

COVID VACCINES REVIEW

(with a twist)



UiT / NORGES ARKTIKE
UNIVERSITET

Rafael Nozal Cañas

HDL Seminar 2020.05.07

Part A

How the different vaccines works

- Very brief history of vaccine
- Different vaccination techniques
- New vaccination techniques
- Current COVID vaccines comparisons

Part B

The “twist”

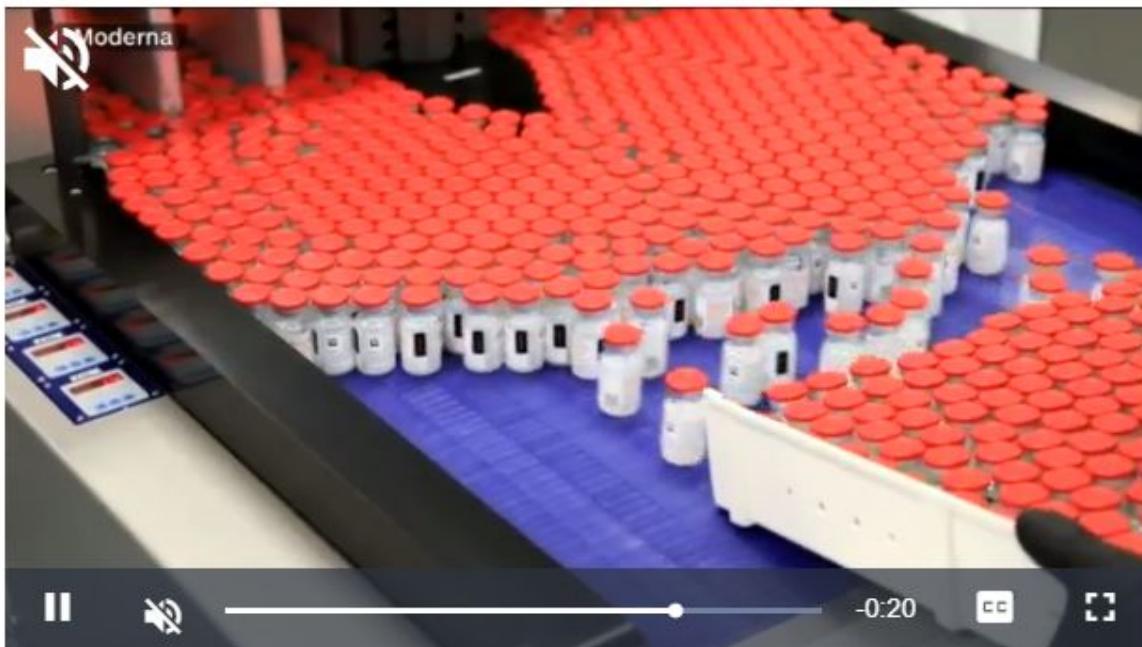
In a Jerusalem Friday Sermon, Sheikh Yousef Makharzah Warns: COVID-19 Vaccine Has AIDS Protein; The World Is Run by Homosexuals Like Pete Buttigieg



4:47 AM · Dec 24, 2020 · Twitter Web App

648 Retweets 371 Quote Tweets 1.7K Likes

Pharmacist accused of spoiling COVID-19 vaccine believed it would change people's DNA, officials say



**Home 4 the Holidays
Virtual Food Drive**

Large Numbers Of Health Care And Frontline Workers Are Refusing Covid-19 Vaccine



Tommy Beer Forbes Staff
Business

f **TOPLINE** Despite the Covid-19 death count in the United States rapidly accelerating, a startlingly high percentage of health care professionals and frontline workers throughout the country—who have been prioritized as early recipients of the coronavirus vaccine—are reportedly hesitant or outright refusing to take it, despite clear scientific evidence that the vaccines are safe and effective.



Large Numbers Of Health Care And Frontline Workers Are Refusing Covid-19 Vaccine



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Vaksinering av helsepersonell i full gong – men enkelte seier nei

1 av 9 sjukepleiarar i Noreg svarte at dei ville takke nei til koronavaksinen, no gjer enkelte det. – Det er eit press om at helsepersonell skal vera for vaksinering, seier sjukepleiar.



ENKELTE SKEPTISK: Ei undersøkning av Norsk sjukepleiarforbund blant 23.000 sjukepleiarar viste at 11 prosent ville seie nei til vaksinen. ILLUSTRASJONSFOTO

FOTO: MARIT HOMMEDAL

NRK presiserer: Kjelden i denne sakta påsto i første versjon at det er «veldig lite» koronavaksinen kan hjelpe mot. Vi har valt å ta vekk denne, og viser til FHI sine informasjonssider om effekten av koronavaksinen.

Elisabeth Sandhåland jobbar som sjukepleiar i Haugesund kommune.

Ho bestemte seg tidleg for at ho ikkje ville ta vaksinen.

Leif Rune Leland
Journalist

Valentina Baisotti
Journalist

Gisle Jørgensen
Journalist

Publisert 20.01.2021, kl. 05.52
Oppdatert 20.01.2021, kl. 15.55





Britons are the 2nd most willing of any nation to take the COVID-19 vaccine (% willing to take/already taken)

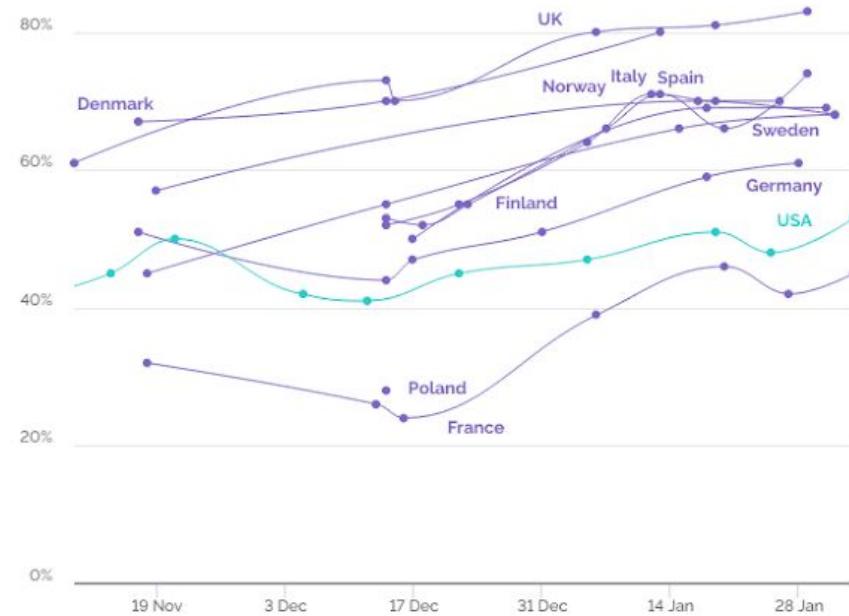
- 83%
- 80%
- 70%
- 68%
- 67%
- 66%
- 64%
- 61%
- 60%
- 57%
- 56%
- 55%
- 51%
- 50%
- 47%
- 46%
- 41%
- 40%
- 39%
- 28%

[yougov.co.uk/topics/health/...](https://yougov.co.uk/topics/health/)

YouGov COVID-19 vaccination willingness

% of people in each place who say they will take the vaccine, or have already done so

From Nov 9, 2020 To Feb 2, 2021 Zoom 1m 3m YTD All



Nature Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

[Nat Med.](#) 2020 Oct 20 : 1–4.

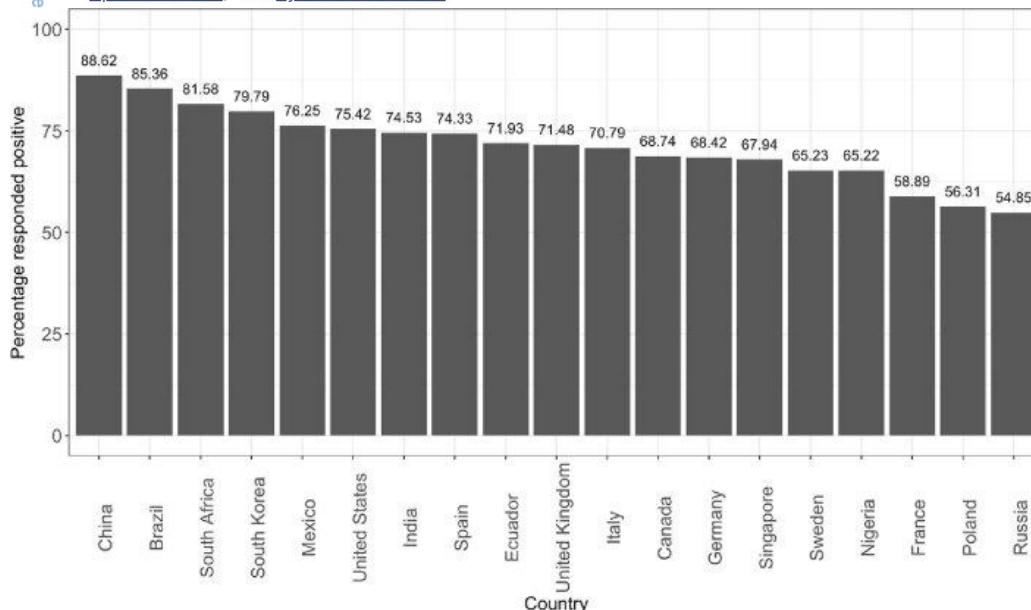
doi: [10.1038/s41591-020-1124-9](https://doi.org/10.1038/s41591-020-1124-9) [Epub ahead of print]

PMCID: PMC7573523

PMID: [33082575](#)

A global survey of potential acceptance of a COVID-19 vaccine

Jeffrey V. Lazarus,¹ Scott C. Ratzan,² Adam Palayew,¹ Lawrence O. Gostin,³ Heidi J. Larson,⁴ Kenneth Rabin,² Spencer Kimball,⁵ and Ayman El-Mohandes²



'If a COVID-19 vaccine is proven safe and effective and is available, I will take it'.

SACRE BLEU! Now Emmanuel Macron claims AstraZeneca vaccine is 'almost ineffective' on over-65s despite EU giving jab green light

Sascha O'Sullivan

29 Jan 2021, 16:29 | Updated: 30 Jan 2021, 12:44

[585 Comments](#)

EMMANUEL MACRON has piled on in the AstraZeneca vaccine claiming it "doesn't work" on people over 65 - despite regulators giving the jab the green light.

The French President made the astonishing accusation about the lifesaving vaccine as Eurocrats [escalated the jab wars](#) by slapping export bans on Britain.



German Health Minister Jens Spahn said authorities are waiting to see what advice the European Medicines Agency issues with regard to vaccinations for people over 65 (**REUTERS**)

Germany expects limited EU approval for AstraZeneca vaccine

1 min read . Updated: 29 Jan 2021, 04:36 PM IST

PTI

A draft recommendation from Germany's vaccination advisory committee said the AstraZeneca vaccine should only be given to people aged 18-64 for now



Germany's health minister says he expects the European Union's drug regulator to authorise a further coronavirus vaccine made by AstraZeneca on Friday, but that currently available data may mean it is not recommended for older adults.

Jens Spahn said authorities are waiting to see what advice the European Medicines Agency issues with regard to vaccinations for people over 65, and Germany would then adjust its own guidance for doctors in the country.



BER FHI REVURDERE: Leder i Sykepleierforbundet, Lill Sverresdatter Larsen, ber FHI revurdere å gi AstraZeneca-vaksinen til helsepersonell.
Foto: Rune Stoltz Bertinussen

Sykepleierforbundet ber FHI revurdere AstraZeneca-vaksinen til helsepersonell

Sykepleierforbundet ber Folkehelseinstituttet vurdere de nye rapportene som har kommet inn om AstraZeneca før de bruker vaksinen på helsepersonell.

Av JOSEFINE YTRE-EIDE BJAARSTAD, SINDEL CAMILO LODE og JOHN E. KAALSTAD
Oppdatert 8. februar

SACRE BLEU! Now Emmanuel Mac
vaccine is 'almost ineffective' on
jab green light

Sascha O'Sullivan

29 Jan 2021, 16:29 | Updated: 30 Jan 2021, 12:44

Reports that AstraZeneca's vaccine is less effective in older people appear to be based on botched statistics, the German government says

Dr. Catherine Schuster-Bruce



82-year-old Brian Pinker receives the Oxford University/AstraZeneca COVID-19 vaccine. Steve Parsons - WPA Pool/Getty Images



Larsen, ber FHI revurdere å gi AstraZeneca-vaksinen til helsepersonell.

undet ber FHI
aZeneca-
sepersonell

tituttet vurdere de nye rapportene som
bruker vaksinen på helsepersonell.

RN E. KAALSTAD

Completely deranged from reality



Valid concerns



Rare photo of mobile HAARP transmitter
spreading 5G network chemtrails
with cultivated viruses in it.

Completely deranged from reality



Valid concerns



Rare photo of mobile HAARP transmitter spreading 5G network chemtrails with cultivated viruses in it.

"I was told Covid vacation has animal DNA in it and it can mess up our DNA. Are people making up stories or is this true."

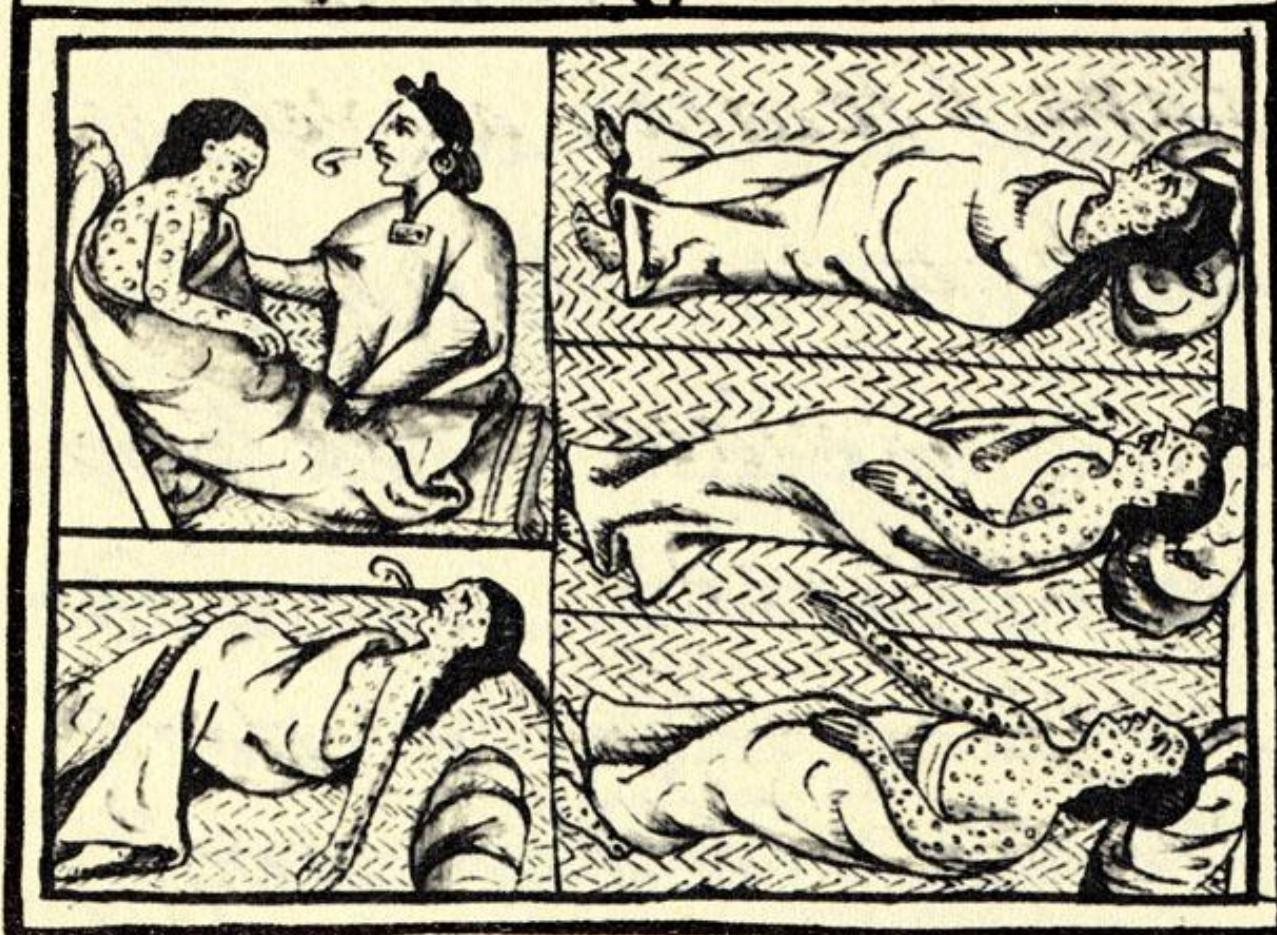
-Janice Lecklider

Completely deranged from reality



Valid concerns

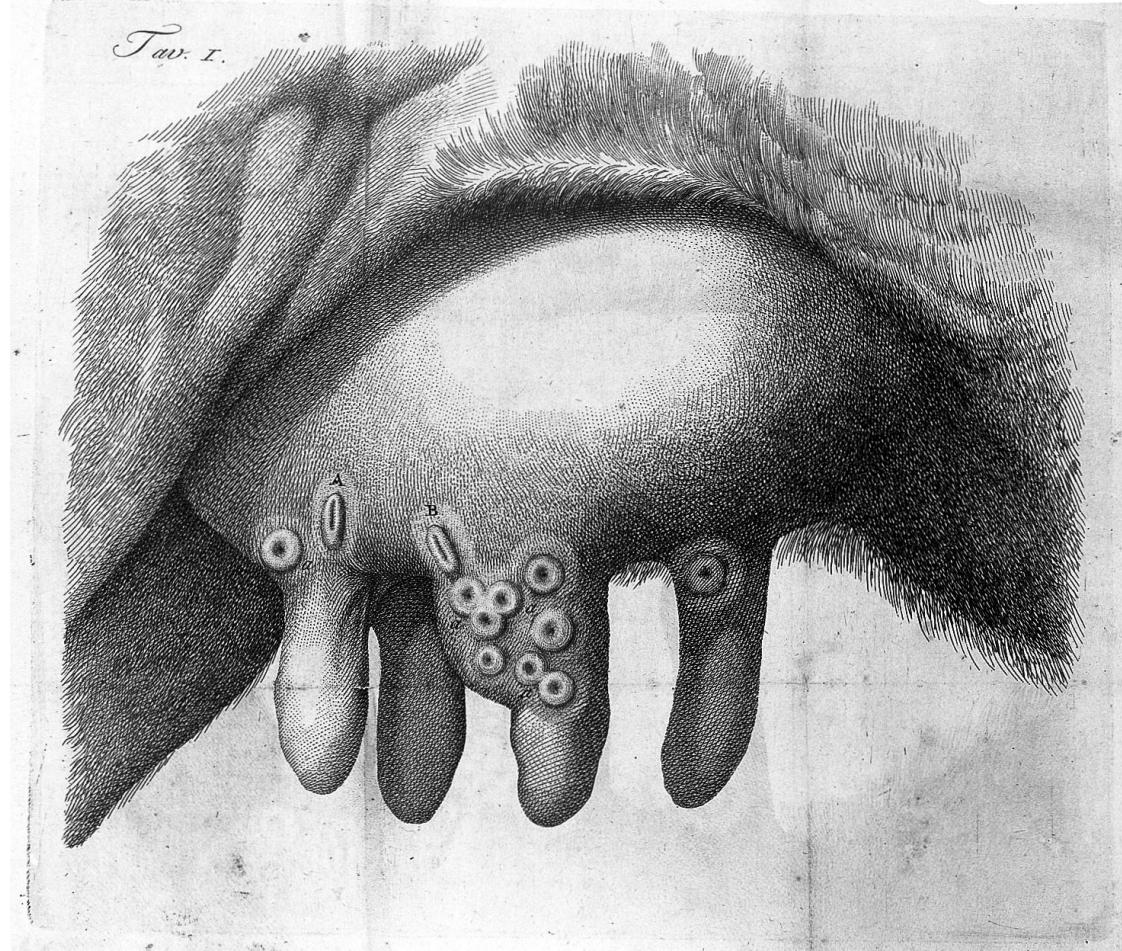
Vaccines in general



Franciscan friar Bernardino de Sahagún. (1545 - 1590)
La Historia General de las Cosas de Nueva España



Tav. I.



Edward Jenner (1796-1798)
An Inquiry of the causes and Effects of the Variolæ Vaccinæ... (1798)

this young woman, but was taken from that of another, and is intended for the purpose of representing the similitude after it has wholly appeared.

CASE XVI.

THE more accurately to observe the progress of the ulceration, I selected a healthy boy, about eight years old, for the purpose of illustration for this Case (Fig.). The master was taken from a line on the hand of a day-servant^a, who was infected by his master's cousin, and is now infested, on the 2d of May, 1796, from the age of the boy by means of two superficial incisions, scarcely penetrating the skin, each about half an inch long.

^a From the hand of the Servant of Sarah Weston.—See the preceding case and its plate.





E. Hennemus



The Cow-Pock — or — the Wonderful Effects of the New Inoculation! — Vide... the Publications of ye Anti-Vaccine Society.

'Vide - the Publications of ye Anti-Vaccine Society.' 12 June 1802



CLINICAL IMPLICATIONS
Regulatory T Cells in Multiple
Sclerosis



14 studies that impacted
the practice of medicine



POINTS OF VIEW
Caring for the Caregivers —
Covid-19 Vaccination for
Essential Members of the He...

ORIGINAL ARTICLE >
Posture, Gait, Quality
and Hearing with a Vi
Implant <

Perspective

HISTORY OF MEDICINE

The Myth of the Milkmaid

Arthur W. Boylston, M.D.



Article

Metrics

5 References 4 Citing Articles

TWO HUNDRED FIFTY YEARS AGO, AN ALMOST-forgotten country doctor made an observation while inoculating a group of farmers against smallpox. Although John Fewster never appreciated the importance of his discovery, he told his colleagues what he had found, setting in motion a process that led to the development of the smallpox vaccine and the eventual eradication of the virus. All immunizations arguably have their origins in this event.

Almost all histories of vaccination state that Edward Jenner became aware of the benefits of cowpox from a conversation with a milkmaid who claimed that she was immune to smallpox because she had had cowpox. According to variations of this story, milkmaids were known for their unblemished complexions and fabled beauty. In fact, the milkmaid story is a myth invented by Jenner's biographer, John Baron, 13 years after Jenner's death in order to protect his reputation amid the many assertions that he did not discover cowpox.¹ Jenner never claimed to have been responsible for discovering the benefits of cowpox and referred to a vague "rumour in the dairies."

However, there is a contemporary account of the events that led Jenner to appreciate the possibilities of vaccination with cowpox that was published during Jenner's lifetime and that he never denied.

February 1, 2018

N Engl J Med 2018; 378:414-415

DOI: 10.1056/NEJMmp1715349

CareerCenter

PHYSICIAN JOBS

FEBRUARY 13, 2021

Family Medicine

Tampa, Florida

Family Medicine Physician Opportunities
with BayCare Medical Group

Neurology

Charlotte, North Carolina

Neurologist - IP- Neurointensivist -
Charlotte, NC - Novant Health

Internal Medicine

North Carolina

Employed Internal Medicine with Sign-On
Bonus in Charlotte, NC Area

Radiology

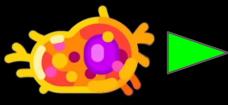
Georgia

SW Georgia Metro | Employed Interventional
Radiology | 525K Plus 12 Weeks PTO

Family Medicine

South Dakota

Family Medicine \$100k Sign-On

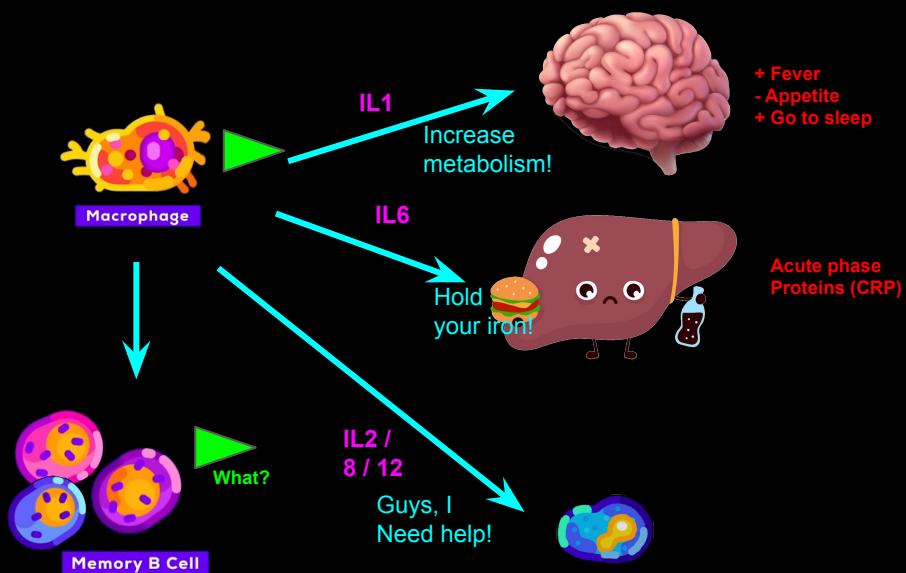


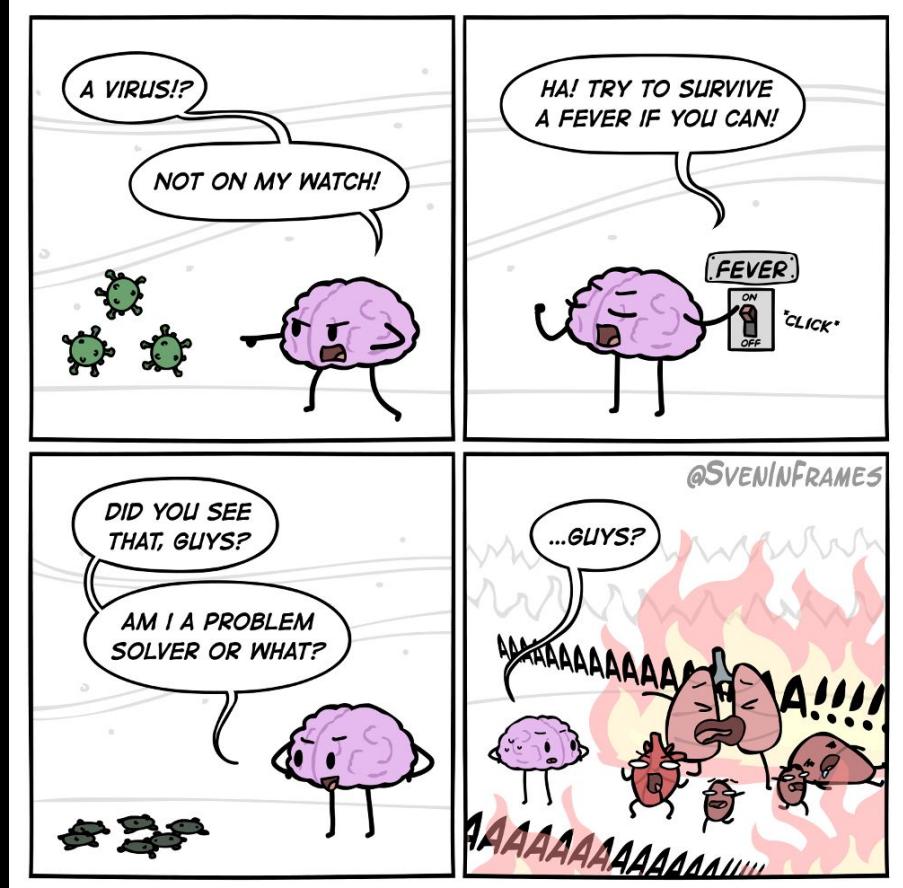
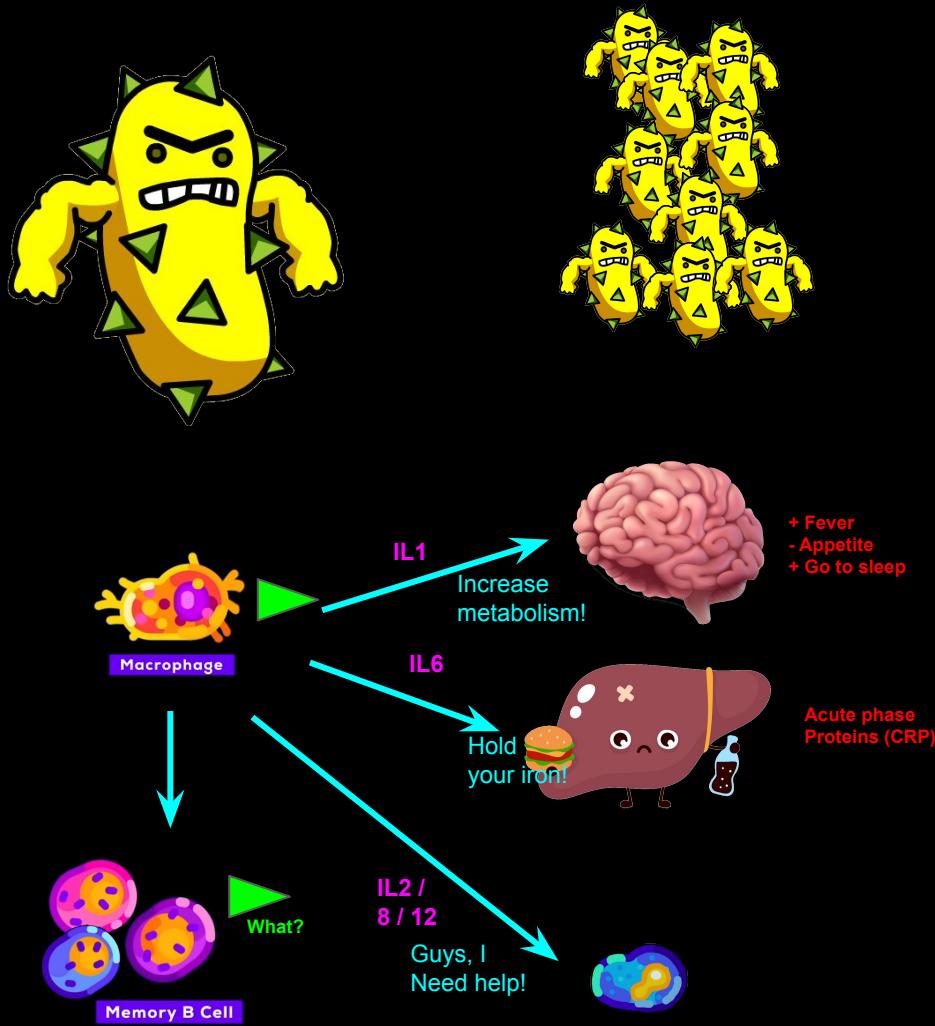
Macrophage

