

A Eficiência do Passaporte Sanitário no enfrentamento da Pandemia e seus reflexos nos direitos pessoais, trabalhistas, sociais e religiosos da população

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Professor da Pós Graduação da PUCRIO, e Membro da Pós Graduação INTORJ

Perito Médico Judicial do TRF, TRT e TJRJ

Por que o mundo está suspendendo as medidas restritivas?

Lockdowns (o que significa?)

- Obrigatoriedade de Máscara
- Distanciamento
- Fechamento das Escolas
- Fechamento do Pequeno Comércio
- Por que os sistema midiático internacional recua
- Quem manda em tudo isso!

Resposta

- Quando o desastre está bem diante dos olhos dos promotores destas medidas que se estendem por quase dois anos
- Imediatamente eles tentam rescrever a história com narrativas culpando um dirigente de um país que como o Brasil e EUA de Trump nunca obedeceram e se manifestaram contra
- Mas o Mantra ouça ou Siga a Ciência sempre foi a narrativa principal.
- Qual era o cientista que se posicionou à frente de tudo, alguém tão conflitante quanto Antony Fauci!

Great Barrington Declaration

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

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Great Barrington Declaration

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Quem se opôs as Medidas Draconianas no mundo?

- O resultado da simulação feita pelo próprio CDC com Flu e indentificaram que apenas lavar as mãos e isolar os pacientes era eficiente, o resto não tinha como evitar a transmissão de um RNA vírus
- Great Barrington Declaration
- Associação Internacional Pandata.org
- Luc Montagnier, Jay Bathacharya, Mark Kulldorf, Gupta, Michel Levit, Harvery Risch, Didier Rauol, Wladimir Zelenko, Peter McCullough, Dolores Cahil, FICCC, Awake Canada, Médicos pela Vida e tantos outros

A portrait of Jay Bhattacharya, MD, a middle-aged man with short grey hair and glasses, smiling. He is wearing a light-colored button-down shirt. The background is a blurred indoor setting with vertical architectural elements.





Jay Bhattacharya, MD

- Professor of Medicine at Stanford University
- Director, Stanford Center on the Demography of Health and Aging
- Co-Founder, Great Barrington Declaration

A portrait of John P.A. Ioannidis, MD, a man with brown hair and a mustache, smiling. He is wearing a dark suit, a light blue shirt, and a striped tie. The background is a blurred outdoor scene with autumn foliage.

John P.A. Ioannidis, MD

Professor of Medicine, of Epidemiology & Population
Health, and of Statistics and of Biomedical Data Science,
Stanford University

ORIGINAL ARTICLE |  Open Access |   

Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19

Eran Bendavid , Christopher Oh, Jay Bhattacharya, John P. A. Ioannidis





First published: 05 January 2021 | <https://doi.org/10.1111/eci.13484> | Citations: 34

Abstract

Background and Aims

The most restrictive nonpharmaceutical interventions (NPIs) for controlling the spread of COVID-19 are mandatory stay-at-home and business closures. Given



ORIGINAL ARTICLE |  [Open Access](#) |   

Assessing mandatory stay-at-home and business closure

In the framework of this analysis, there is no evidence that more restrictive nonpharmaceutical interventions ('lockdowns') contributed substantially to bending the curve of new cases in England, France, Germany, Iran, Italy, the Netherlands, Spain or the United States in early 2020.

Background and Aims



The most restrictive nonpharmaceutical interventions (NPIs) for controlling the spread of COVID-19 ~~are mandatory stay-at-home and business closures~~. Given

Panda (www.pandata.org)

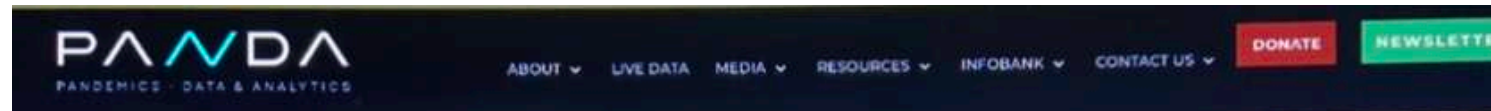


The Ugly Truth About The Covid-19 Lockdowns

01 APRIL 2021


The truth about th...  

THE UGLY TRUTH ABOUT THE COVID-19 LOCKDOWNS 



developing countries




Jacques Malan 

DATA SCIENTIST

CEO of Optisof Australia, working on IoT and AI products. Jacques is currently a doctoral candidate at Edinburgh Business School, but spends most of his time programming mathematical models on computers. He has lived and worked in seven countries, over 20 years, including a two-year stint in Silicon Valley (working on




Kevin McKernan 

CHIEF SCIENTIFIC OFFICER
MEDICINAL GENOMICS,
MICROBIOLOGY, DNA
SEQUENCING

Kevin holds a B.S. in Biology from Emory University with a focus on cloning and expressing Norepinephrine Transporters. He is the CSO and Founder of Medicinal Genomics and has pioneered the genomics of cannabis and hemp to



José Augusto Nasser 

PROFESSOR OF
NEUROSCIENCE AND
NEUROLOGICAL SURGEON

José is an affiliated Professor of Neurological studies at the Institute of New York, Columbia University. He is professor of Pontificia Universidade Católica Rio de Janeiro Brazil, and a researcher at the Instituto Nacional de Traumatologia



Trevor Nell 

SENIOR DATA SCIENTIST

Trevor is a data scientist with BSc in Statistics, a qualified electrician and also possesses a Grandmaster in Memory from the 2005 World Memory Championships. He has an uncanny knack for numbers and is keen interest in machine learning, computer vision, feature engineering, AB testing, fraud modeling and problem solving



Watch TV

CORONAVIRUS · Published 3 days ago

CNN, MSNBC, NYT, WaPo completely avoid Johns Hopkins study finding COVID lockdowns ineffective

ABC, CBS, NBC also ignored the anti-lockdown study

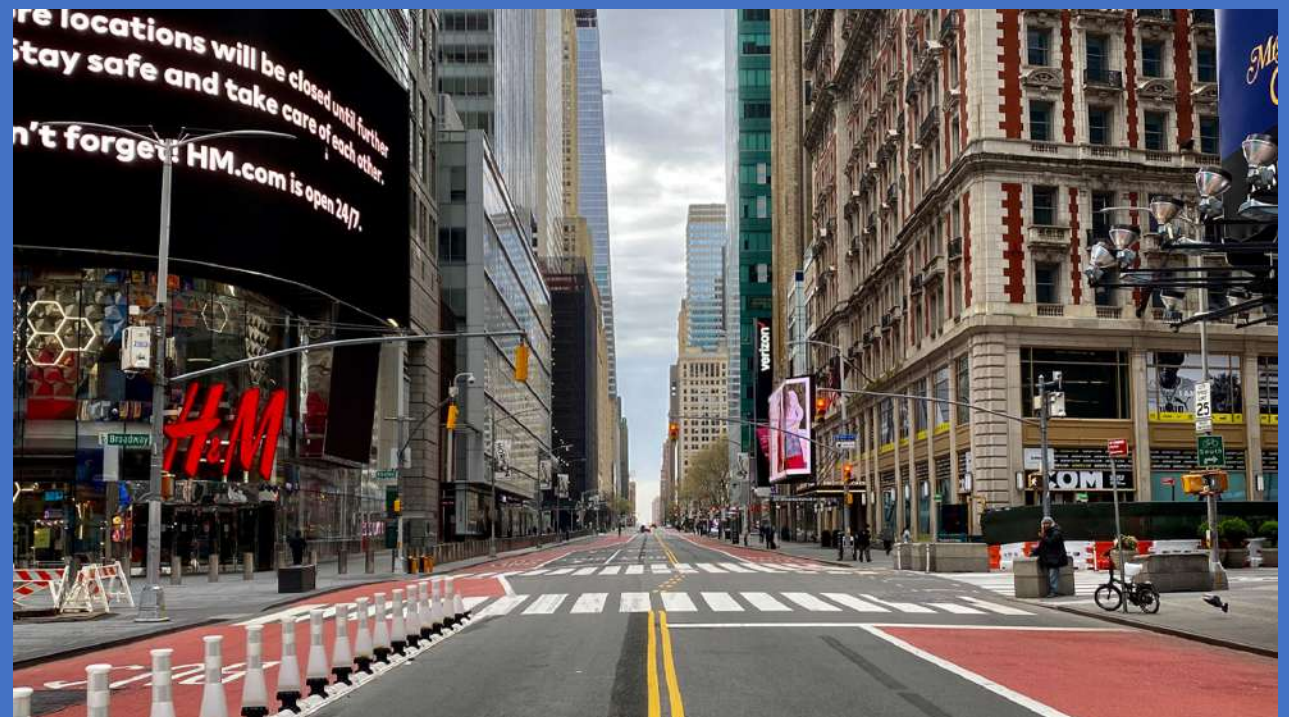
By Joseph A. Wulfsohn | Fox News






John Hopkins study concludes COVID lockdown policies should be rejected

Fox News correspondent Jonathan Serrie has details from Atlanta on 'Special Report'.




Estudo da Universidade de Johns Hopkins

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A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality

By Jonas Herby, Lars Jonung, and Steve H. Hanke

About the Series

The *Studies in Applied Economics* series is under the general direction of Prof. Steve H. Hanke, Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (hanke@jhu.edu). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

About the Authors



A Literature Review and Meta-Analysis of the

While this meta-analysis concludes that lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.

Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (hanke@jhu.edu). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

A Literature Review and Meta-Analysis of the

These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are marginal at best. Such a standard benefit-cost calculation leads to a strong conclusion: lockdowns should be rejected out of hand as a pandemic policy instrument.

Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (hanke@jhu.edu). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

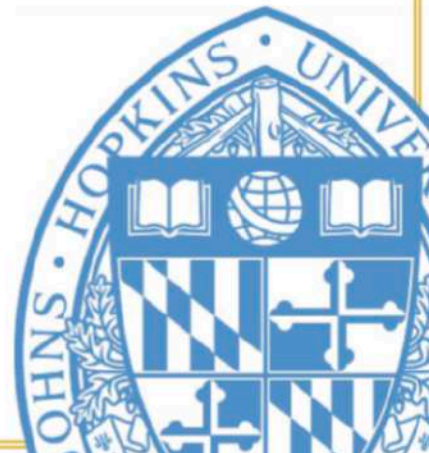
SAE/No.200/January 2022

Studies in Applied Economics

**A LITERATURE REVIEW AND META-ANALYSIS
OF THE EFFECTS OF LOCKDOWNS ON
COVID-19 MORTALITY**

Jonas Herby, Lars Jonung, and Steve H. Hanke

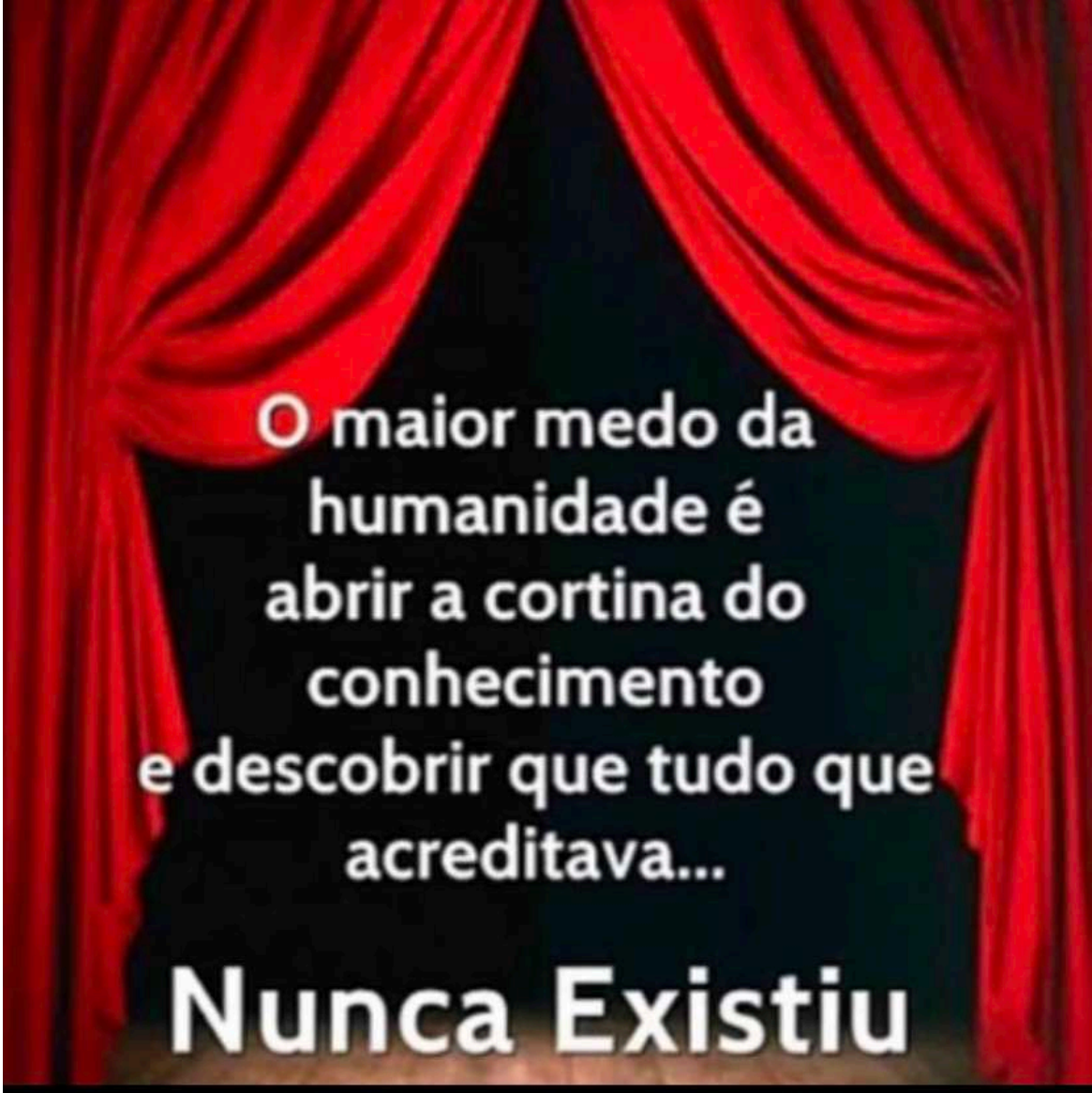
Johns Hopkins Institute for Applied Economics,
Global Health, and the Study of Business Enterprise



A photograph of a curved, light-colored stone wall with the words "THE JOHNS HOPKINS UNIVERSITY" carved into it in a serif font. In the foreground, there are lush purple flowers and green foliage. The wall is made of large, rectangular stone blocks.

THE JOHNS HOPKINS UNIVERSITY

Passaporte Sanitário Covid19
Não há ciência por trás de tudo isso
SE HÁ RISCO DEVE HAVER ESCOLHA

A pair of vibrant red theater curtains, slightly parted in the center to reveal a dark, shadowed stage behind them. The lighting highlights the texture and folds of the fabric.

**O maior medo da
humanidade é
abrir a cortina do
conhecimento
e descobrir que tudo que
acreditava...**

Nunca Existiu

QUEM SÃO OS QUE SE MANIFESTAM CONTRA SEGUNDO O MIT



Cinco dados que
precisamos saber antes de
vacinar

Eu não sou antivacina –

A ciência precisa ser feita
de forma Adequada

- Nunca na história da medicina moderna um medicamento foi de forma tão superficial quanto estas vacinas
- Os dados de 170 indivíduos como foi o caso da Pfizer, sendo que tudo baseado em pcr rt que sabemos que é falho em algo em torno de 89% para falso positivo
- Em nenhum teste se envolveu pacientes abaixo de 18 anos, grávidas, pacientes que tiveram a doença
- A questão que em um primeira observação nos ensaios clínicos para autorização emergencial é incoerência de dados que pudessem com segurança depois ser transposto para a população em massa

Vacina – 5 perguntas a serem respondidas

As pessoas desenvolvem imunidade?

Quanto tempo esta imunidade persiste?

Que tipo de imunidade os vacinados exibem? Ao vírus ou as partes?

Como sabemos que a vacina funcionou?

É Segura a vacina? AED?

Quanto tempo esta imunidade persiste?

Estudos mais recentes apontam que a Imunidade determinada pela mRNAs são inferiores aos pacientes que se infectaram, portanto em estudos com biopsia de medula óssea foi provada a persistência a longo prazo de imunidade celular ao Sars 2

A coronavac é uma das piores em termo de dar proteção imunológica. A questão não é nem se dura é se imuniza.

O que os pacientes fazem quando recebem esta injeção experimental é produzir muitas proteínas S, e aqui está o ponto. Apesar de produzirem anticorpo antiproteína S o escape imunológico é alto

Como sabemos que a vacina funcionou?

- O objetivo da vacinação é impedir que o paciente adquira a doença
- Impedir que o paciente transmita a doença
- Isso não tem sido observado com estas vacinas, pelo contrário, onde os pacientes foram vacinados houve aumento de casos e mortes .
- Portanto o objetivo de se vacinar todo mundo somente dá critérios ao vírus para que se torne cada vez mais virulento, embora o inicial não fosse, com uma população alvo bastante específica.
- Contudo o vírus continua sendo o mesmo, apenas 3% de sua estrutura se modificou com as mutações. Retrovírus mutam e mutam o tempo todo. Eles são muito instáveis e suas mutações normalmente os torna mais frágeis inclusive, pois há perda do material genético original. Lembrar que este vírus é sim fruto de gain of function portanto sua parte infectiva é artificial.

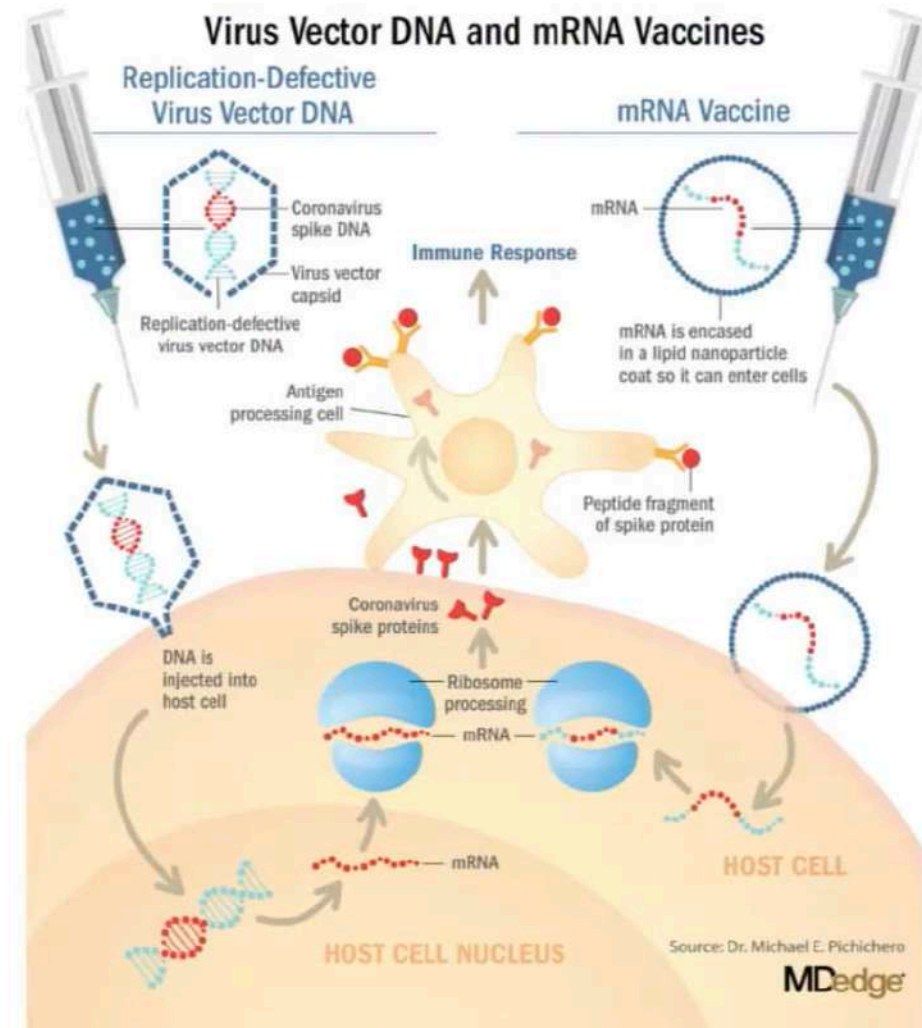
É Segura a vacina? ADE?

- Este quesito não está respondido até o presente momento
- A proteína S que inicialmente se pensou ser um antígeno ótimo para se focar na tecnologia plug and play hoje se sabe que é tóxica, é uma toxina que agride a parede endotelial dos órgãos por onde se distribui e se distribue rápido(cérebro, pulmão, baço, testículos, ovários, placenta, leite materno, coração dando lesão miocárdicas, e fenômenos graves tromboembólicos)
- AED: antibody enhancement development: doença causada por anticorpos, sim o AED é tão grave quanto a forma grave da covid, e hoje tem sido responsável por mais mortes do que a doença. (Prof Andino Pavlosky UCSF

Aprovação

- Fase 1: Testes para determinar a Dose da Vacina, após a aplicação se estabelece a dose ideal e a segurança
- Fase 2: Ensaios maiores com mais voluntários. Observação da atividade biológica em promover resposta imunológica adequada, mas não se pode dizer que a vacina é eficaz. Se você consegue produzir anticorpos neutralizantes e se prova a presença dos mesmos na estrutura viral neutralizando-a a então se passa para a próxima fase (meses)
- Fase 3: Testes com um número grande de voluntários. Provando que se mantém a eficácia e segurança e assim se fabricar em larga escala. Seria um ano e meio para que tudo isso pudesse ser testado e aprovado, caso as fases não tivessem encontrado problemas.
- Neste caso atual com inúmeros problemas todos os ensaios anteriores de coronavírus foram interrompidos por AED e de outras vacinas por problemas graves e complicações medicas.

Terapias Genéticas Experimentais



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> JAMA. 2021 Nov 23;326(20):2043-2054. doi: 10.1001/jama.2021.19499.

Association Between mRNA Vaccination and COVID-19 Hospitalization and Disease Severity

Mark W Tenforde¹, Wesley H Self², Katherine Adams¹, Manjusha Gaglani³, Adit A Ginde⁴, Tresa McNeal³, Shekhar Ghamande³, David J Douin⁵, H Keipp Talbot⁶, Jonathan D Casey⁷, Nicholas M Mohr⁸, Anne Zepeski⁸, Nathan I Shapiro⁹, Kevin W Gibbs¹⁰, D Clark Files¹⁰, David N Hager¹¹, Arber Shehu¹¹, Matthew E Prekker¹², Heidi L Erickson¹³, Matthew C Exline¹⁴, Michelle N Gong¹⁵, Amira Mohamed¹⁶, Daniel J Henning¹⁷, Jay S Steingrub¹⁸, Ithan D Peltan¹⁹, Samuel M Brown¹⁹, Emily T Martin²⁰, Arnold S Monto²⁰, Akram Khan²¹, Catherine L Hough²¹, Laurence W Busse²², Caitlin C Ten Lohuis²³, Abhijit Duggal²⁴, Jennifer G Wilson²⁵, Alexandra June Gordon²⁵, Nida Qadir²⁶, Steven Y Chang²⁶, Christopher Mallow²⁷, Carolina Rivas²⁷, Hilary M Babcock²⁸, Jennie H Kwon²⁸, Natasha Halasa²⁹, James D Chappell²⁹, Adam S Luring³⁰, Carlos G Grijalva³¹, Todd W Rice⁷, Ian D Jones³², William B Stubblefield³², Adrienne Baughman³², Kelsey N Womack³³, Jillian P Rhoads³³, Christopher J Lindsell³⁴, W Hart³⁴, Yuwei Zhu³⁴, Samantha M Olson¹, Miwako Kobayashi¹, Jennifer R Verani¹, Intel¹, Influenza and Other Viruses in the Acutely Ill (IVY) Network



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Abstract

Vacinas e Redução de Risco mito x verdade

JAMA | Original Investigation

Association Between mRNA Vaccination and COVID-19 Hospitalization and Disease Severity

Mark W. Tenforde, MD, PhD; Wesley H. Self, MD, MPH; Katherine Adams, MPH; Manjusha Gagliari, MBBS; Adit A. Ginde, MD, MPH; Tresa McNeal, MD; Shekhar Ghamande, MD; David J. Douan, MD; H. Kepp Talbot, MD, MPH; Jonathan D. Casey, MD, MSc; Nicholas M. Mohr, MD, MS; Anne Zepeski, PharmD; Nathan F. Shapiro, MD, MPH; Kevin W. Gibbs, MD; D. Clark Fieki, MD; David N. Hager, MD, PhD; Arber Shehu, MD; Matthew E. Prekker, MD, MPH; Heidi L. Erickson, MD; Matthew C. Exline, MD, MPH; Michelle N. Gong, MD; Amra Mohamed, MD; Daniel J. Henning, MD, MPH; Jay S. Steingrub, MD; Ethan D. Peltan, MD, MSc; Samuel M. Brown, MD, MS; Emily T. Martin, PhD; Arnold S. Monto, MD; Akram Khan, MD; Catherine L. Hough, MD; Laurence W. Busse, MD; Caitlin C. ten Lohuis, ACNP-BC; Abhijit Duggal, MD; Jennifer G. Wilson, MD; Alexandra June Gordon, MD; Nida Qadir, MD; Steven Y. Chang, MD, PhD; Christopher Mallon, MD, MHS; Carolina Rivas, BS; Hilary M. Babcock, MD, MPH; Jennie H. Kwon, DO, MSc; Natasha Halasa, MD, MPH; James D. Chappell, MD, PhD; Adam S. Lauring, MD, PhD; Carlos G. Grijalva, MD, MPH; Todd W. Rice, MD, MSc; Ian D. Jones, MD; William B. Stubblefield, MD, MPH; Adrienne Baughman, BS; Kelsey N. Wornack, PhD; Jillian P. Rhoads, PhD; Christopher J. Lindbell, PhD; Kimberly W. Hart, MA; Yuxen Zhu, MD, MS; Samantha M. Olson, MPH; Masako Kobayashi, MD; Jennifer R. Verani, MD, MPH; Manish M. Patel, MD; for the Influenza and Other Viruses in the Acutely Ill (IVY) Network

Participants

During March 11, 2021, to August 15, 2021, 5479 patients were enrolled from 23 hospitals; 966 patients were excluded from this analysis, with the most common reasons for exclusion being receipt of at least 1 mRNA vaccine but not being fully vaccinated ($n = 547$) and receipt of a COVID-19 vaccine other than an mRNA vaccine ($n = 194$) (Figure 1). The analytic population included 4513 patients (median age, 59 years [IQR, 46-69]; 2202 [48.8%] women; 23.0% non-Hispanic Black individuals, 15.9% Hispanic individuals, and 20.1% with immunocompromising condition), including 1983 cases with COVID-19 and 2530 controls without it (1359 test-negative controls and 1171 syndrome-negative controls).

