3 Facts to Consider Before Getting the COVID-19 Shot

Dr. Jonathan Lazar

Infection Fatality Rate (IFR)

Survival Rates by Age Group

Age	Survival Rate
0-19	99.997%
20-49	99.98%
50-69	99.5%
70	94.6%

https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html

16-17 miles per day

"the risk of complications for healthy children is higher for flu compared to COVID-19."
- CDC

https://amp.statesman.com/amp/113718780

Fact #1. It Is NOT A Vaccine

Not a Vaccine

Experimental biological agent | Experimental vaccine | Experimental drug

All vaccine candidates are categorized as experimental for the following reasons:

- the pharmaceutical companies have applied for investigational use status
- adverse events will be settled under the legal standard for experimental medications
- recipients are enrolled as subjects in a medical trial to gather data on side effects
- persons are enrolled in a pharmaco-vigilance tracking system for at least two years
- many groups of persons have not been studied at all, including prior COVID-19 patients, pregnant women, youth, elderly
- no published animal studies data

Not a Vaccine

Experimental biological agent | Experimental vaccine | Experimental drug

- “Vaccine development usually involves years of testing, often on animals, before an investigational vaccine enters human trials.”
- Requires animal testing for safety then re-exposure to pathogen
- No independently published animal studies

Physician’s Committee for Responsible Medicine: https://www.pcrm.org/news/good-science-digest/covid-19-vaccines-how-safe-are-they-should-i-take-vaccine#:~:text=Vaccine%20development%20usually%20involves%20years,investigational%20vaccine%20enters%20human%20trials.

Not a Vaccine

mRNA

- “No vaccine based on messenger RNA has ever been approved for any disease, or even entered final-stage trials until now, so there’s no peer-reviewed published human data to compare how mRNA stacks up against older technologies.”

https://www.bloomberg.com/features/2020-moderna-biontech-COVID-shot/ August 11, 2020

Not a Vaccine

mRNA

- mRNA causes the body to create a protein that mimics the SARS-CoV-2 virus. The body attacks this protein.

https://www.bloomberg.com/features/2020-moderna-biontech-COVID-shot/ August 11, 2020

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This an auto-immune reaction

https://www.bloomberg.com/features/2020-moderna-biontech-COVID-shot/ August 11, 2020

Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the SARS Virus

Chien-Te Tseng, [1,2] Elena Sbrana, [1] Naoko Iwata-Yoshikawa, [1,2] Patrick C. Newman, [1] Tania Garron, [1] Robert L. Atmar, [3,4] Clarence J. Peters, [1,2] and Robert B. Couch [3,4,*]

Stefan Poehlmann, Editor

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335060/

Experimental biological agent that leads to genetic engineering in the recipient causing an autoimmune response for an infection with a low infection fatality ration (IFR)

Fact #2: No One Can Prove There are No Future Side Effects

Known Complications

- Immune enhancement
  - Antibody Dependent Enhancement

The Journal of Infectious Diseases

REVIEW

COVID-19 Vaccines: Should We Fear ADE?

Scott B. Halstead[1] **and Leah Katzelnick**[2,3]

[1]Independent Consultant, [2]Division of Infectious Diseases and Vaccinology, School of Public Health, University of California Berkeley, Berkeley, California, USA, and [3]Departmer of Biology, University of Florida, Gainesville, Florida, USA

Might COVID-19 vaccines sensitize humans to antibody-dependent enhanced (ADE) breakthrough infections? This is unlikely becau coronavirus diseases in humans lack the clinical, epidemiological, biological, or pathological attributes of ADE disease exemplified dengue viruses (DENV). In contrast to DENV, SARS and MERS CoVs predominantly infect respiratory epithelium, not macrophag Severe disease centers on older persons with preexisting conditions and not infants or individuals with previous coronavirus infectior Live virus challenge of animals given SARS or MERS vaccines resulted in vaccine hypersensitivity reactions (VAH), similar to those in h mans given inactivated measles or respiratory syncytial virus vaccines. Safe and effective COVID-19 vaccines must avoid VAH.

Keywords. dengue; dengue hemorrhagic fever; antibody-dependent enhancement (ADE); vaccine adverse events; coronaviru SARS-CoV-2; immunopathology; vaccine; hypersensitivity; T cells.

