

Original article in German: <https://telegra.ph/Die-Grippe-Impfung-ist-nicht-nur-nutzlos-die-beteiligten-wissen-%C3%BCber-den-Betrug-bescheid-11-11> Below is an unofficial English translation

# The flu vaccination is not only useless, those involved know the situation well !

Corona\_Facts November 11, 2020

All readers of Corona\_Fakten are familiar with the fact that there is still no scientific evidence for pathogenic viruses. We have explained this in detail and above all in a comprehensible manner in many of our articles.

Most of the information in the following article presupposes the current narrative that viruses exist and we would collect data that we think would say something.

We will see, however, that even if we assume the truth of this claim, which is not based on any scientific foundation, the flu vaccination is still in a bad light.

Thanks to Corona, many people now understand how the PCR test works and will be even better able to understand that the evidence in the following studies is based on a positive PCR test result, which is not conclusive and cannot prove the presence of a virus!

There is a lot to say about the flu vaccination and the claimed influenza virus, so this article is only a part of it, more will follow.

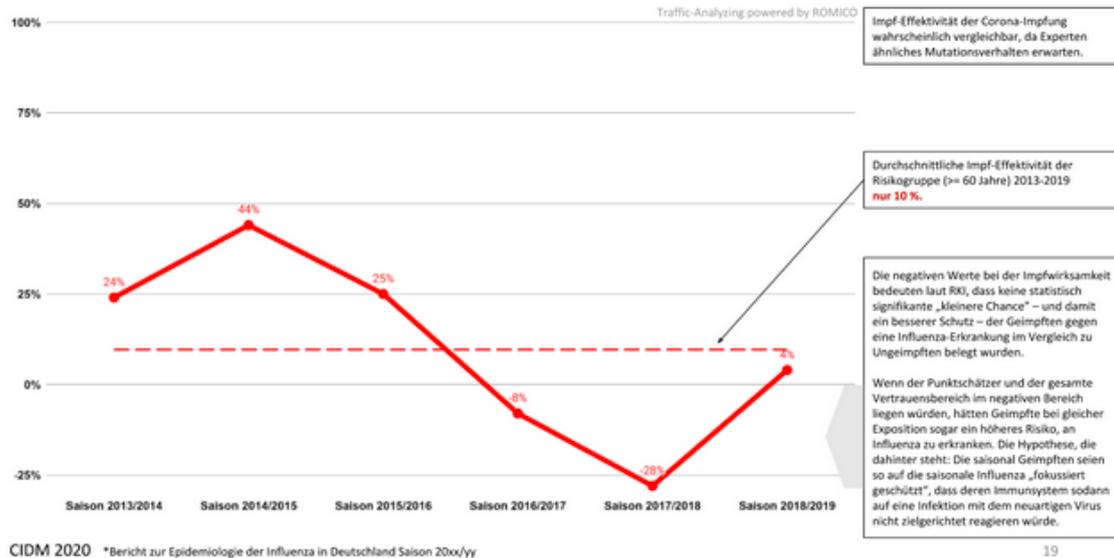
But let's get started!



**Corona-Initiative Deutscher Mittelstand (CIDM Online) creates graphs and statistics based on the existing data of the institutions. They determined an average vaccination effectiveness of 10%.**

CIDM Online creates the graphics for the flu vaccination figures based on the RKI

## Impf-Effektivität der Grippe-Impfung Deutschland: Quelle RKI\* >= 60 Jahre (Risikogruppe)



### Ergo 10% vaccine effectiveness for flu vaccination

This statistic is a good example of how meaningless the statement about the effectiveness of the flu vaccination is. For all those who are already familiar with the subject and know that there is no scientific proof of the influenza virus, I don't have to explain that its effectiveness is not just 0%, but that it is below that and only causes harm.

It is easy to see from these statistics that the last 3 years show a negative effectiveness. This is a matter of interpretation to the extent that it could also be seen that vaccinated persons are even at a higher risk of contracting influenza for the same exposure.

***The Cochrane, formerly the Cochrane Collaboration, has conducted a meta-analysis for the influenza vaccine. The analysis shows a vaccine effectiveness of 0-4 percent.***

The Cochrane is one of the most respected independent scientific associations in the world. In their meta-analysis they revealed several facts at once. Not only does the data show no benefit in favour of an influenza vaccination, the data was often of such poor quality that no serious conclusion could be drawn. So how can any pharmaceutical company, politicians like Spahn, Lauterbach and others claim that this vaccination is safe, effective and well tolerated?

