APPENDIX B

Definition of the Disease "FLU", What Influenza Vaccines Really Seem to Do for those Inoculated with Them, and Other Musings

Definition of the "FLU"

"FLU" is a disease defined by symptoms and the time of the year in which those symptoms are observed.

For example, using http://www.webmd.com/cold-and-flu/cold-guide/flu-cold-symptoms, pages "2" and "3" (emphasis added)

"What are common flu symptoms?

Flu symptoms are usually more severe than cold symptoms and come on quickly. Symptoms of flu include sore throat, fever, headache, muscle aches and soreness, congestion, and cough. Swine flu in particular is also associated with vomiting and diarrhea.

Most flu symptoms gradually improve over two to five days, but it's not uncommon to feel run down for a week or more. A common complication of the flu is pneumonia, particularly in the young, elderly, or people with lung or heart problems. If you notice shortness of breath, let your doctor know. Another common sign of pneumonia is fever that comes back after having been gone for a day or two.

Just like cold viruses, flu viruses enter your body through the mucous membranes of the nose, eyes, or mouth. Every time you touch your hand to one of these areas, you could be infecting yourself with a virus, which makes it very important to keep hands germ-free with frequent washing to prevent both flu and cold symptoms.

Is it flu or cold symptoms?

How do you know if you have flu or cold symptoms? Take your temperature, say many experts. Flu symptoms often mimic cold symptoms with nasal congestion, cough, aches, and malaise. But a common cold rarely has symptoms of fever above 101 degrees. With flu symptoms, you will probably have a fever initially with the flu virus and you will feel miserable. Body and muscle aches are also more common with the flu. This table can help determine if you have cold or flu symptoms.

Symptoms	Cold	Flu
Fever	Sometimes, usually mild	Usual; higher (100-102 F; occasionally higher, especially in young children); lasts 3 to 4 days
Headache	Occasionally	Common
General Aches, Pains	Slight	Usual; often severe
Fatigue, Weakness	Sometimes	Usual; can last 2 to 3 weeks
Extreme Exhaustion	Never	Usual; at the beginning of the illness
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to moderate; hacking cough	Common; can become severe
…	…	…

> Usually, the time of year will give you some sense of what you're dealing with. The standard flu season runs from fall to spring of the next year."

Clearly "flu" is any disease exhibiting the preceding symptoms and, though the ***Web*MD** article does not use this terminology, a "flu" infection can be characterized as acute respiratory infection (ARI), as the cited paper does or as a respiratory-tract infection (RTI) or an upper respiratory-tract infection (URTI) as some others have done, which, in its initial phase, usually begins as a viral infection of some type in the respiratory tract.

Here, Dr. King's definitions are based on those implicit definitions provided in **1)** Cowling BJ, Fang VJ, Nishiura H, et al. Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine. ***Clin Infect Dis.*** 2012 June 15; **54**(12): 1778-1783, which addresses influenza and noninfluenza virus infections, which collectively would be called "flu" cases, and Dr. King's view of the relative contribution of "influenza" infections to clinically reported "flu" cases is based on **2)** Doshi P, Influenza: marketing vaccine by marketing disease. ***British Med J. [BMJ]*** 2013; **346** doi: http://dx.doi.org/10.1136/bmj.f3037 (Published 16 May 2013), which seemingly establishes that, on average, no more than about 20% of "flu" cases are "influenza" infections.

From "**1)**", the disease "flu" can be defined as any acute respiratory infection (ARI) that is characterized by a patient's exhibiting two (2) or more of the following symptoms, "body temperature ≥37.8°C [≥ 99.5°F], cough, sore throat, headache, runny nose, phlegm, and myalgia [muscle pain/ache]".

Also from "**1)**", the "flu" (an ARI exhibiting the listed symptoms) can be caused by "influenza types A and B (including 2009-H1N1), RSV types A and B, parainfluenza types 1–4, metapneumovirus, rhinovirus, coxsackievirus/echovirus, adenovirus types B and E, bocavirus, and coronavirus types NL63, HKU1, 229E, and OC43" as well as possibly other viruses.