https://academic.oup.com/jid/article/222/12/1946/5891764

Journal of Cytokine Biology
ISSN: 2576-3881

Esmaeil F, J Cytokine Biol 2020, 5:2

Commentary Open Access

Cytokine Storm Response to COVID-19 Vaccinations

Esmaeil Farshi *

Peace and Health Organization, San Diego, California, USA

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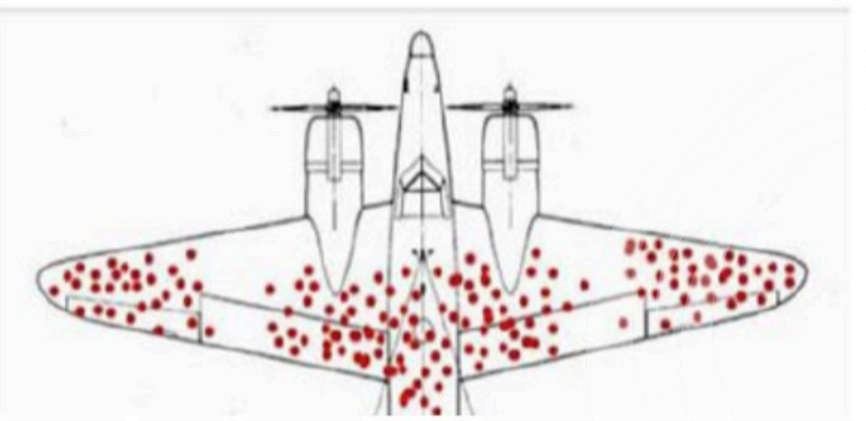
Received: December 01, 2020; **Accepted:** December 15, 2020; **Published:** December 22, 2020

Commentary:

Vaccination against SARS-Cov-2 may lead to Cytokine Storm Syndrome in some vaccinated people. We tested vaccination in 33 monkeys and 200 mice and we found vaccinated animals were able to fight off the virus well with resulting a quickly clearing the virus from their lungs except two monkeys and 9 mice. Those two monkeys along 9 mice showed syndrome of cytokine storm in their lungs. This result is extremely important for human vaccination.



Source: Farshi, Esmaeil. (2021). Cytokine Storm Response to COVID-19 Vaccinations.
https://www.researchgate.net/publication/349257945_Cytokine_Storm_Response_to_COVID-19_Vaccinations

Antibody-dependent enhancement

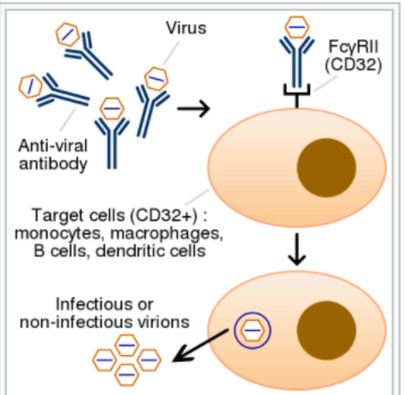
From Wikipedia, the free encyclopedia

"Immune enhancement" redirects here. For immune enhancement in another sense, see autologous immune enhancement therapy.

This article's **lead section may be too long for the length of the article**. Please help by moving some material from it into the body of the article. Please read the layout guide and lead section guidelines to ensure the section will still be inclusive of all essential details. Please discuss this issue on the article's talk page. *(April 2021)*

This article **needs more medical references for verification or relies too heavily on primary sources**. Please review the contents of the article and add the appropriate references if you can. Unsourced or poorly sourced material may be challenged and removed.
Find sources: "Antibody-dependent enhancement" – news · newspapers · books · scholar · JSTOR *(December 2020)*

Antibody-dependent enhancement (**ADE**), sometimes less precisely called **immune enhancement** or **disease enhancement**, is a phenomenon in which binding of a virus to suboptimal antibodies enhances its entry into host cells, followed by its replication.[1][2] Antiviral antibodies promote viral infection of target immune cells by exploiting the phagocytic FcγR or complement pathway.[3] After interaction with the virus the antibody binds Fc receptors (FcR) expressed on certain immune cells or some of the complement proteins. FcγR binds antibody via its fragment crystallizable region (Fc). Usually the process of phagocytosis is accompanied by the virus degradation, however, if the virus is not neutralized (either due to low affinity binding or targeting to a non-neutralizing epitope), antibody binding might result in a virus escape and therefore, enhanced infection. Thus, phagocytosis can cause viral replication, with the subsequent death of immune cells. The virus "deceives" the process of phagocytosis of immune cells and uses the host's antibodies as a Trojan horse. ADE may occur due to the non-neutralizing characteristic of the antibody, which bind viral epitopes other than those involved in a host cell attachment and entry. ADE may also happen due to the presence of sub-neutralizing concentrations of antibodies (binding to viral epitopes below the threshold for neutralization).[4] In addition ADE can be induced when the strength of antibody-antigen interaction is below the certain threshold.[5][6] This phenomenon might lead to both increased virus infectivity and virulence. The viruses that can cause ADE frequently share some common features such as antigenic diversity, abilities to replicate and establish persistence in immune cells.[1] ADE can occur during the development of a primary or secondary viral infection, as well as after vaccination with a subsequent virus challenge.[1][7][8] It has been observed mainly with positive-strand RNA viruses. Among them are Flaviviruses such as Dengue virus,[9] Yellow fever virus, Zika virus,[10][11] Coronaviruses, including alpha- and betacoronaviruses,[12] Orthomyxoviruses such as influenza,[13] Retroviruses such as HIV,[14][15][16] and Orthopneumoviruses such as RSV.[17][18][19]



In antibody-dependent enhancement, sub-optimal antibodies (the blue Y-shaped structures in the graphic) bind to both viruses and Fc gamma receptors (labeled FcγRII) expressed on immune cells promoting infection of these cells.

