State Board of Health
March 23, 2023 - 9:00am
Perimeter Center, Boardroom 2

Members Present: Gary Critzer, Chair; Michael Desjadon; Melissa Green; Anna Jeng, ScD; Lee Jones, DMD; Wendy Klein, MD, Vice Chair; Holly Puritz, MD; Jim Shuler, DVM; Stacey Swartz, PharmD; Ann B.R. Vaughters, MD; Mary Margaret Whipple.

Dr. Puritz attended remotely due to a family emergency from her home in Virginia Beach.

Members Absent: Patricia Kinser, PhD; Patricia O'Bannon; Maribel Ramos; and Elizabeth Ruffin Harrison.

VDH Staff Present: Michael Capps, Senior Policy Analyst; Kathryn Crosby, Chief Diversity, Equity, and Inclusion Officer; Tiffany Ford, Deputy Commissioner for Administration; Laurie Forlano, Acting State Epidemiologist; Robert Hicks, Deputy Commissioner of Public Health & Preparedness, and Acting Deputy Commissioner for Community Health Services; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Alexandra Jansson, Senior Policy Analyst; Christopher Lindsay, Chief Operating Officer; and Maria Reppas, Director, Office of Communications.

Other Staff Present: Robin Kurz, JD, Senior Assistant Attorney General; Leah Mills, Deputy Secretary for Health and Human Resources; Allyson Tysinger, Senior Assistant Attorney General/Section Chief

Dr. Puritz left the meeting at approximately 10:41 am. Dr. Jeng left the meeting at approximately 2:12 pm.

Call to Order

Mr. Critzer called the meeting to order at 9:03 am.

Introductions

Mr. Critzer welcomed those in attendance to the meeting. Mr. Critzer then started the introductions of the Board members and VDH staff present.

Mr. Critzer also read a letter from John Littel, Virginia's Secretary of Health and Human Resources, regarding Governor Glenn Youngkin's search for a Commissioner. There was discussion regarding the Board's concern about the delay in appointment of a new Commissioner.

Review of Agenda

Ms. Jansson reviewed the agenda and the items contained in the Board's binder. Based upon additional information from VDH that requires additional time to review, the Fast-Track action for 12VAC5-550 was moved to be deferred to the June board meeting by Dr. Swartz. Dr. Klein seconded the motion. The motion to approve the amendment was approved unanimously.

Approval of December 15th, 2022 Minutes

Mr. Critzer reviewed the minutes from the December meeting. It was noted that there was no mention of Dr. Klein acting as Chair following Mr. Critzer's departure due to illness. Dr. Shuler made a motion to approve the minutes with a clarifying amendment and Mr. Desjadon seconded the motion. The minutes were approved as amended unanimously by voice vote.

Agency Report

Mr. Lindsay provided the Agency Report to the Board. He updated the Board on key issues and projects VDH is engaged in including:

- Behavioral Health Initiatives
- Partnership for Petersburg
- COVID-19 Update
- Maternal Health
- ARPA Projects
- Virginia Plan for Wellbeing/State Health Improvement Plan (SHIP)
- Public Health Policy Agenda

There was discussion regarding firearm related mortality and strategies for reduction; the men's sexual health clinic in Petersburg; the addition of other epidemiological topic areas such as rising sexually transmitted infections, drug-resistant bacteria, and general surveillance; maternal mortality outcomes; and the dental workforce shortages. There were also requests from members to include more information at future meetings on maternal mortality and pregnancy loss, suicide prevention initiatives, and a more in depth look at the State Health Improvement Plan.

Public Comment Period

There were 16 persons signed up for public comment at the meeting. The Board's public comment period allows for a 20-minute period with 2 minutes per person. A motion to extend the public comment period by 12 minutes to accommodate all speakers was made by Mr. Desjadon and seconded by Dr. Jones. The motion was passed by unanimous voice vote.

The sixteen speakers all spoke about COVID-19 vaccinations, the CDC childhood immunization schedule, and general comments regarding COVID-19 vaccination in children. Their names were: Geoffrey Akey, Linda Cox, Susan Franz, Ann Parker, Jennifer Herget, Barbara Henry, Lori Leonard, Sheila Furey, Ann Marie Smith, Sally Johnson, Robyn Middleton, Peter Meacham, Donna Meacham, Wendy Melton, Ruth Meacham, and Doris Knick. Written comments were submitted and can be found at the end of the minutes document.

Regulatory Action Update

Mr. Capps reviewed the summary of all pending VDH regulatory actions.

Since the December 2022 meeting, the Commissioner approved four regulatory actions on behalf of the Board while the Board was not in session. First, a result of periodic review and NOIRA for the Rules and Regulations Governing Outpatient Data Reporting (12VAC5-218). The NOIRA followed the result of the periodic review and will update the regulations to better align this chapter with inpatient-level data reporting requirement and expand outpatient reporting. A

second NOIRA was approved as well for the Rules and Regulations Governing the Construction and Maintenance of Migrant Labor Camps (12VAC5-501). This NOIRA followed a periodic review and will remove outdated information; add and amend text to reflect best practices and the latest science from industry, academia, public health experts, and other stakeholders; clarify regulatory and enforcement standards; and include any additional amendments deemed necessary in response to public comment or input from industry and subject matter experts. The Commissioner also approved a Final Exempt Action for the Virginia Radiation Protection Regulations (12VAC5-481). This regulatory action is intended to conform Virginia's regulations with recent changes in the Nuclear Regulatory Commission's (NRC) federal regulations.

Since the December 2022 meeting the Commissioner has not taken any non-regulatory action on behalf of the Board while the Board was not in session.

Mr. Capps advised the Board that there are 25 periodic reviews in progress:

- 12 VAC 5-67 Advance Health Care Directive Registry
- 12 VAC 5-110 Regulations for the Immunization of School Children
- 12 VAC 5-125 Regulations for Bedding and Upholstered Furniture Inspection Program
- 12 VAC 5-150 Regulations for the Sanitary Control of Storing, Processing, Packing or Repacking of Oysters, Clams and Other Shellfish
- 12 VAC 5-160 Regulations for the Sanitary Control of the Picking, Packing and Marketing of Crab Meat for Human Consumption
- 12 VAC 5-216 Methodology to Measure Efficiency and Productivity of Health Care Institutions
- 12 VAC 5-217 Regulations of the Patient Level Data System
- 12 VAC 5-220 Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations
- 12 VAC 5-221 Virginia's Rules and Regulations Governing Cooperative Agreements
- 12 VAC 5-381 Home Care Organization Regulations
- 12 VAC 5-405 Rules Governing Private Review Agents
- 12 VAC 5-407 Regulations for the Submission of Health Maintenance Organization Quality of Care Performance Information
- 12 VAC 5-475 Regulations for the Submission of Health Maintenance Organization Quality of Care Performance Information
- 12 VAC 5-507 Guidelines for General Assembly Nursing Scholarships and Loan Repayment Program Requiring Service in a Long-Term-Care Facility
- 12 VAC 5-520 Regulations Governing the State Dental Program Scholarship Program
- 12 VAC 5-530 Regulations Governing the Virginia Medical Scholarship Program
- 12 VAC 5-542 Rules and Regulations Governing the Virginia Nurse Practitioner / Nurse Midwife Scholarship Program
- 12 VAC 5-545 Guidelines for the Nurse Educator Scholarship
- 12 VAC 5-570 Commonwealth of Virginia Sanitary Regulations for Marinas and Boat Moorings
- 12 VAC 5-590 Waterworks Regulations
- 12 VAC 5-610 Sewage Handling and Disposal Regulations
- 12 VAC 5-613 Regulations for Alternative Onsite Sewage Systems

- 12 VAC 5-620 Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems and Private Wells
- 12 VAC 5-640 Alternative Discharging Sewage Treatment Regulations for Individual Single Family Dwellings
- 12 VAC 5-650 Schedule of Civil Penalties

An update regarding the Unified Regulatory Plan was given to the Board.

Fast Track Amendments to 12 VAC 5-620 Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems and Private Wells

Julie Henderson, Director of the Office of Environmental Health Services, presented the Fast Track Amendments to the Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems, Alternative Discharge Systems, and Private Wells. The purpose of the Fast-Track amendments is to conform the Regulations to the Appropriation Act and provide consistency for issuance of refunds pursuant to the Code.

Chapter 831 of the 2018 Acts of Assembly directed VDH to eliminate evaluation and design services provided by the local health departments for onsite sewage systems and private wells. Beginning July 1, 2019, all applicants were required to submit private sector evaluations and designs for onsite sewage systems unless the owner met the means testing requirements established in Chapter 831 (2018) or the hardship guidelines established by VDH. In addition to this legislation, Item 292, Chapter 2 of the 2018 Acts of Assembly, Special Session I (The 2018 Appropriation Act) required VDH to begin charging for certain onsite sewage system services previously provided at no cost to the applicant. These additional fees have remained in all subsequent Appropriation Acts.

Dr. Klein made a motion to approve the fast-track regulations with Dr. Shuler seconding. The fast track amendments were approved unanimously by voice vote.

Final Amendments to 12 VAC 5-125 Regulations for Bedding and Upholstered Furniture Inspection Program

Ms. Henderson presented the Final Amendments to the Regulations for Bedding and Upholstered Furniture Inspection Program. The proposed amendments from the Proposed stage intended to: i) update the regulation by reducing conflicts with other states' bedding and upholstered furniture regulations, ii) transparently outline existing requirements for use of animal hair, feathers, or down, iii) establish consumer notifications on law labels for the use of reclaimed and reprocessed materials, iv) clarify licensing and permitting requirements and operating standards, and v) address concerns expressed by the General Assembly and Office of the Attorney General regarding certain items in the regulation.

Upon conclusion of the proposed stage, the proposed text was further amended to improve clarity and formatting and align terminology to shifts in national standards since the proposed stage. The final text does not contain any substantive changes from the proposed stage.
The agency will benefit from the clarity of the revisions, as they may reduce the time and effort staff spend on explaining procedures that are not well outlined in the current text. The agency also expects to observe a slight reduction in licensing administrative procedures (e.g. returned,

incomplete license applications).

Dr. Vaughters made a motion to approve the final regulations with Ms. Green seconding. There was discussion regarding insect infestations. The final amendments were approved unanimously by voice vote.

Notice of Intended Regulatory Action for 12 VAC 5-460 Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools

Ms. Henderson presented the Notice of Intended Regulatory Action (NOIRA) for the Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools. This action is the result of a periodic review and seeks to repeal and replace the regulatory text to ensure an effective regulatory program governing water facility safety is maintained throughout the Commonwealth. This action will: remove outdated information; add and replace text to reflect best practices and the latest science from industry, academia, public health experts, and other stakeholders; and clarify regulatory and enforcement standards.

The Department conducted a periodic review of the Regulations pursuant to Executive Order 14 (as amended, July 16, 2018). In its finding, filed on April 8, 2022, the Department recommended the regulation be amended. Through review of the proposed amendments and communication with the stakeholder workgroup, the Department found that the more appropriate action is to repeal and replace the Regulations. A previous NOIRA to amend the regulations was withdrawn on January 23, 2023 so VDH is introducing this NOIRA with the intention to repeal 12VAC5-460 and replace it with 12VAC5-461.

Dr. Jones made a motion to approve the NOIRA with Mr. Desjadon seconding. There was discussion regarding recreational aquatic permits, and the repeal and replace portion of this action. The NOIRA was approved unanimously by voice vote.

Proposed Amendments to 12 VAC 5-381 Regulations for the Licensure of Home Care Organizations

Rebekah E. Allen, Senior Policy Analyst with the Office of Licensure and Certification, presented the Proposed Amendments to the Regulations for the Licensure of Home Care Organizations in Virginia. The intent of this action is to adhere to the legislative mandate from the General Assembly by amending this Chapter to address remote supervision of personal care services by home care organizations. Chapter 470 of the 2021 Acts of Assembly, Special Session I amended Code of Virginia § 32.1-162.12 to direct the State Board of Health to promulgate regulations for home care organizations that govern the delivery of personal care services shall provide for supervision of home care attendants providing personal care services by a licensed nurse through use of interactive audio or video technology.

Dr. Klein made a motion to approve the proposed regulations with Dr. Swartz seconding. There was discussion regarding the remote supervision aspect of the regulation, the protections put in place, and the training requirements for HCO personnel.

There were four line amendments from Board members during the meeting. The first two were motioned by Mr. Desjadon and seconded by Dr. Jones. The first added a requirement that

informed consent include both written and oral information. The second clarified that for audio and visual recordings of sessions, separate consent is needed for (1) recording, (2) storing, and (3) use of said recordings for non-care purposes (e.g marketing or training). The third amendment added that care plans must include the rationale for permitting remote supervision. This was motioned by Dr. Vaughters and seconded by Mr. Desjadon. The final amendment was just to correct and update section numbering throughout, motioned by Dr. Vaughters and seconded by Dr. Jeng. All line amendments were adopted unanimously by voice vote. The proposed amendments were approved by unanimous voice vote.

Fast Track Amendments to 12 VAC 5-200 Regulations Governing Eligibility Standards and Charges for Medical Care Services to Individuals

Ms. Park presented the Fast Track Amendments to the Regulations Governing Eligibility Standards and Charges for Medical Care Services to Individuals. The purpose of this regulatory action is to make style revisions, remove redundancies, eliminate language that restates the Code of Virginia, clarify existing language, and address inconsistencies. Information in some sections will be moved to different sections for continuity of content. Some sections are unnecessary and will be removed. In addition, a specific, existing Code of Virginia reference has been inserted in one section, and a correction was added to a section number reference to the Omnibus Budget Reconciliation Act of 1981 that addresses the update to poverty guidelines. Finally, the language was updated to add WIC recipients to the Automatic Eligibility section for dental varnish services for children ages 6 months to 3 years.

The amendments are needed to update style, remove redundancies, add missing citations and clarify information. The regulation is essential in providing the local health department offices with clear information about determining whether a person is medically indigent and their eligibility to receive low- or no-cost medical services, therefore protecting the health, safety, and welfare of the citizens of the Commonwealth. The goal of these changes is to produce a more up-to-date regulation with no redundant language.

Ms. Green made a motion to approve the fast-track regulations with Dr. Jeng seconding. There was discussion regarding the definition of convenient price.

Mr. Desjadon suggested to amend the text to clarify the definition of non-chargeable services and clarifying convenient value. Dr. Jones made a motion to adopt the amendments to the fast-track regulations with Dr. Jeng seconding that motion. The line amendments passed unanimously by voice vote. The fast track amendments were approved as amended unanimously by voice vote.

Results of Periodic Review

Mr. Hilbert presented the following Results of Periodic Reviews in a bloc to the Board:

- 12 VAC 5-610 Sewage Handling and Disposal Regulations
- 12 VAC 5-150 Regulations for the Sanitary Control of Storing, Processing, Packing or Repacking of Oysters, Clams, and Other Shellfish
- 12 VAC 5-160 Regulations for the Sanitary Control of the Picking, Packing and Marketing of Crab Meat for Human Consumption

The Sewage Handling and Disposal Regulations (Regulations) are used to control the safe and sanitary collection, conveyance, transportation, treatment, and disposal of sewage by onsite sewage systems. The *Regulations* specifically address the design and installation of onsite sewage systems utilizing septic tank effluent. Septic tank effluent is raw sewage that is treated only to remove solids, fats, oils, and greases by passing through a septic tank before release to a soil dispersal system (drainfield). While no specific comments were received during the Periodic Review, the Office of Environmental Health Services (OEHS) intends to amend the Regulations to reflect changes in the onsite sewage industry and current best practices.

VDH has completed a Periodic Review of these regulations and has determined that 12VAC5-160 should be repealed, and that 12VAC5-150 should be amended

The Regulations for the Sanitary Control of Storing, Processing, Packing or Repacking of Oysters, Clams, and other Shellfish and the Regulations for the Sanitary Control of the Picking, Picking and Marketing of Crab Meat for Human Consumption are used to protect public health and safety as it pertains to crustacea (crab) and shellfish.

While no specific comments were received during the Periodic Reviews of both regulations, the Office of Environmental Health Services (OEHS) intends to amend Chapter 150 to reflect the OAG's advice and to repeal the Regulations for the Sanitary Control of the Picking, Picking and Marketing of Crab Meat for Human Consumption to remove overlapping requirements in the two sets of regulations as language from Chapter 160 can be incorporated into Chapter 150 and still maintain public health protections, safety, and welfare.

Dr. Klein made a motion to approve the Results of Periodic Review Bloc with Ms. Green seconding. The results of periodic review were approved unanimously by voice vote.

Legislative Update – 2023 General Assembly

Ms. Jansson presented a legislative update to the Board following the 2023 General Assembly Session. The presentation included the following bill topics of interest:

- Emergency Medical Services
- Maternal and Child Health
- Death Investigations
- Medical Facilities and COPN

Other bills of interest were SB 1344 related to independent operation of the City of Alexandria local health department; HB 2008 related to a tick-borne illnesses study; HB 2173/SB 1016 related to bedding and upholstered antique furniture exemption; and SB 1546 related to food permitted establishments.

There was discussion regarding Emergency Medical Services protocols and the ability to adopt a statewide protocol for Virginia, the timeframe related to SB 1232 regarding autopsies for decedents in custody of the Department of Corrections and the funding for the Medical Examiner to institute the new legislative mandates.

Budget Update
Ms. Gilliam presented a budget update to the Board regarding the Virginia Department of Health's Budget for FY2023 and FY2024. The presentation included Budget Amendments for VDH programs and offices, Governors Budget Amendments, GA Budget Amendments still being considered, and Salary Adjustments.

There was discussion regarding abortion funding in Virginia following the proposed budget amendment, clarification on types of budget amendments, the workforce development budget funding, and future opportunities to discuss the current workforce development occurring in VDH.

Appointment of Nominating Committee
Mr. Critzer appointed Dr. Swartz as chair of the nominating committee with additional members Ms. Ramos and Dr. Jones. The nominating committee will meet prior to the June meeting to develop recommendations for the slate of Board officers for the next year to be voted on in the June meeting.

Other Business
Mr. Critzer brought forward the Virginia EMS Advisory Board's Emergency Department overcrowding recommendations to ask the Board to consider addressing the issue. There was discussion regarding the parameters of the issue, the possibility of creating a preliminary joint report consisting of multiple agencies, and health care workforce issues. The Board requested that VDH convene a stakeholder workgroup, to include representatives from the Virginia Hospital and Healthcare Association along with representatives from the VDH Office of Emergency Medical Services and the VDH Office of Licensure and Certification, to review the issues identified in the document and report back to the Board at the June 2023 meeting.

Adjourn
The meeting adjourned at 2:23pm.

DMED DATA % increase in partial year of 2021 (Oct 19) compared to years 2016-2020 you can find the full graph on www.renz-law.com *https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/* Scroll to the bottom and click on "NEXT DMED DATA" – but you really need to read this page before you click for the data.

	2016	2017	2018	2019	2020	2021 (partial year)	% increase
Diseases and Injuries (Ambulatory)	2,059,630	2,058,379	2,022,663	2,110,383	1,976,724	21,512,583	988.30%
Diseases and injuries (Hospitalization)	43,786	43,338	42,024	43,493	40,052	54,776	36.80%
Diseases of the Nervous System	82,435	81,998	81,382	85,012	80,786	863,013	968.30%
Malignant Neuroendocrine Tumor	167	135	98	113	117	440	276.10%
Acute Myocardial Infarct	324	370	376	366	372	1,650	343.50%
Acute Myocarditis	84	92	116	159	108	307	184.30%
Acute Pericarditis	535	538	522	531	499	850	70.30%
Pulmonary Embolism	678	701	668	716	968	3,489	260.40%
Congenital Malformations	11,710	11,131	10,456	11,081	10,153	18,951	86.70%
Nontraumatic Subarachnoid Hemorrage	219	139	134	170	196	640	226.50%
Anxiety	37,011	36,667	36,145	37,762	37,870	931,791	2360.50%
Suicide	359	496	530	570	550	1798	226.90%
Neoplasms for All Cancers	41,557	39,139	37,756	38,889	36,050	114,645	218%
Cancer (Digestion)	660	654	633	602	704	4,060	476.70%
Cancer (Breast)	934	810	766	792	766	4,357	468.80%
Cancer (Testicular)	1,156	1,008	866	880	889	3,537	297.90%
Infertility (female)	2,261	2,262	2,243	2,340	2,262	11,748	419.40%
Dismenorrhea	3,104	3,403	3,481	3,943	3,900	12,539	221.50%
Ovarian Dysfunction	862	936	908	945	1,022	4,086	299.80%
Infertility (male)	2,187	2,287	2,037	2,152	1,990	8,365	320.40%
Guillian-Bare Syndrome	66	79	71	85	65	403	520%

friend's daughter

another's in-laws friends wife

friend's ex-wife
my mom
my best friend's husband
a friend

local school nurse

friend's old employer died
cancer
a friend's father died
friend's cousin died
friends sister in law (died)
friend's co-worker

neices friends

my daughter
my friend's daughter

Acute Transverse Myelitis	46	57	48	35	34	202	494.10%
Seizures	196	148	130	150	123	489	297.60%
Narcolepsy Cataplexy	995	898	864	830	766	2,097	351.70%
Rhabdomyolysis	706	696	740	755	669	5,162	671.60%
Multiple Sclerosis	479	391	367	400	385	2750	614.30%
Migraine	15,734	15,714	16,462	17,116	16,311	73,490	351.70%
Blood Disorders	11,533	11,122	10,851	11,773	11,429	34,486	204.10%
Hypertension	2,308	2,323	2,363	2,392	2,415	53,846	2129.60%
Cerebral Infarct	887	848	858	888	887	3,438	293.70%

← cousin + aorta aneurism

stroke → friend's mom
friend's dad

heartattack → 2 of brother-in-law's coworkers
accountant's father (died)
family friend
husband's uncle - died

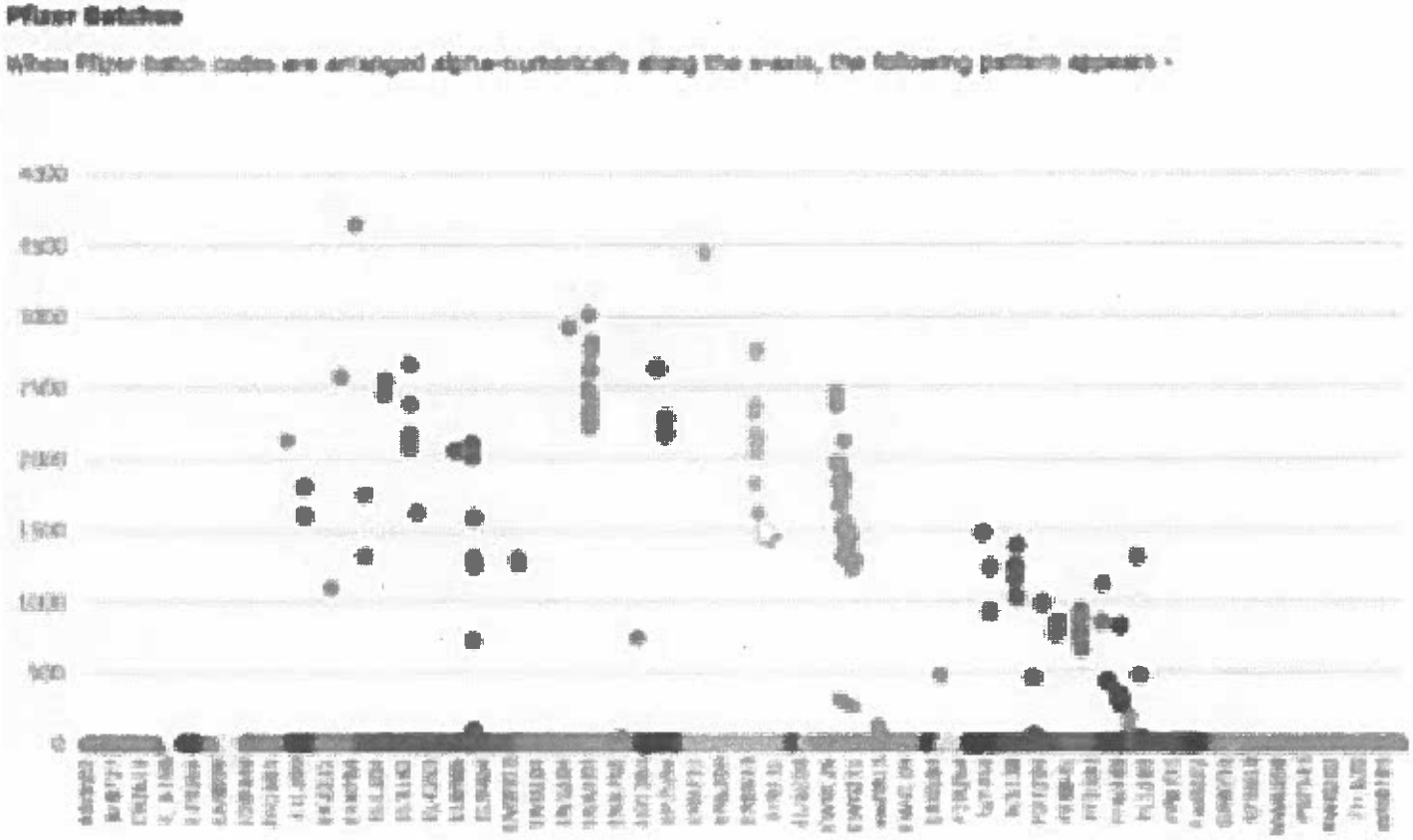
miscarriages → several of neice's friends

neonatal death (in Pfizer documents)
friend's neice - twin babies died

There are way too many "coincidences"

Stop the Shots!!!

VAERS Data demonstrates that specific lots across 50 States in the USA are associated with a 1000x higher rate of adverse events



The future of VA depends on the health of the children. I believe we can agree on this fact. Today, by the time a baby is 6 months old if their parents are following the CDC schedule, they will likely have taken all the jabs many of you in this room have had in your entire lives!!

You've been indoctrinated by Rockefeller institutions that vaccines save lives. However, you're ignoring the fact that children are sicker today than ever before! This explains why you've added a **Suddenly Died Young** coordinator position doesn't it?!?

If you have been promoting or using products known as "Covid-19 vaccines" on patients since December 2020, you have been participating in fraud, mass murder and war crimes, because medical countermeasures (MCMs), covered countermeasures, and prototype products are DOD-contracted bioweapons intended and effective for injuring, sickening, and killing recipients.

You may not have known or understood your participation in fraud, mass murder and war crimes before today. I am now informing you; you have now been given notice.

CEASE AND DESIST from committing acts of additional fraud, mass murder and war crimes, effective as of the date of this notice, and immediately close your vaccination and immunization programs.

If you still think we are wrong it's because you're listening to the echo-chamber of lies- safe & effective and only concerned about collecting a pay check, it's time you hear from a few of the thousands of doctors calling to STOP THE SHOTS!

This video was created seven months ago now! **https://rumble.com/v1ees0f-right-docs-of-history-strike-back-stop-the-shots.html**

The Great Barrington declaration document alone was **signed by 47 thousand Dr's and over 16 thousand medical and public health scientists**. Great Barrington Declaration (gbdeclaration.org)

80 Pages of Peer Reviewed Medical Papers Submitted To Various Medical Journals, Evidencing A Multitude Of Adverse Events In Covid-19 Vaccine Recipients
Updated_Peer_Reviewed_medical_papers_submitted_to_various_medical (healthindependencealliance.com)

Doris Knick 3/23/23

Children: This is about the children.
Whose children?
Mine? Yours?
Children have 99.997% chance of surviving Covid.
if you are sick child your chance of death is 1/100,000
If you are well child, chance of death is 1/2.5 million.

