

## PUBLICATIONS SCIENTIFIQUES SUR LES EFFETS SECONDAIRES DES VACCINS CONTRE LA GRIPPE

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- 15) [Brown RC, et al.](#) Thrombotic thrombocytopenic purpura after influenza vaccination. *Br Med J.* 1973 May 5;2(861):303. No abstract available. PMID: 4735793; UI: 73177095.
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- 20) [Cummins D, Wilson ME, Foulger KJ, Dawson D, Hogarth AM.](#) **Haematological** changes associated with influenza vaccination in people aged over 65: case report and prospective study. *Clin Lab Haematol.* 1998 Oct;20(5):285-7. PMID: 9807675 . Blood count abnormalities are a recognized feature of many viral infections and immunizations but little is known about the haematological effects of influenza vaccination. We report a 67-year-old patient who developed **thrombocytopenia and severe neutropenia** 3 weeks after she was vaccinated against influenza. The case led us to study prospectively the blood counts of 70 people aged over 65 before and after they received influenza vaccine. There were no significant changes in the levels of haemoglobin, neutrophils, monocytes, eosinophils or platelets after vaccination, but the total WBC counts (mean +/- SD, 6.86 +/- 1.52) and lymphocyte counts (1.69 +/- 0.61) were significantly lower at 4 weeks than at baseline (7.22 +/- 1.60 [P = 0.02] and 1.86 +/- 0.62 [P = 0.001] respectively) and in four subjects the lymphocyte count fell to below 0.7 x 10<sup>9</sup>/l. Since influenza vaccine does not contain live virus, its haematological effects presumably relate to the host immune response rather than to viral replication.
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- 54) [Kelsall JT, et al.](#) Microscopic polyangiitis after influenza vaccination. *J Rheumatol.* 1997 Jun;24(6):1198-202. Review. PMID: 9195534; UI: 97338974

- 55) [Keenlyside RA, et al.](#) Fatal Guillain-Barre syndrome after the national influenza immunization program. *Neurology*. 1980 Sep;30(9):929-33. PMID: 6252515; UI: 81031247. : Fifty-eight fatal cases of Guillain-Barre syndrome (GBS) were reported during the 1976 to 1977 National Influenza Program: Thirty-two (58%) of these patients had received the A/New Jersey influenza vaccine. The mean interval from vaccination to onset was 3.9 weeks, and the incidence of preceding illness in vaccinated or unvaccinated patients was similar. Fifty-eight percent had at least one chronic disease before onset. The clinical features were similar in vaccinated and unvaccinated patients. Most deaths followed medical complications of respiratory paralysis: Fifteen had pneumonia, 29 (83%) died suddenly, 15 had sudden arrhythmias or hypotension, and 7 had myocardial infarction or pulmonary embolus.
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- 65) [Pelosio A, et al.](#) [Influenza vaccination and polyradiculoneuritis of the Guillain-Barre type]. *Medicina (Firenze)*. 1990 Apr-Jun;10(2):169. Italian. PMID: 2273957; UI: 91109533.
- 66) [Poser C.](#) Neurological complications of swine influenza vaccination. *Acta Neurol Scand* 1982 Oct;66(4):413-31  
The emphasis upon the remarkably large number of cases of Guillain-Barre syndrome which resulted from the 1976 National Swine Influenza immunization program in the U.S.A. has obscured the fact that other neurological complications, involving the central nervous system also occurred. The anatomical distribution of lesions is almost identical with that seen following other types of vaccination: involvement of the brain, cerebellum, optic nerve, cranial nerves and spinal cord occurred with approximately the same frequency. 5 instances of the very rare subacute or chronic, progressive, post-vaccinal encephalopathy are described, a situation which is identical to the subacute and chronic forms of polyradiculoneuropathy. In a number of cases, in particular the myelopathies, a subclinical involvement of peripheral nerves was demonstrated by means of electrodiagnostic studies, illustrating the often overlooked fact that central nervous system involvement will mask peripheral nerve lesions. The etiological significance of the swine influenza vaccination was overlooked and completely erroneous diagnoses were established in a surprisingly large number of the 26 new cases reported here. PMID: 6128862, UI: 83070654
- 67) [Langmuir AD, et al.](#) An epidemiologic and clinical evaluation of Guillain-Barre syndrome reported in association with the administration of swine influenza vaccines. *Am J Epidemiol*. 1984 Jun;119(6):841-79. PMID: 6328974; UI: 84228447. : As a result of a court order, computerized summaries of approximately 1,300 cases reported as Guillain-Barre syndrome by state health departments to the Centers for Disease Control during the intensive national surveillance instituted following the swine influenza vaccination program in 1976-1977 became available for further study. Although the data were not uniformly adequate to confirm the diagnosis of Guillain-Barre syndrome, they were sufficient to enable classification according to extent of motor involvement. Vaccinated cases with "extensive" paresis or paralysis occurred in a characteristic epidemiologic pattern closely approximated by a lognormal curve, suggesting a causal relationship between the disease and the vaccine. Cases with "limited" motor involvement showed no such pattern, suggesting that this group included a substantial proportion of cases which were unrelated to the vaccine. The effect attributed to the vaccine lasted for at least six weeks and possibly for eight weeks but not longer. The relative risk of acquiring "extensive" disease over a six-week period following vaccination ranged from 3.96 to 7.75 depending on the particular baseline estimate of expected normal or endemic incidence that was chosen. Correspondingly, the number of cases that could be attributed to the vaccine over the six-week period ranged from 211 to 246, or very slightly higher over an eight-week period if the lowest baseline estimate was used. The total rate of Guillain-Barre syndrome cases attributed to prior use of the vaccine was 4.9 to 5.9 per million vaccinees.
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69) [Molina M, et al.](#) [Leukocytoclastic vasculitis secondary to flu vaccination]. *Med Clin (Barc)*. 1990 Jun 9;95(2):78. Spanish. No abstract available. PMID: 2250511; UI: 91066593.

