

La vacuna de la gripe en tiempos de covid19. Quince preguntas. Por Juan Gérvas.

[English version below]

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1.-

PREGUNTA: La vacunación contra la gripe de los profesionales de las residencias de ancianos ¿protege a los ancianos?

RESPUESTA: No. No se ha demostrado tal beneficio.

https://www.cochrane.org/CD005187/ARI_influenza-vaccination-healthcare-workers-who-care-people-aged-60-or-older-living-long-term-care

2.-

PREGUNTA: ¿La vacunación antigripal de los profesionales sanitarios es efectiva para evitar la gripe en sus pacientes?

RESPUESTA: No. No resulta razonable el empeño en la vacunación del personal sanitario.

https://amf-semfyc.com/web/article_ver.php?id=1605

3.-

PREGUNTA: ¿Tienen mayor riesgo de padecer gripe los trabajadores sanitarios?

RESPUESTA: No. Los trabajadores sanitarios tienen más

contacto con pacientes con gripe pero tienen el mismo riesgo de padecer gripe que los demás trabajadores.

<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/are-healthcare-personnel-at-higher-risk-of-seasonal-influenza-than-other-working-adults/83B5DC59182EECE133BBE1BC2697DED6>

4.-

PREGUNTA: ¿Produce inmunidad de rebaño (protección de otros al vacunarse uno) la vacuna de la gripe?

RESPUESTA: No. La vacuna de la gripe no produce inmunidad de rebaño. <https://www.eurosurveillance.org/content/10.2807>

5.-

PREGUNTA: La vacuna de la gripe ¿evita las ausencias al trabajo y/o complicaciones de la gripe como neumonía y muerte en niños, adultos, ancianos y/o embarazadas sanas, o en grupos de riesgo?

RESPUESTA: No. La vacuna de la gripe no evita ni complicaciones ni muertes por gripe.

<https://community.cochrane.org/news/why-have-three-long-running-cochrane-reviews-influenza-vaccines-been-stabilised>

<https://www.cochranelibrary.com/es/collections/doi/10.1002/14651858.SC000006/full/es?cookiesEnabled>

https://www.bmj.com/content/346/bmj.f3037.full?fbclid=IwAR0U4DeD_RWGB4NUfLGMFkEm1tIFyLoAISHk0_HnUEX8a_waNhAe9CJCqZ0

<https://www.cochrane.org/news/featured-review-three-updated-cochrane-reviews-assessing-effectiveness-influenza-vaccines>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6677258/>

<https://www.acpjournals.org/doi/10.7326/M19-3075>

<https://pubmed.ncbi.nlm.nih.gov/7661497/>

<https://www.cochranelibrary.com/es/cdsr/doi/10.1002/14651858.CD006484.pub3/full/es>

<https://www.cochranelibrary.com/es/cdsr/doi/10.1002/14651858.CD000364.pub4/full/es>

6.-

PREGUNTA En medio de la pandemia del nuevo coronavirus ¿es todavía más importante la vacuna de la gripe?

RESPUESTA No. Incluso en el pico de la época de gripe, los ingresos y las muertes son mayoritariamente por otros virus respiratorios (rinovirus, sincitial, coronavirus, etc)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4281811/>

7.-

PREGUNTA: ¿Puede ayudar la vacuna de la gripe a evitar otras infecciones víricas respiratorias altas?

RESPUESTA: No. Al contrario, podría interferir con la respuesta inmunitaria normal.

<https://www.sciencedirect.com/science/article/pii/S0264410X19313647>

<https://academic.oup.com/jid/article/212/11/1701/2911893>

<https://academic.oup.com/cid/article/54/12/1778/455098>

<https://www.nature.com/articles/s41577-020-0285-6>

<https://onlinelibrary.wiley.com/doi/full/10.1111/irv.12229>

8.-

PREGUNTA: Si padecen gripe, las personas vacunadas contra la gripe ¿exhalan más virus que las personas no vacunadas?

RESPUESTA: Sí. Cuando se tiene gripe, el estar vacunado contra la gripe se asocia a la producción de aerosoles con

6,3 veces más virus que si no se está vacunado.

