

This Week in Virology

TWiV 1226 Clinical Update

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Guest: Daniel Griffin

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Vincent Racaniello: *This Week in Virology*, the podcast about viruses, the kind that make you sick.

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VR: From *MicrobeTV*, this is *TWiV. This Week in Virology*, Episode 1226, recorded on the 12th of June 2025. I'm Vincent Racaniello, and you're listening to the podcast all about viruses. Joining me today from Scotland, Daniel Griffin.[chuckles]

Daniel Griffin: Hello, everyone.

VR: You're outside. It's a great background. You're on the water there, isn't that right?

DG: Yes, I'll move to the side so people can see a little bit.

VR: Oh, look at this beautiful green grass, water, skies, cloudy, typical Scotland, cloudy skies, right?

DG: Yes, there's a nice loch behind me. I'm in the Outer Hebrides on the island of Lewis. It's been classic Scottish weather. I'm recording outside because this seems to be the place with my best signal. Hopefully, this will all work, but, oh, it's been beautiful. We got a lot to cover, Vincent. Oh my gosh, while I've been out of the country. What are you guys doing over there? [laughs]

VR: We're making a mess of things, Daniel.

DG: All right, let's jump in with my quotation. "Ignorance is not bliss. It's a missed opportunity." That's by Adam Nicolson. This is actually a book I'm reading right now, *Sea Room: An Island Life in the Hebrides*.

VR: Hmm, you're going to move there, Daniel?

DG: : I really like it here, I have to say it. It's very attractive.

VR: Can you sail?

DG: Yes, amazing sailing. There's all these wonderful islands and all these wonderful fjords. You can sail up into the fjords. It is spectacular. Apparently, here, they're very happy with science. Interesting enough, but let's jump in. I will start off with the attack on science section. I suggested last week that integrity in science, and I will suggest for many endeavors, that investigation should precede ideology. We are curious, we investigate, we discover, and then we try to understand the facts. We do not start with our conclusion, and

then ignore the facts and invent our own facts. A couple of things right off.

This week, and this story has evolved, but, "Vaccine Opponent Hired by RFK Jr. Scours Official Records for Link to Autism." David Geier, previously barred from accessing the vaccine safety data link for misuse, is now attempting to reanalyze its data. Geier and his father, a geneticist who died in March, spent decades promoting the idea that vaccines cause autism. They published dozens of articles on the topic and developed a treatment dubbed the Lupron protocol that involved giving children a drug that suppresses the production of sex hormones.

A Maryland medical board later revoked Mark Geier's medical license and they disciplined David Geier, who's not a doctor, for practicing medicine without a license. That's who we're supposed to hear from about whether there's a link or not. A guy who practiced medicine without a license and was injecting children with Lupron.

VR: Just almost too crazy to be true.

DG: Yes, it's crazier. It's one of those when they say, oh, the truth is crazier than the story. This is just like out of a bad novel. No one would even believe it. No, that doesn't really happen. I can't suspend my disbelief that much. The RFK Jr. connection with David Geier goes back many years. Part of the story is the publication of the article, "Deadly Immunity," published in *Rolling Stone*, later corrected, ultimately removed. This was this article full of lots of misleading comments, clear inaccuracies. I'm going to leave a link to an article by Kerry Lauerman that really gives a lot of context. What was this crazy article, "Deadly Immunity?"

I was thinking like, "OK, well, that's enough for this week. I'm going to dread what happens next. What will be this next report?" but we already had quite a bit going on. First, I think some of our listeners may have always caught this or some comments here, but the U.S. Department of Health and Human Services announced on June 19 plans to reconstitute, this is a nice way of saying, reconstitute the Centers for Disease Control and Prevention Advisory Committee. Basically, they fired the 17 current members, and then what did they do? RFK reconstituted this with an advisory board, and we read. This is RFK writes himself this article, this commentary in *The Wall Street Journal*.

"Today, we are taking a bold step in restoring public trust by totally reconstituting the advisory committee for immunization practices. We are retiring the 17 current members of the committee, some of whom were last-minute appointees of the Biden administration. Without removing the current members, the current Trump administration would not have been able to appoint a majority of new members until 2028." Basically, if you go through this article, RFK Jr. is accusing the members of having lots of conflicts of interest, just rubber stamping all vaccines up for approval. This reminded me of the MAHA report, where you go through and there are these three citations.

