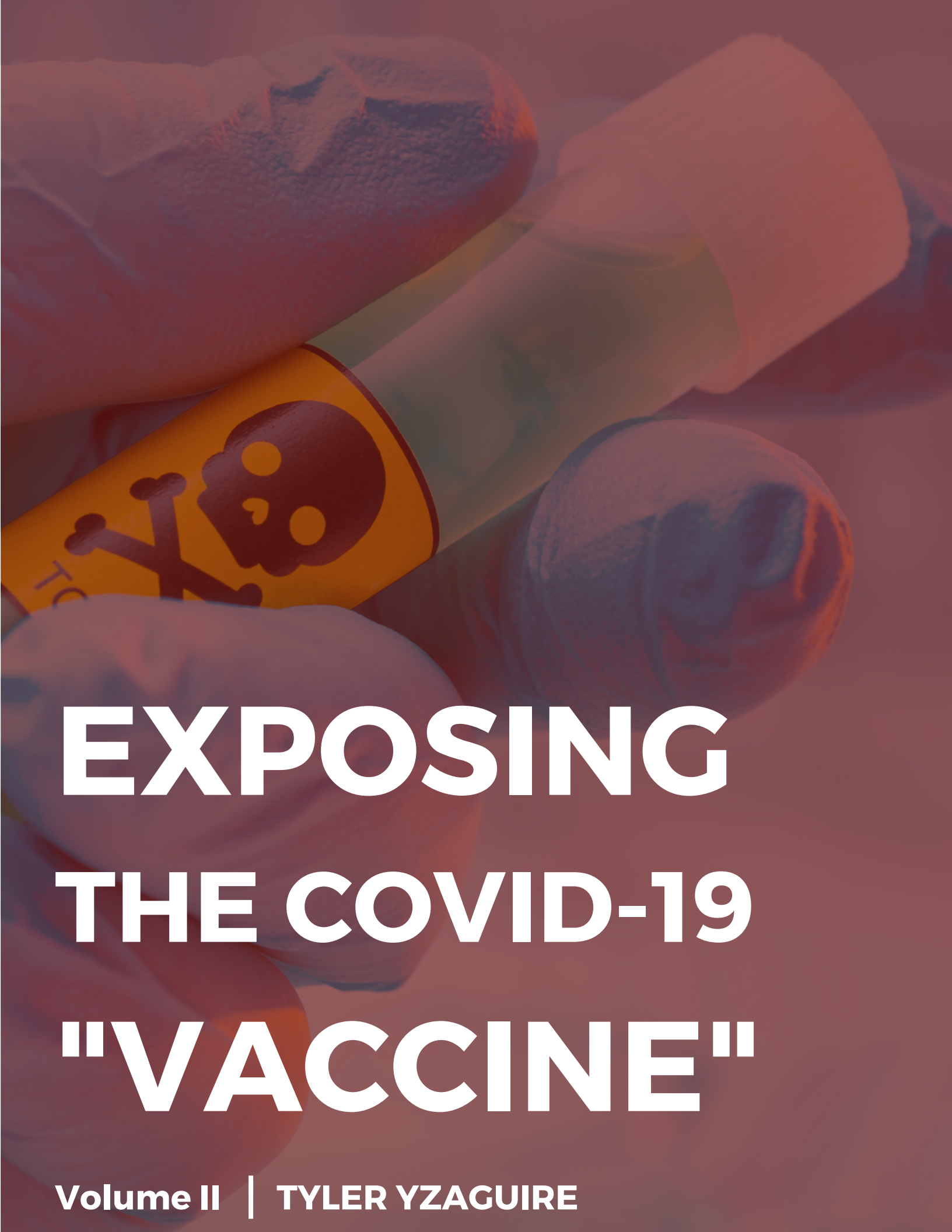

EXPOSING THE COVID-19 "VACCINE"

Volume II | TYLER YZAGUIRE

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Thanks!

July 6, 2023

Preprint Open Access

A SYSTEMATIC REVIEW OF AUTOPSY FINDINGS IN DEATHS AFTER COVID-19 VACCINATION

Nicolas Hulscher, BS; Paul E. Alexander, PhD; Richard Amerling, MD; Heather Gessling, MD; Roger Hodkinson, MD; William Makis, MD; Harvey A. Risch, MD, PhD; Mark Trozzi, MD; Peter A. McCullough, MD, MPH

ABSTRACT

Background: The rapid development and widespread deployment of COVID-19 vaccines, combined with a high number of adverse event reports, have led to concerns over possible mechanisms of injury including systemic lipid nanoparticle (LNP) and mRNA distribution, spike protein-associated tissue damage, thrombogenicity, immune system dysfunction, and carcinogenicity. The aim of this systematic review is to investigate possible causal links between COVID-19 vaccine administration and death using autopsies and post-mortem analysis.

Methods: We searched for all published autopsy and necropsy reports relating to COVID-19 vaccination up until May 18th, 2023. We initially identified 678 studies and, after screening for our inclusion criteria, included 44 papers that contained 325 autopsy cases and one necropsy case. Three physicians independently reviewed all deaths and determined whether COVID-19 vaccination was the direct cause or contributed significantly to death.

Findings: The most implicated organ system in COVID-19 vaccine-associated death was the cardiovascular system (53%), followed by the hematological system (17%), the respiratory system (8%), and multiple organ systems (7%). Three or more organ systems were affected in 21 cases. The mean time from vaccination to death was 14.3 days. Most deaths occurred within a week from last vaccine administration. A total of 240 deaths (73.9%) were independently adjudicated as directly due to or significantly contributed to by COVID-19 vaccination.

Interpretation: The consistency seen among cases in this review with known COVID-19 vaccine adverse events, their mechanisms, and related excess death, coupled with autopsy confirmation and physician-led death adjudication, suggests there is a high likelihood of a causal link between COVID-19 vaccines and death in most cases. Further urgent investigation is required for the purpose of clarifying our findings.

US FEATURES

Pharma Insider Speaks Out About Vaccine Batches

Huge variance in COVID-19 vaccine batches raises red flags with deaths, injuries

THE EPOCH TIMES

By Jan Jekielek

July 20, 2023 Updated: July 20, 2023

In a recent episode of "American Thought Leaders," host Jan Jekielek and Ms. Latypova, a former pharmaceutical executive, discuss COVID-19 vaccines, the enormous discrepancies in their manufacture, and the U.S. government's militarization of public health during this crisis. Ms. Latypova emerged from retirement during the COVID-19 pandemic to become a whistleblower after she observed the government and vaccine manufacturers veering away from established clinical research and public health protocols.

My clients were a variety of pharma companies—large ones and small ones—Pfizer included. Pfizer was also our research and development partner.

Ms. Latypova: In addition to what was happening with hydroxychloroquine, I became suspicious once the mRNA products started coming on the market. There were a lot of reports of adverse events and deaths, which I was expecting. As I said, I knew this product was inherently dangerous.

