

Influenza Vaccination Linked to Higher COVID Death Rates

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- *Vaccines can in some cases trigger more serious illness when exposed to an unrelated virus, via a process known as virus interference*
- *Virus interference was found to be at play during the 2009 pandemic swine flu. The seasonal flu vaccine increased people’s risk of getting sick with pandemic H1N1 swine flu and resulted in more serious bouts of illness*
- *Researchers have also found military servicemen vaccinated against influenza were more prone to unspecified coronavirus infection than unvaccinated counterparts*
- *An October 2020 data analysis found a positive association between COVID-19 deaths and influenza vaccination rates in elderly people worldwide. Areas with the highest vaccination rates also had the highest COVID-19 death rates*
- *Possible explanations include reduced immunity to SARS-CoV-2 by some unknown biological mechanism, and viral interference causing reduced nonspecific immunity*

A question that has lingered since the 2009 mass vaccination campaign against pandemic H1N1 swine flu is whether seasonal influenza vaccination might make pandemic infections worse or more prevalent.¹

Early on in the COVID-19 pandemic, Dr. Michael Murray, naturopath and author, confirmed what Judy Mikovits, Ph.D., told me in [her second interview with me](#), namely that seasonal influenza vaccinations may have contributed to the dramatically elevated COVID-19 mortality seen in Italy. In a blog post, he pointed out that Italy had introduced a new, more potent type of flu vaccine, called VIQCC, in September 2019:²

“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.³ It looks like this ‘super’ vaccine impacted the immune system in such a way to increase coronavirus infection through virus

interference ...”

Vaccines and Virus Interference

The kind of virus interference Murray was referring to had been shown to be at play during the 2009 pandemic swine flu. A 2010 review^{4,5} in PLOS Medicine, led by Dr. Danuta Skowronski, a Canadian influenza expert with the Centre for Disease Control in British Columbia, 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.

To double-check the findings, Skowronski and other researchers conducted a follow-up study on ferrets. Their findings were presented at the 2012 Interscience Conference on Antimicrobial Agents and Chemotherapy. At the time, Skowronski commented on her team’s findings, telling MedPage Today:⁶

“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. Instead of killing the new virus it actually may facilitate its entry into the cells.”

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:⁷

“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.”

Flu Vaccination Raises Unspecified Coronavirus Infection

A study^{8,9} published in the January 10, 2020, issue of the journal Vaccine also 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 ... This study aimed to investigate virus interference by comparing respiratory virus status among

Department of Defense personnel based on their influenza vaccination status.”

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, which was still unknown at the time this study was conducted) and human metapneumovirus (hMPV¹⁰).

Remember, SARS-CoV-2 is one of seven different coronaviruses known to cause respiratory illness in humans.¹¹ Four of them — 229E, NL63, OC43 and HKU1 — cause symptoms associated with the common cold.

OC43 and HKU1¹² are also known to cause bronchitis, acute exacerbation of chronic obstructive pulmonary disease and pneumonia in all age groups.¹³ The other three human coronaviruses — which are capable of causing more serious respiratory illness — are SARS-CoV, MERS-CoV and SARS-CoV-2.

Service members who had received a [seasonal flu shot](#) during the 2017-2018 flu season were 36% more likely to contract coronavirus infection and 51% more likely to contract hMPV infection than unvaccinated individuals.^{14,15}

Influenza Vaccination Linked to Higher COVID Death Rates

October 1, 2020, professor Christian Wehenkel, an academic editor for PeerJ, published a data analysis¹⁶ in that same journal, in which he reports finding a “positive association between COVID-19 deaths and influenza vaccination rates in elderly people worldwide.”

In other words, areas with the highest vaccination rates among elderly people also had the highest COVID-19 death rates. To be fair, the publisher’s note points out that correlation does not necessary equal causation:

“What does that mean? By way of example, in some cities increased ice cream sales correlate with increased murder rates. But that doesn’t mean that if more ice creams are sold, then murder rates will increase. There is some other factor at play — the weather temperature.

Similarly, this article should not be taken to suggest that receiving the influenza vaccination results in an increased risk of death for an individual with COVID-19 as there may be many confounding factors at play (including, for example, socioeconomic factors).”