You see these articles in there. One is this, "UPI investigates the Vaccine Conflict," published in 2003. This is a 22-year-old piece. Then there's, "CDC's Ethics Program for Special Government Employees and Federal Advisors." This goes back to 2009. It really is just a general review. It makes recommendations for how the CDC can follow seven recommendations. Then since the time of our review, CDC indicated that has begun or plans to implement improvements.

Accusing the CDC of having all these problems from stuff 20 years ago, which we know why,

because these are the same, counterpoints that when Robert Malone pays RFK Jr. \$1 million a year to spew anti-science, that, well, these are the same things he's been talking about for 20 years. Who's going to be on the new panel, Vincent? I thought this news cycle moves quickly because we already have a list of eight new members: a psychiatrist, a biostatistician, an expert in healthcare analytics, a biochemist, a pediatrician, an ER doc, a public health and critical care nurse, and obstetrician. I think there's a couple that really have people's hackles up.

One is Robert Malone. For some of our listeners, maybe we'll talk more about him in the future or not. We have Martin Kulldorff, one of the lead authors of the Great Barrington Declaration, which was sort of, let it rip. It's really only a problem for other people, people over 65 and people with health problems. Now, Kulldorff was actually an individual who was fired from his hospital, Mass General Brigham, in a dispute over the hospital's requirement for vaccines. We also have Retsef Levi. Remember, these are people who are objective, but if we look at his post on X, "the evidence is mounting and indisputable that mRNA vaccines cause serious harm, including death, especially among young people."

Also, there is a woman on the list, Vicky Pebsworth. She's a nurse. She has a PhD in public health and she serves on the board of what sounds like a great center, the National Vaccine Information Center. What is that? I'll leave in a link. It's actually an organization criticized as a leading source of fear-mongering and misinformation about vaccines. It's going to be a tough one because when we read her bio on the website, she says that she's the parent of a vaccine-injured child.

Her son, her only child, experienced serious long-term health problems following receipt of seven live virus-and-killed bacterial vaccines administered during his 15-month well-baby visit, which sparked her interest in vaccine safety research, policymaking, chronic illness, and disability in children. I have to say, I've already had physicians reaching out to me asking, "What are we going to do? Where are we going to get guidance?" Feeling that they're not going to be able to trust the CDC and ACIP as any reliable source of information with this crew. A couple quotes here from our buddy, Paul Offit.

"The biggest hit here is the irony of it. RFK, talking about regaining the public's trust, what he just did was he lost the trust of the medical community so much so that people are thinking, 'Should we try and create our own ACIP, our own Vaccine Advisory Committee because we can't trust this one?'"

VR: The problem, as you mentioned, though, is that CDC actually generates a lot of the data, right?

DG: I think there's a lot of issues here. Yes, so the CDC generates the data. The CDC and everything under HHS with the FDA, they have a lot of issues with access, with coverage. Even if we, even if reliable people say, "Here's the science, let's discuss it, let's make recommendations," those are not going to necessarily translate into access, into coverage. I know there's a bill in New York State right now to try to maintain access to vaccines even if the CDC tries to take stuff away. Not good, Vincent, and speaking of vaccine-preventable diseases, we mentioned a little bit back about pertussis.

I know it's not a virus, whooping cough, but on Friday, June 6, Kentucky announced two pertussis deaths in infants. These are over the last six months. Neither the infants nor their mothers have been vaccinated against this infection. These are the first whooping cough deaths in Kentucky since 2018. Not good there. Bird flu, I was out on a hike today with this

fellow, Daryll Brown, who runs Wild Harris, and he was very interested in discussing bird flu, but we have the article, "Stability of Influenza Viruses in the Milk of Cows and Sheep," posted on *medRxiv*. I thought even though it's only posted on *medRxiv*, it's worth just a mention.

Here, these investigators incubated viruses in cow's milk under lab conditions at room temperature to simulate exposure in dairies at 4°C to simulate exposure, basically being refrigerated in a refrigerator, so thinking about folks with raw milk in these different conditions. Though the survival was a variable, they consistently found there was substantial viral infectivity over periods when people might be reasonably exposed to infected milk for over a day at room temp and for more than a week when refrigerated.

VR: This is just for people who don't drink pasteurized milk, right?

DG: It's raw milk again. It's people drinking raw milk. What are they doing? All right, and measles. Oh my gosh, Vincent. I was thinking things were quieting down. It looked a little bit better down there in Texas, but we're up from 1,088 to 1,168 confirmed measles cases. We're now up to 34 jurisdictions. I think we're trying for 51. Canada, actually, another 225 new measles cases. They're up to 2,968 measles cases. Unfortunately, it's probably just a matter of time. Canada's Ontario province reports the death of a child from measles. That's the first one died in southwestern Ontario, Canada. Over here in the UK, I'm in the UK, we are having some issues here.

