

## Vaccino antinfluenzale e convulsioni. Quest'anno inizia male

DI ATTILIO SPECIANI 20.09.2011, medico immunologo [www.eurosalus.com](http://www.eurosalus.com)



Partiamo dai VAERS (*Vaccine Adverse Events Reporting System*) (<http://vaers.hhs.gov/resources/updates>) che sono registri ufficiali internazionali che raccolgono i dati dei possibili incidenti intervenuti a seguito e a causa delle diverse vaccinazioni.

Troppo spesso, chi cerca di definire le vaccinazioni assolutamente innocue dimentica di fare riferimento a queste strutture ufficiali purtroppo veridiche e basate su dati che semmai potrebbero essere sottostimati piuttosto che il contrario. La critica pesante spesso rivolta al mio articolo sui rischi da vaccinazione (Ndt: vedi Pdf n° 18, su “download gratuiti”: [www.ambrosinaturalmedicine.eu](http://www.ambrosinaturalmedicine.eu)) deve solo confrontarsi con i dati ufficiali e trarne gli spunti utili per difendere se stessi e i propri figli.

Quest'anno c'è una novità grave. L'Australia ha iniziato a vaccinare fin da febbraio-marzo scorso i suoi bambini, con lo stesso vaccino trivalente utilizzato nella scorsa stagione influenzale ma quest'anno il numero di reazioni gravi alla vaccinazione è nettamente cresciuto. Già lo scorso anno la FDA statunitense aveva rilevato un netto incremento di questi eventi ([http://vaers.hhs.gov/resources/SeasonalFluSummary\\_2011-2012.pdf](http://vaers.hhs.gov/resources/SeasonalFluSummary_2011-2012.pdf)) nei bambini minori di due anni, ma evidentemente questo aspetto non è stato granché preso in considerazione come possibile pericolo dai vari scienziati e dai vari ricercatori dei singoli Servizi Sanitari mondiali.

Così quest'anno i bambini australiani sono stati i primi a vedere effetti avversi dalla ripetizione del vaccino. Cosa può determinare questi elementi? Magari la ripetizione stessa dell'uso dell'adiuvante del vaccino H1N1 (che è dentro al trivalente). Personalmente definii un rischio l'uso di quell'adiuvante in virtù delle ricerche già esistenti sul tema e scrissi un articolo in cui spiegavo perché io non mi sarei mai vaccinato contro l'H1N1.

Molti ricercatori (gli stessi che giuravano sulla letalità dell'influenza suina) dissero che quell'adiuvante era assolutamente innocuo ma il sistema immunitario funziona per fortuna imparando a conoscere il nemico nelle diverse occasioni e la ripetizione dello stimolo

immunogeno potrebbe essere corresponsabile di queste reazioni.

I dati dell'FDA relativi alla scorsa stagione invernale confermano l'aumento delle convulsioni con l'uso del vaccino Fluzone (il trivalente) ma continuano a ribadire l'uso della vaccinazione nei bambini superiori ai 6 mesi di età, senza cambiare alcuna delle raccomandazioni esistenti.

Nella pagina del CDC (*Center for Disease Control and Prevention*, di Atlanta) viene segnalato che l'aumento di convulsioni è maggiormente visibile in bambini che ricevano contemporaneamente la vaccinazione antinfluenzale trivalente e la vaccinazione antipneumococcica.

([http://www.cdc.gov/vaccinesafety/Vaccines/MMRV/qa\\_FebrileSeizures.html](http://www.cdc.gov/vaccinesafety/Vaccines/MMRV/qa_FebrileSeizures.html)).

Il 23 aprile scorso la disposizione australiana ad evitare la vaccinazione antinfluenzale per i bambini fino ai 5 anni è passata da regionale a nazionale e ha come è ovvio portato a reazioni importanti da parte delle lobby coinvolte. A fronte delle notizie di tipo sanitario preoccupate sugli effetti non descritti del vaccino è partita una campagna di stampa (chissà da chi supportata?) indicante il possibile caos ospedaliero causato dalla miriade di bambini non vaccinati che si sarebbero ammalati di influenza suina H1N1...

Io continuo a difendere il diritto di tutti a scegliere consapevolmente le proprie forme di terapia, ma ormai si ha la sensazione che le notizie sanitarie (ovviamente per chi può permetterselo) siano sostenute principalmente da lobby di interesse commerciale e la ricerca della verità diventa ogni giorno più difficile.