70) [Mader R, et al.](#) Systemic vasculitis following influenza vaccination--report of 3 cases and literature review. *J Rheumatol*. 1993 Aug;20(8):1429-31. Review. PMID: 8230034; UI: 94046875. : Influenza vaccination is a widely accepted practice particularly among the elderly and high risk individuals. Minor and transitory side effects following the vaccination are common while systemic complications are infrequently reported. We describe 3 patients who developed systemic vasculitis following influenza vaccination. With increasing use of influenza vaccination, attention should be drawn to the possible expression of systemic adverse effects such as vasculitis.

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87) [Scholl R, et al.](#) [Neurologic disorders following influenza vaccination. A case report]. *Med Welt*. 1978 Nov 3;29(44):1707-9. German. No abstract available. PMID: 713791; UI: 79052411.

88) [Streifler JJ, et al.](#) Recurrent pericarditis: a rare complication of influenza vaccination. *Br Med J (Clin Res Ed)*. 1981 Aug 22;283(6290):526-7. No abstract available. PMID: 6790054; UI: 81257662

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- 91) [Schonberger LB, et al.](#) Guillain-Barre syndrome following vaccination in the National Influenza Immunization Program, United States, 1976--1977. *Am J Epidemiol.* 1979 Aug;110(2):105-23. PMID: 463869; UI: 79228981.
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- 93) [Stohr M, et al.](#) [Neurologic diseases following influenza vaccination]. *Med Welt.* 1976 May 7;27(19):912-4. German. No abstract available. PMID: 1272054; UI: 76195488.
- 94) [Winkelmann RK.](#) Influenza vaccine and dermatomyositis. *Lancet.* 1982 Aug 28;2(8296):495. No abstract available. PMID: 6125660; UI: 82270838.
- 95) [Wharton CF, et al.](#) Letter: Polyarteritis after influenza vaccination. *Br Med J.* 1974 May 11;2(914):331-2. No abstract available. PMID: 4151218; UI: 74160231.
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- 98) [Young G.](#) Side effects of influenza immunization. *Br J Gen Pract.* 1992 Mar;42(356):131. No abstract available. PMID: 1303654; UI: 93152256.
- 99) [Yahr MD, et al.](#) Relapsing encephalomyelitis following the use of influenza vaccine. *Arch Neurol.* 1972 Aug;27(2):182-3. No abstract available. PMID: 5040635; UI: 72226875.