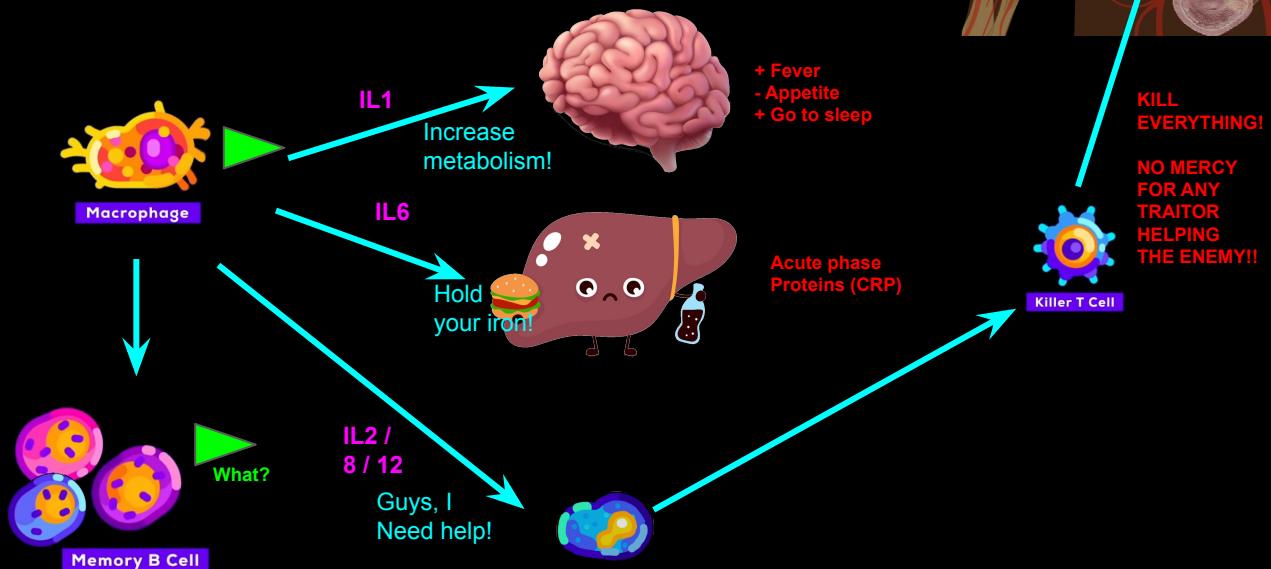
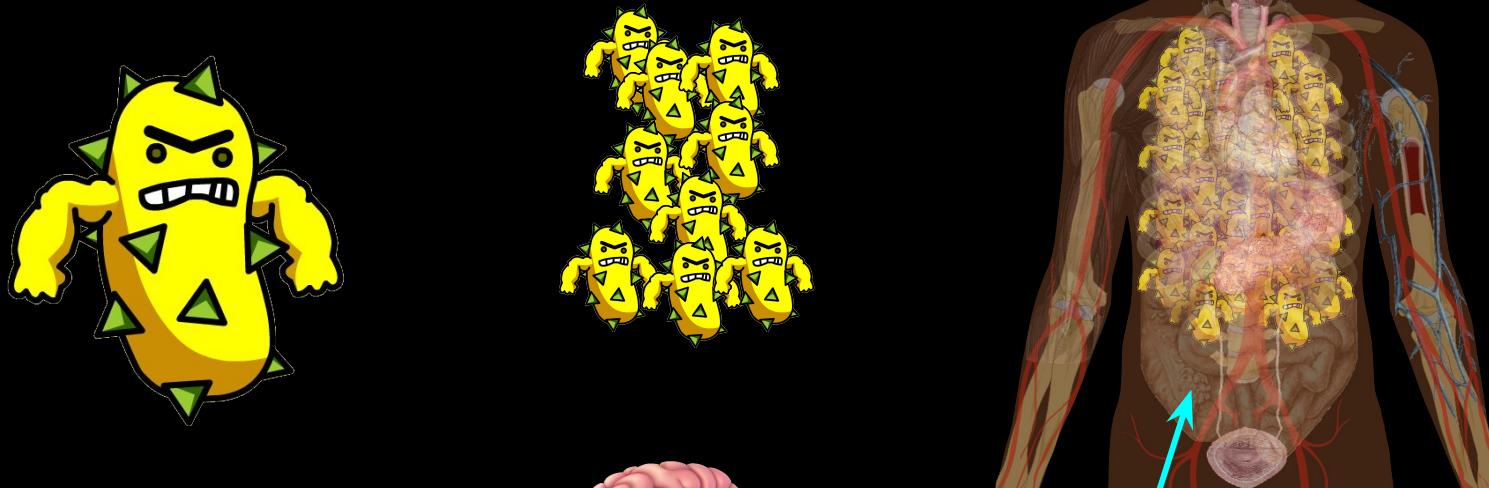


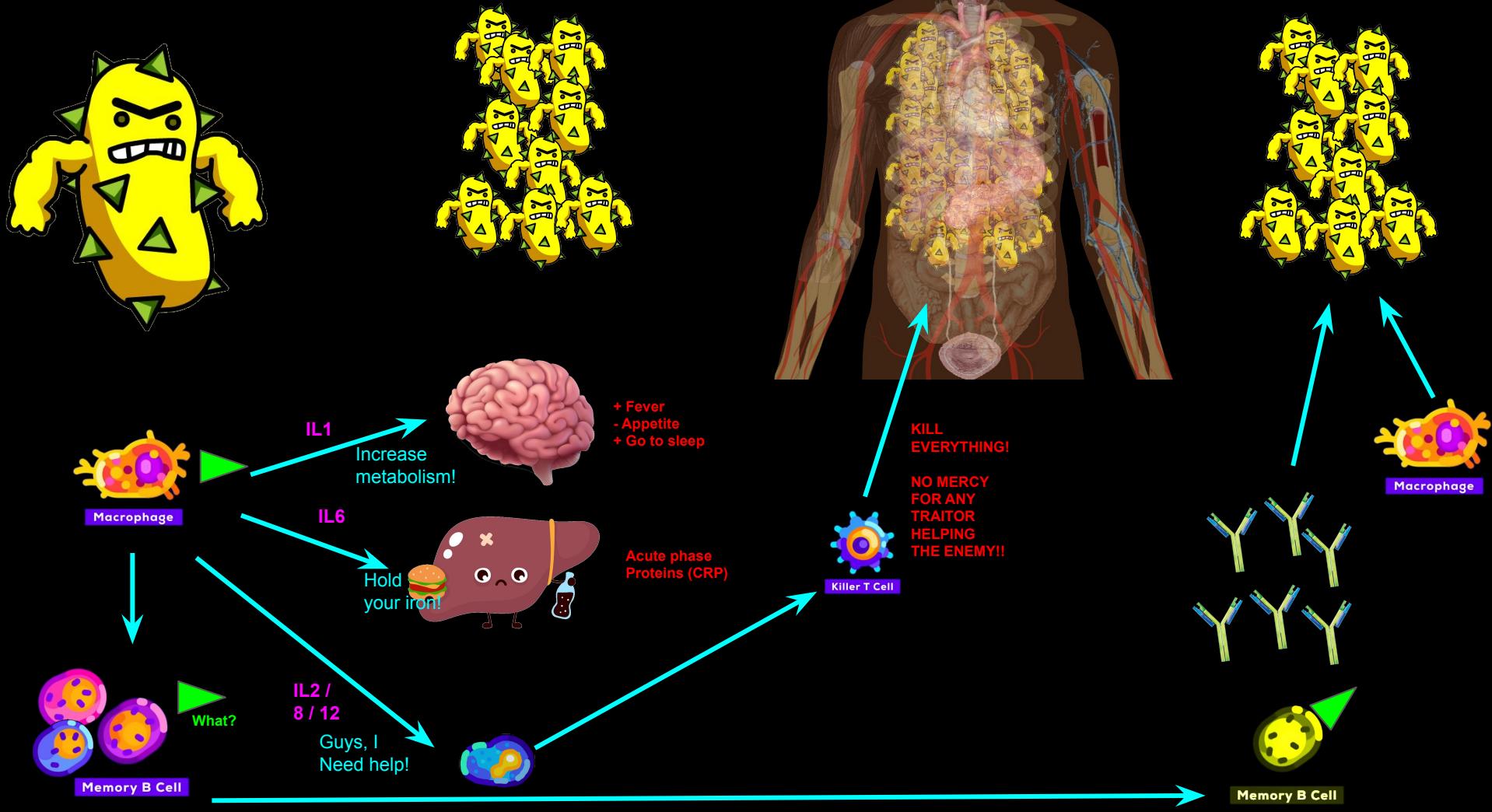
Memory B Cell

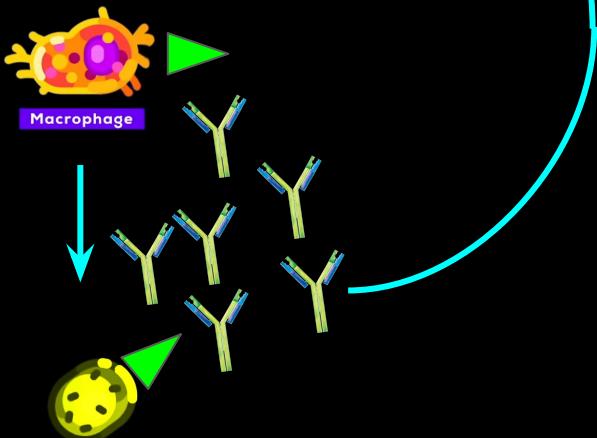
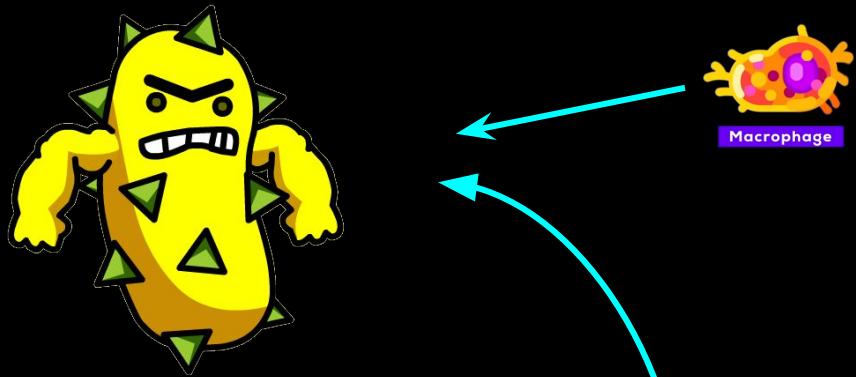
What?



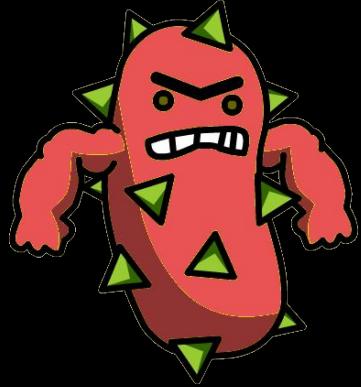






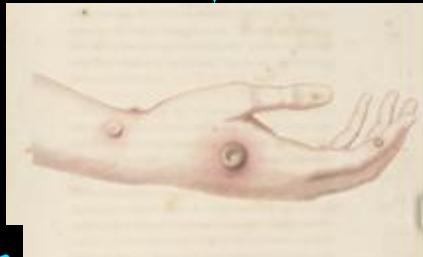


Memory B Cell



Cowpox

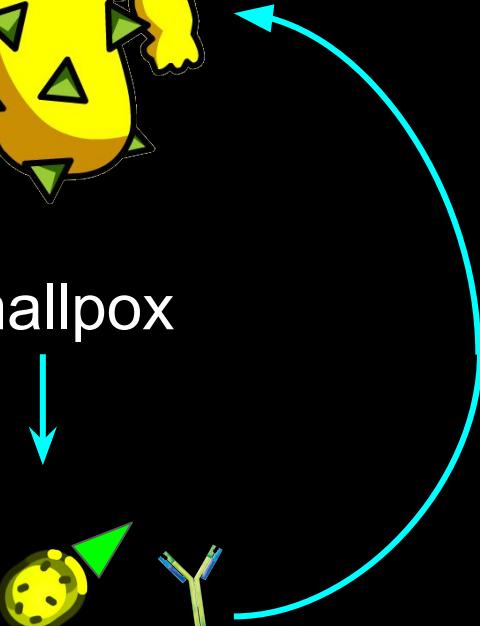
- + Fever
- Appetite
- + Go to sleep



Killer T Cell



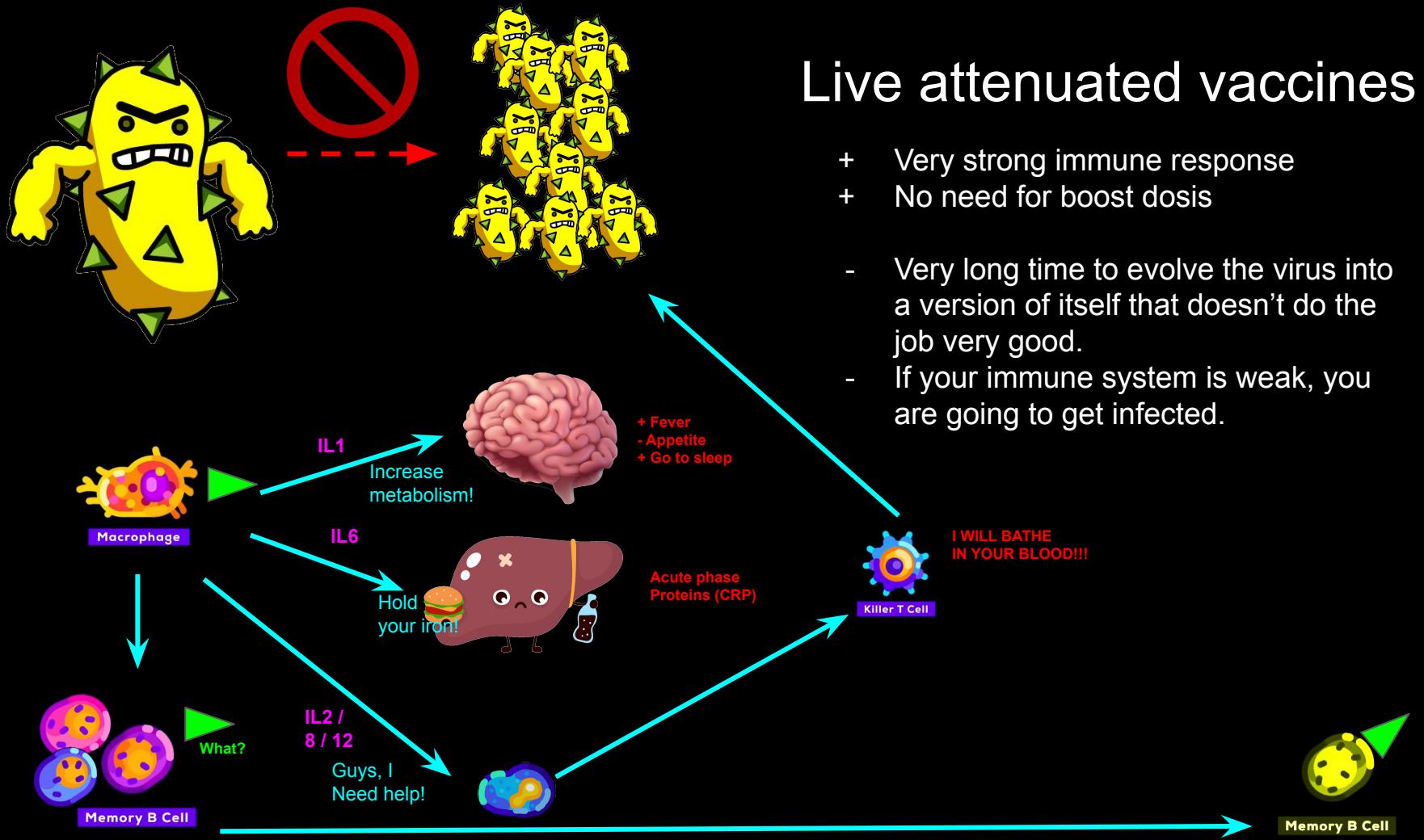
Smallpox



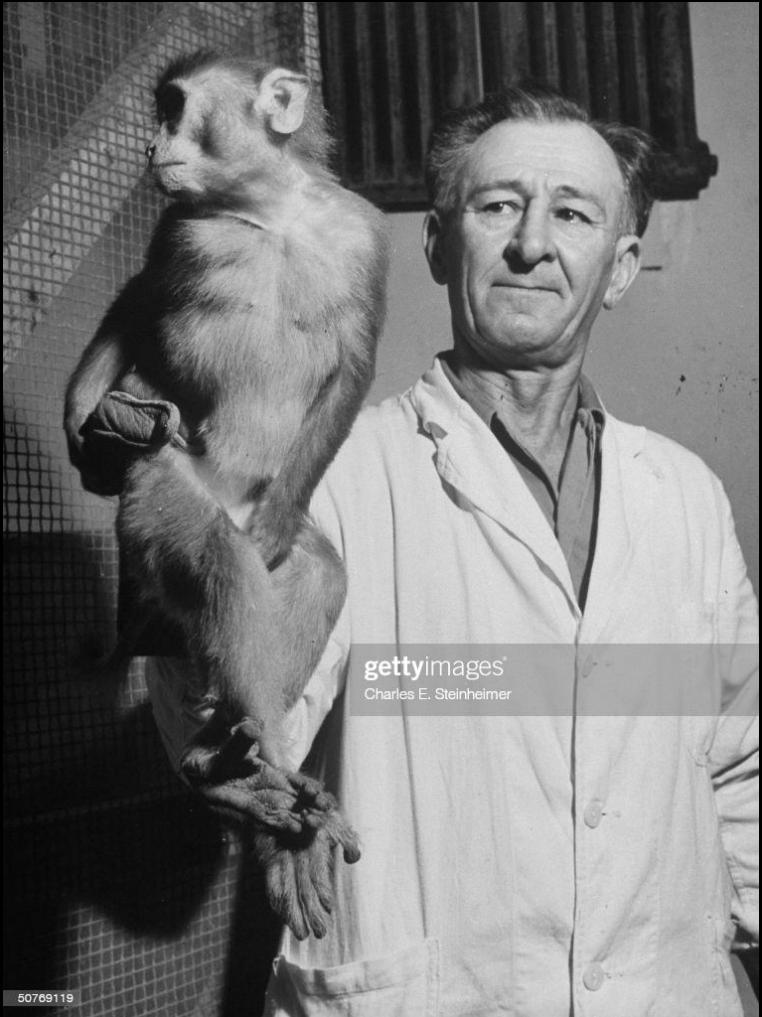
Memory B Cell

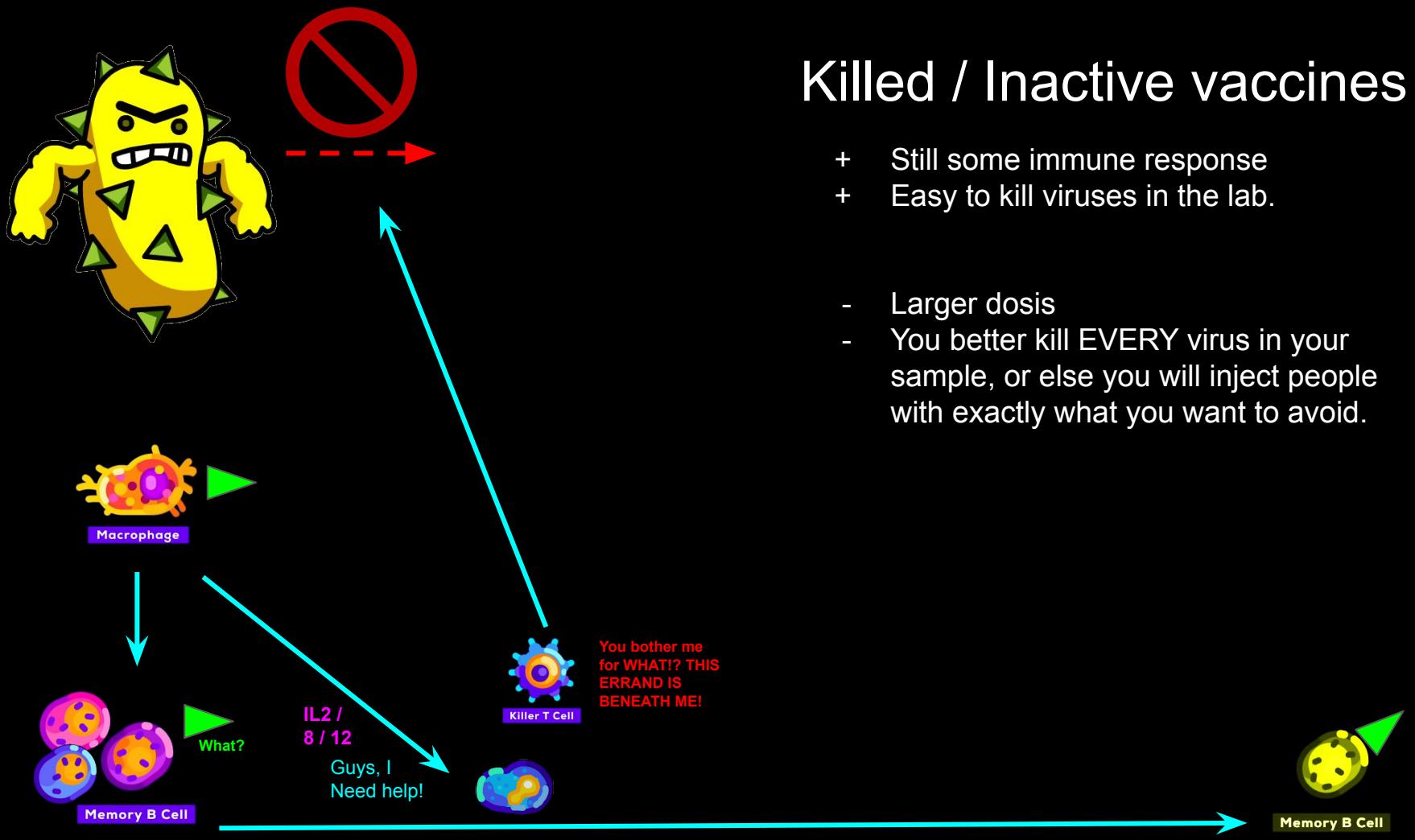
Memory B Cell

Live attenuated vaccines





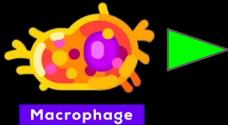
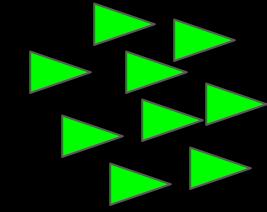




Subunit vaccines

- + Definitely good enough for immunocompromised people.
- + Very safe, there is no virus at all here.
- + The genetic sequence is easy to email around to other labs to make their own.

- Because there is no virus, your immune system get 0 XP from this.
- You need to sequence the virus genome and identify the part you want to clone. Not as easy as getting a cow to do the hard work for you.



Macrophage



DON'T WASTE MY TIME AGAIN!
I need more convincing to even
recognize this as an actual threat.

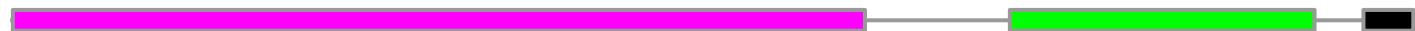
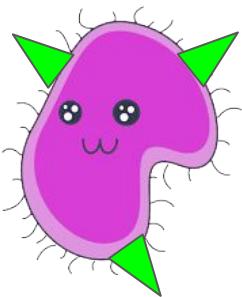
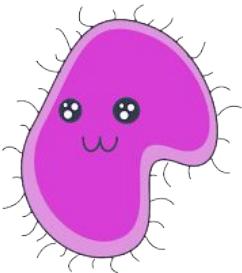


What?

Memory B Cell

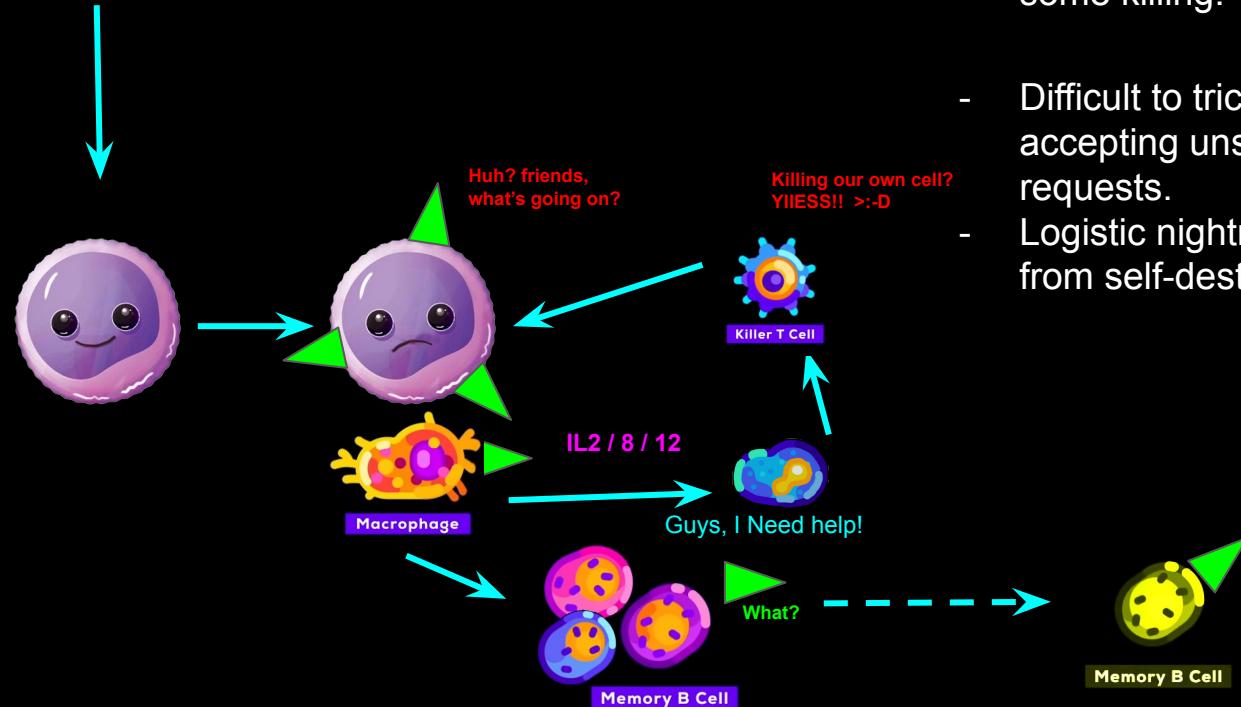


Memory B Cell



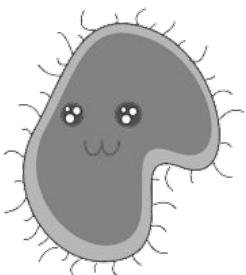
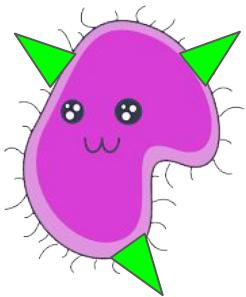
DNA/RNA vaccines

how to

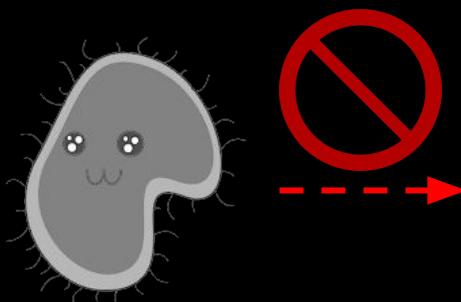


- + Good compromise between live attenuated and subunit. The sadistic part of your immune system get to do some killing.
- Difficult to trick your own cells into accepting unsolicited DNA spam requests.
- Logistic nightmare of keeping RNA from self-destructing.

