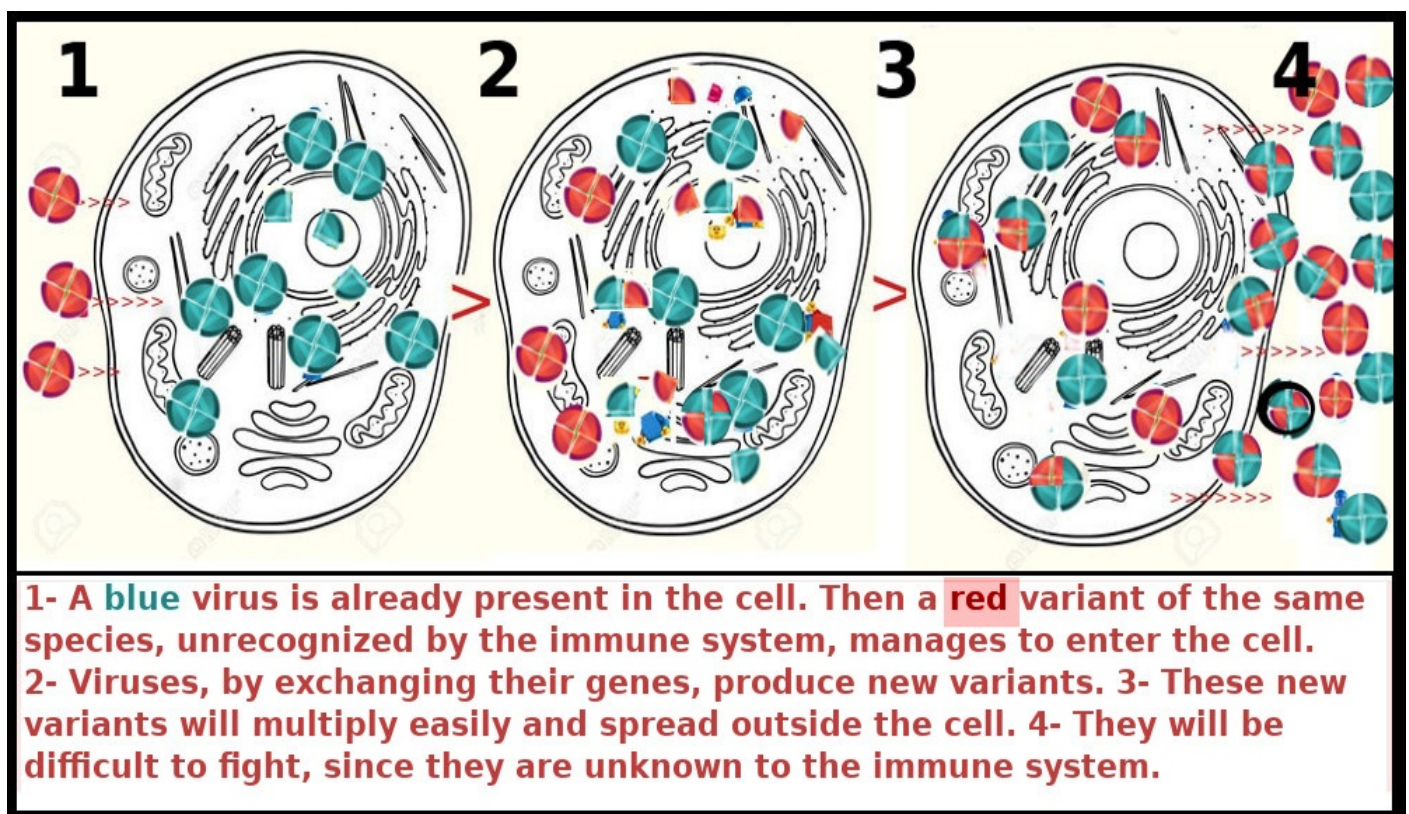


Medical Victories : The Flu Vaccine (B)

Influenza viruses are mainly composed of “H” molecules of 16 different types (from H1 to H16) and “N” molecules of 9 different types (from N1 to N9), so 144 combinations are possible (9 x 16). We have mainly heard about the H1N1 and H5N1 viruses. But that’s not all, because viruses are unstable, among these combinations, multiple small genetic mutations occur. This means that no two flu epidemics are identical, they are unpredictable.