The first immediate finding was that the total volume of adverse events and deaths was more than 10 times higher than [that of] all the previous vaccine products combined. The VAERS database has reports for about 100 different vaccine products from hundreds of manufacturers. Then 2021 comes along and there's a signal, a pattern that needs to be investigated. But no investigation ever happened.

Subclinical Heart Damage More Prevalent Than Thought After Moderna Vaccination: Study

PREMIUM COVID VACCINES

Zachary Stieber, Reporter

Jul 26 2023

Damage to the heart is more common than thought after receipt of Moderna's COVID-19 booster, a new study indicates.

One in 35 health care workers at a Swiss hospital had signs of heart injury associated with the vaccine, mRNA-1273, researchers found.

"mRNA-1273 booster vaccination-associated elevation of markers of myocardial injury occurred in about one out of 35 persons (2.8%), a greater incidence than estimated in meta-analyses of hospitalized cases with myocarditis (estimated incidence 0.0035%) after the second vaccination," the researchers wrote in the paper, published by the European Journal of Heart Failure.

In a generally healthy population, the level would be about 1 percent, the researchers said.

The group experiencing the adverse effects was followed for only 30 days, and half still had unusually high levels of high-sensitivity cardiac troponin T, an indicator of subclinical heart damage, at follow-up.

The long-term implications of the study remain unclear as little research has tracked people over time with heart injury after messenger RNA vaccination, which is known to cause myocarditis and other forms of heart damage.

"According to current knowledge, the cardiac muscle can't regenerate, or only to a very limited degree at best. So it's possible that repeated booster vaccinations every year could cause moderate damage to the heart muscle cells," University Hospital Basel professor Christian Muller, a cardiologist and the lead researcher, said in a statement.

Previous Findings, and Pending Study

Several other prospective studies examine myocarditis following Pfizer vaccination.

In Thailand, researchers found that 29 percent of 301 adolescents developed cardiovascular effects, including chest pain, after a second Pfizer dose. Seven were diagnosed with heart inflammation.

Researchers in Taiwan established baseline electrocardiogram levels before a second Pfizer dose and recorded abnormal results following the administration in one percent of 4,928 primary school students. That included five students diagnosed with myocarditis or an abnormal heartbeat.

And an Israeli study of 324 health care workers with a median age of 51 who received a second Pfizer booster identified two cases of vaccine-induced heart injury on day three.

Other recent studies have confirmed that vaccine-induced myocarditis can kill, including a South Korean study that ruled out all other possible causes for eight sudden deaths following messenger RNA vaccination. Myocarditis was not suspected as a clinical diagnosis or cause of death before autopsies were performed, researchers said.

The Swiss researchers said more prospective studies are needed to examine post-vaccination heart injury. Long-term problems from the injuries, they stressed, remain unclear.

Sex-specific differences in myocardial injury incidence after COVID-19 mRNA-1273 Booster Vaccination

Natacha Buergin, Pedro Lopez-Ayala, Julia R. Hirsiger, Philip Mueller, Daniela Median, Noemi Glarner, Klara Rumora, Timon Herrmann, Luca Koechlin, Philip Haaf, Katharina Rentsch ... See all authors

First published: 20 July 2023 | https://doi.org/10.1002/ejhf.2978

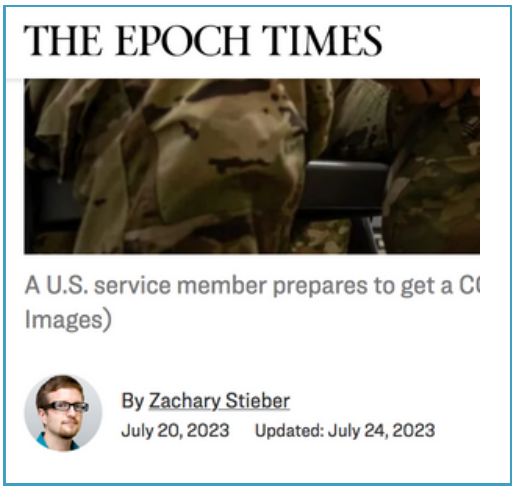
Methods and Results

Hospital employees scheduled to undergo mRNA-1273 booster vaccination were assessed for mRNA-1273 vaccination-associated myocardial injury, defined as acute dynamic increase in high-sensitivity cardiac troponin T (hs-cTnT) concentration above the sex-specific upper-limit of normal on day 3 (48-96 h) after vaccination without evidence of an alternative cause. To explore possible mechanisms, antibodies against IL-1RA, the SARS-CoV2-Nucleoprotein(NP) and -Spike(S1) proteins and an array of 14 inflammatory cytokines were quantified. Among 777 participants, median age 37 years, 69.5% women, 40 participants (5.1% [95%CI, 3.7%–7.0%]) had elevated hs-cTnT concentration on day 3 and mRNA-1273 vaccine-associated myocardial injury was adjudicated in 22 participants (2.8% [95%CI, 1.7%–4.3%]). Twenty cases occurred in women (3.7% [95%CI, 2.3%–5.7%]), two in men (0.8% [95%CI, 0.1%–3.0%]). Hs-cTnT-elevations were mild and only temporary No patient had ECG-changes, and none developed major adverse cardiac events within 30 days (0% [95%CI, 0%–0.4%]). In the overall booster cohort, hs-cTnT concentrations (day 3; median 5 [IQR, 4–6] ng/L) were significantly higher compared to matched controls (n = 777, median 3 [IQR, 3–5] ng/L, $p < 0.001$). Cases had comparable systemic reactogenicity, concentrations of anti-IL-1RA, anti-NP, anti-S1, and markers quantifying systemic inflammation, but lower concentrations of IFN-λ1(IL-29) and GM-CSF versus persons without vaccine-associated myocardial injury.

Conclusion

mRNA-1273 vaccine-associated myocardial injury was more common than previously thought, being mild and transient, and more frequent in women versus men. The possible protective role of IFN-λ1(IL-29) and GM-CSF warrant further studies.

US Military Confirms Myocarditis Spike After COVID Vaccine Introduction


THE EPOCH TIMES

A U.S. service member prepares to get a C(Images)

By Zachary Stieber
July 20, 2023 Updated: July 24, 2023

Cases of myocarditis soared among U.S. service members in 2021 after the COVID-19 vaccines were rolled out, a top Pentagon official has confirmed.

There were 275 cases of myocarditis in 2021—a 151 percent spike from the annual average from 2016 to 2020, according to Gilbert Cisneros Jr., undersecretary of defense for personnel and readiness, who confirmed data revealed by a whistleblower earlier this year.