3/21 to 8/21 45% Delta

Figure 3. Association Between Progression to Severe Disease and Prior Vaccination Among Adults Hospitalized With COVID-19



^a An adjusted odds ratio (aOR) less than 1.0 indicated that progression to death or invasive mechanical ventilation after hospital admission for COVID-19 was associated with being unvaccinated compared with being vaccinated. Models were adjusted for age group (18-49, 50-64, and ≥65 years), sex, self-reported race and ethnicity, and number of chronic medical comorbidities (0, 1, 2, 3, and ≥4). Models stratified by age group were adjusted for continuous age in years.

^b Immunocompromising conditions are defined in the Table.

^c Analysis restricted to COVID-19 case patients with hypoxemia within 24 hours of admission, defined as receiving supplemental oxygen or having an oxygen saturation less than 92% as measured by pulse oximetry.

Figure 3. Association Between Progression to Severe Disease and Prior Vaccination Among Adults Hospitalized With COVID-19

Subgroup	Fully vaccinated case patients/total breakthrough cases (%)	Unvaccinated case patients/total unvaccinated (%)	Absolute difference (95% CI), %	Adjusted odds ratio (95% CI) ^a
Progression to death or invasive mechanical ventilation				
Overall	17/142 (12.0)	261/1055 (24.7)	-12.8 (-18.7 to -6.8)	0.33 (0.19 to 0.58)
By immunocompromising condition ^b				
Yes (immunocompromised)	8/61 (13.1)	31/146 (21.2)	-8.1 (-18.9 to 2.6)	0.54 (0.21 to 1.38)
No (immunocompetent)	9/81 (11.1)	230/909 (25.3)	-14.2 (-21.6 to -6.8)	0.29 (0.14 to 0.60)
By age group, y				
18-64	9/57 (15.8)	188/814 (23.1)	-7.3 (-17.2 to 2.6)	0.57 (0.27 to 1.24)
≥65	8/85 (9.4)	73/241 (30.3)	-20.9 (-29.4 to -12.4)	0.24 (0.11 to 0.55)
Hypoxemic within 24 h of admission ^c	13/96 (13.5)	227/806 (28.2)	-14.6 (-22.1 to -7.1)	0.30 (0.16 to 0.58)
Progression to death				
Overall	9/142 (6.3)	91/1055 (8.6)	-2.3 (-6.6 to 2.1)	0.41 (0.19 to 0.88)

Death occurred 9 of 142 (6.3%) vaccine break-through cases and 91 of 1055 (8.6%) unvaccinated cases, p=0.36

An adjusted odds ratio (aOR) less than 1.0 indicated that progression to death or invasive mechanical ventilation after COVID-19 was associated with being unvaccinated compared with being vaccinated.

^a Models adjusted for age group (18-49, 50-64, and ≥65 years), sex, self-reported race and ethnicity, and number of medical comorbidities (0, 1, 2, 3, and ≥4). Models stratified by age group were adjusted for continuous age in years.

^b Immunocompromising conditions are defined in the Table.

^c Analysis restricted to COVID-19 case patients with hypoxemia, supplemental oxygen or having an oxygen saturation less than 94%.

Decaimento
de proteção

Effectiveness of Covid-19 vaccination against risk of symptomatic infection,
hospitalization, and death up to 9 months: a Swedish total-population cohort study

842,974 pairs (N=1,684,958)

Preprints with THE LANCET

Peter Nordström, MD, PhD, Marcel Ballin, MSc., Anna Nordström, MD, PhD

Pfizer/BNT 30 mcg mRNA/injection

Symptomatic Infection
Fully Vaccinated (VE)

22 studies show waning
vaccine efficacy over 3-6
months for all vaccines against
all variants

Dr. Paul Alexander, Brownstone Institute Oct 29 2021

1082
COM

>180 days (N=22,755)

32

0.8

15

2.4

69 (44-83)

59 (18-79)

ISRAEL DELTA VARIANTES



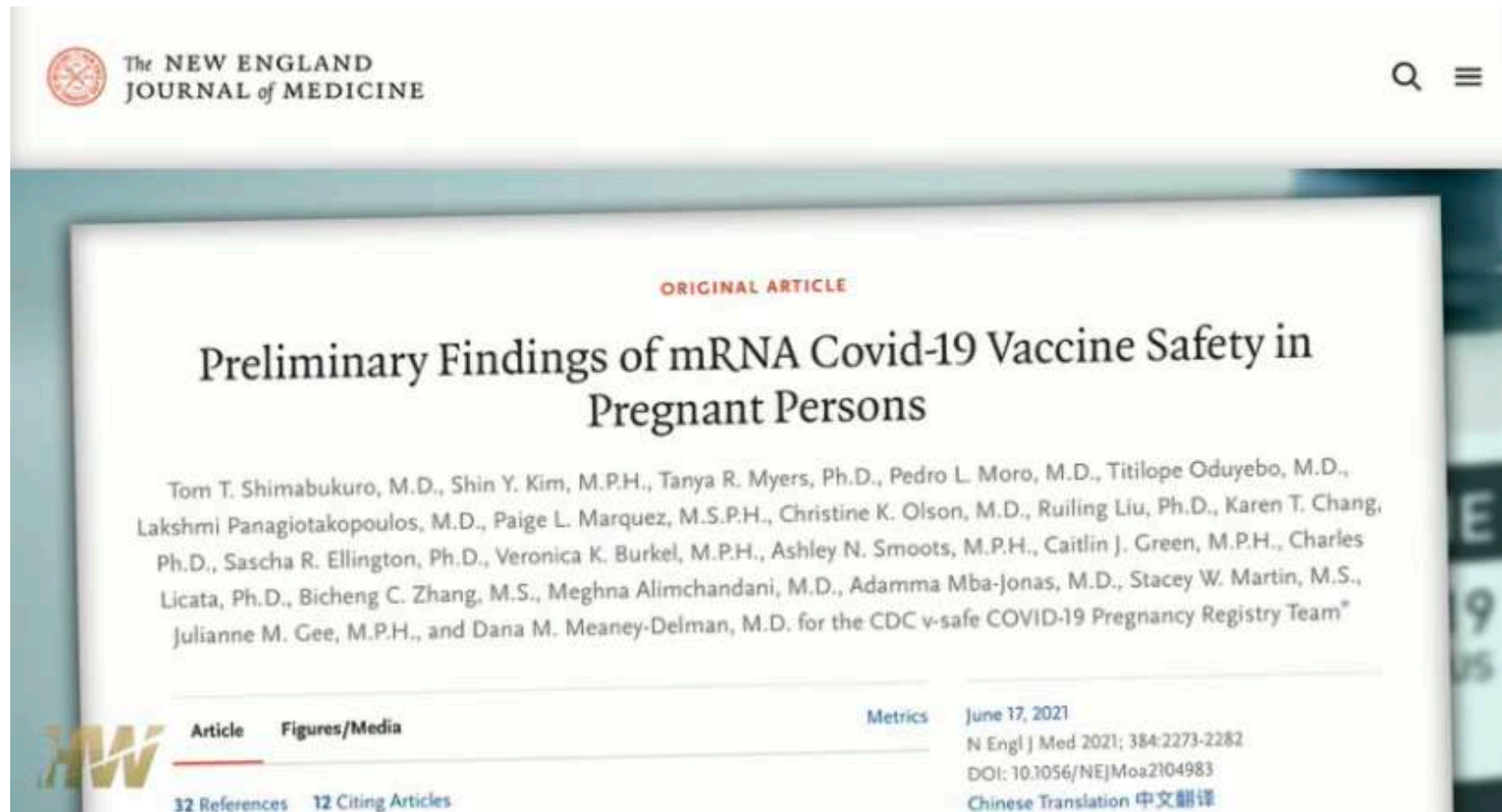
VARIANTES

- Não é verdade que a melhor coisa que você tem a fazer para combater a variante é tomar as vacinas, pelo contrário, as pessoas que estão se infectando são as vacinadas.
- UK Health Public Depto Report

Lutar por um termo
de consentimento

- Nuremberg Code

Vacinas em gestantes



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons

Tom T. Shimabukuro, M.D., Shin Y. Kim, M.P.H., Tanya R. Myers, Ph.D., Pedro L. Moro, M.D., Titilope Oduyebo, M.D., Lakshmi Panagiotakopoulos, M.D., Paige L. Marquez, M.S.P.H., Christine K. Olson, M.D., Ruiling Liu, Ph.D., Karen T. Chang, Ph.D., Sascha R. Ellington, Ph.D., Veronica K. Burkel, M.P.H., Ashley N. Smoots, M.P.H., Caitlin J. Green, M.P.H., Charles Licata, Ph.D., Bicheng C. Zhang, M.S., Meghna Alimchandani, M.D., Adamma Mba-jonas, M.D., Stacey W. Martin, M.S., Julianne M. Gee, M.P.H., and Dana M. Meaney-Delman, M.D. for the CDC v-safe COVID-19 Pregnancy Registry Team*

Article Figures/Media Metrics

June 17, 2021
N Engl J Med 2021; 384:2273-2282
DOI: 10.1056/NEJMoa2104983
Chinese Translation 中文翻译

32 References 12 Citing Articles

Vacinas em gestantes

Letter to Editor – Comment on “mRNA Covid-19 Vaccine Safety in Pregnant Persons”, Shimabukuro et al. (NEJM Apr 2021)

In table 4, the authors report a rate of spontaneous abortions <20 weeks (SA) of 12.5% (104 abortions/827 completed pregnancies). However, this rate should be based on the number of women who were at risk of an SA due to vaccine receipt and should exclude the 700 women who were vaccinated in their third-trimester (104/127 = 82%)....given the importance of these findings we feel it important to report these rates accurately.

The article by Shimabukuro et al. 2021 presents preliminary safety results of coronavirus 2019 mRNA vaccines used in pregnant women from the V-Safe Registry.¹ These findings are of particular importance, as pregnant women were excluded from the phase III trials assessing mRNA vaccines.

In table 4, the authors report a rate of spontaneous abortions <20 weeks (SA) of 12.5% (104

Vacinas em gestantes

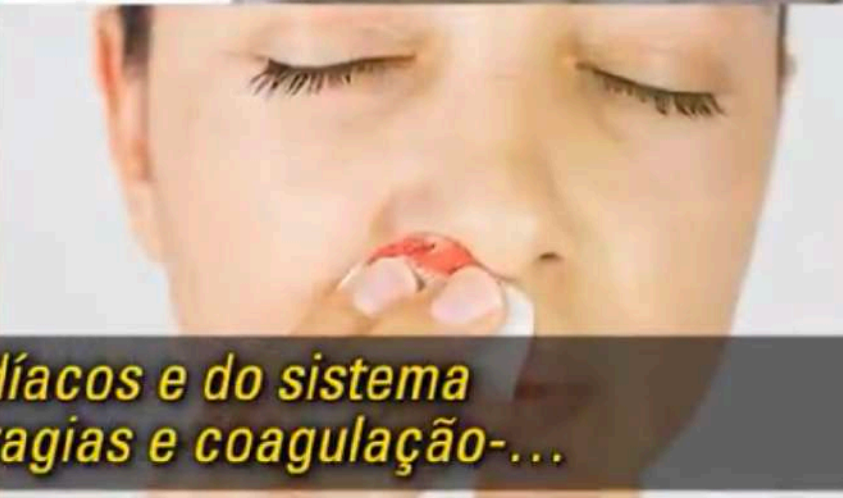
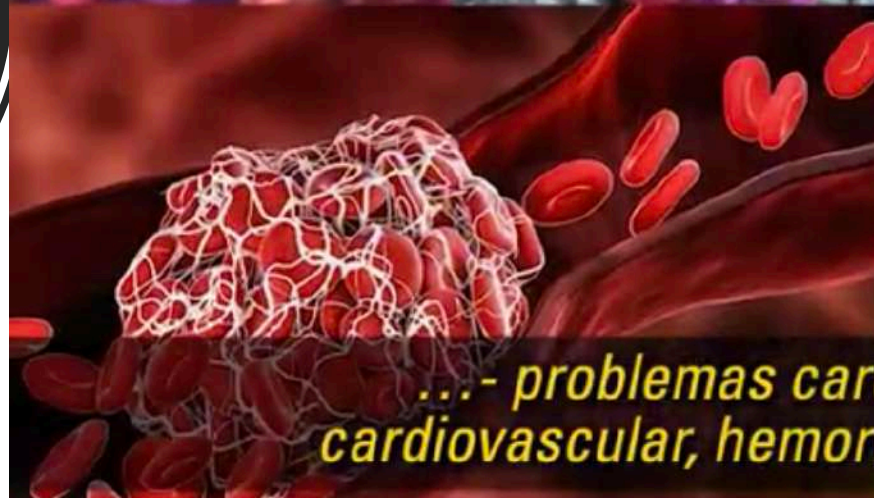
Letter to Editor – Comment on “mRNA Covid-19 Vaccine Safety in Pregnant Persons”

Table 4. Pregnancy Loss and Neonatal Outcomes in Published Studies and V-safe Pregnancy Registry Participants.

Participant-Reported Outcome	Published Incidence*	V-safe Pregnancy Registry† no./total no. (%)
	%	
Pregnancy loss among participants with a completed pregnancy		
Spontaneous abortion <20 wk ¹³⁻¹⁷	10-26	104/827 (12.6%) 827 (12.6)†
Stillbirth ≥20 wk ¹⁸⁻²⁰	<1	1/725 (0.1)§
Neonatal outcome among live-born infants		
Preterm birth: <37 wk ^{21,22}	8-15	60/636 (9.4)¶
Small size for gestational age ^{23,24}	3.5	23/724 (3.2)
Congenital anomalies ²⁵⁻²⁸	3	16/724 (2.2)
Neonatal death ²⁹⁻³¹	<1	0/724

In table 4, the authors report a rate of spontaneous abortions <20 weeks (SA) of 12.5% (104

Sabemos
que a
Proteína S
causa os
problemas



*...- problemas cardíacos e do sistema
cardiovascular, hemorragias e coagulação-...*

Proteína spike não
pode ficar circulando
livre no sangue por
ser de alta toxicidade
para o endotélio e
para as plaquetas
gerando os coágulos

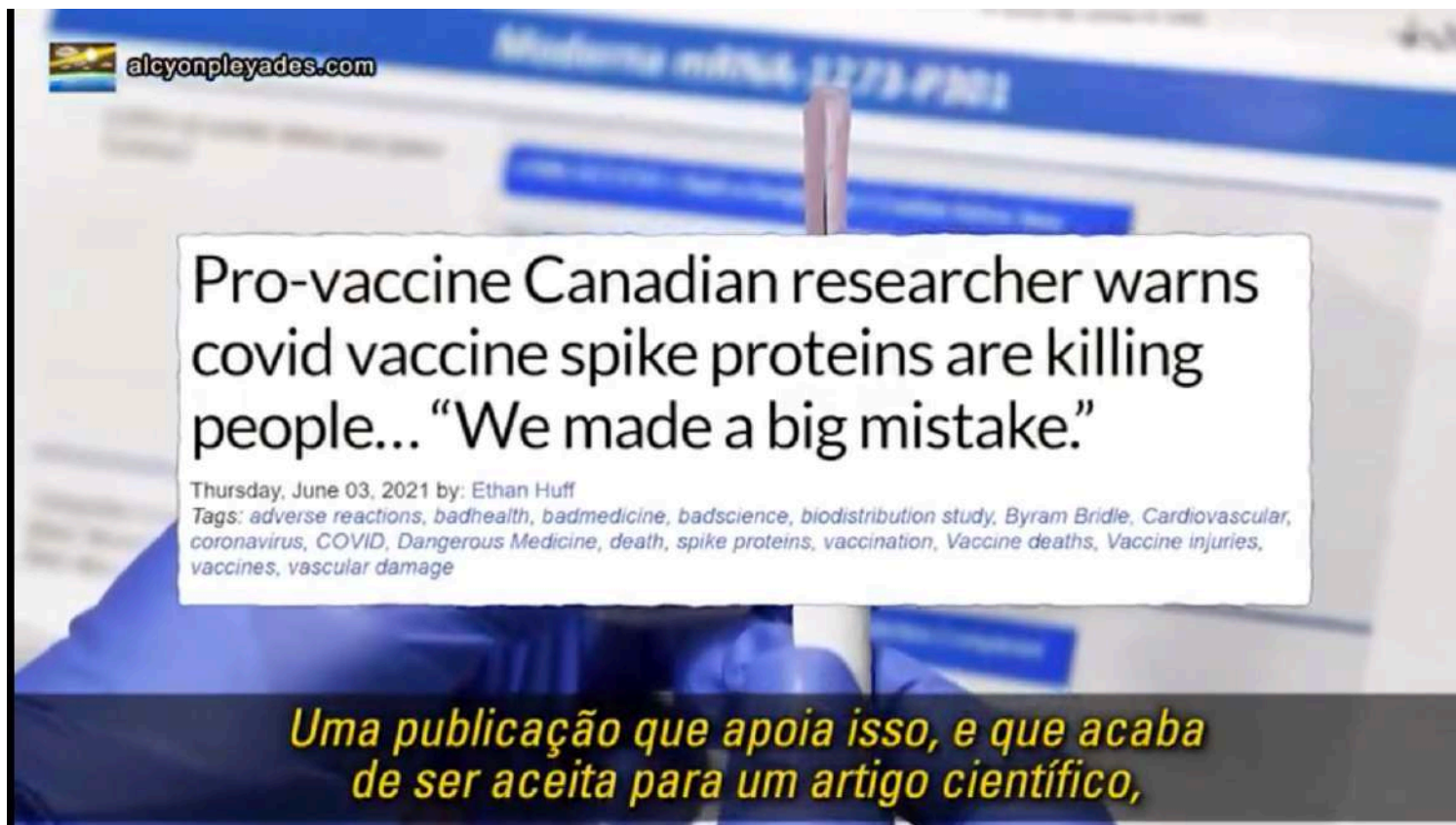
alcyonpleyades.com

BYRAM BRIDLE
IMUNOLOGISTA VIRAL E PROFESSOR DA
UNIVERSIDADE DE GUELPH, EM ONTÁRIO



*A proteína spike atinge o sangue e circula
durante vários dias após a pessoa ser vacinada.*

Este foi o grande engano
e está já sendo
publicado pelos
pesquisadores entre
eles Byron Bridel e
Robert Malone que tem
9 patentes no
desenvolvimento da
mRNA vacina



Proteína Spike Mortal

- Ela deveria ficar apenas no local da injeção , mas Alana F Ogata de Harvard e a AH japan demonstraram que se distribuía pelo corpo
- Esta ptn circula por tempo indeterminado, mas em imensa quantidade durante as duas primeiras semanas e assim causam lesão do endotélio e miocárdio e plaquetas culminando em efeitos cardiovasculares e morte
- O que acontece se for para órgãos que não era para ir lá.
- O nosso sistema imune localiza e desenvolve uma reação grave.
- Coagulação do pulmão que nunca foi vista antes

Article Navigation

CORRECTED PROOF

Circulating Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine Recipients

Alana F Ogata, Chi-An Cheng, Michaël Desjardins,
Yasmeen Senussi, Amy C Sherman, Megan Powell,
Lewis Novack, Salena Von, Xiaofang Li, Lindsey R Baden

... [Show more](#)

[Author Notes](#)

Clinical Infectious Diseases, ciab465,
<https://doi.org/10.1093/cid/ciab465>

Published: 20 May 2021 **Article history** ▼

O Instituto Salk diz
que a PTN spike é a
doença!
Pos vacina proteína
spike circula por 01
ano e meio!!!

salk

April 30, 2021

**THE NOVEL CORONAVIRUS'
SPIKE PROTEIN PLAYS
ADDITIONAL KEY ROLE IN
ILLNESS**

Salk researchers and collaborators show how the protein damages cells, confirming COVID-19 as a primarily vascular disease

SALK NEWS

[Share](#) [Tweet](#)

April 30, 2021

The novel coronavirus' spike protein plays additional key role in illness

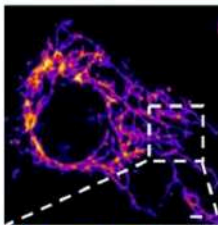
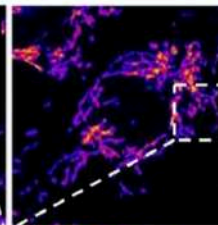
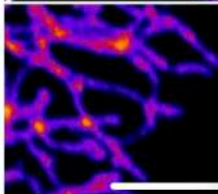
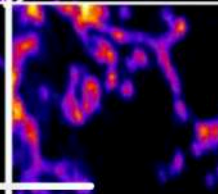
Salk researchers and collaborators show how the protein damages cells, confirming COVID-19 as a primarily vascular disease

LA JOLLA—Scientists have known for a while that

salk

LA JOLLA—Scientists have known for a while that SARS-CoV-2's distinctive “spike” proteins help the virus infect its host by latching on to healthy cells. Now, a major new study shows that the virus spike proteins (which behave very differently than those safely encoded by vaccines) also play a key role in the disease itself.

The paper, published on April 30, 2021, in *Circulation Research*, also shows conclusively that COVID-19 is a vascular disease, demonstrating exactly how the SARS-CoV-2 virus damages and attacks the vascular system on a cellular level. The findings help explain COVID-19's wide variety of seemingly unconnected complications, and could open the door for new research into more effective therapies.

Control	Spike Protein
	
	

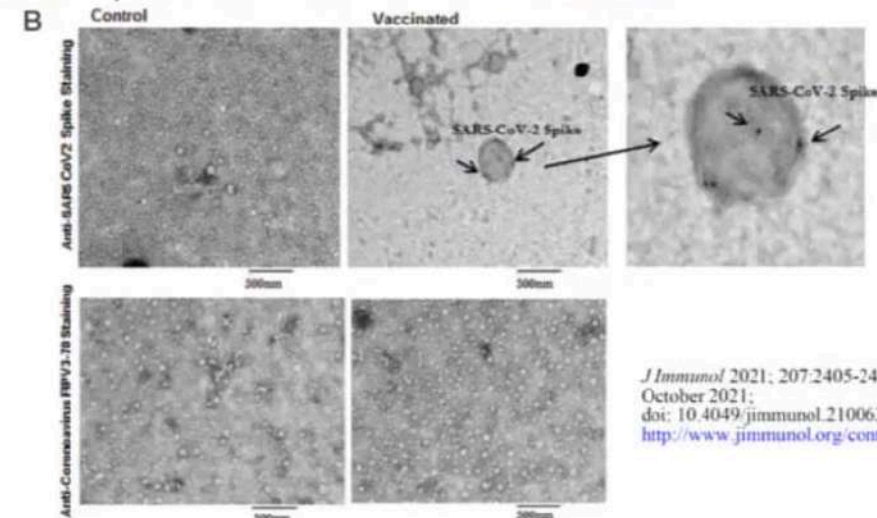
Artigo Importante sobre a circulação da proteína Spike pelo organismo

Cutting Edge

The Journal
of Immunology

Cutting Edge: Circulating Exosomes with COVID Spike Protein Are Induced by BNT162b2 (Pfizer–BioNTech) Vaccination prior to Development of Antibodies: A Novel Mechanism for Immune Activation by mRNA Vaccines

Sandhya Bansal,* Sudhir Perincheri,† Timothy Fleming,* Christin Poulson,*
Brian Tiffany,* Ross M. Bremner,* and Thalachallour Mohanakumar*



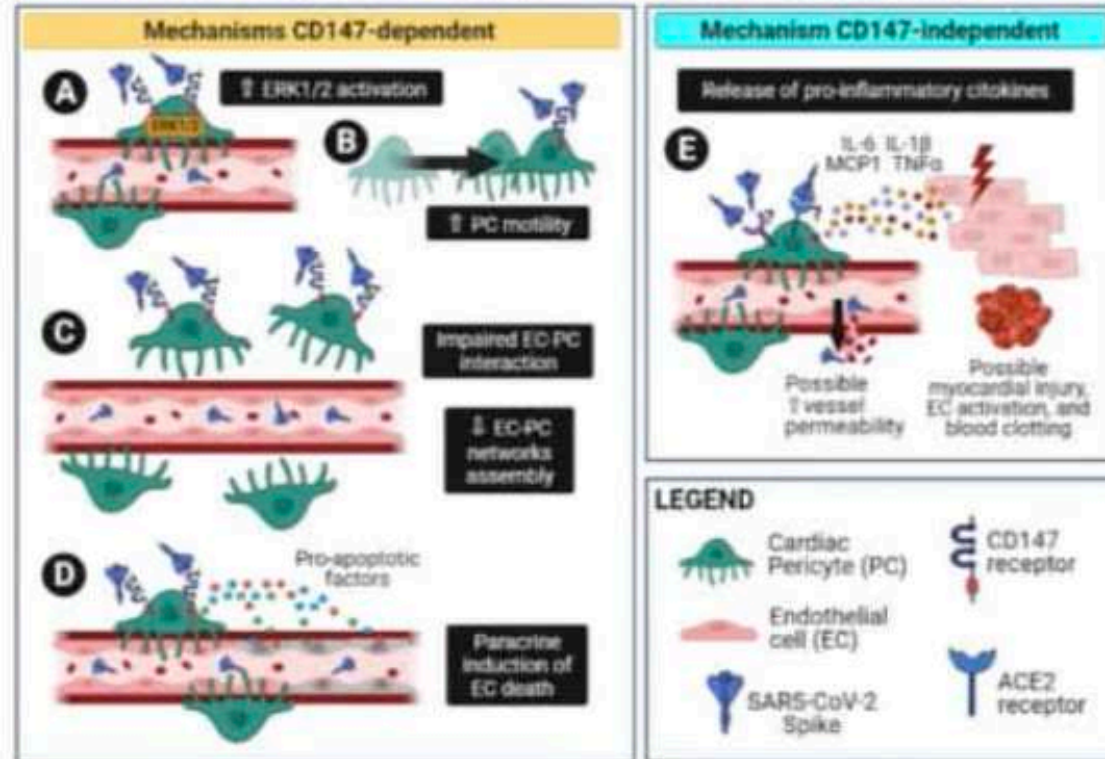
J Immunol 2021; 207:2405-2410; Prepublished online 15 October 2021;
doi: 10.4049/jimmunol.2100637
<http://www.jimmunol.org/content/207/10/2405>

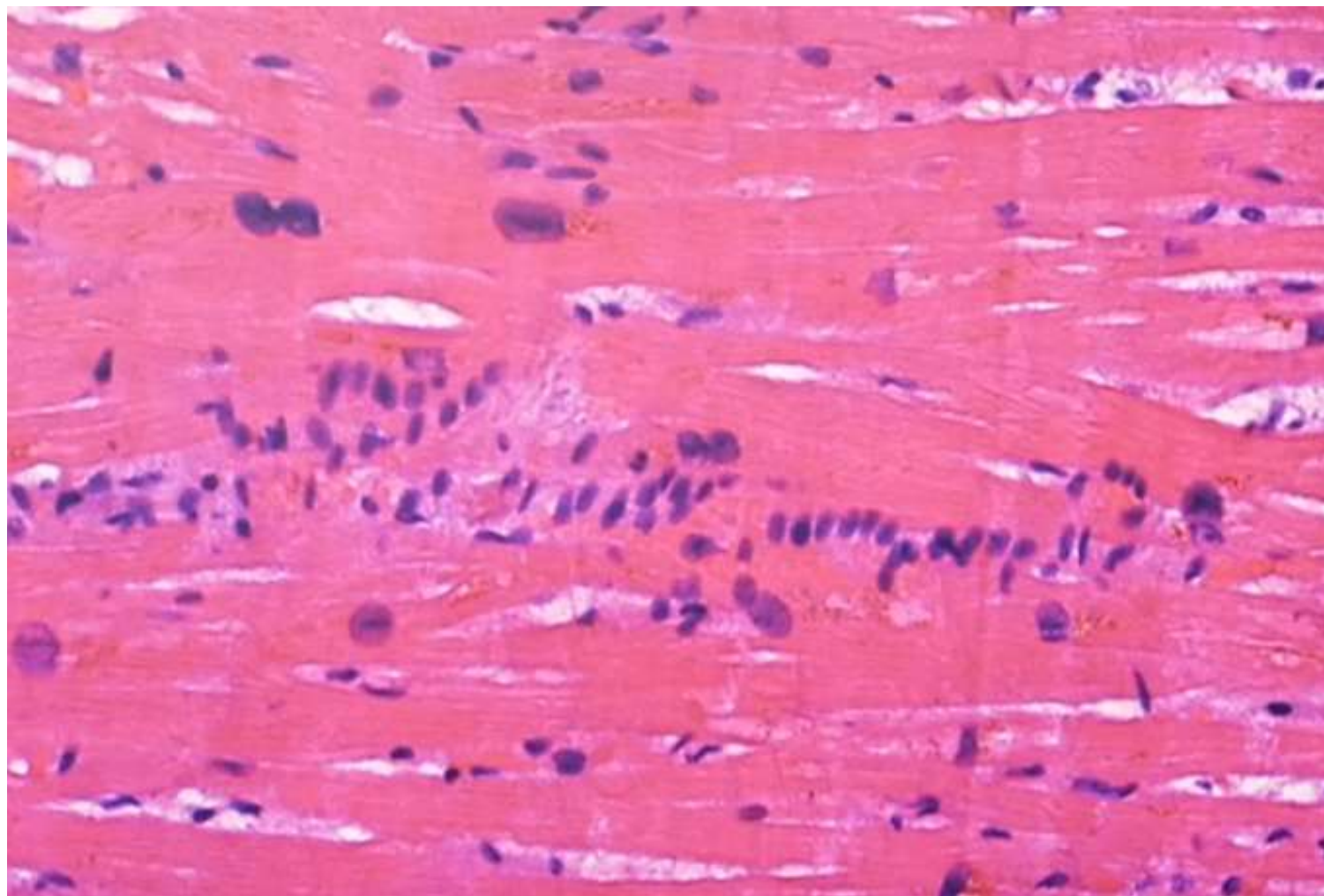
FIGURE 1. (A) Representative NanoSight image for exosomes from vaccinated individuals with mean and median sizes (black thin line in the graph indicates the three measurements of the same sample, and red line is the average of all three lines). (B) Transmission electron microscopy images of SARS-CoV-2 spike Ag on exosomes from control exosomes from control and vaccinated individuals. Arrows indicate SARS-CoV-2 spike-positive exosomes. Right side, third image is the zoomed image of positive exosome from vaccinated sample (original magnification $\times 50,000$). We have used anti-coronavirus FIPV3-70 Ab as negative control for both the samples.