To date 95% of children have had covid at least once. Innate immunity is far superior than any vaccine. But I guess you ~~through~~ your training and knowledge out the window when the check from came in the mail or you took your shot.

This is all the time while shouting that there are no safe and effective medications. Ignoring all the decades of safety data on HCQ and Ivermectin and effective treatment protocols being used around the world. used world wide to protect people

In the old days, if a physician or nurse had a successful intervention, we tried to duplicate it.
Now, we fire, strip board certifications and dox physicians for saving lives.

Now lets talk about the the brilliant studies completed by pharmaceutical companies in conjunction with NIH and the DOD.

Pfizer biotech was based on 2000 children 1000 in each arm and conclusion were drawn on 16 cases.

In the studies, phase 3 clinical trials No data available on these important critical arms of study
1. They did not look at the rate of hospitalization
2. Did not look at the rate of multi system inflammatory illness
3. Sars-CO2 seroconversion
4. Rate asymptomatic infection.

Vaccine efficacy drops in 2-3 months and after that the vaccinated are more likely to be symptomatic. Thus the vaccine is actually harmful.

In pediatrics trial there is no long term comparisons of overall health or overall morbidity and mortality.
In pediatrics the control group was eliminated after 6 months.

Innate immunity:
Generalized more powerful than specific vaccine
skin tears
phagocytes
cells release inflammatory mediators.
Allow NK cells to work
Complement and proteins

CDC ever changing narrative:
1. mRNA can't cause infection
2. mRNA can't reverse transcription into our own cells
3. mRNA does not last long in blood

What should our kids be doing:
1. Playing outside with their friends and without masks.
2. Eating healthy food. Whole food.

Only 134 babies were involved in the trial. Are you going to tell parents that they should base their decisions are the hidden

True informed consent forbids coercion:
Thus pizza parties, gift cards and playing on sports team is all coercion. All under the guise of keeping people safe. That is until their son or daughter drops dead on the basketball court, jogging, cheering or watching cartoons.

VAMRA Linda Cox, LCSW 3-23-23

I believe each person is entitled to informed consent when receiving any medication, oral/injectable or medical device.

Thus, I have a question: Why is it that, in all the ads placed on TV and in print, I have yet to hear any of the many adverse side effects reported in VAERS. In case you weren't already aware, I want to let you know this is illegal. When advertising a product, a pharmaceutical company must inform the consumer of the risks. You are acting as a surrogate for Pfizer Moderna and the other pharmaceutical companies. You are advertising a drug that neither prevents a person from getting covid or spreading covid, and you do **not** mention **any** of the severe side effects. There are 158,893 [redacted] side effects listed by Pfizer, and these were in just the first 12 weeks of the study. — 1500+ severe

The Virginia Department of Health website, as of March 22, 2023 was still stating:

"Side effects in infants and toddlers are usually mild in severity and resolved within a few days. Commonly reported side effects in the youngest age groups are pain at the injection side, fatigue, irritability and drowsiness. Fevers are also reported."

Your ad goes on to say:

"There is no evidence to suggest that COVID-19 vaccines impact children's growth or development, including impacts on brain development, bone development, or future fertility."

You fail to mention: death, myocarditis, pericarditis, seizure, gee-on barret syndrome (Guillain-Barre), neurologic injury, stroke, heart attack, infertility, menstrual dysfunction, miscarriage, still birth, decreased sperm counts and motility, and cancer.

As a parent, I find any ongoing advertising to be disturbing at the least, and firmly believe parents are entitled to compensation because of your misleading practice.

I am sure the Attorney General's office should be informed of this and they will act on your behalf to correct your error.

As I stated when I spoke during the last VDH meeting, I realize that it's extraordinarily painful for any of us to acknowledge, even just to ourselves, that we've made choices which endanger our children in any way. Be that as it may, refusing to make every effort to prevent further ____ is quite simply cowardly and unconscionable.

injury

Dear Board Members,

Donna Machen of Mathews, Virginia.

As I read a few quotes, please listen for a common theme.

"For if Men are to be precluded from offering their Sentiments on a matter, which may involve the most serious and alarming consequences, that can invite the consideration of Mankind, reason is of no use to us; the freedom of Speech may be taken away, and, dumb and silent we may be led, like sheep, to the Slaughter." George Washington

"To not speak is to speak, to not act is to act." (Deitrich Bonhoffer)

God says, "When I say unto the wicked, Thou shalt surely die; and thou givest him not warning, nor speakest to warn the wicked from his wicked way, to save his life; the same wicked man shall die in his iniquity; but his blood will I require at thine hand... Again, When a righteous man doth turn from his righteousness, and commit iniquity,... he shall die: because thou hast not given him warning..." Ezekiel 3:18, 20a

As a Christian, I am commanded to love my neighbors, the wicked and the righteous, which includes speaking warnings to both.

I am here to warn you that you cannot in good conscience add the Covid-19 shot to the Virginia Adolescent and Childhood Vaccination Schedule. The Supreme Court ruled in 2011 that Congress considers vaccines to be "unavoidably unsafe" due to adverse side effects. No vaccines are safe. They contain harmful ingredients.

Aluminum: Toxic to brain and kidneys.

Formaldehyde: Toxic to nerves, liver, and kidneys.

Proteins from Fetal Tissue: Taken from aborted babies; associated with an increased risk of autism.

Thimerosal: Contains fifty percent mercury, the second most poisonous element known to man.

Polysorbate 80: May cause blood clots, stroke, heart attack, and death.

With the Covid shot, we've hit the mother load of toxic damage. Spike protein, DNA altering mRNA, Polyethylene glycol, etc.

It is morally wrong to add this shot to the schedule. There are no proven benefits worth the risks. I'm giving you warning. Thank you for listening.

Important Facts

Number of studies linking vaccines to neurological and autoimmune issues common to autism: 130

Number of studies quoted by vaccine promoter Paul Offit showing no vaccine-autism link: 14

Rate of autism in the 1980s: 1 in 10,000

Rate of autism today: 1 in 59

Projected rate of autism in 2025: 1 in 2

Number of doses recommended by age six per the CDC vaccine schedule 1972: 2

Number of doses recommended by age six per the current CDC vaccination schedule: 50

Amount of aluminum in the four doses at the two month baby checkup: 1,225 mcg

Maximum allowable aluminum per day for intravenous parenteral feeding: 25 mcg

Amount of aluminum received by fully vaccinated eighteen-month old baby: 4,925 mcg

Number of studies proving safety of injecting aluminum into human infants: 0

Amount of mercury in liquid the EPA classifies as hazardous waste: 200 ppb

Amount of mercury in "trace," "thimerosal-free" vaccines: 2,000 ppb

Amount of mercury in some single-dose vaccines and some infant flu shots: 50,000 ppb

Amount of mercury in multi-dose flu vaccines, given to pregnant women: 50,000 ppb

Number of current vaccines proven effective: 0

Number of current vaccines proven safe: 0

Cost of caring for a child diagnosed with autism over his lifespan: $3,000,000-$5,000,000

Liability of vaccine manufacturers for vaccine injury: 0

Rate of asthma in vaccinated children: 6-15%

Rate of asthma in unvaccinated children: 0.2-3%

Rate of ADHD in unvaccinated children: 1-2%

Rate of ADHD in vaccinated children: 8-11%

Projected income to pharmaceutical industry from vaccines 2025: $48 billion

References at www.westonaprice.org/wp-content/uploads/WAPFVaccinationIndex.pdf.

A Diet for Natural Immunity

A good diet can help children develop strong natural immunity to infectious and chronic disease without the risk of vaccinations:

- Minimize sugar, additives and processed food.
- Raw whole milk is highly nourishing and contains many components that help build natural immunity.
- Vitamins A and D in cod liver oil provide powerful protection against disease.
- Cholesterol-rich foods like egg yolks, livewurst, butter and cream help build a strong nervous system and support good gut integrity.
- Fermented foods like sauerkraut provide protective bacteria in the digestive tract.
- Gelatin-rich bone broth contributes to good gut intregity and helps detoxify.
- Vitamin C from fresh fruits and vegetables and from fermented foods like sauerkraut helps fight infectious illness.
- Red meat, seafood and kefir are good sources of zinc, which is an important nutrient for the immune system.

If Forced to Vaccinate. . .

- Wait until the child is at least three years old.
- Do not give more than one vaccination at a time.
- Never vaccinate when the child is sick.
- Be sure that the vaccines are thimerosal-free.
- Supplement the child with extra cod liver oil, vitamin C and B12 before and after each shot.
- Put your child to bed and keep him quiet for at least twenty-four hours after a shot.
- Do NOT give aspirin, tylenol or other NSAIDs either before or after a shot.
- Obtain a medical exemption if the child has had a bad reaction to a vaccination or has a family history of vaccine reactions, convulsions or neurological disorders, severe allergies and/ or immune system disorders.

Vaccination

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Myths and Truths About Vaccination

MYTH: Vaccination is the main contributor to the twentieth century decline in infectious disease.
TRUTH: Infectious diseases (measles, diphtheria, whooping cough and tetanus) were in steep decline before the advent of vaccinations, thanks to better sanitation, cleaner water and improved living conditions. Scarlet fever also declined, even though there has never been a vaccination for it.

MYTH: Vaccinated individuals do not put others at risk.
TRUTH: Public health officials are aware of the fact that vaccinated individuals can spread the disease for which they have been vaccinated for up to several weeks after getting the vaccine. Adults have contracted polio from their recently vaccinated infants.

MYTH: Vaccinations give life-long immunity.
TRUTH: Immunity from vaccinations is temporary at best; health officials now recommend booster shots at regular intervals because the immunity from vaccinations wears off. Outbreaks of measles and whooping cough have occurred in fully vaccinated populations.

MYTH: It was vaccinations that stopped the deadly plague of polio.
TRUTH: Polio can be triggered by nervous system poisoning from teething powders containing mercury (now banned) and pesticides like lead arsenate and DDT. Polio declined in the U.S. when DDT was outlawed. Polio is making a comeback in the U.S., but it is called by a different name—acute flaccid myelitis—which occurs most frequently in August and September when children are getting their vaccinations for school.

MYTH: Measles, mumps, whooping cough and chicken pox are life-threatening childhood diseases.
TRUTH: Death from these diseases in the U.S. is extremely rare, and basically non-existant in well nourished children. When contracted in childhood, these diseases are mild and give immunity for life; having these illnesses in childhood also protects us against more serious disease like cancer later in life. Whooping cough (pertussis) has actually become more virulent since the introduction of the pertussis vaccine.

MYTH: Vaccinations are completely safe.
TRUTH: The National Vaccine Injury Compensation Program has paid out over four billion dollars for vaccination injuries and death since 1989. These payments come from a tax on vaccines; the pharmaceutical companies that make the vaccines are free from all liability for damages caused by their products. Only a very small percentage of vaccination injuries are reported or receive compensation

MYTH: Vaccinations have been well tested for safety.
TRUTH: Most vaccines are rushed through the FDA approval process with very inadequate safety testing. There has been no safety testing at all for multiple vaccines given at one time.

MYTH: The anti-vaccination movement is something new and was started by a "fradulent" researcher named Andrew Wakefield, MD.
TRUTH: Dr. Wakefield's findings have been scientifically corroborated. Since the first vaccinations, which were for small pox, citizens have mounted vigorous opposition after seeing adverse effects, including death, in their children from the vaccines. (The small pox vaccination was eventually discontinued because of frequent life-threatening reactions.)

For references and further information, visit westonaprice.org/vaccinations.

Harmful Ingredients in Vaccines

ALUMINUM: Toxic to brain and kidneys. Children with autism have very high concentrations of aluminum in their brains.

AMINO ACIDS AND FOREIGN PROTEINS INCLUDING EGG ALBUMIN: Associated with autoimmune disorders including type I diabetes.

FORMALDEHYDE OR FORMALIN: Embalming fluid; classified as a human carcinogen; toxic to nerves, liver and kidneys.

BENZETHONIUM CHLORIDE: Can cause seizures, coma, respiratory depression, central nervous system depression, convulsions and urinary system reaction.

GLUTARALDEHYDE: A disinfectant that can cause asthma, allergic reactions, respiratory problems and diarrhea.

PROTEINS FROM FETAL TISSUE: Taken from aborted babies; associated with an increased risk of autism.

THIMEROSAL: Contains 50 percent mercury, the second most poisonous element known to man. Even "thimerosal-free" vaccines contain traces of mercury.

MSG: MSG may cause migraine headaches, sleeping disorders, irritable bowel syndrome, asthma, diabetes, Alzheimer's disease, Lou Gehrig's disease, attention deficit disorder, seizures, stroke and anaphylactic reaction.

CTAB (CETYLTRIMETHYLAMMONIUM BROMIDE): The Material Safety Data Sheet lists many serious health effects from CTAB.

2-PHENOXYETHANOL: Can cause headache, shock, convulsions, weakness, kidney damage, cardiac failure, kidney failure and death.

POLYSORBATE 80: Facilitates mercury and aluminum crossing the blood-brain barrier. May cause blood clots, stroke, heart attack and death.

The Supreme Court did not deem vaccines "unavoidably unsafe," Congress did

There is an error that is often made when we talk about the "Unavoidably Unsafe" status of FDA approved vaccines. It may seem like a small point, but it is important to be accurate.

Someone, somewhere, sometime, long, long ago and far away, said that, "The US Supreme Court has ruled that vaccines are unavoidably unsafe," referencing the use of the term in Bruesewitz v. Wyeth. And it has been repeated over and over. But it is not accurate.

Congress placed vaccines in that category, and SCOTUS was merely referencing the already established status of the products.

It is correct to say that "US Law regards vaccines as unavoidably unsafe."

But Congress itself did that, not the Supreme Court.

Feel free to remind a member of Congress of that fact if he makes the false claim that, "Vaccines Are Safe."

From Mary Holland JD, Director of the Graduate Legal studies program at NYU Law School:

"The key language about "unavoidable" side effects comes from the National Childhood Vaccine Injury Act, 42 USC 300aa-22, re manufacturer responsibility (see highlighted text below).

That language was based on language from the Second Restatement of Torts (a legal treatise by tort scholars), adopted by most state courts in the mid-1960's, that considered all vaccines as "unavoidably unsafe" products. The Restatement opined that such products, "properly prepared, and accompanied by proper directions and warnings, is not defective, nor is it unreasonably dangerous."

The *Bruesewitz v. Wyeth* case interpreted the highlighted text below from the National Vaccine Injury Act to find that it did not permit design defect litigation – that issue had been unclear since 1986, and different state high courts and federal circuits had decided the issue differently. So, Ginger is correct that the US Supreme Court never decided that vaccines are "unavoidably unsafe" directly, but it acknowledged that Congress considers them to be so.

Sec. 300aa-22. Standards of responsibility

(a) General rule

Except as provided in subsections (b), (c), and (e) of this section State law shall apply to a civil action brought for damages for a vaccine-related injury or death.

(b) Unavoidable adverse side effects; warnings

(1) No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1,1988, if the injury or death resulted ***from side effects that were unavoidable*** *even though the vaccine was properly prepared and was accompanied by proper directions and warnings.*

(2) For purposes of paragraph (1), a vaccine shall be presumed to be accompanied by proper directions and warnings if the vaccine manufacturer shows that it complied in all material respects with all requirements under the Federal Food, Drug, and Cosmetic Act."

Bruesewitz v. Wyeth LLC, 562 U.S. 223 (2011)

Overview | Opinions | Materials

09-152 March 8, 2010 October 12, 2010

Decided:
February 22, 2011

Syllabus

SYLLABUS
OCTOBER TERM, 2010
BRUESEWITZ V. WYETH LLC

SUPREME COURT OF THE UNITED STATES

BRUESEWITZ et al. *v.* WYETH LLC, fka WYETH, INC., et al.

certiorari to the united states court of appeals for the third circuit

No. 09–152. Argued October 12, 2010—Decided February 22, 2011

The National Childhood Vaccine Injury Act of 1986 (NCVIA or Act) created a no-fault compensation program to stabilize a vaccine market adversely affected by an increase in vaccine-related tort litigation and to facilitate compensation to claimants who found pursuing legitimate vaccine-inflicted injuries too costly and difficult. The Act provides that a party alleging a vaccine-related injury may file a petition for compensation in the Court of Federal Claims, naming the Health and Human Services Secretary as the respondent; that the court must resolve the case by a specified deadline; and that the claimant can then decide whether to accept the court's judgment or reject it and seek tort relief from the vaccine manufacturer. Awards are paid out of a fund created by an excise tax on each vaccine dose. As a *quid pro quo,* manufacturers enjoy significant tort-liability protections. Most importantly, the Act eliminates manufacturer liability for a vaccine's unavoidable, adverse side effects.

Hannah Bruesewitz's parents filed a vaccine-injury petition in the Court of Federal Claims, claiming that Hannah became disabled after receiving a diphtheria, tetanus, and pertussis (DTP) vaccine manufactured by Lederle Laboratories (now owned by respondent Wyeth). After that court denied their claim, they elected to reject the unfavorable judgment and filed suit in Pennsylvania state court, alleging, *inter alia,* that the defective design of Lederle's DTP vaccine caused Hannah's disabilities, and that Lederle was subject to strict liability and liability for negligent design under Pennsylvania common law. Wyeth removed the suit to the Federal District Court. It granted Wyeth summary judgment, holding that the relevant Pennsylvania law was preempted by 42 U. S. C. §300aa–22(b)(1), which provides that "[n]o vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side-effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings." The Third Circuit affirmed.

Held: The NCVIA preempts all design-defect claims against vaccine manufacturers brought by plaintiffs seeking compensation for injury or death caused by a vaccine's side effects. Pp. 7–19.

(a) Section 300aa–22(b)(1)'s text suggests that a vaccine's design is not open to question in a tort action. If a manufacturer could be held liable for failure to use a different design, the "even though" clause would do no work. A vaccine side effect could always have been avoidable by use of a different vaccine not containing the harmful element. The language of the provision thus suggests the design is not subject to question in a tort action. What the statute establishes as a complete defense must be unavoidability (given safe manufacture and warning) with respect to the particular design. This conclusion is supported by the fact that, although products-liability law establishes three grounds for liability—defective manufacture, inadequate directions or warnings, and defective design—the Act mentions only manufacture and warnings. It thus seems that the Act's failure to mention design-defect liability is "by deliberate choice, not inadvertence." *Barnhart* v. *Peabody Coal Co.*, 537 U. S. 149, 168. Pp. 7–8.

(b) Contrary to petitioners' argument, there is no reason to believe that §300aa–22(b)(1)'s term "unavoidable" is a term of art incorporating Restatement (Second) of Torts §402A, Comment *k*, which exempts from strict liability rules "unavoidably unsafe products." "Unavoidable" is hardly a rarely used word, and cases interpreting comment *k* attach special significance only to the term "unavoidably unsafe products," not the word "unavoidable" standing alone. Moreover, reading the phrase "side effects that were unavoidable" to exempt injuries caused by flawed design would require treating "even though" as a coordinating conjunction linking independent ideas when it is a concessive, subordinating conjunction conveying that one clause weakens or qualifies the other. The canon against superfluity does not undermine this Court's interpretation because petitioners' competing interpretation has superfluity problems of its own. Pp. 8–12.

(c) The structure of the NCVIA and of vaccine regulation in general reinforces what §300aa–22(b)(1)'s text suggests. Design defects do not merit a single mention in the Act or in Food and Drug Administration regulations that pervasively regulate the drug manufacturing process. This lack of guidance for design defects, combined with the extensive guidance for the two liability grounds specifically mentioned in the Act, strongly suggests that design defects were not mentioned because they are not a basis for liability. The Act's mandates lead to the same conclusion. It provides for federal agency improvement of vaccine design and for federally prescribed compensation, which are other means for achieving the two beneficial effects of design-defect torts—prompting the development of improved designs, and providing compensation for inflicted injuries. The Act's structural *quid pro quo* also leads to the same conclusion. The vaccine manufacturers fund an informal, efficient compensation program for vaccine injuries in exchange for avoiding costly tort litigation and the occasional disproportionate jury verdict. Taxing their product to fund the compensation program, while leaving their liability for design defect virtually unaltered, would hardly coax them back into the market. Pp. 13–16.

561 F. 3d 233, affirmed.

Scalia, J., delivered the opinion of the Court, in which Roberts, C. J., and Kennedy, Thomas, Breyer, and Alito, JJ., joined. Breyer, J., filed a concurring opinion. Sotomayor, J., filed a dissenting opinion, in which Ginsburg, J., joined. Kagan, J., took no part in the consideration or decision of the case.

Dear Members of the Board,

Peter Machen, Mathews, VA

I am here today to speak in opposition to adding the Covid-19 jab to the schedule, I have gathered some facts to back it up. From 1990 to 2020 there were 8,481 total deaths reported to VAERS, from 2021 to 2023 when the Covid-19 Vaccines came out there was a spike from 8,481 to 35,838 deaths. It is unbelievable that the Covid jabs still exist. In 1976 the swine flu mass vaccination program was shut down after about 25 deaths and 550 cases of Gillian-Barre syndrome were reported. Yet the Covid -19 shot has killed thousands of people and they are still pushing it.

Here is the updated VAERS Data: for Covid-19 Vaccine

34,725 DEATHS

16,818 BELL'S PALSY

4,949 Miscarriages

18,820 Heart Attacks

26,636 Myocarditis

64,205 Permanently Disabled

36,950 Life Threatening

42,296 Severe Allergic Reaction

15,528 Shingles

This vaccines are deadly. The Supreme Court rulings have shown that vaccines are not safe. Stop the Shot!!

Ruth Machen, Mathews VA

We are losing freedom in this country. The flame is getting smaller every day. The founders created a government where the people are in charge and the government's main purpose is to protect that freedom. We have gone so far from that. If we continue this track, by the time I'm an adult the torch of freedom will have extinguished. We need to turn to God and stop trying to control people. You have a choice. You have a voice. You can do something to help so my generation will have freedom. We are in a very dangerous place if we do not even have bodily autonomy. It is a constitutional right and most of all it is a God-given right. When we see God given rights being trampled, how in the world do you think we will have any constitutional rights when I'm an adult? Your job as an American is to protect the precious flame of freedom for us. This is also a parental right. They are the parent's children not the states'. You have no right over them. Parents know their children and know what is best. Americans have the duty to investigate everything. Parents need informed consent. We have not seen much of that. You can do better. Virginia's children deserve better. Please do everything in your power to ensure that years from now, looking back, you will not regret taking the very lives of children. Please fight for us. Please ensure liberty and pass the torch to us that is bigger and brighter than ever before for the next generation.

Virginia Board of Health Meeting 23 March 2023
2 minutes on behalf of VAMFA
Lori D. Leonard, BS, DVM, VetMFHom

I am here today to persuade you, the Virginia Board of Health, to do the right thing. Take the right actions. Stand for the citizens of this glorious Commonwealth. Medical freedom people have addressed you before (at least 3 times recently) and you have done nothing.

I have a question for this Board on 23 March 2023: What planet have you been living on for the past three years? Clearly it is not the planet the rest of sane society is living on. Let me bring you up to speed so that you have complete understanding.

The inventors of spike protein are on record as stating that the untested, unproven mRNA bioweapon gene altering injections were created to cause disease as well as to have antibiotic resistance. This is no surprise, as much if not all of the research into these deadly jabs has been and continues to be funded by the (U.S.) Department of Defense (DoD) and DARPA (Defense Advanced Research Projects Agency). These are not health-promoting agencies.

Hundreds of doctors worldwide are on record stating that these C-19 bioweapons have caused diseases, permanent disability and death in all age groups.

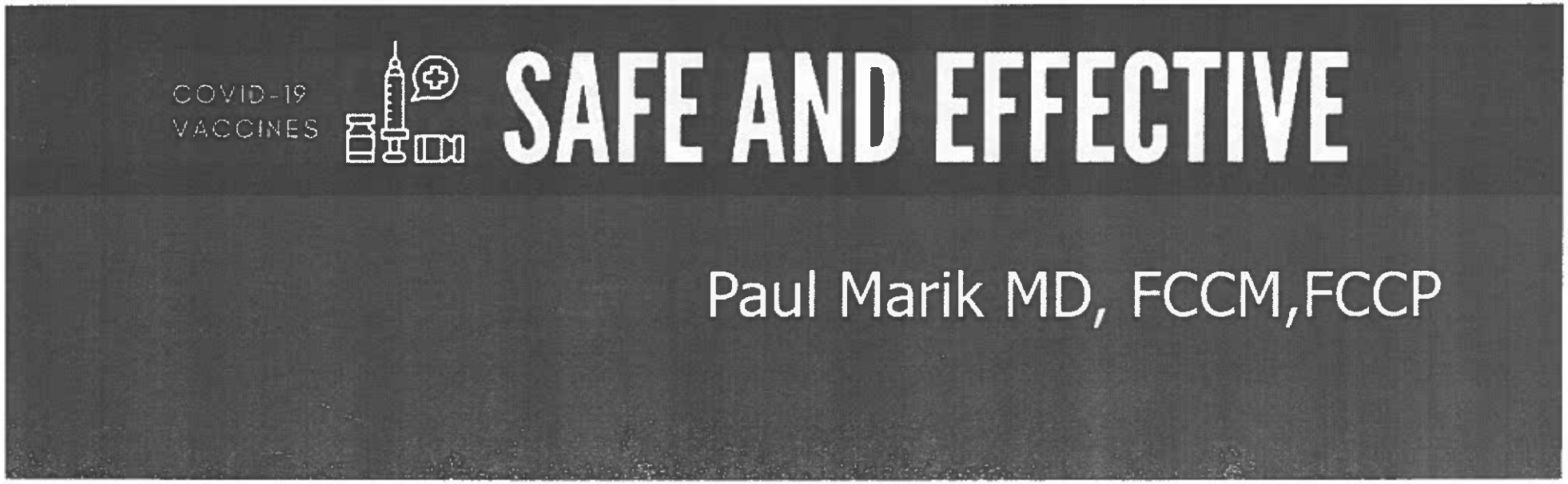
The Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) wrongly, inhumanely, and negligently added the above products to be mandatory for adolescents, children, and infants. No one can, in good conscience, support such a threat to mankind.

I call for all mandates to be stopped immediately. The childhood and adult schedules must be suspended instantly, while multiple panels are convened to complete safety analysis of all products. This would include but not be limited to all mRNA injections, the "new" influenza shot, Monkey Pox, RSV, Shingles, pneumonia, HPV, Marburg, Ebola, HIV, and all livestock/avian injections using this technology.

FLCCC
ALLIANCE

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE
PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19

COVID-19 Vaccines
Safe and effective! I don't think so.