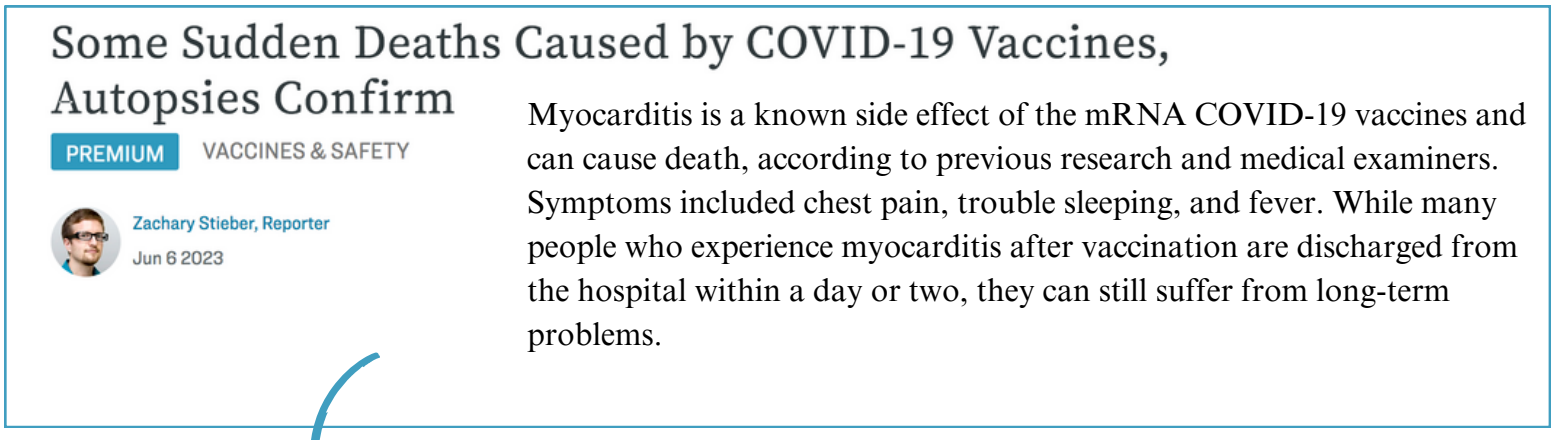
The COVID-19 vaccines can cause myocarditis, a form of heart inflammation that can lead to mortality, including sudden death. COVID-19 also can cause myocarditis.

The diagnosis data comes from the Defense Medical Epidemiology Database.

Mr. Cisneros provided the rate of cases per 100,000 person-years, a way to measure risk across a certain period of time. In 2021, the rate was 69.8 among those with prior infection, compared to 21.7 among members who had been vaccinated.

“This suggests that it was more likely to be [COVID-19] infection and not COVID-19 vaccination that was the cause,” Mr. Cisneros said.

No figures were given for members who had been vaccinated but were also infected. The total rate, 20.6, also indicates that some members weren’t included in the subgroup analysis.


Some Sudden Deaths Caused by COVID-19 Vaccines, Autopsies Confirm

PREMIUM VACCINES & SAFETY

Zachary Stieber, Reporter
Jun 6 2023

Myocarditis is a known side effect of the mRNA COVID-19 vaccines and can cause death, according to previous research and medical examiners. Symptoms included chest pain, trouble sleeping, and fever. While many people who experience myocarditis after vaccination are discharged from the hospital within a day or two, they can still suffer from long-term problems.

Autopsies Show COVID-19 Vaccination Likely Caused Fatal Heart Inflammation: Study

PREMIUM COVID-19

Zachary Stieber, Reporter

Dec 2 2022

Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination

Clinical Research in Cardiology (2023) 112:431–440
https://doi.org/10.1007/s00392-022-02129-5

ORIGINAL PAPER

Results

Among the 35 cases of the University of Heidelberg, autopsies revealed other causes of death (due to pre-existing illnesses) in 10 patients (Supplementary Table 1). Hence, these were excluded from further analysis. Cardiac autopsy findings consistent with (epi-)myocarditis were found in five cases of the remaining 25 bodies found unexpectedly dead at home within 20 days following SARS-CoV-2 vaccination. Main characteristics of the five cases are presented in Table 2, while further autopsy findings are shown in Supplementary Table 2. Three of the deceased persons were women, two men. Median age at death was 58 years (range 46–75 years). Four persons died after the first vaccine jab, the remaining case after the second dose. All persons died within the first week following vaccination (mean 2.5 days, median 2 days). Clinical findings, blood tests, ECGs or imaging data were not available as deceased persons did not seek medical attention prior to death. Person 1 was found dead 12 h after the vaccination. A witness described a rattling breath shortly before discovering circulatory failure. Person 2 complained about nausea and was found dead soon thereafter. Resuscitation was started immediately but without success, respectively. The other persons were found dead at home without available information about terminal symptoms. According to the available information provided at the time of autopsies, none of the deceased persons had SARS-CoV-2 infection prior to vaccination and nasopharyngeal swabs were negative in all cases.

Australia Ceases Reporting Cases of Myocarditis Post-COVID Vaccination

PREMIUM WORLD

Jessie Zhang
Victoria Kelly-Clark
Jul 17 2023

Both myocarditis (inflammation of the heart) and pericarditis (inflammation of the membrane around the heart) are considered side effects of mRNA vaccines manufactured by Pfizer and Moderna, according to the Food and Drug Administration.

The Centers for Disease Control and Prevention's independent committee of vaccine experts has also found a link between heart inflammation and the mRNA vaccines after over 1,200 cases of heart inflammation were reported in people post-vaccination.

In Australia, the total number of pericarditis cases resulting from a COVID-19 vaccine is 3,823, with six resulting in death, based on the administration's Database of Adverse Event Notifications (DAEN) as of July 17.

There have been 1,330 cases of myocarditis to date, with 17 resulting in death.

Reports (cases)	Single suspected medicine	Reported deaths
5,364	5,171	22

Medicine summary - (3 rows) Hover over the table to view exporting data and other options. Click on the dots to see more options.

MedDRA system organ class	MedDRA reaction term	Number of cases	Cases with a single suspected medicine	Cases where death was a reported outcome
Cardiac disorders	Pericarditis	3,823	3,687	6
Cardiac disorders	Myocarditis	1,330	1,283	17
Cardiac disorders	Myopericarditis	470	453	1

For COVID-19 vaccines, the TGA reports 3,823 cases of pericarditis, with six resulting in death, and 1,330 cases of myocarditis, with 17 resulting in fatalities. (Screenshot/DAEN)

The Spikevax (Moderna) came under close scrutiny by European countries after studies found an increased incidence of myocarditis or pericarditis after a second dose of the mRNA vaccines among adolescent and young adult males.

Soon after, Sweden and other Nordic countries, including Denmark, Norway, Finland, and Iceland, restricted the use of Moderna's shots for young people. Canada has also identified a higher risk, with the nation's public health agency raising concerns that cases appear to occur the most frequently among: adolescent and young adults, males, following a second dose, typically occurring within seven days after vaccination.

THE EPOCH TIMES

EXCLUSIVE: CDC Changed Definition of Breakthrough COVID-19 After Emails About 'Vaccine Failure'

By Zachary Stieber

July 22, 2023 Updated: July 25, 2023

The Centers for Disease Control and Prevention (CDC) altered its definition of COVID-19 cases among the vaccinated, leading to a lower number of cases classified as a breakthrough, according to documents obtained by The Epoch Times.

In early 2021, the CDC defined post-vaccination cases as people who tested positive seven or more days after receipt of a primary vaccination series, according to one of the documents.