The SARS-CoV-2 Spike protein disrupts human cardiac pericytes function through CD147-receptor-mediated signalling: a potential non-infective mechanism of COVID-19 microvascular disease

Elisa Avolio, PhD¹; Michele Carrabba, PhD¹; Rachel Milligan, PhD²; Maia Kavanagh Williamson, PhD²; Antonio P Beltrami, MD PhD³; Kapil Gupta, PhD⁴; Karen T Elvers, PhD⁵; Monica Gamez, PhD¹; Rebecca Foster, PhD¹; Kathleen Gillespie, PhD¹; Fergus Hamilton, PhD¹; David Arnold, PhD¹; Imre Berger, PhD^{4,6}; Massimo Caputo, MD¹; Andrew D Davidson, PhD²; Darryl Hill, PhD¹; Paolo Madeddu, MD¹

Effects of SARS-CoV-2 Spike on the heart vascular pericytes

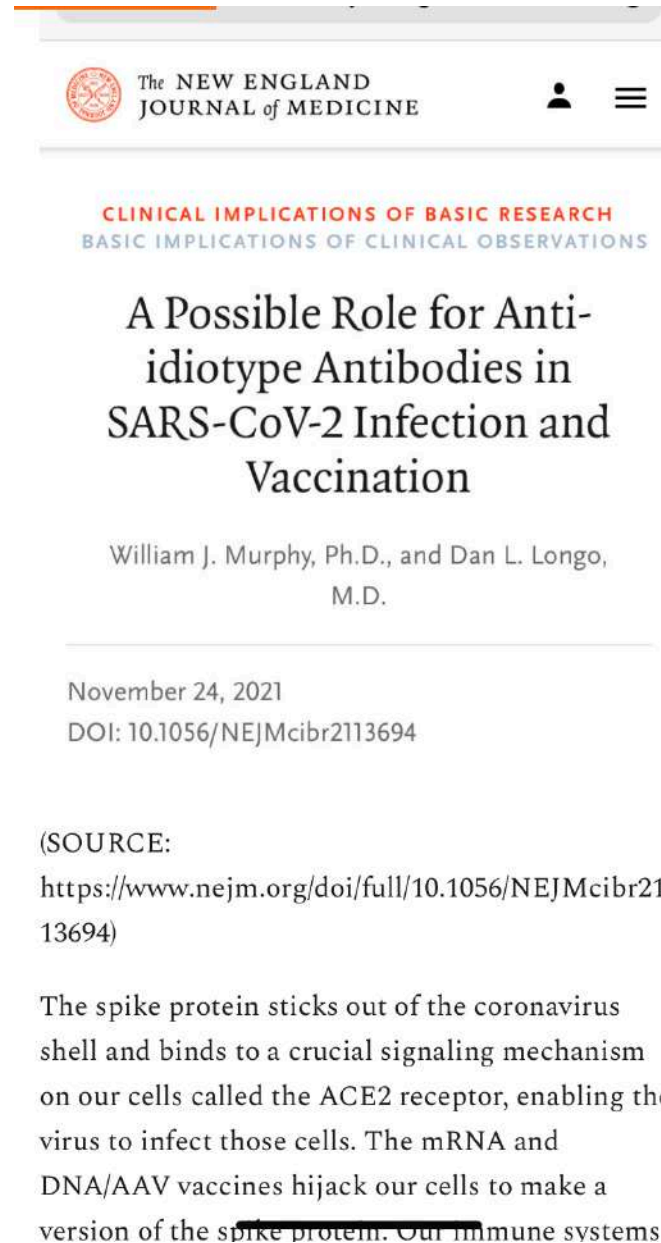




(9/n) Tecido
com infiltração
linfocítica.
(Pontos azuis;
linfócitos) O
tecido está
inflamado.
Linfócitos
alinhados.
Exemplo 4.

Uma nova e assustadora explicação potencial para miocardite induzida por vacina e outros problemas

Pesquisadores do New England Journal of Medicine levantam a possibilidade de uma resposta autoimune descontrolada à proteína spike do coronavírus que pode durar indefinidamente



The screenshot shows the top portion of a web page from The New England Journal of Medicine. At the top left is the journal's logo, a red circular seal. To its right is the text "The NEW ENGLAND JOURNAL of MEDICINE". Further right are icons for a user profile and a menu. Below the header, there are two lines of text: "CLINICAL IMPLICATIONS OF BASIC RESEARCH" in red and "BASIC IMPLICATIONS OF CLINICAL OBSERVATIONS" in blue. The main title of the article, "A Possible Role for Anti-idiotypic Antibodies in SARS-CoV-2 Infection and Vaccination", is centered in a large, black, serif font. Below the title, the authors' names, "William J. Murphy, Ph.D., and Dan L. Longo, M.D.", are listed. A horizontal line separates the authors from the date, "November 24, 2021", and the DOI, "DOI: 10.1056/NEJMcibr2113694". Below this, the word "(SOURCE:" is followed by the full URL "https://www.nejm.org/doi/full/10.1056/NEJMcibr2113694)". The bottom part of the screenshot shows the beginning of the article's abstract, starting with "The spike protein sticks out of the coronavirus shell and binds to a crucial signaling mechanism on our cells called the ACE2 receptor, enabling the virus to infect those cells. The mRNA and DNA/AAV vaccines hijack our cells to make a version of the spike protein. Our immune systems".

The NEW ENGLAND
JOURNAL of MEDICINE

CLINICAL IMPLICATIONS OF BASIC RESEARCH
BASIC IMPLICATIONS OF CLINICAL OBSERVATIONS

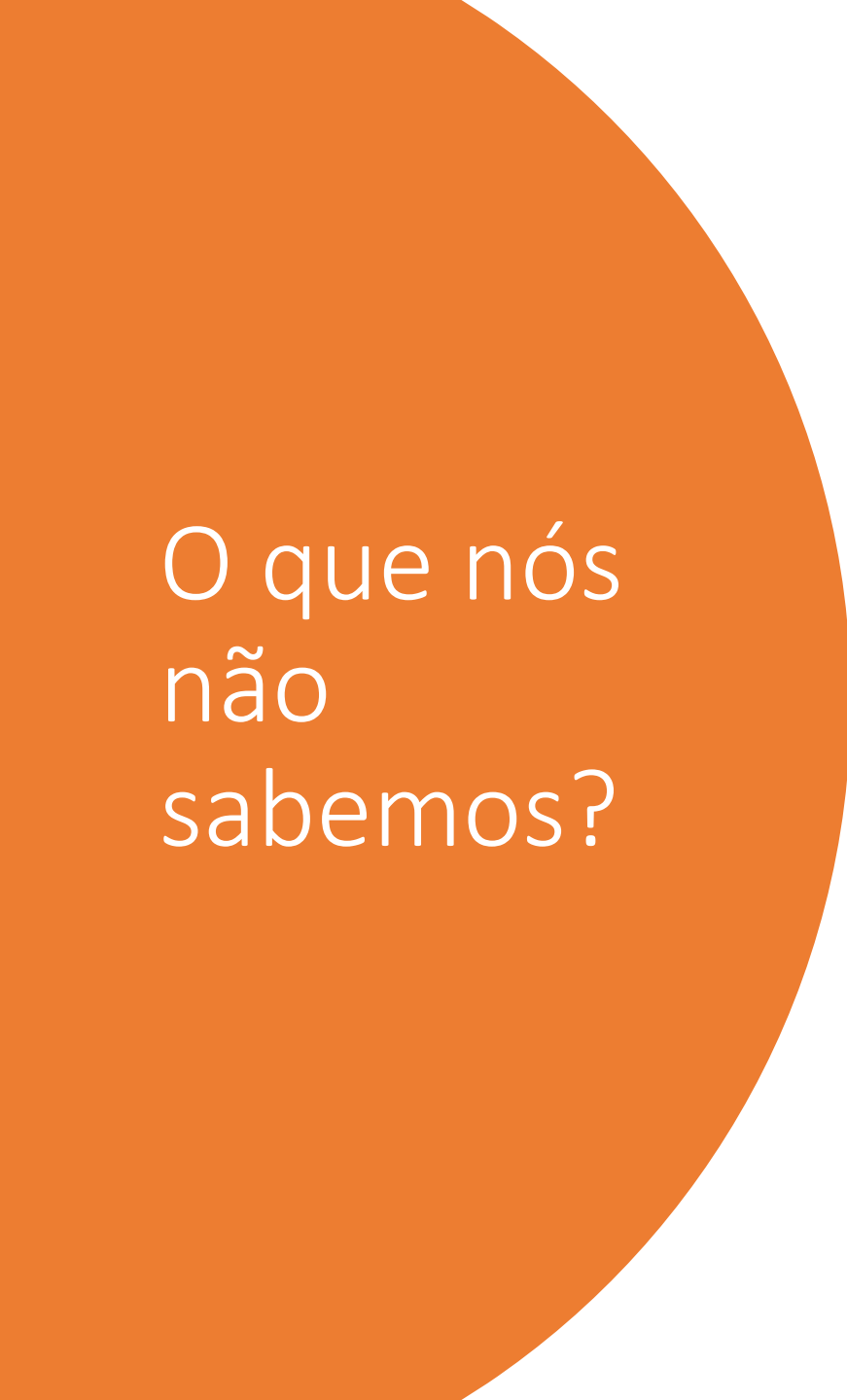
A Possible Role for Anti-idiotypic Antibodies in SARS-CoV-2 Infection and Vaccination

William J. Murphy, Ph.D., and Dan L. Longo, M.D.

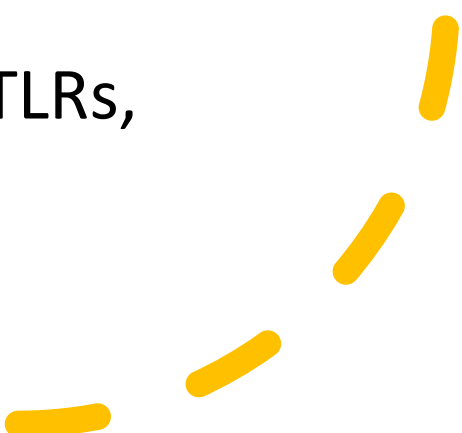
November 24, 2021
DOI: 10.1056/NEJMcibr2113694

(SOURCE:
<https://www.nejm.org/doi/full/10.1056/NEJMcibr2113694>)

The spike protein sticks out of the coronavirus shell and binds to a crucial signaling mechanism on our cells called the ACE2 receptor, enabling the virus to infect those cells. The mRNA and DNA/AAV vaccines hijack our cells to make a version of the spike protein. Our immune systems

A large orange circle on the left side of the slide, partially cut off by the edge.

O que nós
não
sabemos?

- Efeitos a longo prazo, nós não podemos adiantar o relógio
 - Estudos de bio distribuição aqui no Brasil ou nos USA ? NENHUM
 - Nenhum estudo de toxicidade reprodutiva, Japão ovários.
 - Sabemos hoje que o PEG (nanopartículas) acumula nos ovários
 - Modulação imune e Neoplasia (TLRs, alteração BRAC e BP53)
- 
- A series of four yellow curved dashes in the bottom right corner, forming a partial arc.



Será que a cura está pior que a doença?

The “cure” is worse than the disease

In the study, 13 healthcare workers were given injections of Moderna's shot for the Chinese Virus, resulting in 11 of them having detectable spike protein in their blood. This, Bridle says, only further solidifies the fact that the vaccine spike proteins are pathogenic proteins that are toxic to the body.

“It can cause damage in our body if it gets into circulation,” Bridle warned about the vaccine spike protein.

...- a outra vacina baseada em RNA mensageiro que temos no Canadá - e foi confirmado.

Pfizer, JJ, AZ, Moderna dizem que os estudos não contemplam Genotoxicidade e carcinogenese

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use COMIRNATY safely and effectively. See full prescribing information for COMIRNATY.

COMIRNATY® (COVID-19 Vaccine, mRNA) suspension for injection,
for intramuscular use

- Postmarketing data
- pericarditis, partic
- Syncope (fainting)
- injectable vaccines
- place to avoid inju

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

COMIRNATY has not been evaluated for the potential to cause carcinogenicity, genotoxicity, or impairment of male fertility. In a developmental toxicity study in rats with COMIRNATY there were no vaccine-related effects on female fertility [see *Use in Specific Populations* (8.1)].

DOSAGE AND ADMINISTRATION

- For intramuscular injection only. (2.2)
- COMIRNATY is administered intramuscularly as a series of 2 doses (0.3 mL each) 3 weeks apart. (2.3)

DOSAGE FORMS AND STRENGTHS

Suspension for injection. After preparation, a single dose is 0.3 mL. (3)

commonly reported
site (78.2%), fatigu
chills (24.8%), join
(11.5%), and inject

To report SUSPECTED
1-800-438-1985 or VAE

See 17 for PATIENT C

The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate

[The] BNT162b2 vaccine also modulated the production of inflammatory cytokines by innate immune cells upon stimulation with both specific (SARS-CoV-2) and non-specific (viral, fungal and bacterial) stimuli. The response of innate immune cells to TLR4 and TLR7/8 ligands was lower after BNT162b2 vaccination...

doi: <https://doi.org/10.1101/2021.05.03.21256520>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.



Open Access

Article

SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro

by  Hui Jiang ^{1,2,*}  and  Ya-Fang Mei ^{2,*} 

Viruses **2021**, *13*(10), 2056; <https://doi.org/10.3390/v13102056>

Received: 20 August 2021 / Revised: 8 September 2021 / Accepted: 8 October 2021 /

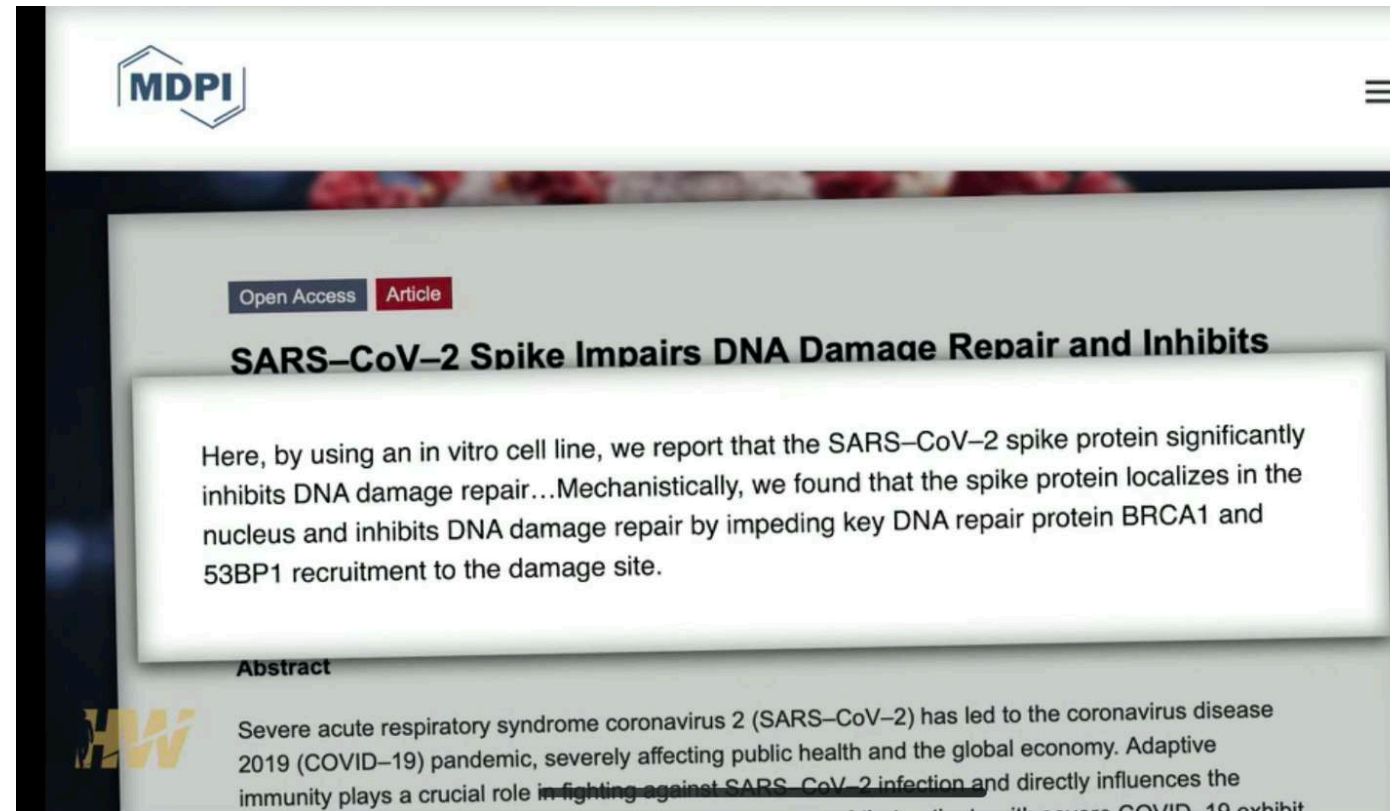
Published: 13 October 2021

Abstract

Severe acute respiratory syndrome coronavirus 2 (SARS–CoV–2) has led to the coronavirus disease 2019 (COVID–19) pandemic, severely affecting public health and the global economy. Adaptive immunity plays a crucial role in fighting against SARS–CoV–2 infection and directly influences the

Trabalho sobre Genotoxicidade (Lesão DNA) Sueco

- Suécia
- Proteína spike inibe significativamente o mecanismo de reparação do DNA celular, ela invade o núcleo e INIBE o mecanismo de reparação do dna BRCA1 e 53BP1.



Open Access

Article

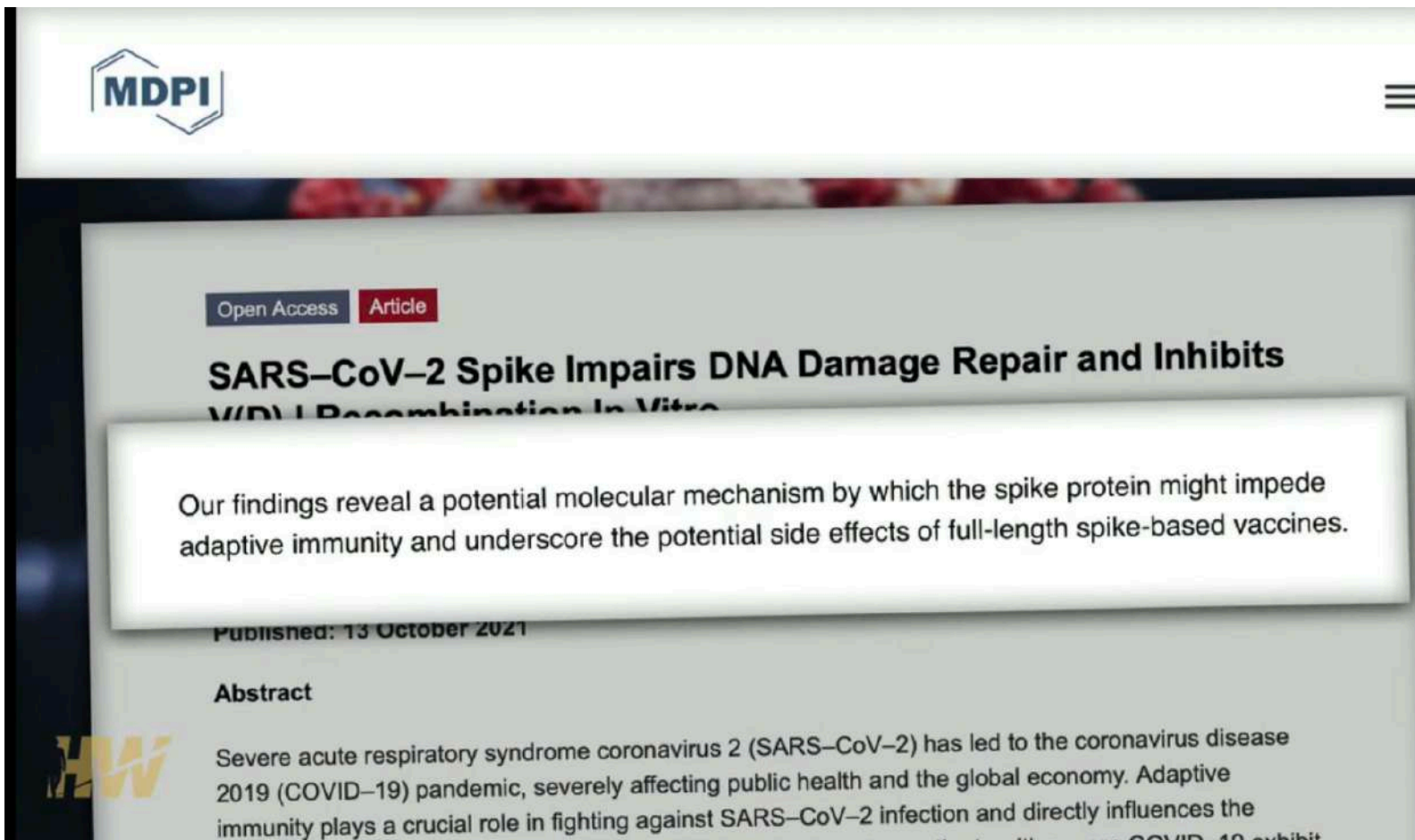
SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits

Here, by using an in vitro cell line, we report that the SARS-CoV-2 spike protein significantly inhibits DNA damage repair...Mechanistically, we found that the spike protein localizes in the nucleus and inhibits DNA damage repair by impeding key DNA repair protein BRCA1 and 53BP1 recruitment to the damage site.

Abstract

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has led to the coronavirus disease 2019 (COVID-19) pandemic, severely affecting public health and the global economy. Adaptive immunity plays a crucial role in fighting against SARS-CoV-2 infection and directly influences the

Nossos achados revelam mecanismo molecular que a proteína spike impede a imunidade adquirida e promove efeitos colaterais graves



The image is a screenshot of a scientific article page from MDPI. At the top left is the MDPI logo, and at the top right is a hamburger menu icon. Below the logo, there are two buttons: 'Open Access' and 'Article'. The article title is 'SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro'. Below the title, a highlighted box contains the text: 'Our findings reveal a potential molecular mechanism by which the spike protein might impede adaptive immunity and underscore the potential side effects of full-length spike-based vaccines.' Below this box, it says 'Published: 13 October 2021'. The section 'Abstract' follows, with a small 'HW' logo to its left. The abstract text begins: 'Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has led to the coronavirus disease 2019 (COVID-19) pandemic, severely affecting public health and the global economy. Adaptive immunity plays a crucial role in fighting against SARS-CoV-2 infection and directly influences the...'. The text is partially cut off at the bottom.

MDPI

Open Access Article

SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro

Our findings reveal a potential molecular mechanism by which the spike protein might impede adaptive immunity and underscore the potential side effects of full-length spike-based vaccines.

Published: 13 October 2021

Abstract

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has led to the coronavirus disease 2019 (COVID-19) pandemic, severely affecting public health and the global economy. Adaptive immunity plays a crucial role in fighting against SARS-CoV-2 infection and directly influences the...