Viral vector vaccines

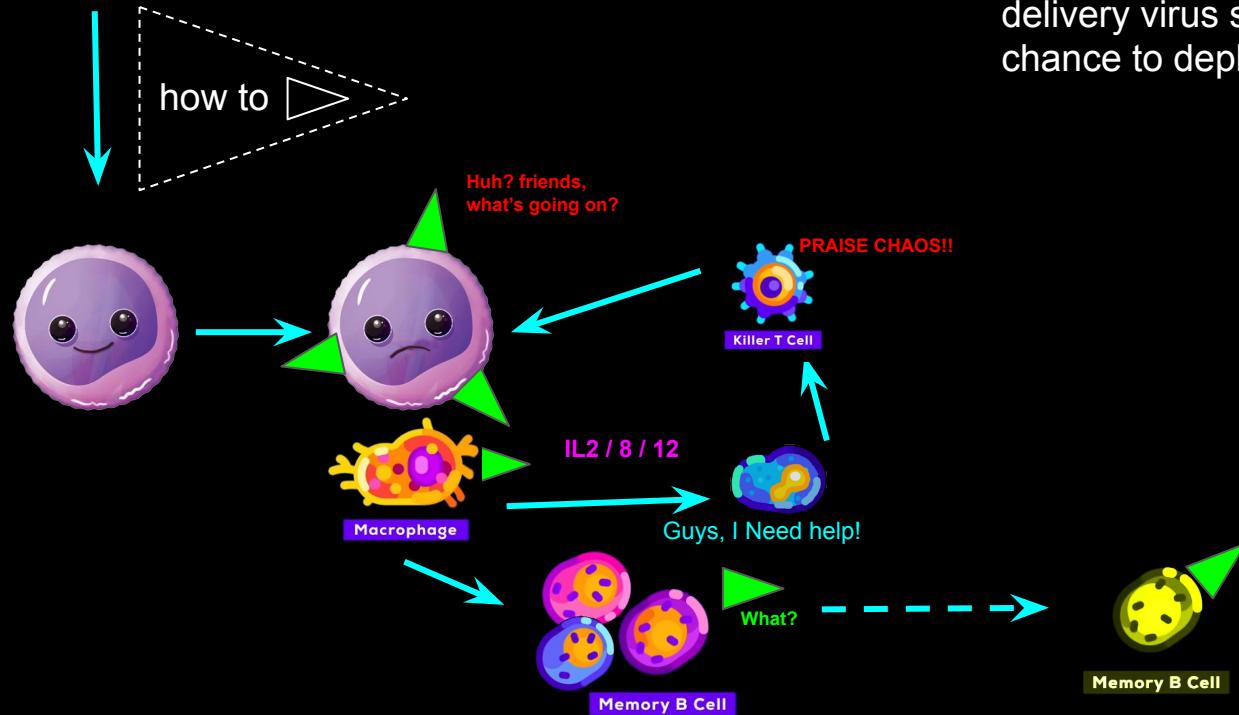


how to 



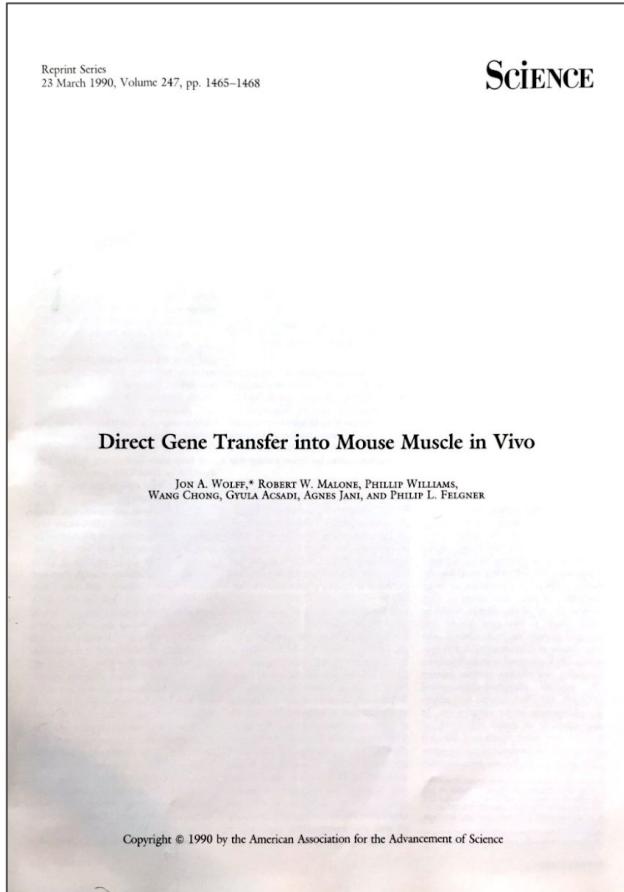
Viral vector vaccines

- + Very strong immune response
- You might be already immune to the delivery virus so it doesn't even get a chance to deploy the DNA.



Is this vaccine technology new?

Is this vaccine technology new?



Is this vaccine technology new?

Reprint Series
23 March 1990, Volume 247, pp. 1465–1468

SCIENCE

Direct Gene Transfer into Mouse Muscle in Vivo

JON A. WOLFF,* ROBERT W. MALONE, PHILLIP WILLIAMS,
WANG CHONG, GYULA ACSADI, AGNES JANI, AND PHILIP L. FELGNER

Copyright © 1990 by the American Association for the Advancement of Science

REVIEWS

mRNA vaccines — a new era in vaccinology

Norbert Pardi¹, Michael J. Hogan¹, Frederick W. Porter² and Drew Weissman¹

Abstract mRNA vaccines represent a promising alternative to conventional vaccine approaches because of their high potency, capacity for rapid development and potential for low-cost manufacture and safe administration. However, their application has until recently been restricted by the instability and inefficient *in vivo* delivery of mRNA. Recent technological advances have now largely overcome these issues, and multiple mRNA vaccine platforms against infectious diseases and several types of cancer have demonstrated encouraging results in both animal models and humans. This Review provides a detailed overview of mRNA vaccines and considers future directions and challenges in advancing this promising vaccine platform to widespread therapeutic use.

Vaccines prevent many millions of illnesses and save numerous lives every year¹. As a result of widespread vaccine use, the smallpox virus has been completely eradicated and the incidence of polio, measles and other childhood diseases has been drastically reduced around the world². Conventional vaccine approaches, such as live attenuated and inactivated pathogens and subunit vaccines, provide durable protection against a variety of infectious diseases. Despite this success, the remain major hurdles to vaccine development against a variety of infectious pathogens, especially those better able to evade the adaptive immune response³. Moreover, for most emerging virus vaccines, the main obstacle is not the effectiveness of conventional approaches but the need for more rapid development and large-scale deployment. Finally, conventional vaccine approaches may not be applicable to non-infectious diseases, such as cancer. The development of more potent and versatile vaccine platforms is therefore urgently needed.

Genetic engineering techniques have emerged as promising alternatives to conventional vaccine approaches. The first report of the successful use of *in vitro* transcribed (IVT) mRNA in animals was published in 1990, when reporter gene mRNAs were injected into mice and protein production was detected⁴. A subsequent study in 1992 demonstrated that administration of vasopressin encoding mRNA in the hypothalamus could elicit a physiological response in rats. However, these early promising results did not lead to substantial investment in developing mRNA therapeutics, largely owing to concerns associated with mRNA instability, high innate immunogenicity and inefficient *in vivo* delivery. Instead, the field pursued DNA-based and protein-based therapeutic approaches^{5,6}.

Over the past decade, major technological innovation and research investment have enabled mRNA to become a promising therapeutic tool in the fields of vaccine development and protein replacement therapy. The use of mRNA has several beneficial features over subunit, killed and live attenuated virus, as well as DNA-based vaccines. First, safety: as mRNA is a non-infectious molecule, it does not pose the potential risk of infection or unintended mutagenesis. Additionally, mRNA is degraded by normal cellular processes, and its *in vivo* half-life can be regulated through the use of various modifications and delivery methods^{7–12}. The inherent immunogenicity of the mRNA can be down-modulated to further increase the safety profile^{13,14}. Second, efficacy: various modifications make mRNA more stable and highly translatable^{12,13}. Efficient *in vivo* delivery can be achieved by formulating mRNA into carrier molecules, allowing rapid uptake and expression in the cytoplasm (reviewed in [REFS 10,11](#)). mRNA is the minimal genetic vector; therefore, a live-virus vector is not required, and mRNA vaccines can be administered repeatedly. Third, production: mRNA vaccines have the potential for rapid, inexpensive and scalable manufacturing, mainly owing to the high yields of *in vitro* transcription reactions.

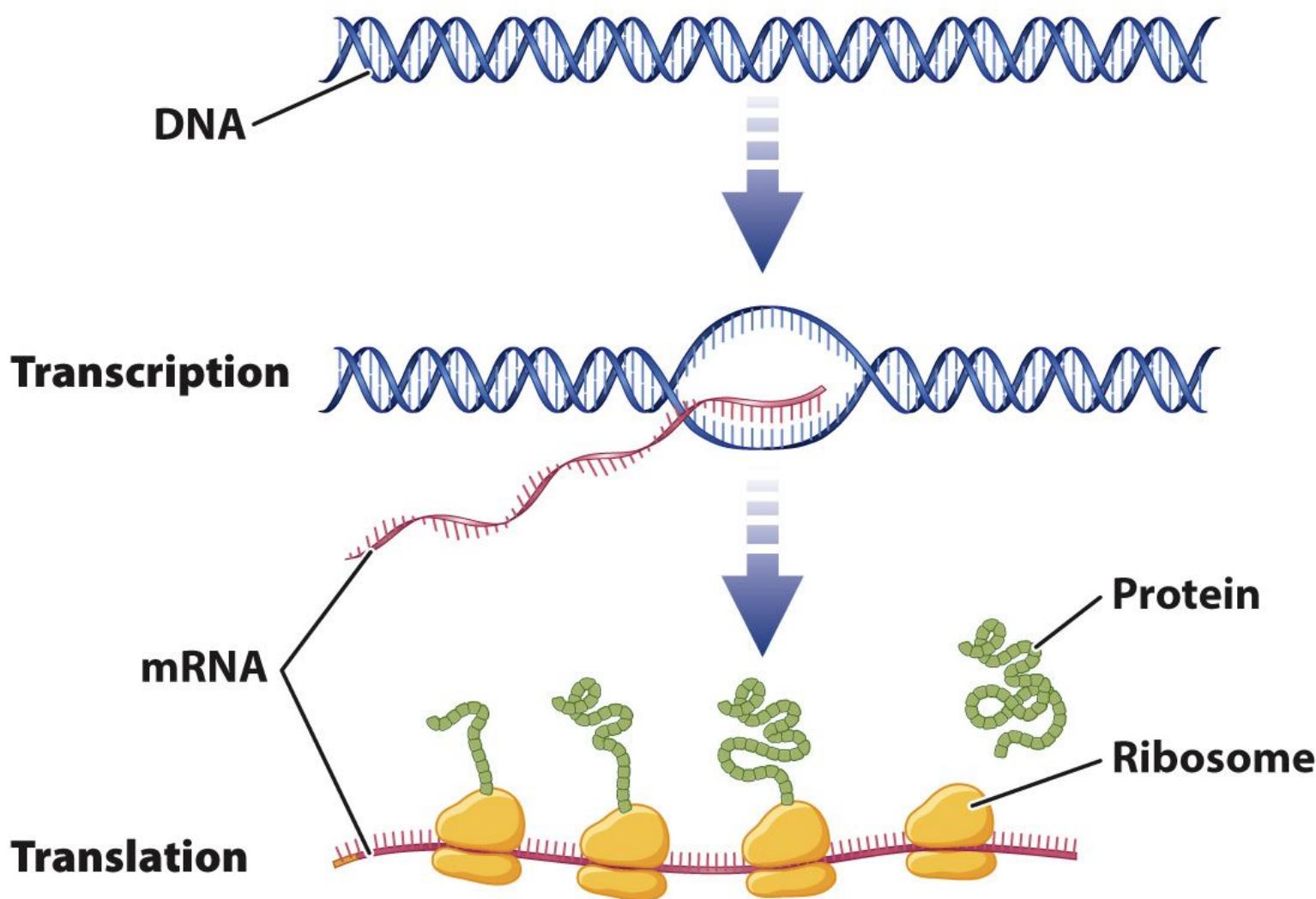
The mRNA vaccine field is developing extremely rapidly; a large body of preclinical data has accumulated over the past several years, and multiple human clinical trials have been initiated. In this Review, we discuss current mRNA vaccine approaches, summarize the latest findings, highlight challenges and recent successes, and offer perspectives on the future of mRNA vaccines. The data suggest that mRNA vaccines have the potential to solve many of the challenges in vaccine development for both infectious diseases and cancer.

Can RNA change my DNA?

Yes *

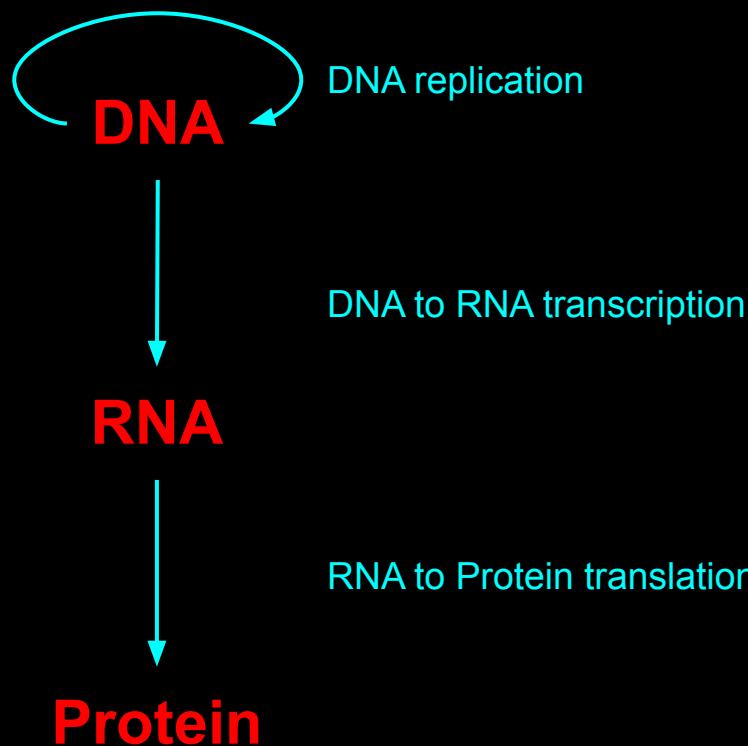
Can the vaccine change my DNA?

NO

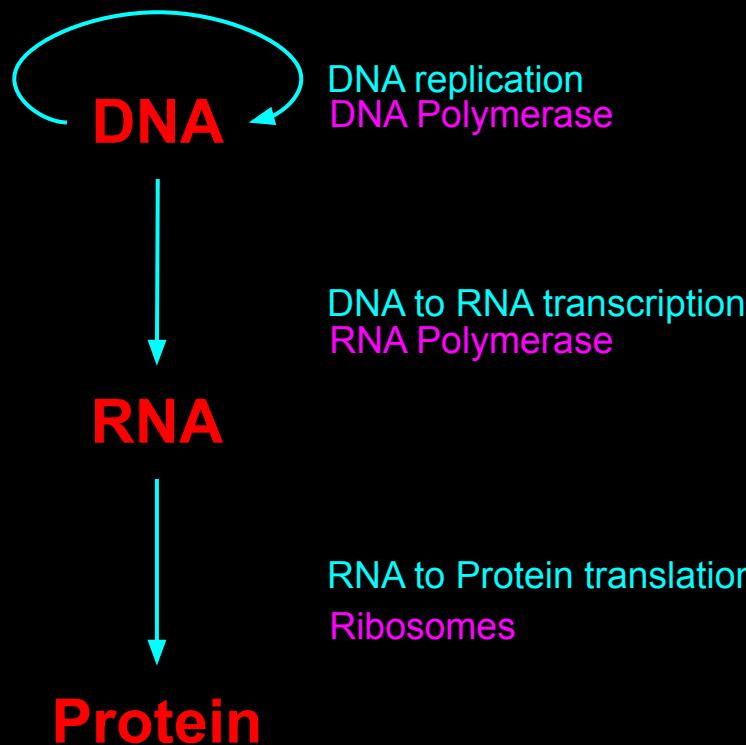


Central Dogma of Molecular Biology

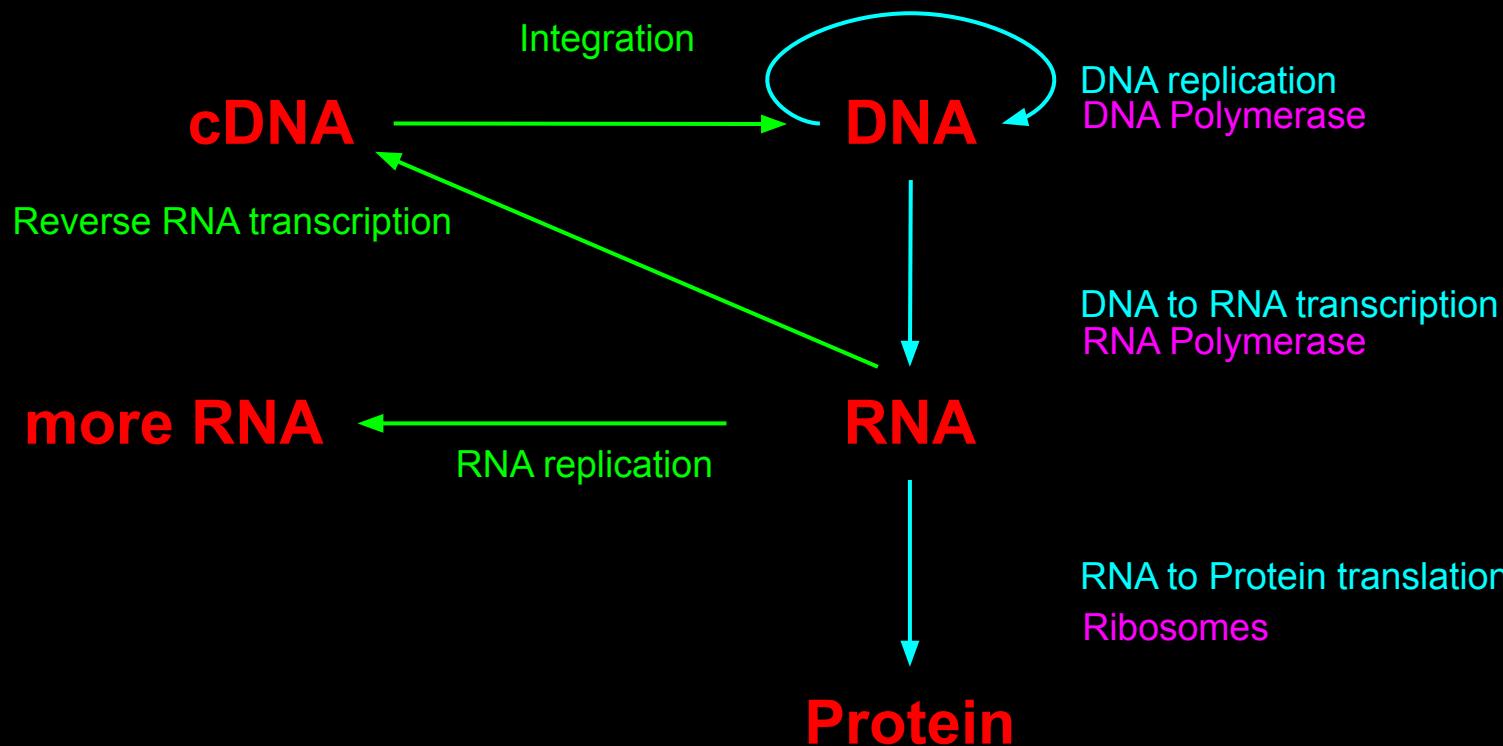
Central Dogma of Molecular Biology



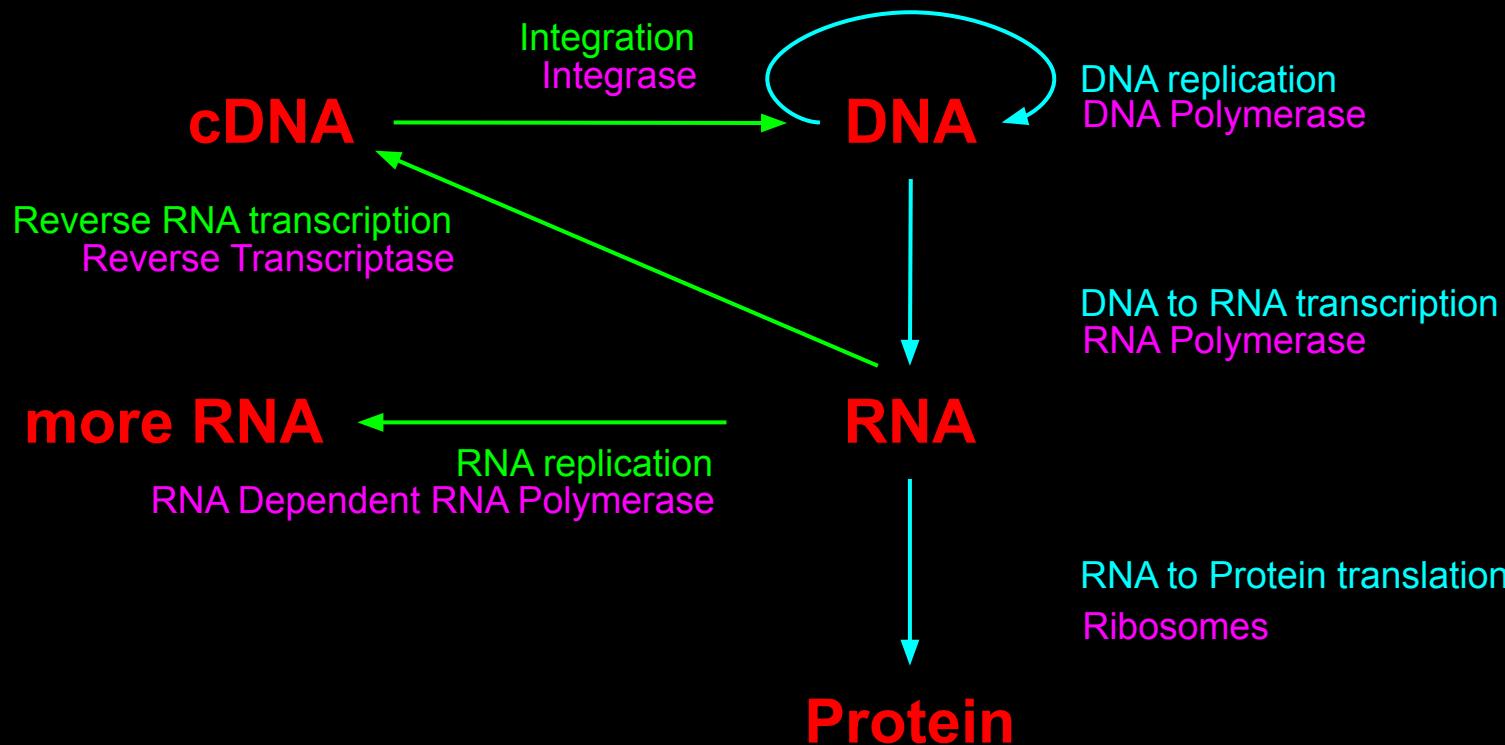
Central Dogma of Molecular Biology



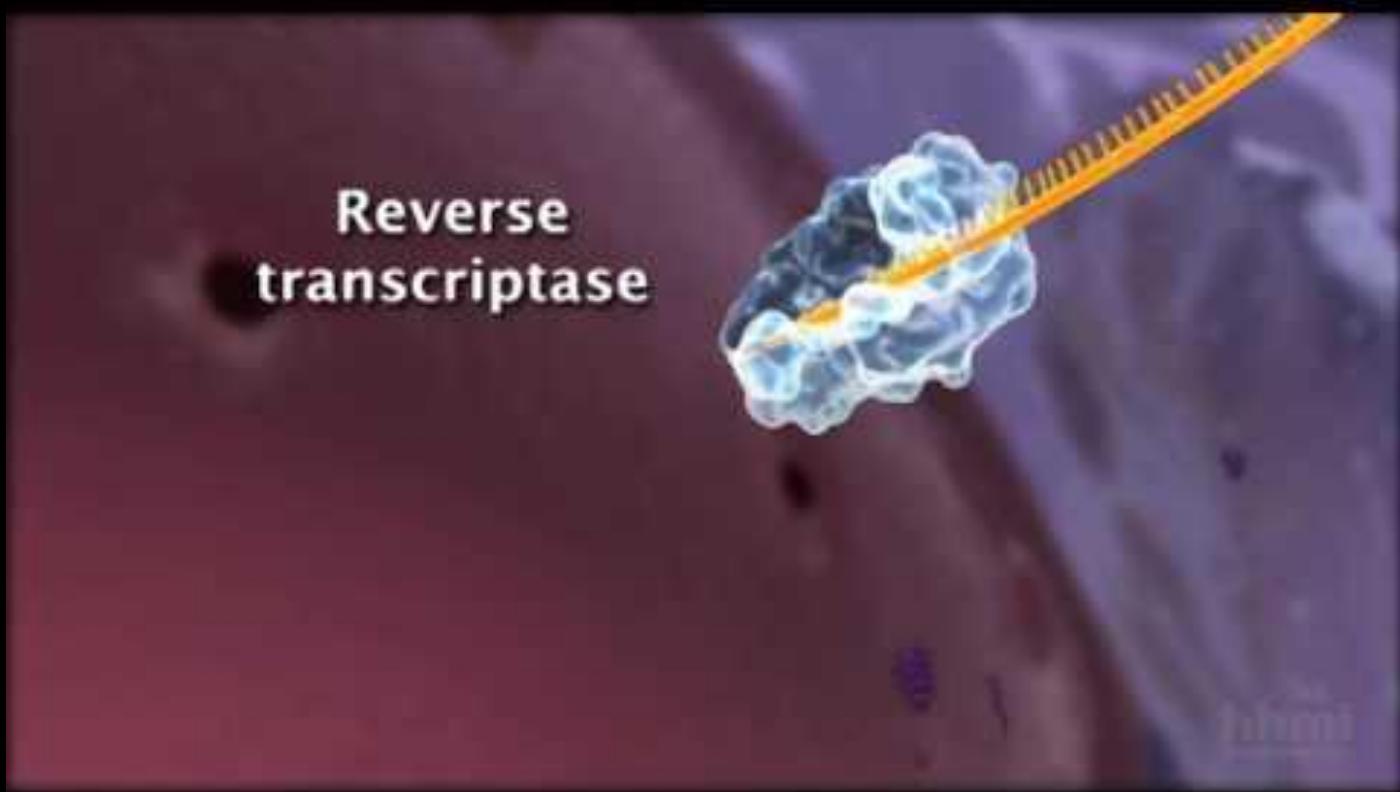
Central Dogma of Molecular Biology



Central Dogma of Molecular Biology

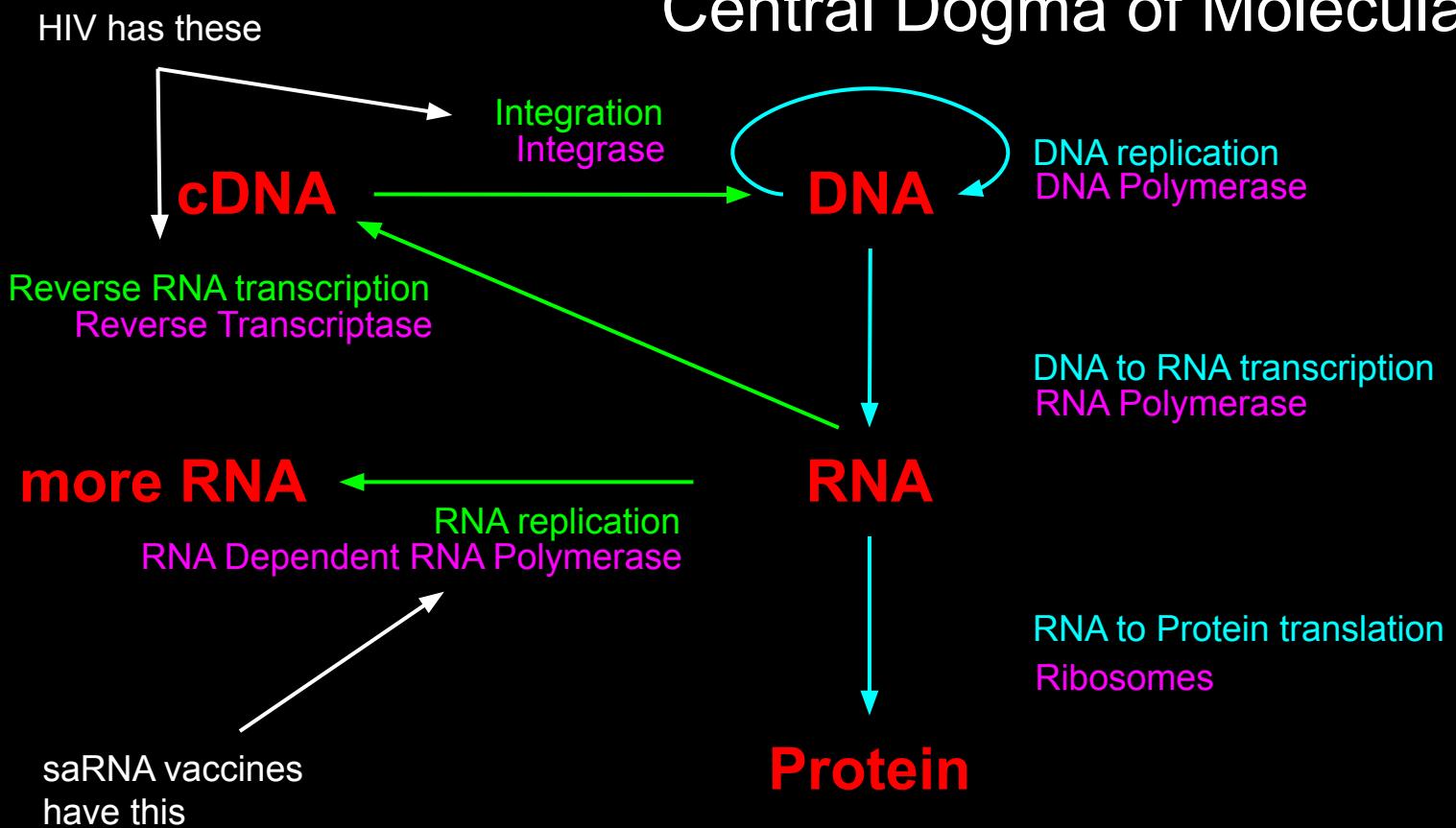


HIV

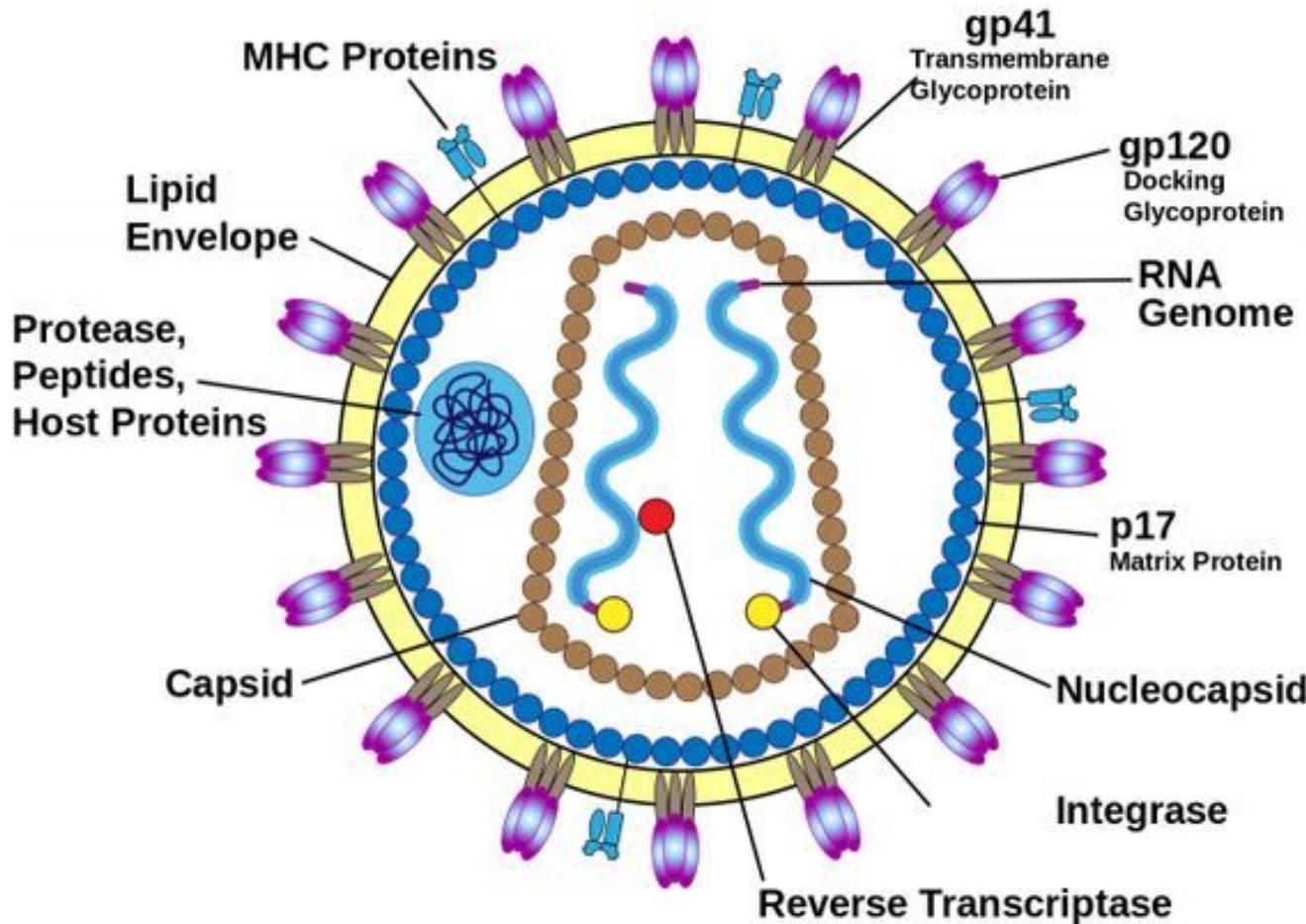


Reverse
transcriptase

Central Dogma of Molecular Biology



In a Jerusalem Friday Sermon, Sheikh Yousef Makharzah Warns: COVID-19 Vaccine Has AIDS Protein; The World Is Run by Homosexuals Like Pete Buttigieg