<https://www.pnas.org/content/pnas/early/2018/01/17/1716561115.full.pdf>

9.-

PREGUNTA: ¿Cuánto dura el efecto de la vacuna de la gripe?

RESPUESTA: Como mucho, unos meses (dos o tres). Por ello se re-vacuna todos los años aunque no haya habido cambios en el perfil vírico gripal. Por ejemplo, en la temporada 2014-15 se vacunó exactamente con la misma vacuna que en 2013-14 (“For 2014-15, the licensed vaccine will contain the SAME viral strains as the previous 2013-14 vaccine»)

<https://www.sciencemag.org/news/2019/04/how-long-do-vaccines-last-surprising-answers-may-help-protect-people-longer>

<https://www.cdc.gov/mmwr/preview/mmwrhtml>

10.-

PREGUNTA: ¿Cómo se mide la efectividad de la vacuna de la gripe?

RESPUESTA: La efectividad de la vacuna de la gripe se mide rutinariamente por la disminución de las visitas ambulatorias por cuadros gripales producidos por virus gripales (no se mide ni por disminución de complicaciones como neumonía, ni por disminución de muertos).

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6907a1.htm>

11.-

PREGUNTA: ¿Cuántas gripes evita la vacuna de la gripe?

RESPUESTA: La vacuna de la gripe evita 1 caso de gripe entre 100 vacunados. Sin embargo, no disminuye el número total de casos de “cuadros gripales” pues otros virus respiratorios

ocupan el “nicho vacío”.

<https://theconversation.com/the-flu-vaccine-is-being-oversold-its-not-that-effective-97688>

<https://academic.oup.com/jid/article/216/4/415/3958807>

12.-

PREGUNTA. Si nos vacunamos contra la gripe ¿habrá menos sobrecarga en urgencias, y en centros de salud y en hospitales?

RESPUESTA. No. Cada año se vacunan contra la gripe millones de ciudadanos, y cada año crece y crece la demanda sanitaria durante la temporada de gripe estacional invernal.

https://elpais.com/sociedad/2019/01/18/actualidad/1547820249_302173.html

13.-

PREGUNTA: Al vacunarnos contra la gripe, ¿se facilita el diagnóstico de covid19 al no confundir los síntomas?

RESPUESTA: No. No hay síntomas ni signos específicos de covid19. En la práctica clínica no se distinguen bien los casos de “cuadros gripales” producidos por los distintos virus respiratorios. Incluso los “médicos centinelas”, entrenados específicamente en el diagnóstico de gripe, se equivocan en la mitad de los diagnósticos. En el pico de la epidemia gripal, la mayoría de los ingresos y muertes se deben a otros virus, no al de la gripe.

Además, la propia vacuna de la gripe tiene efectos adversos que sugieren el diagnóstico (en falso) de covid-19.

<https://www.cochrane.org/news/featured-review-can-symptoms-and-medical-examination-accurately-diagnose-covid-19-disease>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4514250/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4281811/>

<https://www.prescrire.org/Fr/203/1845/60073/0/PositionDetails.aspx>

14.-

PREGUNTA: ¿Esperamos este invierno de la covid19 más casos de gripe y catarrros?

RESPUESTA: No. En este invierno de los países del hemisferio sur prácticamente han desaparecido la gripe y los catarrros comunes, quizá por las medidas contra la covid19 (básicamente, el lavado de manos).

https://www.argentina.gob.ar/sites/default/files/biv_504_se_28.pdf

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/\\$File/flu-10-2020.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/$File/flu-10-2020.pdf)

<https://www.scientificamerican.com/article/flu-season-never-came-to-the-southern-hemisphere/>

15.-

PREGUNTA: ¿Son frecuentes los conflictos de interés entre los científicos y expertos en gripe y su vacuna?

RESPUESTA: Sí. Son frecuentes los conflictos de interés entre los científicos y expertos en gripe y su vacuna. Por ejemplo, el “European Scientific Working Group on Influenza” (ESWI) patrocinado por las industrias que fabrican las vacunas, o los nunca declarados conflictos de interés de los expertos que asesoraron a la Organización Mundial de la Salud en la pandemia de la gripe A (H1N1) en 2009-10.

