

Dear Sir/Madam,

My background is in biologically active materials. I am educated in the relevant sector, with research in carcinogenic compounds. I have also spent a couple of years as [REDACTED] [REDACTED] for active ingredients inc for the pharmaceutical industry, and also in the OEM sector. Coronavirus should be countered with other methods, which would make more sense than these products. I am writing in, because too many innocent lives have been lost and I am thoroughly saddened by the political climate of ignoring problems.

1.) Alarming safety concerns summarized in one session

House of Representatives of the Philippines
COMMITTEE ON PUBLIC ORDER AND SAFETY
14th Nov 2023

Link : https://www.facebook.com/watch/live/?ref=watch_permalink&v=1462997171213306

This session is relevant to Australia because the same products were utilized. Continuous market availability and usage of such products pose serious public safety concerns.

2.) Strategy used contradicted basic scientific principles

Product specification taken directly from EMA :

ANNEX I SUMMARY OF PRODUCT CHARACTERISTICS

*“Tozinameran is a single-stranded, 5'-capped messenger RNA (mRNA) produced using a cell-free in vitro transcription from the corresponding DNA templates, encoding the **viral spike (S) protein** of SARS-CoV-2.”*

This type of vaccines target the spike protein of SARS-CoV-2.

Coronavirus is not a stable virus, it changes quite rapidly. Spike protein mutates very quickly. It is the key tropism factor of coronavirus [1] Stimulus driven changes. Humans are the habitat of such viruses. Therefore targeting spike protein is technically impossible to stop mutations and transmissions. Contrary, intense targeting of the tropism factor, would impose selection pressure on spike protein therefore generating variants of high spike mutation rates. Potentially will result in highly infectious variants.

Real world evidence proves that usage of such vaccines have not stopped transmissions and mutations.

Evolution trajectory has been proven could be driven by vaccines used. Certain mutational patterns have emerged in highly vaccinated nations, confirming the hypothesis that targeting the tropism factor does not arrest mutations and transmissions. [2]

Real world evidence as demonstrated via New Zealand data. The media including politicians & senior executives have repeatedly quoted wrong medical information which could amount to misleading advertising / medical frauds to consumers. Indicating that such products could stop transmissions. [REDACTED]

Links :

<https://www.cnbc.com/2021/11/09/covid-vaccines-pfizer-ceo-says-people-who-spread-misinformation-on-shots-are-criminals.html>

<https://www.usatoday.com/story/opinion/2021/02/12/all-covid-vaccines-stop-death-severe-illness-column/6709455002/>

Link :

<https://www.tewhaturora.govt.nz/our-health-system/data-and-statistics/covid-19-data/covid-19-case-demographics>

- Age and vaccination status of deaths within 28 days of being reported as a case
- Not fully vaccinated : 603 Fully vaccinated : 667 Received booster : 3909

It should be clear at this point that such vaccines do not stop deaths.

Misleading medical advertising messages have given false impressions to the public, and have caused unnecessary deaths. Because the public was misled into the connotation that they are well protected and they will not infect others.

Such as in South Korea which did well initially with the concept of quarantine and isolation, but the false hope being placed on such vaccines has resulted in eventual high death counts.

Because such vaccines can't stop transmissions and at some point will fail to stop deaths. The spike protein is mutating.

Spike protein is a pathogenic factor, as demonstrated via zebrafish. [3]

Data from EMA :

Spike proteins encoded by vaccines were found at endothelial cells far away from the injection site, with vessels inflamed. [4] Proving systemic distribution.

Using cells to encode for foreign proteins will present autoimmunity risks, with such risks being extended into systemic in this case. Presenting life threatening concerns for some. The rapid tandem rise in deaths along with roll out, such as in the Philippines, is obvious.

The idea of instructing cells to encode for S proteins is therefore illogical in countering coronavirus.

3.) Due diligence not conducted, which has enabled release of such products in the public

These vaccines were initially rolled out in Israel. Therefore, in order to conduct due diligence on post marketing, the most straightforward method would be to examine mortality outcomes in Israel sequel to roll-out.

Links :

<https://ourworldindata.org/grapher/excess-mortality-p-scores-average-baseline?country=~ISR>
<https://ourworldindata.org/covid-vaccinations>

By evaluating data from Dec 2020 - Jan 2021 presents safety concerns in post marketing.

Misattribution due to ground glass opacities lungs CT. Ground glass opacities also could present after vaccines usage. This presents significant misattribution risks, overattribution to Covid deaths and under estimating fatal rates from vaccines. Especially those after 1 dose or prior before fully qualified as fully vaccinated. Such deaths could be likely categorized as unvaccinated as well. [5]

4.) Regulatory failure

The existing regulatory agencies could no longer protect public health and have become enablers endangering public safety. Bureaucratic procedures and the existing system are rigid, making it impossible to be flexible and fast thinking.

Economic model of how drugs are developed and used, is less than optimum for end users.

5.) Accountability is happening in Italy

Link :

<https://www.iltempo.it/personaggi/2023/11/22/news/fuori-dal-coro-mario-giordano-ex-ministro-roberto-speranza-indagato-bugie-vaccini-37627516/>

Due to the severity of this issue, it is quite shocking that such vaccines are still available in the Australian market with a dedicated manufacturing facility underway in Monash.

6.) Restructuring is necessary

Systemic restructuring is necessary in order to pave out an effective method to counter any microbiological challenges. SARS COV2 could be countered with other methods backed by extensive data, which I can't cover within 3 pages. Such vaccines should be recalled from the market ASAP. In view of excess deaths lingering up to today, it is evident that these products are also having long term adverse mortality outcomes, which should be managed diligently.

References

1. Hulswit RJG, de Haan CAM, Bosch BJ. *Advances in Virus Research*. 2016; 96: 29-57 <https://doi.org/10.1016/bs.aivir.2016.08.004>
2. Wang R, Chen JH, Hozumi Y, Yin CC, Wei GW. *ACS Infectious Diseases*. 2022; 8: 546–556 <https://doi.org/10.1021/acsinfecdis.1c00557>
3. Fernandes BHV, Feitosa NM, Barbosa AP, et al. *Science of the Total Environment*. 2022; 813: 152345 <https://doi.org/10.1016/j.scitotenv.2021.152345>.
4. Yamamoto M, Kase M, Sano H, et al. *Journal of Cutaneous Immunology and Allergy*. 2022; 00:1–6. <https://doi.org/10.1002/cia2.12278>
5. Yoo HS, Kim SY, Park MS, et al. *Journal of Korean Medical Science*. 2023; 10;38(14): e106 <https://doi.org/10.3346/jkms.2023.38.e106>