The definition was changed on Feb. 2, 2021, to include only cases detected at least 14 days after a primary series, another document shows.

"We have revised the case definition," Dr. Marc Fischer, head of the CDC's Vaccine Breakthrough Case Investigation Team, wrote to colleagues at the time.

The rationale for the change was redacted.

CDC spokesman Scott Pauley defended the altered definition.

"CDC made the change to the definition of a breakthrough infection time period due to the most current data that showed that the 14-day period was required for an effective antibody response to the vaccines," Mr. Pauley told The Epoch Times in an email.

"That, in combination with the data showing that many cases of COVID-19 were incubating for up to two weeks before becoming symptomatic, required the change to refine the time period to eliminate cases where exposure happened before the vaccination response would be effective."

Dr. Harvey Risch, professor emeritus of epidemiology at the Yale School of Public Health, said there was "no cogent rationale" for excluding early cases and other events among the vaccinated, whether they occurred within seven days or 14 days.

Significant COVID-19 Vaccine Study Censored by Medical Journal Within 24 Hours

PREMIUM FEATURED COVID VACCINES

Megan Redshaw, J.D.
Jul 13 2023

A systematic review of 325 autopsies showing COVID-19 vaccination caused or significantly contributed to 74 percent of deaths was removed from The Lancet's preprint SSRN server within 24 hours, adding to an increasing number of censored studies on the potential harms of COVID-19 vaccines.

The study, published July 5, examined all autopsies published in peer-reviewed literature to determine whether COVID-19 vaccination caused or contributed to the person's death.

Researchers searched all published autopsy and necropsy reports related to COVID-19 vaccination through May 18, 2023, resulting in 678 studies. After implementing inclusion criteria, they chose 44 papers containing 325 autopsy cases and one necropsy case. A panel of three expert physicians independently reviewed each case to determine whether COVID-19 vaccination was a direct cause or significant factor in each death.

Of 325 autopsies reviewed, 240 deaths, or 74 percent, were independently adjudicated as "directly due to or significantly contributed to by COVID-19 vaccination."

Findings showed the most affected organ system in COVID-19 vaccine-associated death was the cardiovascular system at 53 percent, followed by the hematological system at 17 percent, the respiratory system at 8 percent, and multiple organ systems at 7 percent. Three or more organ systems were affected in 21 cases. The mean time from vaccination to death was 14.3 days—with most deaths occurring within a week of the last vaccine dose.

The study results suggest a high likelihood of a causal link between COVID-19 vaccines and deaths in most cases. Yet, the government's narrative is still that people do not die after COVID-19 vaccination, lead author Dr. Peter McCullough, a practicing internist, cardiologist, and epidemiologist, said in an interview on EpochTV's "American Thought Leaders: Now." "The striking cases were people who were perfectly healthy and had no other medical problems. The only new thing in their life was the vaccine, and they died with an obvious syndrome like a blood clot or heart damage—myocarditis."

THE EPOCH TIMES

'Serious Doubt' About COVID-19 Vaccine Safety After Forced Release of 15,000 Pages of Clinical Trial Data: Legal NGO

By Tom Ozimek
7/21/2023 Updated: 7/23/2023

Conservative public interest advocacy group Defending the Republic (DTR) has obtained almost 15,000 pages of Moderna's COVID-19 vaccine clinical trial data, claiming the data show an "utter lack of thoroughness" of the trials and calls the vaccine's safety into "serious doubt."

As a result of successful Freedom of Information Act (FOIA) litigation against the U.S. Food and Drug Administration (FDA), the group recently announced it had obtained—and is releasing—nearly 15,000 pages of documents relating to testing and adverse events associated with "Spikevax," Moderna's COVID-19 vaccine.

Since 2022, the group has been involved in litigation against the FDA relating to the production of data submitted by Moderna in support of its application to federal regulators for approval of its vaccine.

As a result, the FDA agreed to produce around 24,000 pages of the Moderna records by the end of this year, with the 15,000 pages being the first instalment.

The records, some of which relate to adverse events related to the vaccine, include important information related to the safety profile of Spikevax, which was first authorized for emergency use in the United States in December 2020 and in January 2022 received full approval for adults.

DTR filed its FOIA lawsuit after the FDA rejected requests to produce the Moderna COVID-19 records, justifying its decision by claiming there was no pressing need for the public to review the information.
The documents obtained as part of the group's litigation against the FDA are the first significant release of data from Moderna's COVID-19 clinical trials.

The studies reveal the causes of deaths, serious adverse events, and instances of neurological disorders potentially associated with Spikevax.

One of the key takeaways from the documents is that many of those who died after receiving the Moderna vaccine were not given an autopsy.
"According to one study, 16 individuals died after being administered the Moderna vaccine. The study's authors indicated that out of those 16 deaths, only two autopsies were performed, five of the dead were not autopsied, and the autopsy status of nine of the dead was 'unknown,'" DTR said in a statement.

THE EPOCH TIMES

NYC Paid Up to $14,050 Per COVID-19 Vaccination Administered: Audit

By Zachary Stieber
7/5/2023 Updated: 7/5/2023

New York City health officials regularly overpaid a contractor to administer COVID-19 tests and vaccines, paying as much as $14,050 for a single COVID-19 vaccination, an audit shows.

Officials let Executive Medical Services, a contractor awarded a contract early in the COVID-19 pandemic, to set its own staffing levels, leading to uncontrolled costs, New York City Comptroller Brad Lander found.

That led to exorbitant costs and low efficiency, with an analysis of invoices showing that only one vaccination was administered for every two billed hours.

The agency originally agreed to pay Executive Medical Services up to $500,000. After six amendments to the contract, stretching it through the end of 2022, the agency paid the contractor some $390 million.
The contract paid Executive Medical Services to create long-term and temporary, or popup, sites for COVID-19 testing or vaccination. Out of 302 sites, 267 were temporary.
Lander's office investigated to see whether the Department of Health made sure payments to the contractor were legal, that staffing levels were reasonably aligned with demand, and whether sites were established equitably under the contract provisions.
While auditors found that sites were set up in communities heavily impacted by COVID-19, as required, and that invoices were usually supported by documentation, they uncovered concerning data on staffing levels and costs.

mRNA COVID-19 Vaccines Should Be Labeled Gene Therapy Products: Peer-Reviewed Paper

PREMIUM FEATURED COVID VACCINES

Megan Redshaw, J.D.
Jun 30 2023

Now that the pandemic has ended, researchers are urging regulatory agencies to consider the safety issues associated with the rapid approval of COVID-19 vaccines—and to correctly classify messenger RNA (mRNA) vaccines as gene therapy products (GTPs) to prevent pharmaceutical companies from bypassing regulatory standards.

According to a paper published (***Banoun***) in the International Journal of Molecular Sciences on June 22, COVID-19 mRNA vaccines, by mode and action, are gene therapy products and should adhere to different regulatory standards. Yet U.S. and European regulatory agencies have not classified COVID-19 mRNA vaccines as gene therapy products, which has allowed them to be regulated as vaccines against infectious diseases instead of being subjected to the more stringent regulation of GTPs.

