

What Everybody Needs to Know About the Annual Flu Shots, Before Giving Fully-informed Consent

How Big Pharma, the CDC and Big Medicine Have Deceived Us by the Cunning Use of Statistics – and Propaganda

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The CDC (the Centers for Disease Control and Prevention) was born, just like the FDA (Food and Drug Administration), as an important regulatory agency of the United States government. The intent of the legislation that authorized both watchdog groups was to regulate various corrupt and monopoly-seeking for-profit healthcare-related industries that could harm the health of the populace that are otherwise powerless to protect themselves from the dangerous practices of powerful healthcare-related industries.

Tragically, over the past few generations (most significantly starting with the presidency of the pro-Big Business, pro-Big Pharma Ronald Reagan), both the CDC and the FDA have been seriously co-opted by the Big Pharma Corporations, their Big Bank lenders and investors and the ubiquitous corporate lobbying groups that propagandize our legislators in DC.

Simultaneously, the CDC and FDA have abandoned their original mission of protecting the people from the inevitable adverse consequences of pharmaceutical greed and the toxic and often addictive products that they manufacture and profitably market, which results in the production of even more polluting by-products that then additionally sicken the victims who took the drugs or vaccines in the first place.

The multimillionaire owners, investors, lobbying groups and think tanks of corporate America have become grotesquely wealthy – and powerful – because of their investments in the multitude of highly profitable anti-democratic (non-elected) entities that over-charge for the drugs and vaccines. The toxic adverse side effects include adverse drug-drug and vaccine-vaccine interactions, which are actually iatrogenic disorders (= doctor- or drug-caused).

The control that those corporate entities have acquired is easily seen in the day-to-day activities of America’s corporate-infiltrated White House, Congress and Supreme Court, each of which is doing the bidding of whatever entities are currently profiting from Wall Street’s

and War Street's often secret agendas.

There should be no surprise as to why many governmental entities, many of our regulatory agencies, Big Pharma, Big Vaccine, Wall Street, etc have lost credibility with awakened citizens. But in this column, I have focused on the CDC, which buys and sells 4 billion dollars-worth of vaccines every year from their cronies in the Big Vaccine corporations. The CDC also, it must be pointed out, owns 56 vaccine-related patents that are projected to make the CDC's elites a lot of money in the future, much of which will be used for the lavish bonuses for the higher-ups. And the FDA is not much cleaner. Conflicts of interest are everywhere.

The CDC is no longer an un-biased entity that protects the citizenry from sociopathic corporations. As a matter of fact, the CDC actually acts just like a corporation. A good example is the annual push by the CDC to get everybody in American to get their flu shots despite the powerful (and censored-out) evidence that influenza vaccines can be seriously harmful while offering little or no benefit.

What follows is a critique of what has become an institution in corporate-controlled America: The unconscious acceptance of annual flu shots.

Definitions

- **Vaccine Efficacy (VE)** is the percentage reduction of disease outcomes in a vaccinated group of people compared to an unvaccinated group, using the most favorable conditions. It is best measured using [double-blind](#), randomized, placebo controlled trials, which are rarely done. A VE of 60% means that a vaccinated group of people has a 60% Relative Risk Reduction (see definition immediately below) of a given outcome compared to an unvaccinated group.
- **Relative Risk Reduction (RRR)** is a deceptive statistic that is commonly-used by Big Pharma and the CDC to over-estimate the reduction in risk or outcome for a treatment group when compared to an untreated control group (ideally a placebo-controlled group). RRR is commonly a gross exaggeration of the actual effectiveness of a drug or vaccine and is therefore favored by entities that want to promote a drug or vaccine by exaggerating its efficacy. The more useful **Absolute Risk Reduction** statistic (see below) is essentially never used in medical journal reporting, perhaps because it more accurately describes the weaknesses, adverse effects, risks and failures of any treatment modality.
- **Absolute Risk Reduction (ARR)** signifies the absolute or actual difference in the reduction in risk between an untreated group and a group of treated individuals. The importance in being able to understand the difference between RRR and ARR is well illustrated in the **Merck Fosamax Fraud** case described further below.
- The **Number Needed to Vaccinate (NNV)** is the number of individuals that must be vaccinated for an expected benefit to be attained in one individual.

Some examples of NNV are listed below.

- The **Number Needed to Treat (NNT)** is the number of individuals that must be treated with a drug, vaccine or surgery that results in a measurable benefit to one individual. It is the inverse of ARR. The larger the NNV (or NNT) is, the more useless is the treatment.