Personalmente, nel caso di bambini sani e perfettamente in grado di affrontare l'influenza H1N1 che anche quest'anno sarà dominante proseguirlo nell'indicare modalità di prevenzione antinfluenzale diverse da quelle della vaccinazione.

[http://vaers.hhs.gov/resources/SeasonalFluSummary\\_2011-2012.pdf](http://vaers.hhs.gov/resources/SeasonalFluSummary_2011-2012.pdf)

2011-2012 Trivalent Influenza Vaccine Data from the U.S. Vaccine Adverse Event Reporting System (VAERS)

Thank you for visiting the VAERS website. The formulation for influenza vaccine in 2011-12 is the same as 2010-11. We anticipate the safety profile of the influenza vaccine this influenza season will be similar to last season.

Please note the following:

- During the 2010-11 influenza season, FDA and CDC detected an increase in the number of reports to VAERS of febrile seizures following vaccination with trivalent inactivated influenza vaccine (TIV) (flu shot) primarily in children younger than 2 years of age. No other safety concerns were identified. For more information on this issue, see <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm240037.htm> and [http://www.cdc.gov/vaccinesafety/Vaccines/MMRV/qa\\_FebrileSeizures.html](http://www.cdc.gov/vaccinesafety/Vaccines/MMRV/qa_FebrileSeizures.html)

- During the 2011-12 season three forms of influenza vaccine will be available. Two have been used for many years. The first is the trivalent inactivated vaccine (TIV) (flu shot) which is injected into the muscle. The second is the live, attenuated influenza vaccine (LAIV) which is given by nasal spray.
  - A new intradermal influenza vaccine product is also available. This vaccine is injected into the skin (dermis), rather than the muscle, and therefore uses a much smaller needle than the regular influenza vaccine. For more information see [http://www.cdc.gov/flu/protect/vaccine/qa\\_intradermal-vaccine.htm](http://www.cdc.gov/flu/protect/vaccine/qa_intradermal-vaccine.htm).
  - VAERS will continue to monitor the safety of influenza vaccines during the 2011-12 season and communicate concerns if they arise.
  - Archived material of VAERS influenza data from previous seasons is available at <http://vaers.hhs.gov/resources/updates>.
  - Please also see <http://www.cdc.gov/flu/> for information related to the 2011-2012 influenza season.
  - In addition, all VAERS data remain publicly available at the following sites:  
Download at: <http://vaers.hhs.gov/data/index> from the VAERS website.  
Search at: <http://wonder.cdc.gov/vaers.html> on the VAERS WONDER tool (see instructions below).  
Instructions for using VAERS WONDER data search tool
1. Go to <http://wonder.cdc.gov/vaers.html>
  2. In section 1 of the Request screen, labeled “Organize table layout”, under “Group Results By” select the variables that you are interested in viewing.
  3. In section 2 of the Request screen, labeled “Select symptoms,” click the “Search” tab above the Symptoms list.
  4. Inside the Search form, type item you would like to search for (such as “HIV”) in the first entry field and then click the gray “Search” button at the bottom of the Search form.
    - For example, when the search is run for “HIV”, the results include these codes (Note codes for HIVES also are included since we searched for “HIV”):  
10000807 (ACUTE HIV INFECTION)  
10002424 (ANGIOEDEMA)  
10002473 (ANGIONEUROTIC OEDEMA)  
10049826 (BLOOD HIV RNA)  
10049829 (BLOOD HIV RNA BELOW ASSAY LI)  
10049828 (BLOOD HIV RNA DECREASED)  
10049827 (BLOOD HIV RNA INCREASED)  
10008531 (CHILLS)  
10058761 (HIV ANTIBODY)  
10058762 (HIV ANTIBODY NEGATIVE)  
10058736 (HIV ANTIBODY POSITIVE)  
10058763 (HIV ANTIGEN)  
10058764 (HIV ANTIGEN NEGATIVE)  
10020161 (HIV INFECTION)  
10020185 (HIV TEST)  
10020186 (HIV TEST FALSE POSITIVE)  
10020187 (HIV TEST NEGATIVE)  
10020188 (HIV TEST POSITIVE)  
10022107 (INJECTION SITE URTICARIA)  
10046735 (URTICARIA)
  5. Select the desired Symptom codes shown in the “Results of Search” form.
    - Press the “Ctrl” key while clicking on additional codes.
    - The currently selected items appear in the “Currently selected” box on the right.
  6. In section 3 of the Request screen, labeled “Select vaccine products,” click the Browse tab above the Vaccine Products list.
  7. Select the desired Vaccine products shown from the “Vaccine Product” list.
    - Press the “Ctrl” key while clicking on additional codes.
    - The currently selected items appear in the “Currently selected” box on the right.
  8. In section 4, select event characteristics you are interested in viewing.
  9. In section 5 of the Request screen, labeled “Select location, age, gender” select the locations(s) that you are interested in viewing. Select the age(s) and gender you are interested in seeing.
  10. In section 6 of the “Select date vaccinated” if you are interested in the current influenza season, click on “2011” and the “open” tab at the bottom of the section. Then highlight “2011/07 push the shift key and highlight the rest of the months of the 2011 season that you are interested in. (Note that influenza vaccine season lasts from July 2011-June of 2012)

