



Investigation: Swine Flu Numbers Inflated

Most people who were diagnosed with probable or presumed swine flu in the last few months likely did not actually have it, a CBS investigation published Wednesday revealed.

According to the three-month study involving states' data, only a small fraction of the collected specimens believed most likely to be swine flu actually tested positive for the H1N1 virus. In Georgia and California, only two percent of the tests were positive for swine flu. In Florida, it was 17 percent. But in Alaska, just one percent was really H1N1.



"Many states were specifically testing patients deemed to be most likely to have H1N1 flu, based on symptoms and risk factors, such as travel to Mexico," wrote CBS' Sharyl Attkisson in the report, entitled "Swine Flu Cases Overestimated? CBS News Exclusive: Study Of State Results Finds H1N1 Not As Prevalent As Feared."

Against the advice of some public health officials, the U.S. Centers for Disease Control and Prevention (CDC) suggested that states stop tracking and testing for the H1N1 influenza virus in July, arguing that it was a waste of resources since the government had already confirmed there was a "pandemic." It did not seek input from the states themselves, claiming that "there was not enough time," according to CBS. But now, official estimates are being called into doubt.

The CDC refused to release the data that had already been collected from states and e-mail communications regarding the decision to advise against testing, even two months after a Freedom of Information Act request by CBS. It also refused to comment for the investigation. But the news outlet managed to contact all 50 states and get their information.

"The results reveal a pattern that surprised a number of health care professionals we consulted," the report said. It claims that since most cases of swine flu are now diagnosed based on risk factors and symptoms, the "epidemic" may be exaggerated. The vast majority of cases flagged as probable H1N1 did not even test positive for any influenza at all, according to the states' data.

"With CDC's fallback position, there are so many uncertainties with who's being counted, it's hard to know how much we're seeing is due to H1N1 flu rather than a mix of influenza diseases generally," said California's Acting Chief of Emergency Preparedness and Response Dr. Bela Matayas. Matayas noted that California continues to track swine flu cases and perform laboratory tests. "We can tell that apart but they can't."

Wall Street Journal reporter Alicia Mundy was interviewed on CBS' "Washington Unplugged." She noted that the former head of the National Institutes of Health was very concerned about the "guesstimating" that was going on with swine flu case numbers, and that there were some serious implications. "The trouble is, right now, if everybody thinks they have swine flu, the use of the



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medicines out there, the vaccine, the use of the Purell hand sanitizer, which could backfire and make your bacteria resistant to that — all that could become an issue of overuse," she said.

Another potential issue arising from this situation is that people who thought they were now immune because they had already contracted the swine flu may now reconsider exposing themselves to the <u>risks</u> of taking a vaccine. It also means people could potentially be taking unnecessary medications.

Government spokespeople are telling the public that owing to these facts, everybody should still take a vaccine regardless of whether they thought they had swine flu or not. What it likely means is that the government was trying to hype the alleged numbers of swine flu cases, and now has been exposed.

The World Health Organization claims there have been less then 5,000 deaths worldwide that were linked to the swine flu. By comparison, about one million die each year from malaria, and 36,000 people die annually from complications linked to the seasonal flu, according to the CDC. But if the CDC cannot accurately determine the actual or even approximate number of H1N1 infections, it hardly seems reasonable to unconstitutionally send out battalions of employees to try to persuade the public to undergo poorly tested medical procedures.

Healthcare decisions should be made by individuals, families, and their healthcare providers — without government prodding, scaremongering, or mandates. If the government wishes to maintain a CDC or even a Department of Health and Human Services, it should amend the Constitution appropriately. In the meantime, it should stop misleading the public.





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