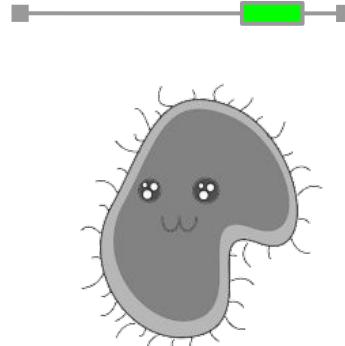
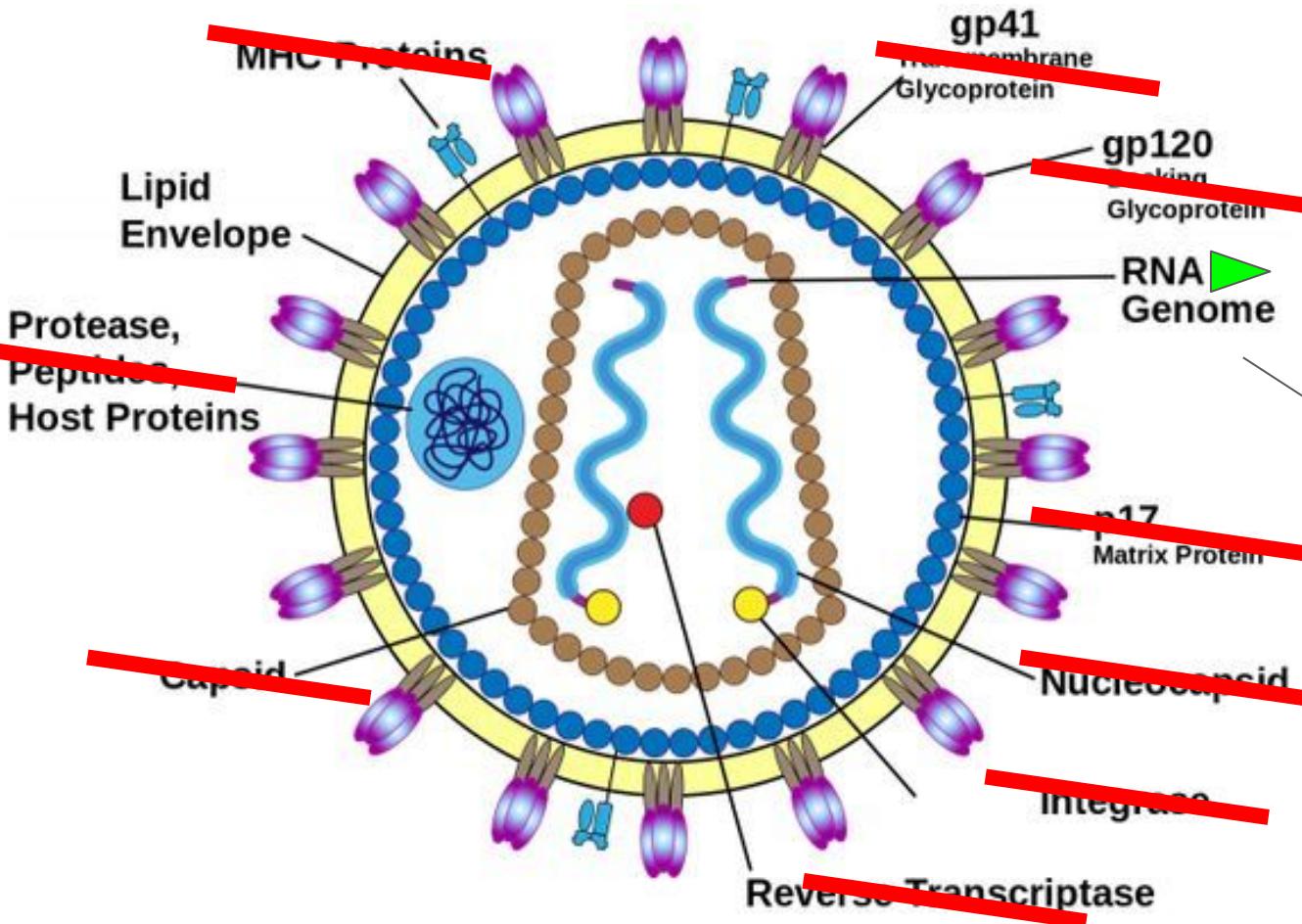


In a Jerusalem Friday Sermon, Sheikh Yousef Makharzah Warns: COVID-19 Vaccine Has AIDS Protein; The World Is Run by Homosexuals Like Pete Buttigieg

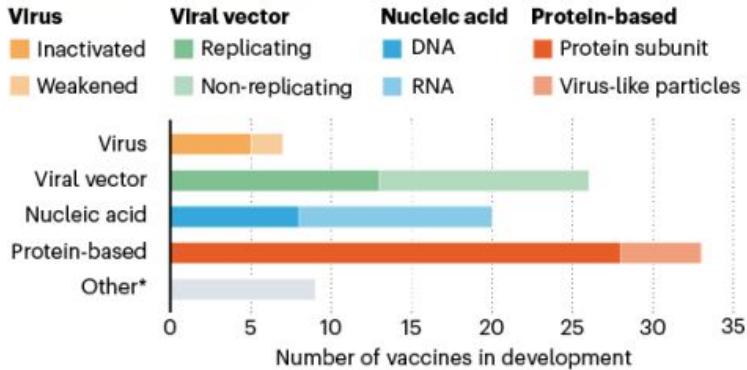


4:47 AM · Dec 24, 2020 · Twitter Web App

648 Retweets 371 Quote Tweets 1.7K Likes



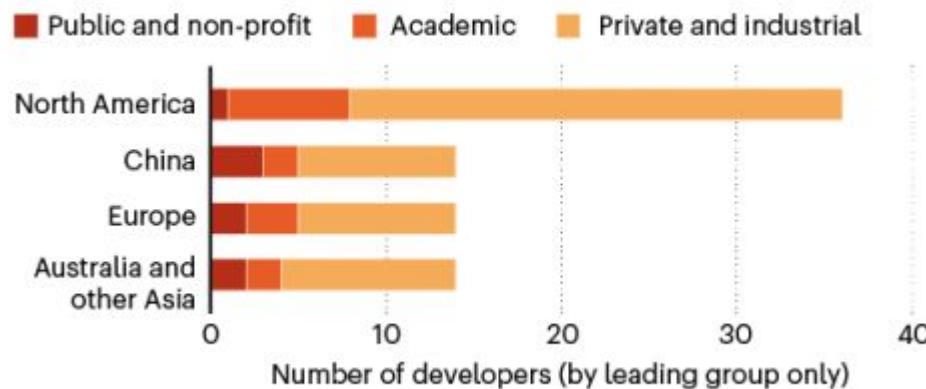
AN ARRAY OF VACCINES



* Other efforts include testing whether existing vaccines against poliovirus or tuberculosis could help to fight SARS-CoV-2 by eliciting a general immune response (rather than specific adaptive immunity), or whether certain immune cells could be genetically modified to target the virus.