COVID-19 VACCINES

SAFE AND EFFECTIVE

Vaccines are
Safe and **Effective**

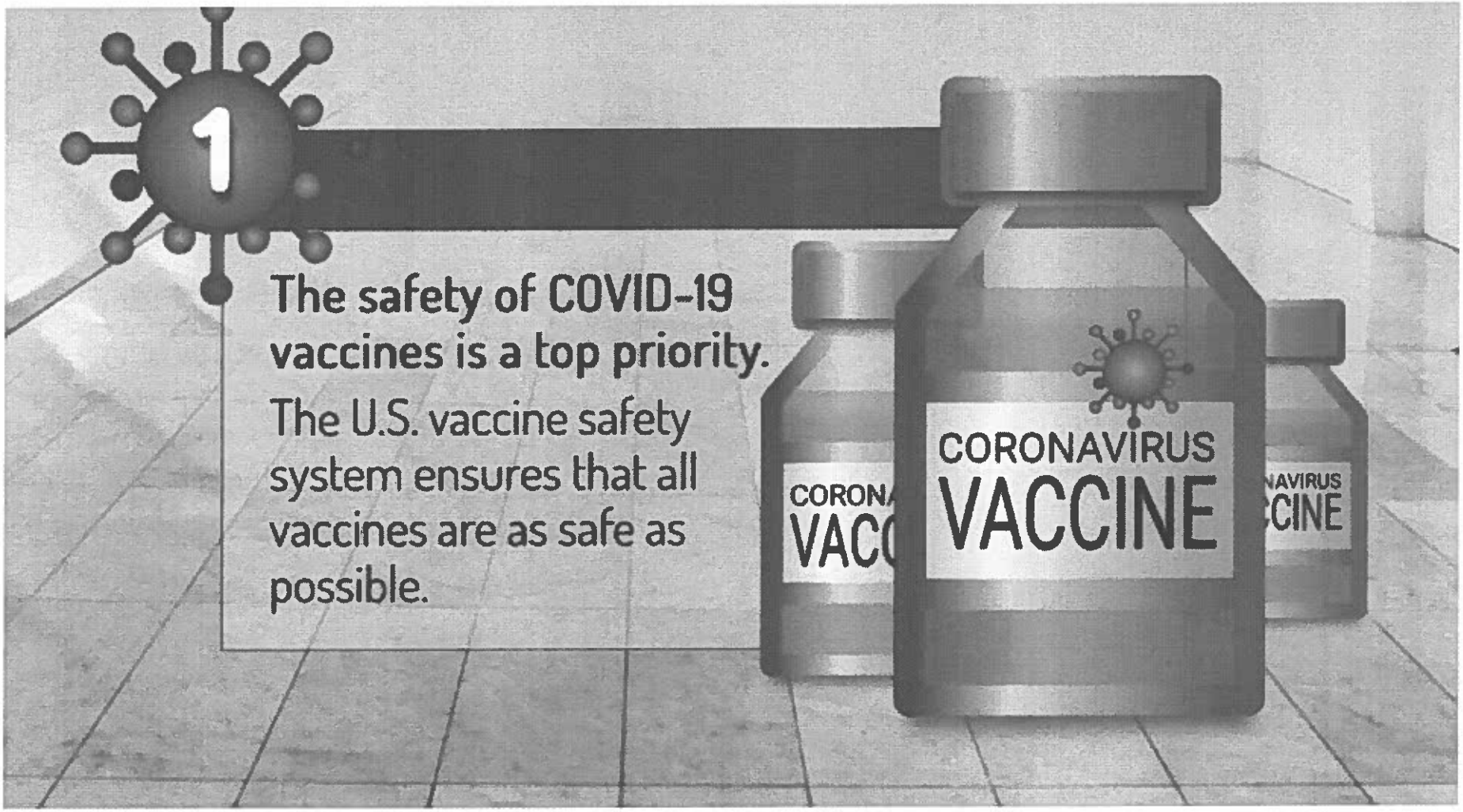
World Health Organization

FDA

NIH

CDC

Pfizer


1
The safety of COVID-19 vaccines is a top priority.
The U.S. vaccine safety system ensures that all vaccines are as safe as possible.
CORONAVIRUS
VACCINE

Executive Summary

1. "Vaccine" kills **2 per 1,000** (estimated 500,000 killed in America)
2. "Vaccine" has killed **30 per 1,000** of 65 and older
3. "Vaccine" has killed more people than the COVID virus by at least **5:1**
4. **5 to 10%** of our healthiest soldiers have been **DISABLED** by this "vaccine"
5. On average **8%** of recipients of these "vaccines" have suffered a serious adverse event

MATERNAL/CHILD HEALTH

6. Vaccination during the first trimester results in a miscarriage rate of **over 80%**
7. Vaccination has led to a decline in new births (fertility rate) of about **20%** across the globe

COVID-19 VACCINES

SAFE AND EFFECTIVE

Nothing says "Trust the Science" like asking for the data to be hidden for 75 years

Pfizer

The NEW ENGLAND JOURNAL of MEDICINE

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

COVID-19 VACCINES

SAFE AND EFFECTIVE

	Heart Attacks	COVID-19 Deaths	Deaths Table S4 Blinded Period	Deaths buried in study	Total Deaths
Vaccinated	5	1	15	5	20
Unvaccinated	1	2	14	0	14

CONCLUSIONS

Through 6 months of follow-up and despite a gradual decline in vaccine efficacy, BNT162b2 had a favorable safety profile and was highly efficacious in preventing Covid-19. (Funded by BioNTech and Pfizer; ClinicalTrials.gov number, NCT04368728.)

Thomas SJ, et al. NEJM 2021:385:1761

The NEW ENGLAND JOURNAL of MEDICINE

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

COVID-19 VACCINES

SAFE AND EFFECTIVE

"of the 29 authors of this study, 18 are employees of Pfizer and hold stock in the company, one received a research grant from Pfizer during the study, and two reported Being paid 'personal fees' by Pfizer"

Thomas SJ, et al. NEJM 2021:385:1761

The NEW ENGLAND JOURNAL of MEDICINE

Safety, Immunogenicity, and Efficacy of the BNT162b2 Covid-19 Vaccine in Adolescents

RESULTS

As has been found in other age groups, BNT162b2 had a favorable safety and side-effect profile, with mainly transient mild to-moderate reactogenicity (predominantly injection-site, fatigue and headache; **there were no vaccine related serious adverse events.**

CONCLUSIONS

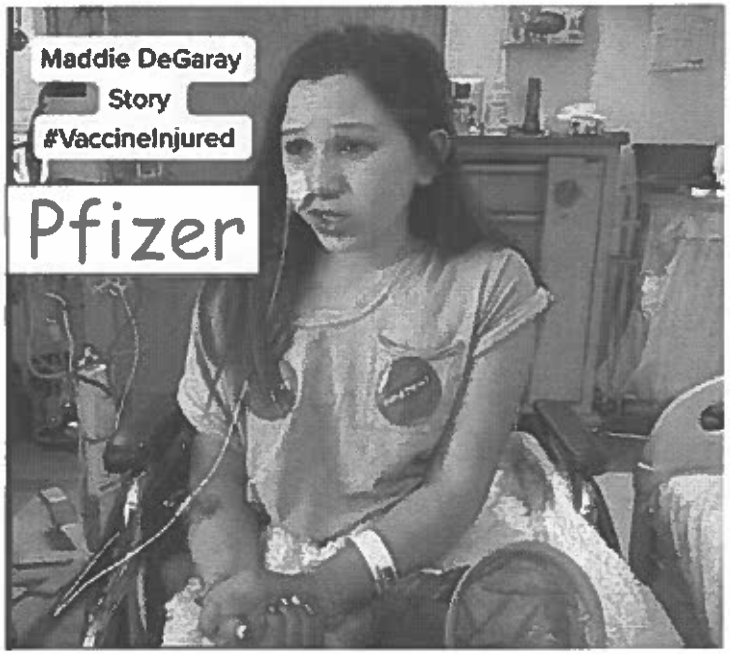
The BNT162b2 vaccine in 12-to-15-year-old recipients had a favorable safety profile, produced a greater immune response than in young adults, and was highly effective against Covid-19. (Funded by BioNTech and Pfizer; C4591001 ClinicalTrials.gov number, NCT04368728.)

Frenck RW, et al NEJM 2021;385:239

The NEW ENGLAND JOURNAL of MEDICINE

Safety, Immunogenicity, and Efficacy of the BNT162b2 Covid-19 Vaccine in Adolescents

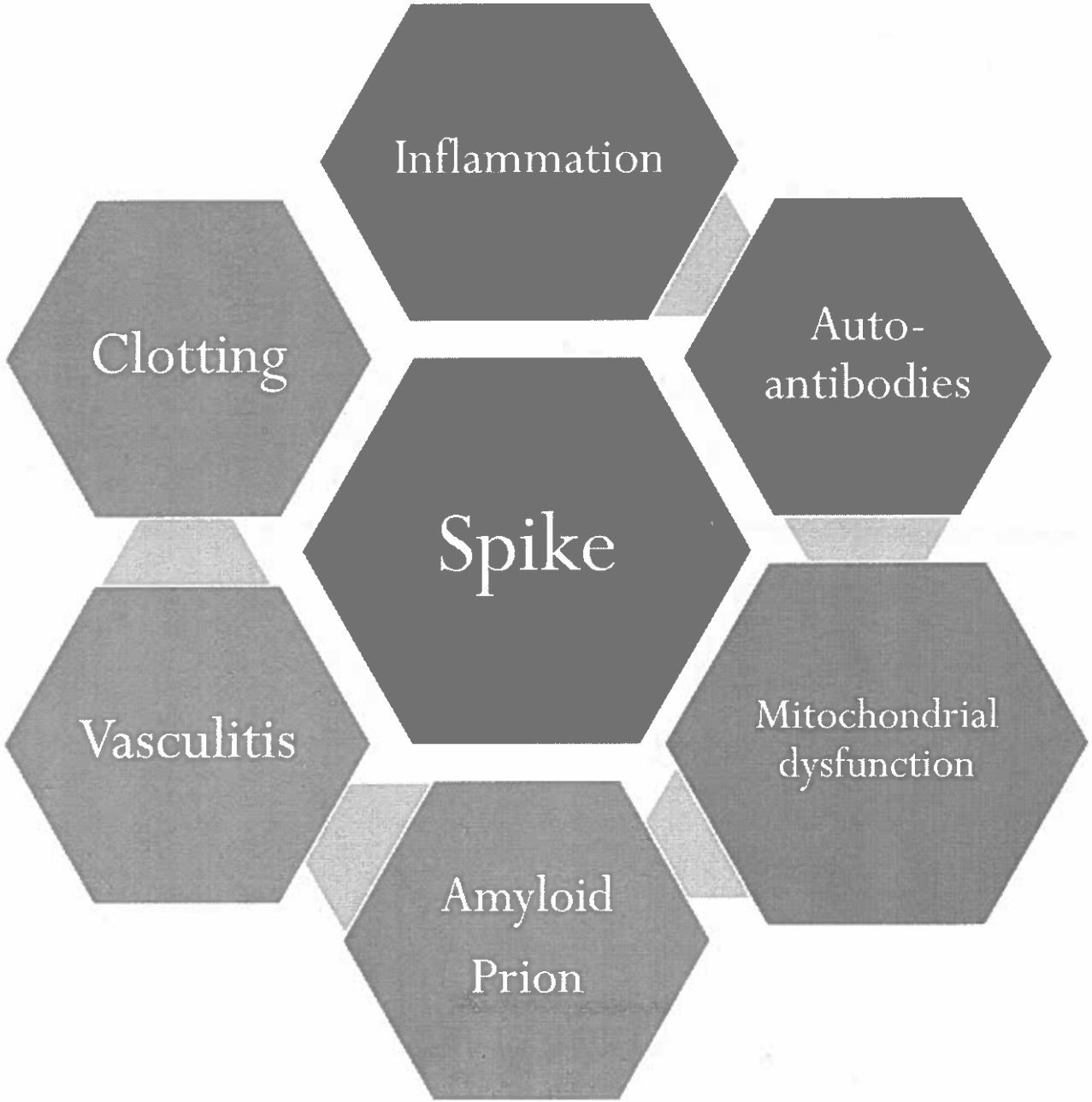
12-year-old Maddie de Garay: Hospitalized for 64 days



- Severe Abdominal Pain (LRQ)
- Muscle Pain & Spasms all over body
- Tingling, Numbness & Weakness in Legs
- Gait Abnormality & Inability to Walk
- Sharp/Electric Pain - Neck down Spine
- Chest pain & Tachycardia
- Headache/Migraines
- Nausea, Reflux, Vomiting & Dysphagia
- Diarrhea then Gastroparesis
- Cold/white fingers & toes
- Fever, sore throat, white tongue, ulcers
- Blood in her urine in 7 urinalysis
- Erratic blood pressure
- Abnormal blood tests
- Vulvar boil
- Irregular/Heavy Periods
- Vision Loss
- Tinnitus
- Brain fog/Mixing words
- Peeling feet
- Rash on her arms
- Dizziness and Fainting
- Verbal & Motor Tics
- Tremors
- Urinary Retention
- Fatigue

Not vaccine related: Functional abdominal pain

"Spike" Induced Disease

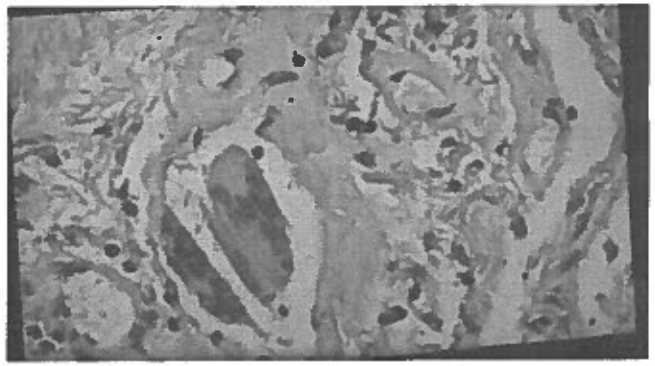


Pathologic Examination of 10 patients who died post vaccination by German Team of pathologists

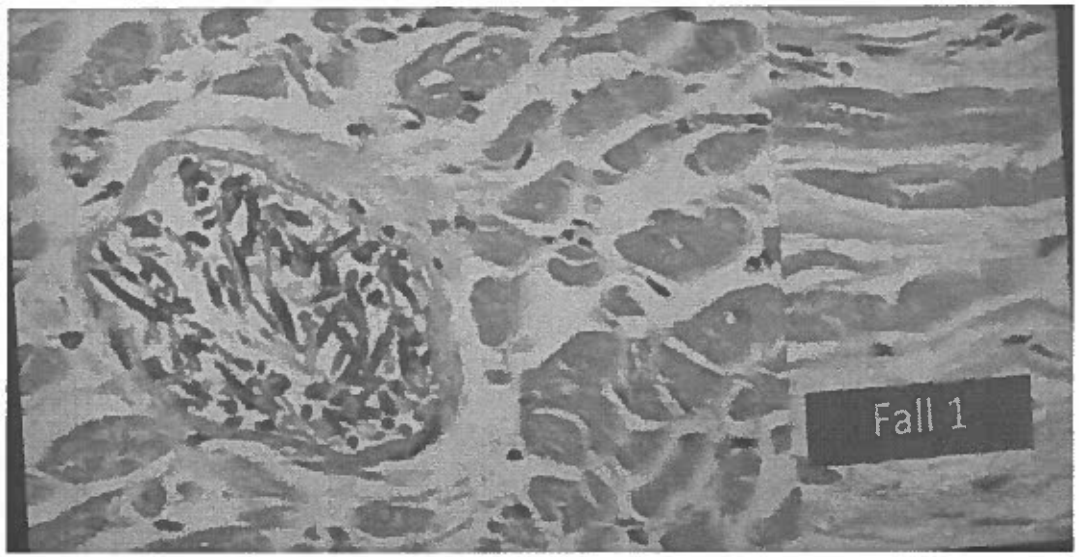
https://odysee.com/@en:a5/PK_Tot-durch-Impfung_english:a

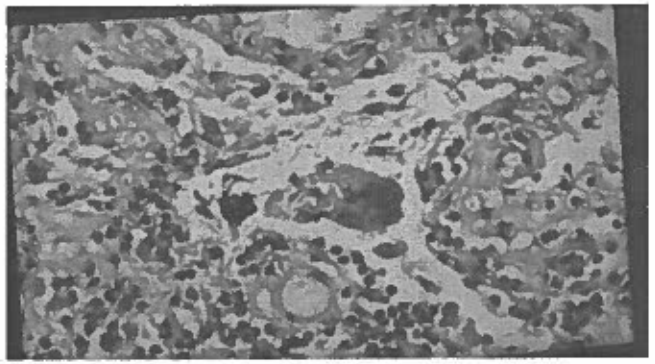
Main findings (in order of priority)

- Lymphocytic myocarditis
- Lymphocytic Alveolitis
- Lymphocytic vasculitis
- Other autoimmune phenomenon, leukocytoclastic vasculitis, Sjogren's disease, Hashimoto's disease
- Foreign Body Giant cell granuloma
    - All suggestive of an auto-immune process.



Vasculitis with endothelial shedding

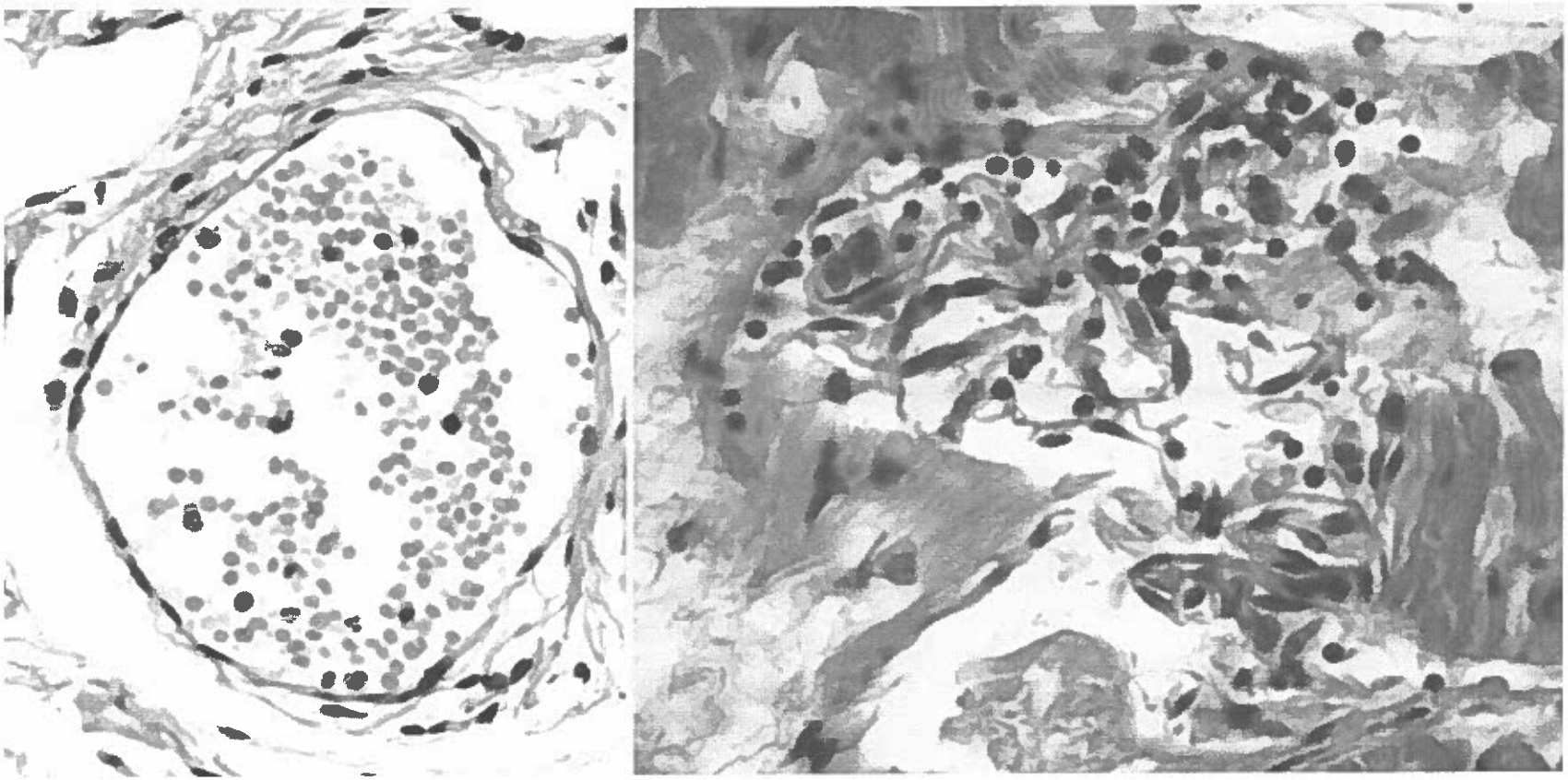




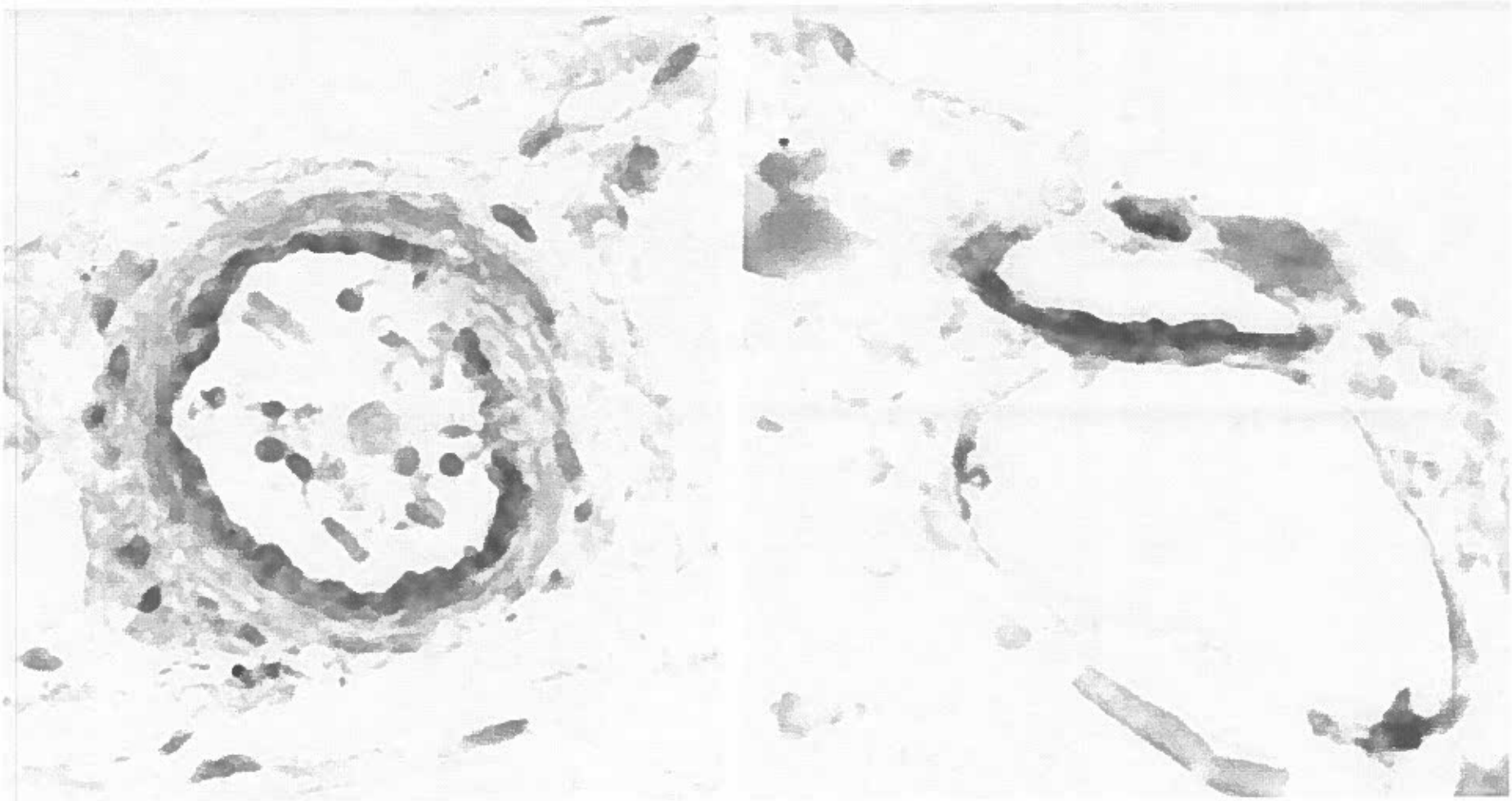
Endothelial destruction in a venule after vaccination