And since nothing is simple, when a virus has penetrated a cell, it exploits the cell's replication mechanism to reproduce and if another slightly different virus enters this same cell, during replication, they will be able to exchange some of their elements. Thus, subjects who have been previously infected (or vaccinated) will produce new gene mixes and therefore new variants [1]. As a result, when the attenuated virus in the vaccine is quite different from the seasonal virus, its action may turn out to be more negative than positive. It's a bit like Russian roulette !



And we must also take into account another phenomenon, well known to immunologists and which they call the “*original antigenic sin*”, revealed by Dr. Th. Francis, [2] who explained that “*When a person contracts an infectious disease for the first time, the immune system uses its innate powers, which mainly involve cellular immunity. ... The next time it will use its memory to act more quickly*” against this first contact.

Thus, the immune system of the vaccinated person will have been “programmed” against the viral particles of the vaccine : this is the “*original antigenic sin.*” It tends to react against the first types of virus it encountered, rather than against viruses encountered later. With annual vaccination, the immune system has reason to be disoriented [3]. It will react against its “old acquaintance” (the vaccine virus) by letting the new virus, almost always different, pass. It is a bit like asking the security agents of a city to monitor the passage of a dangerous individual identifiable by his big mustache; they will let the criminal who has shaved his mustache pass to deceive their vigilance.

All this does not make immunization easier. To manufacture the future vaccine adapted to the next seasonal flu, manufacturers try to anticipate which virus will "come out of the hat" next winter. Since it takes them six months to manufacture millions of vaccines, they use viral particles from the 3 strains most recently circulating in the southern hemisphere, betting that, 6 months later, these same strains will invade the northern hemisphere [4]. Luck is sometimes with the manufacturer and especially with the vaccinated, however other factors still disrupt the hope of making flu epidemics disappear, preventing us from seriously dreaming of a safe and effective flu vaccine.

Here, let's note that flu relapses are not uncommon, which tells us that these viruses produce little immunity. How could a vaccine be more effective than the disease? Again, in this context, the myth of the vaccine being *the-only-solution* doesn't stand up to scrutiny.

Another difficulty is that we systematically hear incentives to vaccinate immunocompromised people as a priority. However, a vaccine is not restorative. The patient, vaccinated or not, remains more immunocompromised than ever. Trivially, isn't this like trying to inflate a flat tire without first repairing it, or greasing a broken bicycle derailleur... greasing it won't fix it!

Especially since the attenuated virus in the vaccine is not the only problematic element of the product. The injected vaccine is a complex mixture, it must be made isotonic with blood plasma, it must have an acidity close to that of blood, and it also often contains residues from cell cultures carried out on chicken eggs. It also contains 10 to 20 additives (stabilizers, preservatives, antibiotics, etc.) and their accumulation in our body is not good for health or favorable to the functioning of the immune system, quite the contrary. Among the commonly used adjuvants are formaldehyde, squalene, aluminum phosphate, polysorbate-80, thiomersal (mercury-based) or TEG (triethylene glycol: used in industry as a plasticizer, brake fluid, etc.).

These chemicals are responsible for neurological disorders, kidney damage, etc. Other products are also present, albeit in small quantities, but their accumulation and the difficulty in eliminating them, especially in fragile and immunocompromised people, make them risky products that cause numerous side effects. Disrupting an already weak body is not a good idea. The manufacturer does not know exactly what he is doing. He remains in the most pseudo-scientific empiricism.

However, there is some good news: knowledge in the field of human biology has progressed more in recent years than in a century. We have the right to dream; one day we will be able to create effective and safe vaccines, and we will know on whom to use them, and on whom not. Science is progressing... let's wait another 15 or 20 years.

"We are at a turning point in the history of vaccination. Part of the scientific community remains trapped by 19th-century ignorance, attached to Pasteurian thinking, that of vaccination as a panacea... hence the stubborn insistence on mandatory vaccination... a new way of thinking is emerging... the vaccine as prevention, among others. Useful in certain cases. For certain diseases, the only defense [only hope] for some diseases was [previously] the vaccine... The vaccine has overwhelmed other means of prevention." writes professor Raoult [5].

While waiting for the flu vaccine, this is one vaccine to avoid

[1] Michel Georget : *Vaccinations ? Les vérités indésirables*

[2] S. Humphries et R. Bystrianyck : *Vaccination la grande désillusion !*

[3] Michel Georget : *L'apport des vaccinations*

[4] Dr Henri Joyeux : *Vaccins, comment s'y retrouver ?*

[5] Pr Didier Raoult et Olivia Recasens : *La vérité sur les vaccins.*