©nature

PUBLIC AND PRIVATE DEVELOPMENT LANDSCAPE

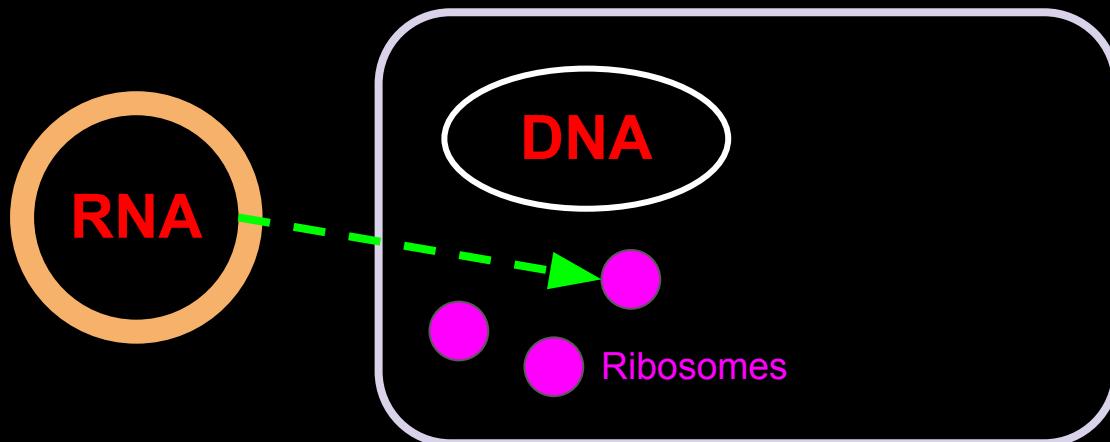


©nature

<https://covid19.trackvaccines.org/vaccines/>



RNA vaccines



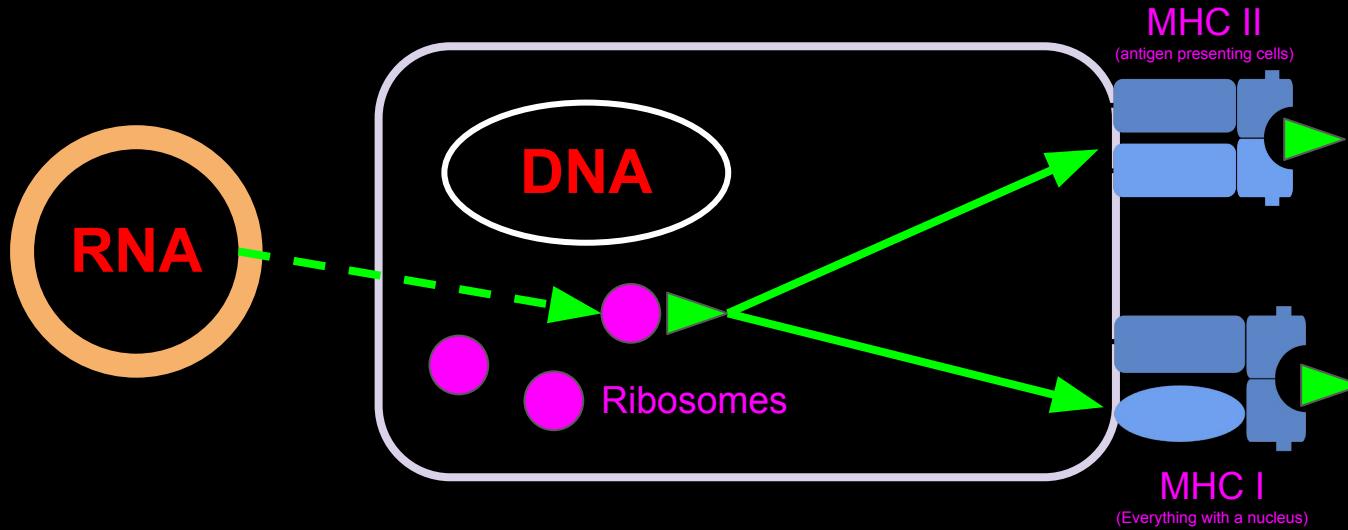
Pfizer/BioNTech



Moderna



RNA vaccines



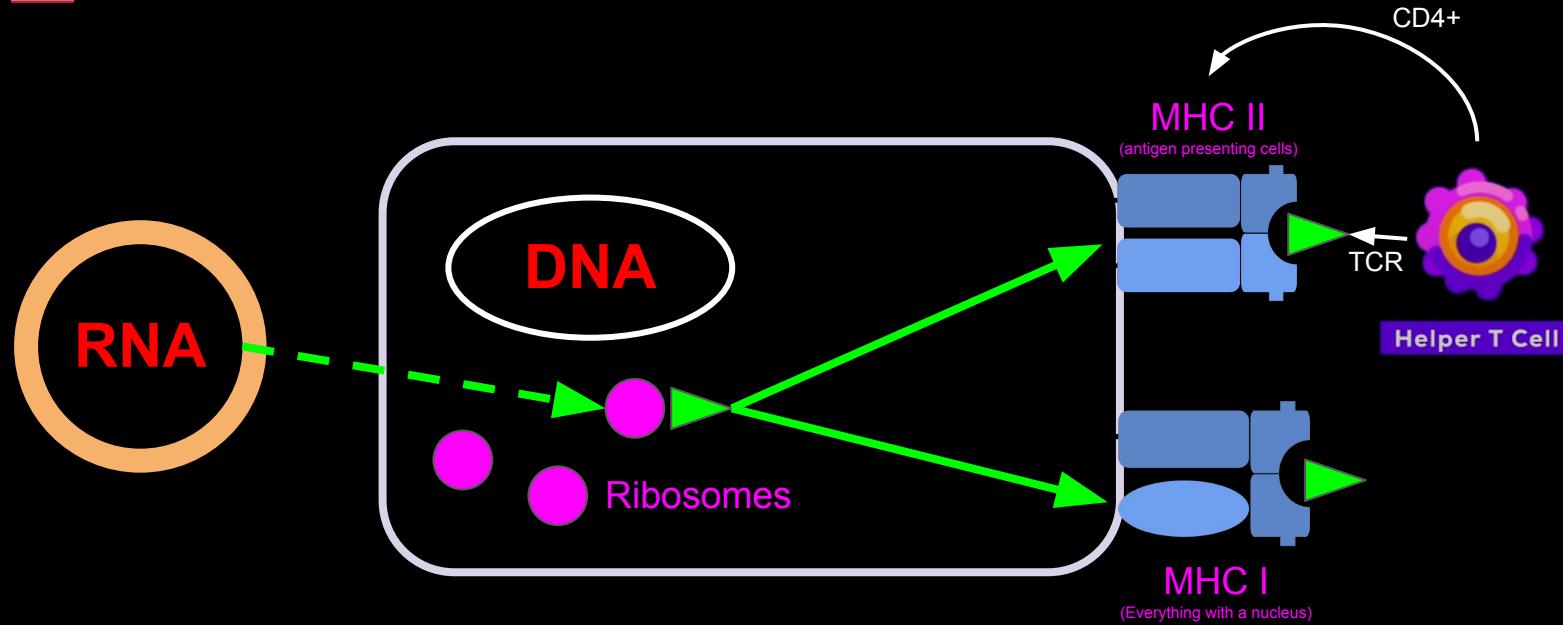
Pfizer/BioNtech



Moderna



RNA vaccines



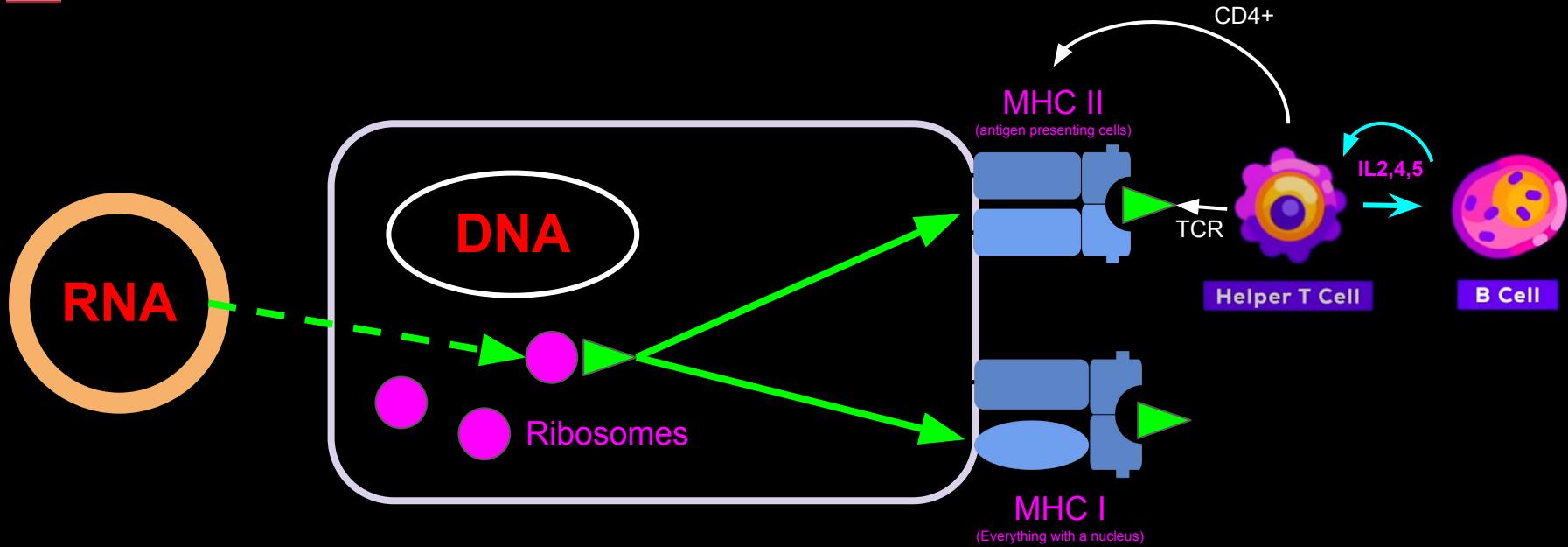
Pfizer/BioNtech



Moderna

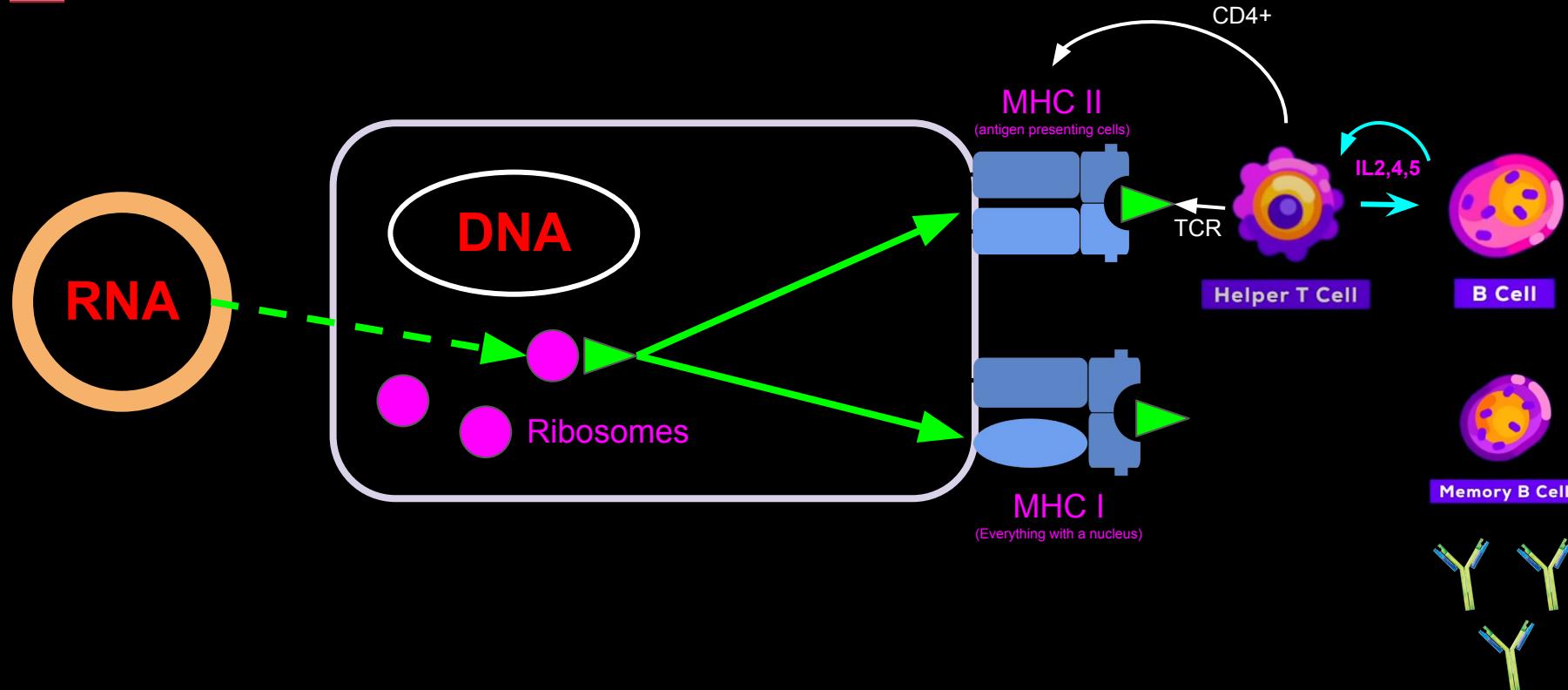


RNA vaccines





RNA vaccines



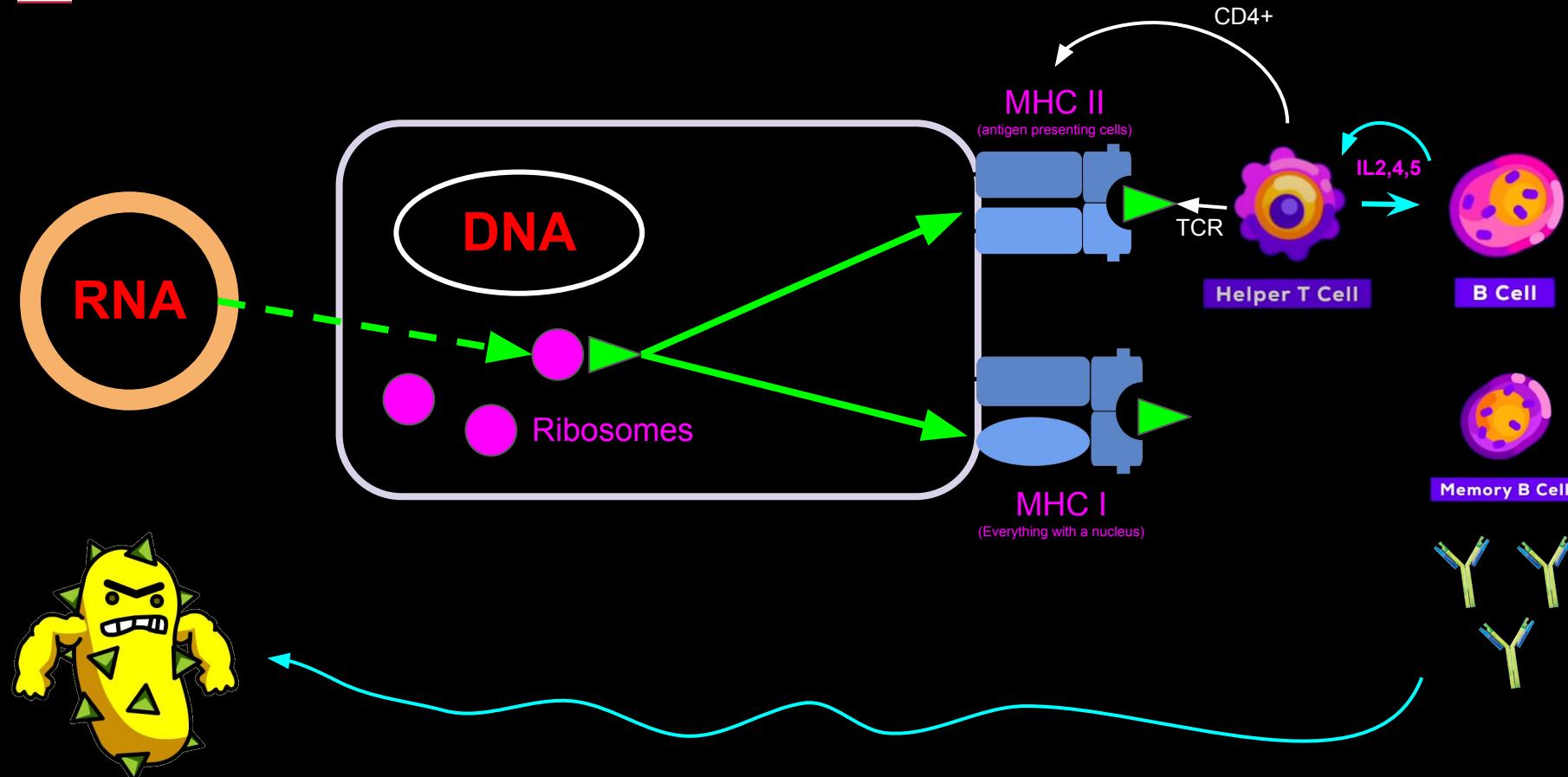
Pfizer/BioNTech



Moderna



RNA vaccines



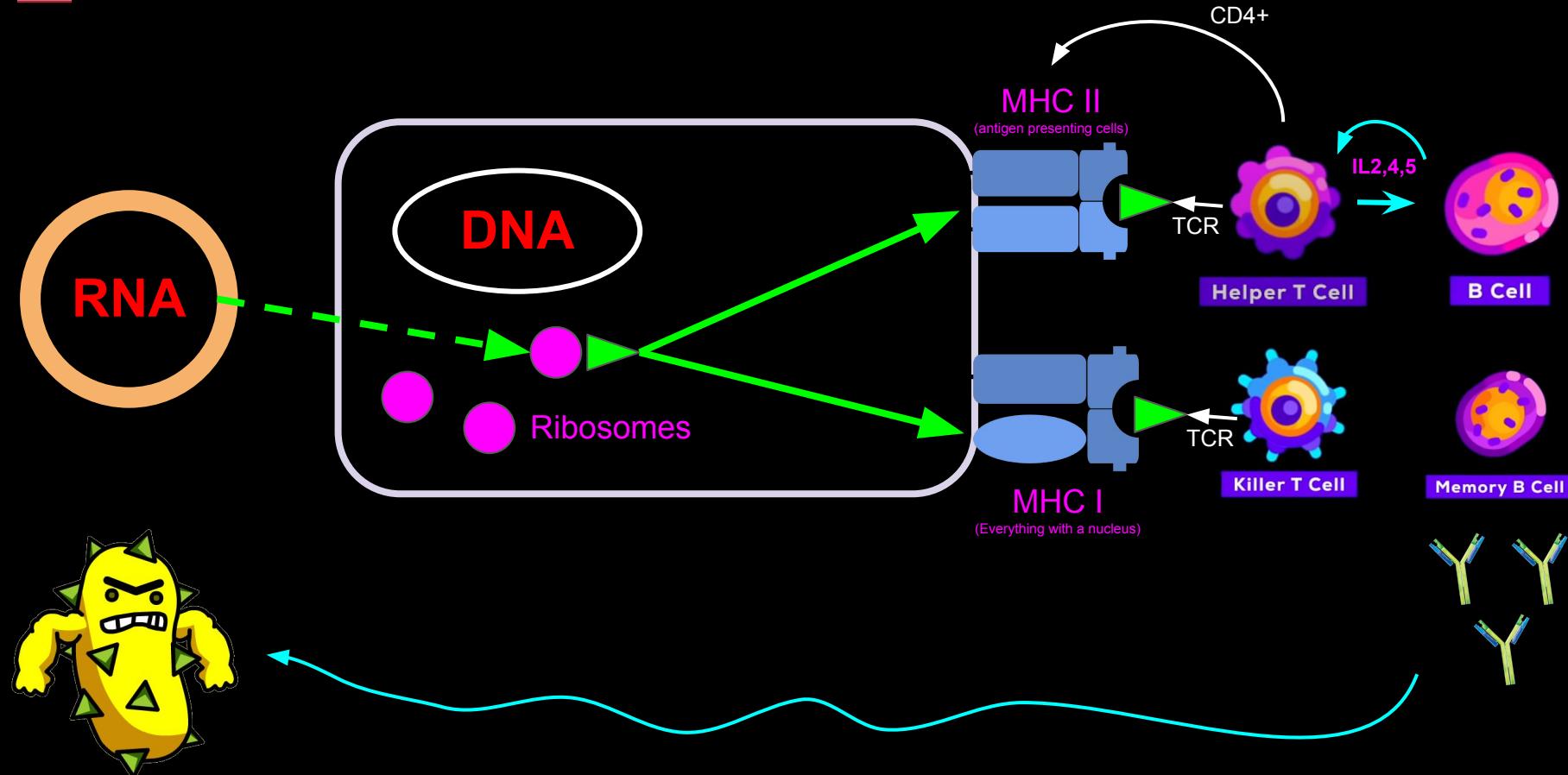
Pfizer/BioNtech



Moderna



RNA vaccines



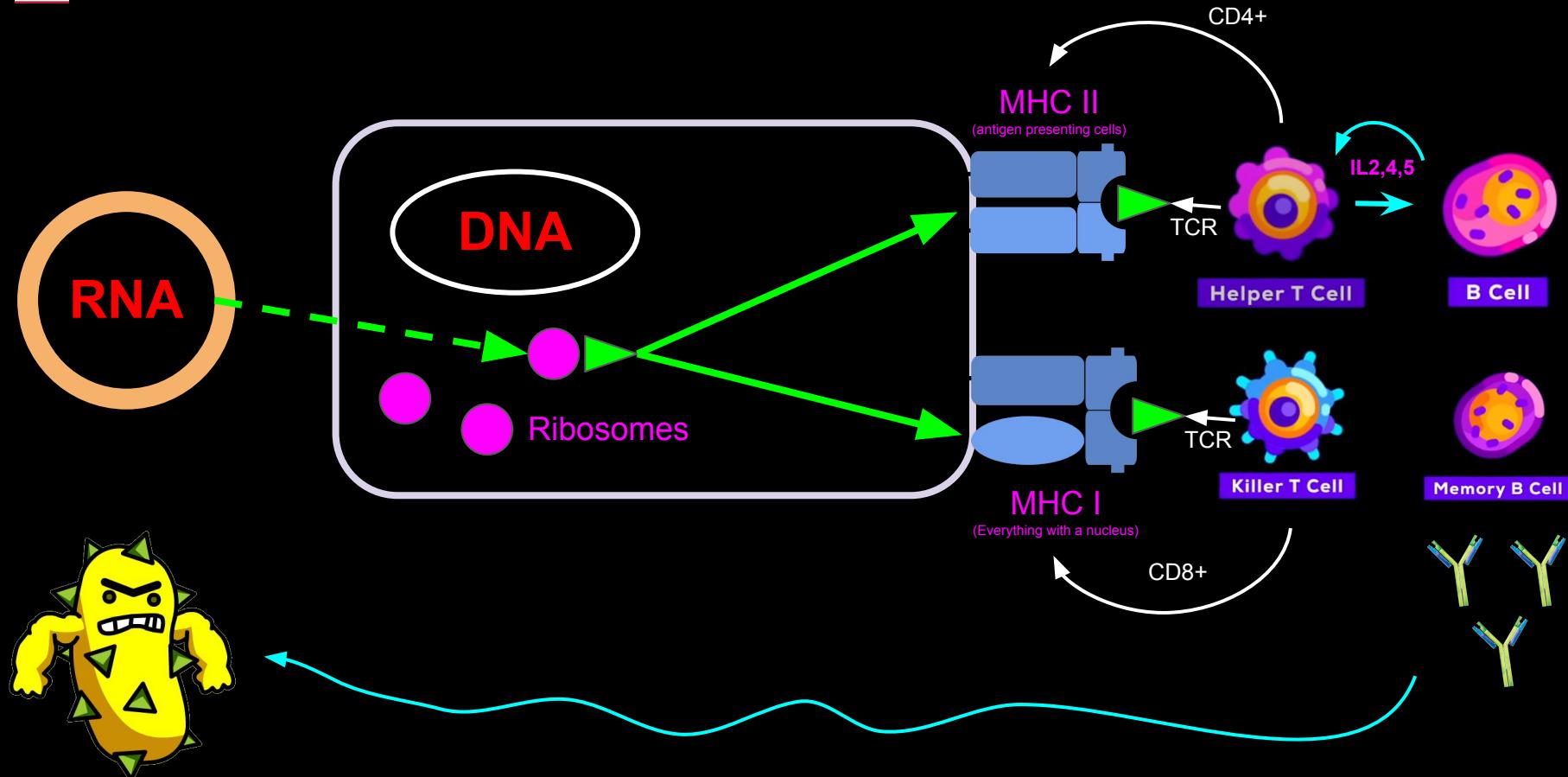
Pfizer/BioNtech



Moderna



RNA vaccines



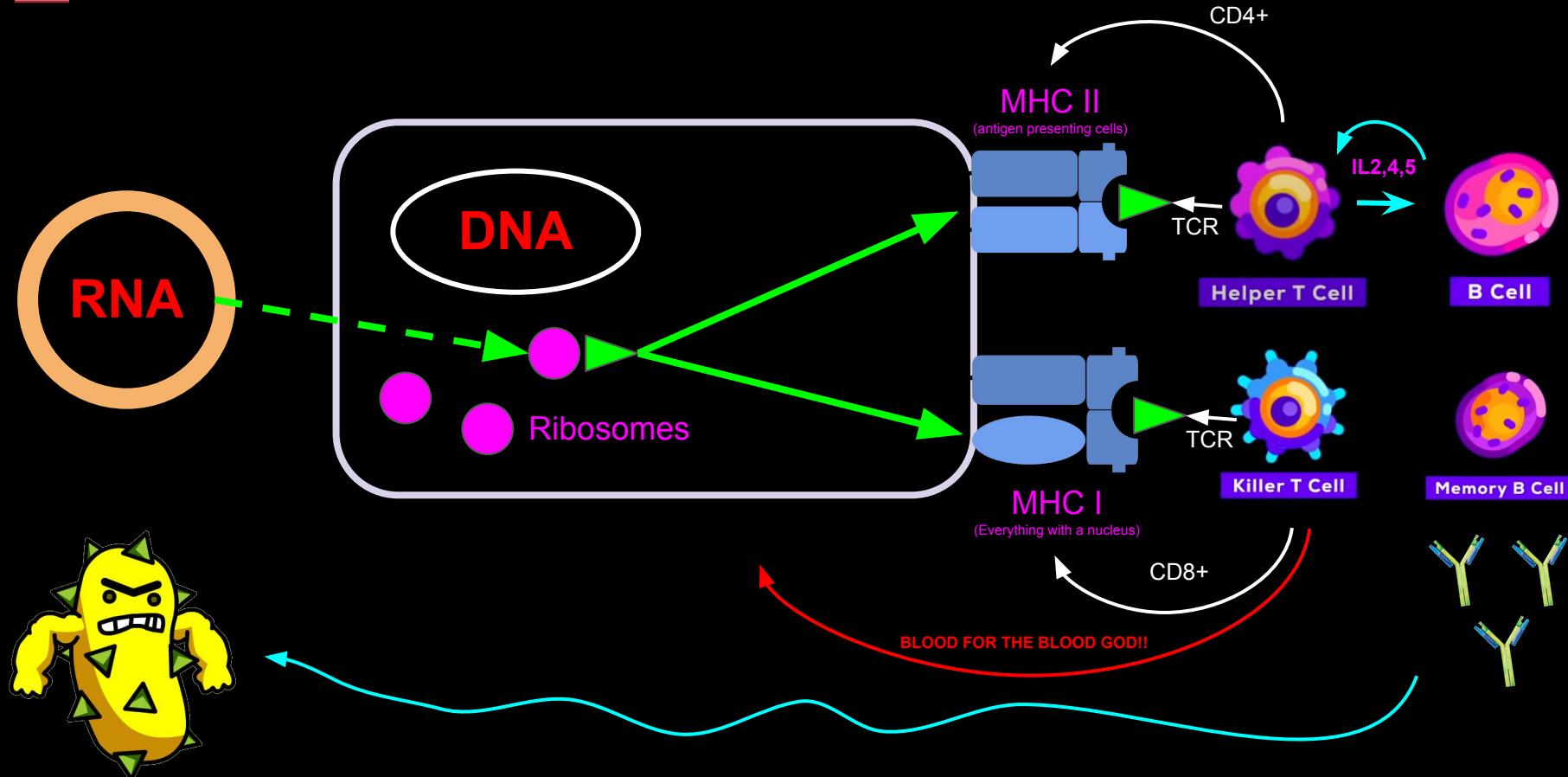
Pfizer/BioNtech



Moderna

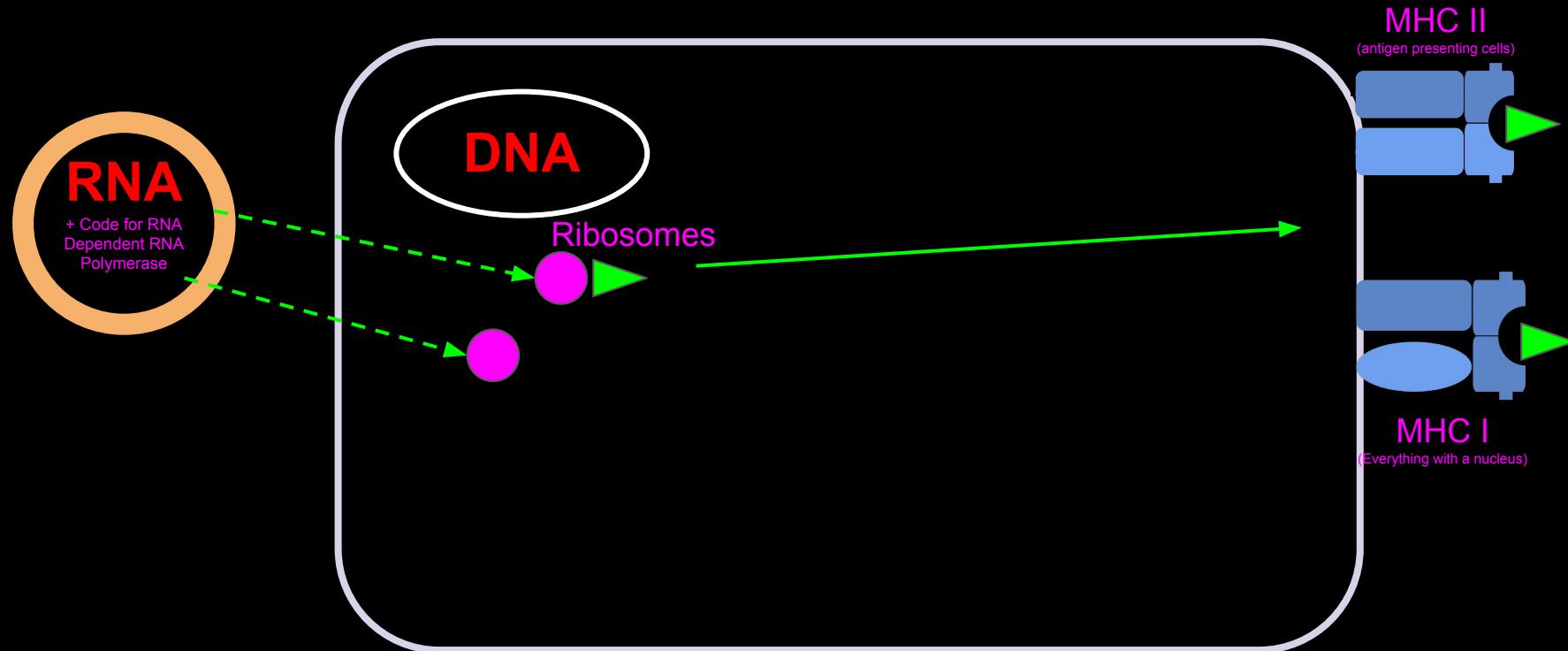


RNA vaccines



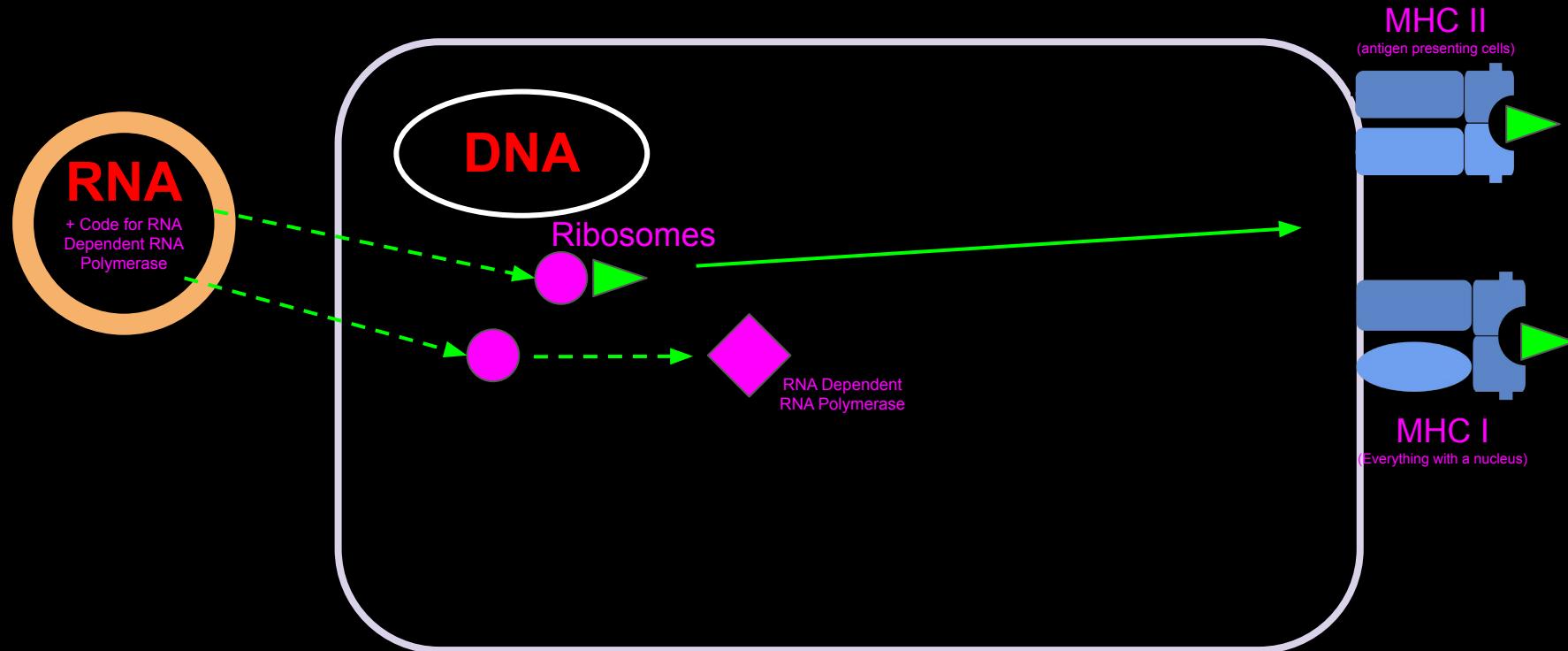


saRNA vaccines



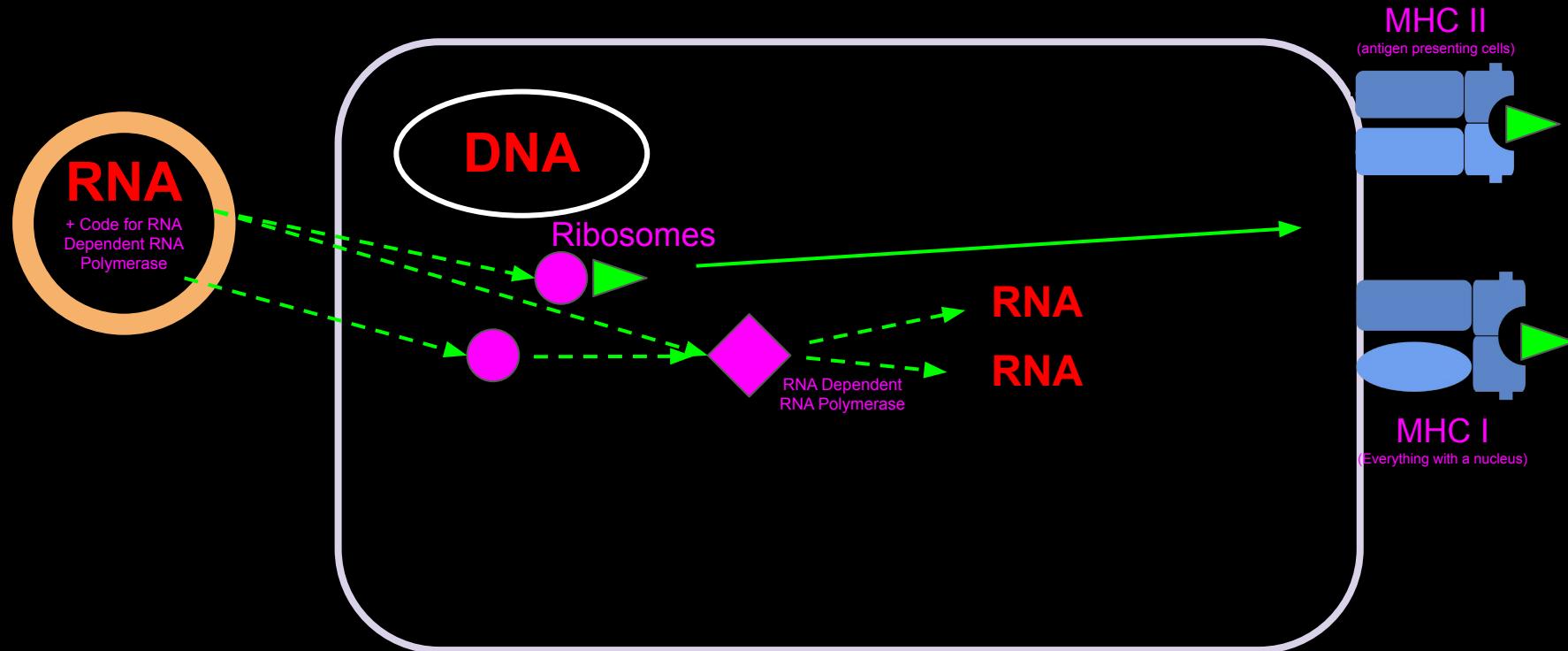


saRNA vaccines



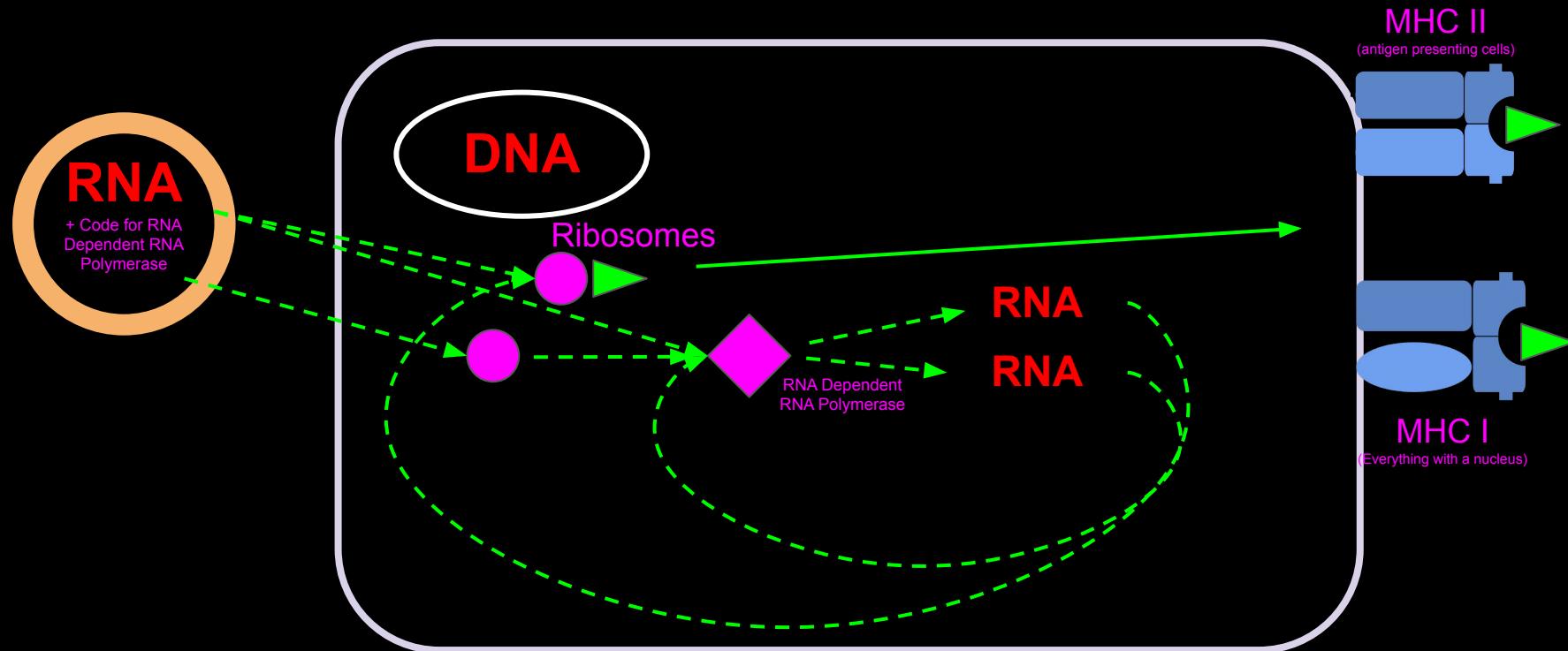


saRNA vaccines





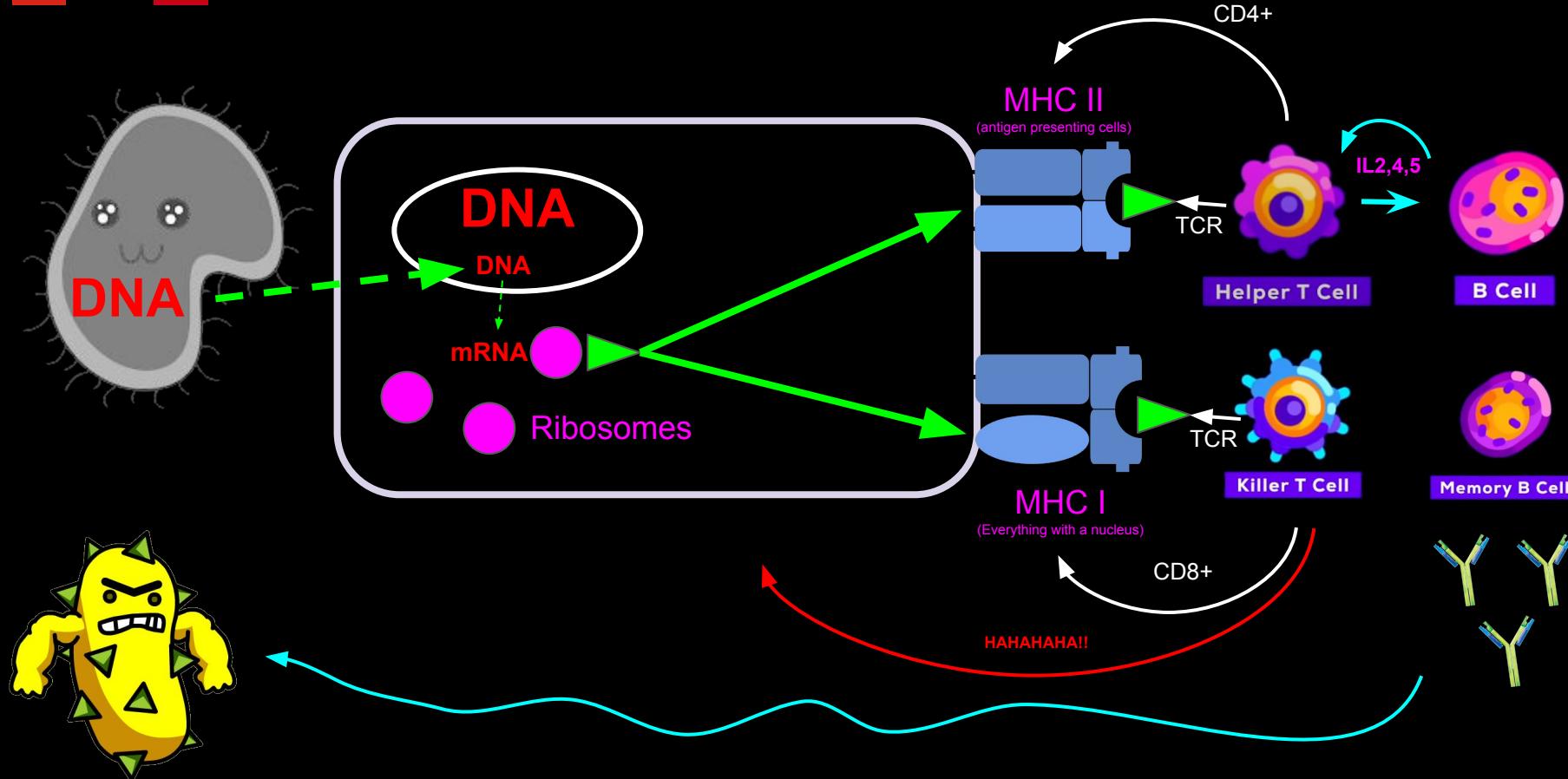
saRNA vaccines



AstraZeneca Johnson & Johnson



Viral vector vaccines





ELIJAH SCHAFFER



@ElijahSchaffer

Your immune system has a higher success rate at combatting COVID than the actual vaccine

99% vs. 95%

Think about it

2:40am · 8 Dec 2020 · Twitter for iPhone

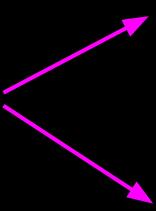
How do you measure efficacy?

Pfizer

43.000 test subjects

162 placebos

8 vaccines



How do you measure efficacy?

Pfizer

43.000 test subjects

162 placebos

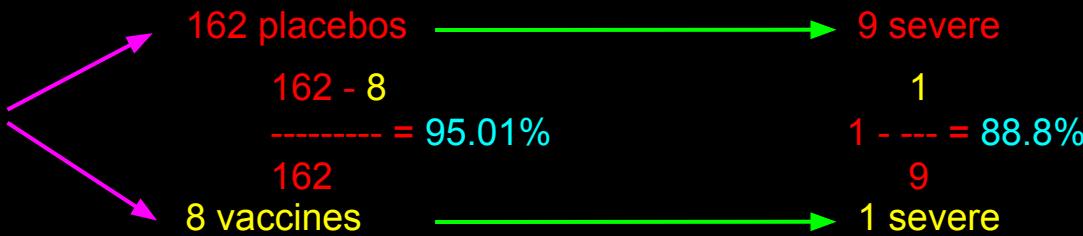
$$\frac{162 - 8}{162} = 95.01\%$$

162
8 vaccines

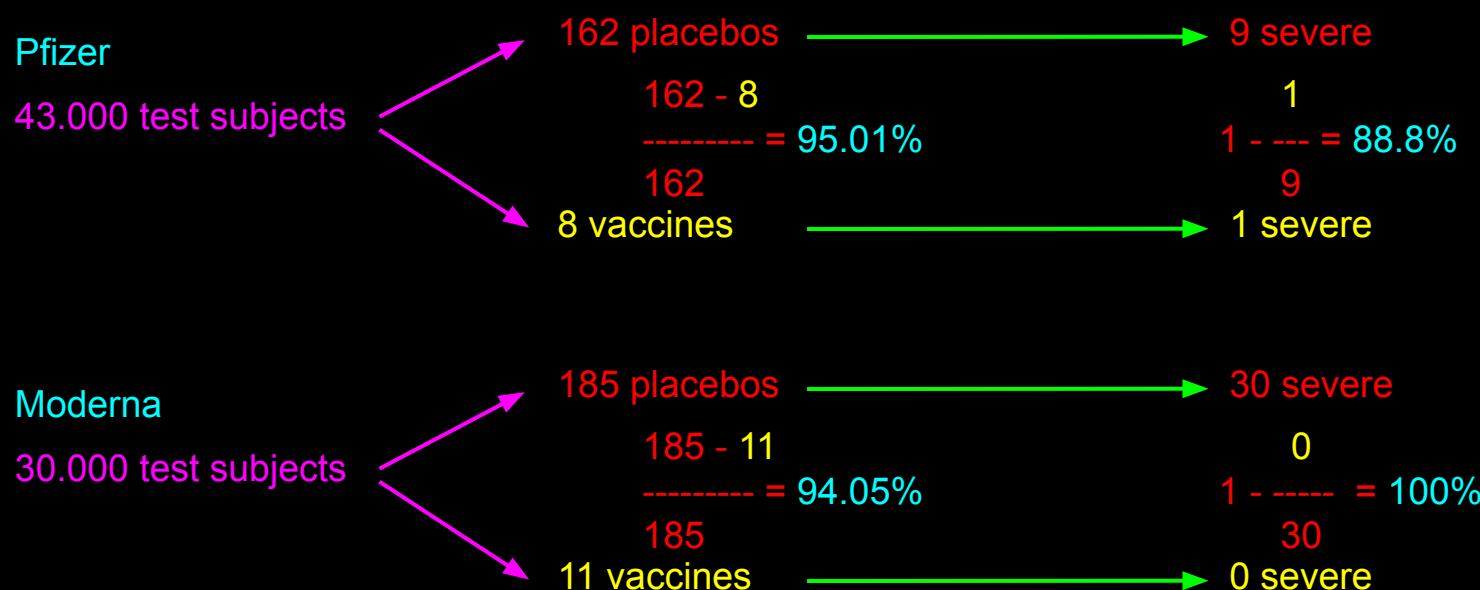
How do you measure efficacy?