normal

vaccinated

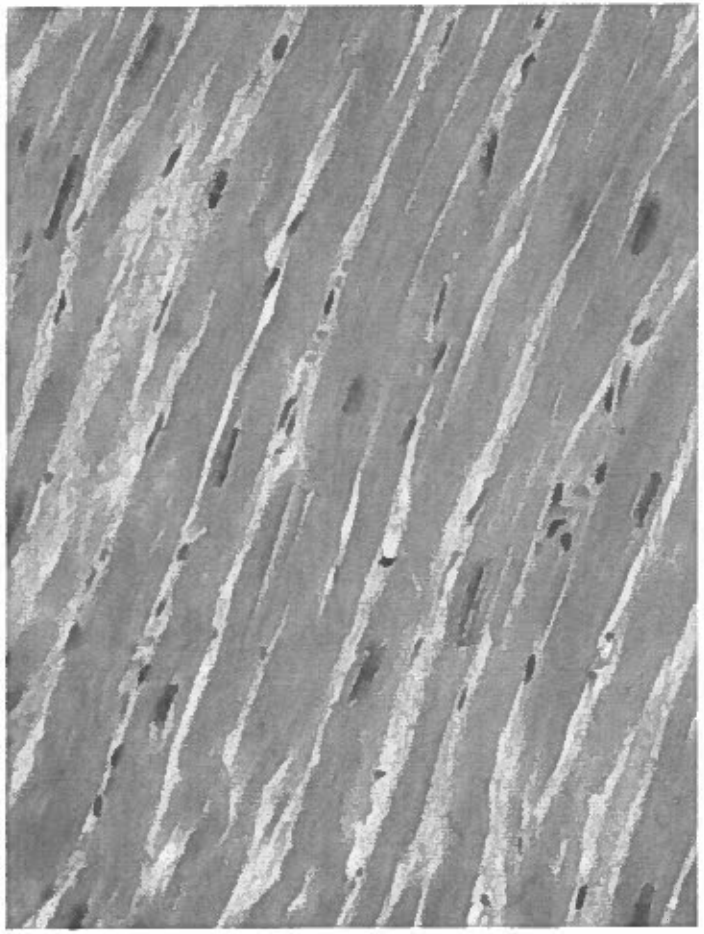


Spike endothelialitis

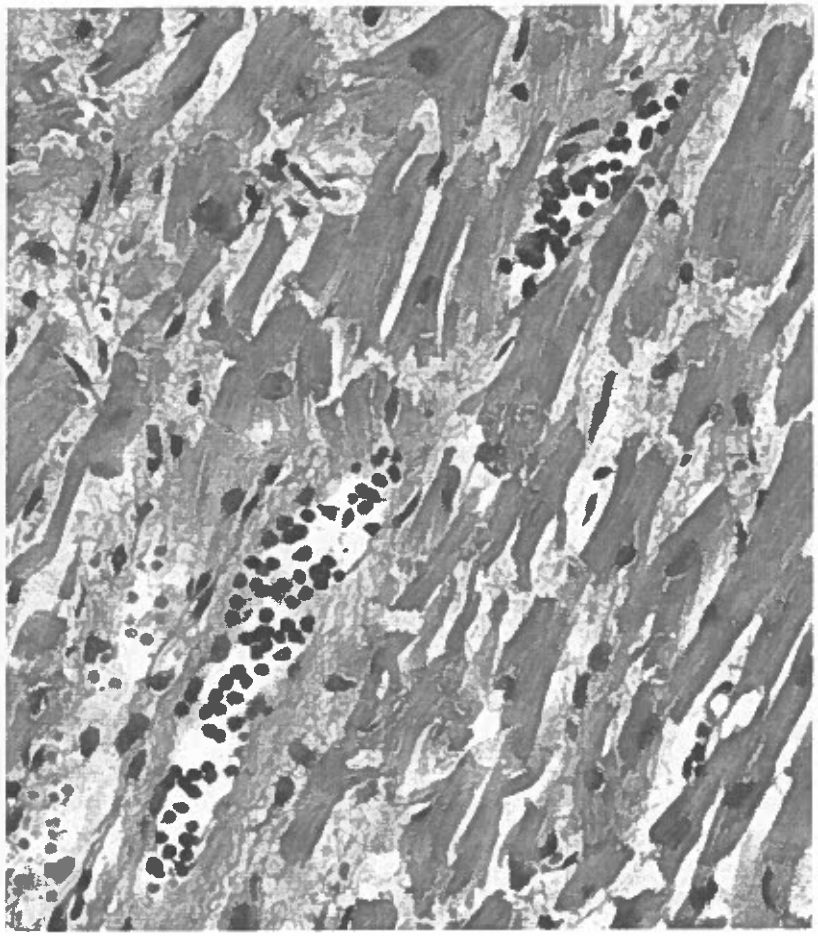


Vaccine induced Myocarditis

normal heart muscle



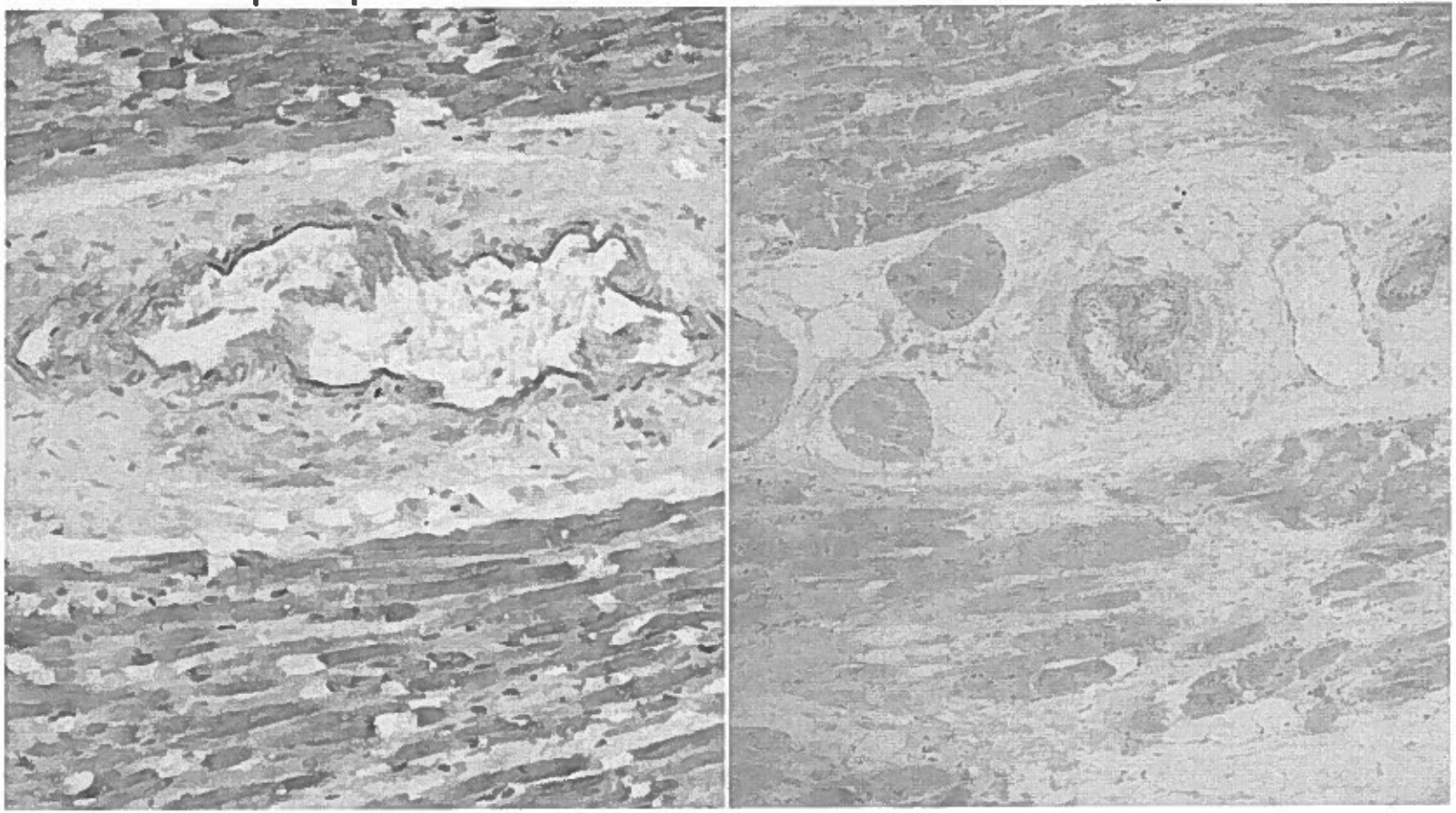
lymphocytes invading heart muscle



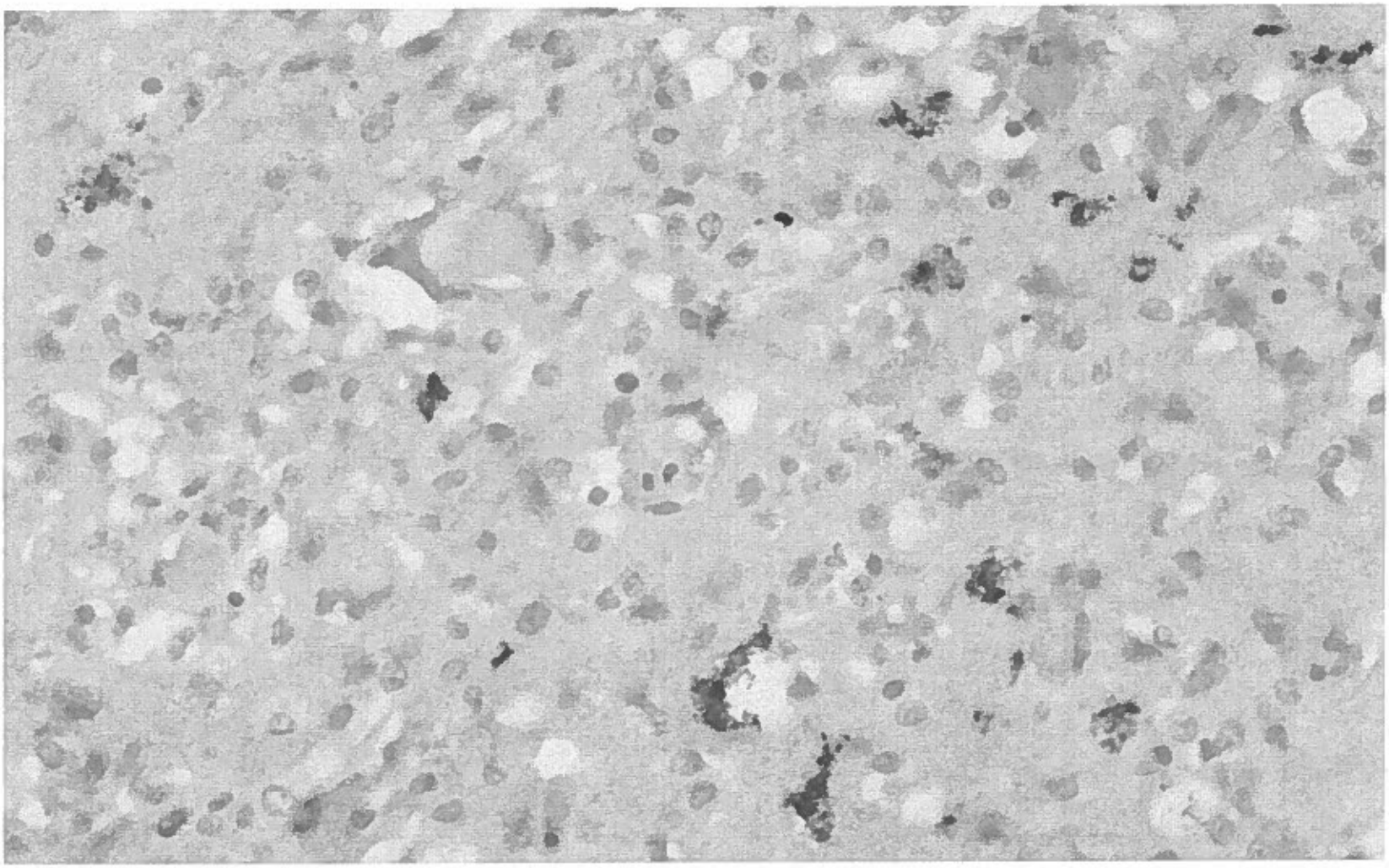
Spike protein vs. nucleocapsid expression in heart muscle

Spike protein

Nucleocapsid



Spike Protein in Brain Tissue



PREMIUM **VACCINES & SAFETY**

People Who Pushed Idea of Universal Vaccination Are 'Guilty of Crimes Against Humanity': Former Pfizer VP

By Enrico Trigoso | May 14, 2022 Updated: May 14, 2022 A A Print

Former Pfizer VP Michael Yeadon maintains that since the infection fatality ratio of COVID-19 has not been high, the vaccines should not have been mandated.

Moreover, he heavily blasted the corporate media mantras that designate these as safe, effective, and necessary to end the CCP (Chinese Communist Party) virus pandemic.

Yeadon is a big pharma veteran with 32 years in the industry. He worked as the head of allergy and respiratory research at Pfizer from 1995 to 2011 and is the former founder and CEO of Ziarco, a biotech company acquired by Novartis. Furthermore, he has a doctorate in respiratory pharmacology and holds a Double First Class Honors degree in biochemistry and toxicology.

A shocking 1,223 deaths and 42,086 adverse events were reported to Pfizer from the first day of the Pfizer-BioNTech vaccine rollout on Dec. 1, 2020, to Feb. 28, 2021.

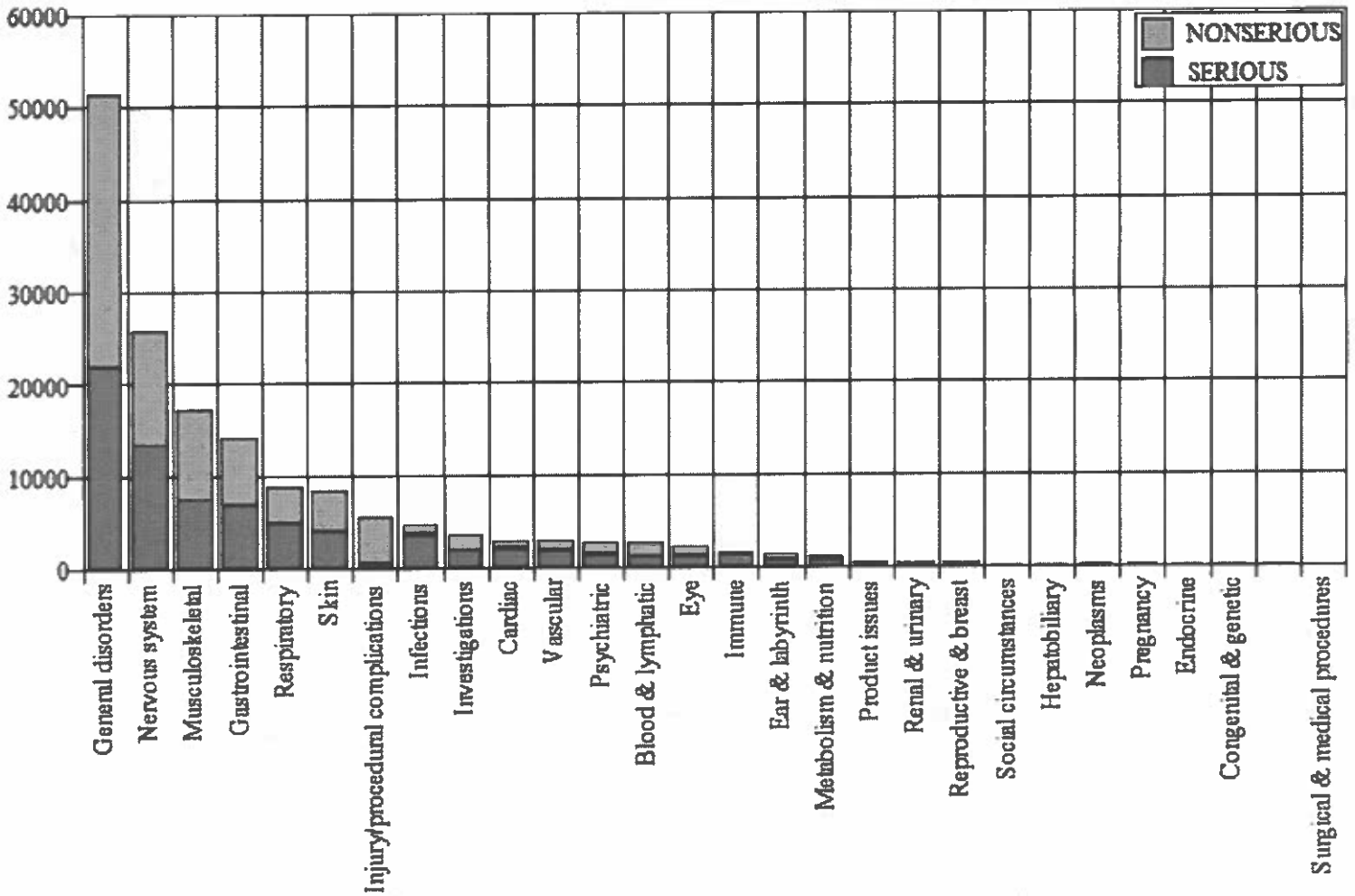
5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness



5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute kidney injury;Acute macular outer retinopathy;Acute motor axonal neuropathy;Acute motor-sensory axonal neuropathy;Acute myocardial infarction;Acute respiratory distress syndrome;Acute respiratory failure;Addison's disease;Administration site thrombosis;Administration site vasculitis;Adrenal thrombosis;Adverse event following immunisation;Ageusia;Agranulocytosis;Air embolism;Alanine aminotransferase abnormal;Alanine aminotransferase increased;Alcoholic seizure;Allergic bronchopulmonary mycosis;Allergic oedema;Alloimmune hepatitis;Alopecia areata;Alpers disease;Alveolar proteinosis;Ammonia abnormal;Ammonia increased;Amniotic cavity infection;Amygdalohippocampectomy;Amyloid arthropathy;Amyloidosis;Amyloidosis senile;Anaphylactic reaction;Anaphylactic shock;Anaphylactic transfusion reaction;Anaphylactoid reaction;Anaphylactoid shock;Anaphylactoid syndrome of pregnancy;Angioedema;Angiopathic neuropathy;Ankylosing spondylitis;Anosmia;Antiacetylcholine receptor antibody positive;Anti-actin antibody positive;Anti-aquaporin-4 antibody positive;Anti-basal ganglia antibody positive;Anti-cyclic citrullinated peptide antibody positive;Anti-epithelial antibody positive;Anti-erythrocyte antibody positive;Anti-exosome complex antibody positive;Anti-GAD antibody negative;Anti-GAD antibody positive;Anti-ganglioside antibody positive;Antigliadin antibody positive;Anti-glomerular basement membrane antibody positive;Anti-glomerular basement membrane disease;Anti-glycyl-tRNA synthetase antibody positive;Anti-HLA antibody test positive;Anti-IA2 antibody positive;Anti-insulin antibody increased;Anti-insulin antibody positive;Anti-insulin receptor antibody increased;Anti-insulin receptor antibody positive;Anti-interferon antibody negative;Anti-interferon antibody positive;Anti-islet cell antibody positive;Antimitochondrial antibody positive;Anti-muscle specific kinase antibody positive;Anti-myelin-associated glycoprotein antibodies positive;Anti-myelin-associated glycoprotein associated polyneuropathy;Antimyocardial antibody positive;Anti-neuronal antibody positive;Antineutrophil cytoplasmic antibody increased;Antineutrophil cytoplasmic antibody positive;Anti-neutrophil cytoplasmic antibody positive vasculitis;Anti-NMDA antibody positive;Antinuclear antibody increased;Antinuclear antibody positive;Antiphospholipid antibodies positive;Antiphospholipid syndrome;Anti-platelet antibody positive;Anti-prothrombin antibody positive;Antiribosomal P antibody positive;Anti-RNA polymerase III antibody positive;Anti-saccharomyces cerevisiae antibody test positive;Anti-sperm antibody positive;Anti-SRP antibody positive;Antisynthetase syndrome;Anti-thyroid antibody positive;Anti-transglutaminase antibody increased;Anti-VGCC antibody positive;Anti-VGKC antibody positive;Anti-vimentin antibody positive;Antiviral prophylaxis;Antiviral treatment;Anti-zinc transporter 8 antibody positive;Aortic embolus;Aortic thrombosis;Aortitis;Aplasia pure red cell;Aplastic anaemia;Application site thrombosis;Application site vasculitis;Arrhythmia;Arterial bypass occlusion;Arterial bypass thrombosis;Arterial thrombosis;Arteriovenous fistula thrombosis;Arteriovenous graft site stenosis;Arteriovenous graft thrombosis;Arteritis;Arteritis

Eight more Pages

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

- 158 893 Adverse events
  - 25,957 Nervous System Disorders
  - 17,283 Musculoskeletal disorders
  - 14,096 Gastrointestinal disorders
  - 8,476 Skin and subcutaneous disorders
  - 4,610 Infections
- Of the 32 pregnancies 28 resulted in fetal death (87%)

MATERNAL HEALTH

Complications/ injuries caused by COVID injections

Over 2,400 peer-reviewed articles have been published on COVID vaccine injuries. Find links to these studies at COVID Vaccine Injuries, REACT19, and on Substack. A selection of symptoms is listed below:

- Myocarditis, pericarditis, stress cardiomyopathy (contraction band necrosis)
- Takotsubo cardiomyopathy
- Acute coronary syndrome
- Hypertension
- MIS-V, Multisystem Inflammatory Syndrome
- Thrombosis, including pulmonary emboli and stroke (prothrombotic state)
- Cerebral venous thrombosis
- Thrombocytopenia
- Thrombotic thrombocytopenic purpura
- Idiopathic thrombocytopenic purpura
- Henoch Schönlein Purpura
- Immune-mediated hemolysis
- Reactivation and exacerbation of chronic underlying diseases/disorders
- Immune dysregulation
- Metabolic dysregulation (diabetes)
- Menstrual irregularities
- Menorrhagia
- Amenorrhea
- Spontaneous abortion
- Vulval and vaginal ulcers
- Vasculitis, including Leukocytoclastic vasculitis, Granulomatous vasculitis, microscopic polyangiitis
- Guillain-Barre Syndrome
- Acute Myelitis

 doi:10.20944/preprints202208.0151.v1

Article

Cardiovascular Effects of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents

Suyanee Mansanguan[1], Prakaykaew Charunwatthana[2], Watcharapong Piyaphanee[2], Wilanee Dechkhajorn[3], Akkapon Poolcharoen[4] and Chayasin Mansanguan[2*]

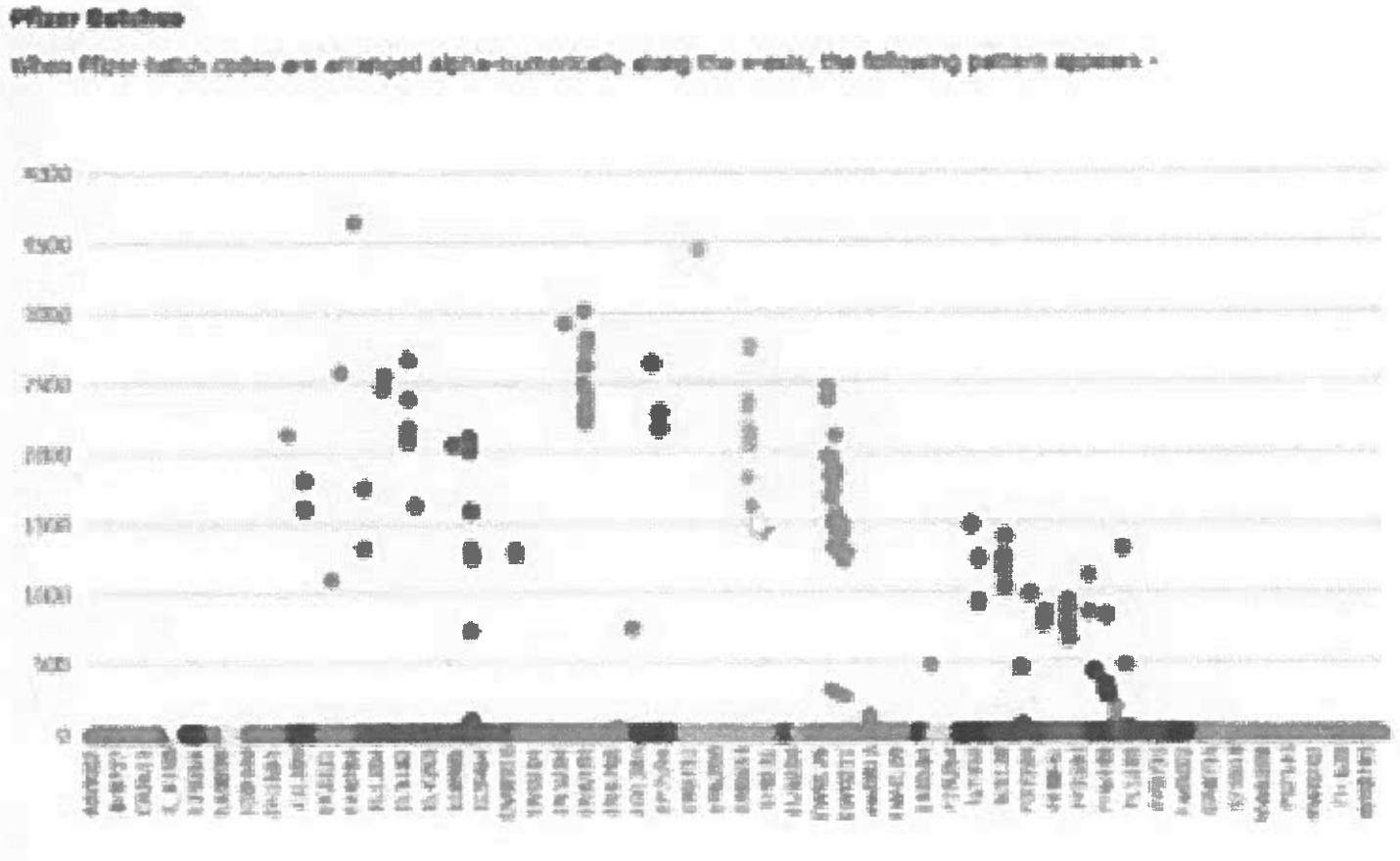
Abstract: This prospective cohort study enrolled students from two schools aged 13–18 years who received the second dose of the BNT162b2 mRNA COVID-19 vaccine. We enrolled 314 participants. Cardiovascular effects were found in 29.2% of patients. The most common cardiovascular effects were tachycardia (7.64%), shortness of breath (6.64%), palpitation (4.32%), chest pain (4.32%), and hypertension (3.99%). Seven participants (2.33%) exhibited at least one elevated cardiac biomarker or positive lab assessment.