Examples of NNV and NNT Statistics

A Cochrane Review publication from 2018, states: *71 healthy adults would have to be vaccinated with a flu shot to prevent one case of influenza.* (NNV = 71)

Another example of NNV comes from a *Pediatrics* journal article from 2007: *“Between 4255 and 6897 children ages 24–59 months of age would have to be vaccinated for influenza to prevent one hospitalization.”* (NNV = A number between 4255 and 6807)

“6000 to 32,000 hospital workers would need to be vaccinated with the flu shot before a single patient death would be averted.”(NNV = A number between 6,000 and 32,000 for hospital healthcare workers to prevent one patient from dying because of influenza contagion from an un-vaccinated worker) See [this](#).

“33,784 - 38,610 infants would need to be vaccinated with the Group B meningococcal vaccine in order to prevent one case of invasive Group B meningococcal disease.” (NNV for Group B Meningococcal Vaccine = >33,000) - From *BMC Infect Dis*, 12 (1) (2012), p. 202

And from a 2007 UCLA publication: *231 adults 70 years of age or older would have to be vaccinated for shingles to prevent 1 case of Herpes Zoster.* (NNV = 231)

“The NNV for Prevnar-13 to prevent one case of invasive pneumonia in low-risk asthmatic adults is estimated to be as high as 1059.” (NNV = 1059 for Prevnar-13 to prevent one case of invasive pneumonia) — See [this](#)

“Assuming that Gardasil procures lifelong protection and that its vaccine efficacy is 95% (both irrationally over-optimistic assumptions!), and if vaccine protection is assumed to wane at 3% per year (also an over-optimistic assumption), the predicted NNV would increase to 9,080. In other words, one would have to vaccinate and give booster Gardasil shots regularly to 9,080 girls to prevent one case of cervical cancer).” - One of the conclusions of a Canadian Medical Association Journal article (3 of the authors actually had financial conflicts of interest with Gardasil's maker, Merck & Co. From [here](#)

Common experience will understand that ***“The NNT for treating penicillin-sensitive streptococcal pharyngitis with penicillin is 1, and the NNT for any treatment that only cures half of the patients is 2.”***

A Cochrane Review from 2011 states: ***“104 patients would have to take a statin drug for 5 years to prevent one heart attack.”*** (NNT = 104)

“To spare one person a heart attack, 100 people had to take Lipitor for more than three years, and for every 10 patients taking a statin drug for 5 years, one of them will develop statin-induced myonecrosis.” (NNT = 100 for Lipitor to prevent one heart attack after taking the drug continuously for > 3 years. (Number Needed to Harm [NNH] = 10, for patients who take a statin for 5 years.) - from [here](#))

“There are only 30 to 40 cervical cancer cases per year per one million women between the ages of 9 and 26. Therefore, you would have to vaccinate (with Gardasil) one million girls to prevent cervical cancer in 4 to 5 girls; and since only 1/3 of women who develop cervical cancer actually die from the disease, you would have to vaccinate one million

girls to prevent 1 to 2 deaths per year – at the “bargain-basement price” of \$360 million per year.” – Dr Joseph Mercola

“I predict that Merck’s Gardasil will become the greatest medical scandal of all time because at some point in time, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profits for the manufacturers. Gardasil is useless and dangerous, and it costs a fortune!” — [Dr Bernard Dalbergue](#) (former Merck employee)

For more on understanding how Big Pharma and Big Medicine use deception in reporting statistics, go [to this site](#).

Misuse of Medical Statistics by Researchers that also have Financial Conflicts of Interest

In 2009 **GlaxoSmithKline’s** package insert for its influenza vaccine **Flulaval** read (in fine print): ***“not adequately demonstrated to decrease influenza”***.

In a more recent **Flulaval** package insert, that sentence has been removed. The statement now reads: ***“Vaccination with FLULAVAL QUADRIVALENT may not protect all susceptible individuals.”***

On June 22, 2017 a New England Journal of Medicine [article was published](#). The article was about a new influenza vaccine (**Flublok**) that was developed and manufactured by a privately-held vaccine corporation called **Protein Sciences**. The new vaccine was compared only with standard flu vaccines and not to an unvaccinated group.

The article claimed that the new influenza vaccine had a 40% improvement in “vaccine effectiveness” compared to standard flu vaccines. However, hidden in the deceptive abstract – and deliberately NOT pointed out – were these figures:

96 of the 4303 study participants (2.2 %) who received the new vaccine still got the flu while 138 of 4301 (3.2%) study participants who received the old vaccine still got the flu, which revealed a miniscule **Absolute Risk Reduction of 1%** (3.2% – 2.2% = 1%).

But what was reported in the article was a **Relative Risk Reduction** of 40%, which was calculated by dividing 2.2% by 3.2% (60%). According to the formula for calculating RRR, subtracting the 60% from 100% resulted in a RRR of 40%, which sounded much better for a vaccine whose ARR was 1%. This manipulation appeared to be an attempt to over-state the benefits of the new vaccine.