Pfizer

43.000 test subjects



How do you measure efficacy?





EN VIVO

Palmeiras vs Al-Ahly, por el tercer puesto del Mundial

OCIO Vacunas | Coronavirus | covid-19



Camión de pollos traslada vacunas contra la COVID-19 en Bolivia - VIDEO

Las vacunas rusas contra el [coronavirus](#) llegaron a una localidad de Bolivia en un camión frigorífico avícola porque su vehículo dispuesto para el traslado sufrió un desperfecto.



Un camión avícola tuvo que llevar unas dosis de vacunas debido a un desperfecto en el vehículo dispuesto inicialmente. Foto: captura.

Redacción :

Libero

2 Feb 2021 | 16:29 h

Si bien podría resultar ser algo cómico o sacado de alguna ficción, el traslado de vacunas rusas contra el [coronavirus](#) en Bolivia a través de un camión de pollos ha sido muy criticado en redes sociales debido a su veracidad.

Chicken truck transport vaccines against COVID-19 in Bolivia



Russia Is Struggling to Convince People to Take Its Vaccine

| PANDEMIC |

Almost half of all Russians are skeptical of the Sputnik V vaccine, and doctors are now worried that the rushed rollout is backfiring.

ANNA NEMTSOVA



Most Russians Are Refusing to Touch Putin's COVID-19 Vaccine

| THANKS, BUT NO THANKS |

Russia is desperate for a vaccine against the coronavirus, but skepticism that dates back to the Soviet era means people don't trust Putin's quick-fix miracle cure.

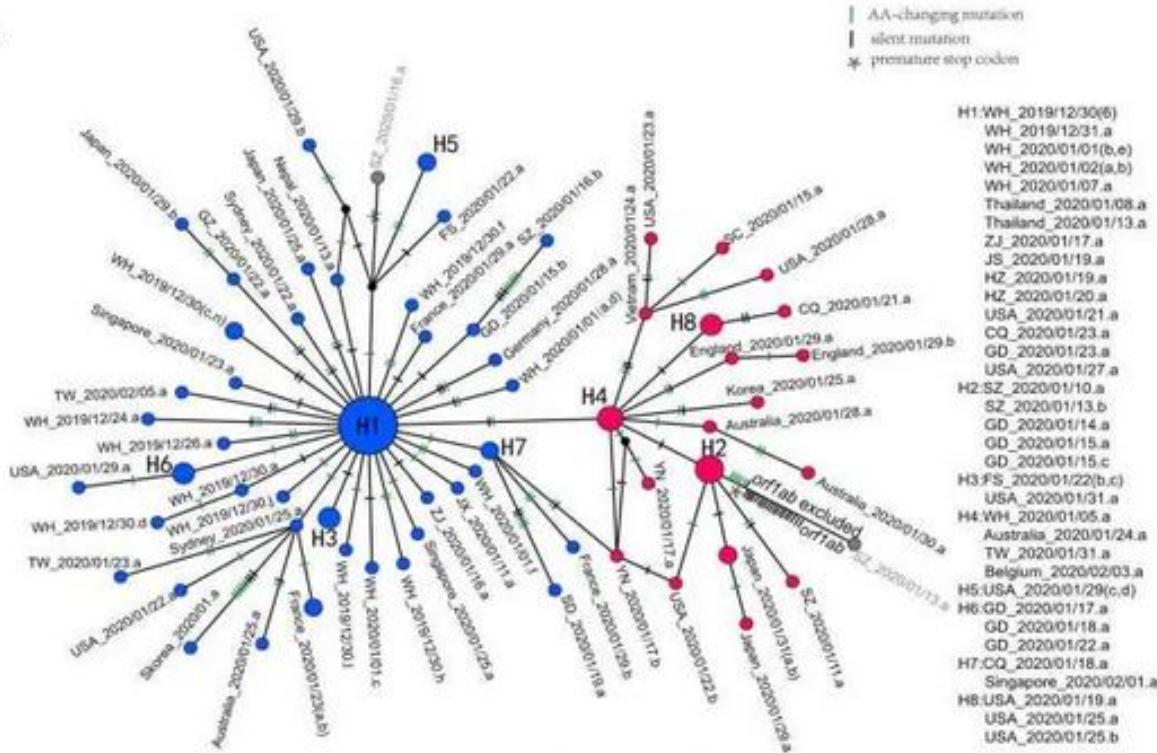
ANNA NEMTSOVA

- 1 - <https://doi.org/10.21203/rs.3.rs-226857/v1>
- 2 - <https://doi.org/10.1101/2021.02.02.21250799>
- 3 - <https://investors.modernatx.com/news-releases/news-release-details/moderna-covid-19-vaccine-retains-neutralizing-activity-against>
- 4 - https://twitter.com/DrZweliniKhize/status/1359376920337604609?ref_src=twsrc%5Etfw
- 5 - https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3779160

	SARS-CoV-2	B1.315	B1.1.7	B.1.1.272	B.1.1.248 / P1
Pfizer/BioNtech		✓	✓ (1)	✓ (1)	
Moderna		✓	✓ (3)	✓ (2)	
Sputnik V		✓	✓ (4)		
AstraZeneca		✓	X (4)	✓ (5)	

There's actually no such thing as COVID-19... there are innumerable different viruses evolving over time.

A

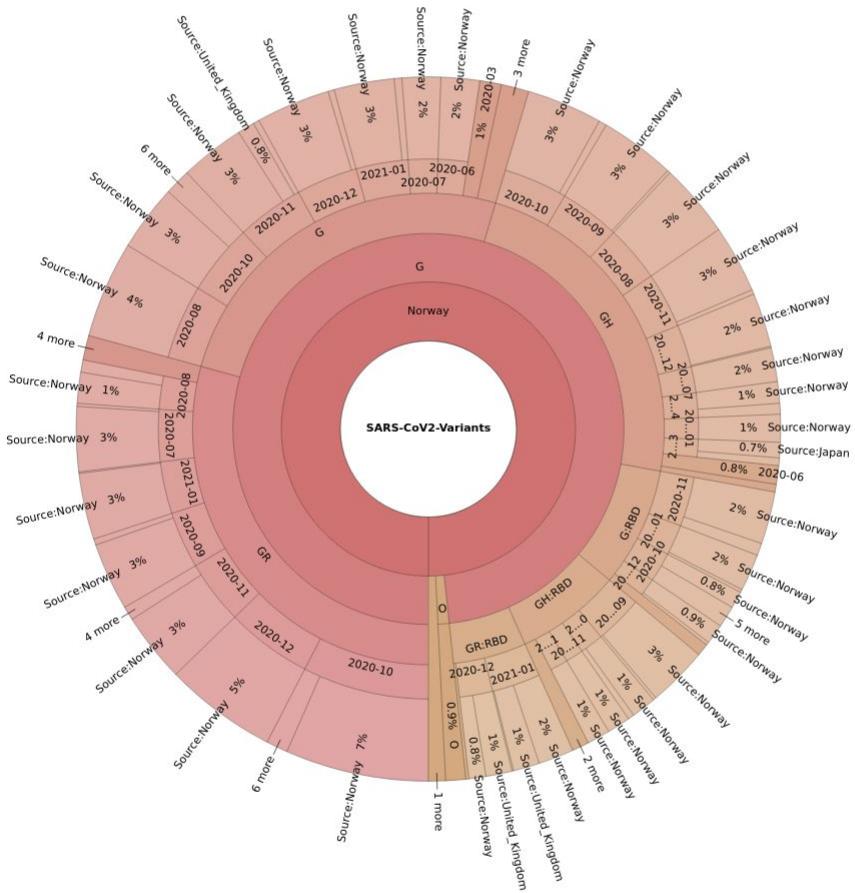


L haplotype

- More prevalent overall.
- More common early in outbreak.
- Responsible for cases in Wuhan..
- More virulent

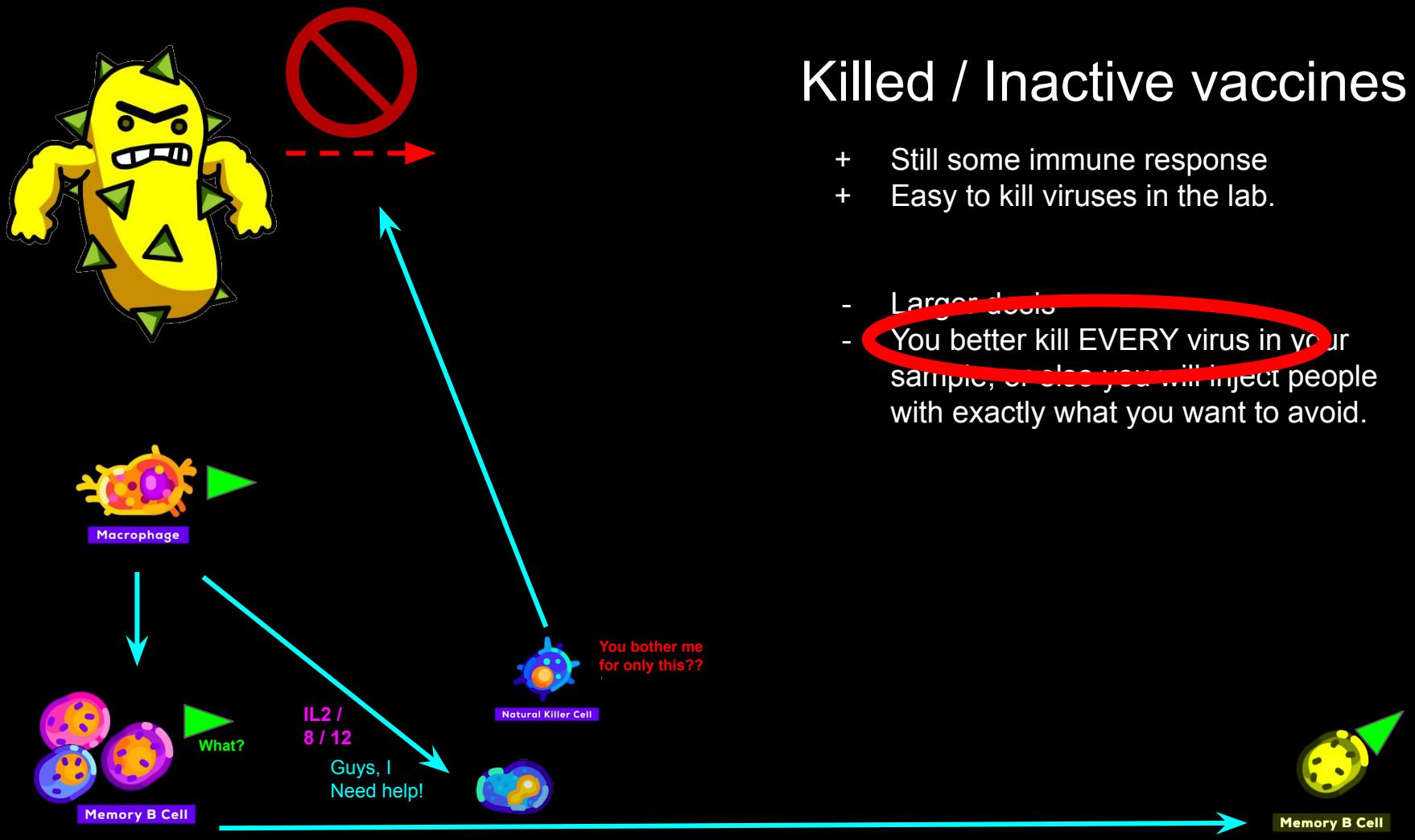
S haplotype

- Less prevalent overall.
- Emerged later in outbreak.
- More common outside Wuhan.
- Less virulent.



<https://www.cbrc.kaust.edu.sa/covmt/index.php?p=continent-clade>

Vaccine conspiracies that
are actually **true**





THE Cutter Incident

HOW AMERICA'S
FIRST POLIO
VACCINE LED TO
THE GROWING
VACCINE CRISIS

Paul Offit, M.D.

- 120,000 polio vaccines that contained live polio virus
- 40,000 children affected with non-paralytic poliomyelitis
- 56 children affected with paralytic poliomyelitis
- 5 children deaths.

Local epidemic of polio resulting in:

- 113 people paralyzed
- 5 people deaths.



Police guard the compound in Abbottabad, Pakistan, where Osama bin Laden was killed by U.S. Navy SEALs on May 2, 2011. In the weeks leading up to the raid, a Pakistani doctor attempted to access the compound and was able to provide vital information to the CIA.

PHOTOGRAPH BY WARRICK PAGE, REDUX

| POLIO'S SURPRISING COMEBACK |

He Led the CIA to bin Laden—and Unwittingly Fueled a Vaccine Backlash

Pakistani doctor's role in health campaign sparked local suspicions that efforts to fight polio were part of a Western plot.

BY ALEXANDER MULLANEY, FOR NATIONAL GEOGRAPHIC AND
SYEDA AMNA HASSAN, FOR NATIONAL GEOGRAPHIC

14 MINUTE READ





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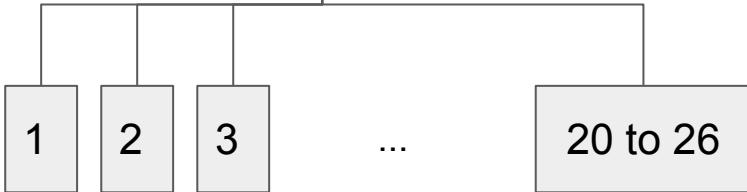
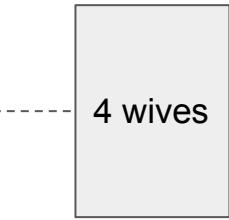
14 MINUTE READ







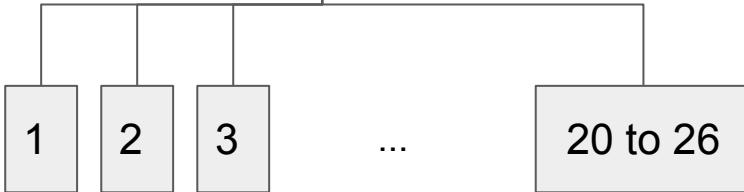
4 wives



Mohammed
bin Awad
bin Laden
(1908–1967)



4 wives



Mohammed
bin Awad
bin Laden
(1908–1967)

...

22 wives



4 wives

1 2 3

...

20 to 26

Mohammed
bin Awad
bin Laden
(1908–1967)

...

22 wives



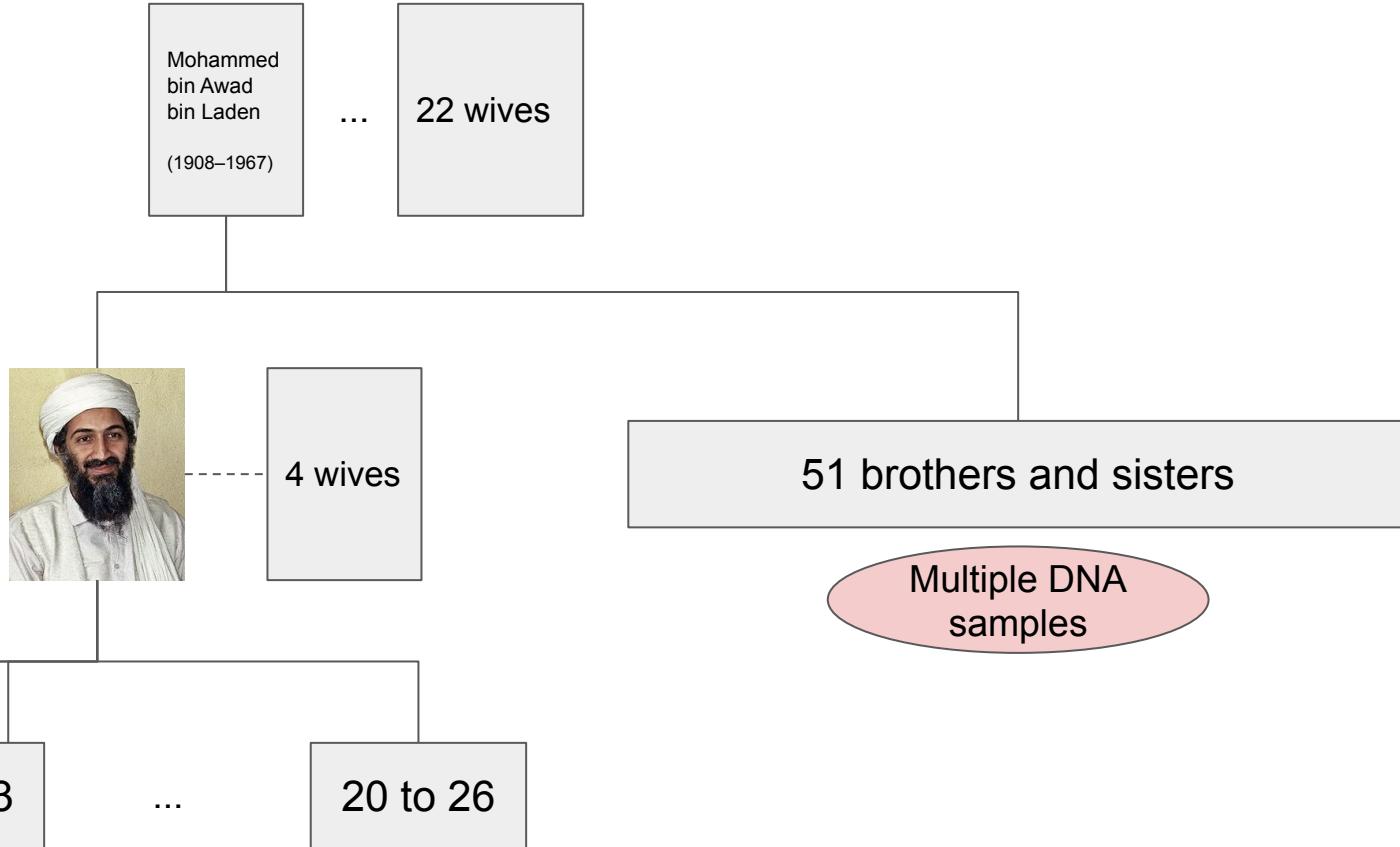
4 wives

51 brothers and sisters

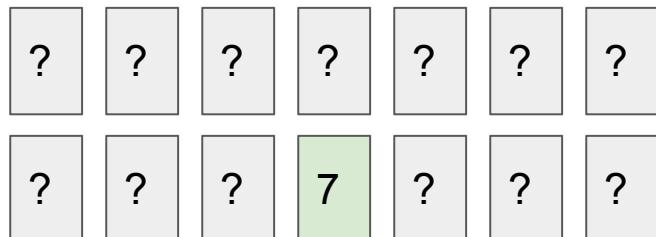
1 2 3

...

20 to 26







Multiple DNA samples

The Abbottabad commissioners concluded that Save the Children lacked "the internal mechanisms" to detect that it had been "infiltrated" by the CIA.

The CIA's manipulation of the vaccination campaign angered public health experts in the U.S. who worried that it might cast a pall of suspicion over aid workers in other countries too. In January 2013, the deans of 12 top public health schools wrote a letter to the Obama administration demanding that it cease using health workers in covert operations, citing the resurgence of polio in Pakistan.

The importance of giving an
image of **trust** to the public

Nature Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

[Nat Med](#), 2020 Oct 20 : 1–4.

doi: [10.1038/s41591-020-1124-9](https://doi.org/10.1038/s41591-020-1124-9) [Epub ahead of print]

PMCID: PMC7573523

PMID: [33082575](#)

Nature Public Health Emergency Collection

A global survey of potential acceptance of a COVID-19 vaccine

Jeffrey V. Lazarus,¹ Scott C. Ratzan,² Adam Palayew,¹ Lawrence O. Gostin,³ Heidi J. Larson,⁴ Kenneth Rabin,² Spencer Kimball,⁵ and Ayman El-Mohandes²

The other source of concern was a discrepancy between reported acceptance of a COVID-19 vaccine and acceptance if vaccination was mandated by one's employer. All respondents, regardless of nationality, reported that they would be less likely to accept a COVID-19 vaccine if it were mandated by employers. This finding across all countries with both high and low reported vaccine acceptance proportions suggests that promoting voluntary acceptance is a better option for employers. It might seem easier to monitor compliance among adults in the working age group if employers required it, but this could fail if it is perceived as limiting employees' freedom of choice or a manifestation of employers' self-interest¹⁴.

A careful balance is required between educating the public about the necessity for universal vaccine coverage and avoiding any suggestion of coercion. Respected community-based groups and non-governmental organizations, such as the Red Cross, which is considered to be impartial, are essential to help build trust in a future COVID-19 vaccine.

Arguably, trust is an intrinsic and potentially modifiable component of successful uptake of a COVID-19 vaccine. Our findings show that trust in government is strongly associated with vaccine acceptance and can contribute to public compliance with recommended actions¹⁵. Lessons learned from previous infectious disease outbreaks and public health emergencies, including HIV, H1N1, SARS, MERS and Ebola, remind us that trusted sources of information and guidance are fundamental to disease control¹⁶. However, addressing vaccine hesitancy requires more than building trust. It is a multifactorial, complex and context-dependent endeavor that must be addressed simultaneously at global, national and sub-national levels.

Clear and consistent communication by government officials is crucial to building public confidence in vaccine programs. This includes explaining how vaccines work, as well as how they are developed, from recruitment to regulatory approval based on safety and efficacy. Effective campaigns should also aim to carefully explain a vaccine's level of effectiveness, the time needed for protection (with multiple doses, if required) and the importance of population-wide coverage to achieve community immunity. Instilling public confidence in regulatory agency reviews of vaccine safety and effectiveness will be important. Credible and culturally informed health communication is vital in influencing positive health behaviors^{17,18}, as has been observed with respect to encouraging people to cooperate with COVID-19 control measures. This includes preparing the public and leaders of civic, religious and fraternal organizations that are respected within various sectors of society and local communities, as well as the private sector, for a mass vaccination program with credible spokespeople, local engagement, accurate information and technological support.

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DEATH THE VACCINATOR.



"Death the Vaccinator," Anti-Vaccination Poster by the London Society for the Abolition of Compulsory Vaccination, c. 1880.

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I'm confused- we can't eat inside but we can eat inside as long as the inside is outside. Got it.





Chef Andrew Gruel ✅ @ChefGruel · Dec 13, 2020

...

Amazon is hiring at breakneck speed as small business crumbles across America. As a result they need to expand their indoor cafeterias. They look very similar to indoor dining 😕. So we don't shut an industry down for safety we just transfer it to Amazon. Makes sense.



469

6.3K

13.9K





Central Community Team 
@CentralBedsCPT



If you think that by going for a picnic in a rural location no one will
find you, don't be surprised if an officer appears from the shadows!
We are covering the whole county #urbanandrural
#StayHomeSaveLives #ProtectTheNHS 2813 7702



♡ 601 4:56 PM - Apr 11, 2020



4,868 people are talking about this



You can't sue Pfizer or Moderna if you have severe Covid vaccine side effects. The government likely won't compensate you for damages either

PUBLISHED THU, DEC 17 2020 8:36 AM EST | UPDATED THU, DEC 17 2020 10:14 AM EST



MacKenzie Sigalos
@KENZIESIGALOS

SHARE

KEY POINTS

- Under the PREP Act, companies like Pfizer and Moderna have total immunity from liability if something unintentionally goes wrong with their vaccines.
- A little-known government program provides benefits to people who can prove they suffered serious injury from a vaccine.
- That program rarely pays, covering just 29 claims over the last decade.

TRENDING NOW



SEC charges with mislead customers a makes mone



You can't sue Moderna if you have severe Covid

Pfizer's CEO hasn't gotten his Covid vaccine yet, saying he doesn't want to cut in line

CNBC · 1 hour ago



- Hospitals Prepare for First Shots as Virus Vaccine Shipments Blanket U.S.



The Independent @Independent · 14h

...

Pfizer given protection from legal action over coronavirus vaccine by UK government



CHI Memorial

CHI Memorial



memor



CH

Nurse who fainted while getting COVID-19 vaccine says it was due to medical condition, not the shot

The nurse said she has a medical condition that can sometimes cause her to faint.



Nurse who fainted while getting COVID-19 vaccine says it was due to medical condition, not the shot

The nurse said she has a medical condition that can sometimes cause her to faint.



Credit: Getty Images/iStockphoto

FIRST WOMAN TO RECEIVE VACCINE IN UK IS IN CRITICAL CONDITION FOLLOWING UNRELATED HEALTH EVENT

Sam Weinberg

News and Engagement Editor

[Bio](#) | [Follow](#)



Margaret Keenan, 90, was of the first to receive the COVID-19 vaccine earlier today and everything seems fine except that Margaret appears to have an inflammation of the spinal cord which is causing severe neurological symptoms. Doctors assured us that it is impossible that the vaccine could have caused this infection and that the timing was, "Very unfortunate but not unexpected for someone Margaret's age." Furthermore, that this particular type of infection was not listed as any of the absolutely minuscule potential side effects from the vaccine and since the vaccine is over 95% effective that makes it

FDA Safety Surveillance of COVID-19 Vaccines :

DRAFT Working list of possible adverse event outcomes

*****Subject to change*****

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encepholopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease

No difference in deaths Vaccine/Placebo

Serious Adverse Events

Deaths

A total of six (2 vaccine, 4 placebo) of 43,448 enrolled participants (0.01%) died during the reporting period from April 29, 2020 (first participant, first visit) to November 14, 2020 (cutoff date). Both vaccine recipients were >55 years of age; one experienced a cardiac arrest 62 days after vaccination #2 and died 3 days later, and the other died from arteriosclerosis 3 days after vaccination #1. The placebo recipients died from myocardial infarction (n=1), hemorrhagic stroke (n=1) or unknown causes (n=2); three of the four deaths occurred in the older group (>55 years of age). All deaths represent events that occur in the general population of the age groups where they occurred, at a similar rate.

Non-fatal SAEs

In the all-enrolled population (total N=43,448), the proportions of participants who reported at least 1 SAE during the time period from Dose 1 to the data cutoff date (November 14, 2020) were 0.6% in the BNT162b2 vaccine group and 0.5% in the placebo group. The most common SAEs in the vaccine group which were numerically higher than in the placebo group were appendicitis (0.04%), acute myocardial infarction (0.02%), and cerebrovascular accident (0.02%), and in the placebo arm numerically higher than in the vaccine arm were pneumonia (0.03%), atrial fibrillation (0.02%), and syncope (0.02%). Occurrence of SAEs involving system organ classes and specific preferred terms were otherwise balanced between treatment groups, including no imbalance overall in cardiovascular serious adverse events.

Appendicitis was reported as a SAE for 12 participants, and numerically higher in the vaccine group: 8 vaccine participants (appendicitis [n=7], appendicitis perforated [n=1]) and 4 placebo participants (appendicitis [n=2], appendicitis perforated [n=1], complicated appendicitis [n=1]). All of the vaccine participants (n=8) and 2 placebo participants were younger than 65 years of age. The cases were considered unrelated to vaccination by the study investigators and occurred no more frequently than expected in the given age groups. FDA agrees that there is no clear basis upon which to suspect that this imbalance represents a vaccine-related risk.

Three SAEs reported in the BNT162 group were considered by the investigator as related to vaccine/vaccine administration: shoulder injury, ventricular arrhythmia, and lymphadenopathy. The investigator and the sponsor thought that the shoulder injury was related to vaccine administration. Two SAEs in the BNT162b2 group and none in the placebo group were considered by the investigator, but not the Sponsor, as related to study vaccination: shoulder injury (n=1), ventricular arrhythmia in a participant with known cardiac conditions (n=1), and lymphadenopathy temporally following vaccination (n=1). In FDA's opinion following review of the adverse event narratives, two of these events were considered as possibly related to vaccine: shoulder injury possibly related to vaccine administration or to the vaccine itself, and lymphadenopathy involving the axilla contralateral to the vaccine injection site. For lymphadenopathy, the event was temporally associated and biologically plausible.

Among participants 16 to 17 years of age, there was 1 participant in the vaccine group who experienced an SAE of facial bones fracture, which was not considered related to study intervention by the investigator.

41

Apendicitis not related
to vaccines

Suspected COVID-19 Cases

As specified in the protocol, suspected cases of symptomatic COVID-19 that were not PCR-confirmed were not recorded as adverse events unless they met regulatory criteria for seriousness. Two serious cases of suspected but unconfirmed COVID-19 were reported, both in the vaccine group, and narratives were reviewed. In one case, a 36-year-old male with no medical comorbidities experienced fever, malaise, nausea, headache and myalgias beginning on the day of Dose 2 and was hospitalized 3 days later for further evaluation of apparent infiltrates on chest radiograph and treatment of dehydration. A nasopharyngeal PCR test for SARS-CoV-2 was negative on the day of admission, and a chest CT was reported as normal. The participant was discharged from the hospital 2 days after admission. With chest imaging findings that are difficult to reconcile, it is possible that this event represented reactogenicity following the second vaccination, a COVID-19 case with false negative test that occurred less than 7 days after completion of the vaccination series, or an unrelated infectious process. In the other case, a 66-year-old male with no medical comorbidities experienced fever, myalgias, and shortness of breath beginning 28 days post-Dose 2 and was hospitalized one day later with abnormal chest CT showing a small left-sided consolidation. He was discharged from the hospital 2 days later, and multiple nasopharyngeal PCR tests collected over a 10-day period beginning 2 days after symptom onset were negative. It is possible, though highly unlikely, that this event represents a COVID-19 case with multiple false negative tests that occurred more than 7 days after completion of the vaccination regimen, and more likely that it represents an unrelated infectious process.