Open Access

Article

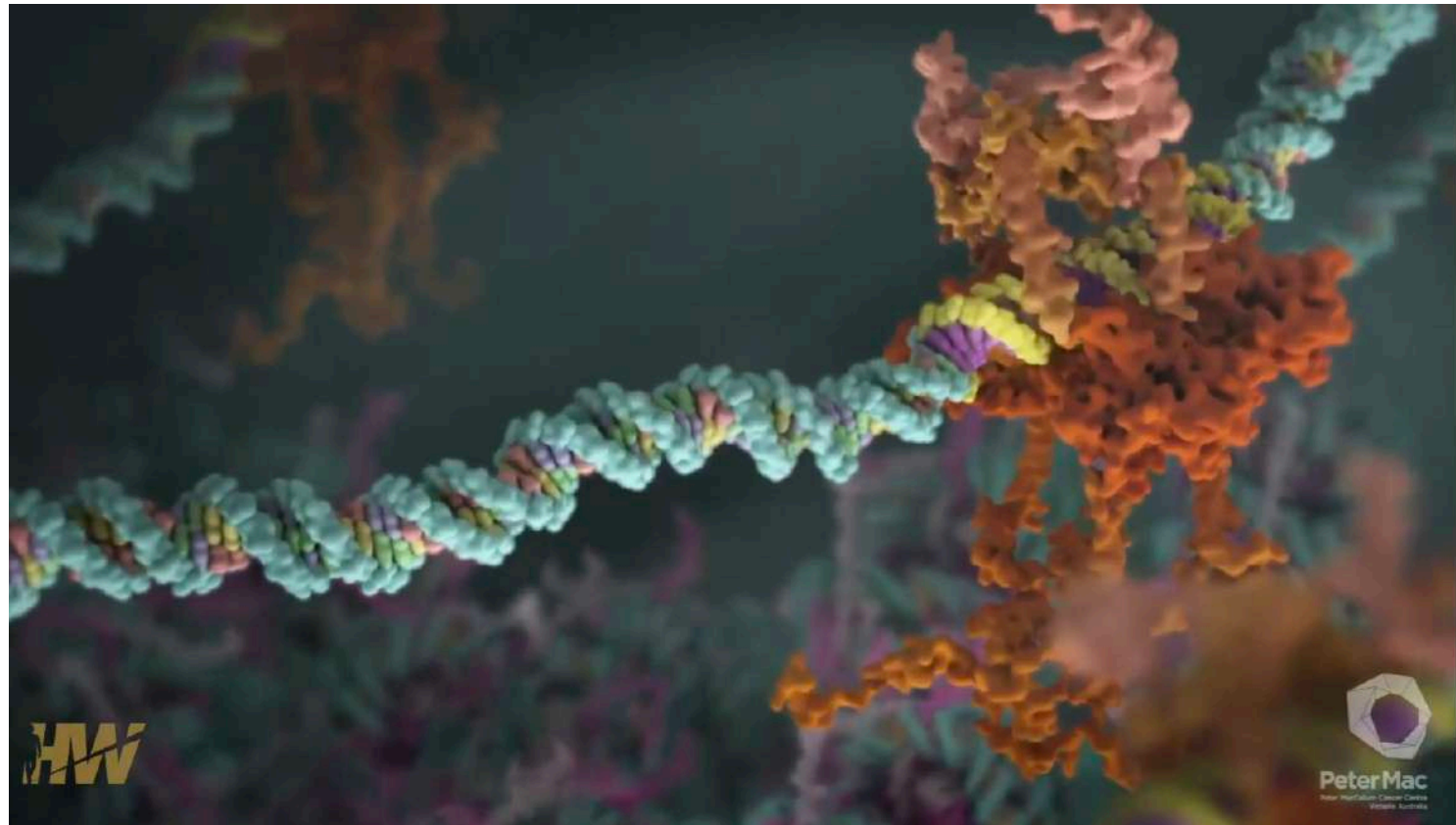
SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits

NHEJ repair and homologous recombination (HR) repair are two major DNA repair pathways that not only continuously monitor and ensure genome integrity but are also vital for adaptive immune cell functions.

Abstract

Severe acute respiratory syndrome coronavirus 2 (SARS–CoV–2) has led to the coronavirus disease 2019 (COVID–19) pandemic, severely affecting public health and the global economy. Adaptive immunity plays a crucial role in fighting against SARS–CoV–2 infection and directly influences the

BP53 é o guardião do genoma



Review > [DNA Repair \(Amst\)](#). 2019 Jan;73:110-119. doi: 10.1016/j.dnarep.2018.11.008.

Epub 2018 Nov 20.

53BP1: A key player of DNA damage response with critical functions in cancer

Mohammad Mirza-Aghazadeh-Attari ¹, Amir Mohammadzadeh ¹, Bahman Yousefi ²,
Ainaz Mihanfar ³, Ansar Karimian ⁴, Maryam Majidinia ⁵

Abstract

Maintenance of genome integrity and stability is a critical responsibility of the DNA damage response (DDR) within cells, such that any disruption in this kinase-based signaling pathway leads to development of various disorders, particularly cancer. The tumor suppressor P53-binding

[Review](#) > [DNA Repair \(Amst\)](#). 2019 Jan;73:110-119. doi: 10.1016/j.dnarep.2018.11.008.

Epub 2018 Nov 20.

It has been extensively demonstrated that aberrant expression of 53BP1 contributes to tumor occurrence and development. 53BP1 loss of function in tumor tissues is also related to tumor progression and poor prognosis in human malignancies.

Abstract

Maintenance of genome integrity and stability is a critical responsibility of the DNA damage response (DDR) within cells, such that any disruption in this kinase-based signaling pathway leads to development of various disorders, particularly cancer. The tumor suppressor P53-binding



Sabe que dia era este do
VAERS! Dia do problema.
Ele deveria ter sido
desligado neste dia. Isso
Má Fé
Onde estavam as
autoridades de saúde
diante deste quadro!

Emerging COVID-19 Vaccine Mortality Signal by Jan 22, 2021 (~27.1 M)

VAERS COVID REPORTS

All vaccines before 2020
~158 total deaths/yr

Through January 22, 2021

182

DEATHS

455

HOSPITALIZATIONS

1702

EMERGENCY ROOM
OR URGENT CARE

969

OFFICE VISITS

106

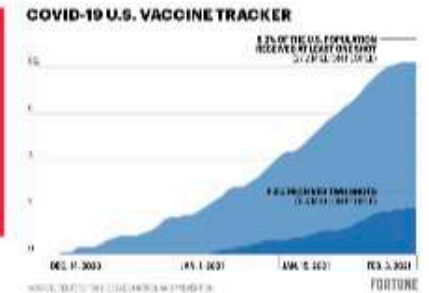
ANAPHYLAXIS

78

BELL'S PALSY

37

STROKE-LIKE
SYMPTOMS



Trabalho de Jessica
Rose mostrando
que havia falhado
o plano de
vacinação de todo
mundo

*Science, Public Health Policy,
and the Law*

Volume 3:100-129
September, 2021
Clinical and Translational
Research

An Institute for Pure
and Applied Knowledge (IPAK)

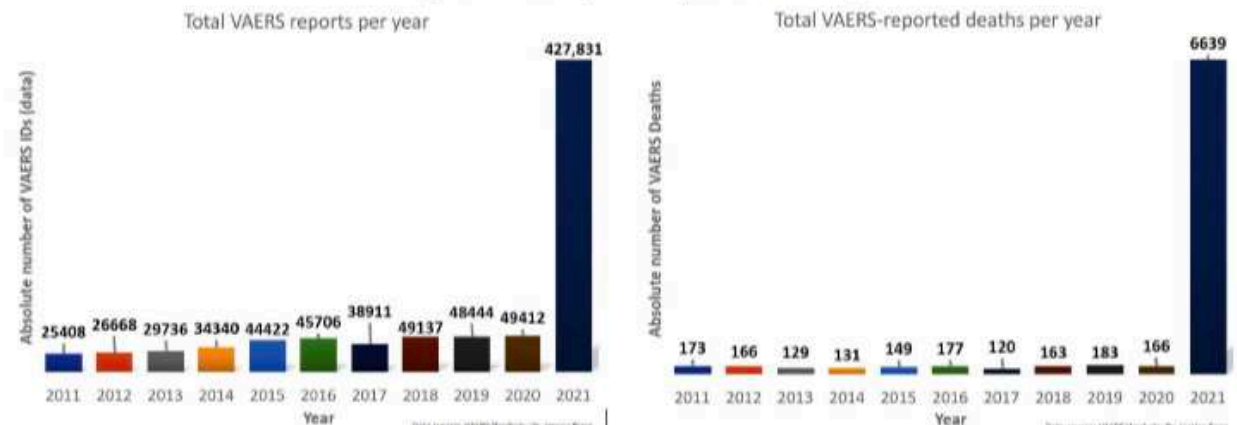
Public Health Policy
Initiative (PHPI)



Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?

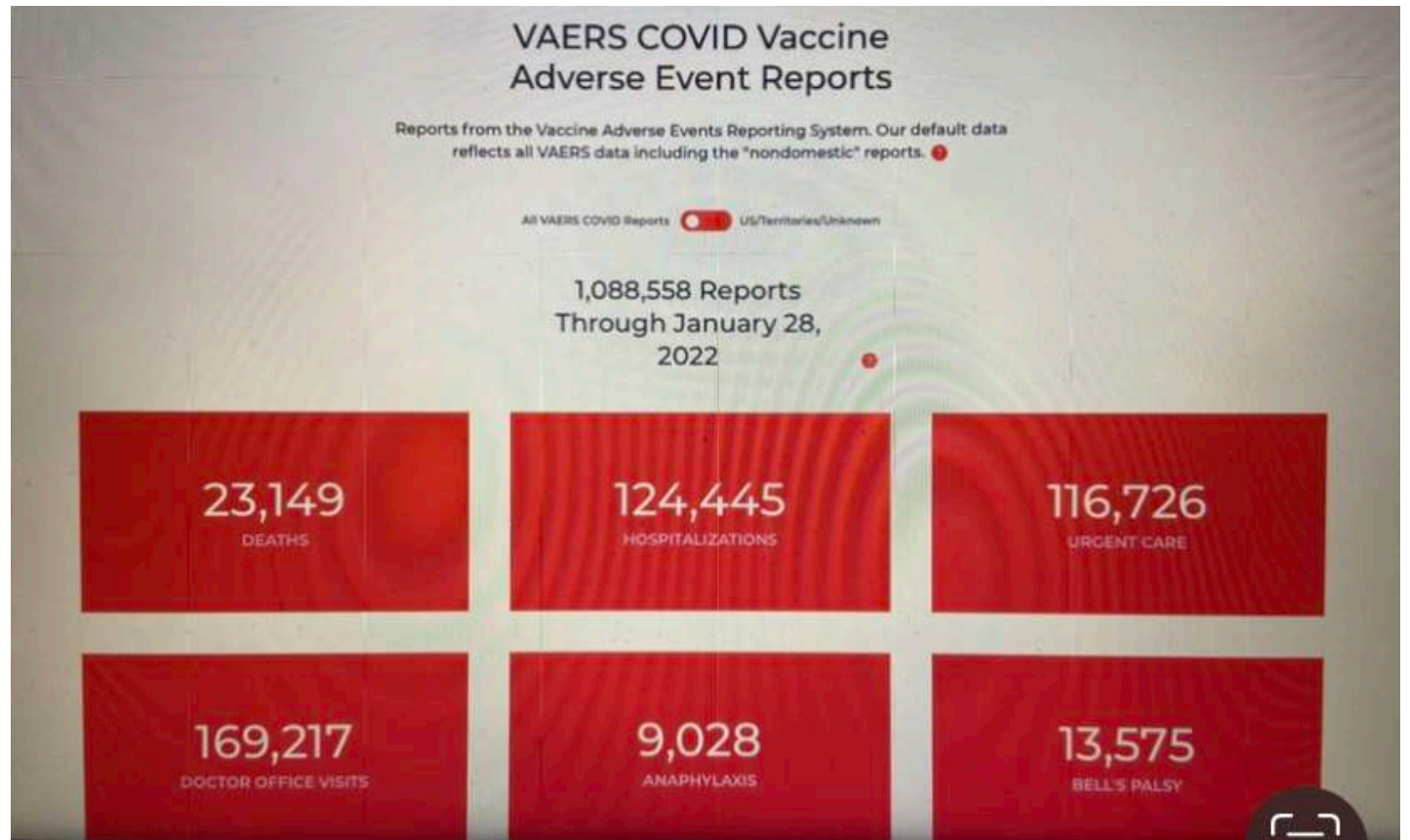
Jessica Rose, PhD, MSc, BSc

Figure 1: Bar plots showing the number of VAERS reports (left) and reported deaths (right) per year for the past decade. (2021 is partial data set.)

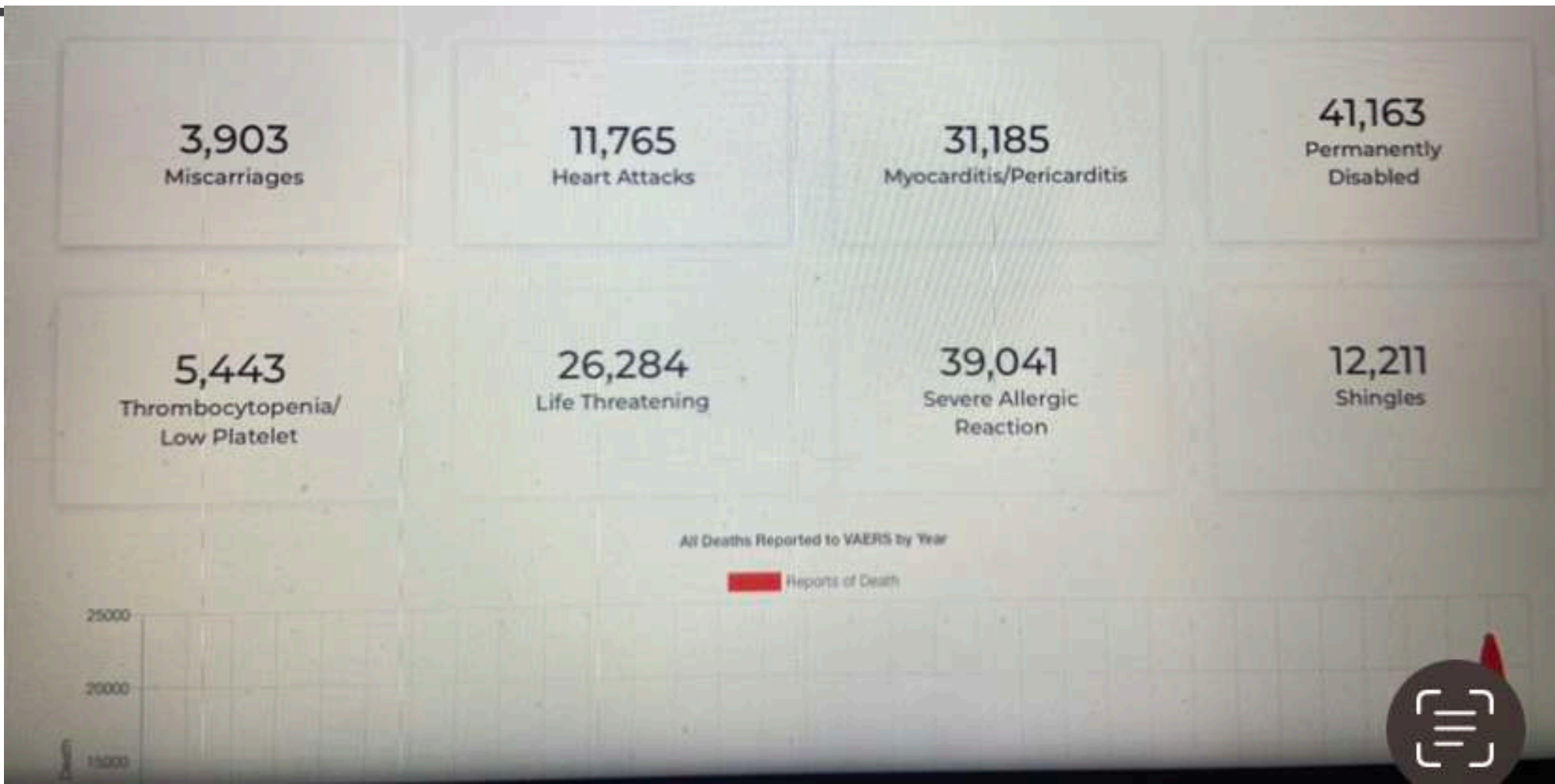


Olhe quantas pessoas
morreram com este
experimento ou ficaram
lesadas.

Maior que qualquer
estatística de Cancer.
Isso é uma atrocidade



VAERS ATUALIZADO



Atletas ao
chão



Nem todas as
revistas
censuram!
Morte súbita
pós vac Pfizer

Case Report
Infectious Diseases,
Microbiology & Parasitology



Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings

Sangjoon Choi ,¹ SangHan Lee ,¹ Jeong-Wook Seo ,² Min-ju Kim ,²
Yo Han Jeon ,¹ Ji Hyun Park ,¹ Jong Kyu Lee ,¹ and Nam Seok Yeo ¹

We present autopsy findings of a 22-year-old man who developed chest pain 5 days after the first dose of the BNT162b2 mRNA vaccine and died 7 hours later. Histological examination of

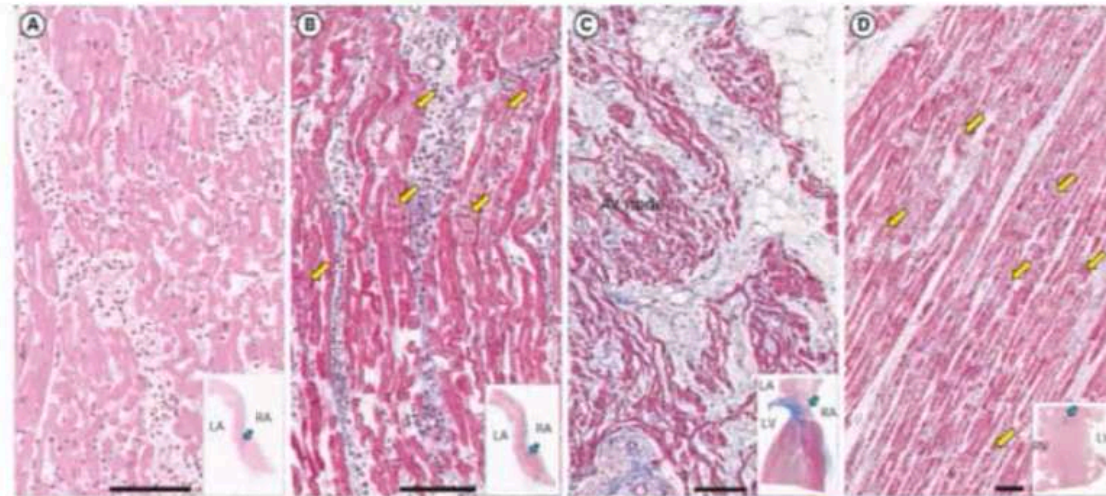


Fig. 1. Histopathology of the heart. (A) Hematoxylin and eosin stains of atrial septum shows massive inflammatory infiltration with neutrophil predominance. (B) The myocytes often show contraction band necrosis (yellow arrows), which were highlighted by Masson's trichrome staining. (C) The atrioventricular node area shows extension of atrial myocarditis to the superficial layer of the node. (D) The ventricular myocardium is free of inflammatory infiltrates, but there are multiple large foci of contraction band necrosis (yellow arrows) particularly in the left ventricular wall and the ventricular septum. Bars represent 100 μ m. The blue arrows in insets show where the section was taken from the low magnification views. Hematoxylin and eosin stain was used for the specimen shown in (A) and Masson's trichrome stain was used for the specimen shown in (B-D). RA = right atrium, LA = left atrium, RV = right ventricle, LV = left ventricle.

Em teste mas exigindo obrigatoriedade?

- Os empregadores e universidades não pode cobrar dos empregados e alunos que sejam obrigados a vacinas pois as Vacinas não são aprovadas pelo FDA, apenas uso emergencial
- Sem termos de consentimento informado ninguém deve ser obrigado a participar de um experimento e o consentimento passa por uma bula completa sobre o produto que se está recebendo. E nem tudo está descrito.
- A eficácia e segurança a longo prazo não foram comprovadas, portanto os produtos são experimentais. Por isso as pessoas tem o direito de recusá-los
- Segundo a Declaração de Nuremberg ninguém pode ser coagido a participar de um experimento. Há que se ter consentimento.


CORRESPONDENCE | [ONLINE FIRST](#)

Breakthrough infections with SARS-CoV-2 omicron despite mRNA vaccine booster dose

[Constanze Kuhlmann](#) • [Carla Konstanze Mayer](#) • [Mathilda Claassen](#) • [Tongai Maponga](#) • [Wendy A Burgers](#) •
[Roanne Keeton](#) • [Catherine Riou](#) • [Andrew D Sutherland](#) • [Tasnim Suliman](#) • [Megan L Shaw](#) • [Wolfgang Preiser](#) 

[Show less](#)

Published: January 18, 2022 • DOI: [https://doi.org/10.1016/S0140-6736\(22\)00090-3](https://doi.org/10.1016/S0140-6736(22)00090-3)

 The most recent SARS-CoV-2 variant of concern to emerge has been named omicron.¹ Its immune evasion potential was predicted by genomic data and has been preliminarily

confirmed by observations of an increased incidence of reinfections and breakthrough

THE LANCET

CORRESPONDENCE | ONLINE FIRST

Breakthrough infections with SARS-CoV-2 omicron despite

A group of German visitors who had received three doses of SARS-CoV-2 vaccines, including at least two doses of an mRNA vaccine, experienced breakthrough infections with omicron between late November and early December, 2021, while in Cape Town, South Africa.

Published: January 10, 2022 • DOI: [https://doi.org/10.1016/S0140-6736\(22\)00050-3](https://doi.org/10.1016/S0140-6736(22)00050-3)

The most recent SARS-CoV-2 variant of concern to emerge has been named omicron.¹ Its immune evasion potential was predicted by genomic data and has been preliminarily

Artigo da Columbia University Alerta 178 mil mortos pós vacina

ResearchGate



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Preprint

PDF Available

COVID vaccination and age-stratified all-cause mortality risk

October 2021

DOI:[10.13140/RG.2.2.28257.43366](https://doi.org/10.13140/RG.2.2.28257.43366)

Project: Risk benefit analyses of COVID vaccination stratified
by age

Authors:



Spiro Pantazatos
Columbia University

Columbia University Study Finds VAERS Deaths Undercounted By Factor Of 20

BY OLIVIA CAVALLARO DEC 16, 2021 04:58 AM EST

Share 191

SHARE

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TWEET

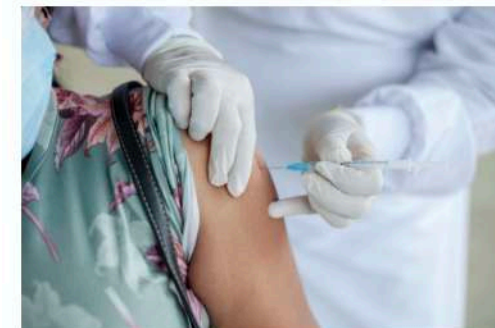
✉

TO

SHARE

TWEET

GAB



(Photo : FRANK MERIÑO / Pexels)

Trabalho da Columbia University – Spiro Pantazatos Phd

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/355222205>

COVID vaccination and age-stratified all-cause mortality risk

ResearchGate

Spiro P. Pantazatos^{1,*} and Hervé Seligmann²

¹Molecular Imaging and Neuropathology Area, New York State Psychiatric Institute and
Department of Psychiatry, Columbia University Irving Medical Center, New York, NY;

Abstract

Accurate estimates of COVID vaccine-induced severe adverse event and death rates are critical for risk-benefit ratio analyses of vaccination and boosters against SARS-CoV-2 coronavirus in different age groups. However, existing surveillance studies are not designed to reliably estimate life-threatening event or vaccine-induced fatality rates (VFR). Here, regional variation in vaccination rates was used to predict all-cause mortality and non-COVID deaths in subsequent time periods using two independent, publicly available datasets from the US and Europe (month- and week-level resolutions, respectively). Vaccination correlated negatively with mortality 6-20 weeks post-injection, while vaccination predicted all-cause mortality 0-5 weeks post-injection in almost all age groups and with an age-related temporal pattern consistent with the US vaccine rollout. Results from fitted regression slopes ($p < 0.05$ FDR corrected) suggest a US national average VFR of 0.04% and higher VFR with age (VFR = 0.004% in ages 0-17 increasing to 0.06% in ages >75 years), and 146K to 187K vaccine-associated US deaths between February and August, 2021. Notably, adult vaccination increased ulterior mortality of unvaccinated young (<18, US; <15, Europe). Comparing our estimate with the CDC-reported VFR (0.002%) suggests VAERS' deaths are underreported by a factor of 20, consistent with known VAERS under-ascertainment bias. Comparing our age-stratified VFRs with published age-stratified coronavirus infection fatality rates (IFR) suggests the risks of COVID vaccines and boosters outweigh the benefits in children, young adults, and older adults with low occupational risk or previous coronavirus exposure. Our findings raise important questions about current COVID mass vaccination strategies and warrant further investigation and review.

Black box warning

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use ULORIC safely and effectively. See full prescribing information for ULORIC.

ULORIC (febuxostat) tablets, for oral use
Initial U.S. Approval: 2009

WARNING: CARDIOVASCULAR DEATH

See full prescribing information for complete boxed warning.

- Gout patients with established cardiovascular (CV) disease treated with ULORIC had a higher rate of CV death compared to those treated with allopurinol in a CV outcomes study. (5.1)
- Consider the risks and benefits of ULORIC when deciding to prescribe or continue patients on ULORIC. ULORIC should only be used in patients who have an inadequate response to a maximally titrated dose of allopurinol, who are intolerant to allopurinol, or for whom treatment with allopurinol is not advisable. (1)

RECENT MAJOR CHANGES

Boxed Warning	2/2019
Indications and Usage	2/2019
Warnings and Precautions	
Cardiovascular Death (5.1)	2/2019

Cleveland Clinic

CARDÁPIO

healthessentials



Tag: farmacêutico

24 de julho de 2019 / Medicina Familiar

O que significa se meu medicamento tiver um 'aviso de caixa preta'?

Os avisos de caixa preta, também chamados de avisos em caixa, são exigidos pelo FDA para certos medicamentos que apresentam sérios riscos à segurança. Seu provedor de serviços de saúde e farmacêutico devem conversar com você ao redigir e preencher sua receita.