From "**2)**", on average, *no more than* about 20% of the "flu" cases in the USA each year seem to be caused by influenza viruses. [**Note**: If the influenza vaccines were effective, then, on average, the percentage of clinical cases identified as influenza infections would have declined over time as the percentage of the total population vaccinated has continued to rise since 1997, if not before; but that trend was not been seen in the data reported in "**2)**".]

In "**1)**", the identified noninfluenza viruses were rhinovirus, coxsackie/-echovirus, coronavirus, human metapneumovirus, parainfluenza, and respiratory syncytial virus (RSV) in the 20 flu cases in the double-blind randomly selected vaccinated group of 69 individuals and the 3 flu cases in the corresponding true-placebo-injected group of 46 individuals. [**Note**: Both of the groups each had three (3) cases of post-inoculation, laboratory-confirmed, influenza infection.]

Thus, influenza was and is a minor subset of the cases of “flu” that typically occur and are labeled “flu” in the “flu season” that starts in the Fall, usually in late September or early October of a given year and usually ends in late March to early April of the following year, although acute viral respiratory infections that exhibit the symptoms of “flu” do, in fact, occur year round at a lower incidence rate.

Given the preceding, there are NO “flu” vaccines, where, to be a “flu” vaccine, the vaccine would have to be made to provide protection from ALL of the viruses that have been found to cause the symptoms of “flu” in humans!

There are the “inactivated-influenza vaccines” that ONLY provide limited protection from getting influenza for a few (the three or, beginning in 2013, four strains in some vaccine formulations) strains of influenza A (two strains) and influenza B (one or, starting in 2013, 2014, two strains).

In addition, the inactivated-influenza vaccine has been found, in at least two studies, to increase the risk that those who are vaccinated with it will subsequently contract a noninfluenza viral respiratory infection (with a 3.4- to 4.0-fold higher risk in healthy children ages 6 to 15 years of age who were vaccinated as compared to a matched randomly selected similar group who were given a sterile saline (true placebo) injection in the double-blind study (“**1)**”).

In the double-blind, true-placebo-controlled study with 9 months of follow-up, the level of protection from influenza in the vaccinated group was small compared to the true-placebo group but the level of protection for “flu” was highly negative because the vaccinated group subsequently had 20 cases of a noninfluenza viral respiratory infection to 3 cases in the true-placebo group. Thus, the vaccine caused many more cases of “flu” (20 more) than it provided protection from “influenza” (correcting for the relative size of the groups, vaccination may have prevented “1 case” to, at most, “2” cases of influenza). In terms of the outcomes observed, influenza vaccination resulted in about “4” times as many cases of “flu” as would have been observed in a same-size placebo group.

Based on this study influenza vaccination caused a statistically significant increase in the cases of the “flu”!

For the live-virus influenza vaccine formulation to “work”, the person inoculated with it must first be infected by the now four (4), live, cold-adapted (genetically engineered) influenza virus strains (two “A” and two “B” strains) in the vaccine so that the person will, for a period of no more than a year, based on recommendations for an annual inoculation, have some protection against being re-infected by the covered vaccine strains of the influenza virus and some that are “closely related”. Therefore, the live-virus influenza vaccine does not protect most from getting a case of influenza when they are given it.

Thus, influenza vaccination probably causes more cases of "flu" each year than the number of cases of influenza it prevents even if the inactivated-influenza vaccines do slightly reduce the number of influenza cases in a year where there is a good match between the predominate circulating strains of influenza and those in all of the vaccine formulations.

False Advertising

For the Inactivated-influenza Vaccines

Now, everyone should understand that influenza vaccines appear to be intentionally mislabeled as "Flu Shots" to deceive the public into believing that they protect the public from getting the "flu" when, in fact, influenza inoculations are only labeled as providing some protection to some who are inoculated with them from some strains of influenza A and influenza B, which collectively seem to cause no more than 20 % of the cases of the "flu" annually.

Who, except those who were duped by the preceding misrepresentation would want to get a vaccine inoculation that provides no protection whatsoever from roughly 80% of the cases of the "flu"?

For the Live-virus Influenza Vaccine

For the live-virus influenza vaccine, there is no "shot" but rather a squirt of a liquid formulation of live influenza viruses up each nostril, which infects:

a. Most of those who are inoculated with it;

b. In some instances, some of those who are doing the inoculation or helping the inoculators; and

c. While those infected in "**a.**" and "**b.**" are shedding these four (4) live viruses for up to 21 days, some others with whom those who are directly or indirectly inoculated have contact

with now up to (4) strains of influenza.