Significantly, all the authors of the article – listed immediately below – also had serious financial conflicts of interest with the for-profit vaccine industry. Indeed, the three major authors were major shareholders and employees of **Protein Sciences**.

Here are the financial conflicts of interest of the article’s authors: ***“Drs. Dunkle, Izikson, and Cox report being employed by and holding stock in Protein Sciences; Dr. Patriarca, receiving consulting fees from Altimmune, FluGen, Georgia Institute of Technology, Medicago, VaxInnate, Vaxart, Vivaldi Biosciences, Moderna Therapeutics, Novavax, Seqirus, and Visterra; and Dr. Goldenthal, receiving consulting fees from Pfizer, Johnson & Johnson, Novartis, and the Bill and Melinda***

Gates Foundation.

It is interesting to note that **Protein Sciences** was in the process of being acquired by the multinational Big Vaccine giant **Sanofi** for \$750 million as the NEJM article was being published.

Influenza-like Illnesses (ILI) and Influenza are NOT the Same

Complicating the assessment of flu vaccine's effectiveness, ineffectiveness or even harmful effects is the fact that ***"Over 200 viruses can cause Influenza-like Illnesses (ILIs) that can produce the same symptoms (fever, headache, aches, pains, cough, and runny nose) as influenza. Doctors cannot distinguish between them without laboratory tests because both persist for days and rarely cause serious illness or death"*** - From the Cochrane Database of Systematic Reviews 2018

ILIs comprise 80% of what most people regard as vaccine-preventable influenza. What the CDC, Big Medicine and the mainstream media call "the flu" is only influenza 20% of the time.

Importantly, ILIs are also NOT vaccine preventable (although they may be caused by vaccines).

Whenever mini-epidemics (aka "outbreaks") of any contagious viral illness occur, the CDC, Big Pharma, the bribed politicians and the mainstream media are there constantly stirring up irrational public fear in order to promote more over-vaccination programs for themselves and the billionaire investor classes that use their wealth and power to generate even more investment opportunities.

Specific viral diagnostic tests are unreliable or typically not performed by authorities before they make the knee-jerk proclamations that will benefit the pharmaceutical corporations and their wealthy investors. And the corporate-compromised media goes along with the charade by over-reporting the not yet established, unbiased truth about what is happening.

It would be remiss of me to not report on the many iatrogenic illnesses (doctor, drug or vaccine-caused) that can result from any vaccine especially when they are used in untested-for-safety or long-term efficacy cocktails of vaccines that are blindly injected into immune-deficient infants, children or adults.

There are many potentially toxic ingredients in all human and veterinarian vaccines that are known to cause influenza-like symptoms and falsely be labeled as the "flu". The toxins in these vaccines include mercury, aluminum, live viruses, formaldehyde, Polysorbate 80 (essentially automobile engine anti-freeze), impurities, etc.

Here is a list of some of the published adverse effects of typical FDA- and CDC-approved influenza vaccines:

- Headache
- fever
- nausea
- muscle aches
- weakness
- Guillain-Barre Syndrome

- dizziness
- hoarseness
- cough
- shortness of breath
- wheezing
- hives and soreness
- redness and/or
- swelling at the injection site

How are the Viruses Chosen for Inclusion in Next Fall's Flu Shots?

One of the most important stories that has been kept from us naïve consumers of vaccines is how the ingredients of America's annual flu vaccine are chosen. The process involves considerable guesswork.

A committee of the CDC in America (and the WHO in Europe) meets every early spring no matter what happened in the Southern Hemisphere during the previous 6 months. The committees meet to look at the strains of influenza that were most commonly identified in that hemisphere's "flu season" the year before (Australia's flu season occurs during the northern hemisphere's summer season).

The often totally wrong theory is that the flu viruses that infected some Australians or Asian Indians 6 months earlier will be the same ones that Americans might theoretically be facing in the fall and winter months.

Then samples of the 3 or 4 live influenza viruses most likely to be common (out of the over 100 influenza viruses that are known to exist in humans, pigs or birds) will be isolated and mass-produced in Big Vaccine's chicken egg labs until enough viruses are obtained to be made into vaccines and delivered to those parts of the world that can afford to pay for the shots.

Each batch of viral particles are then killed with formaldehyde, some are mixed with adjuvants, all are mixed with preservatives in the multiple-dose vials and then – with fingers crossed – refrigerated and distributed to paying customers around the world. Of course, there is never any assurance to potential vaccine recipients that the chosen three or four viruses will match what turns up in the northern hemisphere. Indeed, the odds are against any match in any given year.