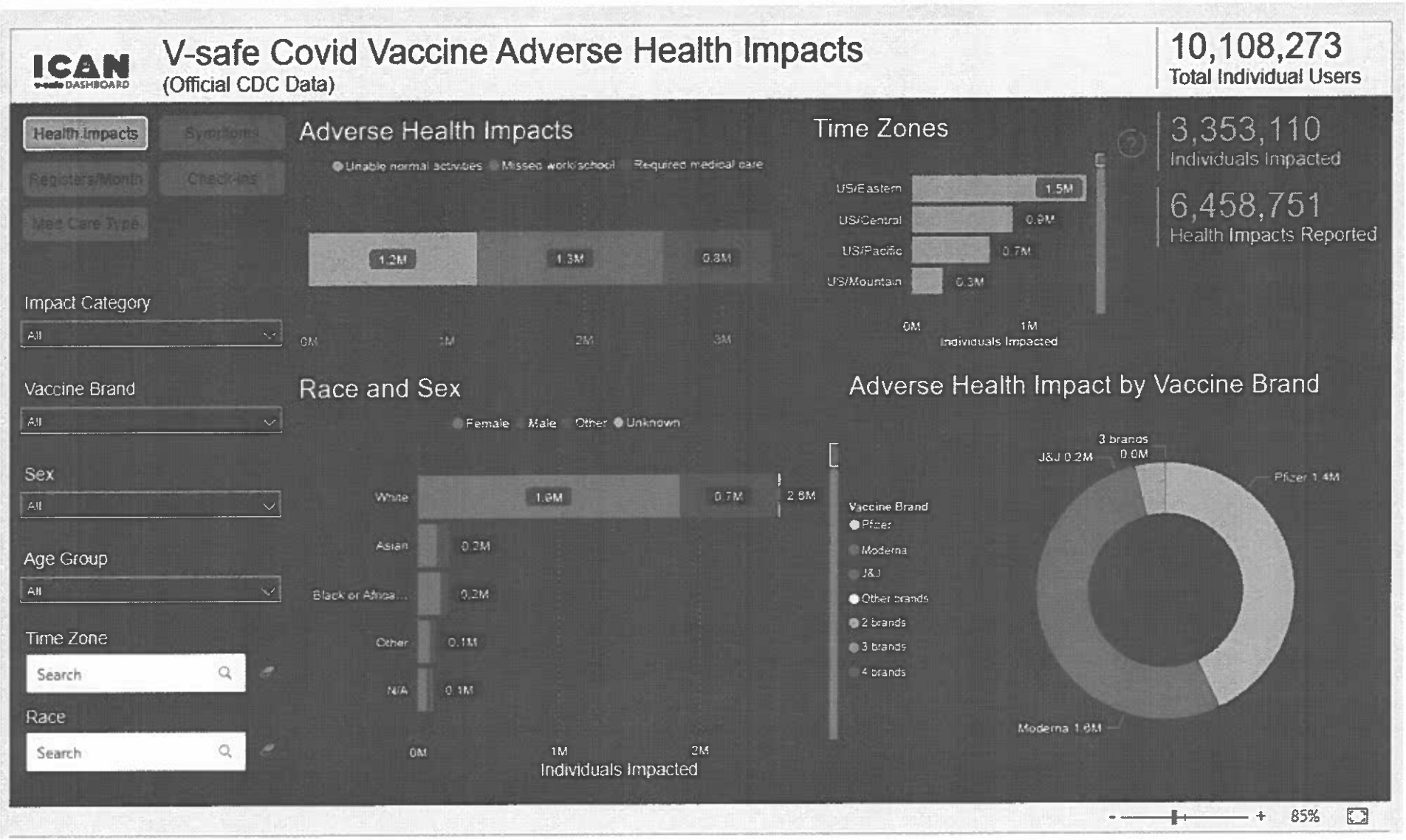
Overall Batch Analyses %RNA integrity

EUROPEAN MEDICINES AGENCY

Drug Product batch number	%RNA integrity	Company
COVVAC/270320 69	69	
BCV40420-A	75	Polymun
BCV40620-A	85	
BCV40620-B	86	
BCV40620-C	83	
BCV40620-D	77	
BCV40620-E	85	
BCV40720-A	71	
BCV40720-B	72	
BCV40720-C	69	
ED3938	62	Pfizer, Puurs (S2S2)
EE3813	63	
EE8492	55	Pfizer, Puurs (WSLS)
EE8493	55	

VAERS Data demonstrates that specific lots across 50 States in the USA are associated with a 1000x higher rate of adverse events



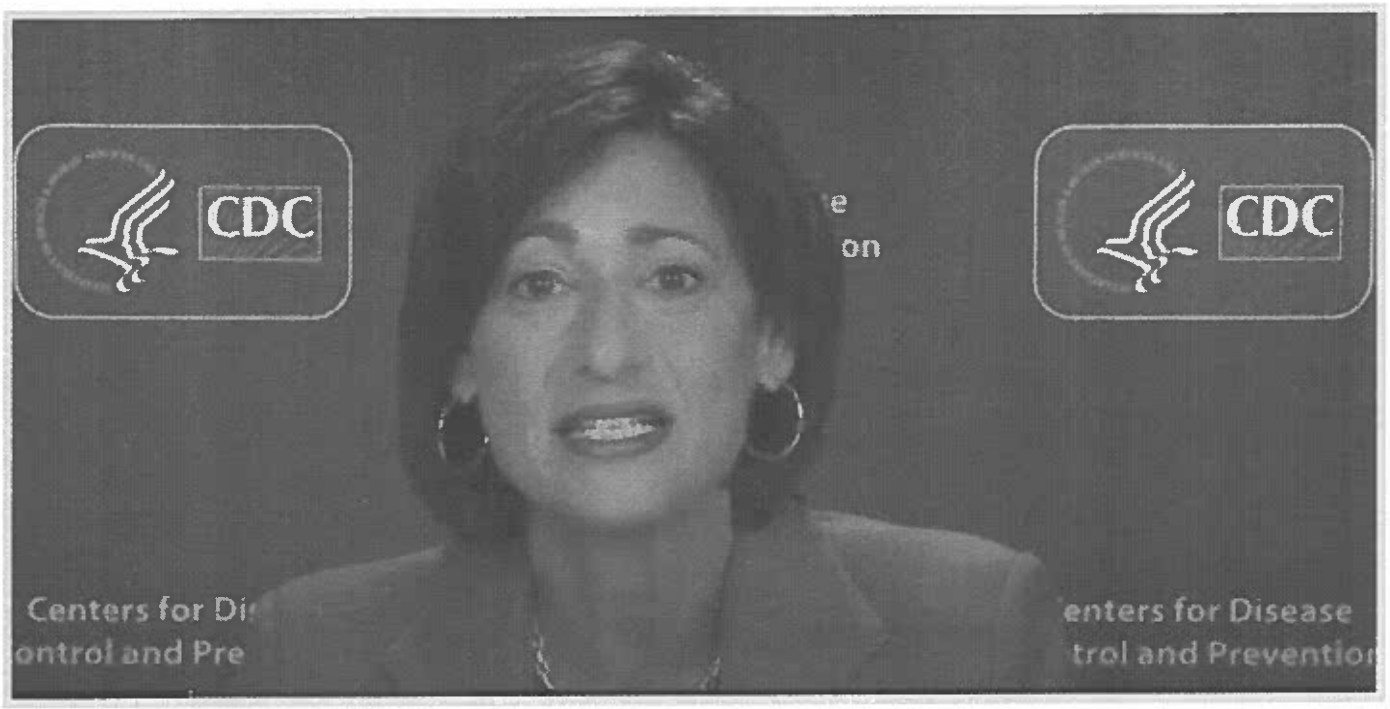

ICAN DASHBOARD
V-safe Covid Vaccine Adverse Health Impacts
(Official CDC Data)
10,108,273
Total Individual Users
Health Impacts
Symptoms
Registers/Month
Check-ins
Med Care Type
Adverse Health Impacts
Unable normal activities
Missed work/school
Required medical care
1.2M
1.3M
0.8M
0M
1M
2M
3M
Time Zones
US/Eastern
1.5M
US/Central
0.9M
US/Pacific
0.7M
US/Mountain
0.3M
0M
1M
Individuals Impacted
3,353,110
Individuals Impacted
6,458,751
Health Impacts Reported
Impact Category
All
Vaccine Brand
All
Sex
All
Age Group
All
Time Zone
Search
Race
Search
Race and Sex
Female
Male
Other
Unknown
White
1.9M
0.7M
2.6M
Asian
0.2M
Black or Africa...
0.2M
Other
0.1M
N/A
0.1M
0M
1M
2M
Individuals Impacted
Adverse Health Impact by Vaccine Brand
Vaccine Brand
Pfizer
Moderna
J&J
Other brands
2 brands
3 brands
4 brands
3 brands
0.0M
J&J 0.2M
Pfizer 1.4M
Moderna 1.6M
85%

ICAN Informed Consent Action Network

Percent of v-safe users 3 years and older reporting seeking medical care after first dose of Pfizer covid vaccine in succeeding time intervals:

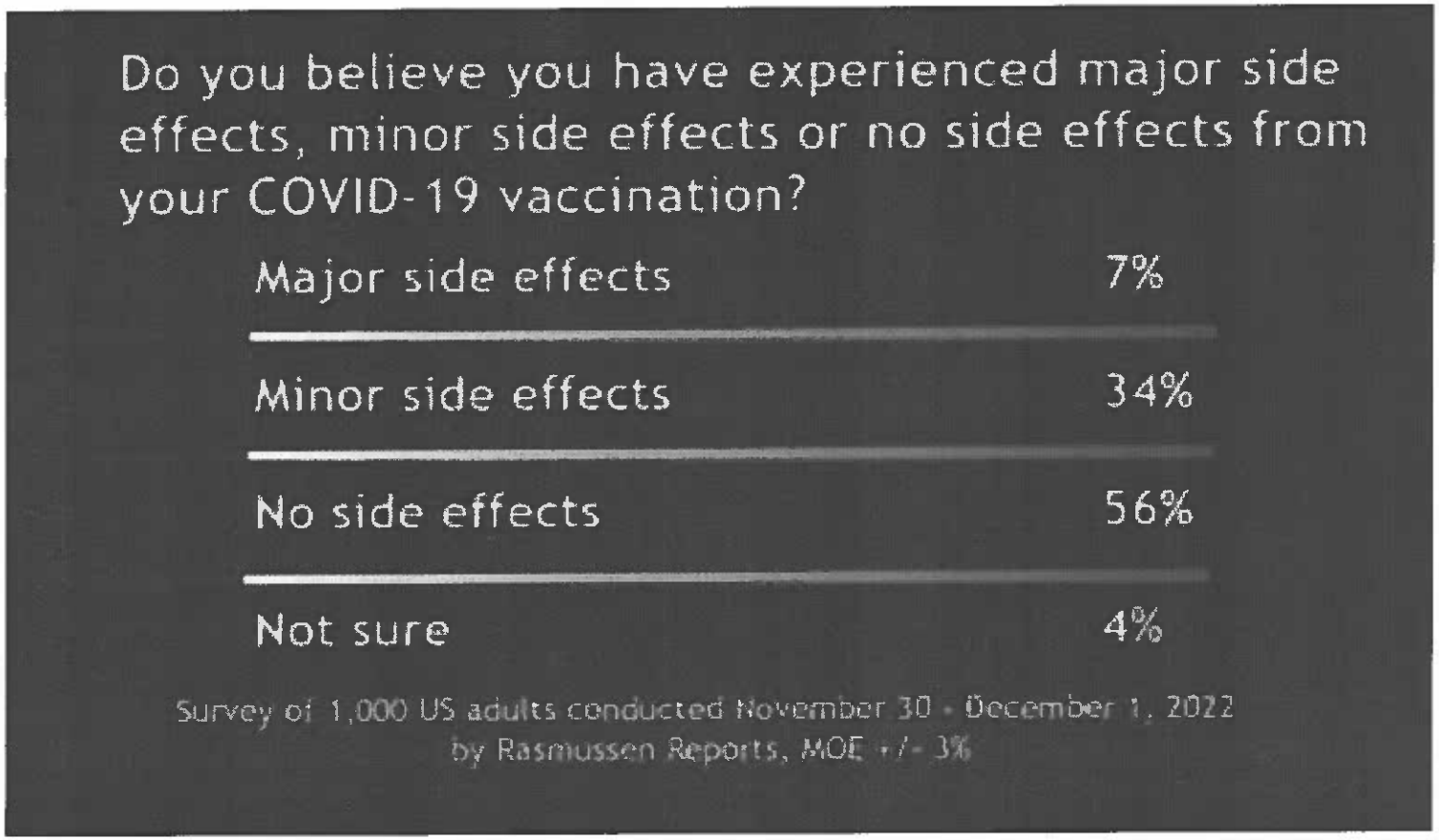
Time Interval	Percentage Reported Seeking Medical Care
Days 1 to 7	.32%
Days 8 to 14	.67%
Days 15 to 21	1.06%
Days 22 to 28	2.88%
Days 29 to 35	4.96%
Days 36 to 42	6.93%

Court Orders CDC to Release Data Showing 18 Million Vaccine Injuries in America



More than 18 million people were injured so badly by their first COVID shot from Pfizer or Moderna that they had to go to the hospital. That's according to the CDC's own internal data, which a court just ordered the federal agency to release to a watchdog group.

Instead of alerting the public to the incredible dangers of these shots and completely shutting down Joe Biden's mass vaccination mandates, the CDC covered up the info until it was forced to release. Everyone in a position of authority at the CDC should be fired for this. What good is a "public health" agency if it fails to alert the public that 8% of vaccine recipients are being hospitalized?


Do you believe you have experienced major side effects, minor side effects or no side effects from your COVID-19 vaccination?
Major side effects 7%
Minor side effects 34%
No side effects 56%
Not sure 4%
Survey of 1,000 US adults conducted November 30 - December 1, 2022
by Rasmussen Reports, MOE +/- 3%

SURVEY NAME

JULY 2 SURVEY

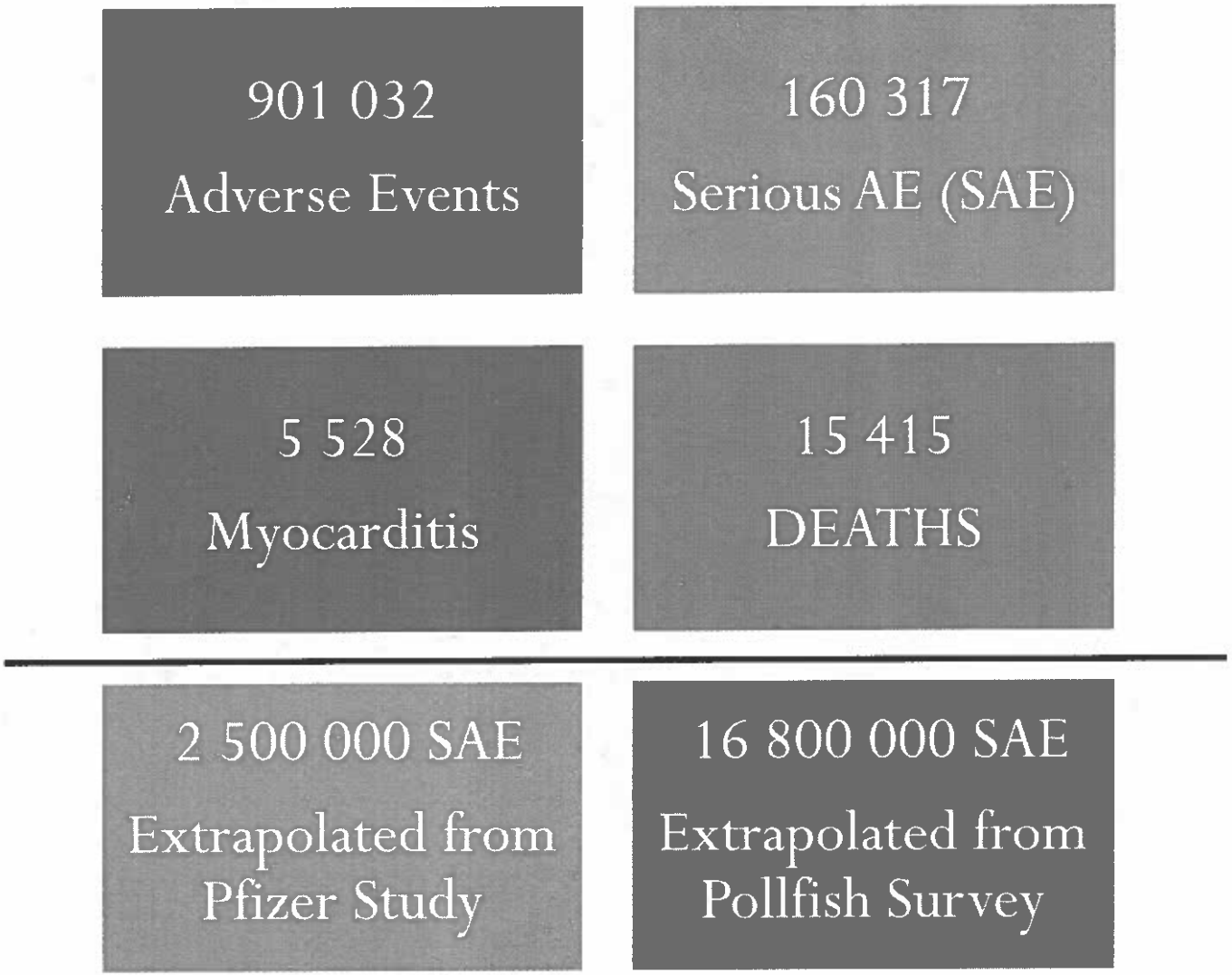
DATE

Sunday, July 3, 2022

Were you injured from the COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	**No**	**90.62%**	**338**	**91.09%**	**343.04**
A2	**Yes**	**9.38%**	**35**	**8.91%**	**33.57**

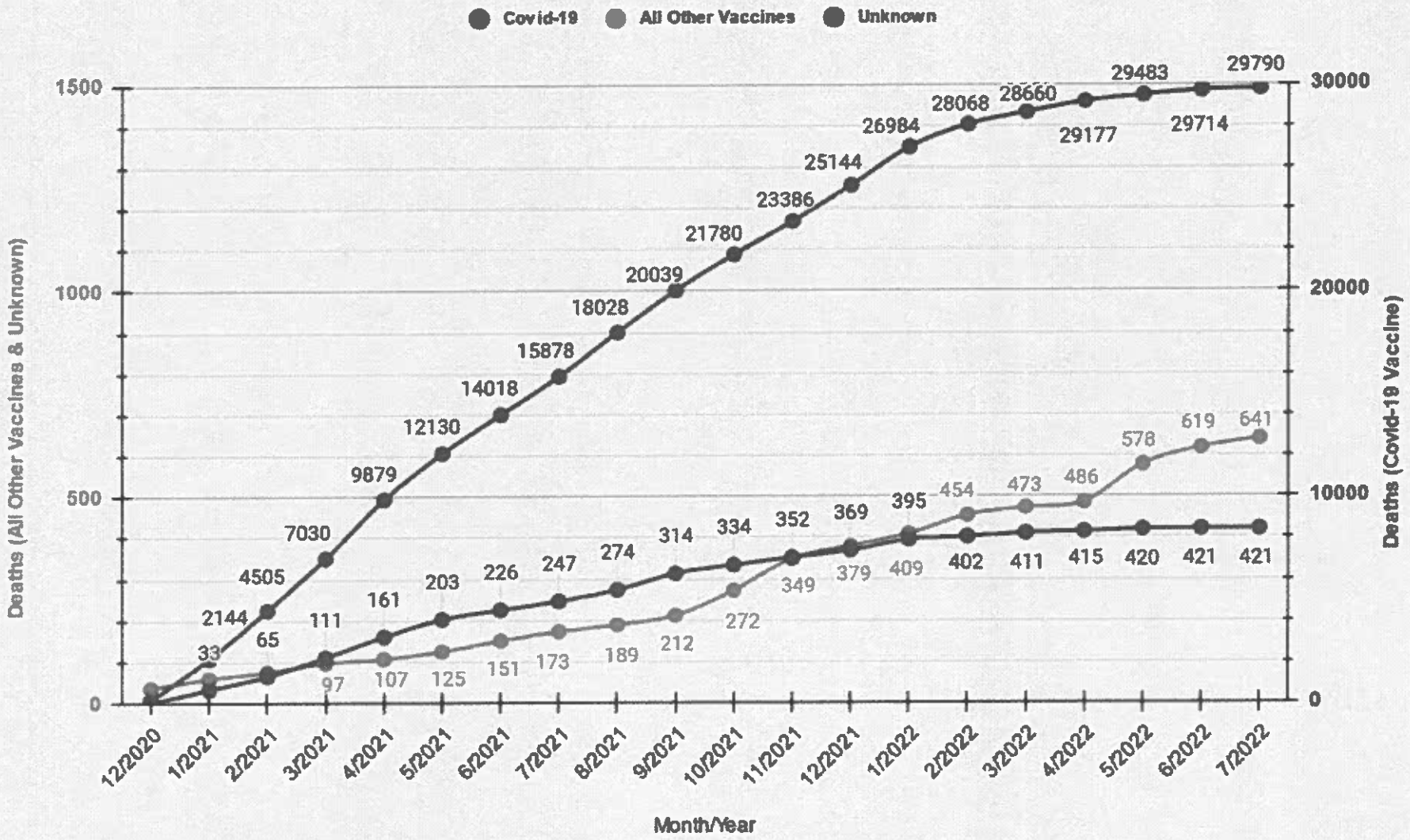
Vaccine Adverse Event Reporting System (VAERS)* Reports in the USA

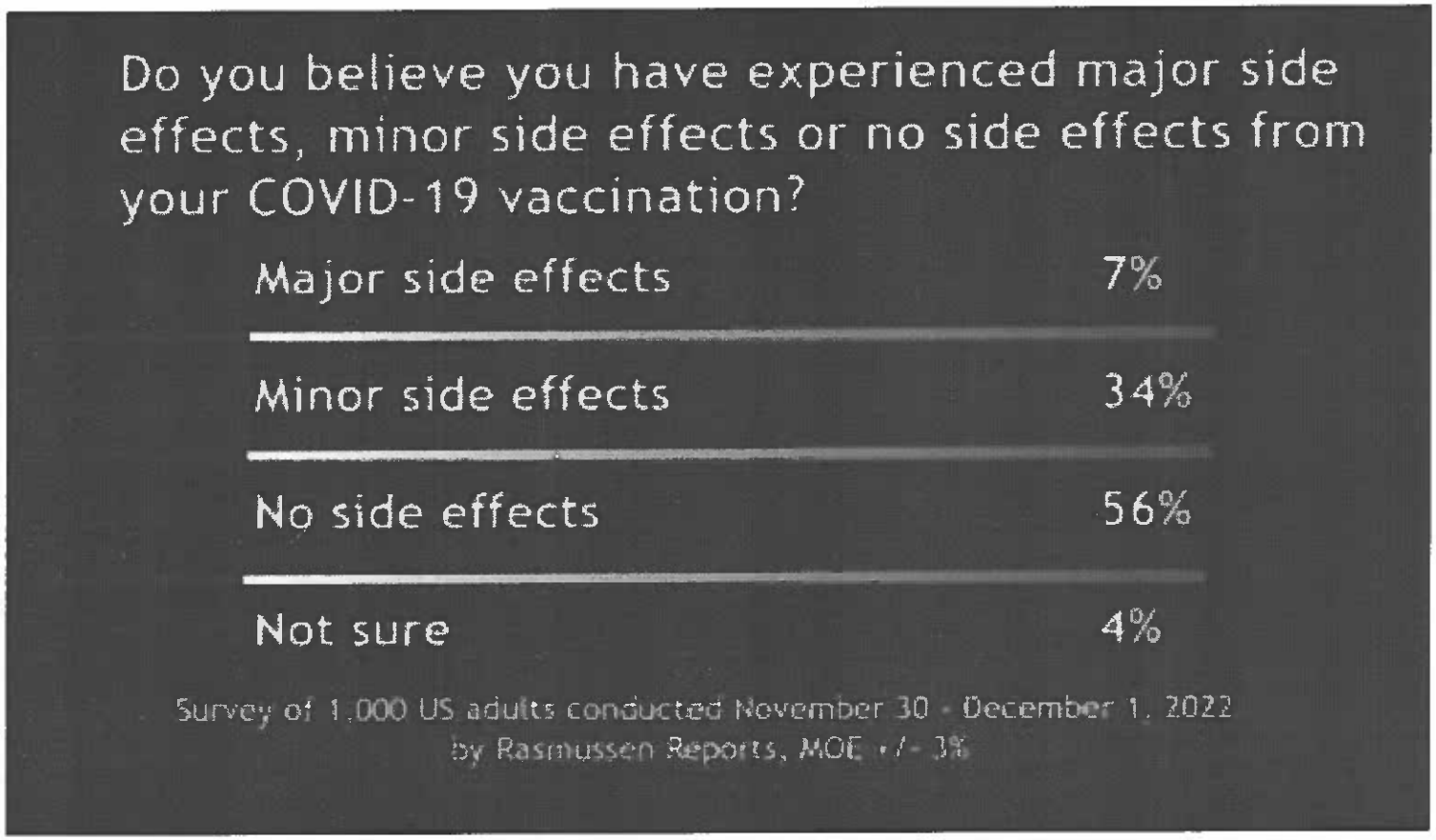


As of November 18th, 2022. *Underreporting factor of at least 30X.

Cumulative Reported Deaths After Vaccination - 1.5 Year Summary

Data obtained from CDC's VAERS

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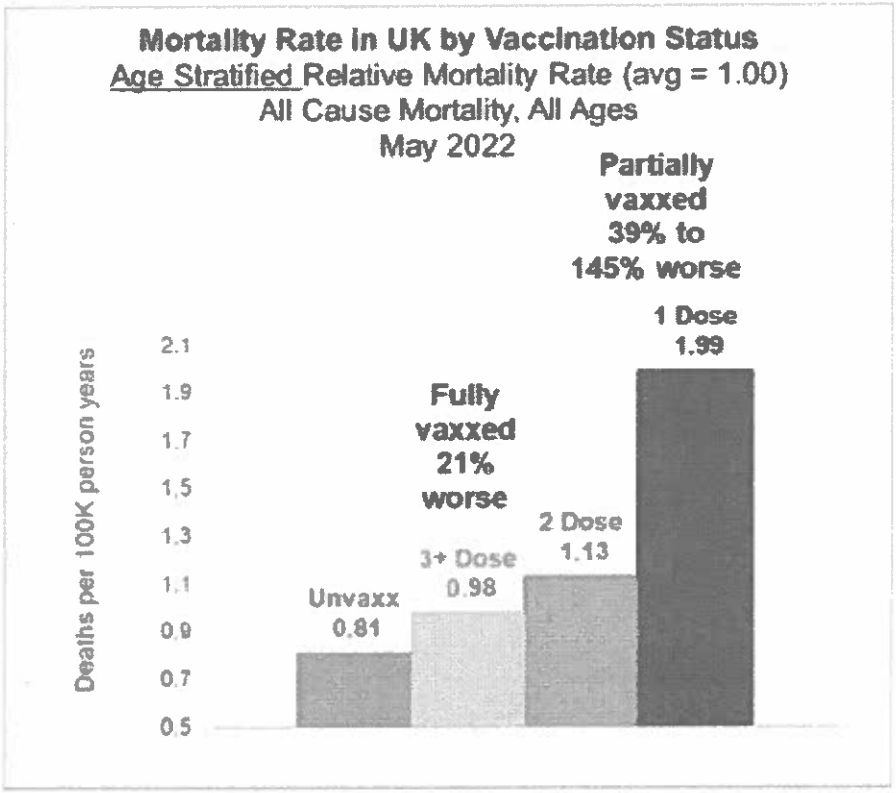
Major side effects 7%
Minor side effects 34%
No side effects 56%
Not sure 4%
Survey of 1,000 US adults conducted November 30 - December 1, 2022
by Rasmussen Reports, MOE +/- 3%

All-Cause Mortality in the UK: Jan 2021-May 2022

Raw Death Counts by Non-Vax vs Ever Vaxed for Jan 2021 to May 2022	ENGLAND								
	COVID-19 Deaths			NON-COVID Deaths			All-CAUSE		
AGE	Unvax	Evervax	E-U	Unvax	Evervax	E-U	Unvax	Evervax	E-U
90+	7191	9336	2145	11829	116270	104441	19020	125606	106586
85-89	6437	7870	1433	9707	94963	85256	16144	102833	86689
80-84	5841	6620	779	8887	84170	75283	14728	90790	76062
75-79	5044	4712	-332	8515	67288	58773	13559	72000	58441
70-74	4194	3031	-1163	8090	49631	41541	12284	52662	40378
65-69	3051	1776	-1275	6303	29422	23119	9354	31198	21844
60-64	2425	1162	-1263	5135	20397	15262	7560	21559	13999
55-59	1626	754	-872	4084	13903	9819	5710	14657	8947
50-54	1069	407	-662	3014	8471	5457	4083	8878	4795
45-49	597	223	-374	1965	4416	2451	2562	4639	2077
40-44	299	121	-178	1225	2480	1255	1524	2601	1077
35-39	238	71	-167	903	1410	507	1141	1481	340
30-34	129	40	-89	649	886	237	778	926	148
25-29	68	26	-42	525	577	52	593	603	10
20-24	43	16	-27	335	397	62	378	413	35
15-19	24	7	-17	265	225	-40	289	232	-57
10-14	9	3	-6	175	37	-138	184	40	-144
Summary			-2110			423337			421227

Mortality in UK is now +26% worse for vax'd than unvax'd



https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland

Adverse impact is greatest for partially vax'd and younger ages

- *Partially vax'd* show extremely high mortality, **of up to +145% worse,** across every age group.
- *Fully vax'd* mortality is 21% worse overall, and **49% worse for adults 18-49**
- Older *fully vax'd* > age 50 still shows 17% favorable mortality, **but trends imply reversal soon** (& 90+ vax > unvax mortality)