According to a paper published in the International Journal of Molecular Sciences on June 22, COVID-19 mRNA vaccines, by mode and action, are gene therapy products and should adhere to different regulatory standards. Yet U.S. and European regulatory agencies have not classified COVID-19 mRNA vaccines as gene therapy products, which has allowed them to be regulated as vaccines against infectious diseases instead of being subjected to the more stringent regulation of GTPs.

Vaccines With mRNA Technology Are Gene Therapies

The Centers for Disease Control and Prevention currently defines a "vaccine" as a preparation used to stimulate the body's immune response against diseases. However, the agency's definition was changed in 2021 out of concern it didn't apply to COVID-19 vaccines.

A vaccine must contain an antigen to trigger the body's natural immune response. Pfizer and Moderna's mRNA vaccines do not contain antigens. The active substance used to elicit an immune response in these vaccines is the mRNA—a form of nucleic acid and the genetic material of the SARS-CoV-2 virus that provides instructions to the body for producing antigens—spike proteins.

In other words, the mRNA is not the substance causing active immunization. Instead, the mRNA must be translated into protein by the cells of the person vaccinated, and that person's immune system must produce its own antigens to trigger an immune response.

The U.S. Food and Drug Administration (FDA) states that gene therapy seeks to "modify or manipulate the expression of a gene or to alter the biological properties of living cells for therapeutic use." Moderna's Q2 2020 filing with the Securities and Exchange Commission acknowledged that mRNA is "considered a gene therapy product by the FDA."

In addition, BioNTech founder Ugur Sahin, in a 2014 article stated, “One would expect the classification of an mRNA drug to be a biologic, gene therapy, or somatic cell therapy.”
According to the FDA, mRNA vaccines are comparable to the TypeIA of prodrugs—substances that, after administration, are converted in the body into pharmacologically active drugs.

This “prodrug property” could suggest that additional controls should be applied in addition to those required for vaccines. However, neither the FDA nor the European Medicines Agency (EMA) have referenced these qualifications for mRNA COVID-19 vaccines.

“With a conventional vaccine, you have the antigen, and you inject it into a person, and that is the thing that your immune system looks at and says, ‘ah ha,’ we need to make antibodies, T-cells, and other immune system components to what’s being injected,” said Dr. David Wiseman, a research scientist with a background in pharmacy, pharmacology, and experimental pathology, in an interview with The Epoch Times.

“The prime reaction of an mRNA vaccine is that it instructs the body how to make the antigen of interest. So, it’s similar to a prodrug, which is converted inside the body via metabolism and enzymes into the desired drug effect. The substance you’re injecting isn’t doing the final action; it leads to the thing that does the final action. With a prodrug, the molecule you inject does not get changed into the final molecule of the antigen, it simply provides instructions because it’s gene therapy.”

Wiseman said the FDA and EMA guidance and regulations that discuss gene therapy all define gene therapies “more or less” the same way. However, a number of years ago, the FDA decided to exclude vaccines for infectious diseases from its various guidance for unknown reasons, including vaccines made from gene therapy technology. Vaccines, in essence, were given their “own set of rules.”

However, the FDA can “change or exclude whatever they want from regulatory guidance, but it doesn’t change the biologic definition of the product,” said Wiseman. “Since Pfizer and Moderna COVID-19 vaccines meet the definition of gene therapy, they should be handled according to gene therapy guidelines.”

mRNA COVID-19 Vaccines Bypassed Essential Studies
According to the paper, because mRNA COVID-19 vaccines were not classified as gene therapy, necessary tests required for GTPs were not performed for the following:

- Genotoxicity.
- Genome integration.
- Germ-line transmission.
- Insertional mutagenesis.
- Tumorigenicity.
- Embryo/fetal and perinatal toxicity.
- Long-term expression.
- Repeated toxicity.
- Excretion in the environment, such as shedding through seminal fluid or breast milk.

THE EPOCH TIMES

All COVID-Infected at Health Conference Were Vaccinated: Study

By Zachary Stieber

7/5/2023 Updated: 7/5/2023

Every person known to be infected with COVID-19 after attending a 2022 health conference in Germany was vaccinated, according to a new study.

All people who reported testing positive for COVID-19 said they had received at least two doses of a COVID-19 vaccine.

While about 4,462 people attended the conference in Berlin in the fall of 2022, just 1,355 filled out a survey and only about half of those were tested after the conference, researchers said in the new paper, published on June 13 by JAMA Network Open, a journal from the American Medical Association.

Of the people who filled out the survey and were tested after the conference, 109, or 14 percent, tested positive for COVID-19.

All 109 were vaccinated.

Just 19 had evidence of prior COVID-19 infection.

In comparison, of the people who filled out the survey and tested negative after the conference, 98 percent were vaccinated and 62.5 percent had proven prior COVID-19.

Factors

That means that a person's vaccination status "was not associated with SARS-CoV-2 infection during the congress," Dr. Alaa Din Abdin of Saarland University Medical Center UKS and the other authors wrote. SARS-CoV-2 is the virus that causes COVID-19.

On the other hand, prior infection was "significantly associated" with testing negative, and staying in private accommodation versus a hotel was associated with a higher infection rate.

The conference in question was the 122nd Annual Congress of the German Society of Ophthalmology, from Sept. 28 to Oct. 2, 2022. People attended the conference in person for the first time in three years.

Researchers found a higher rate of infection, 8 percent among those who went to get tested after the conference, than previous studies. That might stem from the protection from the vaccines declining following the late 2021 emergence of Omicron, they said.

"This higher rate could be because the congress took place during the Omicron surge, which was locally and temporally different compared with the variants in other studies," they said, adding later that "the Omicron variant had a much higher transmission rate and lower vaccine efficacy due to immune escape of the new subtype."

A survey of attendees of a different conference, hosted in the United States by the U.S. Centers for Disease Control and Prevention (CDC), found recently that all the people who responded and tested positive had received at least one dose of a COVID-19 vaccine.

Of the 1,800 people who attended the conference in person, 1,443 responded to a survey. Nearly all were vaccinated. Of the respondents, 181 reported testing positive, about half of whom had known prior COVID-19.

That conference was held at a hotel in April in Atlanta, where the agency is headquartered.
None of the people who reported testing positive said they had been hospitalized.

The CDC claimed that the results "underline the importance of vaccination for protecting individuals against severe illness and death related to COVID-19."

U.S. researchers, in an earlier JAMA Network Open paper, described the results of a survey filled out by people who attended the Academic Surgical Congress in February 2022.

Of the 1,617 attendees, including some who attended virtually, 681 responded to the survey. All of the 546 respondents who attended in person said they were fully vaccinated, or had received at least two doses of the Moderna or Pfizer vaccine or the single-shot Johnson & Johnson vaccine. It wasn't clear how many were tested for COVID-19.

Ten of the in-person respondents, all of whom were vaccinated and had received a booster, said they tested positive for COVID-19 within a week of the conference. Seven had to miss work and four developed symptoms, but none were hospitalized.