From the viewpoint of "influenza", these vaccines are direct influenza-causing vaccines that would be contributing to the cases on influenza each year if they were properly counted. However, when viewed from the viewpoint of the "flu", the live virus vaccine provides little or no immediate protection from the "flu" because it causes influenza-derived "flu" in most all of those inoculated with it and, at best, it provides no protection from the other viruses that cause the "flu".

Truth in Advertising?

For the Inactivated-influenza Vaccines

So imagine if those pushing influenza vaccines had begun their advertising with the following factual simplistic assertions:

"Getting an influenza vaccination MAY protect some percentage of those inoculated with an inactivated-influenza vaccine each year from getting an influenza A or influenza B infection.

However, it does NOT provide any protection from the other viruses that are known to cause, on average, more than 80% of the cases of 'flu'.

In addition, influenza vaccination more than triples your risk of having a noninfluenza viral respiratory infection (a 'flu' case).

Finally, inactivated-influenza vaccine inoculation may cause a serious adverse reaction in some unknown percentage of those inoculated with it, which, in rare instances, may cause permanent disability and death."

How many would have wanted to get an inactivated-influenza vaccine inoculation?

Why, given the preceding realities, would anyone want one now?

For the Live-virus Influenza Vaccine

Imagine, after decades of the inactivated-influenza vaccines, introducing an advertising campaign for the live-virus influenza vaccines that begins with the following simplistic factual assertions:

"Getting an influenza vaccination MAY protect some percentage of those inoculated with an inactivated-influenza vaccine each year from subsequently getting an influenza A or influenza B infection but ONLY if you are initially infected by those influenza viruses, which, *in most instances*, will give you mild infections from three genetically engineered, cold-adapted influenza viruses that are most often non-invasive.

However, it does NOT provide any protection from the other viruses that appear to cause, on average, more than 80% of the cases of 'flu'.

In addition, how much the live-virus influenza vaccine inoculation increases your risk of having a noninfluenza viral respiratory infection (a 'flu' case) is NOT known.

Finally, live-virus influenza vaccine inoculation may cause a serious adverse reaction in some unknown percentage of those inoculated with it, which, in rare instances, may cause permanent disability and death."

How many would have wanted to get an live-virus influenza vaccine inoculation?

Why, given the preceding realities, would anyone want one now?

The Bottom Line

Clearly, influenza vaccines are not effective in protecting those inoculated with them from subsequently contracting the "flu" because they only protect some of those inoculated with them from some strains of influenza when more than 75% of the cases of "flu" are apparently caused by other than an influenza virus

Moreover, beyond being minimally to marginally protecting those who are vaccinated from subsequently getting influenza, all of the current influenza vaccines, inactivated and live-virus, are causal factors for cases of the "flu".

In the case of the inactivated-influenza vaccines we have an indication that vaccination with inactivated-influenza vaccines may cause more cases of noninfluenza-derived "flu" than it prevents cases of influenza-derived "flu".

In the case of the live-virus influenza vaccine, inoculation with the vaccine clearly causes almost everyone inoculated with it to contract a case of influenza-derived "flu" in order to protect some of them from catching one or more of the live influenza viruses in it again as well as causes these infected inoculees to shed live-virus that may infect others. Unfortunately, we do not know what the increased risk is, for those who have been inoculated with the live-virus, of their subsequently contracting a noninfluenza-derived "flu" as the randomized, double-blind, true-placebo-controlled study with 9 months of follow-up and rigorous identification of the causes for all acute respiratory infections does not appear to have been conducted.

However, based on the current understanding that the influenza vaccines do not protect from the noninfluenza "flu"-causing agents that account for the majority of the "flu" cases and the live-virus influenza vaccine cause influenza in most all inoculees,

- The current CDC-recommended influenza vaccination program should be stopped immediately, and

All mandates, or recommendations, for giving the influenza vaccines to anyone should be immediately voided on the legal grounds that the current influenza vaccination program is apparently a health fraud.