NSW Health Surveillance Data

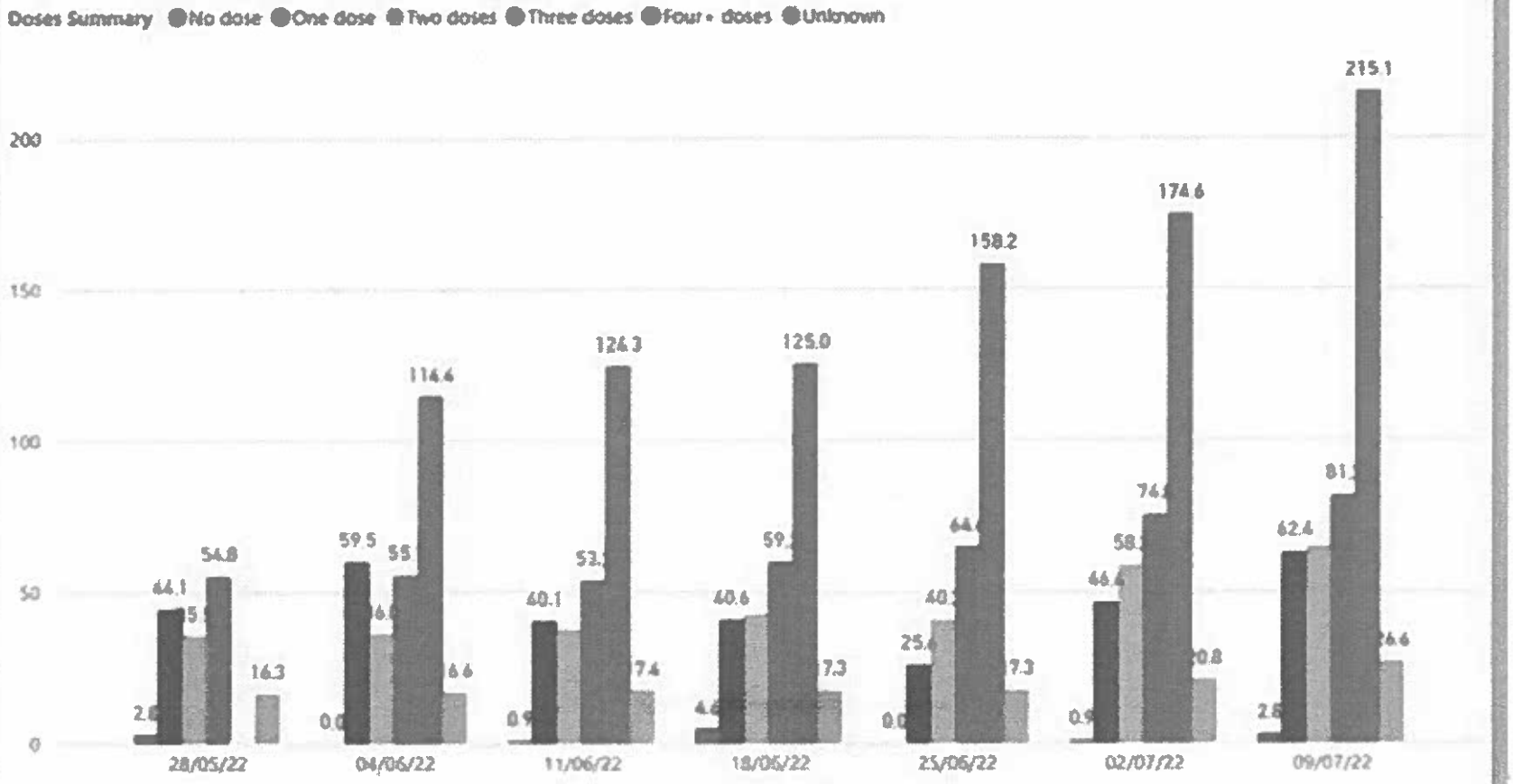
Rates per 1M Population by Vax Status*

This interactive report is available at **https://bit.ly/3ujYTQG**

* (total measured events divided by the count of population with that vax status) times 1M

Rate of Cases No Dose Per 1M	1.72
Rate One Dose Per 1M	45.52
Rate Two Doses Per 1M	44.81
Rate Three Doses Per 1M	63.31
Rate Four+ Doses Per 1M	151.93
Rate of Cases in Vax'd Per 1M	63.96
Risk Multiplier Vax'd vs Unvax'd	37.14
Rate Unknown Per 1M	18.89

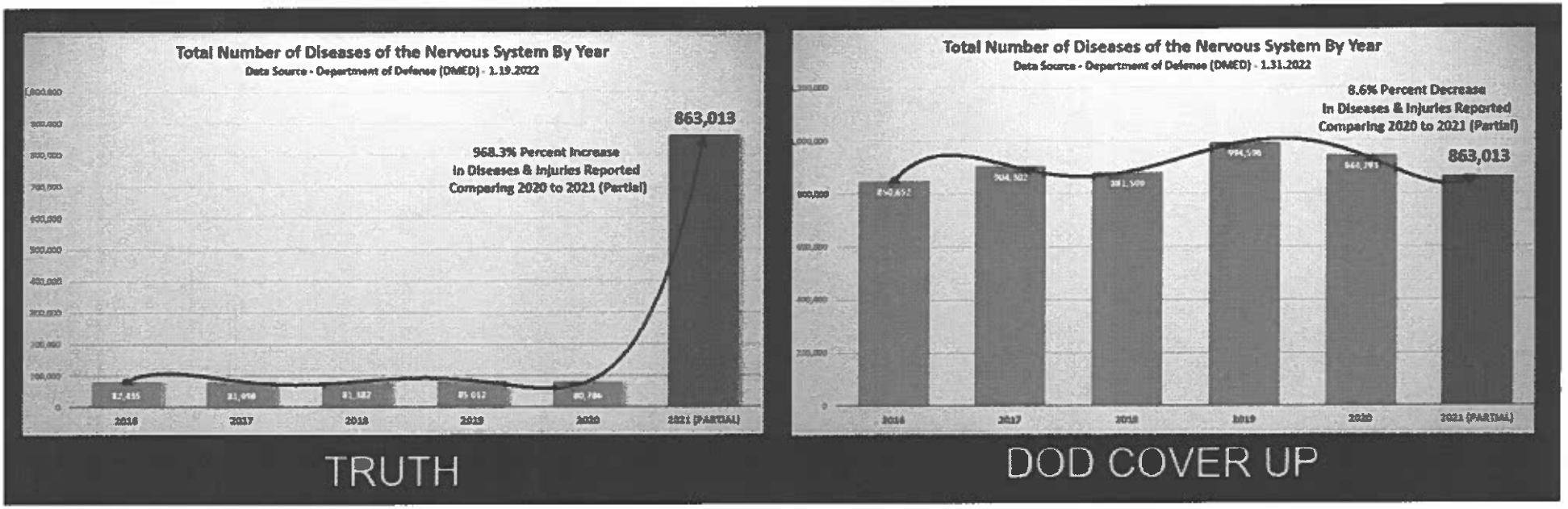
Rate of events per 1M population by vaccination status count at the start of the observation week.

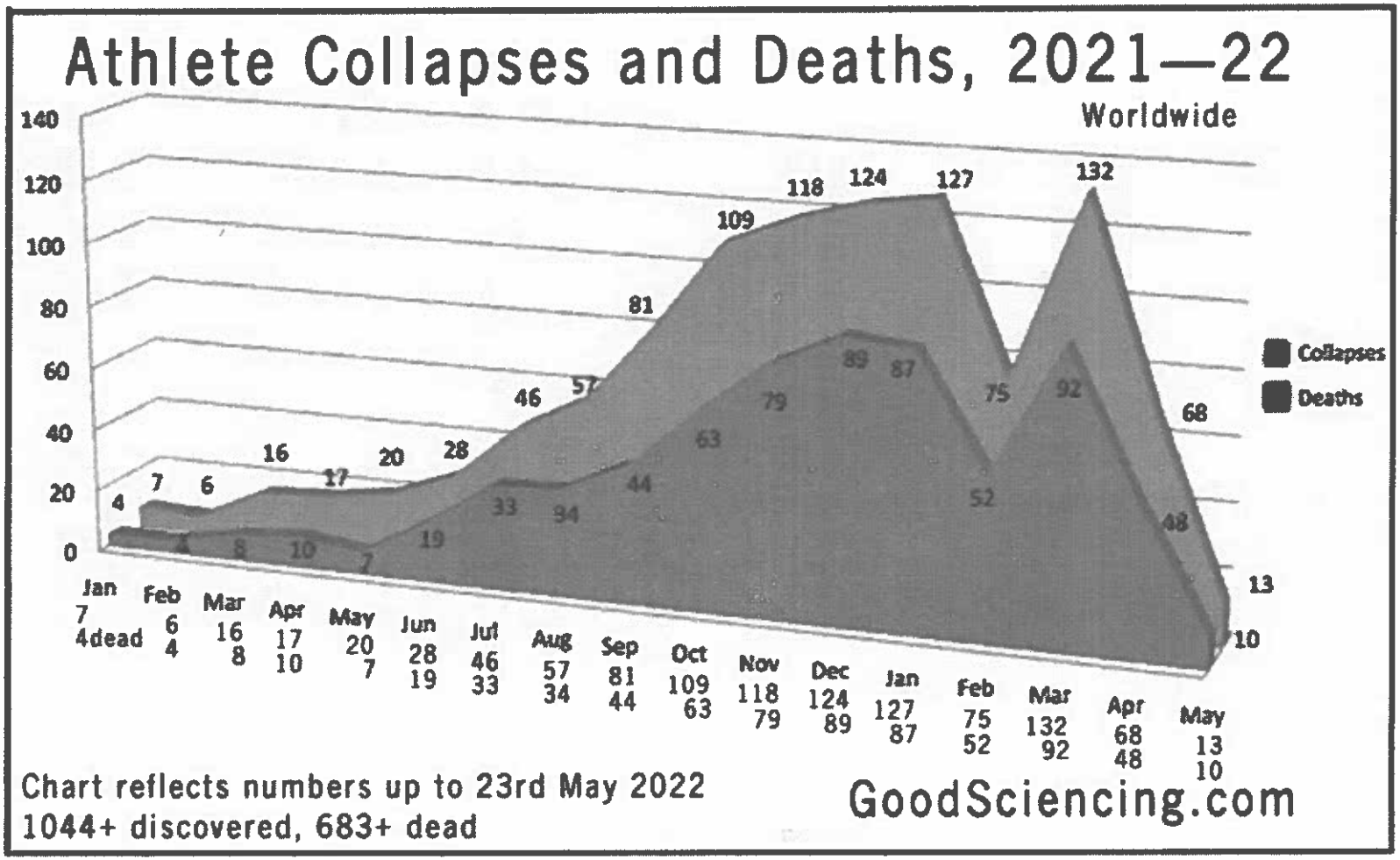


Renz Whistleblowers DMED DATA Reveals Incredibly Disturbing Spikes in Vaccine Injuries Across the Board

279% SPIKE in Miscarriages
487% SPIKE in Breast Cancer
1048% SPIKE in the Nervous System
155% SPIKE in Birth Defects
350% SPIKE in Male Infertility
369% SPIKE in Testicular Cancer
2181% SPIKE in Hypertension
664% SPIKE in Malignant Neoplasms
680% SPIKE in Multiple Sclerosis
551% SPIKE in Guillain-Barre Syndrome
468% SPIKE in Pulmonary Embolism
302% SPIKE in Tachycardia
452% SPIKE in Migraines
471% SPIKE in Female Infertility
437% SPIKE in Ovarian Dysfunction
269% SPIKE in Myocardial infarction
291% SPIKE in Bell's palsy
467% SPIKE in Pulmonary Embolism

Safe and effective??





Athlete collapses and deaths chart from 1st January 2021 to 23rd May 2022. Good Sciencing.

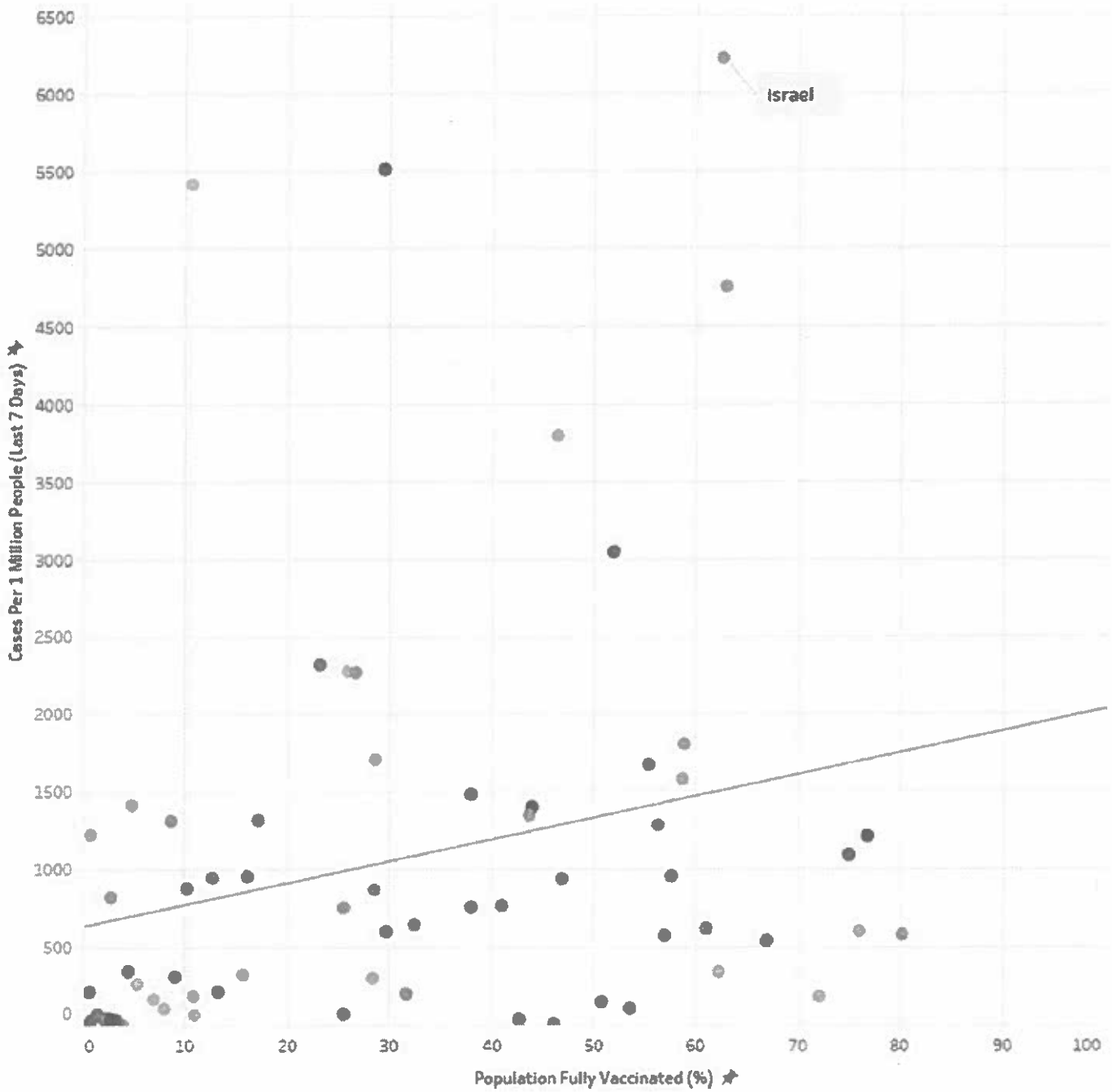
European Journal of Epidemiology
https://doi.org/10.1007/s10654-021-00808-7

CORRESPONDENCE

Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States

S. V. Subramanian[1,2] · Akhil Kumar[3]

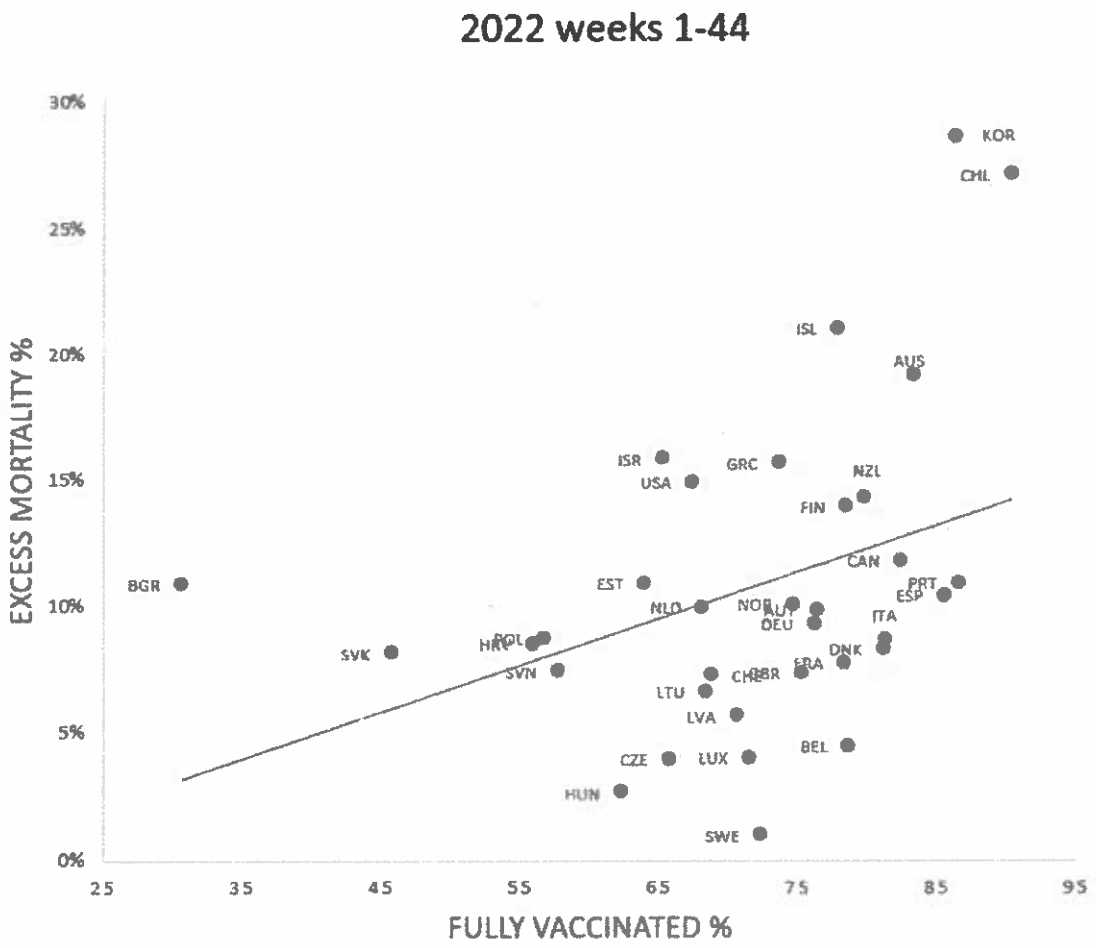
The trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people


Israel
Cases Per 1 Million People (Last 7 Days)
Population Fully Vaccinated (%)
6500
6000
5500
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
0
10
20
30
40
50
60
70
80
90
100

The Devil's Advocate: An Exploratory Analysis of 2022 Excess Mortality

What is causing excess deaths: Covid, long-covid, lockdowns, healthcare or the vaccines?

Norman Fenton and Martin Neil



$R^2 = 0.1354$

P-value: 0.033 < 0.05 significant

VigiAccess™

Uppsala Monitoring Centre

WHO Collaborating Centre for International Drug Monitoring

Medicine	Year started reporting	Deaths	Adverse events
Ivermectin	1992	25	6 558
Remdesivir	2020	579	7 798
Tocilizumab	2005	786	47 345
COVID-19 vaccines	2021	**23 018***	**4 804 663**
Tetanus vaccine	1968	32	15 647
Measles vaccine	1992	35	6 445
Acetaminophen (Tylenol)	1968	3 865	> 146 000

* Underreporting by a factor of a least 30x

World Health Organization

FDA

Pfizer

MERCK

World Health Organization

VigiAccess was launched by the World Health Organization (WHO) in 2015 to provide public access to information in VigiBase, the WHO global database of reported potential side effects of medicinal products.

Vaccine or Drug Name	Total ADRs	Years
Mumps vaccine	711	1972-2021
Rubella vaccine	2,621	1971-2021
Ivermectin	5,705	1992-2021
Measles vaccine	5,827	1968-2021
Penicillin nos	6,684	1968-2021
smallpox vaccine	6,891	1968-2021
chloroquine	7,139	1968-2021
tetanus vaccine	15,085	1968-2021
Hydroxychloroquine	32,641	1968-2021
Hepatitis A vaccine	46,773	1989-2021
Benzylpenicillin	51,327	1968-2021
Rotavirus vaccine	68,327	2000-2021
Accutane	70,719	1983-2021
Vancomycin	71,159	1974-2021
Hepatitis B vaccine	104,619	1984-2021
Polio vaccine	121,988	1968-2021
Meningococcal vaccine	126,412	1976-2021
Ibuprofen	166,209	1969-2021
tylenol	169,359	1968-2021
Aspirin	184,481	1968-2021
Pneumococcal vaccine	234,783	1980-2021
Influenza vaccine	272,202	1968-2021
Covid-19 vaccine	2,457,386	2020-2021

www.vigiaccess.org

Updated Nov. 12th 2021

DIED SUDDENLY

PREMIUM **ENTERTAINMENT NEWS**

Lisa Marie Presley, Only Child of Elvis, Dead at 54

By Caden Pearson | January 12, 2023 Updated: January 12, 2023

A A Print

Lisa Marie Presley attends the Handprint Ceremony honoring Priscilla Presley, Lisa Marie Presley And Riley Keough at TCL Chinese Theatre in Hollywood, California, on June 21, 2022. (Jon Kopaloff/Getty Images)

Los Angeles County paramedics were called to a home in Calabasas at 10:37 a.m. after receiving a report of a woman in full cardiac arrest. Property records show that the house belonged to Lisa Marie Presley.

Lisa Marie
March 12, 2022 at 4:14 PM ·

The last two years have been years of significant change in our lives. The COVID-19 didn't only take our jobs and security, it took our lives.

The idea of having a regular life like we used to, going out with family and friends and having quality time with them, motivated me to get vaccinated because I'm not only protecting myself, I'm also protecting others.

I can't lie, I was nervous initially, but I made my decision and I have no regrets!

To be informed about how best to protect ourselves and our loved ones is the smartest thing we can do. I chose the vaccine. Why did you decide to get vaccinated?

The vaccines prevent serious illness, hospitalization, and death from COVID-19. The COVID-19 vaccines are free, even if you don't have health insurance or aren't a U.S. citizen.

Please visit https://bit.ly/elbeacon to join the El Beacon initiative to promote the COVID-19 vaccines and boosters.

#ElBeacon @elbeaconcomunidad #ad #austin #texas #fashion #fashionblogger #austinblogger

DIED SUDDENLY

Terrifying moment Canadian TV reporter appears to faint live on air

17-Year-Old High School Student in Ohio Dies Suddenly From "Cardiac Arrest" While at School

Vegas high school flag football player dies after collapsing

Kindergarten Student in Ohio Dies Suddenly

Air Force Academy Offensive Lineman and Cadet Hunter Brown Dies Suddenly While Walking to Class

College Basketball Player Imo Essien Collapses Minutes Into Game — Clutches Chest

Rising MMA star Victoria 'The Prodigy' Lee dies at age of 18

16-Year-Old Basketball Player Suffers Stroke While in School

Second High School Student Dies Suddenly Within a Week in Las Vegas After Suffering from Cardiac Arrest

ABC 10News producer Erica Gonzalez dies

DIED SUDDENLY

Alarming Number of Sudden Cardiac Deaths in US Athletes Following Vaccination

25-year-old former college football player dies suddenly

Amazon Worker Dies After Collapsing on Floor Unnoticed

17-Year-Old Gillette Basketball Player Dies Unexpectedly On Monday

Adam Rich, Child Actor Who Starred on 'Eight Is Enough,' Dead at 54

Lisa Marie Presley, daughter of Elvis, dies aged 54

Former First Round NFL Pick Rashard Anderson Dead At 45

Rugby League in mourning after sudden death of 18-year-old Salford Red Devils hooker who represented England Community Lions at youth level

Uche Nwaneri, former Jaguars offensive lineman, dead at 38

Regina's sports community mourns sudden passing of Theo Gibbs

The sports community was left reeling by sudden death of 18-year-old Theo Gibbs.

High School Student Develops Blood Clots in His Brain 9 Days Following Vaccine - Medical Records State "Adverse Reaction to the Vaccine"

Gregory Yee, former Post and Courier breaking news and crime reporter, dies at 33

DIED SUDDENLY

Heather Kleiman Lansing MI, Longtime Grand Ledge High School athletic trainer has died

Teenage boy dies on Christmas Day after suffering series of strokes

Birch Run police officer suddenly dies

Colleagues remember Lowcountry attorney David Aylor after his sudden death

West Side arts organization reeling after leader Jon Veal dies at 30

Eastchester father, owner of pizzerias suddenly dies at 52

Taylor Brice LeJeune, TikTok Star Known as Waffler69, Dead at 33

Former Detroit news anchor dies one day after receiving COVID-19 vaccine

95 Percent of Corpses Had Received COVID Vaccination Within 2 Weeks of Death: Funeral Director

St. Catharines social justice advocate dies suddenly on Dec. 31

6-Year-Old Canadian Child Dies Suddenly After Suffering "Massive Stroke" – Doctor Diagnosed her with "Myocarditis due to the Flu"

Heartbreak as another young ice hockey player dies suddenly after suffering stroke complications

Guggenheim Partners CIO Scott Minerd dies unexpectedly

City of Klawock's police chief dies unexpectedly

Sudden Death Of Devoted Sussex County Mom At 46 Prompts Wave Of Community Support

B Body positivity TikToker Megha Thakur d dies 'suddenly and unexpectedly'

S basketball community mourns sudden and unexpected death of 17-year-old Max Sorenson

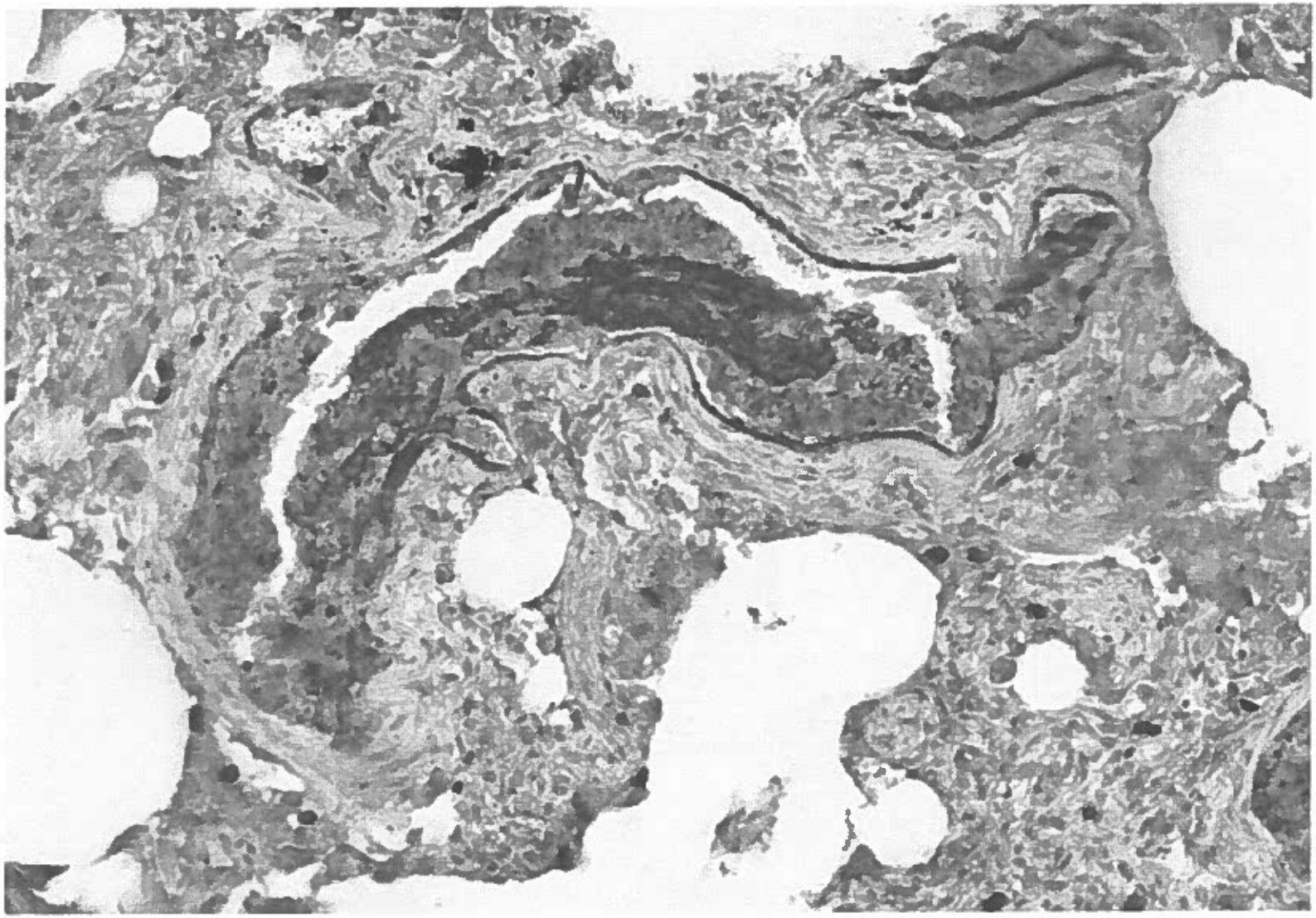
Heartbreak as Oklahoma State University student, 20, dies unexpectedly before Christmas