Measles outbreaks continue with rise of holidays causing surge. I'm not sure what holidays these are, but we were hoping things are going to go down in the summer. That's what we were hearing from our pediatricians who had lived through decades back. When we looked at monthly update on measles cases in England, outbreaks are continuing: 109 cases confirmed in April, 86 so far in May. We're here in June now. Cases have been predominantly in unvaccinated children under 10 years of age. Ongoing outbreaks in numbers of regions. London has about half of the cases in the last four weeks. Actually, interesting, the CDC has made some comments about, when you're traveling, make sure you're up to date with vaccines.

VR: You're in the UK. You better watch out.

DG: [laughs] No, I'm far from London. All right, and flu. Actually, this is some good stuff here. We'll talk about some actual science that's going on despite the world falling apart. The article, "Oseltamivir" – Tamiflu - "Treatment vs Supportive Care for Seasonal Influenza Requiring Hospitalization." Is it worth it giving out the Tamiflu? In adults with influenza requiring admission to hospital, is oseltamivir treatment within the first two days of admission compared to supportive care associated with a decreased risk of death in hospital? 11,073 patients. 7,632 got tamivir. 3,441 did not. We see a 3.5% in oseltamivir and 4.9% in those who did not.

We're actually seeing that getting Tamiflu was more likely to be discharged alive, more likely to survive. Really across the board, seeing a benefit to that.

All right, and RSV. This is exciting, folks. Maybe. It is exciting for everybody. Another monoclonal for RSV. Just not nirsevimab. The U.S. FDA approves Merck's Enflonsia. What a horrible name I have to say, guys. Sorry about that. Enflonsia. I'll have some of the Enflonsia versus the nirsevimab. The nirsevimab is just a better name. Sorry. But clesrovimab-cfor, for prevention of RSV in their first season. It's the first and only RSV preventive option with just

one dose.

The nirsevimab, you have to do a lower dose if they're younger, a certain weight, higher dose. Here's just one shot across the board. These are based on the results of a Phase 2b/3, CLEVER trial. That's catchy. Single-dose Enflonia administered to preterm and full-term infants, birth to 1 year of age, demonstrated reduction in incidence of RSV-associated medically attended lower respiratory infections. Basically, we're seeing a reduction in RSV-associated hospitalization through five months by 84.3%. Really in line. The approval is supported also by Phase 3 SMART trial. I'm going to leave in links to all this.

CDC's advisory committee with the new folks on board, they're going to meet later this month. This is going to be one of the things that they'll be talking about. Does the CDC recommend? This is a slam dunk. This is passive, this is monoclonals. This is stuff that everybody loves.

VR: Yes, but with these new bozos on the committee, Daniel, they're going to find something wrong with it, I guarantee.

DG: That's what I'm feeling good about. [laughs]

VR: I hope you're right.

DG: All right, moving on to the COVID update. I hate to say this, Vincent, but we're seeing a little bit of an uptick there out west. This data is a little bit behind because I have to say, on some of the wastewaterscan.org, we're actually seeing the levels come up, which is a little more recent. I think that summer surge is going to be a thing. You and I, we're betting both sides, so we'll see what happens.

VR: I don't know. I think it's just noise, Daniel.

DG: [laughs] OK. We will see what happens there. We have a couple more to go. Long COVID. This is something I just got to keep reminding people about. People talk about like, "Oh, COVID wasn't so bad. We only lost a little over a million people in the U.S. It's such a crowded country anyway," but forgetting about that, forgetting about the over 1,000 children that died and all the folks that ended up in the hospital, just ongoing issues. We still see people struggling who got COVID and did not get better. I always make a point, it's not just long COVID, that chronic fatigue type syndrome, but also other medical problems.

Here we have the article, "Long-term Outcomes of Patients With Pre-existing Coronary Heart Disease After SARS-CoV-2," published in *eBioMedicine*. Patients with pre-existing coronary heart disease, classified as those who had COVID, those who did not have COVID, PCR positive. I'm always amazed where you get all these COVID-negative, NOVID folks. Here they're looking at the Montefiore Health System between March 11, 2020, January 12, 2024, 1,380 hospitalized with COVID, 1,702 non-hospitalized with COVID, some 7,264 controls, 8,492 historical controls. That makes sense. Primary outcomes were all-cause mortality: new-onset heart failure, myocardial infarction, stroke, major adverse cardiovascular events.