Among 3410 total cases of suspected but unconfirmed COVID-19 in the overall study population, 1594 occurred in the vaccine group vs. 1816 in the placebo group. Suspected COVID-19 cases that occurred within 7 days after any vaccination were 409 in the vaccine group vs. 287 in the placebo group. It is possible that the imbalance in suspected COVID-19 cases occurring in the 7 days postvaccination represents vaccine reactogenicity with symptoms that overlap with those of COVID-19. Overall though, these data do not raise a concern that protocol-specified reporting of suspected, but unconfirmed COVID-19 cases could have masked clinically significant adverse events that would not have otherwise been detected.

Subgroup Analyses

There were no specific safety concerns identified in subgroup analyses by age, race, ethnicity, medical comorbidities, or prior SARS-CoV-2 infection, and occurrence of solicited, unsolicited, and serious adverse events in these subgroups were generally consistent with the overall study population.

Pregnancies

Female study participants of childbearing potential were screened for pregnancy prior to each vaccination, with a positive test resulting in exclusion or discontinuation from study vaccination. The study is collecting outcomes for all reported pregnancies that occur after vaccination, or before vaccination and not detected by pre-vaccination screening tests. Twenty-three pregnancies were reported through the data cut-off date of November 14, 2020 (12 vaccine, 11 placebo). Study vaccination occurred prior to the last menstrual period (LMP) in 5 participants (4 vaccine, 2 placebo), within 30 days after LMP in 8 participants (4 vaccine, 6 placebo), >30 days after LMP in 1 participant (0 vaccine, 2 placebo), and date of LMP not known in 5 participants (4 vaccine, 1 placebo). Unsolicited AEs related to pregnancy include spontaneous abortion and retained products of conception, both in the placebo group. Pregnancy outcomes are otherwise

42

You can get pregnant, with or
without the vaccine. A placebo got
an abortion

unknown at this time.

Clinical Laboratory Evaluations

Clinical laboratory tests (hematology, chemistries) were assessed in study BNT162-01 and C4591001 phase 1. The only common laboratory abnormality reported throughout the studies was transient decreases in lymphocytes 1-3 days after Dose 1, which increased in frequency with increasing dose, were mostly Grade 1-2, generally normalized at the next laboratory assessment 6-8 days after Dose 1 and did not occur after Dose 2. Among C4591001 phase 1 participants who received the 30 µg dose of BNT162b2, transient decreases in lymphocytes post-Dose 1 occurred in 5 of 12 participants 18-55 years of age and in 4 of 12 participants 65-85 years of age. These transient hematological changes were not associated with clinical symptoms.

Safety Summary

The information provided by the Sponsor was adequate for review and to make conclusions about the safety of BNT162b2 in the context of the proposed indication and population for intended use under EUA. The number of participants in the phase 2/3 safety population (N=37586; 18801 vaccine, 18785 placebo) meets the expectations in FDA's Guidance on Development and Licensure of Vaccines to Prevent COVID-19 for efficacy, and the median duration of at least 2 months follow-up after completion of the 2-dose primary vaccination series meets the agency's expectations in FDA's Guidance on its Emergency Use Authorization for Vaccines to Prevent COVID-19. The all-enrolled population contained more participants >16 years of age, regardless of duration of follow-up (43448; 21720 vaccine, 21728 placebo). The demographic and baseline characteristics of the all-enrolled population and the safety population were similar. Although the overall median duration of follow-up in the all-enrolled population was less than 2 months, because the protocol was amended to include subpopulations such as individuals with HIV and adolescents, the data from both populations altogether provide a comprehensive summary of safety.

Local site reactions and systemic solicited events after vaccination were frequent and mostly mild to moderate. The most common solicited adverse reactions were injection site reactions (84.1%), fatigue (62.9%), headache (55.1%), muscle pain (38.3%), chills (31.9%), joint pain (23.6%), fever (14.2%). Severe adverse reactions occurred in 0.0% to 4.6% of participants, were more frequent after Dose 2 than after Dose 1, and were generally less frequent in adults ≥55 years of age (≤2.8%) as compared to younger participants (<4.6%). Among adverse events of special interest, which could be possibly related to vaccine, lymphadenopathy was reported in 64 participants (0.3%): 54 (0.5%) in the younger (16 to 55 years) age group, 10 (0.1%) in the older (>55 years) age group, and 6 in the placebo group. The average duration of these events was approximately 10 days, with 11 events ongoing at the time of the data cutoff. Bell's palsy was reported by four vaccine participants. From Dose 1 through 1 month after Dose 2, there were three reports of Bell's palsy in the vaccine group and none in the placebo group. This observed frequency of reported Bell's palsy is consistent with the expected background rate in the general population. There were no other notable patterns or numerical imbalances between treatment groups for specific categories of non-serious adverse events (including other neurologic, neuro-inflammatory, and thrombotic events) that would suggest a causal relationship to BNT162b2 vaccine.

A total of six deaths occurred in the reporting period (2 deaths in the vaccine group, 4 in placebo). In the vaccine group, one participant with baseline obesity and pre-existing arteriosclerosis died 3 days after Dose 1, and the other participant experienced cardiac arrest

43

Bell's palsy exactly within
statistically expected cases
for vaccine group



Spiro
@o_rips

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...](https://zeenews.india.com/world/covid-19/)





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

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[zeenews.india.com/world/covid-19...](https://zeenews.india.com/world/covid-19/)



7:18 PM · Dec 9, 2020 · Twitter Web App

REVIEW

ANWAR AHMED, MD

Department of Neurology, St. Joseph Hospital
and Medical Center, Phoenix, AZ

398

CLEVELAND CLINIC JOURNAL OF MEDICINE

VOLUME 72 • NUMBER 5

MAY 2005

When is facial paralysis Bell palsy? Current diagnosis and treatment

■ INCIDENCE AND RISK

The annual incidence of Bell palsy is about 20 per 100,000, and the incidence increases with age. It is seen as often in men as in women. Those at high risk include pregnant women and people with diabetes mellitus.¹ About 10% of those with Bell palsy have a family history of the condition.



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

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~18.000p vaccine group * 20p / 100.000p incidence =

3.6 people just by random chance

23 people die in Norway after Pfizer COVID vaccine



By Amit Kumar | January 14, 2021 | 1586 | 0



Must Read

Norway | January 14, 2021
23 people die in Norway after Pfizer COVID vaccine

Vaccination in the country began at the end of December last year. First, they vaccinated residents of nursing homes in the capital.

- Advertisement -

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Norway | Amit Kumar -January 14, 2021

23 people die in Norway after Pfizer COVID vaccine

Vaccination in the country began at the end of December last year. First, they vaccinated residents of nursing homes in...

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Aakash Molpariya - January 14, 2021





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ooo

Chicago-area hospital abruptly halts administering COVID vaccine
after multiple reactions in staff members



Chicago-area hospital abruptly halts administering COVID vacci...

'Out of an abundance of caution...'

theblaze.com



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Chicago-area hospital abruptly halts administering COVID vaccine after multiple reactions in staff members



Chicago-area hospital abruptly halts administering COVID vacci...

'Out of an abundance of caution...'

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Vaccinations at Chicago-area hospital to resume after 4 workers experience adverse reactions

By FOX 32 Digital Staff | Published December 18, 2020 | Updated December 19, 2020 | Coronavirus Vaccine | FOX 32 Chicago



Suburban hospital to restart vaccinations after 4 workers experience adverse reactions

FOX 32's Nate Rodgers reports...

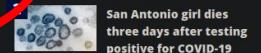
FOX 32 Live Instapoll



Your Take



Trending

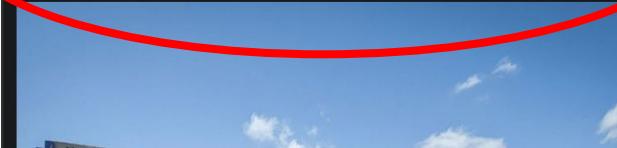


LIBERTYVILLE, Ill. - A north suburban hospital is temporarily pausing coronavirus vaccinations after four workers reported feeling adverse reactions.

Since Thursday, four team members at Advocate Cornelia Medical Center in **Libertyville** experienced reactions shortly after receiving the **Moderna COVID-19 vaccination**. Their symptoms included tingling and elevated heart rate, the hospital said in a statement.

The hospital also noted that the four team members represent fewer than 0.15% of the approximately 3,000 who have so far received vaccinations across Advocate Aurora Health.

The hospital released a statement Saturday saying vaccinations will resume on Sunday, Dec. 20.





Reuters
@Reuters

California nurse tests positive over a week after receiving Pfizer COVID-19 vaccine: ABC reut.rs/380fb6o

THE TIMES OF ISRAEL

Israel's virus czar says 1st dose less effective than Pfizer indicated – report

Nachman Ash reportedly says it's not certain vaccines can protect against mutated coronavirus strains; 12,400 Israelis were infected with virus after receiving 1st shot

By TOI STAFF
19 January 2021, 7:33 pm | 1



Israeli coronavirus czar Prof. Nachman Ash at the Jerusalem Municipality, on November 22, 2020. (Yonatan Sindel/Flash90)

SEARCH
Investigation into Florida doctor who died two weeks after COVID-19 vaccine

By Jackie Salo

January 7, 2021 | 2:03pm | Updated



Dr. Gregory Michael, who died shortly after receiving his vaccine from thrombocytopenia
Facebook

MORE ON:
COVID VACCINE

Israel PM: All citizens over 16 will be vaccinated by end

A Florida doctor died more than two weeks after receiving a COVID-19 vaccine — though whether the shot played any role remains under investigation.

Dr. Gregory Michael, 56, an OB-GYN at Mount Sinai

The New York Times

Alaska Health Worker Had a Serious Allergic Reaction After Pfizer's Vaccine

Noah Weiland, Sharon LaFraniere, Mike Baker and Katie Thomas

Wed, December 16, 2020, 5:28 PM PST



Coronavirus vaccines being prepared in Fargo, N.D., on Monday, Dec. 14, 2020. (Tim Gruber/The New York Times)

cnn politics



Massachusetts Democratic congressman, vaccinated for Covid-19, tests positive for virus

By Veronica Stracqualursi and Daniella Diaz, CNN
Updated 2015 GMT (0415 HKT) January 30, 2021



REUTERS/ANDREW CABALLERO-REYNOLDS

UN says new polio outbreak in Sudan caused by oral vaccine

By MARIA CHENG September 2, 2020 GMT

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UN says new polio outbreak in Sudan caused by oral vaccine

By MARIA CHENG September 2, 2020 GMT



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UN says new polio outbreak in Sudan caused by oral vaccine

The World Health Organization says a new polio outbreak in Sudan is linked to an ongoing vaccine-sparked epidemic in Chad

By MARIA CHENG AP Medical Writer
2 September 2020, 11:17 • 3 min read



The Associated Press

FILE - In this Wednesday, April 24, 2013 file photo, a Somali baby receives a polio vaccine at the Medina Maternal Child Health center in Mogadishu, Somalia. Health authorities on Tuesday, Aug. 25... Read More

Global development is supported by

About this content

Peter Beaumont

Wed 2 Sep 2020 14.11 BST

UN says new polio outbreak in Sudan caused by oral vaccine



Global development

This article is more than 5 months old

Vaccine-derived polio spreads in Africa after defeat of wild virus

Fresh cases of disease linked to oral vaccine seen in Sudan, following outbreak in Chad

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SC warns of arrest over marriage vow



Oscars 2021 to be held in multiple locations...



India vs England: Surface tension slash



Bitcc

INDIA TODAY

UN says new polio outbreak in Sudan caused by oral vaccine

#####

Notes for editors:

- There are multiple strains of polio, and there is a critical distinction between wild or naturally occurring poliovirus, which is today only found in Afghanistan and Pakistan, and vaccine-derived poliovirus.
- The name 'vaccine-derived poliovirus' can be misleading: the problem is not with the oral polio vaccine, but with low immunity levels.
- Oral polio vaccine contains a tiny bit of poliovirus (live attenuated virus) that enables it to bring about an immune response in children. This is what makes it so effective. But sometimes, over time, as the vaccine-virus cycles through children's bodies, it can mutate into a harmful form of poliovirus that causes paralysis. If all children in the area are adequately immunized, this virus has no one to infect and dies away. But if immunity levels are persistently, abysmally low, children can become infected and develop paralysis – and this is what has happened in Sudan and Yemen.
- This two-minute animation explains how vaccine-derived poliovirus outbreaks emerge: https://www.youtube.com/watch?v=mg_XFQ2zib4

<https://www.unicef.org/press-releases/polio-programme-accelerates-efforts-respond-new-polio-outbreaks-sudan-and-yemen>



C-SPAN

0:08



NEWS

suggests ethnic minorities more reluctant to get vaccine



H.E. Lady M.J. Santos
@mj_santos

Pathetic how fake and staged this #COVID19
#Pfizer vaccine is done. Look at how @netanyahu got his
@BillGates #vaccine.

Yep. So staged.

#Plandemic #ExposeBillGates #NewWorldOrder
#Zionists #Zionism #WakeUpAmerica #wakeup
#lockdown #lockdown2020 #socialdistancing #liesoflies



Injection
(slow-motion)





Actual example of **fake** facts

DO YOU KNOW WHAT'S IN A VACCINE?

NONE OF THESE SHOULD BE INJECTED INTO YOUR BODY



After a little research it turns out that Syncytin-1 is also present in sperm, so it's not only Women that will be sterallised but Men as well.

<https://www.researchgate.net/publication/26125741>

4 Syncytin-

The vaccine contains a **spike protein (see image) called syncytin-1**, vital for the formation of human placenta in women. If the vaccine works so that we form an immune response AGAINST the spike protein, we are also **training the female body to attack syncytin-1**, which could lead to infertility in women of an unspecified duration.

'It is unknown whether COVID-19 mRNA Vaccine BNT162b2 has an impact on fertility' - Government information for UK health professionals. WHAT? YOU DON'T KNOW??

Breast-feeding

It is unknown whether COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk. A risk to the newborn cannot be ruled out. Therefore, BNT162b2 should not be used during breast-feeding.

Fertility

It is unknown whether COVID-19 mRNA Vaccine BNT162b2 has an impact on fertility.

4.7 Effect on driving and using machines

COVID-19 mRNA Vaccine BNT162b2 has no or negligible influence on the ability to drive and use machines. However, some of the adverse reactions mentioned under section 4.8 may temporarily affect the ability to drive or use machines.

4.8 Undesirable effects

Summary of safety profile

The safety of COVID-19 mRNA Vaccine BNT162b2 was evaluated in participants 16 years of age and older in two clinical studies conducted in the United States, Europe, Turkey, South Africa, and South America. Study BNT162-01 (Study 1) enrolled 60 participants, 18 through 55 years of age. Study C4591001 (Study 2) enrolled approximately 44,000 participants, 12 years of age or older. In Study 2, a total of 21,720 participants 16 years of age or older received at least one dose of COVID-19 mRNA Vaccine BNT162b2 and 21,728 participants 16 years of age or older received placebo. Of these, at the time of the analysis, 19,067 (9531 COVID-19 mRNA Vaccine BNT162b2 and 9536 placebo) were evaluated for safety 2 months after the second dose of COVID-19 mRNA Vaccine BNT162b2.

<https://www.bitchute.com/video/lalsQvC0XId/> [Video here](#) (Approx. 11 Min)

VACCINE WHISTLEBLOWER: NEW VACCINE CAUSES STERILITY IN 97% OF WOMEN!

THE DAVID KNIGHT SHOW

► [WATCH](#)

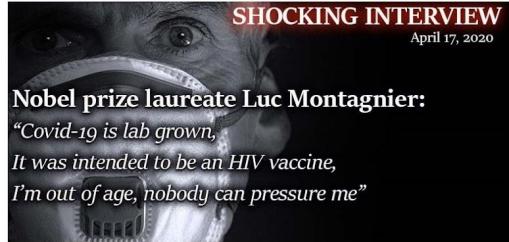
First published on May 21st, 2020.

Vaccine whistle-blower from Glaxo Smith Kline (GSK): New vaccine could well cause **sterility in 97% of women...** While also affecting men's sexual organs too... (Clear medical explanation)...

Please listen to the entire thing but if you only want the part about sterility, fast-forward to 4:30 where you will learn that these various antigens can shrink testicles and prostates, lower testosterone levels, and make women infertile. According to the baboon experiment it showed that **vaccinated men can make unvaccinated women infertile, so you don't even need the vaccine to become infertile. Evidently there is a delayed reaction until 7-10 yrs later when there will be an explosion of infertility.**

If you think this sounds far-fetched, please see this 2014 article:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4119744>



Nobel prize laureate Luc Montagnier:

"Covid-19 is lab grown,

It was intended to be an HIV vaccine,

I'm out of age, nobody can pressure me"

Structural similarity between HIV-1 gp41 and SARS-CoV S2 proteins suggests an analogous membrane fusion mechanism



Xue Wu Zhang*, Yee Leng Yap
HKU-Pasteur Research Center, Bioinformatics, 8 Sassoon Road, Pokfulam, Hong Kong, China
Journal of Molecular Structure (Theochem) 677 (2004) 73–76
www.elsevier.com/locate/theochem

Abstract

SARS-associated coronavirus (SARS-CoV) has been identified as the causal agent of a new emerging disease: severe acute respiratory syndrome (SARS). Its spike protein S2 is responsible for mediating fusion of viral and cellular membrane. In this study, we modeled the 3D structure of S2 subunit and compared this model with the core structure of gp41 from HIV-1. We found that SARS-CoV S2 and gp41 share the same two α helices, suggesting that the two viruses could follow an analogous membrane fusion mechanism. Further ligand-binding analysis showed that two inhibitors GGL and D-peptide from HIV-1 gp41 may serve as inhibitors for SARS-CoV entry.

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DEPOPULATION VACCINE!

Uncanny similarity or unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag

January 2020

DOI: [10.1101/2020.01.30.927871](https://doi.org/10.1101/2020.01.30.927871)

Authors:

We are currently witnessing a major epidemic caused by the 2019 novel coronavirus (2019-nCoV). The evolution of 2019-nCoV remains elusive. We found 4 insertions in the spike glycoprotein (S) which are unique to the 2019-nCoV and are not present in other coronaviruses. Importantly, amino acid residues in all the 4 inserts have identity or similarity to those in the HIV-1 gp120 or HIV-1 Gag. Interestingly, despite the inserts being discontinuous on the primary amino acid sequence, 3D-modelling of the 2019-nCoV suggests that they converge to constitute the receptor binding site. The finding of 4 unique inserts in the 2019-nCoV, all of which have identity/similarity to amino acid residues in key structural proteins of HIV-1 is unlikely to be fortuitous in nature. This work provides yet unknown insights on 2019-nCoV and sheds light on the evolution and pathogenicity of this virus with important implications for diagnosis of this virus.

**mRNA COVID
VACCINE =
CUSTOM DNA
SPECIFIC AIDS
WITH NO
CURE!! DEAD
IN 5 YEARS!!**

World

"They've Killed God; I Can't Feel God; My Soul Is Dead" AstraZeneca Halts COVID-19 Vaccine Trials after Second Volunteer "Develops Neurological problems"

WORLD | NEWS DESK | 20 SEPTEMBER 2020 | HITS: 1210278

f v g +



OBSERVER

Here Are All the Side Effects of Every Top COVID-19 Vaccine in US

By [Sissi Cao](#) • 10/20/20 7:30am

AstraZeneca: neurological disorder

At least two participants in AstraZeneca's phase 3 trial experienced transverse myelitis, an inflammatory syndrome that affects the spinal cord, after receiving the company's experimental COVID-19 vaccine.

Wrong, the COVID vaccines currently under trial are all mRNA vaccines, a new form of untested vaccine, with an untested modality.

NEWS

Pfizer vaccine advice for women who are pregnant, breastfeeding or planning pregnancy

The Pfizer Covid-19 vaccine is not recommended for pregnant women - this is what the government advises

SHARE



BY FIONNULA HAINES

18:46, 2 DEC 2020 | UPDATED 18:47, 2 DEC 2020

Johnson & Johnson: unexplained illness

Johnson & Johnson paused its phase 3 vaccine trial (ENSEMBLE) last week after a volunteer experienced unexplained illness after receiving the shot.

The company didn't disclose what the illness was due to privacy agreements with the participant. It's

Moderna: chills, fevers, headache, shortness of breath, pain in the arm

Last month, Luke Hutchison, a 44-year-old volunteer in Moderna's phase 3 trial, said he'd had a mild fever after taking the first shot of Moderna's mRNA-1273 vaccine, and "full-on COVID-like symptoms" after the second shot.

Pfizer: fever, fatigue, chills, redness and swelling

Last Wednesday, Pfizer said in a report that some participants in the company's late-stage trials had experienced mild side effects after getting the first shot of the vaccine and that fewer participants reported side effects after taking the second shot.

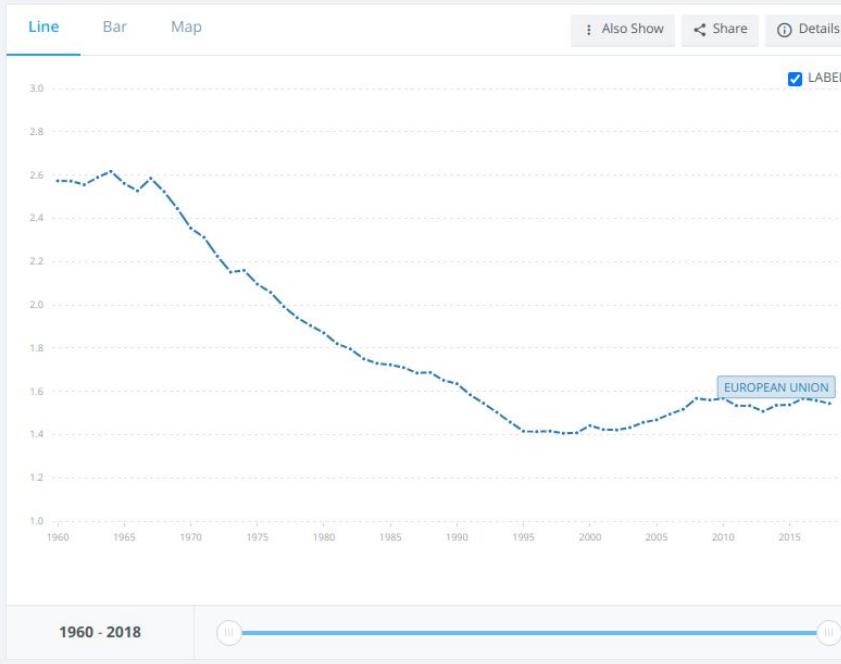
Systemic events (fatigue, headache, chills, muscle pain and joint pain) were reported in small numbers of younger recipients of the second

All COVID vaccines under trial caused various side effects, many of which are worse than COVID, a virus with a 99%+ survival rate.

Fertility rate, total (births per woman) - European Union

(1) United Nations Population Division, World Population Prospects: 2019 Revision. (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division, Population and Vital Statistics Report (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.

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Who has funded the Covid vaccines?

Government

Not for profit

Private

Oxford-AstraZeneca

Total: £1.65bn

Novavax

Total: £1.17bn

Curevac

£849m

Johnson & Johnson

£610m

Moderna

£593m

Sanofi/GSK

£429m

Pfizer/BioNTech

£406m

Sanofi/Translate Bio

£224m

□ = 100 million (£)

Source: Airfinity

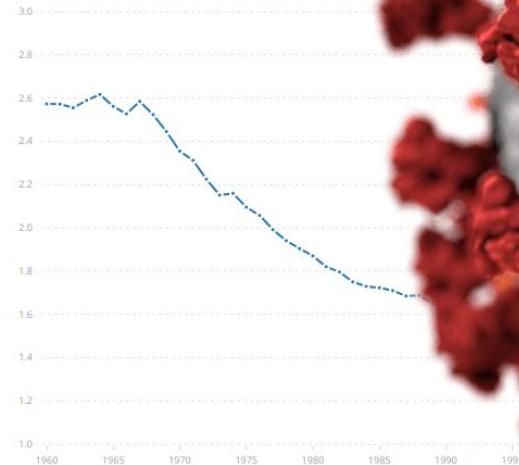
BBC

Fertility rate, total (births per woman) - European Union

(1) United Nations Population Division, World Population Prospects: 2019 Revision; (2) UN DESA publications from national statistical offices, (3) Eurostat: Demographic Statistics, Population and Vital Statistics Reprot (various years), (5) U.S. Census Bureau: International Database, United Nations, Pacific Community: Statistics and Demography Programme.

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Line Bar Map



Who funded the Covid vaccines?

Governments

Not for profit

Private

Novavax
Total: £1.17bn



J&J/Johnson & Johnson
£1.17bn



Afri/GSK
£1.17bn



Sanofi/Translate Bio
£224m



□ = 100 million (£)

1960 - 2018

III

COVID-19 in pregnancy – characteristics and outcomes of pregnant women admitted to hospital because of SARS-CoV-2 infection in the Nordic countries

 Hilde Engjom,  Anna JM Aabakke, Kari Klungsøyr,  Teresla Svanvik, Outi Äyräs, Eva Jonasdottir, Lars Thurn, Elin Jones, Karin Pettersson, Lill Trine Nyfløt, Iqbal Al-Zirqi,  Siri Vangen,  Pétur B. Júlíusson,  Karin Källén, Mika Giessler,  Lone Krebs

doi: <https://doi.org/10.1101/2021.02.05.21250672>

Higher preterm delivery or cesaream section delivery.

No impact on fertility.

Suspected COVID-19 Cases

As specified in the protocol, suspected cases of symptomatic COVID-19 that were not PCR-confirmed were not recorded as adverse events unless they met regulatory criteria for seriousness. Two serious cases of suspected but unconfirmed COVID-19 were reported, both in the vaccine group, and narratives were reviewed. In one case, a 36-year-old male with no medical comorbidities experienced fever, malaise, nausea, headache and myalgias beginning on the day of Dose 2 and was hospitalized 3 days later for further evaluation of apparent infiltrates on chest radiograph and treatment of dehydration. A nasopharyngeal PCR test for SARS-CoV-2 was negative on the day of admission, and a chest CT was reported as normal. The participant was discharged from the hospital 2 days after admission. With chest imaging findings that are difficult to reconcile, it is possible that this event represented reactogenicity following the second vaccination, a COVID-19 case with false negative test that occurred less than 7 days after completion of the vaccination series, or an unrelated infectious process. In the other case, a 66-year-old male with no medical comorbidities experienced fever, myalgias, and shortness of breath beginning 28 days post-Dose 2 and was hospitalized one day later with abnormal chest CT showing a small left-sided consolidation. He was discharged from the hospital 2 days later, and multiple nasopharyngeal PCR tests collected over a 10-day period beginning 2 days after symptom onset were negative. It is possible, though highly unlikely, that this event represents a COVID-19 case with multiple false negative tests that occurred more than 7 days after completion of the vaccination regimen, and more likely that it represents an unrelated infectious process.

Among 3410 total cases of suspected but unconfirmed COVID-19 in the overall study population, 1594 occurred in the vaccine group vs. 1816 in the placebo group. Suspected COVID-19 cases that occurred within 7 days after any vaccination were 409 in the vaccine group vs. 287 in the placebo group. It is possible that the imbalance in suspected COVID-19 cases occurring in the 7 days postvaccination represents vaccine reactogenicity with symptoms that overlap with those of COVID-19. Overall though, these data do not raise a concern that protocol-specified reporting of suspected, but unconfirmed COVID-19 cases could have masked clinically significant adverse events that would not have otherwise been detected.

Subgroup Analyses

There were no specific safety concerns identified in subgroup analyses by age, race, ethnicity, medical comorbidities, or prior SARS-CoV-2 infection, and occurrence of solicited, unsolicited, and serious adverse events in these subgroups were generally consistent with the overall study population.