'Sweet and bright' girl, 15, dies suddenly after collapsing at school

'One in a zillion' mum-of-four dies suddenly after cardiac arrest

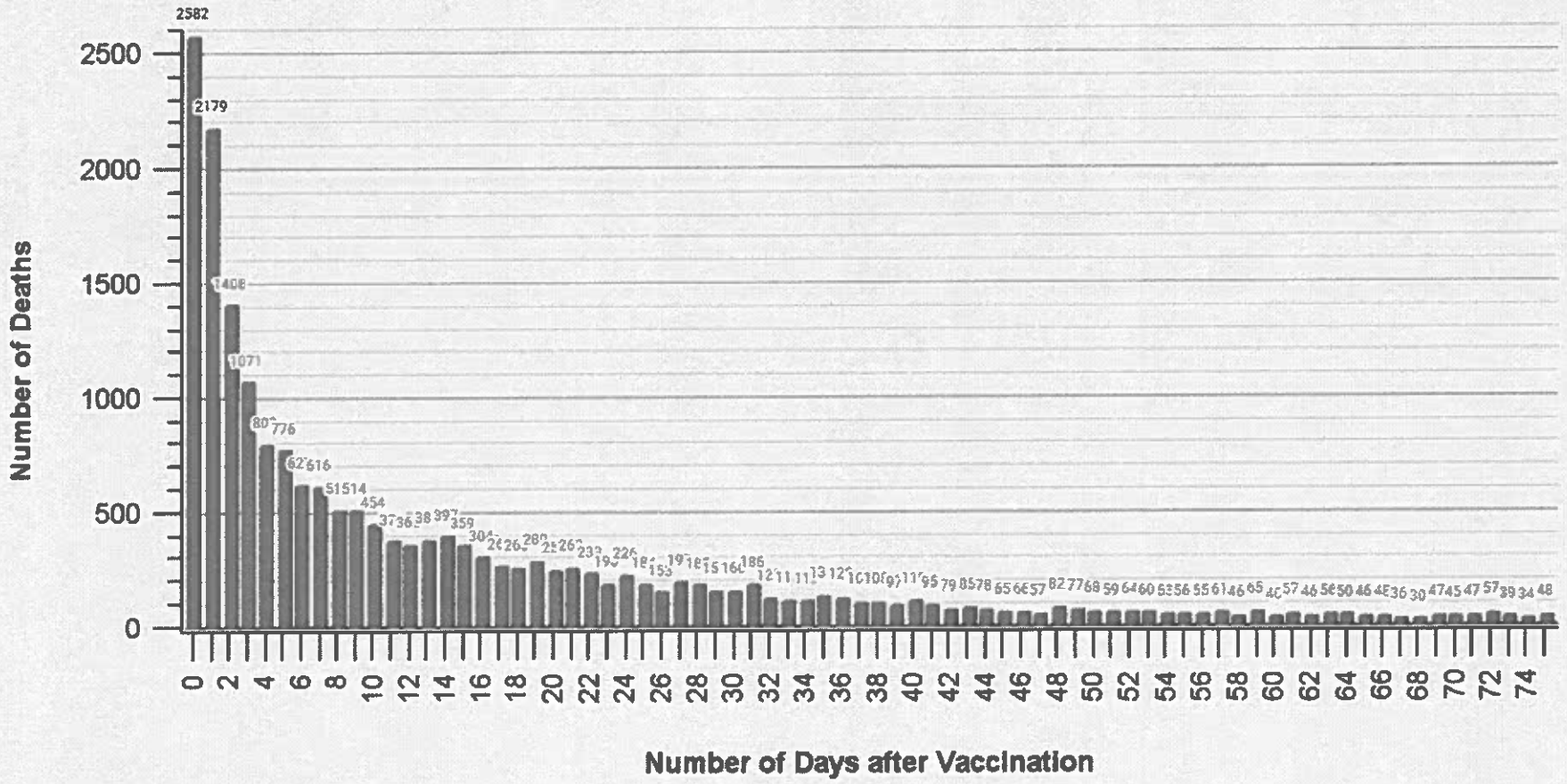
Auto Manager, Aspiring Tattoo Artist Mason Werkheiser Of Northampton County Dies Suddenly, 21

Intravascular Thrombus- Spike Protein Positive



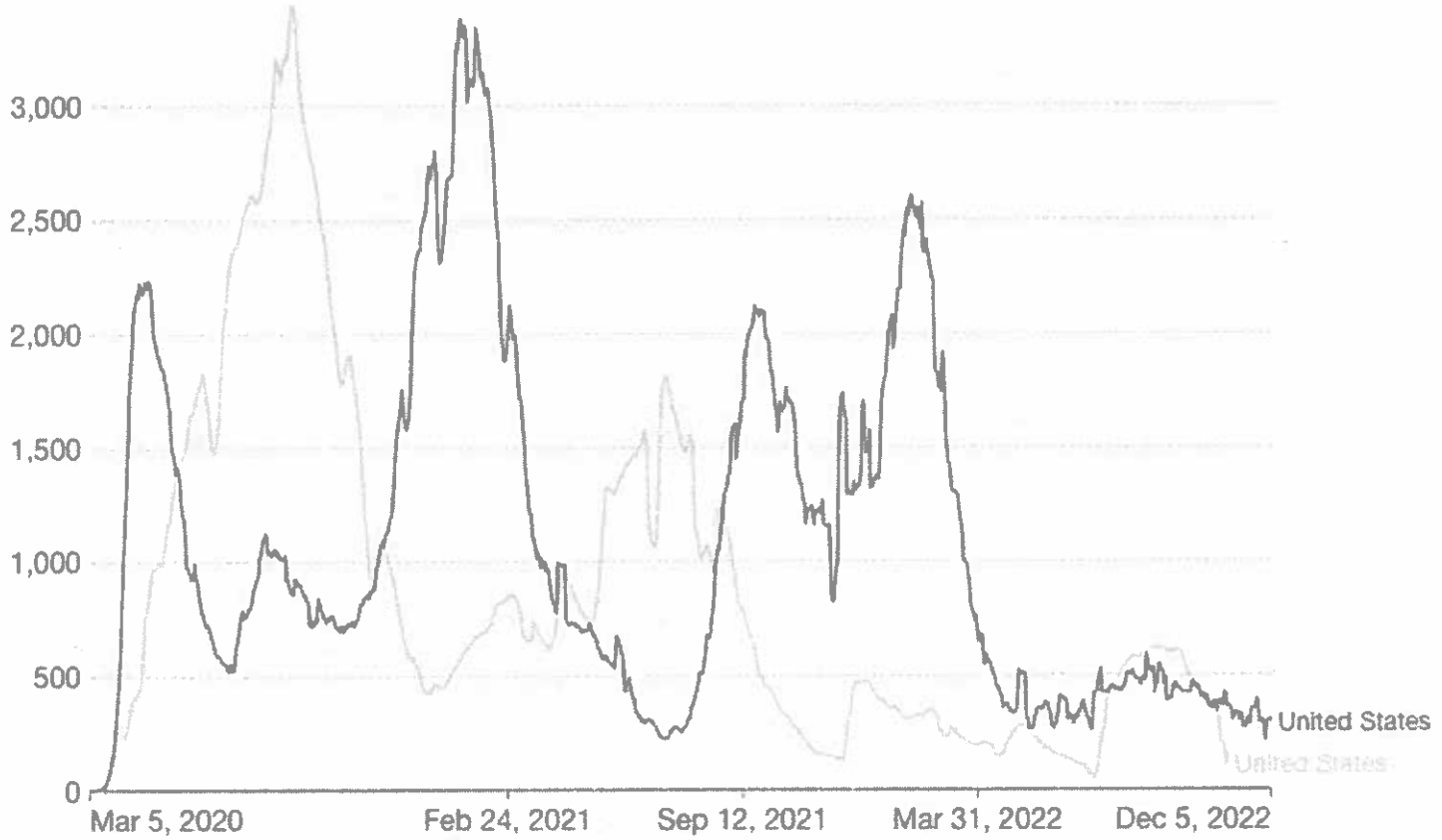
Number of Deaths by Days After COVID19 Vaccination

Data obtained from CDC's VAERS



Death after the Vaccine may Peak after 5 months

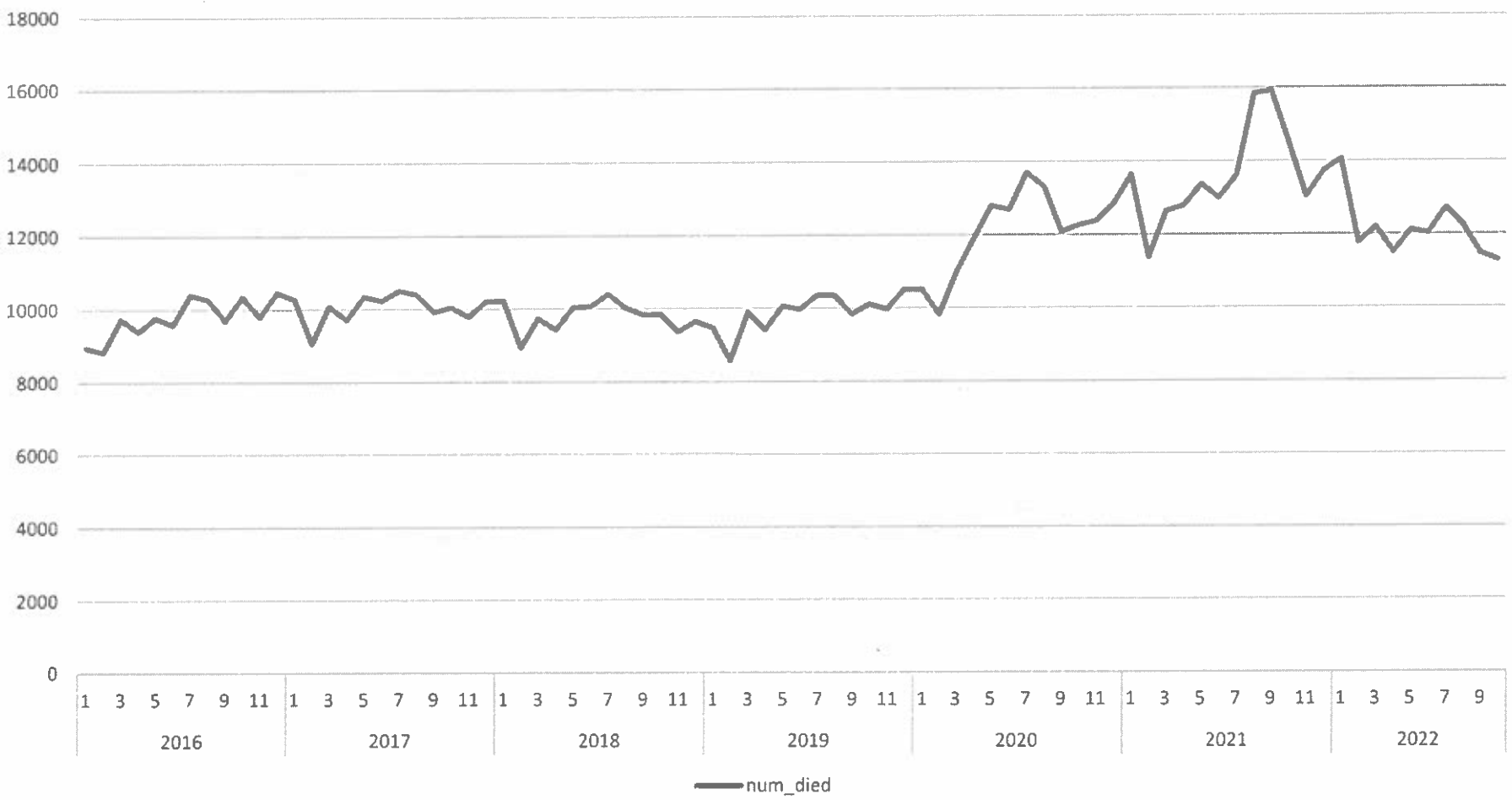
% increase in daily deaths from 2020 to2021, SSA Master death file, Ages 15-55
Max Increase 60% on 9/9/2021



Daily Covid-19 Deaths (dark green) VS Daily Covid-19 Vaccines Administered (light green)

Death after the Vaccine may Peak after 5-7 months

SSA Master death file, Monthly Deaths, Ages 18-40



News

Life Insurance Payouts Jumped 163% During First Year Of Vaccine Rollout

June 19, 2022 NEWS

Authored by Margaret Menge via Crossroads Report,

Five months after breaking the story of the CEO of One America insurance company saying **deaths among working people ages 18-64 were up 40% in the third quarter of 2021,** I can report that **a much larger life insurance company, Lincoln National, reported a 163% increase in death benefits paid out under its group life insurance policies in 2021.**

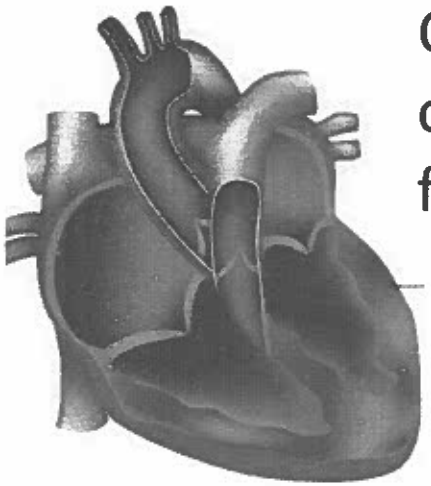
This is according to the annual statements filed with state insurance departments — statements that were provided exclusively to Crossroads Report in response to public records requests.

The reports show a more extreme situation than the 40% increase in deaths in the third quarter of 2021 that was cited in late December by One America CEO Scott Davison — an increase that he said was industry-wide and that he described at the time as "unheard of" and "huge, huge numbers" and the highest death rates that have *ever been seen in the history of the life insurance business.*

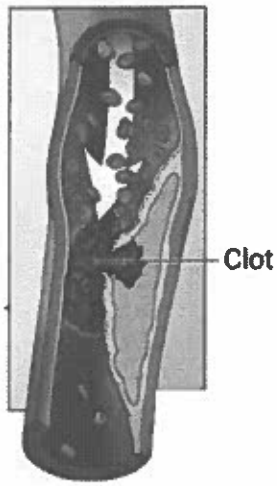
The annual statements for Lincoln National Life Insurance Company show that the company paid out in death benefits under group life insurance polices a little over **$500 million** in 2019, about **$548 million** in 2020, and a stunning **$1.4 billion** in 2021.

Revised time Course of Vaccine Deaths

Major vessel thrombosis

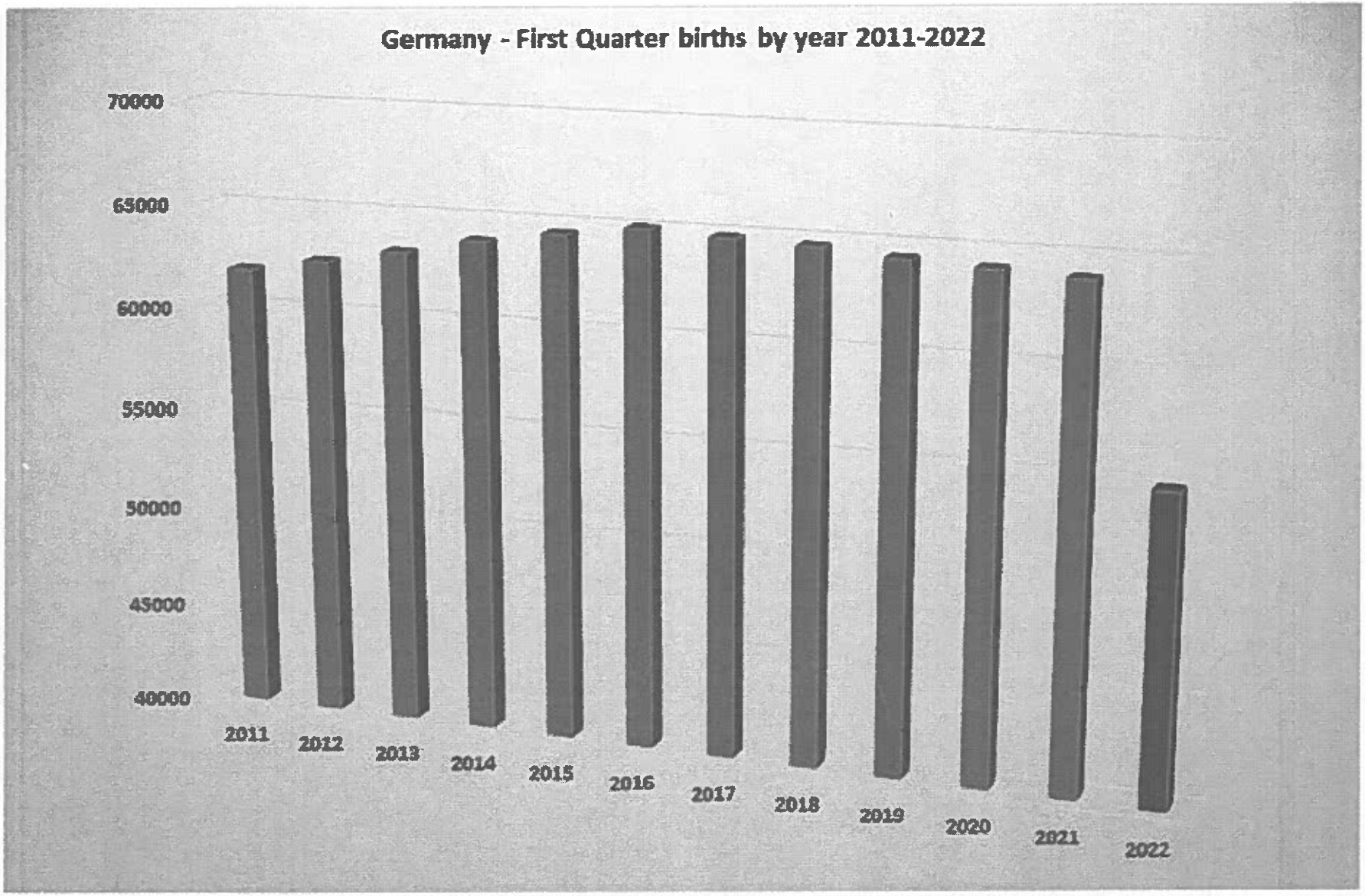


Catecholamine induced coagulative necrosis followed by myocarditis

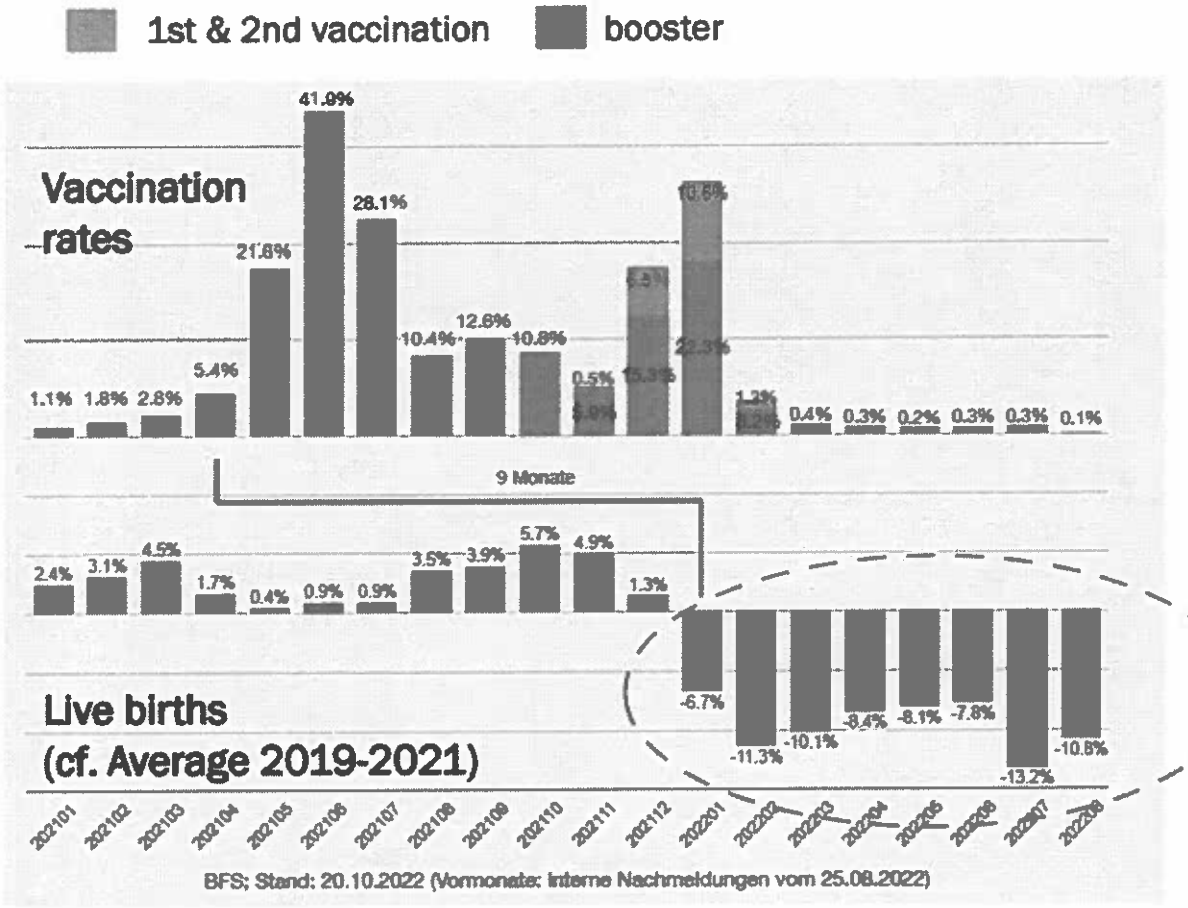


Day 1-14

4-6 Months

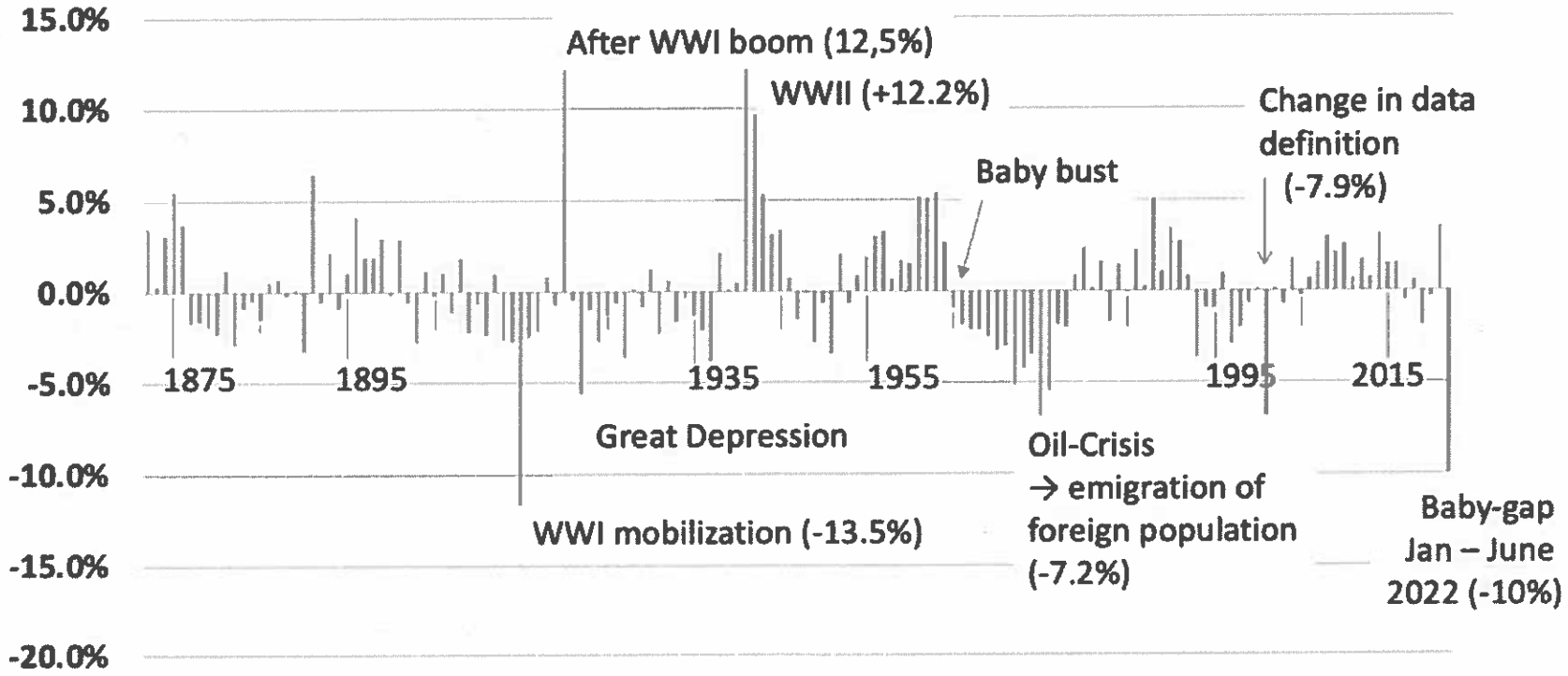

Germany - First Quarter births by year 2011-2022
70000
65000
60000
55000
50000
45000
40000
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022

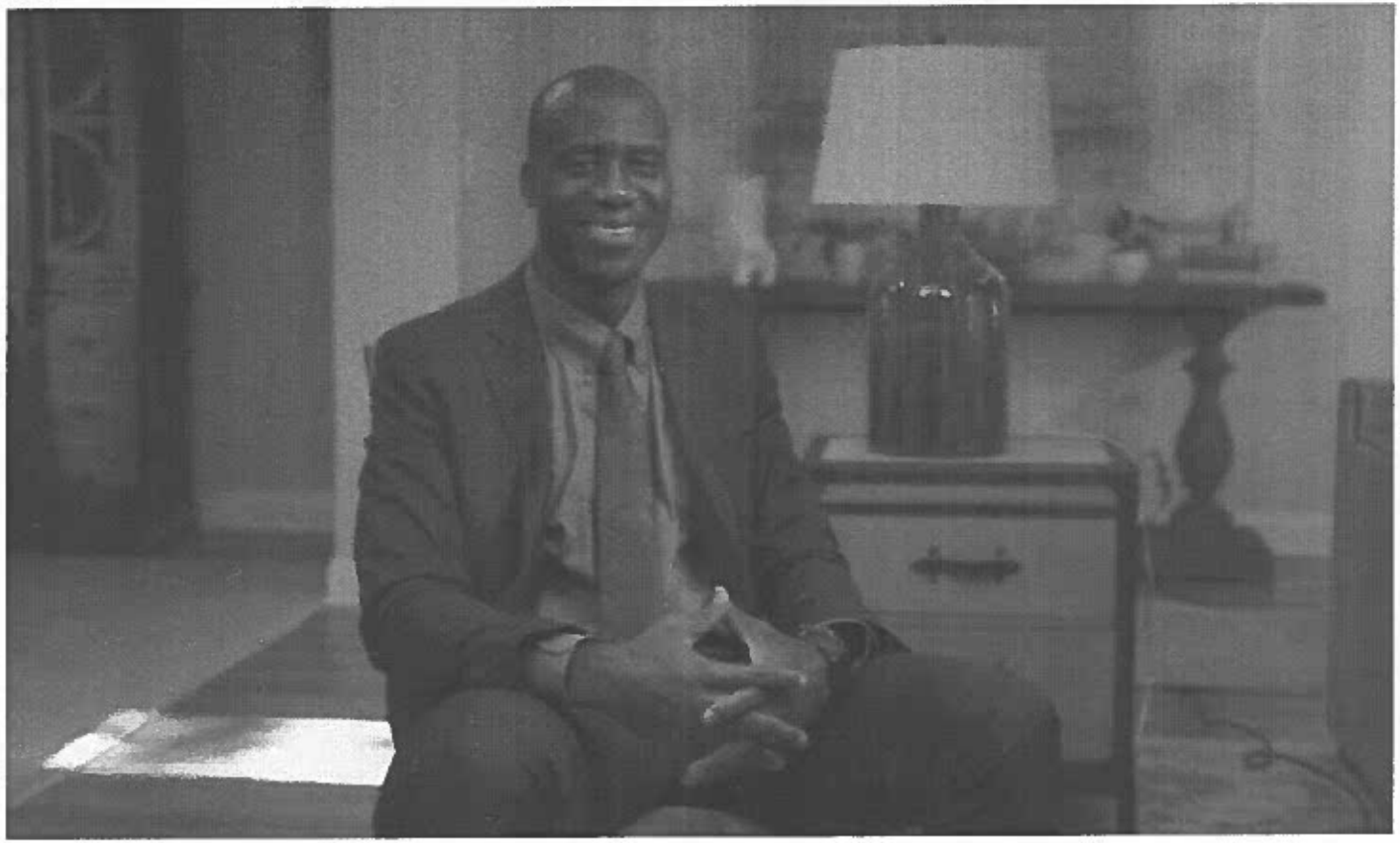
Massive decline in births



- Birth decline 9 months after vaccination peak
- Average decline -10%
- Strongest birth rate decline in over 100 years

Annual change in the number of births (1872 - 2022)





Florida Surgeon General Dr. Joseph Ladapo in Clearwater, Fla. on Oct. 15, 2022. (York Du/The Epoch Times)

PREMIUM **VACCINES & SAFETY**

Florida Surgeon General: Data Show Messenger RNA COVID-19 Vaccines Shouldn't Be Given to Young Men

By Zachary Stieber and Jan Jekielek | October 18, 2022 Updated: October 18, 2022 A A Print

COVID-19 vaccines can kill you

COVID-19 vaccines increase risk for infection, serious illness, and death

> We made a mistake. We shouldn't have recommended that people get the shots. Sorry about that.