<http://vaers.hhs.gov/resources/updates>

## Fluzone Vaccine Safety

### FDA and CDC Update on Fluzone Influenza Vaccine and VAERS Reports of Febrile Seizures in Children

January 20, 2011

The Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) routinely monitor the safety of all U.S. vaccines by using several vaccine safety surveillance systems, including the [Vaccine Adverse Event Reporting System \(VAERS\)](#)<sup>1</sup>. VAERS collects and analyzes information from reported adverse events (health problems or possible side effects) that occur after vaccination.

FDA and CDC have recently detected an increase in the number of reports to VAERS of febrile seizures following vaccination with Fluzone (trivalent inactivated influenza vaccine or TIV, manufactured by Sanofi Pasteur, Inc.). Fluzone is the only influenza vaccine recommended for use for the 2010-2011 flu season in infants and children 6-23 months of age. These reported febrile seizures have primarily been seen in children younger than 2 years of age. Data from VAERS are preliminary and serve as a sign or indication that further investigation is warranted. Further investigations are under way to assess whether there could be an association between influenza vaccination and febrile seizures, or if other factors could be involved. FDA and CDC have seen no increase in VAERS reports of febrile seizures in people older than 2 years of age following vaccination with TIV, and no increase after live attenuated influenza vaccine (FluMist, the nasal spray vaccine). In the cases reported, all children recovered and no lasting effects have been seen. Recommendations for the use of flu vaccine in children have **not** changed.

FDA and CDC will continue to conduct studies and provide additional information to the public and health care providers as it becomes available.

#### Information on Febrile Seizures

Febrile means "relating to a fever" or an unusually high body temperature. In some children, having a fever can cause a seizure. Although febrile seizures can be frightening for the child's caregivers, nearly all children who have a febrile seizure recover quickly and have no long term effects. Febrile seizures may occur with any common childhood illnesses that may cause fever, such as ear infections, colds, influenza and other viral infections, and they sometimes happen after vaccination. With regard to influenza infection, one study estimated that seizures occur in 1% of children under 5 years of age with laboratory-confirmed influenza and 9% of children who are hospitalized due to influenza virus infection.<sup>[1]</sup>

Approximately 1 in 25 (4%) young children will have at least one febrile seizure in their lifetime usually between 6 months and 5 years of age with the peak age between 14 and 18 months of age.

Parents and caregivers should contact their child's health care provider if they have any questions or concerns.

#### About Influenza and Influenza Vaccination

The risk of severe influenza illness is higher among young children, especially children under 2 years of age. Approximately 9 out of 10,000 children 6-23 months of age require hospitalization each season for reasons related to influenza. Flu vaccine is the best way to protect against becoming ill with the flu.

Recommendations for the use of flu vaccine in children have **not** changed. CDC [recommends](#)<sup>2</sup> that all persons ages 6 months and older receive a flu vaccine each year.

#### FDA and CDC Actions

FDA and CDC are conducting further analyses to investigate this preliminary finding in VAERS and will provide additional information as it becomes available. FDA is also working closely with the manufacturer to obtain additional information and investigate the situation further.

[1] Poehling KA, Edwards KM, Weinberg GA, Szilagyi P, Staat MA, Iwane MK, et al. The underrecognized burden of influenza in young children. *N Engl J Med.* 2006 Jul 6;355(1):31-40.