<https://www.bmj.com/content/333/7574/912>

<https://eswi.org/>

Síntesis

La vacuna de la gripe es una vacuna fallida, inútil cuando poco, que desacredita a las vacunas en general. La situación creada por la pandemia #COVID19 no modifica la recomendación de no utilizarla.

<https://www.actasanitaria.com/la-vacuna-de-la-gripe-en-tiempos-de-covid19/>

English version.

Influenza-flu vaccine and covid19. Fifteen questions.

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1.-

QUESTION: Is there reasonable evidence to support the vaccination of healthcare workers to prevent influenza in those aged 60 years or older resident in long-term care institutions?

ANSWER: No. There is not evidence to support this vaccination.

https://www.cochrane.org/CD005187/ARI_influenza-vaccination-healthcare-workers-who-care-people-aged-60-or-older-living-long-term-care

2.-

QUESTION: Does the flu vaccine decrease human-to-human transmission, for example from healthcare professionals to patients?

ANSWER: No. There is no evidence to support the ethical implementation of enforced health care workers #influenza vaccination

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0163586>

3.-

QUESTION: Do health professionals have the same risk of getting the flu as workers in other areas of the same age?

ANSWER: Yes. Health professionals have the same risk of getting the flu influenza as workers in other areas of the same age

<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/are-healthcare-personnel-at-higher-risk-of-seasonal-influenza-than-other-working-adults/83B5DC59182EECE133BBE1BC2697DED6>

4.-

QUESTION: Has flu influenza vaccination a herd effect and protect contacts of vaccinated persons from influenza virus infection?

ANSWER: No. Flu influenza vaccination does not have a herd effect and no protect contacts of vaccinated persons.

<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2016.21.42.30378>

5.-

QUESTION: *Is the influenza vaccine effective in decreasing days off work, hospitalization, pneumonia, and mortality in healthy children, adults, seniors, pregnant women and/or patients of risk groups?*

ANSWER: No. There is little evidence on prevention of complications, transmission, or time off work.

<https://community.cochrane.org/news/why-have-three-long-running-cochrane-reviews-influenza-vaccines-been-stabilised>

<https://www.cochranelibrary.com/es/collections/doi/10.1002/14651858.SC000006/full/es?cookiesEnabled>

https://www.bmj.com/content/346/bmj.f3037.full?fbclid=IwAR0U4DeD_RWGB4NUfLGMFkEm1tIFyLoAISHk0_HnUEX8a_waNhAe9CJCqZ0

<https://www.cochrane.org/news/featured-review-three-updated-cochrane-reviews-assessing-effectiveness-influenza-vaccines>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6677258/>

<https://www.acpjournals.org/doi/10.7326/M19-3075>

<https://pubmed.ncbi.nlm.nih.gov/7661497/>

<https://www.cochranelibrary.com/es/cdsr/doi/10.1002/14651858.CD006484.pub3/full/es>

<https://www.cochranelibrary.com/es/cdsr/doi/10.1002/14651858.CD000364.pub4/full/es>

6.-

QUESTION: In the midst of a COVID19 pandemic, getting a flu vaccine shot has never been more important, isn't it?

ANSWER: No. Even during the "peak" of seasonal winter flu most of the hospitalizations are not due to the influenza virus, but to the set of other respiratory viruses (rhinovirus, syncytial virus, coronavirus and others
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4281811/>

7.-

QUESTION: Does influenza flu vaccine protect against other respiratory viruses?

ANSWER: No. In fact it might increase other respiratory

viruses

diseases.

https://academic.oup.com/cid/article/54/12/1778/455098?fbclid=IwAR1SaY6xmXd9ZR3M2F6MZZtUpH2yEyPaZc9HcdGtJ1xB_rNX5fnhdxuDwXS

https://academic.oup.com/jid/article/212/11/1701/2911893?fbclid=IwAR0CeeSUC_Ci-H6ziikbt0vHZPuCvgAkvmZsg8DzRXo0Jm8KFE9-_Y2j7C8

https://www.sciencedirect.com/science/article/pii/S0264410X19313647?fbclid=IwAR1dhMn_DBJGKUUSvYTRp-EY90ynAABRhkq0C7bc7-SqcQucJtzip8PpZU4I

<https://www.nature.com/articles/s41577-020-0285-6>

<https://onlinelibrary.wiley.com/doi/full/10.1111/irv.12229>

8.-

QUESTION: People who are vaccinated against flu who get the flu, shed more flu influenza viruses?

