91% of Flu Vaccine Recipients Shed Chimeric Lab-Made Vaccine Virus, Raising Transmission Concerns: NIH-Funded Journal "Clinical Infectious Diseases" Study

Jon Fleetwood
Jon Fleetwood
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A newly published US government-funded peer-reviewed study has confirmed that a live attenuated influenza vaccine caused detectable post-vaccination viral shedding in more than 91% of adult recipients, raising major questions about whether vaccinated individuals function as carriers and spreaders of vaccine-derived influenza pathogens after immunization.

The findings, published Thursday in the journal Clinical Infectious Diseases, state that the pandemic-era data inside the vaccine actively replicated inside recipient's upper airtheirtissues and was subsequently shed from the nose in the overwhelming majority of participants.

Researcher from Emory Microbiome Immunology Initiated 283 healthy adults between ages 18 and 49 received a cell-cultured live attenuated influenza vaccine (ccLAIV) FluMist Quadrivalent, the Centers for Disease Control and Prevention's (CDC) preferred nasal spray influenza vaccine for healthy people ages 2 through 49 years old. CDC

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Vaccine Virus Replicated Inside Recipients

According to the Emory Report, FluMist is said to contain live influenza viruses designed to reproduce inside the upper respiratory tract after administration.

> **HIGHLIGHTS OF PRESCRIBING INFORMATION**
> **These highlights do not include all the information needed to use FLUMIST QUADRIVALENT safely and effectively. See full prescribing information for FLUMIST QUADRIVALENT.**
>
> **FluMist® Quadrivalent (Influenza Vaccine Live, Intranasal)**
> **Initial U.S. Approval: 2003**
> **2021-2022 Formula**
> **Initial U.S. Approval: 2003**
>
> **INDICATIONS AND USAGE**
>
> FluMist Quadrivalent is a vaccine indicated for active immunization for the prevention of influenza disease caused by influenza subtype viruses and type B viruses contained in the vaccine. [1], [2] FluMist Quadrivalent is approved for use in persons 2 through 49 years of age. [1]2

The new paper explicitly states:

"LAIV replication begins within 24 hours and declines over the first week.[7]

Researchers further explained that the virus in the vaccine:

"replicates in the upper respiratory tract, mimicking a natural infection."

In plain English, the vaccine virus reproduces inside recipients and is expelled back out through the nose afterward.

Researchers collected nasal swabs on day 2, day 7, and day 14 after vaccination and measured influenza A and B RNA using RT-PCR testing.

91.2% of Participants Shed Detectable Influenza Material

The study found:

Overall, 230 (91.2%) participants had either influenza A or B detected within the first week.[8]

Researchers also reported:

Influenza A or B RNA was detected in 96.9% of participants on day 2.[7]

The probability of detection remained measurable for days afterward:

- 93% on day 1
- 10% on day 5
- 9% on day 7

> **Influenza A and B detection following live attenuated influenza vaccination**
>
> **Within one week of LAIV vaccination, influenza A and B viral RNA was frequently detected in participants' nasal specimens. Influenza A was detected in 172/177 (96.9%) participants and influenza B was detected in 58/61 (95.1%) participants on day 2. Influenza A was detected in 16 (9.0%) and influenza B in 6 (9.8%) participants on day 7 and influenza A in 2 (1.1%) participants on day 14. Influenza B was not detected in participants on day 14. Influenza A (1.1%) had influenza A(H1) and B (0.5%) had Victoria B-lineage (Figure 1B).**
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Study Only Looked for 7 Days

Importantly, the researchers stopped monitoring participants after approximately seven days.

The reason the study cannot determine:

- how many participants continued shedding beyond day 7,
- how long shedding ultimately persisted,
- or when the shed vaccinees group fully stopped shedding vaccine-derived influenza material.

Study Acknowledged Possible Transmission Window

The paper directly acknowledged the possibility of secondary transmission from recently vaccinated individuals.

Researchers wrote:

"Loss of secondary transmission were possible, opportunities would be largely restricted to the authors' data following vaccination."

The authors attempted to limit conclusions about cross-protection by emphasizing that PCR detection alone cannot prove every detected viral particle was infectious.