QUOTED

BROWNSTONE
I N S T I T U T E

Imunidade persistente Brownstoneinstitute.org

- Agências negando ciência
- Você tem sistema imune, faça exercício, evite açúcar, suplemente e se alimente
- Hoje já são 135 estudos sobre Imunidade Natural

106 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

BY PAUL ELIAS ALEXANDER OCTOBER 17, 2021 PUBLIC HEALTH 44 MINUTE READ

NIH Director's Blog

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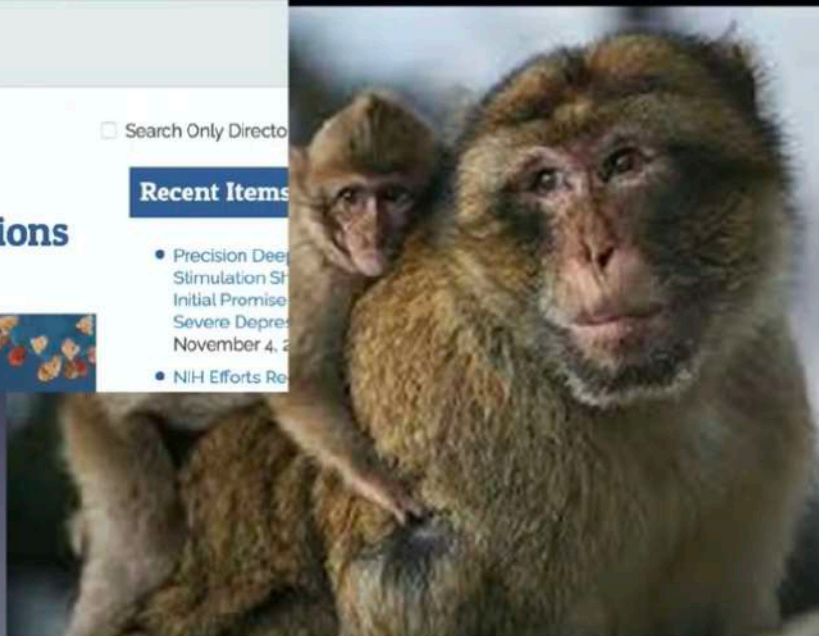
Study in Primates Finds Acquired Immunity Prevents COVID-19 Reinfections

Posted on July 14th, 2020 by Dr. Francis Collins

☐ Search Only Director's Blog

Recent Items

- Precision Deep Stimulation Shows Initial Promise for Severe Depression November 4, 2020
- NIH Efforts Re...



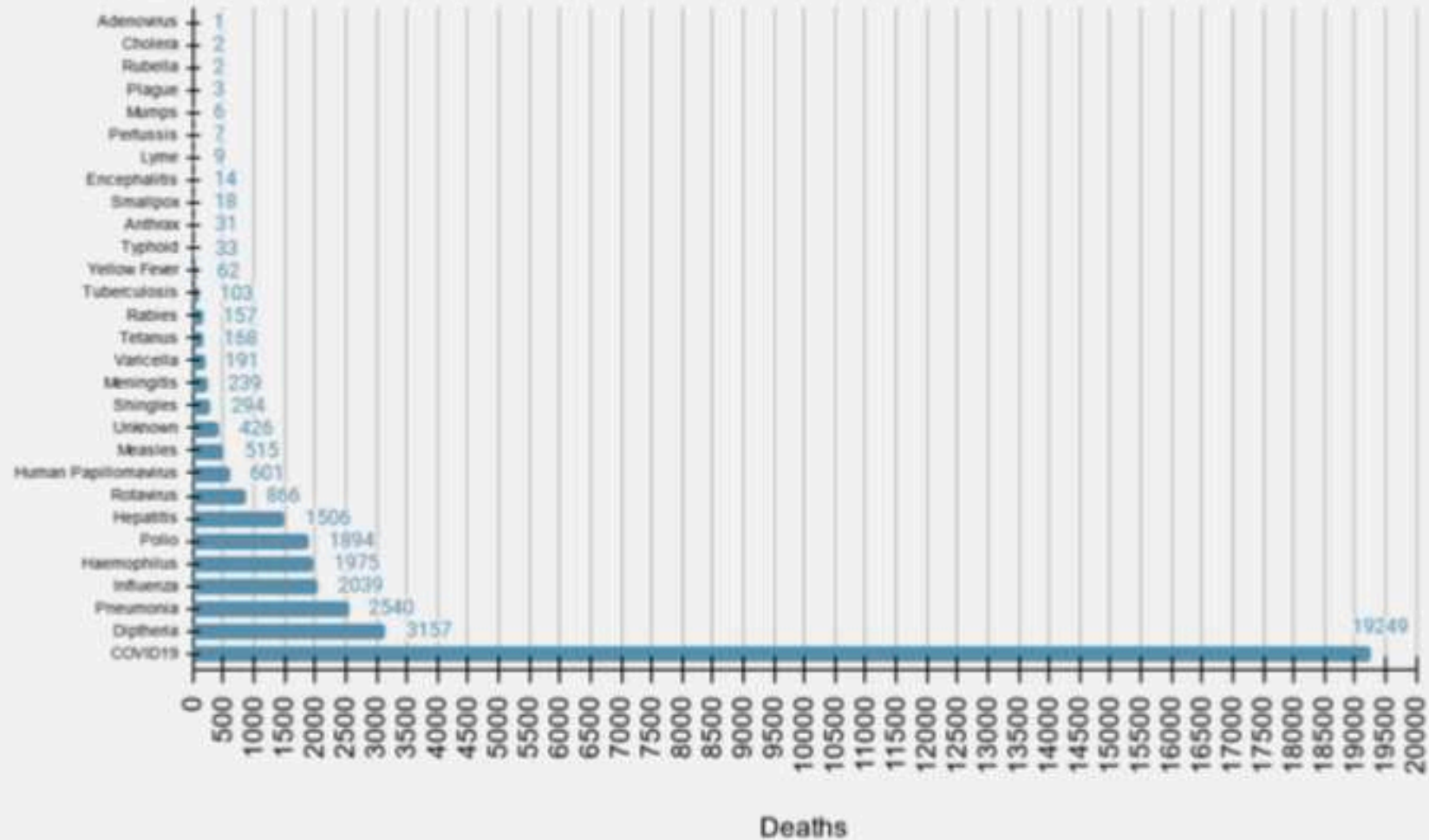
Infecção
garante
imunidade
sustentada

Tratamento requer Estratificação

- O ACE2 receptor está em todos os lugares do corpo humano
- NO pulmão causa respiratório distress
- Micro coágulos, tromboembólicos fenômenos
- Estratificação de risco totalmente complexo em idosos e tão leve em jovens.

Reported Deaths By Vaccine Type, 1990-Present

Data Obtained from CDC's VAERS



Symptoms

The slide below was taken from an FDA document from October 22, 2020 and provides a list of possible adverse event outcomes related to the Covid-19 vaccines.

- Source: [Vaccines and Related Biological Products Advisory Committee October 22, 2020 Meeting Presentation](#)

FDA Safety Surveillance of COVID-19 Vaccines :
DRAFT Working list of possible adverse event outcomes
*****Subject to change*****

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

The following table lists the number of adverse events found in the VAERS data which match the outcomes listed above:

Sources

Visit: vaersanalysis.info for more information

1. Vaccine data (Covid-19 and other vaccines) taken from CDC's VAERS website, located here: <https://vaers.hhs.gov/data/datasets.html>. VAERS data sets in the form of csv files are pulled down weekly and put into a database for reporting/analysis. Data files are available all the way back to 1990.
2. Number of doses distributed for other vaccines found in NVICP Data and Statistics report here: <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-report.pdf>
3. Numbers for Covid-19 vaccines administered by manufacturer found here: https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total
4. Numbers for total Covid-19 vaccine doses administered found here: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccination-Trends-in-the-United-States-N/rh2h-3yt2>
5. Numbers for Flu vaccine doses administered for 2019-2020 season found here: <https://www.cdc.gov/flu/fluview/coverage-1920estimates.htm>
6. Numbers for FDA regulated drugs taken from FDA's FAERS website, located here: <https://www.fda.gov/drugs/questions-and-answers-fdas-adverse-event-reporting-system-faers/fda-adverse-event-reporting-system-faers-public-dashboard>

85% das mortes não tem nenhuma outra explicação a não ser VAC. Má fé.

Analysis of COVID-19 vaccine death reports from the Vaccine
Adverse Events Reporting System (VAERS) Database

ResearchGate

Interim Results and Analysis

**86% of deaths had no other
explanation than the vaccine**

Mclachlan, Scott & Osman, Magda & Dube, Kudakwashe & Chiketero, Patience & Choi, Yvonne & Fenton, Norman. (2021). Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim Results and Analysis. 10.13140/RG.2.2.26987.26402.

Por este artigo de Jessica Rose está totalmente comprovado o nexo de causalidade deste eventos Neurológicos, cardíacos e imunológicos

*Science, Public Health Policy,
and The Law*
Volume 2:59–80
May, 2021
Clinical and Translational
Research

An Institute for Pure
and Applied Knowledge (IPAK)
Public Health Policy
Initiative (PHPI)



A Report on the U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger Ribonucleic Acid (mRNA) Biologicals

Jessica Rose, PhD, MSc, BSc

Figure 5.3 Distribution by VAERS ID according to age in individuals who reported immunological adverse events

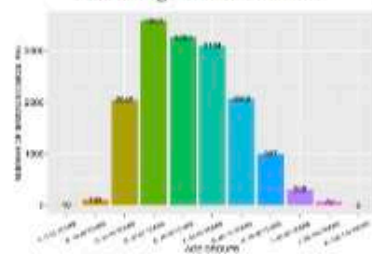


Figure 6. Distribution according to age in individuals who reported anaphylactic reactions

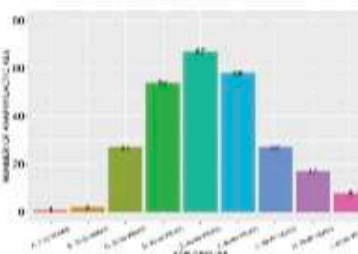


Table 3. Percentages of individuals reporting AEs following 24- and 48-hour periods

	AE within 24 hrs (% of cases)	AE within 48 hrs (% of cases)
Death	13	44
Hospital	15	47
ER	18	47

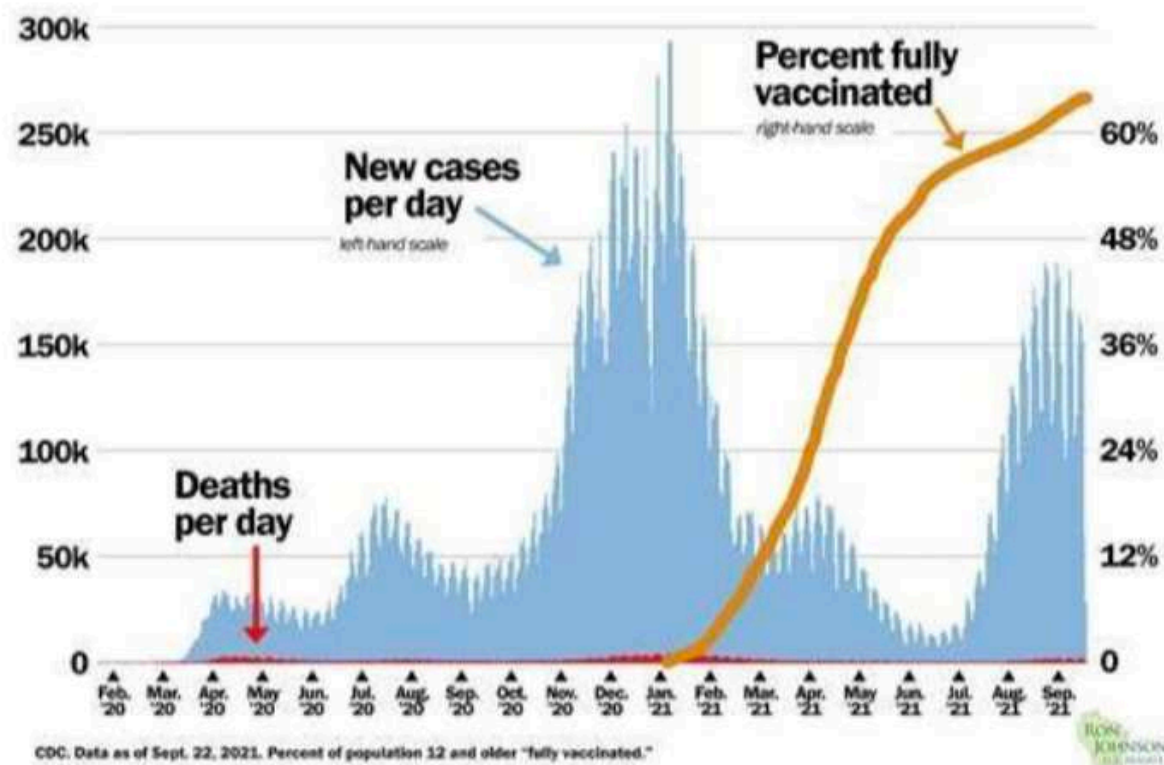
Table 4. Percentages of individuals experiencing AEs within 24- and 48-hour periods

	AE within 24 hrs (% of cases)	AE within 48 hrs (% of cases)
Cardiovascular	13	44
Neurological	15	47
Immunological	18	47

Analysis suggests that the vaccines are likely the cause of reported deaths, spontaneous abortions and anaphylactic reactions in addition to cardiovascular, neurological and immunological AEs. Based on the precautionary principle, since there is currently no precedent for predictability with regards to long-term effects from mRNA injections, extreme care should be taken when making a decision to participate in this experiment. mRNA platforms

Esta curva demonstra que a vac não tem nada a ver com o controle desta doença. Não é o vírus que dita a resposta e sim a nossa imunidade.

United States COVID-19 CASES, DEATHS, VACCINATION



UC Davis diz que o load viral é o mesmo. A vac não faz a menor diferença em carrear esta variante.

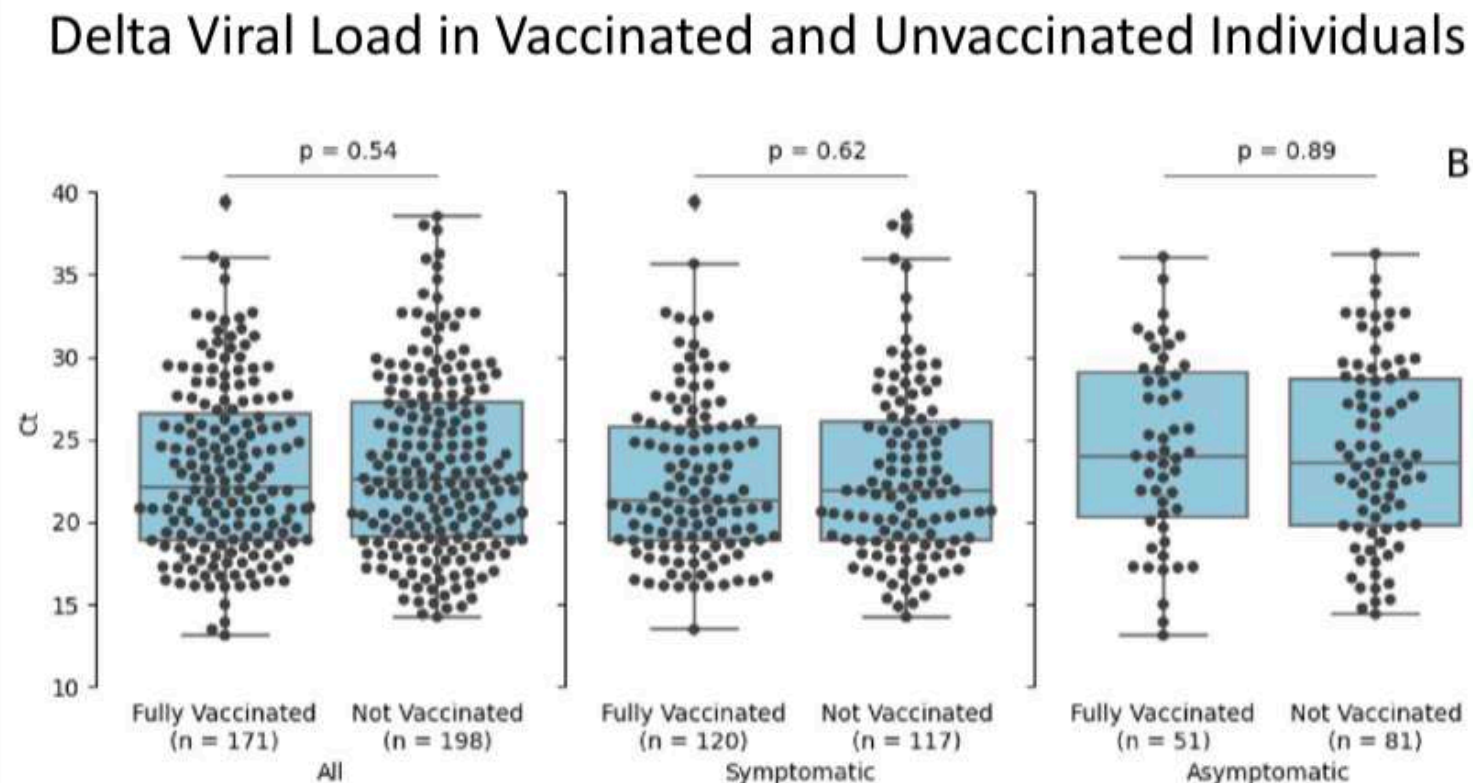
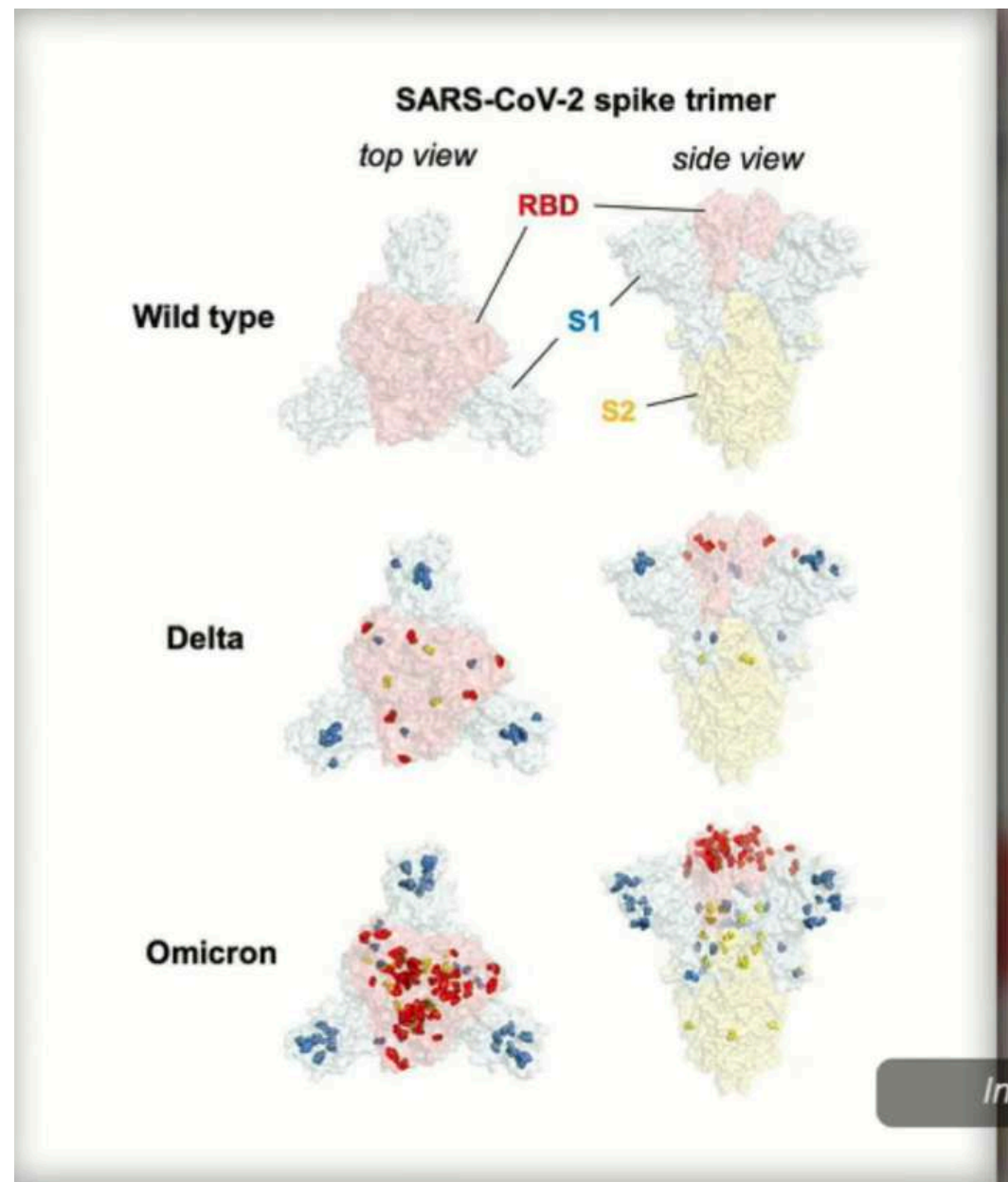


Figure 1. SARS-CoV-2 cycle threshold values in asymptomatic, symptomatic, vaccinated, and unvaccinated individuals in California. SARS-CoV-2 reverse transcription-polymerase

Estrutura das mutações Delta e Omicron



Evolução das mutações Sarscov2

Genomic epidemiology of novel coronavirus - Global subsampling

Built with nextstrain/ncov. Maintained by the Nextstrain team. Enabled by data from **GISAI**.

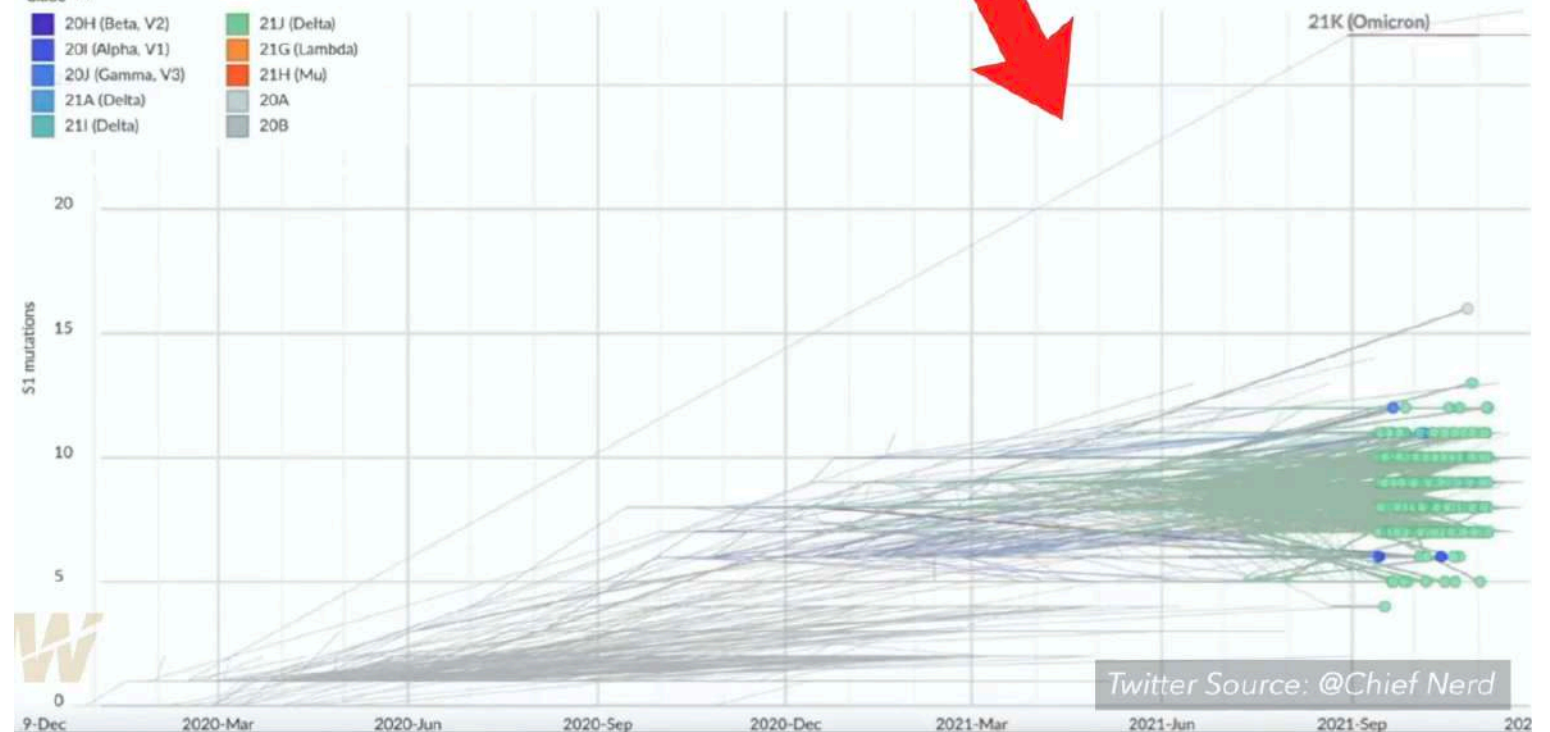
Animation in progress.



Phylogeny

Clade ^

- 20H (Beta, V2)
- 20I (Alpha, V1)
- 20J (Gamma, V3)
- 21A (Delta)
- 21I (Delta)
- 21J (Delta)
- 21G (Lambda)
- 21H (Mu)
- 20A
- 20B



OMICRON ri diante das vacs
Omicron fortalece a imunidade rebanho
Omicron dá sintomas leves
Omicron demonstra a fragilidade de algo que não
protege ninguém muito menos crianças
A maioria dos casos são de totalmente vacinados
Crianças não passam doença para pais e avós
Crianças infectam e ignoram a doença

OMICROM DESTRÓI A FALÁCIA DO PASSAPORTE SANITÁRIO

icron On the Move

er McCullough | Dec 6, 2021 | Healthcare, Politics,



Passaportes inúteis



- Em dois anos quase todo o mundo terão anticorpos contra esta doença.
- Por que esta necessidade! Algo suspeito pro tras de alianças de certos governos, big tech e farma
- A CovidV não está nem de perto das doenças que mais matam no mundo e não se justificam estas condutas desproporcionais. 99,95%
- Últimos 14 anos não houve nenhuma aprovação de mrna vac por efeitos adversos graves e mortes.
- As agencias são financiadas pelas farmaaaassssss



US National Library of Medicine
National Institutes of Health

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Infection fatality rate of COVID-19 inferred from seroprevalence data

John P A Ioannidis^a

Across 51 locations, the median COVID-19 infection fatality rate was 0.27% (corrected 0.23%)...

infection fatality rate was 0.27% (corrected 0.23%); the rate was 0.05% in locations with COVID-19 population mortality rates less than the global average (< 118 deaths/million), 0.20% in locations with 118–500 COVID-19 deaths/million people and 0.57% in locations with > 500 COVID-19 deaths/million people. In people younger than 70 years, infection fatality rates ranged from 0.00% to 0.31% with crude and corrected medians of 0.05%.

