

H1N1: Opinions and Facts

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According to the CDC, the 2009 H1N1 influenza virus (also called Swine Flu) spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus. Signs of 2009 H1N1 can include fatigue, fever, chills, sore throat, headache, muscles aches, coughing, runny or stuffy nose, sneezing, and sometime diarrhea and vomiting.[1] Most people feel better within a week, but some cases progress into pneumonia or other serious illnesses, requiring hospitalization, and sadly, some people die.

Public health officials' and the media's message for preventing the spread of the H1N1 virus includes washing your hands with soap and water, coughing into your sleeve (not into your hands), not greeting people with a handshake, and getting vaccinated with the Influenza A (H1N1) 2009 Monovalent Vaccine. But this vaccination is not for everyone, such as those people with hypersensitivity to eggs or chicken protein, neomycin, polymyxin, or those with strong religious convictions, or those with conscientious objections. And even though the CDC's Advisory Committee on Immunization Practices (ACIP) recommended that pregnant women be among the initial target group to receive the vaccine, [2] the safety and effectiveness of Influenza A (H1N1) 2009 Monovalent Vaccine has not been established in pregnant women, nursing mothers or in persons less than 18 years of age.[3]

Others have been asked about the safety of the H1N1 vaccine as well as the virulence of the H1N1 virus itself. According to physician and epidemiologist, Tom Jefferson, MD, "the H1N1 virus is not the threat that it has been portrayed to be." He states: "there's no data yet to review. There is no problem with the H1N1 virus. It's no different from any other seasonal virus. In fact, it looks—from the Australian experience [where there were 131 H1N1 deaths out of a population of nearly 22 million people]—like it's going to be milder and it can be handled with public health measures, such as hand washing [and] masks." [5] Even New York City, which was hit hard by the H1N1 virus last spring, is experiencing flu activity no higher than it normally does in early October. Boston and Philadelphia are also seeing less H1N1 flu now. Health officials believe that this is due to the development of immunity by those that were exposed to the disease earlier in the year, but agree that it is too early in the flu season to draw any conclusions.[6]

With regard to the FDA approved H1N1 vaccinations, Dr. Jefferson has expressed serious alarm about the "evidence" for the safety and efficacy of these vaccines, including: 1) the study was tiny, with only 240 adults. The authors made reassuring statements about Guillain-Barré syndrome (GBS), which is meritless because GBS occurs in one out of 750,000 to 1 million vaccinations, and this study only had 240 participants; 2) one-third of these volunteers had side effects that resembled influenza-like illness (fevers, headaches, sore throats, etc.), so they were vaccinating to prevent symptoms that they were causing; 3) there was no placebo arm in the study, yet there's no ethical excuse for not having a placebo arm because these are experimental vaccines; and 4) the description of what additive substances, other than thimerosal (mercury), that were contained in the vaccine was unclear.

At the time of the writing of this statement, the Influenza A (H1N1) 2009 Monovalent Vaccine is not readily available in many parts of the United States. In the meantime, people want to defend themselves by strengthening their immune systems. The FDA is warning consumers to use extreme care when purchasing any products over the Internet that claim to diagnose, prevent, treat or cure the H1N1 influenza virus.[7] Naturopathic physicians agree with this warning, treating each patient individually to help them make decisions which support an effective and balanced immune response. Since the H1N1 virus and its variations are new, there has not been enough time to fully study the effectiveness of non-pharmaceutical products against it. Still, previous and emerging research in the use of safe nutrients, herbals, and lifestyle modifications may prove to be quite beneficial in the end.

2009 H1N1: AANP Commentary

The American Association of Naturopathic Physicians has been asked about its position on the safety of the H1N1 vaccines. As with all vaccines, the AANP takes the position that: safer, more effective vaccinations should be developed; more research should be conducted on possible short-term and long-term adverse effects of vaccines currently in use; all physicians should be attentive to the proper use of vaccines and avoid their administration to individuals with conditions that contraindicate their use; and, all physicians should respect the responsibility and freedom of individuals to decide whether or not they should receive vaccinations.[4]

References

- [1] <http://www.cdc.gov/h1n1flu/sick.htm>
- [2] <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm>
- [3] <http://www.drugs.com/influenza-a-h1n1-2009-monovalent-vaccine.html>
- [4] http://www.naturopathic.org/files/About_Us/Position%20Papers/HOD%20PP%20Vaccinations.doc
- [5] http://clinicalevidence.bmj.com/ceweb/resources/editors-letter-full.jsp?src=editorsletter_intro
- [6] <http://www.nytimes.com/2009/10/08/health/08flu.html>
- [7] <http://www.accessdata.fda.gov/scripts/h1n1flu/>