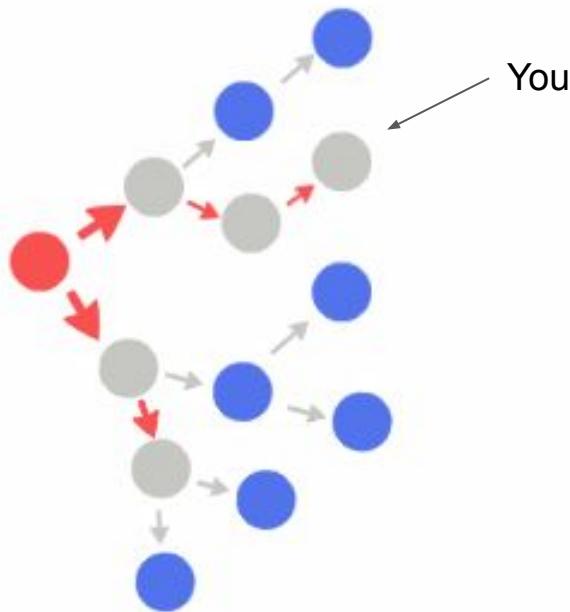
Pregnancies

Female study participants of childbearing potential were screened for pregnancy prior to each vaccination, with a positive test resulting in exclusion or discontinuation from study vaccination. The study is collecting outcomes for all reported pregnancies that occur after vaccination, or before vaccination and not detected by pre-vaccination screening tests. Twenty-three pregnancies were reported through the data cut-off date of November 14, 2020 (12 vaccine, 11 placebo). Study vaccination occurred prior to the last menstrual period (LMP) in 5 participants (4 vaccine, 2 placebo), within 30 days after LMP in 8 participants (4 vaccine, 6 placebo), >30 days after LMP in 1 participant (0 vaccine, 2 placebo), and date of LMP not known in 5 participants (4 vaccine, 1 placebo). Unsolicited AEs related to pregnancy include spontaneous abortion and retained products of conception, both in the placebo group. Pregnancy outcomes are otherwise

23 women conceived
- 12 vaccine
- 11 placebo

You can get pregnant, with or without the vaccine. A placebo got an abortion

No Herd Immunity



Blue circle = Vaccinated

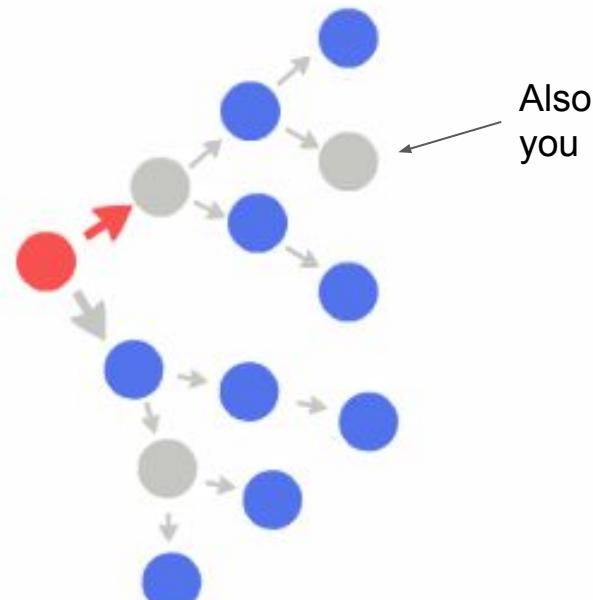
Grey circle = Unvaccinated

Red circle = Infected

→ No Disease Transmission

→ Disease Transmission

Herd Immunity



Also you

Ferdig!

Daily Mail .com News

257 shares

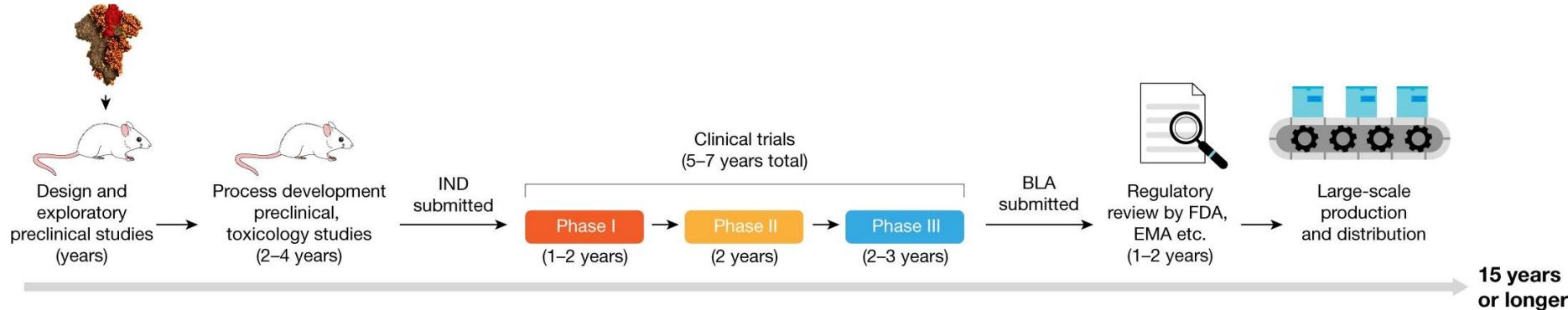
f t m w f m

Killer Christmas tree: Inflatable costume's internal fan is blamed for COVID outbreak at California hospital that killed one staffer and infected 43 after it blew virus droplets across ward

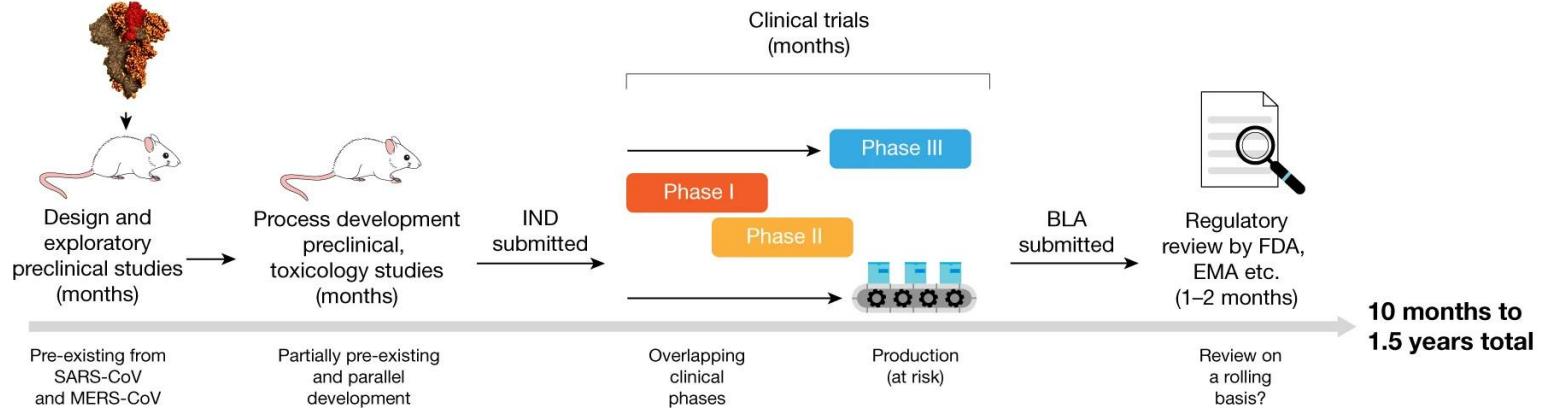
By Lauren Fruen and Marlene Lenthang For Dailymail.com
10:41 EST 04 Jan 2021 , updated 18:50 EST 04 Jan 2021

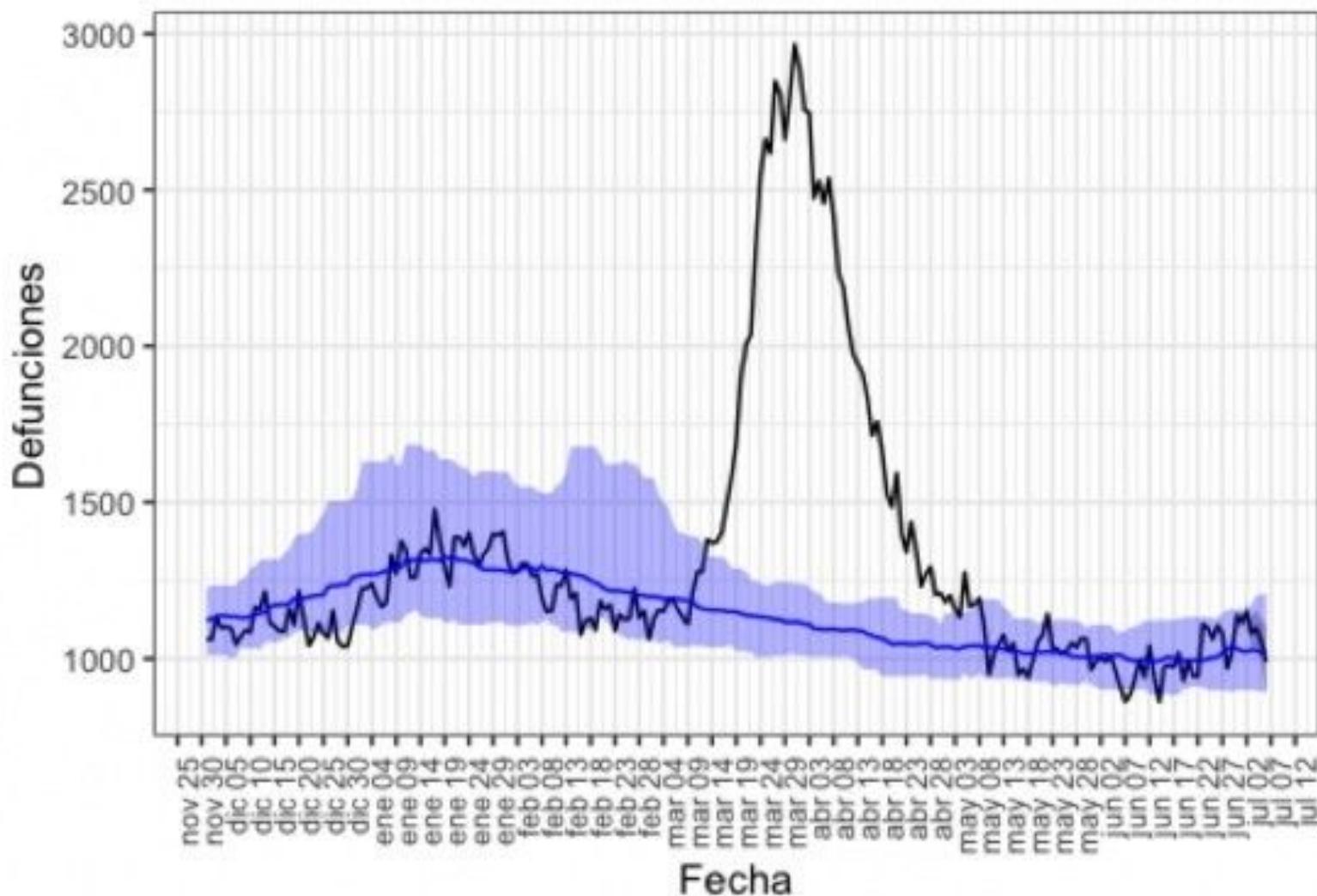


Traditional development



SARS-CoV-2 vaccine development





The love story between
AstraZeneca and the EU

5.4. **Manufacturing Sites.** AstraZeneca shall use its Best Reasonable Efforts to manufacture the Vaccine at manufacturing sites located within the EU (which, for the purpose of this **Section 5.4** only shall include the United Kingdom) and may manufacture the Vaccine in non-EU facilities, if appropriate, to accelerate supply of the

11

SENSITIVE*
RELEASABLE TO: Need to know basis

Vaccine in Europe; *provided*, that AstraZeneca shall provide prior written notice of such non-EU manufacturing facilities to the Commission which shall include an explanation for such determination to use non-EU manufacturing facilities. If AstraZeneca is unable to deliver on its intention to manufacture the Initial Europe Doses and/or Optional Doses under this Agreement in the EU, the Commission or the Participating Member States may present to AstraZeneca, CMOs within the EU capable of manufacturing the Vaccine Doses, and AstraZeneca shall use its Best Reasonable Efforts to contract with such proposed CMOs to increase the available manufacturing capacity within the EU. The manufacturing site planning is set out in Schedule A.

1.9. "**Best Reasonable Efforts**" means

- (a) in the case of AstraZeneca, the activities and degree of effort that a company of similar size with a similarly-sized infrastructure and similar resources as AstraZeneca would undertake or use in the development and manufacture of a Vaccine at the relevant stage of development or commercialization having regard to the urgent need for a Vaccine to end a global pandemic which is resulting in serious public health issues, restrictions on personal freedoms and economic impact, across the world but taking into account efficacy and safety; and
- (b) in the case of the Commission and the Participating Member States, the activities and degree of effort that governments would undertake or use in supporting their contractor in the development of the Vaccine having regard to the urgent need for a Vaccine to end a global pandemic which is resulting in serious public health issues, restrictions on personal freedoms and economic impact, across the world.

13. Representations and Warranties.

13.1. **AstraZeneca.** AstraZeneca represents, warrants and covenants to the Commission and the Participating Member States that:

- (a) the execution and delivery of this Agreement and the performance by it of the transactions contemplated hereby have been duly authorized by all necessary corporate action;
- (b) it has the power and authority to execute and deliver this Agreement and to perform its obligations hereunder;
- (c) this Agreement has been duly executed and is a legal, valid and binding obligation on it, enforceable against it in accordance with its terms;
- (d) it shall use its Best Reasonable Efforts to ensure that the Initial Europe Doses shall be manufactured in accordance with, and shall comply in all material respects with, current Good Manufacturing Practices in the country where the Initial Europe Doses are manufactured, including adherence to EMA pharmacovigilance regulations;
- (e) it is not under any obligation, contractual or otherwise, to any Person or third party in respect of the Initial Europe Doses or that conflicts with or is inconsistent in any material respect with the terms of this Agreement or that would impede the complete fulfillment of its obligations under this Agreement;

6.2. Capacity Limitations. In the event AstraZeneca's ability to fulfill its obligations under this Agreement is impeded by a competing agreement entered into by or on behalf of the Commission, AstraZeneca shall promptly inform the Commission. While AstraZeneca shall continue to use Best Reasonable Efforts to engage with its own contract manufacturers and suppliers to utilize the capacity and/or components, the Commission will assist in finding a mutually acceptable solution for this Agreement and the competing agreement. To the extent AstraZeneca's performance under this Agreement is impeded by any such competing agreements, AstraZeneca shall not be deemed in breach of this Agreement as a result of any such delay due to the aforementioned competing agreement(s).

Thanks to deep pockets, Germany snaps up extra coronavirus jabs

Some EU countries bet too heavily on the Oxford/AstraZeneca vaccine.



Doctor Astrid Weber injects 91 year old Liselotte Ziegler with a dose of the Pfizer-BioNTech COVID-19 vaccine at a care home in Koblenz | Thomas Frey/ AFP via Getty Images

BY JILLIAN DEUTSCH, ASHLEIGH FURLONG, HANS VON DER BURKHARD AND CARLO MARTUSCELLI

January 7, 2021 | 8:54 pm



Politics For All @PoliticsForAll · 14h

Paris, Madrid and Lisbon have suspended first dose vaccinations due to a shortage of supply

Via @FT



4

21

52



Leading Causes of Death in 2001

Developing Countries	Number of Deaths	Developed Countries	Number of Deaths
1. HIV/AIDS	2 678 000	1. Ischaemic heart disease	3 512 000
2. Lower respiratory infections	2 643 000	2. Cerebrovascular disease	3 346 000
3. Ischaemic heart disease	2 484 000	3. Chronic obstructive pulmonary disease	1 829 000
4. Diarrhoeal diseases	1 793 000	4. Lower respiratory infections	1 180 000
5. Cerebrovascular disease	1 381 000	5. Trachea/bronchus/lung cancers	938 000
6. Childhood diseases	1 217 000	6. Road traffic accidents	669 000
7. Malaria	1 103 000	7. Stomach cancer	657 000
8. Tuberculosis	1 021 000	8. Hypertensive heart disease	635 000
9. Chronic obstructive pulmonary disease	748 000	9. Tuberculosis	571 000
10. Measles	674 000	10. Self-inflicted	499 000

Source: WHO World Health Report 2002. Countries grouped by WHO Mortality Stratum, with Developing Countries representing regions with High and Very High Mortality, and Developed Countries representing regions with Low and Very Low Mortality.

Washington DC, 11yo+ minors can get vaccinated without the parents knowledge

ENGROSSED ORIGINAL

A BILL

23-171

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend Chapter 6 of Title 22-B of the District of Columbia Municipal Regulations to permit a minor, eleven years of age or older, to receive a vaccine, where the minor is capable of meeting the informed consent standard, and where the vaccination is recommended by the United States Advisory Committee on Immunization Practices and provided in accordance with ACIP's recommended vaccinations schedule; to establish how a minor may be deemed meeting the informed consent standard; to require the Department of Health to produce age-appropriate alternative vaccine information sheets; to prohibit an insurer from sending an Explanation of Benefits; to allow a minor access to immunization records; and to require the physician to submit the immunization record directly to the minor's school if the parent is utilizing a religious exemption or is opting out of receiving the Human Papillomavirus vaccine.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Minor Consent for Vaccinations Amendment Act of 2020".

Sec. 2. Chapter 6 of Title 22-B of the District of Columbia Municipal Regulations (22-B DCMR § 600) is amended by adding a new subsection 600.9 to read as follows:

"600.9 (a) A minor, eleven years of age or older, may consent to receive a vaccine where the minor is capable of meeting the informed consent standard, and the vaccine is recommended by the United States Advisory Committee on Immunization Practices ("ACIP"), and where receipt of the vaccine is in accordance with ACIP's recommended immunization schedule.

ENGROSSED ORIGINAL

(b) For the purposes of this subsection, a minor shall be deemed meeting the informed consent standard if the minor is able to comprehend the need for, the nature of, and any significant risks ordinarily inherent in the medical care.

(c) The Department of Health shall produce one or more age-appropriate alternative vaccine information sheets, which shall be made available before vaccination of minors to support providers in the informed consent process.

(d)(1) Providers who administer immunizations under the authority of this subsection shall seek reimbursement, without parental consent, directly from the insurer, which may be Medicaid, Alliance, or private insurance.

(2) Insurers shall not send an Explanation of Benefits (EOB) for services provided under the authority of this subsection.

(e) A minor who receives services provided under the authority of this subsection shall have access to their immunization records without parental consent.

Sec. 3. Section (a) of the Student Health Care Act of 1985, effective December 2, 1985 (D.C. Law 6-66; D.C. Official Code § 38-602 et seq.), is amended as follows:

(a) The existing text shall be labeled paragraph (1).

(b) A new paragraph (2) shall be added to read as follows:

(2) If parent is utilizing a religious exemption for vaccinations or is opting out of receiving the Human Papillomavirus vaccine, but a minor is receiving vaccinations under

Chapter 6 of Title 22-B of the District of Columbia Municipal Regulations (22-B DCMR §

ENGROSSED ORIGINAL

600.9), then a health care provider shall leave the immunization record in Part 3 blank, and shall submit the immunization record directly to the minor's school. The school shall keep this immunization record confidential, except it may share the record with the Department of Health or the school-based health center."

Sec. 4. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (12 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 5. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.



PSOE PSOE PSOE



M | MALDITA.E
PERIODISMO PARA QUE NO TE LA C'

How do you measure efficacy?

AstraZeneca

Brazil

9.000 test subjects

60%

UK

3.000 test subjects

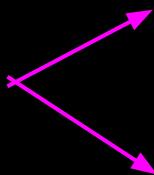
90%

How do you measure efficacy?

1st dose = 0 days (wait) 2nd dose = 28 days

Astrazeneca

Brazil
9.000 test subjects

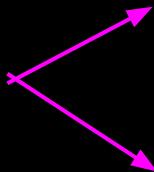


60%

1

1

UK
3.000 test subjects



90%

$\frac{1}{2}$

1

How do you measure efficacy?

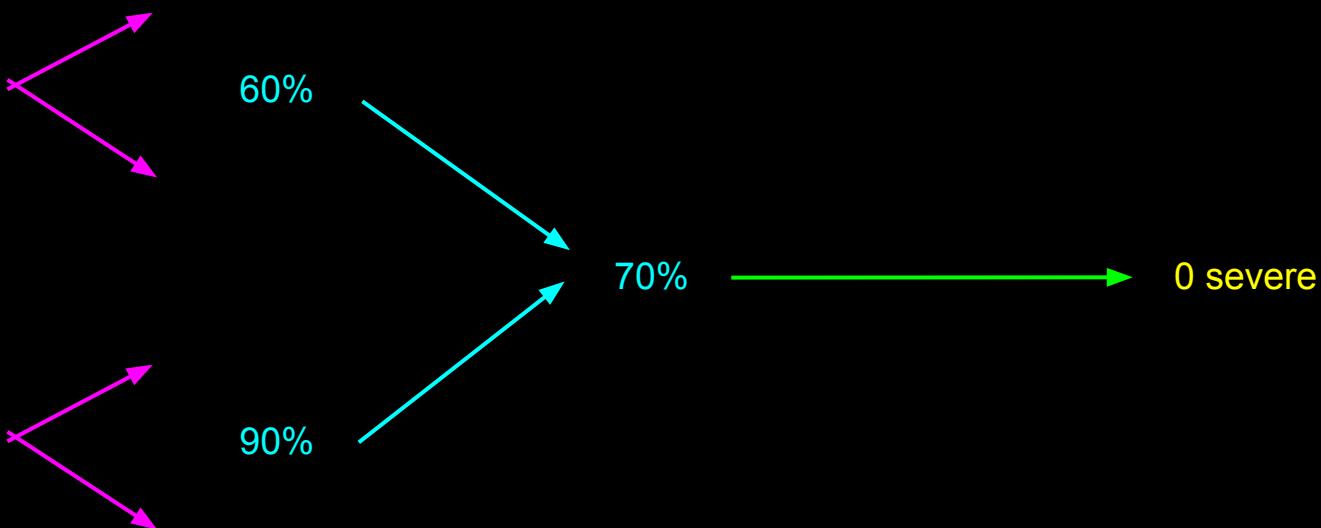
Astrazeneca

Brazil

9.000 test subjects

UK

3.000 test subjects



Examples of press contradicting itself

We don't know how the vaccine work in patients at risk

WELT+

KRITIK AN STUDIENLAGE

„Wir wissen derzeit nicht, wie der Impfstoff bei Risikopatienten wirkt“

Stand: 05.12.2020 | Lesedauer: 7 Minuten



Von **Elke Bodderas**
Verantwortliche Redakteurin



Ein Mann wird im Zuge einer Studie geimpft – der Chef der Arzneimittelkommission der Deutschen Ärzteschaft kritisiert die Informationslage über die Impfstoffe

Quelle: AFP via Getty Images

Vaccination Commission recommends vaccinations first in old people's homes and nursing homes

Impfkommission empfiehlt Impfungen zuerst in Alten- und Pflegeheimen

Stand: 13:57 Uhr | @argonerd



In der Vorweihnachtszeit trifft man sich normalerweise gerne zum gemütlichen Beisammensein oder zum Adventssingen in der Kirche. Doch in Zeiten von Corona geht das nicht - oder etwa doch?

Quelle: WELT/ Dirk Schommertz

Mutated virus may reinfect people already stricken once with COVID-19, sparking debate and concerns

Feb. 5, 2021 at 4:46 pm | Updated Feb. 5, 2021 at 5:11 pm

By [William Wan](#) and [Carolyn Y. Johnson](#)

The Washington Post

A trial of an experimental coronavirus vaccine detected the most sobering signal yet that people who have recovered from infections are not completely protected against a variant that originated in South Africa and is spreading rapidly, preliminary data presented this week suggests.

Oxford Covid vaccine has 10% efficacy against South African variant, study suggests

Small-scale trial of vaccine shows it offers very little protection against mild to moderate infection

- Coronavirus - latest updates
- See all our coronavirus coverage



▲ Scientists will hope the vaccine can offer significant protection against more serious Covid infections. Photograph: Matt Cardy/PA Wire/PA Images

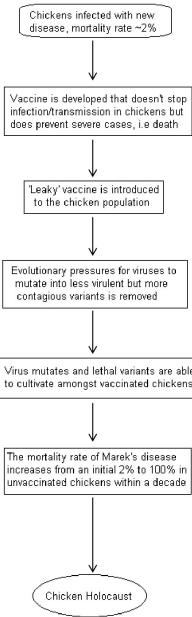
Leaky vaccines

Marek's Disease and Vaccine Amplified Pathogens

Marek's disease is a highly contagious viral neoplastic disease in chickens. Vaccination is the only known method to prevent the development of tumours when chickens are infected with the virus. However, administration of vaccines does not prevent transmission of the virus, i.e., the vaccine is not sterilizing.

However, because vaccination does not prevent infection with the virus, Mareks is still transmissible from vaccinated flocks to other birds, including wild bird populations.

The first vaccine was introduced in 1970. The disease would cause mild paralysis, with the only identifiable lesions being in neural tissue. Mortality of chickens infected with Marek's disease was quite low. Decades after the first vaccine was introduced, current strains of Marek's Virus cause lymphoma formation throughout the chicken's body and mortality rates have reached 100% in unvaccinated chickens. The Marek's disease vaccine is a leaky vaccine, which means that only the symptoms of the disease are prevented. Infection of the host and the transmission of the virus are not inhibited by the vaccine. This contrasts with most other vaccines, where infection of the host is prevented. Under normal conditions, highly virulent strains of the virus are not selected. A highly virulent strain would kill the host before the virus would have an opportunity to transmit to other potential hosts and replicate. Thus, less virulent strains are selected. These strains are virulent enough to induce symptoms but not enough to kill the host, allowing further transmission. However, the leaky vaccine changes this evolutionary pressure and permits the evolution of highly virulent strains. The vaccine's inability to prevent infection and transmission allows the spread of highly virulent strains among vaccinated chickens.



Marek's disease

...

Prevention [edit]

Vaccination is the only known method to prevent the development of tumors when chickens are infected with the virus. However, administration of vaccines does not prevent transmission of the virus, i.e., the vaccine is not sterilizing.^[3] However, it does reduce the amount of virus shed in the dander, hence reduces horizontal spread of the disease. Marek's disease does not spread vertically. Before the development of the vaccine for Marek's disease, Marek's disease caused substantial revenue loss in the poultry industries of the United States and the United Kingdom. The vaccine can be administered to one-day-old chicks through subcutaneous inoculation or by *in ovo* vaccination when the eggs are transferred from the incubator to the hatcher. *In ovo* vaccination is the preferred method, as it does not require handling of the chicks and can be done rapidly by automated methods. Immunity develops within two weeks.^[4]

However, because vaccination does not prevent infection with the virus, Marek's is still transmissible from vaccinated flocks to other birds, including the wild bird population. The first Marek's disease vaccine was introduced in 1970. The disease would cause mild paralysis, with the only identifiable lesions being in neural tissue. Mortality of chickens infected with Marek's disease was quite low. Decades after the first vaccine was introduced, current strains of Marek Virus cause lymphoma formation throughout the chicken's body and mortality rates have reached 100% in unvaccinated chickens. The Marek's disease vaccine is a leaky vaccine, which means that only the symptoms of the disease are prevented.^[11] Infection of the host and the transmission of the virus are not inhibited by the vaccine. This contrasts with most other vaccines, where infection of the host is prevented. Under normal conditions, highly virulent strains of the virus are not selected. A highly virulent strain would kill the host before the virus would have an opportunity to transmit to other potential hosts and replicate. Thus, less virulent strains are selected. These strains are virulent enough to induce symptoms but not enough to kill the host, allowing further transmission. However, the leaky vaccine changes this evolutionary pressure and permits the evolution of highly virulent strains.^[12] The vaccine's inability to prevent infection and transmission allows the spread of highly virulent strains among vaccinated chickens. The fitness of the more virulent strains are increased by the vaccine.

The evolution of Marek's disease due to vaccination has had a profound effect on the poultry industry. All chickens across the globe are now vaccinated against Marek's disease (birds hatched in private flocks for laying or exhibition are rarely vaccinated). Highly virulent strains have been selected to the point that any chicken that is unvaccinated will die if infected. Other leaky vaccines are commonly used in agriculture. One vaccine in particular is the vaccine for avian influenza. Leaky vaccine use for avian influenza can select for virulent strains which could potentially be transmitted to humans.^[13]



Dozens of people develop rare blood disorder after taking coronavirus vaccines – reports

10 Feb, 2021 14:42



A stock image shows a vial of blood next to an explanation of Immune thrombocytopenia © Getty Images

We Should Deescalate the War on the Coronavirus

Fear, finger-pointing, and militaristic action against the virus are unproductive. We may be better off adjusting to a new normal of periodic outbreaks.

The Washington Post

Breaking news & analysis

Get a grippe, America. The flu is a much bigger threat than coronavirus, for now.



The Atlantic

You're Likely to Get the Coronavirus

Most cases are not life-threatening, which is also what makes the virus a historic challenge to contain.

JAMES HAMBROCK FEBRUARY 26, 2020

Health official: You are more likely to catch flu in Oregon than deadly Wuhan coronavirus

by Stephanie Rothman and KHN.com Staff Thursday, January 23rd 2020

Coronavirus is scary, but the flu is deadlier, more widespread

Megan Henry and Grace Hauck | USA TODAY NETWORK Published 8:03 PM EST Feb 1, 2020

Experts warn flu is greater risk than coronavirus

by WICMWRSP Staff Tuesday, January 21st 2020

KQED

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The Flu Is Still a Bigger Health Threat in the U.S. than Novel Coronavirus

By Lindsey McGaughey | Jan 29

Changing America

Shared Destiny. Shared Responsibility.

Why are we panicked about coronavirus — and calm about the flu?

Although the flu has killed 10,000 Americans already this season and no Americans have died of the coronavirus, there's a psychological

We're not talking about the coronavirus, but the flu. The influenza virus poses a far greater risk to Americans than we're ready to admit.

As the coronavirus spreads, fear is fueling racism and xenophobia

The Observer Coronavirus fears fuel racism and hostility, say British-Chinese

Analysis by Jessie Young, CNN

HCP Live

The Fear of the

Coronavirus, and the Reality of the Flu

It depends on what you mean by "worse"...

By Leah Groth

February 26, 2020

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THE FLU IS A WAY BIGGER THREAT TO

Most People in The US Than

Coronavirus. Here's Why

Amy Minkin, BUSINESS INSIDER

25 JANUARY 2020

NATIONAL POST

New coronavirus may be no more dangerous than the flu despite worldwide alarm: experts

ccn

Published: January 26, 2020 2:27 PM UTC

Relax!

Coronavirus is Less Dangerous Than the Flu, Says Epidemic Expert

All the panic surrounding the Wuhan coronavirus is misplaced. According to experts you should be worried more about the common flu.

DAILY BEAST

The Virus Killing U.S. Kids Isn't the One Dominating the Headlines

By Michael Daly

Special Correspondent

Updated Feb. 06, 2020 10:00 AM ET

Published Feb. 06, 2020 9:15 AM ET

Niagara Falls turned orange on the night of Jan. 18, with spotlights the favorite color of an 11-year-old local boy who died from influenza A—despite having