Conclusion The infection fatality rate of COVID-19 can vary substantially across different locations and this may reflect differences in population age structure and case-mix of infected and deceased patients and other factors. The inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic.

HW

Taxa de
Mortalidade
Mundial
pelo
Sarscov2

Covid-19 Infection Death Rate by Age Group

Age	Infection Death Rate
0-19	0.0027%
20-29	0.014%
30-39	0.031%
40-49	0.082%
50-59	0.27%
60-69	0.59%
70+ (non inst.)	2.4%
70+ (all)	5.5%

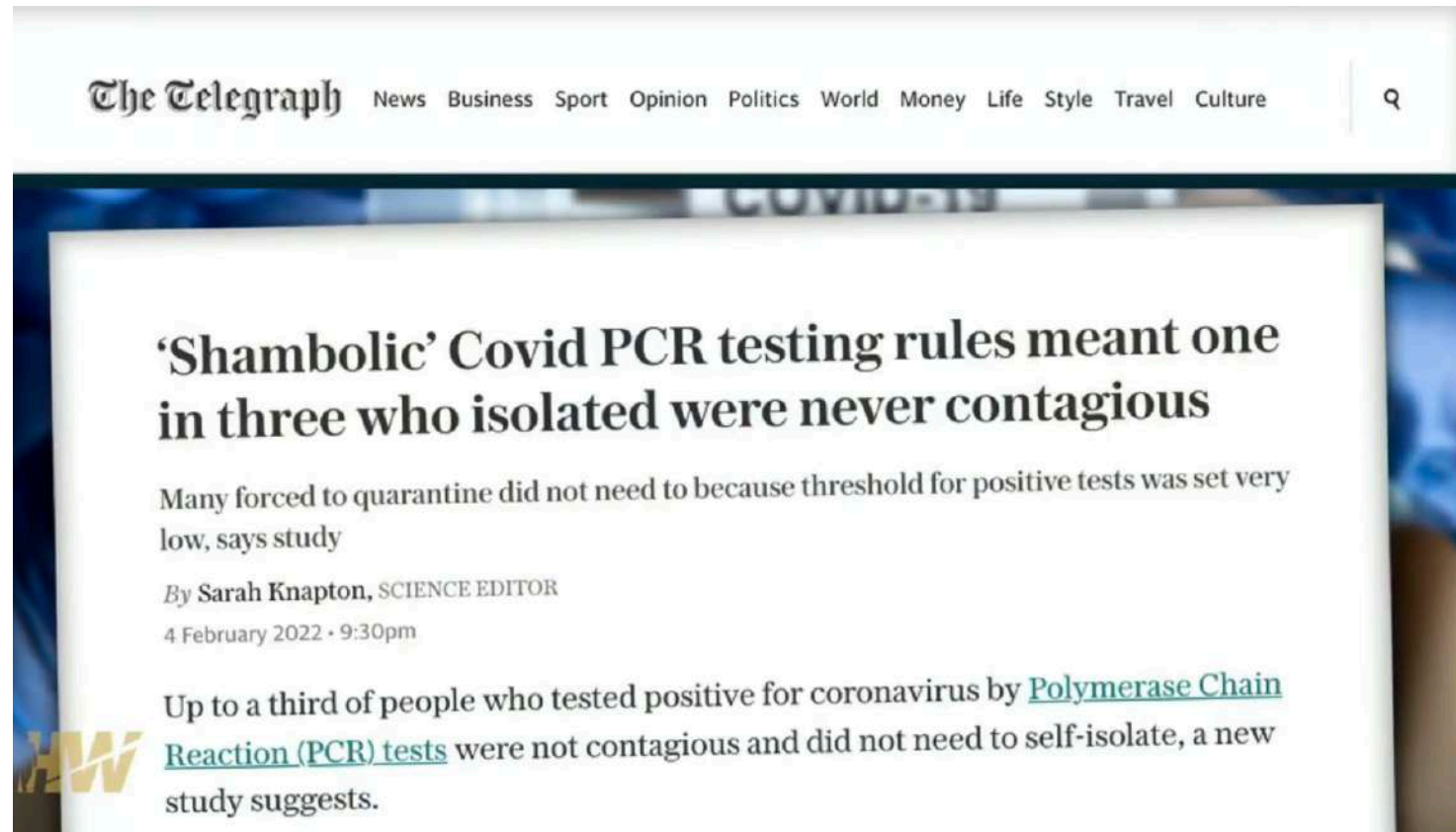


Source: <https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1>



Pandemia do PCR especialmente acima de 30 ciclos

PCR CAÓTICO



Tom Jefferson

- Epidemiologist
- Honorary Research Fellow, Centre for Evidence Based Medicine (CEBM)
- Author and editor of the Cochrane Collaboration's Acute Respiratory Infections Group
- Founding Member: Brighton Collaboration



Dr Tom Jefferson, co-author and an epidemiologist at the Centre for Evidence-Based Medicine at the University of Oxford, said: "We found that about one-third of people who isolated probably didn't need to.

"PCR positivity means that you can tell people to isolate and ruin their lives basically, even though in a large proportion of these cases, they are not infectious.

"It's absolute chaos. The whole regulation of these tests seems to be shambolic."

study suggests.



HEALTH IMPACT NEWS

Shining the Light of Truth into the Darkness of Deceit



February 4, 2022

 Print This Post

38,983 Deaths and 3,530,362
Injuries Following COVID
Shots in European Database as
Mass Funeral for Children
who Died After Pfizer Vaccine
Held in Switzerland

'80% dos casos graves de
COVID são totalmente
vacinados', diz diretor do
hospital Ichilov

A vacina "não tem importância em
relação a doenças graves", diz o Prof.
Yaakov Jerris.

Notícias nacionais de Israel

03.02.22 / 15:12

INN
ARUTZ SHEVA

Hospital Ichilov

Vacinação

Coronavírus

Omicron



COVID-19 vaccine surveillance report Week 49

THE EXPOSÉ

≡ MENU

Official Government of Canada data suggests the Fully Vaccinated are just weeks away from developing Acquired Immunodeficiency Syndrome



THE EXPOSÉ ON FEBRUARY 6, 2022 • (42 COMMENTS)

Reino Unido e Canadá



21/01/2022 às 14h35min - Atualizada em 21/01/2022 às 14h35min

Triplamente vacinados estão desenvolvendo Síndrome da Imunodeficiência Adquirida em ritmo alarmante segundo dados do Governo do Reino Unido

Dados oficiais do governo do Reino Unido sugerem fortemente que a população vacinada contra o Covid-19 está desenvolvendo alguma nova forma de síndrome da imunodeficiência adquirida induzida pela vacina Covid-19 a um ritmo alarmante.

09/02/2022 às 11h21min - Atualizada em 09/02/2022 às 11h21min

Dados oficiais do governo do Canadá sugerem que os totalmente vacinados estão a apenas algumas semanas de desenvolver AIDS

Dados do governo do Canadá sobre o Covid-19 sugerem que a maioria dos "totalmente vacinados" está desenvolvendo a síndrome da imunodeficiência adquirida (AIDS) induzida pela vacina Covid-19 completa, depois de confirmar que os sistemas imunológicos dos totalmente vacinados já se degradaram para uma média de menos 81%.

07:48 ↗

◀ WhatsApp

4G

**The Coronavirus
Pandemic** >


LIVE Covid-19 Updates Corc

F.D.A. Advisors Weigh Shots for the Very Young, With Key Data Outstanding

Two doses have little effect on those under 5; results from testing three doses are weeks away. Liberal-leaning states like New York, Illinois and Massachusetts are letting mask mandates expire, getting ahead of federal guidance.

Published Feb. 9, 2022

Updated Feb. 10, 2022, 5:00 a.m. ET

**The next vaccine debate:
Immunize young children
now, or wait for more
data?** 



The Food and Drug Administration may authorize the first two doses of the Pfizer-BioNTech coronavirus vaccine for children

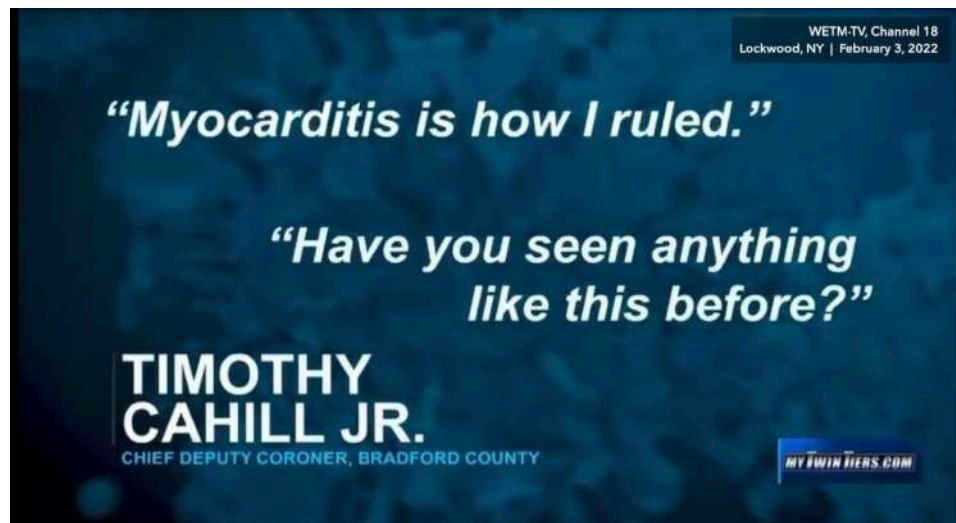
Nem todo
mundo pode
tomar este
experimento

- Doenças autoimunes
- Mutação MTHFR
- Fator de Leyden Positivo
- Discrasias
- Doenças cerebrovasculares
- Doenças cardiovasculares
- Doenças Neurodegenerativas
- Quem se importa com isso hoje? Empresas, Universidades, Estabelecimento público, e por aí vai.

A dor da perda de um filho saudável



A pergunta é:– Miocardite x Morte



Casos de
Miocardite
relatados após
vacinação para
Covid mRNA de
Dez 20- Ago21

The image is a screenshot of a JAMA Network article page. At the top, there is a red header with the 'JAMA Network' logo. Below the header is a navigation bar with links for 'Home', 'Publications', 'JN Learning / CME', 'Mobile', and 'Subscribe'. The main content area has a white background. On the right side of the article title, there is a 'FREE' badge. The article is categorized as an 'Original Investigation' and is dated 'January 25, 2022'. The title is 'Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021'. The authors listed are Matthew E. Oster, MD, MPH^{1,2,3}; David K. Shay, MD, MPH¹; John R. Su, MD, PhD, MPH¹; et al. There are links for 'Author Affiliations' and 'Article Information'. The citation is 'JAMA. 2022;327(4):331-340. doi:10.1001/jama.2021.24110'. A 'Key Points' section is visible, with a 'Question' listed: 'What is the risk of myocarditis after mRNA-based COVID-19 vaccination in the US?'. A small 'JW' logo is visible in the bottom left corner of the article content area.

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Original Investigation FREE

January 25, 2022

Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021

Matthew E. Oster, MD, MPH^{1,2,3}; David K. Shay, MD, MPH¹; John R. Su, MD, PhD, MPH¹; et al

» Author Affiliations | Article Information

JAMA. 2022;327(4):331-340. doi:10.1001/jama.2021.24110

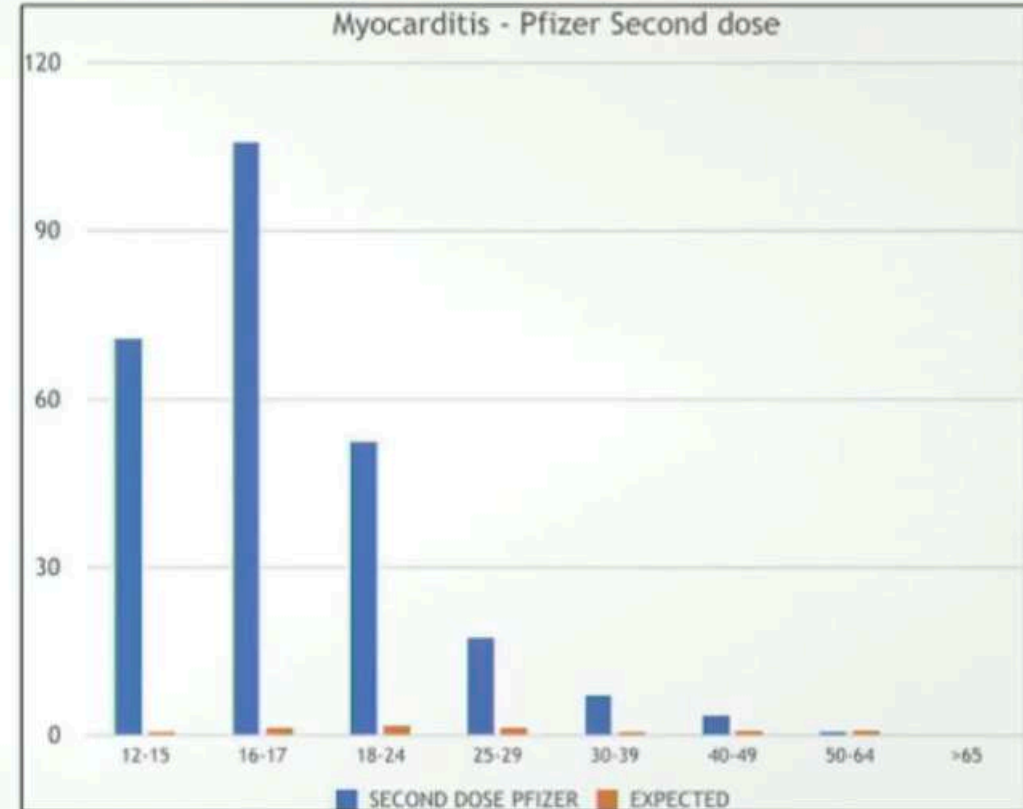
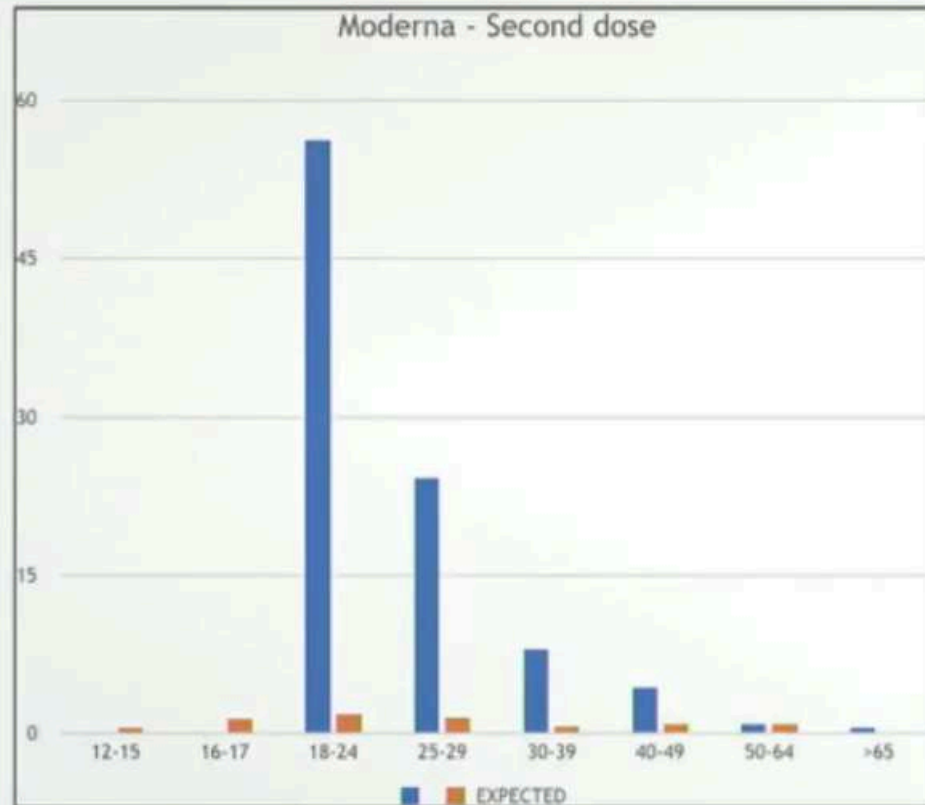
Key Points

Question What is the risk of myocarditis after mRNA-based COVID-19 vaccination in the US?

Table 2. Reports to VAERS After mRNA-Based COVID-19 Vaccination That Met the CDC's Case Definition for Myocarditis Within a 7-Day Risk Interval per Million Doses of Vaccine Administered

per Million Doses of Vaccine Administered					Expected cases of myocarditis in a 7-d risk interval per million doses (95% CI) ^c
Reported cases of myocarditis within a 7-d risk interval per million doses of vaccine administered (95% CI) ^a					
Vaccination with BNT162b2		Vaccination with mRNA-1273 ^b			
First dose	Second dose	First dose	Second dose		
Males					
Age group, y					
12-15	7.06 (4.88-10.23)	70.73 (61.68-81.11)		0.53 (0.40-0.70)	
16-17	7.26 (4.45-11.86)	105.86 (91.65-122.27)		1.34 (1.05-1.72)	
18-24	3.82 (2.40-6.06)	52.43 (45.56-60.33)	10.73 (7.50-15.34)	56.31 (47.08-67.34)	
25-29	1.74 (0.78-3.87)	17.28 (13.02-22.93)	4.88 (2.70-8.80)	24.18 (17.93-32.61)	
30-39	0.54 (0.20-1.44)	7.10 (5.26-9.57)	3.00 (1.81-4.97)	7.93 (5.61-11.21)	
40-49	0.55 (0.21-1.48)	3.50 (2.28-5.36)	0.59 (0.19-1.82)	4.27 (2.69-6.78)	
50-64	0.42 (0.17-1.01)	0.68 (0.33-1.43)	0.62 (0.28-1.39)	0.85 (0.41-1.79)	
≥65	0.19 (0.05-0.76)	0.32 (0.10-1.00)	0.18 (0.05-0.72)	0.51 (0.21-1.23)	

Rates of Myocarditis Within a 7 Day Risk Interval Per Million Doses of Vaccine Administered



Reporting Rates of Myocarditis Within 7 Days After COVID-19

Source: doi:10.1001/jama.2021.24110

Original Investigation

FREE

January 25, 2022

...as a passive system, VAERS data are subject to reporting biases in that both underreporting and overreporting are possible.³⁸ Given the high verification rate of reports of myocarditis to VAERS after mRNA-based COVID-19 vaccination, underreporting is more likely. Therefore, the actual rates of myocarditis per million doses of vaccine are likely higher than estimated.

JAMA. 2022;327(4):331-340. doi:10.1001/jama.2021.24110



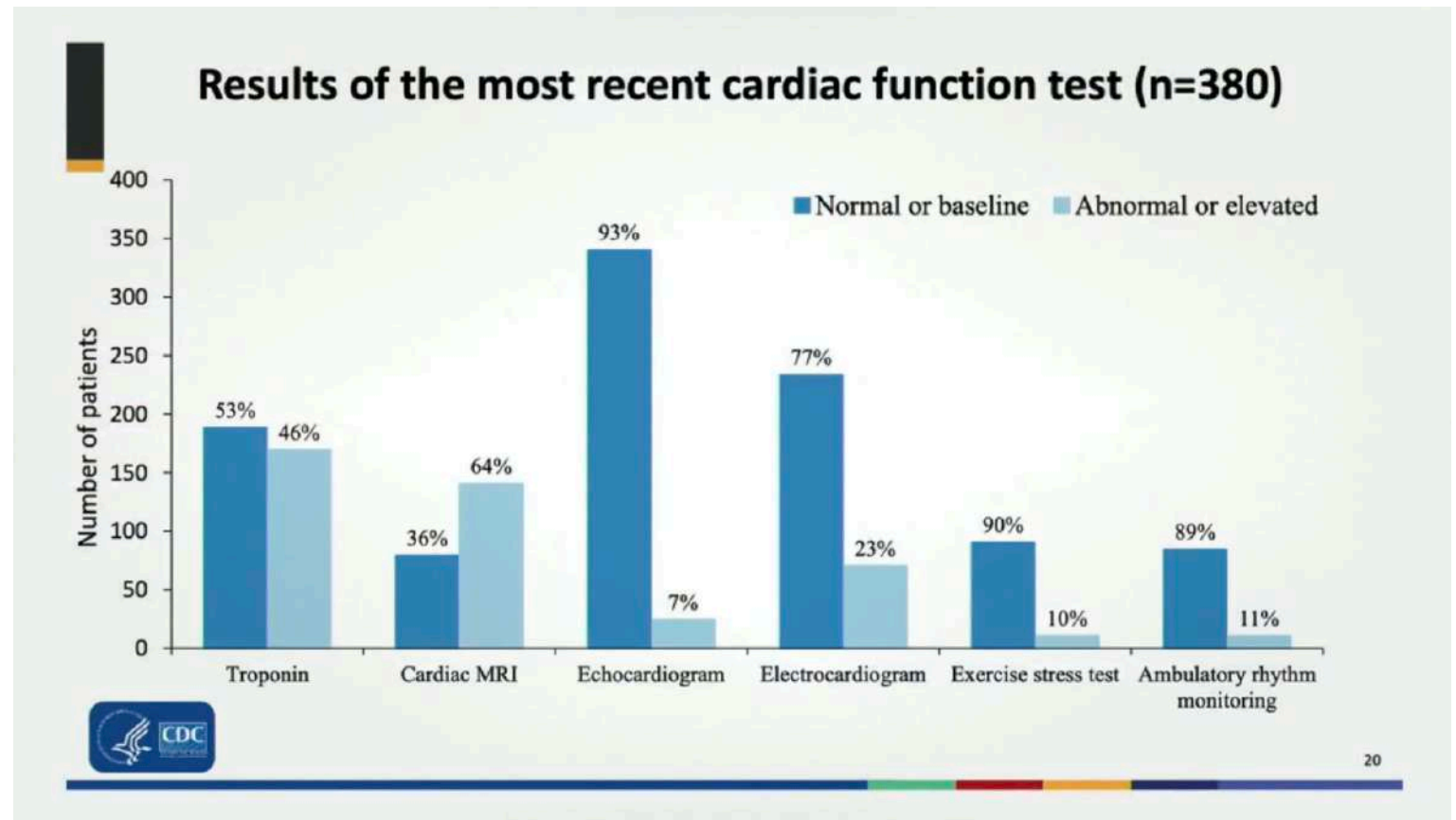
Key Points

Elas
promovem a
Propaganda
de Miocardite
Leve

MAINSTREAM MEDIA RESPONSIBLE FOR COVID-19 PROPAGANDA



90 dias de acompanhamento-
Nenhum paciente
pode ser liberado
pois algum(s) destes
exames estavam
alterados



Summary

- At least 90 days after myocarditis diagnosis, most patients reported no impact on their quality of life, and most did not report missing school or work
- Only 13 (4%) were readmitted to the hospital
- Most (81%) healthcare providers indicated the patient was probably fully or fully recovered
- There did not appear to be a single test that was indicative of recovery
- To our knowledge, there were no vaccine-associated myocarditis deaths in this group
- Ongoing efforts to continue patient follow-up and contact myocarditis patients who were not yet recovered at time of survey
- Surveys are being modified for children aged 5-11 and follow-up to start in February 2022



Vaccine passports can be a lever to get more young people jabbed, scientists tell Government

Paper from the Environmental Modelling Group says passes have 'limited impact' on viral spread but can tackle 'vaccine complacency'


By Sarah Knapton, SCIENCE EDITOR

4 February 2022 • 8:38pm

Vaccine passports will do little to stop coronavirus transmission at festivals, but should still be considered anyway to increase uptake in young people, scientists

Vaccine passports can be a lever to get more young people jabbed, scientists tell Government

“Given higher vaccine complacency in certain groups, such as youth who perceive lower risks of infection, this intervention could be an additional policy lever to increase vaccine uptake and population level immunity.”

 Vaccine passports will do little to stop coronavirus transmission at festivals, but should still be considered anyway to increase uptake in young people, scientists

MUTIRÃO DA VACINAÇÃO

DOSE PREMIADA
ESTREITO-MA




VACINAS
D1, D2 E D3



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DE 12 ANOS



10/FEV



8h às 16h



COLÉGIO FREI GIL



DOCUMENTOS: RG, CPF E CARTÃO DE VACINAÇÃO.
MENOR DE IDADE, PRECISARÁ ESTAR ACOMPANHADO
DOS RESPONSÁVEIS.

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R\$ 1 mil

3 PRÊMIOS DE
R\$ 5 mil

1 PRÊMIO DE
R\$10 mil



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PREFEITURA DE
ESTREITO
UM NOVO TEMPO, UMA NOVA HISTÓRIA.

1000 artigos sobre os efeitos adversos Vacina Covid19

Peer Reviewed Medical Papers Submitted To Various Medical Journals, Evidencing A Multitude Of Adverse Events In Covid-19 Vaccine Recipients

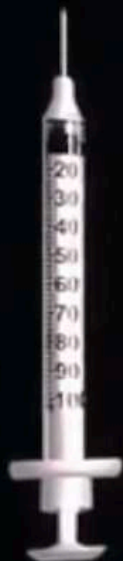
Myocarditis (includes terms: Inflammatory Heart Reactions & Myocardial)

An inflammation of the heart muscle (myocardium). The inflammation can reduce the heart's ability to pump and cause rapid or irregular heart rhythms (arrhythmias). Signs and symptoms of myocarditis include chest pain, fatigue, shortness of breath, and rapid or irregular heartbeats. In a small percentage of cases persons with myocarditis can be at risk of sudden death following strenuous activity. Some sufferers of myocarditis may require heart surgery or a heart transplant later in life.

