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To Whom It May Concern:

I am respectfully submitting this document in protest of the hospitals policy of mandatory flu shots for all healthcare workers, clerical staff, vendors, students and volunteers. This policy raises serious concerns and jeopardizes the hospital system. It is clear that those making this decision may not be aware of the risks.

Requiring that I be injected with a substance that will not protect me (or my patients) and could cause me a lifetime of debilitating illness, in exchange for employment needs to be challenged in a Court of Law. Until that happens, I maintain that what is injected into my body is my choice. This information also substantiates the reasons I am refusing the flu shot.

Sincerely,

Real Risk of Side Effects

Flu shots and their ingredients potentially cause serious, long-term side effects. Guillain-Barré syndrome (GBS) is a very real potential complication from flu shots. In 2003, there were 382 cases of GBS reported to the Vaccine Adverse Events Reporting System (VAERS) following influenza vaccination. The median onset of GBS following influenza vaccine was 12 days.

An article published in the journal, *Neurology*, estimated the annual economic cost of GBS in the United States. The estimated average annual cost of GBS was \$1.7 billion, including direct and indirect medical costs. Most of the direct medical costs were for community hospital admissions. Most of the indirect costs were due to premature deaths. The mean cost per patient with GBS was \$318,966. [Ref: *Economic cost of Guillain-Barré syndrome in the United States* P. D. Frenzen, PhD. *Neurology*. July 1, 2008. vol. 71 no. 1 21-27]

Neurological complications that have been described after influenza vaccination, include Guillain-Barre syndrome, chronic inflammatory demyelinating polyneuropathy (CIDP), acute disseminated encephalomyelitis, acute transverse myelitis, optic neuritis, cerebellar ataxia, giant cell arteritis, dermatomyositis, hypoglossal palsy, peripheral facial palsy, vasculitic ulnar mononeuropathy and oculomotor mononeuropathy. [Ref: *de Almeida, et al.*]

“Transient Oculomotor Palsy after Influenza Vaccination: Short Report.” Neurology. 2011; 2011: 849757.]

Is the institution willing to take on the documented illnesses and economic losses associated with this policy? Is the hospital’s malpractice carrier aware of the risks associated with this policy?

No Protection for Employees or Patients

Since flu shots only create antibodies against the three strains found in the injection, flu shots do not guarantee an employee will not be sick and transmit illness to a patient.

With more than 200 viruses known to cause influenza-like illness (ILI), a person can get a flu shot and still become sick with what is described as “the flu”. According to CDC data, influenza-like illness is caused by an influenza virus only about 14% of the time; stated differently, a virus other than influenza virus causes of illness 86% of the time. [Ref: *Analysis of 11 years of data from CDC Weekly Flu Activity & Surveillance Reports. October to May (wk 40 to wk 20) each year.* <http://www.cdc.gov/flu/weekly/fluactivity.htm>]

The strains in the vaccine must be a close match to those in circulation to offer any protection all. In April, 2012, the director of the Center for Immunization Research at the Johns Hopkins Bloomberg School of Public Health in Baltimore admitted, **“Our ability to predict which strain will circulate has not been great. We might as well have tossed a coin.”** [Ref: *Nature Medicine* **18**, 471 (2012)]

No fewer missed days from work

Creating a flu shot policy to decrease the number of days missed from flu-like illness among healthcare workers is not substantiated. The Cochrane Collaboration has published several extensive reviews of flu shots. In a review of 25 reports involving 60,000 adults, the conclusion was:

“Vaccination of healthy adults only reduced risk of influenza by 6% and only reduced the number of missed work days by less than one day (0.16 days). Universal immunization of healthy adults was not supported by the results of this review.”

Ingredients I do not want in my body

Many may presume that a flu shot is innocuous because it contains only sterile water or saline, and a three attenuated viruses. This is not a correct assessment of what is coming through that needle.

The manufacture of flu shots is a complex, labor-intensive process. The amniotic membrane of the chicken embryo is injected with a drop of viral-containing solution. The hole in the shell is sealed with a spot of glue and the eggs are incubated for up to 11 days. The viruses are extracted from the allantois membrane (egg white) and the gooey mixture is centrifuged, sometimes more than once, to remove as much chicken blood and tissue solution as possible. Residual egg protein remains within the final product. This is the reason that persons with a documented egg allergy are advised against receiving the flu shots.

The viruses are then submitted to processing with a variety of chemicals before packaging. There are currently 8 different flu shots on the market. Depending on the injection and the manufacturer, a flu shots contain the following substances: Avian proteins/DNA; avian (stealth) viruses, antibiotics, beta-propiolactone, formaldehyde, a detergent (Triton X-100), hydrocortisone, MSG, polysorbate 80, sucrose, synthetic Vitamin E (highly inflammatory), gelatin and a eight different chemical buffers. Some flu shots have traces of latex (from the stopper) and the multi-dose flu vials still contain thimerosal (mercury).

Several items on that list are known to cause anaphylaxis (polysorbate 80 and gelatin); formaldehyde was recently added to the list of known carcinogens. New manufacture is going to include cells from dog kidneys (MDCK cells), caterpillar eggs (FluBLOK), and cells derived from a single, human retina cell from an aborted fetus (PER.C6).

Flu shots in those with chronic illness

There is evidence that flu shots are not protective in our patients either:

- **Asthmatic Children:** A retrospective cohort study was done at the Mayo Clinic to evaluate the efficacy of the flu shot to prevent hospitalization. Charts of 263 children aged 6 months to 18 yrs., who had laboratory-confirmed influenza were reviewed. The flu shot did not provide any protection against hospitalization in pediatric subjects and there was an **overall trend toward higher rates of hospitalization in subjects who got the flu shot**, especially children

with asthma. On the contrary, we found a threefold increased risk of hospitalization in subjects who got the flu shot. [Ref: Joshi AY, et al. "Effectiveness of trivalent inactivated influenza vaccine in influenza-related hospitalization in children: a case-control study." *Allergy Asthma Proc.* 2012 Mar-Apr;33(2):e23-7.]

- **Cystic fibrosis:** "There is no evidence to show if regular influenza vaccine benefits people with cystic fibrosis." [Ref: Dharmaraj P, Smyth RL. *Vaccines for preventing influenza in people with cystic fibrosis.* *Cochrane Summaris*, August 10, 2011.]
- **Healthcare workers in long term care facilities:** "We conclude that there is no evidence that only vaccinating healthcare workers prevents laboratory-proven influenza, pneumonia, and in elderly residents in long-term care facilities. Interventions such as hand washing, masks, restricting visitors, etc. might protect individuals over 60 in long-term care facilities." [Ref: Roger E Thomas, et al. "Influenza vaccination for healthcare workers who work with the elderly." *Cochrane Summary.* February 17, 2010.]
- **Children on chemotherapy:** "Pediatric oncology patients receiving chemotherapy are able to generate an immune response to the influenza vaccine, but it remains unclear whether this immune response protects them from influenza infection or its complications. Based on this review it is not possible to recommend or discourage influenza vaccination in children with cancer being treated with chemotherapy." [Ref: Ginette M Goossen et al. "Influenza vaccination in children being treated with chemotherapy for cancer." *Cochrane Summary.* April 15, 2009.]

Flu shots have become a standard mantra of being safe, effective, protective and harmless. However, there is another side that sheds doubt on this position. If vaccinations were universally beneficial and harmless, policies and laws would not be necessary for enforcement. In nearly all studies, hand washing provided the best protection from spreading illness caused by microbes. In addition, the current trend of mandating flu shots for healthcare workers is pushed by policy and is not warranted. A hand washing a policy should be strongly enforced.