Another set of American researchers reported results from a survey of people who attended the Society for Asian Academic Surgeons' annual meeting in Chicago in September 2021. Of the 220 participants, 91 responded to the survey. Of those, 71 attended in person, and just one hadn't been fully vaccinated.

JUNE

Risk of Stroke Skyrockets With COVID-19 Infection After Vaccination

HEALTH VIEWPOINTS

Dr. Peter A. McCullough, MD

Jul 30 2023

Because the COVID-19 vaccines load the body with the genetic code for the thrombogenic and lethal Wuhan spike protein, those who take a vaccine are vulnerable to a catastrophe if they get infected with SARS-CoV-2 after having recently taken one of the shots.

Nahab et. al from Emory University analyzed a statewide database of COVID-19 vaccine recipients. Approximately 5 million adult Georgians received at least one COVID-19 vaccine between December 2020 and March 2022: 54 percent received BNT162b2 (Pfizer), 41 percent received mRNA-1273 (Moderna), and 5 percent received Ad26.COV2.S (Johnson & Johnson). Those with concurrent COVID-19 infection within 21 days postvaccination had an increased risk of ischemic (OR = 8.00, 95 percent CI: 4.18, 15.31) and hemorrhagic stroke (OR = 5.23, 95 percent CI: 1.11, 24.64).

This analysis shows one of many great dangers present in rapid vaccine development and rollout without sufficient data safety and monitoring. Stroke is a devastating outcome, and it appears that a large number of debilitating cases could have been avoided if the COVID-19 vaccines were taken off the market in January 2021 for excess mortality. The patients in this study would have been spared stroke and disability.

(SEE NEXT PAGE)

These data highlight the need for spike protein detoxification—in other words, methods to reduce the burden of spike protein within the body. We have a widely anticipated manuscript in press featuring an ambulatory triple combination regimen of nattokinase, bromelain, and curcumin, which works proteolytically to clear spike protein while providing a low level of thrombolysis and control over inflammation.

OPEN ACCESS

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Factors associated with stroke after COVID-19 vaccination: a statewide analysis

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Background: The objective of our study was to evaluate vaccine type, COVID-19 infection, and their association with stroke soon after COVID-19 vaccination.

Methods: In a retrospective cohort study, we estimated the 21-day post-vaccination incidence of stroke among the recipients of the first dose of a COVID-19 vaccine. We linked the Georgia Immunization Registry with the Georgia Coverdell Acute Stroke Registry and the Georgia State Electronic Notifiable Disease Surveillance System data to assess the relative risk of stroke by the vaccine type.

Results: Approximately 5 million adult Georgians received at least one COVID-19 vaccine between 1 December 2020 and 28 February 2022: 54% received BNT162b2, 41% received mRNA-1273, and 5% received Ad26.COV2.S. Those with concurrent COVID-19 infection within 21 days post-vaccination had an increased risk of ischemic (OR = 8.00, 95% CI: 4.18, 15.31) and hemorrhagic stroke (OR = 5.23, 95% CI: 1.11, 24.64) with no evidence for interaction between the vaccine type and concurrent COVID-19 infection. The 21-day post-vaccination incidence of ischemic stroke was 8.14, 11.14, and 10.48 per 100,000 for BNT162b2, mRNA-1273, and Ad26.COV2.S recipients, respectively. After adjusting for age, race, gender, and COVID-19 infection status, there was a 57% higher risk (OR = 1.57, 95% CI: 1.02, 2.42) for ischemic stroke within 21 days of vaccination associated with the Ad26.COV2.S vaccine compared to BNT162b2; there was no difference in stroke risk between mRNA-1273 and BNT162b2.

Conclusion: Concurrent COVID-19 infection had the strongest association with early ischemic and hemorrhagic stroke after the first dose of COVID-19 vaccination. Although not all determinants of stroke, particularly comorbidities, were considered in this analysis, the Ad26.COV2.S vaccine was associated with a higher risk of early post-vaccination ischemic stroke than BNT162b2.

KEYWORDS

COVID-19, vaccine, stroke, ischemic stroke, hemorrhagic stroke

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COVID Vaccines Show 24 Times More Adverse Reactions Than Others

Australian Comparative Data Reveals COVID-19 Vaccines Have the Country's Largest Amount of Adverse Reactions

COVID VACCINES

Jessie Zhang
Jul 26 2023

The latest report on adverse reactions to vaccines in Western Australia has revealed that COVID-19 vaccinations have 24 times the rate of adverse reactions in the state compared to all other vaccines.

According to the state's vaccine safety surveillance report (pdf), COVID-19 vaccines showed that for every 100,000 COVID-19 vaccines administered, 264 adverse events following immunisations (AEFIs) were recorded.

For all other vaccinations, 11.1 AEFIs were recorded, making the COVID-19 vaccines 23.8 times more likely than non-COVID-19 vaccines to result in adverse events.

Vaccine type	Number of vaccines administered in 2021	Number of adverse events reported to WAVSS	Rate of adverse events per 100,000 doses
Non COVID-19	1,808,050	200	11.1
COVID-19	3,948,673	10,428	264.1

Table showing numbers of vaccines administered and adverse events reported, with rate of adverse events, for non-COVID-19 vaccines and COVID-19 vaccines, 2021. (Image from the Department of Health in Western Australia)

The rate of adverse events varied among different types of COVID-19 vaccines.

The Spikevax (Moderna) vaccine recorded 281.4 AEFIs per 100,000 doses, Comirnaty (Pfizer) recorded 244.8, and the Vaxzevria (AstraZeneca) vaccine, which was removed from the vaccine program after reports emerged of blood clotting in younger people, recorded 306.

Adverse events following vaccination can range from mild, such as a sore arm, to serious conditions, such as anaphylaxis, thrombosis with thrombocytopaenia syndrome (TTS), Guillain-Barré syndrome (GBS), myocarditis, and pericarditis.
Collaboration Continues With 3-in-1 Super Jab

Meanwhile, despite these concerns, the Australian government's partnership with Moderna to produce vaccines using experimental messenger RNA technology to prepare for the next pandemic means these vaccines are here to stay.

The company has been forming a trifecta jab to address the main respiratory viruses—influenza, COVID-19, and RSV to maintain its market share amid the falling revenue of vaccine companies as the health crisis subsides.

Moderna's COVID-19 vaccine sales of US$18.4 billion in 2022 are expected to dive to $5 billion this year.

Recently, it was granted expedited approval by Australia's authority for medicines for its mRNA-1345 (RSV vaccine), meaning that the company will be able to launch the vaccines in Australia before any other country in the world.

A spokesperson from Australia's Therapeutic Goods Administration told the Epoch Times that Moderna was granted an accelerated approval process on March 30 after satisfying all of the following criteria:

- the medicine is new
- the medicine is for the treatment, prevention, or diagnosis of a life-threatening condition
- no other medicines that are intended to treat, prevent or diagnose the condition are included in the Australian drug register or there is substantial evidence that this medicine provides a significant improvement in efficacy or safety of the treatment, prevention or diagnosis of the condition compared to those goods already included in the register
- there is substantial evidence that the medicine provides a major therapeutic advance.