1. Myocarditis after mRNA vaccination against SARS-CoV-2, a case series: <https://www.sciencedirect.com/science/article/pii/S2666602221000409>
2. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in "23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days after receipt of the vaccine": <https://jamanetwork.com/journals/jamcardiology/fullarticle/2781601>
3. Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: <https://pubmed.ncbi.nlm.nih.gov/34374740/>
4. Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination: <https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478>
5. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: <https://www.sciencedirect.com/science/article/pii/S0828282X21006243>
6. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: <https://www.sciencedirect.com/science/article/pii/S1443950621011562>
7. Myocarditis with COVID-19 mRNA vaccines: <https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135>
8. Myocarditis and pericarditis after COVID-19 vaccination: <https://jamanetwork.com/journals/jama/fullarticle/2782900>
9. Myocarditis temporally associated with COVID-19 vaccination: <https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.055891>
10. COVID-19 Vaccination Associated with Myocarditis in Adolescents: <https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/12/peds.2021-053427.full.pdf>
11. Acute myocarditis after administration of BNT162b2 vaccine against COVID-19: <https://pubmed.ncbi.nlm.nih.gov/33994339/>
12. Temporal association between COVID-19 vaccine Ad26.COV2.S and acute myocarditis: case report and review of the literature: <https://www.sciencedirect.com/science/article/pii/S1553838921005789>
13. COVID-19 vaccine-induced myocarditis: a case report with review of the literature: <https://www.sciencedirect.com/science/article/pii/S1871402121002253>



LIVE



THE RACE TO VACCINATE



BREAKING NEWS

PFIZER FULL VACCINE RESULTS



- Concluded phase 3 trial: 95% efficacy, 94% in adults 65+
- 170 total cases: 162 on placebo, 8 on vaccine
- 10 severe cases: 9 on placebo, 1 on vaccine

**BREAKING
NEWS**

**PFIZER, BIONTECH: COVID-19
VACCINE IS 95% EFFECTIVE**

CNBC

Saúde Pública Escócia



Public Health Scotland COVID-19 & Winter Statistical Report

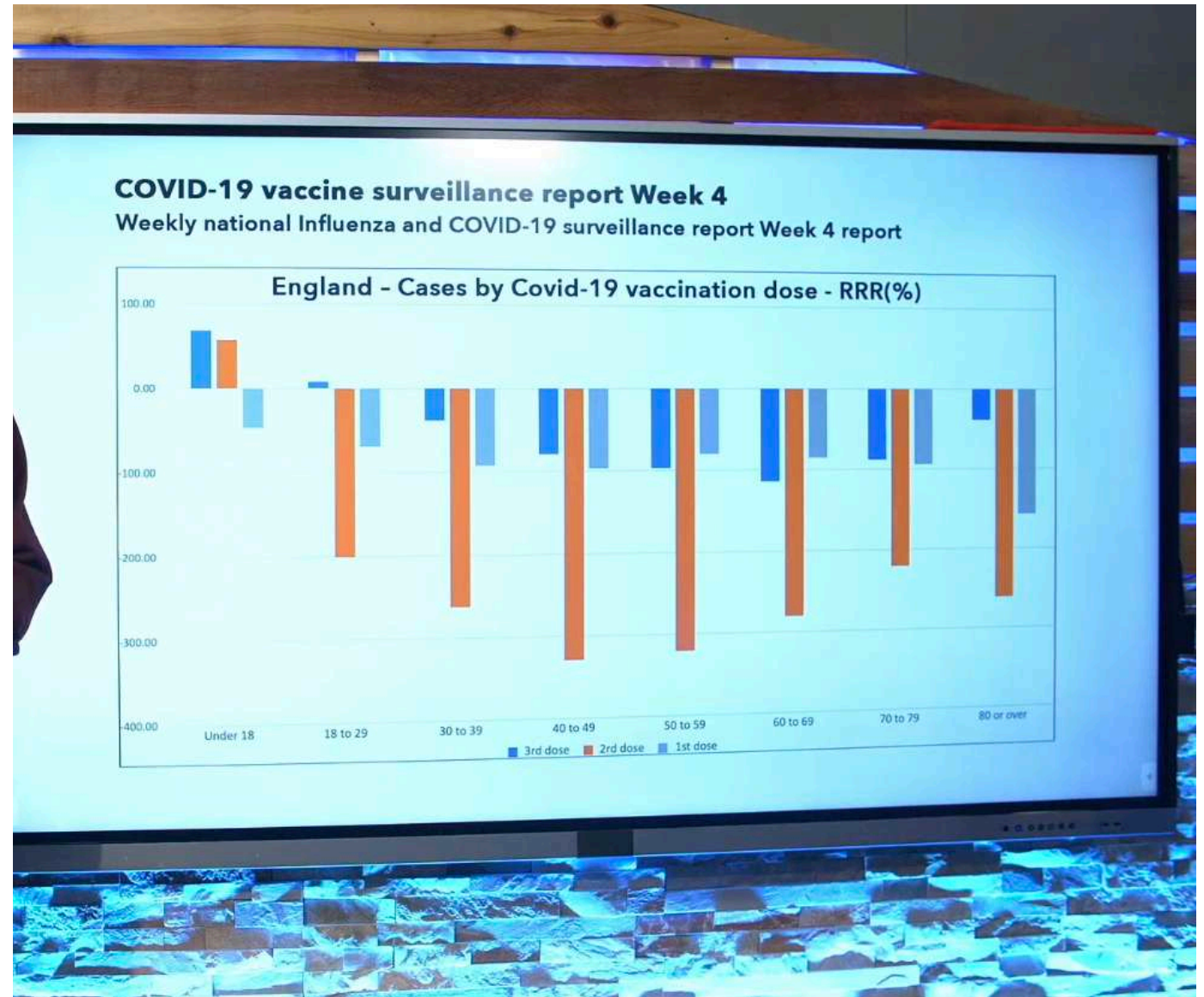
As at 17 January 2022

Publication date: 19 January 2022

Contents

Introduction.....	4
Main Points.....	6
Incidence of Variants of Concern and Variants Under Investigation	7
COVID-19 Daily Data	8
Lateral Flow Device Testing.....	12
Hospital Admissions "because of" COVID-19	17
Test and Protect.....	22

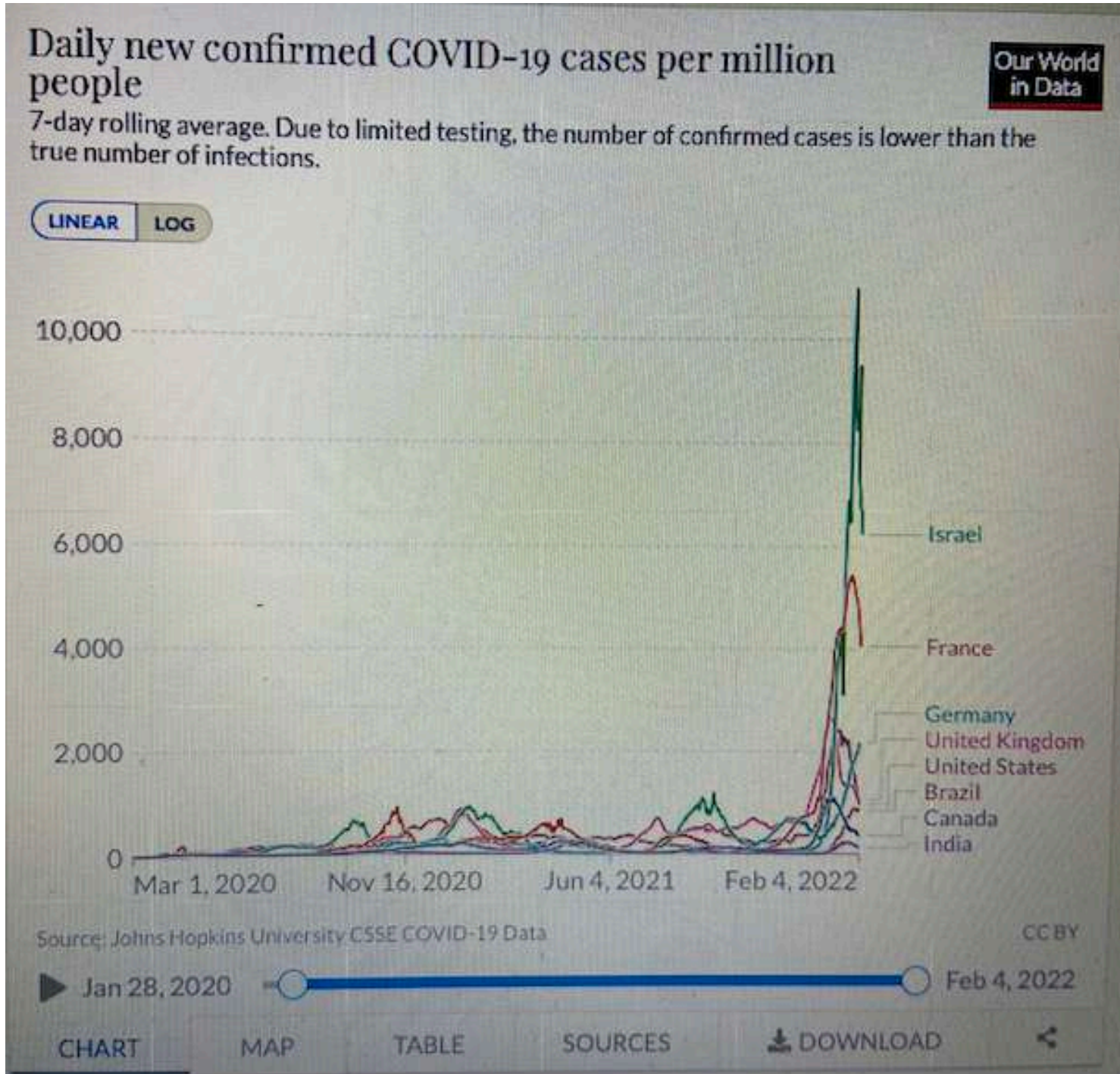
Estudo da
Saúde Pública
Escócia
(Eficácia negativa)



Week	Unvaccinated			1 Dose		
	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals
18 December - 24 December 2021	5,594	1,006,025	540.82 (518.55 - 563.08)	1,860	357,752	780.31 (733.17 - 827.45)
25 December - 31 December 2021	9,496	998,045	958.52 (926.37 - 990.68)	3,387	348,727	1,409.70 (1,347.89 - 1,471.51)
01 January - 07 January 2022	9,105	988,033	923.27 (893.85 - 952.70)	3,066	341,481	1,393.46 (1,325.60 - 1,461.32)
08 January - 14 January 2022	3,601	979,617	412.77 (390.36 - 435.18)	1,093	340,151	543.98 (497.93 - 590.03)

Introduction.....	4
Main Points.....	6
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Casos por
dia nos
países mais
vacinados



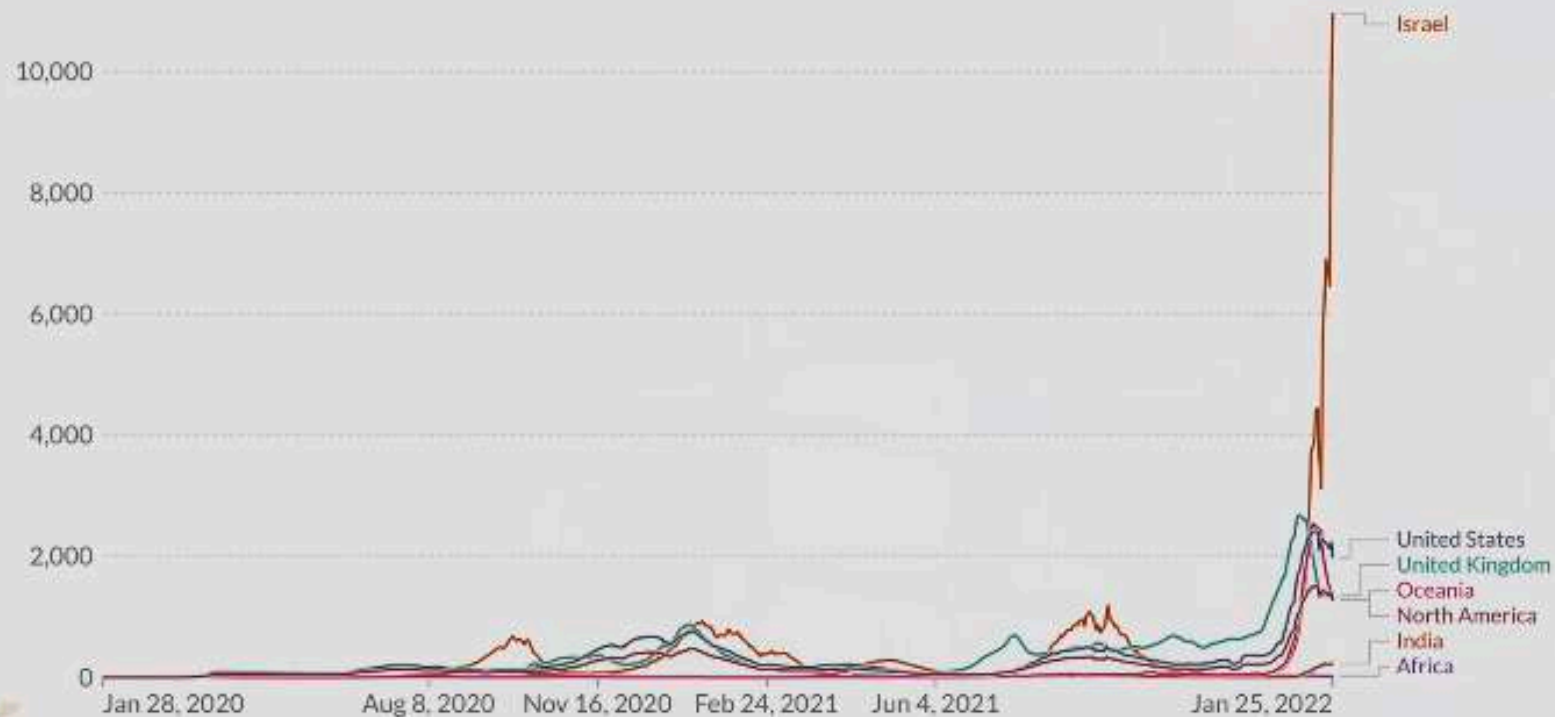
Novos casos
confirmados
nos países
mais
vacinados

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World
in Data

LINEAR LOG



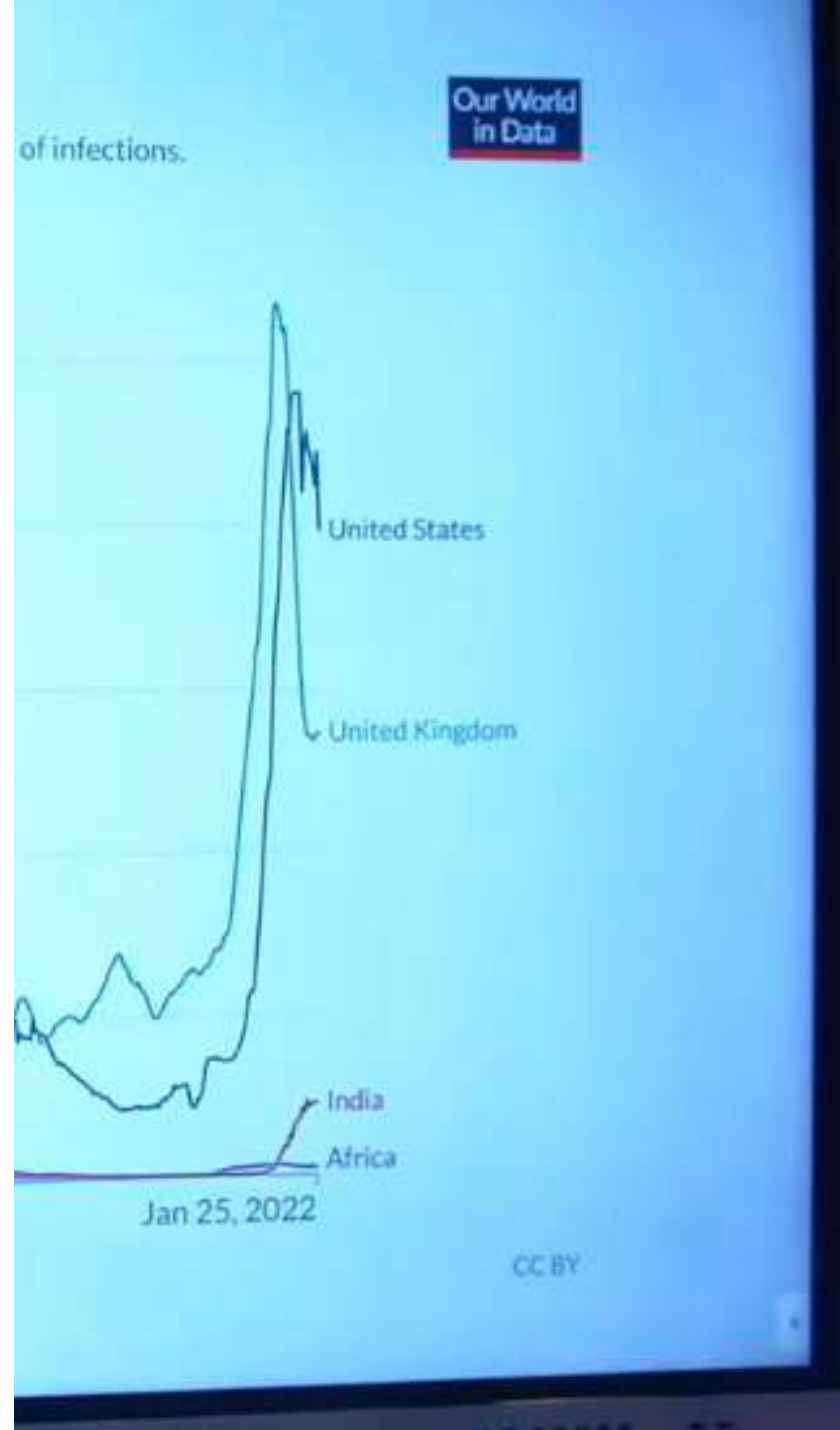
Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

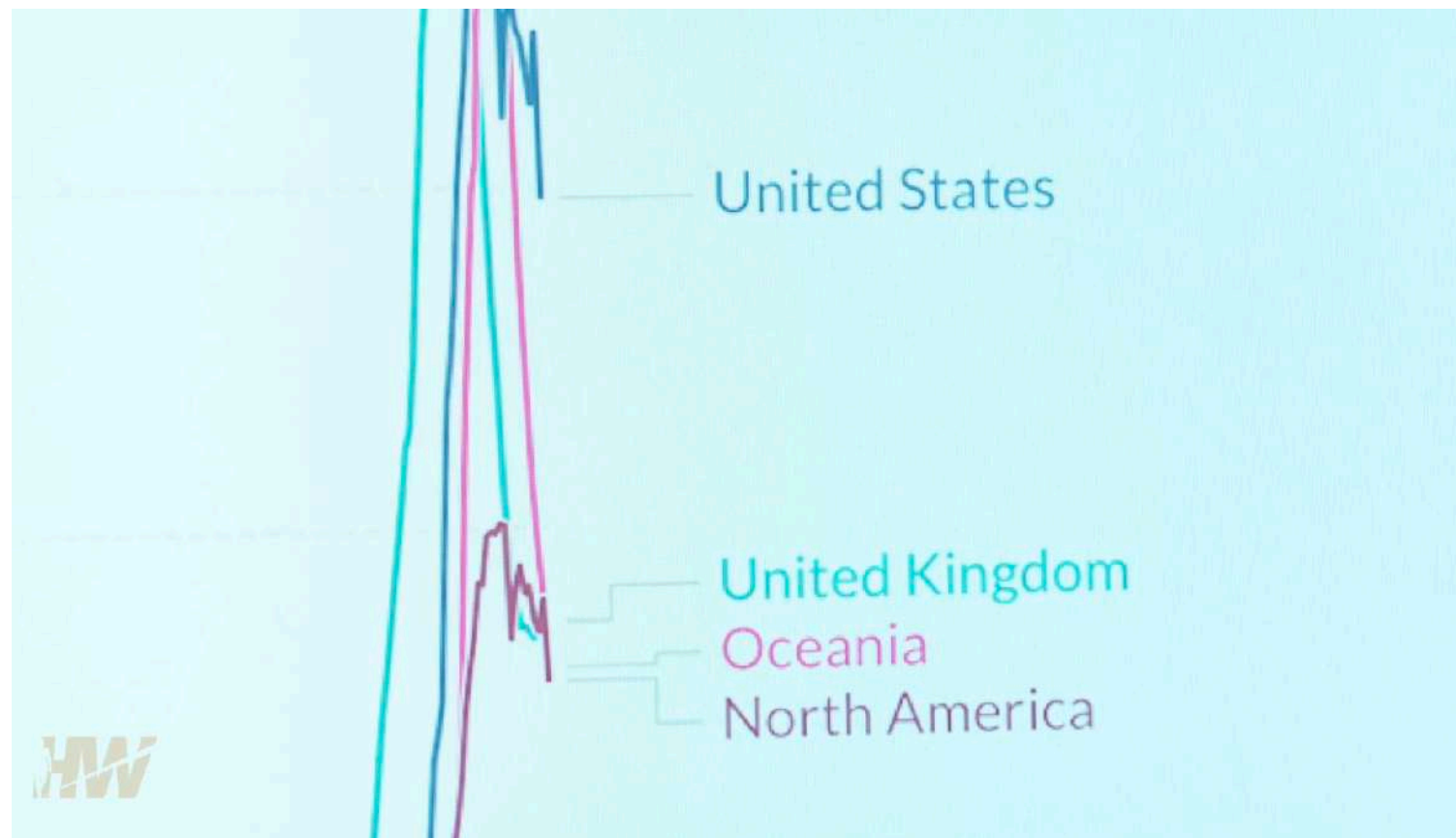
O que estes
países tem
de melhor?



O que eles
têm de pior?



Sonho do
Cvd zero foi
pro espaço



Antony Fauci
falando
sobre viver
com o virus





6°C



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[LIFE & STYLE](#)

End of Covid! All restrictions in England to be scrapped within DAYS

ALL covid restrictions in England will end in 10 days, a senior Government source has confirmed.

By **DAVID MADDUX - SUNDAY EXPRESS POLITICAL EDITOR**, **LUCY JOHNSTON - SUNDAY EXPRESS HEALTH EDITOR**

00:00, Sun, Jan 16, 2022 | UPDATED: 07:18, Sun, Jan 16, 2022



Majority of Covid inpatients in England are NOT primarily ill with virus for first time ever - as experts say worst of pandemic now 'certainly' over

- Of 13,023 Covid patients in hospital in England, only 6,256 primarily there for coronavirus (48 per cent)
- Share of primary Covid patients has plummeted since the emergence of the super-mild Omicron variant
- In some parts of the country, only around a third of coronavirus inpatients are mainly sick with the virus

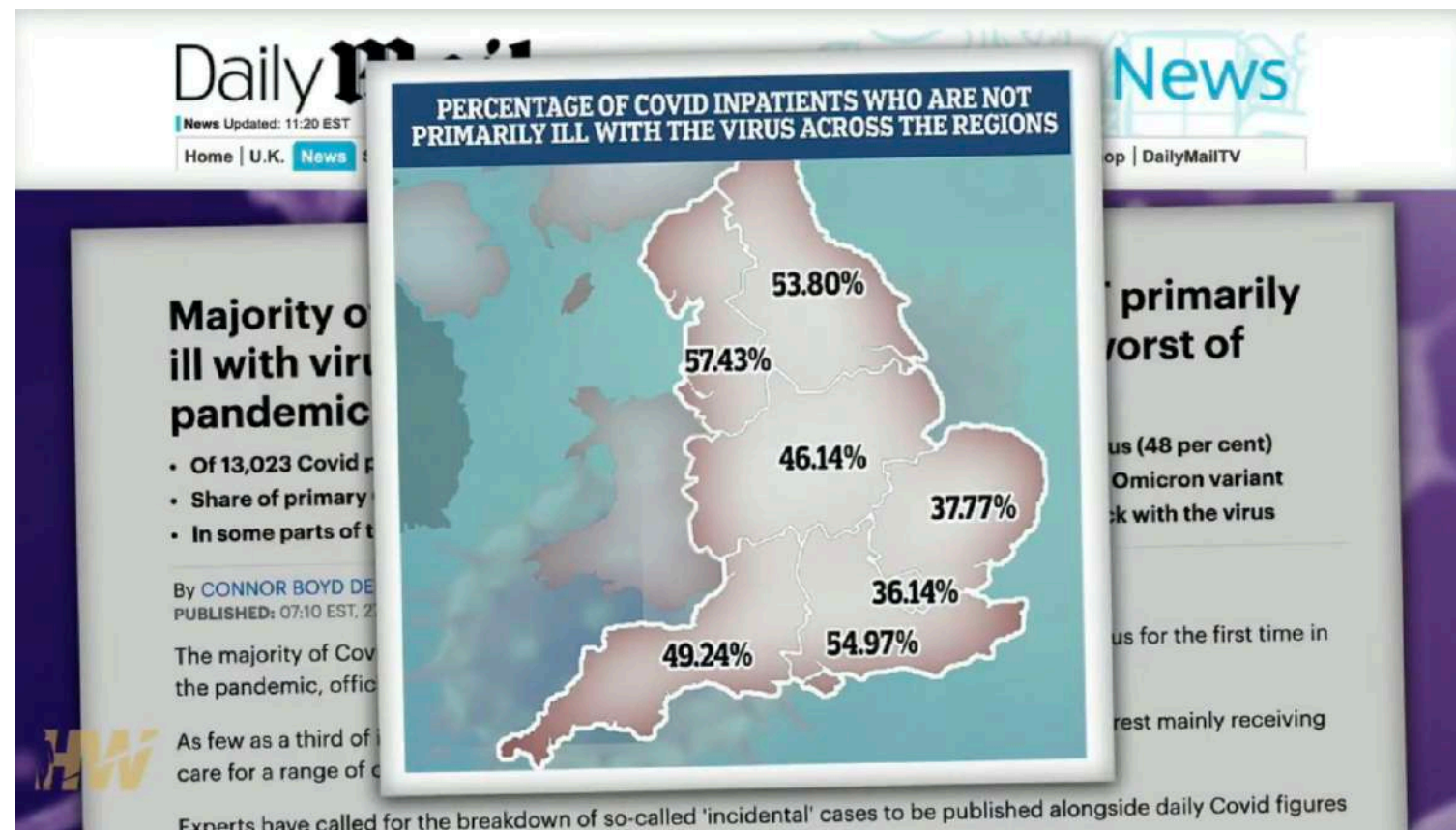
By [CONNOR BOYD](#) DEPUTY HEALTH EDITOR FOR MAILONLINE
PUBLISHED: 07:10 EST, 27 January 2022 | UPDATED: 13:27 EST, 27 January 2022

The majority of Covid patients in English hospitals are not primarily being treated for the virus for the first time in the pandemic, official statistics show.

As few as a third of inpatients are mainly sick with the virus in parts of the country, with the rest mainly receiving care for a range of other conditions, such as a broken leg or heart disease.

