# Influenza Lecture October, 2009

Influenza is a common acute respiratory disease that is caused by a virus and causes a seasonal epidemic. The H1N1 virus is a virus that was first seen in Mexico. Cases were reported in the US in April 2009. H1N1 is a novel influenza A virus that is being transmitted earlier than the typical "flu" viruses. The most common complication of H1N1 is a secondary bacterial infection in the respiratory tract that can lead to pneumonia.1 Many publications on Pub Med state that the pandemic caused by H1N1 could very well be mild. According to the CDC, most people infected with the 2009 H1N1 virus have had mild illness that did not need medical attention or anti viral drugs.2 Despite observing this trend, the CDC and the WHO (World Health Organization) are recommending widespread vaccination. Many agencies believe that overreaction to the H1N1 virus is more appropriate than under reaction this policy fuels the hysteria caused by the media.

Many doctors are not testing patients that present with symptoms for H1N1, but simply diagnosing them based on the observed symptoms. According to the CDC, the only way to know if a viral illness is H1N1 is by performing a specific test for the flu. A specimen is obtained by swabbing the nasal passages of the patient in question. The lab performs either a PCR test or a viral culture. A probable case is one positive for Influenza A but negative for H1 + H3. That being said, the CDC is recommending testing in only three populations of patients: hospitalized patients with flu symptoms; patients with flu symptoms whose diagnosis would inform decisions about health care; and patients who died with flu symptoms. The CDC is also recommending treating patients with antiviral drugs before performing tests in order to expedite treatment.3 This protocol excludes a vast amount of the population that is being diagnosed with H1N1!

As to whether or not to get the vaccine for H1N1, it is a personal choice. Some of the facts involving how little is known about the vaccine is startling. The CDC is calling the vaccine their "best tool" for preventing influenza. The H1N1 vaccines contain mercury, squalene, and the potential to contain other viruses and carcinogenic particles. Mercury is a known neurotoxin and immune suppressant. Squalene is an additive that encourages an exaggerated immune response, so less vaccine is needed. This allows more vaccines to be manufactured with less virus particles present and to decrease the time of manufacture. Squalene is an oil that in animal studies caused rheumatoid arthritis. It was also used in the Gulf War anthrax vaccines causing a host of autoimmune disease in this population. According to the vaccine insert, there are no long term safety studies with the use of this vaccine.4 According to an article in Scientific American, in order to have companies manufacture the vaccine, the government has

erased any liability by the manufacturers for any future injury.5 The insert for the Influenza A (H1N1) 2009 Monovalent Vaccine sheds light into how little is known about the long term effects of receiving the vaccine. The major groups encouraged to get the vaccine are: pregnant women, caregivers of infants under 6 months of age, children and young adults to age 25, healthcare workers, and anyone with a chronic condition. The warnings in the insert are as follows:

1. Pregnancy Category C: Animal reproduction studies have not been conducted with Influenza A (H1N1) Vaccine. It is also not known whether these vaccines can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Influenza A (H1N1) Vaccine should be given to a pregnant woman only if clearly needed.

2. Nursing Mothers: Influenza A (H1N1) Vaccine has not been evaluated in nursing mothers. It is not known whether the vaccine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when the vaccine is administered to a nursing woman.

3. Pediatric Use: Influenza A (H1N1) Vaccine has not been evaluated in children. Safety and effectiveness in the pediatric population have not been established.

The very populations that are being encouraged to get the shot could be in the most danger of harm from the shot. There are also listed a host of other side effects including: Guillain- Barre Syndrome, anaphylaxis, and neurological disorders.6 These seem like heavy chances to take to avoid an illness that in most cases does not warrant medical attention. Now that you have a brief background, the decision is yours whether you, your family, and your loved ones should be vaccinated.

Prevention of the H1N1 virus can be achieved through good hygiene and good health. The transmission of the H1N1 virus is person to person via respiratory droplets from sneezing and mucus. The virus enters the respiratory mucous membranes and may affect the gastrointestinal mucosa as well. Some ways to avoid the spread of the virus in the workplace and at home are to avoid shaking hands, increase hand washing, and keep workstations clean. The main way to avoid contracting H1N1 is to avoid anyone infected with the virus. Because this virus attacks the respiratory system, silver cream in the nostrils and nose blowing if around someone who is exhibiting symptoms can help. It is important to get plenty of rest during the flu season, as lack of sleep can tax the immune system. Moderate exercise with deep breathing is also a good way to keep the immune system functioning efficiently. Frequent hand washing is still a very important way to lessen the transmission of the virus. If there is no place to wash your hands, an alcohol based hand sanitizer with a minimum of 60% alcohol is suggested. Use of

an air filter that filters viruses can also help stop the transmission of the virus. Nutrition is also important to a healthy immune system. Avoid sugars, processed foods, and alcohol, as they can weaken the immune system. Eat plenty of fruits and vegetables and drink plenty of water. There are also many supplements that can help boost immunity.

**First Line of Defense: For Healthy Individuals**

Cod Liver Oil for Vitamins A&D, which have immune boosting properties, take: 1Tbspn per day

Vitamin C 2-3 grams, 3 x a day for immune support

Zinc 60mg per day for natural support for immune cells

Silver cream in each nostril 2 x a day, natural disinfectant to prevent infection through nasal mucosa

Keep a good hand sanitizer to carry in your purse or car

**Second Line of Defense: For High Risk Individuals**

Colostrum 2 caps 2 x a day, helps build immunity

Olive leaf extract 2 caps 2 x a day, natural anti viral properties

Nucleotide 2 caps 2 x a day, immune support for eyes, ears, nose, and throat

Sialic Acid 2 caps 2 x a day, distracts virus from binding to bronchial lining

**Treatment for acute infection, use prevention supplements and add**:

Be sure to be taking Olive Leaf 2 caps 2 x a day

Increase Vitamin C to 4-6 grams 3 x a day

Increase Nucleotide to 2 caps every 2-3 hours for 24 hours, then every 4-6 hours thereafter

Avoid all sugars and carbohydrates

Bibliography


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