A systematic review of vaccines for the elderly [1] highlights the difference that vaccination makes in a single season (reduces the risk of influenza from 6% to 2.4%), **but caution is advised as there is little information available about what happens in the following season.**

Moreover, for a global public health priority, it is puzzling **why there are only 8 studies** (of which only 4 were conducted for harm assessment) with just over 5,000 participants to inform decision-making and reduce uncertainty - **the first was conducted in 1965 and**

**the last in 2000.** And there is no data on hospitalisations, including cases of pneumonia, in any study, and also very little information on deaths. All the critical results that are important for decision making!

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The next publication of the metastudy focused on the prevention of influenza through vaccination in healthy adults:

52 studies involving over 80,000 people were included in this review. Inactivated influenza vaccines reduced influenza from 2.3% to 0.9%:

I repeat this point again for everyone, the benefit is said to have been **1.4 percentage points**.

Theoretically, this means that 71 healthy adults would have to be vaccinated to prevent one person from contracting influenza - without taking into account the effect on hospital stays, days off and a slight increase in fever at the time of vaccination! [2]

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There are also uncertainties regarding vaccines for healthcare workers. A systematic review by the same group revealed four cluster RCTs and one cohort study on vaccination of health care workers who care for people  $\geq 60$  years in nursing homes. 3] **Research biases** included **problems of lack of double-blind studies, contamination and low vaccination rates in the intervention groups**.

Influenza vaccination of HCWs living in long-term care homes may have little or no impact on the number of residents who develop laboratory-confirmed infection. The review found no conclusive evidence of the benefit of vaccinating healthcare workers in relation to the key complications: pneumonia, hospitalisation or death.

Not only does it appear so, it is simply a fact that the vaccine fraud has long since been exposed. The parties involved in the process are aware of their poor data.

Sources:

1] Pubmed - [Vaccines for preventing influenza in the elderly](#)

2] Pubmed - [Vaccines for preventing influenza in healthy adults](#)

3] Pubmed - [Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions.](#)

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***Health expert Prof. Gerd Glaeske (German pharmacist and health scientist) - effectiveness of the flu vaccination is 0 - 20***

In the ARD program (Hart aber Fair) of March 19, 2018, in which Jens Spahn was also present (i.e. knows exactly what the facts are), the health expert Prof. Gerd Glaeske gave a scathing verdict on the flu vaccination (see at minute 45:50 to 48:50):

- the reason for the flu vaccination is very thin
- the benefit of a flu vaccination is poor
- less than 50 % can be vaccinated
- for the younger ones the effectiveness would be 20
- practically 0 % for the elderly
- there are no comparative studies.

He answered the question of whether Prof. Gerd Glaeske himself would be vaccinated with a clear **"no"**.

Prof. Gerd Glaeske seems to be better informed. Unfortunately, he has not yet succeeded in the most important step, namely that the asserted virus has not been detected to date. All claimed pathogenic viruses have been subjected to a so-called alignment, i.e. a mathematical addition on the computer, in which many short sequences are constructed to a model.

Prof. Gerd Glaeske, like many others, is a victim of the assertion of mutations. The assertion that a virus would constantly mutate is groundless and owes its existence to confused virological, compulsive thinking. We will go into this in more detail in another article. It is important to know that the excuse of mutation was created so that refuted facts can still be asserted.

Source: hard but fair 19.03.18 | Waiting second class - what improves for patients of the health insurance, Mr. Spahn?

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***A large European meta-analysis (2019) examined the effectiveness of the current flu vaccine in the current season and came to even worse results than before ...***

It showed that the 2018/19 flu season was almost exclusively dominated by Influenza A with various subtypes and that the effectiveness of the flu vaccine was unprecedentedly poor that year ...

The effectiveness of the vaccination against all types of Influenza A and in all age groups was between 32 and 43%, **whereby the wide spread of confidence intervals in the**

**statistical analysis firstly proves the uncertainty of this statement and secondly certainly includes values of up to -25% (i.e. a potentially significant increase in the influenza risk from the vaccination).**

Particularly in the main target group of the vaccination, people over 64 years of age, the effectiveness against influenza A/H1N1 (the most common subtype this season) was **clearly zero** in some segments of the study, **despite the fact that the usual excuse for poor vaccine effectiveness - the lack of correspondence between vaccine composition and virus - did not play a role this year:**

*"To date, all A(H1N1)pdm09 viruses characterised in Europe were antigenically similar to the vaccine virus."*

And against the second major subtype, influenza A/H3N2, the researchers had to admit that