Compared to contemporary controls, folks hospitalized with COVID-19, but not patients hospitalized without COVID-19, had a higher risk of major adverse cardiovascular events. It was about a 60% increase. This lasted for actually up to four years post-infection. Lots of great figures, Vincent. Maybe the folks that are watching on YouTube will see this really big separation here, survival probability for all-cause mortality. I want to point out, that's what

you want to look at because something is going on here. It's not necessarily dying in the first week or two of COVID, but as you follow these people out months after, you see the people who are hospitalized for COVID really separating when it looks at all-cause.

When you look at first time having your MI, you just see this incredible rise for folks that ended up in the hospital to COVID. When you look at congestive heart failure and some of the other parameters, and particularly stroke, I think for some of us, that's one of the worst things that can happen.

VR: If you go in the hospital, that's a big risk factor, isn't it?

DG: Yes, and I think it's a question, and I think this is open to discussion. Are these people who had something else going on, and when they got COVID, that's why they ended up in the hospital? I think what is a growing story here is people seem like they're doing fine, and then they end up getting hospitalized with COVID, and that seems to be what really separates out your future.

All right, and our last one, and this is looking at globally. As I've been saying, we've been saying no one is safe until everyone is safe. "Trump Budget Eliminates Funding for Crucial Global Vaccination Programs." Another great article by Apoorva Mandavilli. Here we read that the Trump administration's proposed budget for the coming fiscal year eliminates funding for programs that provide vaccines around the world, including immunizations for polio. This budget proposal submitted to Congress last week proposes to eliminate the Centers for Disease Control and Prevention's global health unit, effectively shutting down its \$230 million immunization program, \$180 million for polio eradication, and the rest were measles and other vaccine preventable diseases.

VR: This is nothing but meanness, Daniel. There's no need to do this.

DG: You look at his, what is it? His golf Secret Service monthly budget, it's enough to cover these costs. We're not saving money here, I agree with you. This is very short-sighted.

VR: The U.S. always did this because we could. We could help other people and that's the way it should be. Now this is incredible selfishness and inhumanity in the administration, which doesn't fit the U.S. at all.

DG: Yes. No, it doesn't. It's embarrassing because we have had this reputation for winning over the hearts and minds throughout the world through just this generosity, this charity, these global efforts. As we're seeing, we had gotten rid of measles, but now we're seeing lots and lots of measles and these diseases, they know no borders. Even from a selfish point of view, this is just really the wrong thing to do. This does not make anywhere great again. I will wrap us up here before I get through to the emails by reaching out and saying, hey, we are doing everything we can here, but we can only do it with your support.

I'm hoping everyone will pause recording right here, go to parasiteswithoutborders.com, and click 'Donate.' Every bit helps. My buddy, Brian Park, is out there in Uganda checking on our clinic. Things are really moving there because of your support. For May, June, and July, we're right in the middle of our Foundation for International Medical Relief of Children fundraiser. With all these cuts, we need your help more than ever. We're hoping to double those donations to get up to a maximum donation of \$20,000.

VR: It's time for your questions for Daniel. You can send yours to daniel@microbe.tv. Richard writes, "Wide Awake Media posts that according to RFK Jr., Gardasil is probably the

single worst mass vaccine we've ever seen. Here's the quote, "Children who take the vaccine are 37 times more likely to die from the vaccine than they are to die from cervical cancer." Daniel, is that true?

DG: This is not true. This is the problem. You have people saying things that are not true. There's no good science to support this. This is a tremendous vaccine for preventing cancer. This is [crosstalk].

VR: This is the thing, Daniel, he just lies and he doesn't care, and people don't call him out.

DG: Yes, and they need to. You really need to challenge and we're going to keep doing it. Everyone needs to keep doing it because this is not right. We talked about this early on, science and politics, you get politics. When politics get involved in medicine, you end up with dead children. We said that, and now, a couple of measles deaths here in the U.S., a couple of pertussis deaths. We just had the measles death up in Canada. This is not what's supposed to be going on.

VR: Folks, tell your anti-vaccine friends that this is lying basically, that Gardasil is completely safe and prevents cancer.

DG: Yes. It saves lives. No, and I think you do have to have those conversations because people think it's fun and conspiracy theories and all the rest, but we have children dying because of this lack of integrity.