However, phase 3 clinical trials for Moderna's mRNA version of the seasonal influenza vaccine have been underwhelming, showing a high rate of side effects.

Although the vaccine generates a strong immune response against the A strains of the flu, its efficacy against B strains is not better than existing approved vaccines.

Additionally, 70 percent of trial participants who received the shot reported adverse reactions such as headaches, swelling, and fatigue compared to 48 percent for the conventional flu vaccine.

COVID-19 Vaccines and Boosters Were Never Made With mRNA

The truth behind RNA-based vaccine technology (Part 1)

PREMIUM FEATURED HEALTH VIEWPOINTS

Klaus Steger, Ph.D.
Jul 27 2023

For the first time in human history, the gene regulatory program of healthy people has been manipulated on a massive scale.

Despite everything we've been told, RNA-based COVID-19 injections were manufactured with modified RNA—not messenger RNA (mRNA).

Modified RNA (modRNA) poses substantial risks to our health.

These risks come not only from COVID-19 injections and boosters but—unless we speak up now—also from all future RNA-based vaccines.

mRNA and modRNA Are Not the Same
The two—mRNA and modRNA—are completely different.

mRNA occurs naturally, lives in our cells for only a short time, and is relatively fragile. It is a specific type of RNA that carries instructions or "messages" from our genes to help make proteins, the building blocks of our cells. It is constantly produced as part of normal cellular processes. Once mRNA delivers the messages, its work is done, and it is broken down in the body.

When RNA from another source enters our cells—virus RNA, for example—these cells can generate virus proteins.

We have been told that COVID-19 injections are made with mRNA. However, a vaccine using "natural" mRNA would not last long enough to initiate an immune response before being destroyed by our immune system.

To make mRNA useful for routine medicine, scientists had to artificially modify mRNA to increase both its efficiency and lifetime. The result: modRNA.

modRNA has been optimized for long life and maximal translation. While mRNA exhibits a cell-specific expression pattern, modRNA can invade nearly every cell type.

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Health Alert on mRNA COVID-19 Vaccine Safety

February 15, 2023

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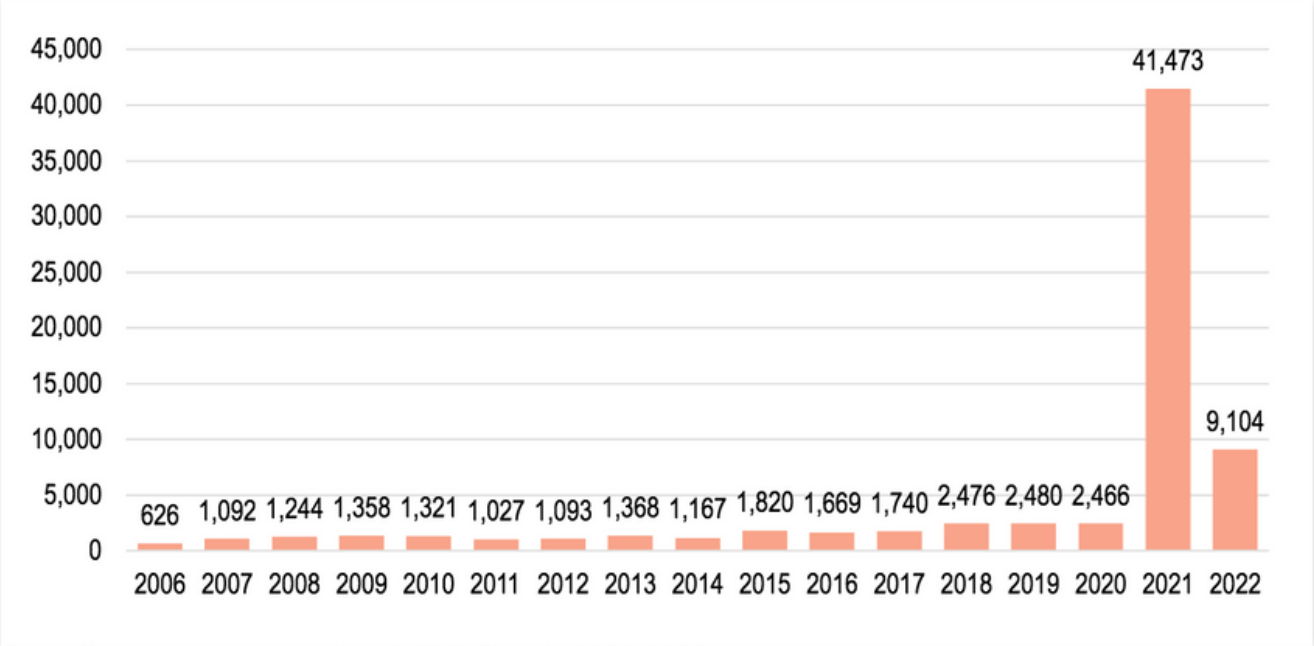
The COVID-19 pandemic brought many challenges that the health and medical field have never encountered. Although the initial response was led by a sense of urgency and crisis management, the State Surgeon General believes it is critical that as public health professionals, responses are adapted to the present to chart a future guided by data.

The State Surgeon General is notifying the health care sector and public of a substantial increase in Vaccine Adverse Event Reporting System (VAERS) reports from Florida after the COVID-19 vaccine rollout.



Overall reports submitted to VAERS, Florida 2006–2022

In Florida alone, there was a 1,700% increase in VAERS reports after the release of the COVID-19 vaccine, compared to an increase of 400% in overall vaccine administration for the same time period (Figure 1).

The reporting of life-threatening conditions increased over 4,400%. This is a novel increase and was not seen during the 2009 H1N1 vaccination campaign. There is a need for additional unbiased research to better understand the COVID-19 vaccines' short- and long-term effects.

The findings in Florida are consistent with various studies that continue to uncover such risks. To further evaluate this, the Surgeon General wrote a letter to the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) illustrating the risk factors associated with the mRNA COVID-19 vaccines and emphasizing the need for additional transparency.

According to a study, exit disclaimer iconFraiman J et al, Vaccine. 2022, mRNA COVID-19 vaccines were associated with an excess risk of serious adverse events, including coagulation disorders, acute cardiac injuries, Bell's palsy, and encephalitis. This risk was 1 in 550 individuals, which is much higher than other vaccines.

A second study, exit disclaimer iconSun CLF et al, Sci Rep. 2022, found increased acute cardiac arrests and other acute cardiac events following mRNA COVID-19 vaccination.

Additionally, exit disclaimer iconDag Berild J et al, JAMA Netw Open. 2022, assessed the risk of thromboembolic and thrombocytopenic events related to COVID-19 vaccines and found preliminary evidence of increased risk of both coronary disease and cardiovascular disease.

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How Did We Get Here?