That said, one of the reasons for the analysis was to double-check whether the data would support reports claiming that [seasonal influenza vaccination](#) was negatively correlated with [COVID-19 mortality](#) — including one that found regions in Italy with higher vaccination rates among elders had lower COVID-19 death rates.¹⁷ “A negative association was expected,” Wehenkel writes in PeerJ. But that’s not what he found:

“Contrary to expectations, the present worldwide analysis and European sub-analysis do not support the previously reported negative association between

COVID-19 deaths (DPMI) [COVID-19 deaths per million inhabitants] and IVR [influenza vaccination rate] in elderly people, observed in studies in Brazil and Italy,” the author noted.¹⁸

“To determine the association between COVID-19 deaths and influenza vaccination, available data sets from countries with more than 0.5 million inhabitants were analyzed (in total 39 countries).

To accurately estimate the influence of IVR on COVID-19 deaths and mitigate effects of confounding variables, a sophisticated ranking of the importance of different variables was performed, including as predictor variables IVR and some potentially important geographical and socioeconomic variables as well as variables related to non-pharmaceutical intervention.

The associations were measured by non-parametric Spearman rank correlation coefficients and random forest functions.

The results showed a positive association between COVID-19 deaths and IVR of people ≥ 65 years-old. There is a significant increase in COVID-19 deaths from eastern to western regions in the world. Further exploration is needed to explain these findings, and additional work on this line of research may lead to prevention of deaths associated with COVID-19.”

What Might Account for Vaccination-Mortality Link?

In the discussion section of the paper, Wehenkel points out that previous explanations for how flu vaccination might reduce COVID-19 deaths are not supported by the data he collected.

The influenza vaccine may increase influenza immunity at the expense of reduced immunity to SARS-CoV-2 by some unknown biological mechanism ... Alternatively ... reduced non-specific immunity in the following weeks, probably caused by virus interference. ~ Professor Christian Wehenkel

For example, he cites research attributing the beneficial effect of flu vaccination to improved prevention of influenza and SARS-CoV-2 coinfections, and another that suggested the flu vaccine might improve SARS-CoV-2 clearance.

These arguments “cannot explain the positive, direct or indirect relationship between influenza vaccination rates and both COVID-19 deaths per million inhabitants and case fatality ratio found in this study, which was confirmed by an unbiased ranking variable importance using Random Forest models,” Wehenkel says.¹⁹ (Random Forest refers to a preferred classification algorithm used in data science to model predictions.²⁰) Instead, he offers the following hypotheses:²¹

“The influenza vaccine may increase influenza immunity at the expense of reduced immunity to SARS-CoV-2 by some unknown biological mechanism, as suggested by Cowling et al. (2012)²² for non-influenza respiratory virus.

Alternatively, weaker temporary, non-specific immunity after influenza viral infection could cause this positive association due to stimulation of the innate immune response during and for a short time after infection.^{23,24}

People who had received the influenza vaccination would have been protected against influenza but not against other viral infections, due to reduced non-specific immunity in the following weeks,²⁵ probably caused by virus interference.^{26,27,28}

Although existing human vaccine adjuvants have a high level of safety, specific adjuvants in influenza vaccines should also be tested for adverse reactions, such as additionally increased inflammation indicators²⁹ in COVID-19 patients with already strongly increased inflammation.”³⁰

The Flu Vaccine Paradox

Since Wehenkel’s analysis focuses on the flu vaccine’s impact on COVID-19 mortality among the elderly, it can be useful to take a look at information presented at a World Health Organization workshop in 2012. On page 6 of the workshop presentation³¹ in question, the presenter discusses “a paradox from trends studies” showing that “influenza-related mortality increased in U.S. elderly while vaccine coverage rose from 15% to 65%.”

On page 7, he further notes that while a decline in mortality of 35% would be expected with that increase in vaccine uptake, assuming the vaccine is 60% to 70% effective, the mortality rate has risen instead, although not exactly in tandem with vaccination coverage.