VR: Gretchen writes, "I listen to your updates every weekend. Thank you for all you do to keep truth and facts about viruses and vaccinations. I stumbled on this old Gary Larson cartoon about vaccinations and thought ,if this were different times, maybe it would be funny. On the other hand, maybe vaccination trucks cruising neighborhoods with medical and scientific information could be a way to get the rates up. Anyway, for your pleasure or displeasure, I am passing on the link." Here's a Larson of a guy and it looks like an ice cream truck, but it's the vaccination man. The caption is, "Slowly he would cruise the neighborhood waiting for that occasional careless child who confused him with another vendor."

DG: I think that's great. [laughs]

VR: Bob writes, "Thank you for covering the latest RFK Jr. announcement on excluding COVID vaccine administration for normal children, pregnant women, et cetera. Pharmacies are not in the habit of dispensing medications without a prescription. For those people in this huge excluded group who still want to get a COVID vaccine, will they now need a prescription to do so or are these vaccines considered to be over-the-counter meds? If a prescription is needed, will the script have to state which type of COVID vaccine is prescribed? Thanks for all your hard work. One of your many dedicated listeners, Bob."

DG: Thanks, Bob. I think one of the ways that they're going to be doing this is when people go on to schedule their vaccine, they'll basically be clicking boxes. If the pharmacists are smart, they'll make it very easy. They'll have a list of these are potential qualifications. Do you have them or not? You don't want it to be a trick question. Like we say this when you're deciding you want to admit someone to the hospital and you end up on the phone with some high school student, and you're trying to figure out like, "What would you consider an appropriate, qualification to admit this person? They want to share your list" and you're like, "They met sepsis criteria," [chuckles] whatever.

The hope is because right now it's really hard. Vinay Prasad went ahead and he said, "Listen, a third of Americans under the age of 65, they're still going to be eligible," and we're like, "Yes, and would you tell us what the boxes are that we're allowed to check?" "It's 'I'm sedentary.'" "What do you mean by 'sedentary'?" "My weight is over a certain amount. I have certain medical problems." "What are those?" Yes, I think it just needs to be really clear. Hopefully, it's going to be a way where you click the boxes, you show up, and the pharmacy can go ahead and give you that protection.

VR: Kathleen writes, "My husband is scheduled to present a paper at a conference in Sarajevo. Friends are warning us of the rising rat population there and the risk of disease, including leptospirosis and hantavirus. The CDC has a fact sheet that states doxycycline may be used for prevention. What do you think?"

DG: Yes, this is actually an issue there. Yes, they're seeing a lot of cases of leptospirosis. Depending upon your travel exposure, if you're going to be maybe swimming in fresh water or other exposures, doxycycline, 200 milligrams once a week might be advised. Yes, talk to your doctor or talk to your travel doctor. It's crazy. It's getting to this point where it's not just sub-Saharan Africa, Asia. You're heading to Europe and now you've got to be checking with your travel doctor if you're worried about measles or leptospirosis or hantavirus.

VR: Hanta is not going to be stopped by doxycycline, right?

DG: No. Actually, you're probably at low risk for hanta because hanta is something we see when you aerosolize the mouse droppings. The virus will be in there, they dry, you're cleaning. I don't suspect you're going to be at risk of that, but yes, we are seeing a growing number of leptospirosis cases in that region.

VR: Yes, and hantas don't come from rats, they come from mice. That's right. Susan writes, "I wonder if you saw this article in *JAMA*. It references a possible reduction in actinic keratosis when HPV vaccine is given. I have quite a number of actinic keratosis spots. I'm also on immunosuppressant meds due to a kidney transplant, so I'm not sure how well I would respond to the vaccine. Given that information, do you think the vaccine might still be worthwhile for me if I can get it, age 71?"

DG: Yes, it was an interesting article. That was in *JAMA*, I think, back in March. It was recent and it was about 70 people in that study. Yes, it actually showed this reduction they followed out a number of months. I don't really understand the mechanism and the discussion that was, is it something nonspecific? What exactly is going on there? At this point, it's still an interesting observation. I don't think we're broadly recommending HPV vaccination for actinic keratosis, but yes, it's definitely something to watch.

VR: This is not something you could do off-label yet, is it?

DG: I don't think so. Yes, I think at this point, it's still such minimal data here.

VR: Yes, because the HPV vaccine is only good up to 45, right?

DG: Yes.

VR: That's *TWiV* weekly clinical update with Dr. Daniel Griffin. Thank you, Daniel.

DG: Oh, thank you. Everyone, be safe.

[music]

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