So, I suppose the lesson to be learned for any given patient, pregnant woman or parent of a vulnerable infant or child is to educate/inform oneself about the potential risks and actual benefits of any vaccine by thoroughly studying the information in the product insert above before going to the clinic (or pharmacy!!) and consenting to the "unavoidably unsafe" inoculation.

Pertinent Quotes About Seasonal Flu Vaccines

Here are more important quotes that might help people understand the propaganda power that is regularly exercised by Big Pharma and Big Medicine:

"It is difficult to get a man to understand something, when his salary depends upon his not understanding it!" — Upton Sinclair

"If we've been bamboozled long enough, we tend to reject any evidence of the bamboozle. We're no longer interested in finding out the truth. The bamboozle has captured us. It's simply too painful to acknowledge, even to ourselves, that we've been "taken". Once you give a charlatan power over you, you almost never get it back." — [Carl Sagan](#)

"[According to CDC statistics], 'influenza and pneumonia' took 62,034 lives in 2001 – 61,777 of which were attributable to pneumonia and 257 to flu, and in only 18 cases was the flu virus positively identified." – Dr Peter Doshi, from in his 2005 BMJ report, titled, "Are US flu death figures more PR than science?" (BMJ 2005; 331:1412)

"A study by the world-renowned clinical immunologist Dr H. Hugh Fudenberg found that adults vaccinated yearly for five years in a row with the flu vaccine had a 10-fold increased risk of developing Alzheimer's disease. He attributed this to the mercury in the vaccine. Interestingly, both mercury and aluminum have been shown to activate microglia and increase excitotoxicity in the brain." — Russell Blaylock, MD

"We already know that the aluminum content of brain tissue in late-onset or sporadic Alzheimer's disease is significantly higher than what is found in age-matched controls. So, individuals who develop Alzheimer's disease in their late sixties and older also accumulate more aluminum in their brain tissue than individuals of the same age without the disease.

Even higher levels of aluminum have been found in the brains of individuals, diagnosed with an early-onset form of sporadic Alzheimer's disease, who have experienced an unusually high exposure to aluminum through the environment (e.g. Camelford) or through their workplace. This means that Alzheimer's disease has a much earlier age of onset, for example, fifties or early sixties, in individuals who have been exposed to unusually high levels of aluminum in their everyday lives." – Christopher Exley, PhD

"In the field of chemical toxicology it is universally recognized that combinations of toxins may bring exponential increases of toxicity; ie, a combination of two chemicals may bring a 10-fold increase in toxicity, three chemicals 100-fold increases. This same principle almost certainly applies to the immunosuppressive effects of viral vaccines when administered in combination, as with the MMR vaccine, among which the measles vaccine is (known to be) exceptionally immunosuppressive." – Harold Buttram, MD

"The most lucrative areas of medicine are the most corrupted by financial (and academic) conflicts of interest. So-called 'authoritative' sources of medical information are thoroughly corrupted not only by pharmaceutical industry manipulation but also by government officials and financially conflicted academic gatekeepers of medical science, 'expert' panels, medical journal editors and the largely corrupted vaccine information base." – Vera Sharav, MD

"For a long time no one considered the effect of repeated vaccinations on the brain. This was based on a mistaken conclusion that the brain was protected from immune activation by its special protective gateway called the blood-brain barrier. More recent studies have shown that immune cells can enter the brain directly, and more importantly, the brain's own special immune system can be activated by vaccination." – Russell Blaylock, MD

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Dr Gary G. Kohls is a retired American family physician who practiced holistic (non-drug) mental health care during the last decade of his professional career. His patients came to see him asking for help in getting off the psychotropic drugs to which they were addicted and which they knew had sickened them and disabled their brains and bodies. He was successful in helping significant numbers of his patients get off or cut down on their cocktails of drugs using a time-consuming program that was based on psychoeducational psychotherapy, brain nutrient therapy and a program of gradual, closely monitored drug withdrawal.

He warns against the abrupt discontinuation of any psychiatric drug – legal or illicit – because of the common, often serious withdrawal symptoms that can occur in patients who have been taking such drugs. It is important to be treated by an aware, informed physician who is familiar with treating drug withdrawal syndromes and brain nutritional needs.

Dr Kohls lives in Duluth, MN, USA and writes articles that deal with the dangers of American fascism, corporatism, militarism, racism, malnutrition, Big Pharma's psychiatric drugging and over-vaccination agendas, and other movements that threaten the environment, prosperity, democracy, civility and the health and longevity of the planet and the populace.

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Dr Kohls' Duty to Warn columns have been archived at a number of websites around the world, including the following:

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