On page 10, another paradox is noted. While observational studies claim the flu vaccine reduces winter mortality risk from any cause by 50% among the elderly, and vaccine coverage among the elderly rose from 15% to 65%, no mortality decline has been seen among the elderly during winter months.^{32,33}

Seeing how the elderly are the most likely to die due to influenza, and the flu accounts for 5% to 10% of all winter deaths, a “50% mortality savings [is] just not possible,” the presenter states. He then goes on to highlight studies showing evidence of bias in studies that estimate influenza vaccine effectiveness in the elderly. When that bias is adjusted for, vaccine effectiveness among seniors is discouraging.

Interestingly, the document points out that immunologists have long known that vaccine effectiveness in the elderly would be low, thanks to senescent immune response, i.e., the natural decline in immune function that occurs with age. This is why influenza “remains a significant problem in elderly despite widespread influenza vaccination programs,” the presenter notes.

Report All COVID-19 Vaccine Side Effects

My belief is that current COVID-19 “vaccines,” which use mRNA gene therapy technology, are likely to do more harm than good in most people. There are many reports of elderly in nursing homes dying within hours or days of getting the vaccine. This is likely due to an overwhelming inflammatory response.

If you're elderly and frail, or have a family member who is elderly and thinking of getting the vaccine, I would urge you to take a deeper dive into the available research, and to review the side effect statistics before making your decision.

Last but not least, if you or someone you love have received a COVID-19 vaccine and are experiencing side effects, be sure to report it:³⁴

1. If you live in the U.S., [file a report on VAERS](#)
2. Report the injury on [VaxxTracker.com](#), which is a nongovernmental adverse event tracker (you can file anonymously if you like)
3. [Report the injury on the CHD website](#)

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Notes

¹ [ABC News Australia March 4, 2011](#)

^{2, 9} [Doctormurray.com Does Flu Shot Increase COVID-19 Risk](#)

³ [Doctorsinitaly.com January 13, 2020](#)

⁴ [PLOS Medicine April 6, 2010 DOI: 10.1371/journal.pmed.1000258](#)

⁵ [CIDRAP April 6, 2010](#)

⁶ [Medpage Today September 10, 2012](#)

⁷ [ABC News March 5, 2011](#)

⁸ [Vaccine January 10, 2020; 38\(2\):350-354](#)

¹⁰ [Lung.org Symptoms of hMPV](#)

¹¹ [CDC.gov Human Coronavirus Types](#)

^{12, 13} [J Infect Dis. 2013 Nov 15; 208\(10\): 1634-1642](#)

¹⁴ [Vaccine January 10, 2020; 38\(2\):350-354, 3. Results and Table 5](#)

^{15, 28} [Vaccine 10 January 2020, Pages 350-354](#)

^{16, 18, 19} [PeerJ — Life and Environment October 1, 2020, 8:e10112](#)

¹⁷ [Journal of Medical Virology June 4, 2020; 93\(1\): 64-65](#)

- ²⁰ [Towards Data Science, Understanding Random Forest](#)
- ²¹ [PeerJ — Life and Environment October 1, 2020, 8:e10112, Discussion](#)
- ^{22, 25} [Clinical Infectious Diseases June 15, 2012; 54\(12\): 1778-1783](#)
- ²³ [Journal of Leukocyte Biology July 30, 2009; 86\(4\): 803-812](#)
- ²⁴ [Allergy February 23, 2009; 64\(3\): 375-386](#)
- ²⁶ [Proceedings of the Royal Society B September 12, 1957](#)
- ²⁷ [Vaccine November 3, 2011; 29\(47\): 8615-8618](#)
- ²⁹ [Drug Safety October 8, 2015; 38: 1059-1074](#)
- ³⁰ [Clinical Infectious Diseases March 12, 2020; 71\(15\): 762-768](#)
- ³¹ [Introduction to Issues Regarding Measurement of VE in Elderly Population, WHO Workshop, Geneva December 3-4, 2012](#)
- ³² [Archives of Internal Medicine February 14, 2005; 165\(3\): 265-272](#)
- ³³ [DICRAP February 16, 2005](#)
- ³⁴ [The Defender January 25, 2021](#)

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