In 1961, the announcement of the discovery of mRNA occurred "in a climax of scientific excitement." There had been earlier "sightings" of this short-lived but essential RNA intermediary, all leading up to an understanding of how genes made mRNA and its role in the production of proteins.

In a nutshell: mRNA carries genetic instructions from the cell's DNA to ribosomes, which use these instructions to assemble a specific protein.

It wasn't long before scientists experimented with how to use mRNA to help the body heal itself. In 1990, researchers injected natural (unmodified) mRNA into a mouse's skeletal muscle; the mouse produced a protein it would never produce naturally.

Subsequently, scientists observed that transferring natural mRNA was inefficient. Although it worked in principle, it broke down quickly and couldn't be used effectively for treatment purposes.

This observation opened the door to synthetically or artificially modifying mRNA. The original focus of this research was to reprogram and destroy cancer cells—the only aim of modRNA before the COVID-19 pandemic.

modRNA 101

How is RNA modified? Simply put, one of the four compounds in RNA is modified (e.g., the natural nucleoside uridine is modified to make synthetic/artificial methyl-pseudouridine). The modRNA is then:

- More stable (it lasts longer in the body).
- Less immunogenic (it evokes reduced stimulation of the innate immune system).
- More efficient (modRNA produces more protein than the same amount of mRNA).
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modRNA is created in a laboratory.

The therapeutic application of modRNA in humans presents challenges and dangers.

Alarmingly, modRNA contains a viral gene sequence. Upon entering a cell, modRNA takes control of the cell machinery and reprograms it to produce a viral protein—for example, spike protein.

Perhaps most astonishing is that, when creating the COVID-19 vaccines and boosters, scientists already knew that targeted delivery of modRNA was impossible. modRNA cannot be targeted to specific cells. As such, it attacks perfectly healthy cells—even beyond natural barriers like the blood-brain barrier.

The continuous production of an artificial viral protein robs the cell of energy, disrupts its metabolism, and leads to the cell no longer being able to perform its vital task for the organism as a whole.

What's worse, with virus proteins generated in them, those cells are subsequently destroyed by our immune system.

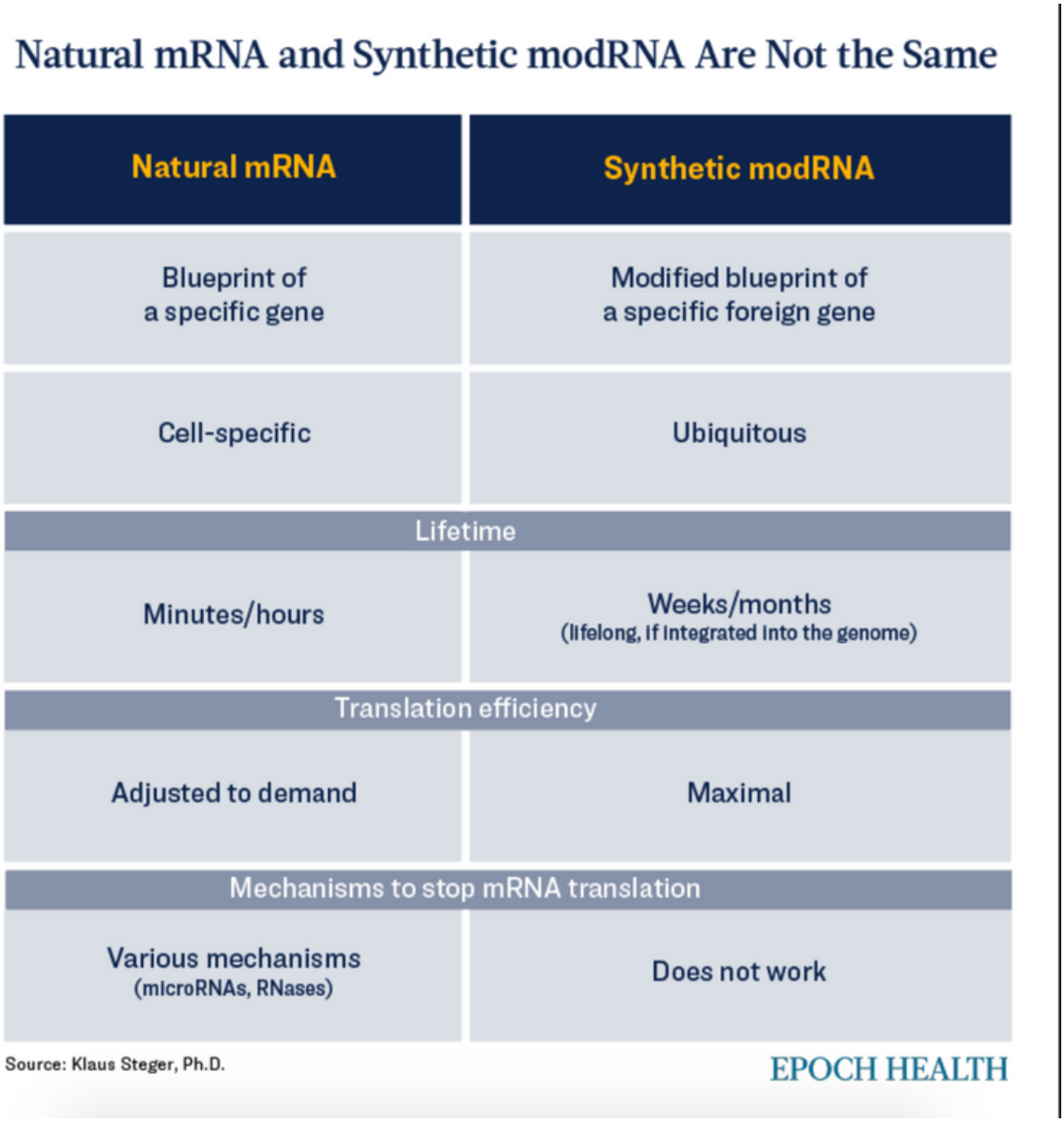
Despite these dire shortcomings, Pfizer-BioNTech and Moderna launched a large-scale production of COVID-19 "vaccines" using modRNA.

Just Released: Previously Confidential Report on COVID-19-Related Fatalities

In June 2023, in response to a Freedom of Information Act request, some of these adverse effects were made public when previously confidential reports by BioNTech to the European Medicines Agency (EMA) were released. The reports included data collected during a six-month period from December 2021 to June 2022 and cumulative data beginning December 2020 (pdf). -->

https://tkp.at/wp-content/uploads/2023/03/3.PSUR-1.pdf

The data revealed 3,280 fatalities among a group of 508,351 individuals receiving the vaccine during a combined period that included clinical trials and postmarketing. These deaths, and tens of thousands of serious adverse events, happened during a period when the vaccine makers insisted the modRNA-based injections were safe.



It is nonsensical that any cell in our body would be programmed to produce as much of a viral protein as possible for as long as possible. This is highly contrary to natural viral infection and will result in hyperactivation of the immune system.

Forcing perfectly healthy people to take a gene-based modRNA injection—sold as a vaccine—is both unethical and dangerou