ANSWER: Yes. The flu vaccination is associated with the production of aerosols with the flu virus in the air that is exhaled. The flu-vaccinated person who has the flu exhales 6.3 times the number of flu virus particles than the unvaccinated person.

<https://www.pnas.org/content/pnas/early/2018/01/17/1716561115.full.pdf>

9.-

QUESTION: How long last flu influenza vaccine?

ANSWER: Its effect lasts a little over two-three months. That is why it must be renewed every year, regardless of whether the viruses change depending on the season. For example, "For 2014-15, the licensed vaccine will contain the SAME viral strains as the previous 2013-14 vaccine»

<https://www.sciencemag.org/news/2019/04/how-long-do-vaccines>

[-last-surprising-answers-may-help-protect-people-longer](#)

<https://www.cdc.gov/mmwr/preview/mmwrhtml>

10.-

QUESTION: How is measured influenza vaccine effectiveness?

ANSWER: Flu influenza vaccine effectiveness is measured by preventing outpatient medical visits due to laboratory-confirmed influenza (neither mortality, nor complications).

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6907a1.htm>

11.-

QUESTION: How many influenza-flu cases avoid the flu vaccine?

ANSWER: Out of every 100 healthy persons vaccinated, 99 get no benefit against laboratory confirmed influenza. This decrease, moreover, does not reduce the frequency of “flu-like cases” of acute respiratory infection since it seems that the other germs occupy the “empty niche” of the flu itself.

<https://theconversation.com/the-flu-vaccine-is-being-oversold-its-not-that-effective-97688>

<https://academic.oup.com/jid/article/216/4/415/3958807>

12.-

QUESTION: If we get vaccinated against the flu, will there be less overload in the emergency room, and health centers?

ANSWER: No. Every year millions of citizens are vaccinated, and the demand for health grows and grows during the seasonal winter flu season

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5635331/>

13.-

QUESTION: By vaccinating against the flu we will avoid confusing the pictures of flu with those of COVID19”, right?

ANSWER: No. There are not symptoms or signs than can accurately diagnose covid19. In clinical practice the “flu-like symptoms” caused by the germs of acute upper respiratory infections are often indistinguishable. For example, “sentinel” doctors, specially trained to diagnose influenza, are wrong in about half of the suspected “flu-like” cases. Even during the “peak” of seasonal winter flu most of the hospitalizations are not due to the influenza virus, but to the set of other respiratory viruses (rhinovirus, syncytial virus, coronavirus and others).

Furthermore, the flu vaccine itself has adverse effects that suggest the (false) diagnosis of covid19.

<https://www.cochrane.org/news/featured-review-can-symptoms-and-medical-examination-accurately-diagnose-covid-19-disease>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4514250/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4281811/>

<https://www.prescrire.org/Fr/203/1845/60073/0/PositionDetails.aspx>

14.-

QUESTION: Are we expecting more cases of flu-influenza and common cold this winter in the north of the equator?

ANSWERT: No, we are expecting less cases as [hand washing] mask wearing and social distancing for COVID19 may have cut influenza-flu and common cold cases south of the equator.

https://www.argentina.gob.ar/sites/default/files/biv_504_se_28.pdf

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/\\$File/flu-10-2020.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/$File/flu-10-2020.pdf)

<https://www.scientificamerican.com/article/flu-season-never-came-to-the-southern-hemisphere/>

15.-

QUESTION: Do flu-influenza scientists and experts frequently have conflicts of interests?

ANSWER: Yes. Scientists and experts have very frequently conflicts of interest such as those of the “European Scientific Working group on Influenza” (ESWI) sponsored by the very industries that produce the influenza vaccine, or as the never declared conflicts of the experts who advised the World Health Organization on the influenza A (H1N1) pandemic.

<https://www.bmj.com/content/333/7574/912>

<https://eswi.org/>

Abstract

The flu vaccine is a failed vaccine, useless at best, that discredits vaccines in general. The situation created by the #COVID19 pandemic does not change the recommendation not to use it.

<https://www.actasanitaria.com/influenza-flu-vaccine-in-times-of-covid19/>