Experts have called for the breakdown of so-called 'incidental' cases to be published alongside daily Covid figures

A maioria das internações não foram Covid



Atenção Esta imagem precisa ficar gravada

COVID-19 deaths and autopsies Feb 2020 to Dec 2021

Release date:
17 January 2022

FOI Ref: FOI/2021/3368



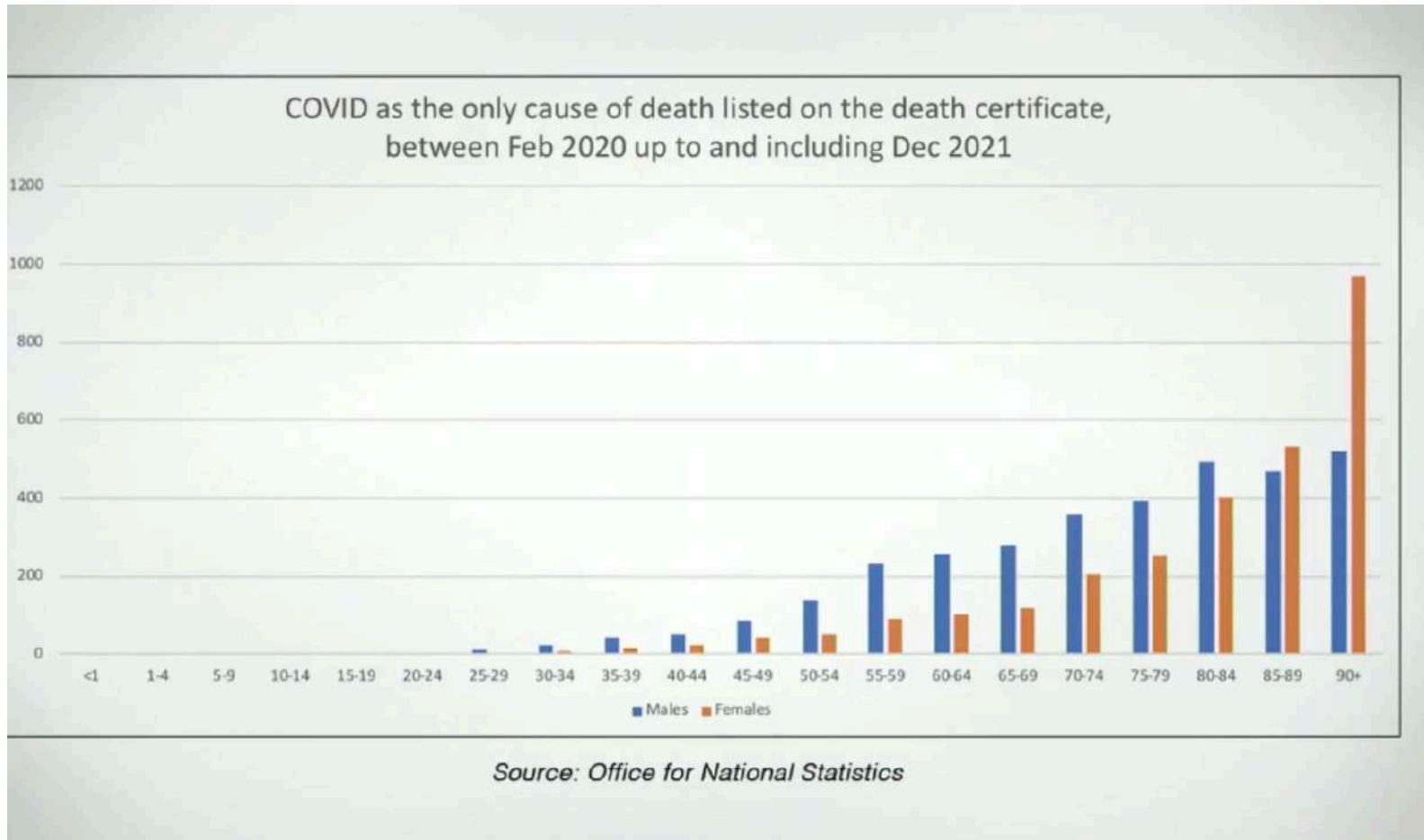
You asked

Please supply deaths caused solely by covid 19, where covid is the only cause of death listed on the death certificate, broken down by age group and gender between feb 2020 up to and

Nunca foi
Covid

<1	1	0
1-4	0	0
5-9	0	0
10-14	0	1
15-19	1	0
20-24	4	1
25-29	12	3
30-34	24	7
35-39	42	15
40-44	52	24
45-49	87	43
50-54	138	52
55-59	234	92
60-64	254	102
65-69	279	119
70-74	357	204
75-79	395	252

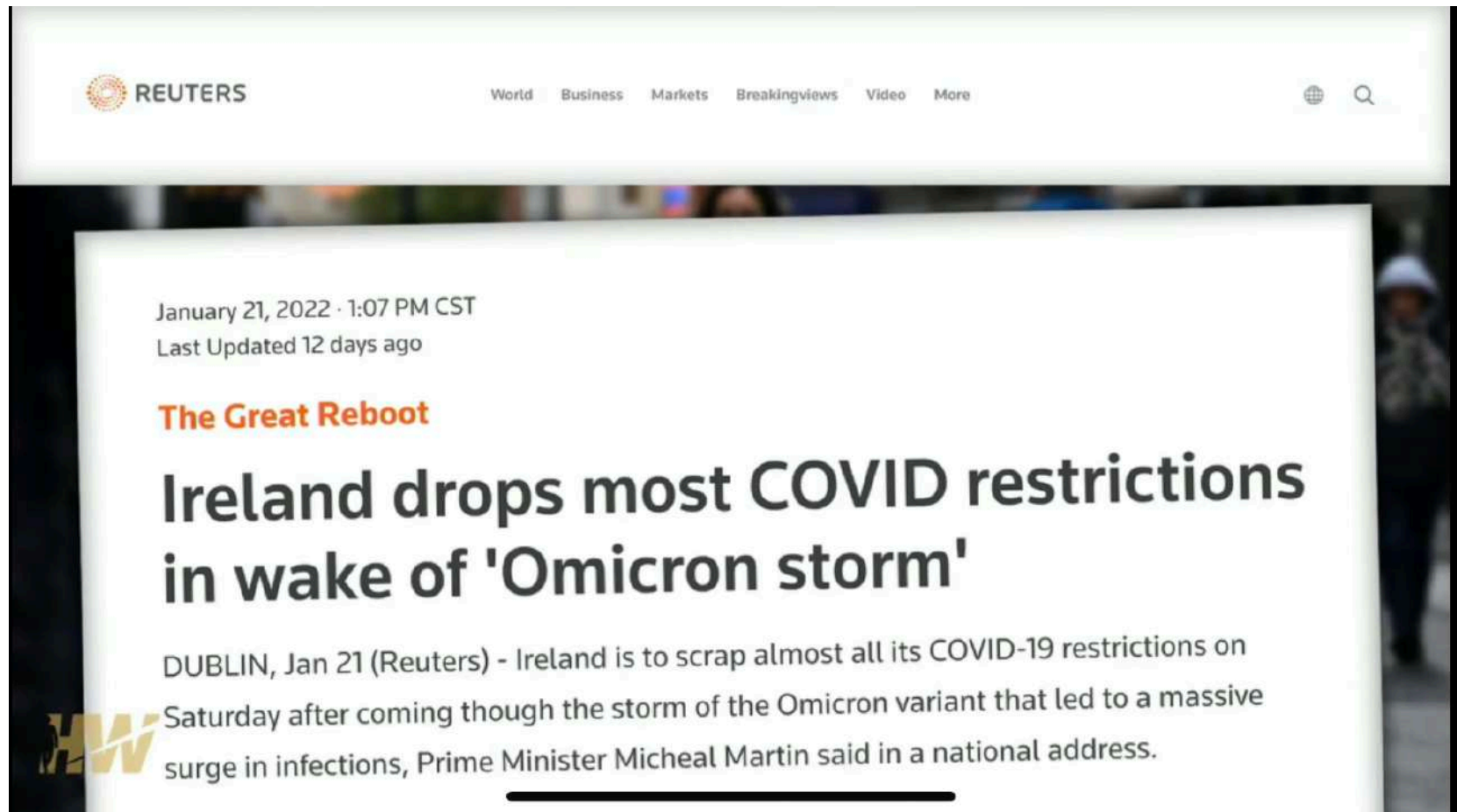
Para ser mais claro



Dinamarca



Irlanda



REINO
UNIDO





Prof Luc Montagnier

- Os não vacinados salvarão a humanidade", diz o Prêmio Nobel Luc Montagnier | [TierraPura.org](https://www.tierrapura.org)
- "Devemos evitar ouvir e dar voz a quem não tem o direito de fazê-lo e deixar a ciência falar. Repito: são os não vacinados que podem salvar a humanidade."

Robert Malone MD PHD

- Essas vacinas NÃO previnem a infecção Omicron, a replicação viral ou a disseminação para outras pessoas. Em nossas vidas diárias, com nossos amigos, com nossas famílias, todos sabemos que isso é verdade. Essas vacinas genéticas vazam, têm pouca durabilidade e, mesmo que todos os homens, mulheres e crianças nos Estados Unidos fossem vacinados, esses produtos não podem alcançar a Imunidade de Rebanho e impedir a Covid. Eles NÃO são completamente seguros e a natureza completa dos riscos permanece desconhecida.
- Em contraste, a imunidade natural, que sistemas imunológicos saudáveis desenvolvem após a infecção e recuperação do Covid, é duradoura, ampla e altamente protetora contra doenças e mortes causadas por esse vírus.

WASHINGTON, D.C.

Robert Malone MD PHD

Se há risco, deve haver escolha!

1:21

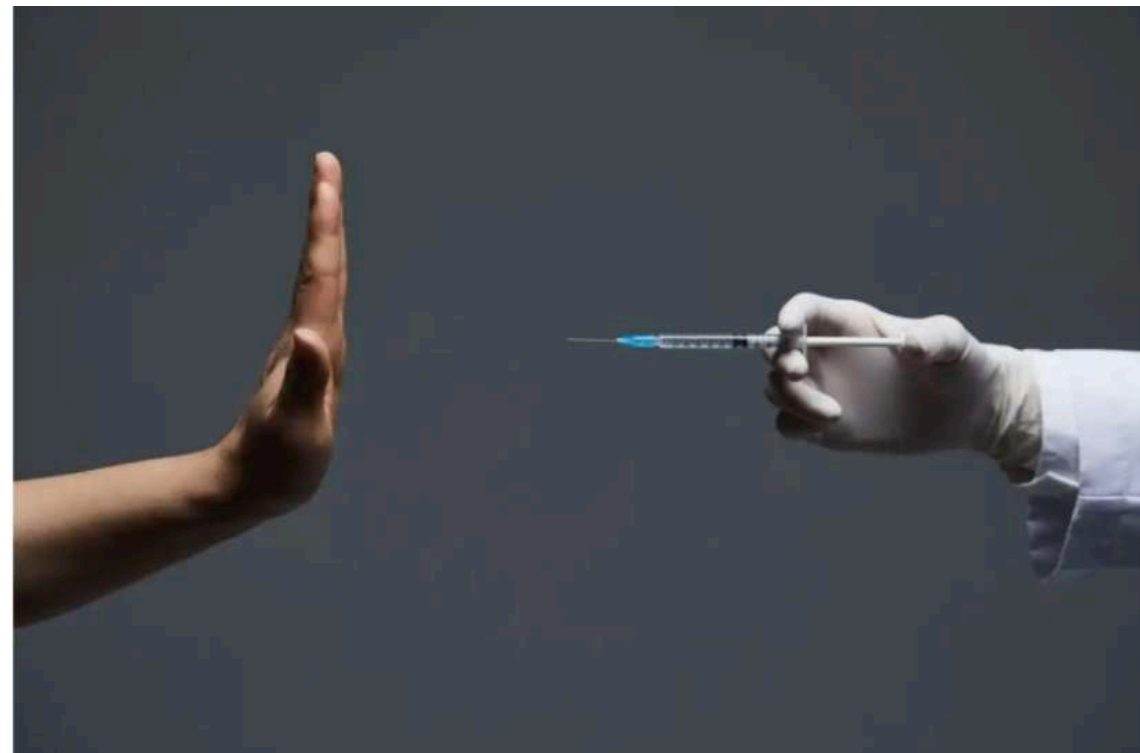
W SPECIAL
REPORT

DEFEAT THE MANDATES IN D.C.: AN AMERICAN HOMECOMING

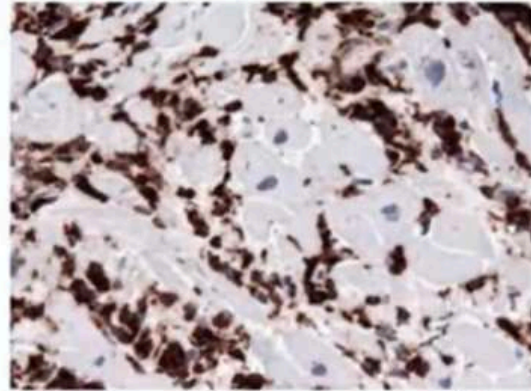
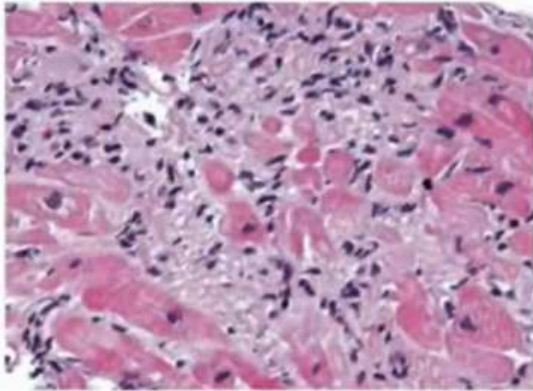
THOUSANDS OF AMERICANS PEACEFULLY GATHER AT THE LINCOLN MEMORIAL TO PROTEST AGAINST
VACCINE MANDATES & VACCINE PASSPORTS.

MANDATES

PAREM DE INJETAR AS CRIANÇAS

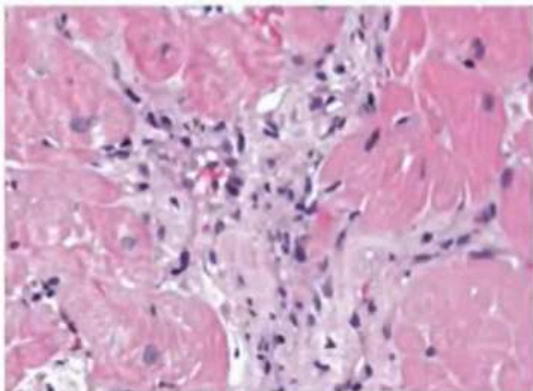


a Acute lymphocytic myocarditis

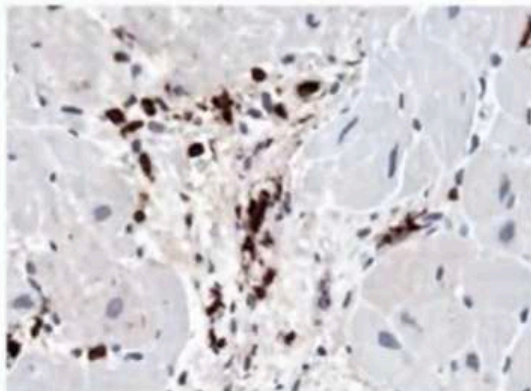


50 μm

b Healing lymphocytic myocarditis



H&E



CD3

50 μm

S1 subunidade
que Bp53
tumor
supressor
tumor e BRAC
gene

Tumores,

Tipo TL 3,4 7,8

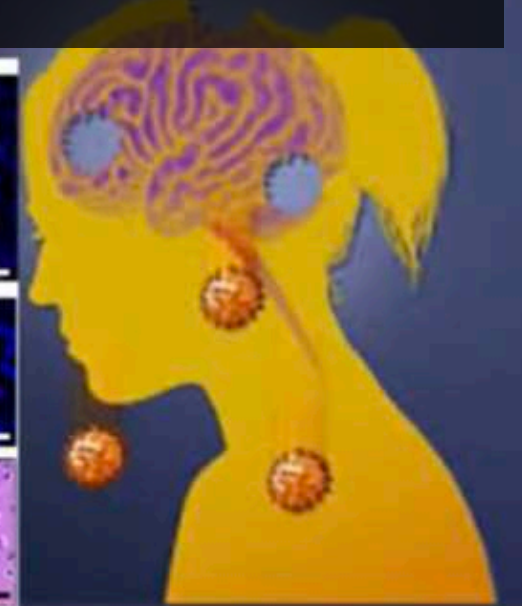
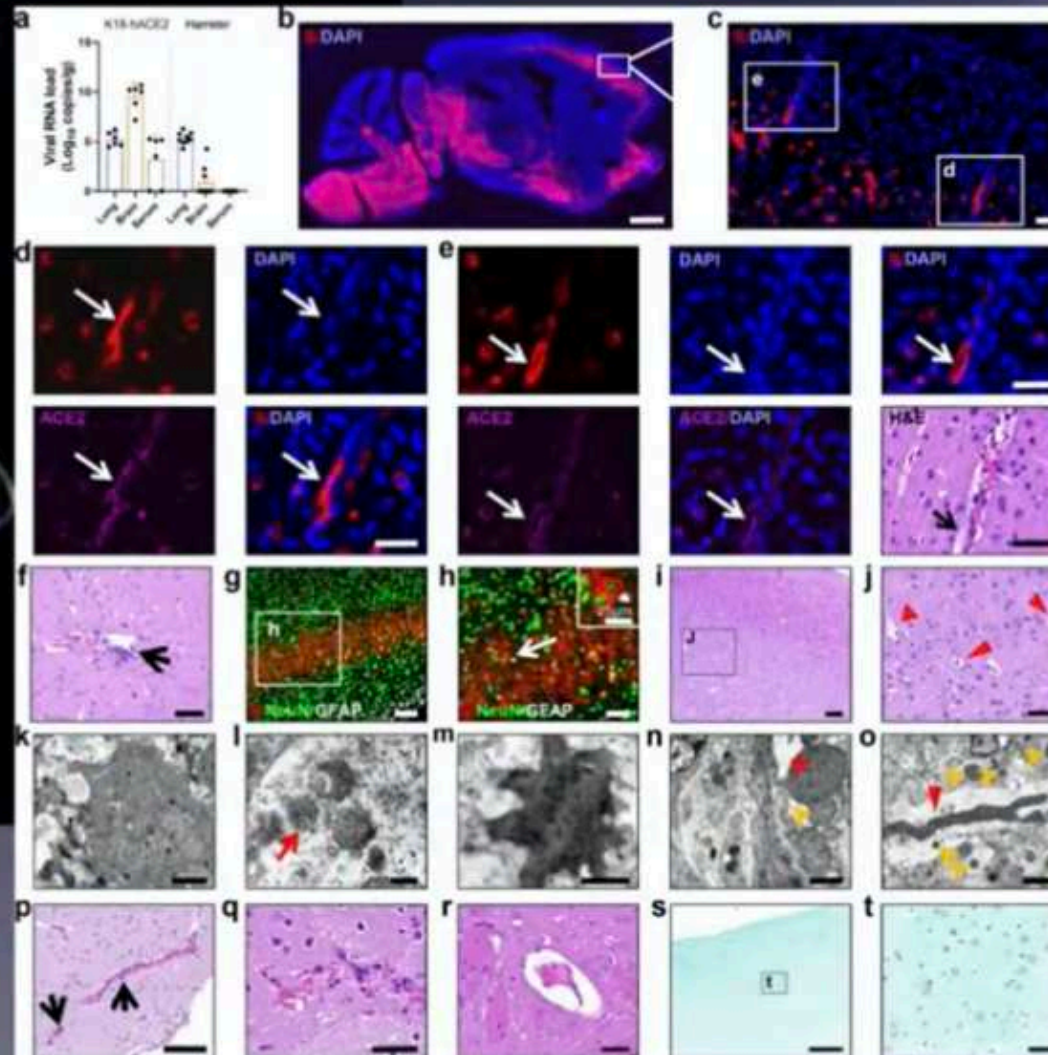
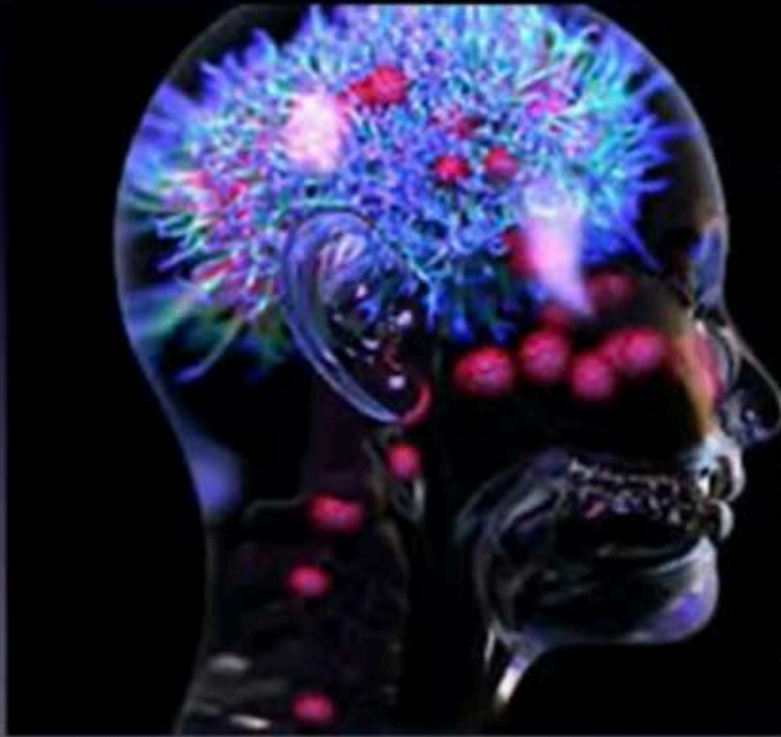
Epstein shingle, etc

Infertilidade

Miocardite

Imunossupressão

Você teria condição de encarar isso no seus filhos?



Doenças Priônicas no Sistema Nervoso Central

International Journal of Vaccine Theory, Practice, and Research

IJVT
PR

Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19

Stephanie Seneff¹ and Greg Nigh²

¹Computer Science and Artificial Intelligence Laboratory, MIT, Cambridge MA, 02139, USA, E-mail: seneff@csail.mit.edu

²Naturopathic Oncology, Immersion Health, Portland, OR 97214, USA

ABSTRACT

Operation Warp Speed brought to market in the United States two mRNA vaccines, produced by Pfizer and Moderna. Interim data suggested high efficacy for both of these vaccines, which helped legitimize Emergency Use Authorization (EUA) by the FDA. However, the exceptionally rapid movement of these vaccines through controlled trials and into mass deployment raises multiple safety concerns. In this review we first describe the technology underlying these vaccines in detail. We then review both components of and the intended biological response to these vaccines, including production of the spike protein itself, and their potential relationship to a wide range of both acute and long-term induced pathologies, such as blood disorders, neurodegenerative diseases and autoimmune diseases. Among these potential induced pathologies, we discuss the relevance of prion-protein-related amino acid sequences within the spike protein. We also present a brief review of studies supporting the potential for spike protein "shedding", transmission of the protein from a vaccinated to an unvaccinated person, resulting in symptoms induced in the latter. We finish by addressing a common point of debate, namely, whether or not these vaccines could modify the DNA of those receiving the vaccination. While there are no studies demonstrating definitively that this is happening, we provide a plausible scenario, supported by previously established pathways for transformation and transport of genetic material, whereby injected mRNA could ultimately be incorporated into germ cell DNA for transgenerational transmission. We conclude with our recommendations regarding surveillance that will help to clarify the long-term effects of these experimental drugs and allow us to better assess the true risk/benefit ratio of these novel technologies.

Keywords: *antibody dependent enhancement, autoimmune diseases, gene editing, lipid nanoparticles, messenger RNA, prion diseases, reverse transcription, SARS-CoV-2 vaccines*

Introduction

Unprecedented. This word has defined so much about 2020 and the pandemic related to SARS-CoV-2. In addition to an unprecedented disease and its global response, COVID-19 also initiated an unprecedented process of vaccine research, production, testing, and public distribution (Shaw,

International Journal of Vaccine Theory, Practice, and Research 2(1), May 10, 2021 Page | 38



SARS-COV-2 Vaccines and Neurodegenerative Disease

🕒 January 13, 2022 👤 James Fetzer 📖 blog

By Stephanie Seneff and GreenMedInfo

Since December 2020, when several novel unprecedented vaccines against SARS-CoV-2 began to be approved for emergency use, there has been a worldwide effort to get these vaccines into the arms of as many people as possible as fast as possible. These vaccines have been developed "at warp speed," given the urgency of the situation with the COVID-19 pandemic. Most governments have embraced the notion that these vaccines are the only path towards resolution of this pandemic, which is crippling the economies of many countries.

Prêmio Nobel Falando sobre Vacina em crianças (In memoriam) Prof Luc Montagnier



Comprovação
pela equipe do
Prof. Luc
Montagnier
Mad Cow -
Prionica

Towards the emergence of a new form of the neurodegenerative Creutzfeldt-Jakob disease: Sixteen cases of CJD declared a few days after a COVID-19 “vaccine” Jab

Jean Claude Perez, PhD Maths&Computer Science Bordeaux University ; Retired (IBM European Research center on Artificial Intelligence Montpellier France) ; Bordeaux metropole France; <https://orcid.org/0000-0001-6446-2042> France

jeanclaudeperez2@gmail.com

Claire Moret-Chalmin, MD. Neurologist, 13 rue Roger Martin du Gard 60600 Clermont France cimoret@gmail.com

Luc Montagnier MD. Virologist, Fondation Luc Montagnier Quai Gustave-Ador 62 1207 Genève, Switzerland

KEYWORDS

Creutzfeldt-Jakob disease (CJD), Prion protein, SARS-CoV2 Variants, Spike, COVID-19 mRNA Vaccines, survival, Neuropsychiatric disease, Evolution.

ABSTRACT

We highlight the presence of a Prion region in the different Spike proteins of the original SARS-CoV2 virus as well as of all its successive variants but also of all the “vaccines” built on this same sequence of the Spike SARS-CoV2 from Wuhan.

Paradoxically, with a density of mutations 8 times greater than that of the rest of the spike, the possible harmfulness of this Prion region disappears completely in the Omicron variant. We analyze and explain the causes of this disappearance of the Prion region of the Spike of Omicron.

At the same time, we are analyzing the concomitance of cases, which occurred in various European countries, between the first doses of Pfizer or Moderna mRNA vaccine and the sudden and rapid onset of the first symptoms of Creutzfeldt-Jakob disease, which usually requires several years before observing its first symptoms.

We are studying 16 Creutzfeldt Jakob Diseases, in 2021, from an anamnestic point of view, centered on the chronological aspect of the evolution of this new prion disease, without being able to have an explanation of the etiopathogenic aspect of this new entity. We subsequently recall the usual history of this dreadful subacute disease, and compare it with this new, extremely acute, prion disease, following closely vaccinations. In a few months, more 30 cases of almost spontaneous emergence of Creutzfeldt-Jakob disease have appeared in France very soon after the injection of the first or second dose of Pfizer, Moderna or AstraZeneca vaccines. We report here 16 cases from France, Belgium, Switzerland and Israel.

Guerreios
pela
Liberdade



Minhas plataformas

- Instagram: @joseanasser, @projeto.veritas , @drjosenasseroficial
- Youtube Dr José Augusto Nasser

Descomplicando o corona com Dr Nasser

- Rumble: @joseanasser
- Facebook Jose A Nasser
- Tweeter e GETTR @draugustonasser
- www.neurocienciasdrnasser.com
- www.drjosenassser.com.br

https://t.me/+WUMVzNoaH_9iYjdh