



October 29, 2020

Patrick Allen
Director of Oregon Health Authority
500 Summer Street NE, E-20
Salem, Oregon 97301

Dear Mr. Allen,

Government institutions are not immune from spreading misinformation. Oregon Health Authority (OHA) and Governor Brown's office are no exception. Your recent daily Coronavirus update email, from October 20th, highlights such misinformation and a statement correcting this should be released **immediately**.

On October 20th you boldly stated:

“FACT: There's no evidence that the flu vaccine causes people to be more susceptible to COVID-19. The single biggest risk factor is risky behavior like exposure to large groups of people without a mask, indoors, for long periods of time. The risk of contracting COVID is not connected to a flu shot.”

This statement is false as there **is** an increased risk of infection because flu vaccines can make recipients more susceptible to other respiratory viruses, including coronaviruses. Several peer reviewed studies and medical journal articles discuss these unintended 'non-specific' side effects. The science showing this correlation is listed at the end of this document.

It is irresponsible of both OHA and our Governor to continue to mislead and promote information, by accident or otherwise, that CANNOT be substantiated. You have already stated, multiple times, that this year will be the biggest push of the flu vaccine in Oregon history. This is potentially dangerous for the people of Oregon. Your statements only validate the warning of Dr. Doshi, who stated *“Perhaps most perplexing, is officials' lack of interest in the absence of good quality evidence.”* It is dangerous when people's lives can be affected without a full understanding, like with any drug, that there are risks.

It is important to note that there is no scientific basis for the Center of Disease Control's (CDC) statements that the flu vaccine is the most effective way to prevent influenza. A comprehensive analysis, conducted by the Children's Health Defense Network, elaborates on these false claims¹. We urge OHA to discontinue repeating this incorrect information.

As the leading authority of health within the State of Oregon, it is your responsibility to disclose the risks of any vaccine you are promoting. Additionally, you are not adequately explaining that if someone is harmed by a vaccine, a report should be filed with the Vaccine Adverse Event Reporting System (VAERS)². It is important to note that every year, the majority of vaccine injury claims filed, are caused by the flu vaccine. In the last 32 years, there have been 6,656 claims filed in the federal Vaccine Injury Compensation Program (VICP) following influenza vaccination, including 193 deaths and 6,463 serious injuries. Of that number, the U.S. Court of Claims, administering the VICP, has compensated 3,821 children and adults who have filed claims³.

As a Board representing thousands of Oregonians, we demand to see the scientific evidence supporting your previously quoted claims. We also request a written explanation as to why the studies we listed have not been taken into account when making such blanket statements that are both misleading and inaccurate.

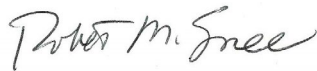
We await your response and are willing to have a video conference discussing this further.

Regards,

Sue Monaco



Bob Snee



Breanna Jarmer



Brian Price



Nikki Kraus



Sources

1. Kennedy Jr, Robert F. "Flu Misinformation and Coronavirus Fears: My Letter to Dr. Sanjay Gupta." 2020, <https://childrenshealthdefense.org/news/flu-misinformation-and-coronavirus-fears-my-letter-to-dr-sanjay-gupta/>.
2. Vaccine Adverse Event Reporting System. "Report and Adverse Event." <https://vaers.hhs.gov/>. Accessed 28 October 2020.
3. Health Resources and Services Administration. "National Vaccine Injury Compensation Program Monthly Statistics Report." *Health Resources and Services Administration*, 01 October 2020, Page 5. <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-report.pdf>.

Documents Disproving OHA's Statement of Flu Vaccines Correlation with Covid

1. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine](#)
Receiving an influenza vaccine increased fivefold the risk of acute respiratory infections (ARI's) caused by a group of non-influenza viruses, including coronaviruses. I am extremely concerned that most Australian children are about to receive a flu shot which may make them more susceptible to suffering serious effects from Covid-19. Presently, children are considered a low risk for suffering adverse effects from Covid-19, but receiving this year's influenza vaccine may make them more susceptible.
Clinical Infectious Diseases, Volume 54, Issue 12, 15 June 2012, Pages 1778–1783, <https://doi.org/10.1093/cid/cis307>
2. [Influenza vaccination and respiratory virus interference among Department of Defense personnel during the 2017–2018 influenza season](#)
Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as virus interference. Vaccine-derived virus interference was significantly associated with coronavirus and human metapneumovirus. While this study did not conclude that influenza vaccination caused viral interference with Covid-19, this should be urgently investigated as a possible consequence of administering influenza vaccine during a Covid-19 pandemic. This study was conducted on healthy adults, US military personnel who would be at peak physical fitness and be less inclined to catch other viruses, unlike the many immune-compromised people who receive a flu shot as routine medical care. I believe the results of this study should be taken seriously and be enough to warrant using the Precautionary Principle in relation to allowing those mandated to receive an influenza vaccine to make an informed decision to refuse the flu vaccine, without discrimination. This would particularly apply to healthcare and aged care workers who are mandated to receive a flu vaccine.
Science Direct, Volume 38, Issue 2, 10 January 2020, Pages 350-354,