*"three of four primary care studies suggest that the vaccine was not effective among all ages combined".*

*(ERGO KEINE WIRKUNG!)*

Source: [Kissling E. 2019. Euro-Überwachung. 2019;24\(8\):pii=1900121. Abruf 31.03.2019](#)

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**A large-scale study involving numerous European hospitals also revealed a poor result for 2012/2013.**

In a large study involving numerous European hospitals, the influenza vaccine achieved an average effectiveness of just over 20% in the 2012/2013 season. If we stay in the narrative and leave the 20% as it is, this would mean that about 80% of the population did not benefit from the flu vaccine at all. In other words, for millions of euros millions of people were vaccinated with something from which only a fifth of the vaccinated people benefited. **To make matters worse, the statistical "confidence range" of this study again contains negative values, which indicate that the vaccination even increased the risk of disease.**

It is always conspicuous that large confidence intervals from minus values to average values occur. It seems to be extremely arbitrary. The cause is visible for the enlightened: Where no disease-causing virus exists, no vaccine can help!

So it would be interesting to find out how many of the 80% had or have suffered from side effects of the vaccine. The PEI (Paul Ehrlich Institute) and the EMA (European Medicines Agency) would be called on to do this. Particularly if a vaccine has such an obvious false benefit.

Source: [2012/13 influenza vaccine effectiveness against hospitalised influenza A\(H1N1\)pdm09, A\(H3N2\) and B: estimates from a European network of hospitals](#)

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***University of Hong Kong - Vaccinated children (6-15 years) had a fourfold increased risk of non-influenza infections.***

A team from the University of Hong Kong conducted a study with a total of 115 children aged 6-15 years.

Some received the normal flu vaccination, others received a neutral placebo vaccination. The children were then observed over a period of 272 days.

If infections occurred, it was examined whether it was influenza or other infections. This was a study of the highest quality: double-blind, randomised, and over a long observation period.

**The vaccinated children had a more than fourfold increased risk of non-influenza infections.**

Thus the often heard statement: "I have never been sick as often as in the year when I was vaccinated against influenza" has been scientifically substantiated for the first time. The authors explain the amazing effect in this way:

*"recipients may lack temporary non-specific immunity that protected against other respiratory viruses.*

Translated: *"Influenza vaccinees may suffer a temporary weakness in their immune system against other respiratory viruses.*

Source: [Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine](#)

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***Only 22 - 29% of all German doctors and nurses are vaccinated against seasonal flu according to official figures.***

According to the RKI bulletin, it appears that medical personnel in Germany are a much more vaccination-critical part of the population than is widely known. **According to official figures, only 22-29% of German doctors and nurses are vaccinated against seasonal flu.** People such as physicians, indeed would actually know whether a vaccination is good for something or not, in majority, reject the flu vaccination for themselves.

Source: [RKI - Flu Vaccination in Germany](#)

Direct access -> [Results of the study "Gesundheit in Deutschland aktuell" \(GEDA\) 2009](#)

### Besonders geringe Durchimpfung bei medizinischem Personal

Unter den für die Saison 2007/08 interviewten Personen befanden sich auch 768 Personen, die im medizinischen Bereich tätig waren. Zu dieser Personengruppe zählen beispielsweise Ärztinnen und Ärzte (inklusive Zahnmedizin), Arzthelferinnen und -helfer, Krankenpflegerinnen und -pfleger oder auch Physiotherapeutinnen und -therapeuten. Der Anteil von medizinischem Personal lag in der Gesamtstichprobe der GEDA-Studie bei 4,7%. Dies entspricht in etwa dem Anteil des medizinischen Personals an der erwachsenen deutschen Bevölkerung (Statistisches Bundesamt 2010). Die Impfquote des medizinischen Personals lag bei 22% (Tabelle 1). Auffällig ist, dass im Gegensatz zu der Gruppe der älteren Personen sowie der chronisch Kranken bei medizinischem Personal die Männer häufiger geimpft waren als die Frauen (Tabelle 1). Ärztinnen und Ärzte waren mit einer Impfquote von rund 29% häufiger geimpft als pflegendes medizinisches Personal, das eine Impfquote von rund 22% aufwies. Insgesamt hatte medizinisches Personal nicht nur die mit Abstand geringste Impfquote unter den drei untersuchten Zielgruppen, es war auch signifikant weniger häufig geimpft als die Allgemeinbevölkerung.

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The next article on flu vaccination will deal with flu vaccination in pregnant women and children, as well as the claimed pathogen detection and vaccination damage.

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