

Is the Influenza Threat Exaggerated?

[Tom Jefferson](#)

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I beg all of you who were or will be offered an influenza vaccination to consider the content of this post when deciding whether to accept.

We have published posts presenting evidence that the influenza threat has been inflated.

The US authorities knew that fraud was essentially taking place, and they bent over backward to defend each other and cover up the scam.

Here's the first part of the story of why I have suspected and then known about this for at least 25 years.

In the mid-1990s, as the Cochrane Collaboration was starting, some of us in its Acute Respiratory Infection Group started writing protocols for Cochrane reviews on the topics that interested us (Cochrane being then a volunteer bottom-up organisation).

In my case, it was influenza and other respiratory agents. So, we wrote protocols and published reviews on the effects (effectiveness and harms) of influenza vaccines (all types of inactivated and live attenuated) on children, adults, asthmatics, the elderly, and those who care for the elderly.

We initially looked only at randomised controlled trials and then bowed to pressure to include observational data. The latter were quickly ditched to preserve our sanity. That's because observational data, in this case, told you everything and its opposite—not a new story.

I was eventually kicked out of the asthmatics review, but the other four

were updated continually until we realised there was no point in going on, and 3 of the reviews were [stabilised](#) (no more updates). The three stabilised reviews are:

1. Demicheli V, Jefferson T, et al. [Vaccines for preventing influenza in healthy adults.](#) 2018
2. Jefferson T, Rivetti et al. [Vaccines for preventing influenza in healthy children.](#) 2018
3. Demicheli V, Jefferson T et al. [Vaccines for preventing influenza in the elderly.](#) 2018
4. Thomas RE, Jefferson T, et al. [Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions.](#)

(The fourth review is currently being updated.)

The reviews have been cited several thousand times and read many more times. They include data from 105 (real) placebo-controlled trials involving over 100,000 individuals.

So that's the background. By this stage, you will be asking: so what?

The so what is that randomised (real) placebo-controlled trials give you a good idea of the incidence of influenza (in the older trials, by a rise in antibody titres and or a viral positive culture isolate). When you pool the data together, you are not looking at one trial or dataset; you are looking at several data sets observed and recorded at the height of the "winter crisis" season.

In the healthy adult's review, the placebo arm picked up 465 cases out of 18,593 participants. So, of the folks with symptoms, 97.5% were not caused by influenza. No trials were able to detect deaths, and hospitalisations were relatively rare. The trials spanned 50 years of data, so we had all the highs, the lows, and the maybes and even 2 influenza

pandemics.

Trials are studies where researchers can control things, verify, and follow up on cases. The placebo arm incidence is essential for an accurate view of what is happening. Models are not required. Once we started looking at the verified influenza deaths in the placebo arm, we saw that the number of cases was in the hundreds. Complications were very rare; for deaths, we found zilch—certainly not the figures put forward by the CDC, which not even Anthony Fauci believed. This fits with the data we showed [here](#) and [here](#).

So influenza is rare, loads more agents causing the same signs, symptoms are lumped under the appalling term “flu,” and population interventions such as inactivated vaccines do not stand a chance against a relatively rare moving target like influenza. So you see my mummy was right when she used to say to me: “Tommy darling, never use the F word.”

In the next posts, TTE will explain how and why inflating the threat is essential to keeping unethical bodies like the CDC and the UKHSA going (I mention these two, but they are all at it) and analyse some misleading statements and policies based on deceptive and inflated data.

This post was written by an old geezer who’s been working on this for three decades and hopes that the content of posts like these will be his legacy.

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Other Relevant Work

Jefferson T, Di Pietrantonj C, Debalini M G, Rivetti A, Demicheli V. Relation of study quality, concordance, take home message, funding, and impact in studies of influenza vaccines: systematic review *BMJ* 2009; 338 :b354 doi:10.1136/bmj.b354

Jefferson T. Influenza vaccination: policy versus evidence *BMJ* 2006; 333:912 doi:10.1136/bmj.38995.531701.80

Jefferson T, Di Pietrantonj C, Debalini MG, Rivetti A, Demicheli V. Inactivated influenza vaccines: methods, policies, and politics. *J Clin Epidemiol.* 2009 Jul;62(7):677-86. doi: 10.1016/j.jclinepi.2008.07.001. Epub 2009 Jan 4. PMID: 19124222.

Doshi P. Are US flu death figures more PR than science? [BMJ. 2005 Dec 10;331\(7529\):1412.](#)

Doshi P. Influenza: marketing vaccine by marketing disease [BMJ 2013; 346:f3037 doi:10.1136/bmj.f3037](#)

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