3. [Assessment of temporally-related acute respiratory illness following influenza vaccination](#)
This study found that, compared with unvaccinated children, children who received the influenza vaccine had an increased risk of acute respiratory illness (ARI) caused by non-influenza pathogens (not covered by the vaccine) during the 14-day post-vaccination period. Are we soon going to have a huge outbreak of Covid-19 or other respiratory illness in the Australian population, after receiving their flu vaccines?
Science Direct, Volume 36, Issue 15, 5 April 2018, Pages 1958-1964,
<https://www.sciencedirect.com/science/article/pii/S0264410X18303153>
4. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine](#)
Influenza vaccine recipients had a higher risk of confirmed non-influenza respiratory virus infection (RR, 3.46; 95% CI, 1.19–10.1). The majority of the non-influenza respiratory virus detections were rhinoviruses and coxsackie/echoviruses, as well as coronavirus. The increased risk among vaccine recipients was also statistically significant. It was concluded that Influenza vaccine recipients may lack temporary non-specific immunity that protected against other respiratory viruses. Again, there is a clear risk for people receiving an influenza vaccine being more susceptible to Covid-19 after receiving their flu vaccine.
Clinical Infectious Diseases, Volume 54, Issue 12, 15 June 2012, Pages 1778–1783,
<https://doi.org/10.1093/cid/cis307>
5. [Annual Vaccination against Influenza Virus Hampers Development of Virus-Specific CD8+ T Cell Immunity in Children](#)
Results from this study found that annual influenza vaccination, while effective against seasonal influenza strains found in the vaccine, prevents heterosubtypic immunity (immunity to other influenza subtypes and potentially pandemic influenza A/H5N1 viruses) through inhibiting the development of virus-specific CD8(+) T cell responses in children. The consequences of these findings have wide-ranging implications affecting the rate of viral shedding in the absence of cross-protective antibodies in the community.
Journal of Virology, Volume 85, Issue 12, October 2011, Pages 11995–12000,
<https://jvi.asm.org/content/85/22/11995>
6. [Yearly influenza vaccinations: a double-edged sword?](#)
This article summarises issues around influenza vaccine preventing heterosubtypic immunity and its implications for immunologically naive people during times of a pandemic.
The Lancet Infectious Diseases, Volume 9, Issue 12, 01 December 2009, Pages 784-788, [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(09\)70263-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(09)70263-4/fulltext)
7. [Breadth of concomitant immune responses prior to patient recovery: a case report of non-severe COVID-19](#)
These Melbourne-based researchers have analysed the immune response needed to fight Covid-19 and found a multi-factorial immune response (including CD8(+) T cells mentioned above) was required by a patient to recover from Covid-19. With the knowledge we now have of influenza vaccines inhibiting development of virus-

specific T cell responses, administering a flu vaccine could potentially be preventing the recipient from mounting an effective response to the Covid-19 virus.

Nature Medicine, Volume 26, 16 March 2020, Pages 453–455,
<https://doi.org/10.1038/s41591-020-0819-2>

8. [Repeated annual influenza vaccination and vaccine effectiveness: review of evidence](#)

Published in 2017, this international review concluded “The public health impact of repeated immunization and the immunologic mechanisms leading to reduced protection or increased risk remain poorly understood. Our current understanding of repeated vaccination effects is inadequate to inform vaccine policy recommendations.”

Expert Review of Vaccines, Volume 16, Issue 7, 22 May 2017, Pages 723-736,
<https://doi.org/10.1080/14760584.2017.1334554>

9. [Vaccines for preventing influenza in healthy adults](#)

Influenza vaccines have a modest effect in reducing influenza symptoms and working days lost. There is no evidence that they affect complications, such as pneumonia, or transmission. Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or serious illness. At best, vaccines might be effective against only influenza A and B, which represent about 10% of all circulating viruses.

Cochrane Database of Systematic Reviews, 07 July 2020,
<https://doi.org/10.1002/14651858.CD001269.pub4>