The study states:

"PCR-based methods cannot specifically discriminate between infectious virions and non-infectious viral nucleic acids."

However, the study still confirms that recipients of the live virus vaccine were producing and shedding vaccine-derived influenza material at vaccination.

That means recently vaccinated individuals temporarily became emitters of the same influenza material the vaccine is marketed to protect against.

Findings Raise Major Informed Consent Questions for Both Recipients & Their Close Contacts

The findings raise new questions informed consent issues.

First, recipients themselves may not fully understand that a live-virus influenza vaccine can cause active viral replication, respiratory symptoms, and post-vaccination shedding after administration.

Second, people around recently vaccinated individuals are generally not informed that they may be exposed to someone actively shedding vaccine-derived influenza material during the days following vaccination.

FDA Insert Confirms FluMist Uses Lab-Created Chimeric Influenza Viruses That Can Shed for Up to 28 Days

The FDA prescribing insert for FluMist Quadrivalent confirms that the vaccine contains chimeric influenza viruses created in laboratory cell lines, specifically designed for replicating recipients, replicating inside the respiratory tract, and shedding afterward for up to 28 days in clinical studies.

The insert explains that the vaccine viruses are not purposefully naturally occurring influenza strains.

They are genetically assembled reassortant viruses created by combining genetic material from multiple influenza viruses.

According to the FDA insert:

> "For each of the four reassortant strains in FluMist Quadrivalent, the six internal gene segments responsible for ts, ca, and att phenotypes are derived from a master donor virus (MDV), and the two segments that encode the two surface glycoproteins, hemagglutinin (HA) and neuraminidase (NA), are derived from the corresponding antigenically relevant wild-type influenza viruses."

In other words, the vaccine viruses are hybridized influenza constructs containing:

- internal genes from a laboratory master donor virus,
- combined with surface genes from circulating wild-type influenza strains.

The insert also directly confirms these reassortant vaccine viruses are live and capable of replication inside recipients.

The FDA states:

"FluMist and FluMist Quadrivalent contain live attenuated influenza viruses that must infect and replicate in cells lining the nasopharynx of the recipient to induce immunity."

The insert further confirms shedding:

"Vaccine viruses capable of infection and replication can be collected from nasal secretions obtained from vaccine recipients shedding."

Unlike PCR-only detection, the FDA shedding studies involved culturing live vaccine virus from recipients after vaccination.

The insert states:

"Shedding of vaccine viruses within 28 days of vaccination with FluMist was evaluated."

According to the FDA's own data, the latest positive viral cultures observed in different age groups occurred on:

- Day 28
- Day 28
- Day 28

For individuals ages 18-49, the last positive culture recorded on day 15.

The insert additionally confirms documented community transmission from derived influenza strain in an unvaccinated placebo recipient during a daycare transmission study.

According to the FDA:

"Zero placebo subjects had solid symptomatic Type B virus infection confirmed on a transmitted vaccine virus."

The FDA insert therefore confirms that FluMist contains live reassortant influenza viruses designed to replicate inside recipients, shed from recipients' nasal secretions and replicate inside recipients, and that shedding of vaccinoids live vaccine virus was documented for as long as 28 days after vaccination in clinical studies.

Bottom Line

The U.S. government-funded peer-reviewed study, combined with the FDA's own prescribing insert, confirms that FluMist recipients are being inoculated with live reassortant influenza viruses designed to replicate inside the upper respiratory tract, replicate inside the body, and are subsequently shed back out into the environment after vaccination.

The findings establish that, even under the most favorable conditions, vaccinated individuals can temporarily become producers, carriers, and emitters of vaccine-derived influenza pathogens after immunization — with FDA documents confirming shedding of vaccinoids live vaccine virus for as long as 28 days and stub documenting transmission of vaccine-derived strain to an unvaccinated placebo recipient in a clinical study.

The revelations also raise serious informed consent questions, not only for vaccine recipients themselves, but for family members, caretakers, immunocompromised individuals, infants, the elderly, and others who are generally never informed they may be exposed to recently vaccinated individuals actively shedding live vaccine-derived influenza virus afterward.

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