The mechanism that involves phagocytosis of immune complexes via FcγRII / CD32 receptor is better understood compared to the complement receptor pathway.[20][21][22] Cells that express this receptor are represented by monocytes, macrophages, some categories of dendritic cells and B-cells. ADE is mainly mediated by IgG antibodies,[21] however, IgM along with complement,[23] and IgA antibodies[15][16] have also been shown to be trigger ADE.

ADE may cause enhanced respiratory disease and acute lung injury after respiratory virus infection (ERD) with symptoms of monocytic infiltration and an excess of eosinophils in respiratory tract.[24] ADE along with type 2 T helper cell-dependent mechanisms may contribute to a development of the vaccine associated disease enhancement (VADE), which is not limited to respiratory disease.[24] Some vaccine candidates that targeted coronaviruses, RSV virus and Dengue virus elicited VADE, and were terminated from further development or became approved for use only for patients who have had those viruses before.

https://en.wikipedia.org/wiki/Antibody-dependent_enhancement

Known Complications

- Immune enhancement
  - Antibody Dependent Enhancement
- Neurological Disorders

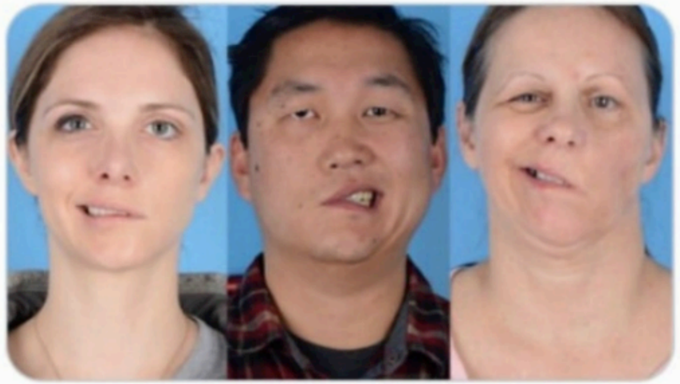
Transverse Myelitis
Bells' Palsy
Multiple Sclerosis
Autism
Guillain-Barre

https://www.nature.com/articles/d41586-020-02706-6

Four Pfizer vaccine volunteers develop Bell's palsy...

Bell's palsy is a condition that causes a weakness or paralysis of the muscles in the face...

The condition causes one side of your face to droop or become stiff.
zeenews.india.com/world/covid-19...



NEWS · 25 SEPTEMBER 2020

COVID-vaccine results are on the way — and scientists' concerns are growing

Researchers warn that vaccines could stumble on safety trials, be fast-tracked because of politics or fail to meet the public's expectations.

https://www.nature.com/articles/d41586-020-02706-6

How worried should we be about links of blood clots to AstraZeneca's vaccine?

By John Miller, Ludwig Burger

5 MIN READ

ZURICH (Reuters) - Europe's drug regulator on Wednesday said it had found a possible link between AstraZeneca's COVID-19 vaccine and very rare blood clots in adults who received the shot. Britain recommended people under 30 get an alternative COVID-19 vaccine if possible.

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WHAT HAS HAPPENED?

The EMA said its vaccine side effects monitoring system, as of April 4, had received 169 reports of cases of cerebral venous sinus thrombosis (CVST), or clots in blood vessels exiting the brain, and 53 cases of splanchnic vein thrombosis (SVT), or clotting in veins in the abdomen.

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20.9% Fatality Rate

https://www.reuters.com/article/us-health-coronavirus-vaccines-sideeffec-idUSKBN2BW19B

Researchers at the Sloan Kettering Institute have found that changes in an information-carrying molecule called messenger RNA can inactivate tumor-suppressing proteins and thereby promote cancer.

Memorial Sloan Kettering Cancer Center

https://www.mskcc.org/news/scientists-find-cancer-drivers-hiding-rna-not-dna

1. Get worse at next exposure (ADE)
2. Increased risk of neurological conditions
3. Potential increased risk of cancer
4. Increased risk of blood clots and death
5. We have NO IDEA

Fact#3: There Are Known Effective Therapies

Known Effective Therapies

Promote a healthy immune system

HCQ

Questions to Ask Your Doctor

Questions to Ask Your Doctor

Before agreeing to receive the COVID-19 Shots

1. Do you know what the current fatality rate is for COVID-19? Are the numbers high enough that I should be concerned?

2. How many mRNA experimental vaccines have been given before this COVID shot?

3. Do you feel comfortable with an unapproved vaccine being administered under Emergency Use Authorization (EUA) from the FDA?

4. Are pharmaceutical companies held responsible for adverse reactions to their experimental vaccines?

5. Since there haven't been any long-term studies, how do we know how long the experimental vaccine will protect us? How do we know whether there are long-term reactions or safety issues?

6. There are known risks of neurological disorders developing like Bells' Palsy or Guillain-Barre. Should this concern me?

7. Since mRNA changes are known to inhibit tumor suppressor factor, are you concerned that my rate of developing cancer could increase?

8. Almost 21% of the people who developed blood clots after receiving the experimental vaccine died. Should this concern me?