemic virus too? So far, no one has looked at SARS-CoV-2 specifically, but there are recent findings showing seasonal flu vaccinations can worsen coronavirus infections in general.

“ While seasonal influenza vaccination did not raise the risk of all respiratory infections, it was in fact ‘significantly associated with unspecified coronavirus.’ ”

Remember, SARS-CoV-2 is one of seven different coronaviruses known to cause respiratory illness in humans.¹³ Four of them cause symptoms associated with the common cold: 229E, NL63, OC43 and HKU1.

In addition to the common cold, OC43 and HKU1 – two of the most commonly encountered betacoronaviruses¹⁴ – are also known to cause bronchitis, acute exacerbation of chronic obstructive pulmonary disease and pneumonia in all age groups.¹⁵ The other three human coronaviruses – which are capable of causing more serious respiratory illness – are SARS-CoV, MERS-CoV and SARS-CoV-2.

A study^{16,17} published in the January 10, 2020, issue of the journal Vaccine found people were more likely to get some form of coronavirus infection if they had been vaccinated against influenza. As noted in this study, titled “Influenza Vaccination and Respiratory Virus Interference Among Department of Defense Personnel During the 2017-2018 Influenza Season:”

“Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as virus interference. Test-negative study designs are often utilized to calculate influenza vaccine effectiveness.

The virus interference phenomenon goes against the basic assumption of the test-negative vaccine effectiveness study that vaccination does not change the risk of infection with other respiratory illness, thus potentially biasing vaccine effectiveness results in the positive direction.

This study aimed to investigate virus interference by comparing respiratory virus status among Department of Defense personnel based on their influenza vaccination status. Furthermore, individual respiratory viruses and their association with influenza vaccination were examined.”

While seasonal influenza vaccination did not raise the risk of all respiratory infections, it was in fact “significantly associated with unspecified coronavirus (meaning it did not specifically mention SARS-CoV-2) and human metapneumovirus” (hMPV).

Those who had received a seasonal flu shot were 36% more likely to contract coronavirus infection and 51% more likely to contract hMPV infection than unvaccinated individuals.^{18,19}

Looking at the symptoms list for hMPV²⁰ is telling, as the main symptoms include fever, sore throat and cough. The elderly and immunocompromised are at heightened risk for severe hMPV illness, the symptoms of which include difficulty breathing and pneumonia. All of these symptoms also apply for SARS-CoV-2.

Did Flu Shots Increase Mortality in Italy?

In a recent blog post, Dr. Michael Murray discusses the possibility that seasonal influenza vaccinations may have contributed to the dramatically elevated COVID-19 mortality seen in Italy. He writes:²¹

"... the standard answers of an elderly population and the failure to implement social distancing soon enough just don't explain what is happening. My colleague, Dr. Alex Vasquez, provided me with a valuable insight.

In September 2019, Italy rolled out an entirely new type of influenza vaccine. This vaccine called VIQCC is different than others. Most available influenza vaccines are produced in embryonated chicken eggs. VIQCC, however, is produced from cultured animal cells rather than eggs and has more of a 'boost' to the immune system as a result.

VIQCC also contains four types of viruses – 2 type A viruses (H1N1 and H3N2) and 2 type B viruses.²² It looks like this 'super' vaccine impacted the immune system in such a way to increase coronavirus infection through virus interference that set the stage for what happened in Italy."

Fast-Tracked COVID-19 Vaccine Plus Flu Vaccine This Season?

Needless to say, there's also no telling what the effects might be if people are vaccinated against both influenza and SARS-CoV-2 in the same season. We don't even know what the ramifications of the SARS-CoV-2 vaccine might be yet, although, historically, all coronavirus vaccines have resulted in more devastating disease and increased risk of death, as reviewed in my interview with Robert F. Kennedy Jr.

Preliminary results from Moderna's Phase 1 trial showed the vaccine (mRNA-1273) caused systemic side effects in 80% of participants receiving the 100 microgram (mcg) dose.^{23,24} Side effects ranged from fatigue (80%), chills (80%), headache (60%) and myalgia or muscle pain (53%). After the second dose, 100% of participants in the 100-mcg group experienced side effects.

This is important to note as, unlike the flu vaccine, the coronavirus vaccine will be a minimum of a two-dose regimen and most likely recommended to be repeated annually, just like the flu vaccine.

The 45 volunteers were divided into three dosage groups – 25 mcg, 100 mcg and 250 mcg – with 15 participants in each. Even in the low-dose group, one participant (6%) got so sick he required emergency medical care. In the high-dose (250 mcg) group, 100% of participants suffered side effects after both the first and second doses, and three of the participants suffered “one or more severe events.”

Keep in mind, these were healthy individuals between the ages of 18 and 55,²⁵ who were not overweight, were lifelong nonsmokers with no family history of respiratory problems or seizures. People with asthma, diabetes, rheumatoid arthritis or other autoimmune diseases were excluded.

What do you think might happen when a vaccine that sends perfectly healthy individuals to the hospital is given to the elderly and/or people with serious health conditions? Then, add to that the possibility of being more prone to respiratory illnesses due to receiving the seasonal flu vaccine. The end result seems pretty obvious, and it's not going to be a boon to public health.

I've written many articles reviewing the ineffectiveness of flu vaccines, and several more on the potential problems facing us from [fast-tracked mRNA vaccines for COVID-19](#). Hopefully, sanity and logical thinking will sprout before it's too late, but as it stands right now, it appears we're headed toward a public health disaster.

The way forward is to make sure we defend our right to choose, to opt out, and to fight vaccine mandates wherever they turn up, regardless of the vaccine in question, because ultimately, it is previous precedents that allow government to continue mandating ever more dangerous vaccines.

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