All vaccines are unsafe. Andrew Wakefield was right.

CDC

Data from December 2020 to July 2021

bit.ly/MMWR7043e2

MMWR

Thank you

In a lawsuit against the US Health and Human Resource Services, according to the US Health and Human Resource Services, people under the age of 70 have a 99.97% overall survival rate of Covid-19. This is one in thousands. Zero healthy children have died from Covid.

Part of one of the lawsuits against the US Health and Human Resource Services states: "The emergency declaration and its multiple renewals are illegal, since in fact there is no underlying emergency. Assuming the accuracy of Defendants' COVID-19 death data, SARSCoV-2 has an overall survivability rate of 99.8% globally, which increases to 99.97% for persons under the age of 70, on a par with the seasonal flu. However, Defendants' data is deliberately inflated. On March 24, 2020, DHHS changed the rules applicable to coroners and others responsible for producing death certificates and making "cause of death" determinations — exclusively for COVID-19. The rule change states: "COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death." In fact, DHHS statistics show that 95% of deaths classed as "COVID-19 deaths" involve an average of four additional co-morbidities. The CDC knew "...the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not." - https://renz-law.com/wp-content/uploads/M-for-PI-file-stamped.pdf – link to lawsuit

https://www.nationalreview.com/corner/a-childs-chances-of-surviving-a-covid-19-infection-99-995-percent/ **A Child's Chances of Surviving a COVID-19 Infection: 99.995 Percent –** "Via the *Wall Street Journal*, a statistic from a new comprehensive study that should be cited early and often whenever anyone starts making noises about reverting back to distance learning when kids go back to school in autumn: "Some 99.995 percent of the 469,982 children in England who were infected during the year examined by researchers survived." Underlying health conditions, especially serious brain or nerve-related disabilities, increased the risk of dying of COVID-19. No child with a stand-alone diagnosis of asthma, diabetes, epilepsy or Down syndrome died from COVID-19."

X Covid Vaccine Adverse events reported to VAERS for Children Age 5-17 as of 6/17/22: Deaths: 116 / Permanently Disabled: 461 / Myocarditis: 1,335

X The Covid-19 vaccines have more adverse events reported than all other existing vaccines combined since the vaccine program began.

X In the Pfizer trials for children age 6 months to 4 years, over 2/3 of the vaccine group dropped out and did not complete the trial. WHY?

X In the Moderna trials, severe adverse events were 500% (6-23 months) and 342% (2–5-year-olds) higher than the placebo. (Some European countries are limiting the use of this vaccine in younger ages amid concerns over cardiovascular side effects.)

X The original Pfizer vaccine trial data released, under court order showed over 1,200 deaths and over 1,000 different adverse events in the first 90 days.

X NO trial data on the co-administration of the COVID-19 shots with other childhood injections and likelihood of interactions and complications are unknown.

https://www.fda.gov/media/159195/download

https://rumble.com/vw1dkp-rfk-jr.-the-vaers-under-system-undercounts-vaccine-injuries-by-as-much-as-9.html - VAERS under reporting by as much as 99%
Go to www.openvaers.com – click on the 3 lines at the top left – click on the "Red Box" Summaries.
Lazarus Report https://decodingthedeception.com/document-knowledge-base-2/the-lazarus-report/ - scroll down to the results.

Why did the FDA want to hide the Pfizer trial findings for 75 years? Why did they have to be FOIA'd for the information when they were claiming to be transparent? Why did they want to redact information from the report even after a Texas judge ordered them to be released?

There was a Federal court case in Texas that ended in January of 2022. The FDA wanted the Pfizer documents sealed until 2097 (75 years). This was denied by a judge and all the documents will be released within 8 months. The first 55,000 documents were released on March 1, 2022. See the link below. At the bottom of the article there is a link to read the judge's order.

https://www.fdanews.com/articles/206113-federal-judge-tells-fda-it-must-make-public-55000-pages-a-month-of-pfizer-vaccine-data

https://icandecide.org/press-release/breaking-news-ican-obtains-court-order-requiring-cdc-to-release-v-safe-data-that-includes-over-137-million-health-entries-made-after-covid-19-vaccines/ "ICAN OBTAINS COURT ORDER REQUIRING CDC TO RELEASE V-SAFE DATA THAT INCLUDES OVER 137 MILLION HEALTH ENTRIES MADE AFTER COVID-19 VACCINES" Why did the CDC have to be sued twice to release this data? HTTPS://ICANDECIDE.ORG/V-SAFE-DATA/ - see data. Out of 10.1 million participants, 1.2 million were unable to do their normal activities, 1.3 million were unable to work or attend school, and .8 million had to get care from a doctor or healthcare professional.

I went to a school board meeting almost a year ago. Why were they discussing having funds for athletes with cardiovascular issues? I have not seen this in all the years that my children when to public schools. My youngest graduated in 2018.

Remember the Swine flu in 2009? 25 people died and at least 500 got Gillane Barre' from the vaccine and the FDA stopped its sale and use for the flu. 1223 people died in the Covid vaccine

Pfizer trials as of February 28, 2021 – see page 7 (hold up report). Why weren't the vaccines stopped in February 2021? Why did the FDA have to be FOIA'd for this information? https://rumble.com/v1au4d5-60-minutes-swine-flu-1976-corruption.html - Swine Flu Vaccine on 60 minutes

https://www.latimes.com/archives/la-xpm-2009-apr-27-sci-swine-history27-story.html - Gillane Barre' and 25 deaths from Swine Flu vaccine.

https://www.publicrelationscanada.com/post/fda-pfizer-report-1223-deaths-150-000-serious-adverse-events-occurred-in-the-first-3-months - 1223 deaths in first 3 months

To find this in the full document, go to https://phmpt.org/pfizers-documents/ type in the search bar 5.3.6 (as seen at the top of the report I printed) – for the 1223 deaths, see page 7 (also attached), for the adverse reactions go to pages 30 – 38. Please note that these are only the side effects known as of February 28, 2021.

The DMED data (Defense Medical Epidemiology Database) report for 10 months in 2021 compared to 2016 – 2020 shows a 299.80% increase – an average of less than 1,000 reports a year to 4,086 reports in 2021. Infertility went up from an average of 2,200 – 2,300 per year to 11,748 in 10 months of 2021, a 419.40% increase in 2021. Two of my friends' daughters have not had a menstrual cycle since they had their Covid 19 shot. One of the adverse reactions my daughter has is menstrual issues. Will they be able to have children? Without having had any long-term studies, what will this do to the reproductive system of children? Why did the DOD change the data from 2016 – 2020 to reflect 2021 after Attorney Thomas Renz presented this information in a Senate hearing on January 24, 2021?

Also in the DMED Data, neurological issues increase by 968.30% in10 months of 2021 compared to 2016 – 2020 – from an average of 80-82,000 to 863,013 in 2021.

I am sure you know what the DOD is, but do you know about DMED? DMED is the most accurate health data in the world. It is only for our military. Basically, every time a soldier or military person goes to a military doctor, they document why the soldier is there. So, if they have a migraine it is noted, if they have an ingrown toenail, it is noted... The CDC, the FDA, the WHO – all watch this data to know what is happening. On January 24, 2022, there was a Senate hearing called "COVID-19, a Second Opinion". Below is a link to one of the condensed versions. There is a link to the entire hearing at the bottom of this 30-minute video. There was also a Senate hearing in 2021 – I think last March (about suppressed early treatment).

https://capefearbeacon.com/senator-ron-johnsons-second-opinion-panel-carpet-bombs-truth-on-the-covid-19-response/

Seen in the above video, Attorney Thomas Renz brought some of the DMED data to the Senate hearing in January. The day after the Senate Hearing, the DOD shut down DMED and changed all the data from 2016 – 2020 to reflect 2021 and stated that all the information from 2016 - 2020 was incorrect. Attorney Thomas Renz with a group of lawyers have lawsuits based on this data. All this information can be found in the link below. Scroll to the bottom and click on

"NEXT DMED DATA" – but you really need to read this page before you click for the data. I have also attached a PDF (excel spreadsheet) of this data so that you can see it all in one place.

https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/

This is also from the DMED Data:
"Day 0 – 555 deaths after receiving their 1st dose of the COVID vaccine
Day 1 – 1,137 new deaths
Day 2 – 1,492 new deaths
Day 3 – 1,654 new deaths
Day 4 – 1,750 new deaths
Day 5 – 1,876 new deaths" – and it goes on – you can find this information here:
https://renz-law.com/nuremburg20/

Why is information being censored? The U.S. House Covid Select Committee Hearing was in the beginning of March. Why was it removed from YouTube?

https://www.youtube.com/live/YAeRV81LdG8 - YouTube U.S. House Select Committee Hearing "This video has been removed by the uploader" WHY? IT'S A SENATE HEARING. What are we not supposed to hear?

Zero healthy children have died from Covid. What are the chances of them having neurological issues, or reproductive issues, or heart issues from these shots? Keep these shots off the childhood schedule!

I have emailed and am leaving a copy with documentation to back all my statements.

In a lawsuit against the US Health and Human Resource Services, according to the US Health and Human Resource Services, people under the age of 70 have a 99.97% overall survival rate of Covid-19. Zero healthy children have died from Covid.

Covid Vaccine Adverse events reported to VAERS for Children Aged 5-17 as of June 17, 2022: 116 Deaths, 461 Permanently Disabled, 1,335 with Myocarditis.

Remember the Swine flu in 2009? 25 people died and approximately 500 got Gillane Barre' from the vaccine and the FDA stopped its sale and use for the flu. 1223 people died in the Covid vaccine Pfizer trials as of February 28, 2021 – see page 7 (hold up report). Why weren't the vaccines stopped in February 2021? Why did the FDA have to be FOIA'd for this information?

The Covid-19 vaccines have more adverse events reported than all other existing vaccines combined since the vaccine program began.

Why did the FDA want to hide the Pfizer trial findings for 75 years? Why did they have to be FOIA'd for the information when they were claiming to be transparent? Why did they want to redact information from the report even after a Texas judge ordered them to be released?

Why did the CDC have to be sued twice to release the V-Safe data? This is the CDC's data.

I went to a school board meeting almost a year ago – in spring 2022. Why were they discussing having funds for athletes that have cardiovascular issues? I have not seen this in all the years that my children when to public schools. My youngest graduated in 2018.

The Department of Defense's report for 10 months in 2021 compared to 2016 – 2020 shows a 299% increase in Ovarian Dysfunction – an average of 934 reports a year to 4,086 reports in 2021. Infertility went up from an average of 2,274 per year to 11,748 in 10 months of 2021, a 419% increase in 2021. What will this shot do to the reproductive systems of children? Why did the DOD change the data from 2016 – 2020 to reflect 2021 after Attorney Thomas Renz presented this information in a Senate hearing on January 24, 2021?

Neurological issues increase by 968% in 10 months of 2021 compared to 2016 – 2020 – from an average of 82,000 a year to 863,000 in 2021.

Zero healthy children have died from Covid. What are the chances of them having neurological issues, or reproductive issues, or heart issues from these shots? Keep these shots off the childhood schedule.

www.phmpt.org
Click on documents
Search 5.3.6 go to page 7 for 1223 fatal

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Report Prepared by:

Worldwide Safety

Pfizer

Table 1 below presents the main characteristics of the overall cases.

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number (≥2%) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).

In Your Mission statement

You "serve as the primary advocate and representative of the citizens of the Commonwealth in achieving optimal health."

Considering injecting this mRNA Experiment into VA Children is the polar opposite of your Mission

You Also LIST C "Cases", and Number of V's given, BUT You do NOT LIST Any of the Side Effects OR Reported V Injuries – This is Unacceptable.

Again, I Opposed the C19 V being considered, or added to the Childhood Vaccine Schedule in VA.

Thank You

Ann Parker
Campbell County School Board

VDH

Vision

Become the healthiest state in the nation.

With Proven VAERS Deaths/Injuries as result of C19 V – Can't accomplish

Mission

To protect the health and promote the well-being of all people in Virginia.

C19 V in Children would do the opposite

Core Values

Our culture values service, equity and making data-informed decisions.

Equity? The C19 V has massive Data proving our African-American Citizens suffer the worst from this shot. This alone should Support a Pause on All C 19 V's.

As a mother of a V injured Child I Object to Adding C19 V to the Childhood Schedule

The CDC maintains Children are the Lowest Demographic for Risk of Illness at a slight threat today threat decrease in cases

What Determinations are used to Decide a New V is Added? Your Current VA Childhood V Schedule Clearly States "**Vaccine-Preventable Diseases and the Vaccines that Prevent Them**"

The CDC and this Board have admitted the C19 V does NOT PREVENT Infection

Which makes it CLEAR, the C19 V Does NOT meet the Criteria for Approval - PERIOD

From the Onset of this Issue – This Board and VDH should have been Informing the Public of the Side Effects of the V's, and the publics' Right to Informed Consent, as well as their Right to Apply for a Waiver to OPT OUT.

Yet Richmond remained Silent – Inaction is Still Action, which renders each of you Complicit and Liable.

IF You move forward, you MUST REQUIRE – DISCLOSURE of V Side Effects 1st, followed by SIGNED Parental Consent, PRIOR to Injection.

I have 3 sons, Not once, has a Hospital or Doctor provided me any Information until After the injections were given. Nor was I informed of Waivers or Opt Out Options. As a result, 1 of my sons is on the Spectrum and will need interventions for life.

If only this Board, the VDH or 1 Medical Professional had told me I had a choice.

You are still Running Promotions for

Wear a Face Covering

For your safety and the safety of others. Download printable promotional posters

& Promote Getting a V

Therefore You MUST also provide Promotional Materials and Require they be posted where any V's or Medical Care is given.

These posters can simply say…

"INFORMED CONSENT is YOUR RIGHT – PRIOR TO ANY TREATMENTS"

www.phmpt.org
click on documents
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The Covid-19 vaccines have more adverse events reported than all other existing vaccines combined since the vaccine program began.

Why did the FDA want to hide the Pfizer trial findings for 75 years? Why did they have to be FOIA'd for the information when they were claiming to be transparent? Why did they want to redact information from the report even after a Texas judge ordered them to be released?

Why did the CDC have to be sued twice to release the V-Safe data? This is the CDC's data. There were 10,108,273 individual users and 6,458,761 health impacts reported

I went to a school board meeting almost a year ago – in spring 2022. Why were they discussing having funds for athletes that have cardiovascular issues? I have not seen this in all the years that my children when to public schools. My youngest graduated in 2018.

The Department of Defense's report for 10 months in 2021 compared to 2016 – 2020 shows a 299% increase in Ovarian Dysfunction – an average of 934 reports a year to 4,086 reports in 2021. Infertility went up from an average of 2,274 per year to 11,748 in 10 months of 2021, a 419% increase in 2021. What will this shot do to the reproductive systems of children? Why did the DOD change the data from 2016 – 2020 to reflect 2021 after Attorney Thomas Renz presented this information in a Senate hearing on January 24, 2021?

Neurological issues increase by 968% in 10 months of 2021 compared to 2016 – 2020 – from an average of 82,000 a year to 863,000 in 2021.

Zero healthy children have died from Covid. What are the chances of them having neurological issues, or reproductive issues, or heart issues from these shots? Keep these shots off the childhood schedule.

with 80% or 6 million requiring medical care.

1.2 million unable to do normal activities

1.3 million missed work/school

1.8 million Required medical care

Barbara Henry, Williamsburg

I am here again today to oppose the "Covid 19" experimental gene therapy injection proposed for children, and I hope that my comments are unnecessary at this point; that it has been decided that putting these injections on the childhood schedule is not only useless, but dangerous.

As you certainly must know by now, this product neither protects against infection, nor prevents transmission. I repeat. Neither protects against infection, nor prevents transmission
Unless you've been highly pressured to promote this product, I find it amazing that this non- FDA approved, toxic, spectacularly failed experimental product is even still around. The safety signals are off the charts!
We've reached herd immunity
Covid is over. What's the "vaccine" for???

Children were never susceptible to Covid.

The shots don't work. We know the shot's effectiveness wanes after three months... are we going to vaccinate four times a year? How stupid is that?

The shots have proven to have NEGATIVE EFFICACY. It's the vaccinated that are getting sick.

The reports from around the world are simply staggering. Fertility issues, miscarriages, myocarditis, brain inflammation, strokes, heart attacks, blood clots, sudden virulent cancers, EVEN IN YOUNG CHILDREN, and so much more.
I personally know several unfortunate individuals whose health has been severely compromised, and one death, shortly after accepting this "SAFE AND EFFECTIVE" shot.

AND MOST IMPORTANTLY OF ALL: HOW DO YOU HAVE INFORMED CONSENT WITH SECRET INGREDIENTS? THIS PRODUCT IS ANYTHING, BUT "SAFE AND EFFECTIVE".

We look to this Board to protect our Health. Putting this mRNA EXPERIMENTAL, non-FDA approved, mystery gene therapy injection on the childhood immunization schedule is literally, a crime against humanity.

The future of VA depends on the health of the children. I believe we can agree on this fact. Today, by the time a baby is 6 months old if their parents are following the CDC schedule, they will likely have taken all the jabs many of you in this room have had in your entire lives!!

You've been indoctrinated by Rockefeller institutions that vaccines save lives. However, you're ignoring the fact that children are sicker today than ever before! This explains why you've added a **Suddenly Died Young** coordinator position doesn't it?!?

If you have been promoting or using products known as "Covid-19 vaccines" on patients since December 2020, you have been participating in fraud, mass murder and war crimes, because medical countermeasures (MCMs), covered countermeasures, and prototype products are DOD-contracted bioweapons intended and effective for injuring, sickening, and killing recipients.

You may not have known or understood your participation in fraud, mass murder and war crimes before today. I am now informing you; you have now been given notice.

CEASE AND DESIST from committing acts of additional fraud, mass murder and war crimes, effective as of the date of this notice, and immediately close your vaccination and immunization programs.

If you still think we are wrong it's because you're listening to the echo-chamber of lies- safe & effective and only concerned about collecting a pay check, it's time you hear from a few of the thousands of doctors calling to STOP THE SHOTS!

This video was created seven months ago now! **https://rumble.com/v1ees0f-right-docs-of-history-strike-back-stop-the-shots.html**

The Great Barrington declaration document alone was **signed by 47 thousand Dr's and over 16 thousand medical and public health scientists.** Great Barrington Declaration (gbdeclaration.org)

80 Pages of Peer Reviewed Medical Papers Submitted To Various Medical Journals, Evidencing A Multitude Of Adverse Events In Covid-19 Vaccine Recipients
Updated_Peer_Reviewed_medical_papers_submitted_to_various_medical (healthindependencealliance.com)

Doris Knick 3/23/23

Signatures

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.

Total Signatures

936,437

Concerned Citizens

872,942

Medical & Public Health Scientists

16,039

Medical practitioners

47,456

READ THE DECLARATION

SIGN THE DECLARATION

READ THE FREQUENTLY ASKED QUESTIONS

DMED DATA % increase in partial year of 2021 (Oct 19) compared to years 2016-2020 you can find the full graph on www.renz-law.com *https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/* Scroll to the bottom and click on "NEXT DMED DATA" – but you really need to read this page before you click for the data.

	2016	2017	2018	2019	2020	2021 (partial year)	% increase
Diseases and Injuries (Ambulatory)	2,059,630	2,058,379	2,022,663	2,110,383	1,976,724	21,512,583	988.30%
Diseases and injuries (Hospitalization)	43,786	43,338	42,024	43,493	40,052	54,776	36.80%
Diseases of the Nervous System	82,435	81,998	81,382	85,012	80,786	863,013	968.30%
Malignant Neuroendocrine Tumor	167	135	98	113	117	440	276.10%
Acute Myocardial Infarct	324	370	376	366	372	1,650	343.50%
Acute Myocarditis	84	92	116	159	108	307	184.30%
Acute Pericarditis	535	538	522	531	499	850	70.30%
Pulmonary Embolism	678	701	668	716	968	3,489	260.40%
Congenital Malformations	11,710	11,131	10,456	11,081	10,153	18,951	86.70%
Nontraumatic Subarachnoid Hemorrage	219	139	134	170	196	640	226.50%
Anxiety	37,011	36,667	36,145	37,762	37,870	931,791	2360.50%
Suicide	359	496	530	570	550	1798	226.90%
Neoplasms for All Cancers	41,557	39,139	37,756	38,889	36,050	114,645	218%
Cancer (Digestion)	660	654	633	602	704	4,060	476.70%
Cancer (Breast)	934	810	766	792	766	4,357	468.80%
Cancer (Testicular)	1,156	1,008	866	880	889	3,537	297.90%
Infertility (female)	2,261	2,262	2,243	2,340	2,262	11,748	419.40%
Dismenorrhea	3,104	3,403	3,481	3,943	3,900	12,539	221.50%
Ovarian Dysfunction	862	936	908	945	1,022	4,086	299.80%
Infertility (male)	2,187	2,287	2,037	2,152	1,990	8,365	320.40%
Guillian-Bare Syndrome	66	79	71	85	65	403	520%

friend's aunt for
brother in law's friends wife

friend's co-worker
my mom
my best friend's husband
a friend

local school nurse

friend's old employer died
cancer
a friend's father died
friend's cousin died
friends sister in law (died)
friend's co-workers

neices friends

my daughter
my friend's daughter

OVER

Acute Transverse Myelitis	46	57	48	35	34	202	494.10%
Seizures	196	148	130	150	123	489	297.60%
Narcolepsy Cataplexy	995	898	864	830	766	2,097	351.70%
Rhabdomyolysis	706	696	740	755	669	5,162	671.60%
Multiple Sclerosis	479	391	367	400	385	2750	614.30%
Migraine	15,734	15,714	16,462	17,116	16,311	73,490	351.70%
Blood Disorders	11,533	11,122	10,851	11,773	11,429	34,486	204.10%
Hypertension	2,308	2,323	2,363	2,392	2,415	53,846	2129.60%
Cerebral Infarct	887	848	858	888	887	3,438	293.70%

← cousin + aorta aneurism

stroke → friend's mom
friend's dad

heartattack → 2 of brother-in-law's coworkers
accountant's father (died)
family friend
husband's uncle - died

miscarriages → several of neice's friends

neonatal death (in Pfizerdocuments)
friend's neice - twin babies died

Let Doctors Be Doctors!

There are way too many "coincidences"

Stop the Shots!!!

Medical Freedom!

SB 793
792
833
972
876

HB 1397
2160
2276
2280

www.phmpt.org
click on "documents"
Search 5.3.6
pgs. 30-38 - Adverse Event Reports

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Report Prepared by:

Worldwide Safety

Pfizer

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute kidney injury;Acute macular outer retinopathy;Acute motor axonal neuropathy;Acute motor-sensory axonal neuropathy;Acute myocardial infarction;Acute respiratory distress syndrome;Acute respiratory failure;Addison's disease;Administration site thrombosis;Administration site vasculitis;Adrenal thrombosis;Adverse event following immunisation;Ageusia;Agranulocytosis;Air embolism;Alanine aminotransferase abnormal;Alanine aminotransferase increased;Alcoholic seizure;Allergic bronchopulmonary mycosis;Allergic oedema;Alloimmune hepatitis;Alopecia areata;Alpers disease;Alveolar proteinosis;Ammonia abnormal;Ammonia increased;Amniotic cavity infection;Amygdalohippocampectomy;Amyloid arthropathy;Amyloidosis;Amyloidosis senile;Anaphylactic reaction;Anaphylactic shock;Anaphylactic transfusion reaction;Anaphylactoid reaction;Anaphylactoid shock;Anaphylactoid syndrome of pregnancy;Angioedema;Angiopathic neuropathy;Ankylosing spondylitis;Anosmia;Antiacetylcholine receptor antibody positive;Anti-actin antibody positive;Anti-aquaporin-4 antibody positive;Anti-basal ganglia antibody positive;Anti-cyclic citrullinated peptide antibody positive;Anti-epithelial antibody positive;Anti-erythrocyte antibody positive;Anti-exosome complex antibody positive;Anti-GAD antibody negative;Anti-GAD antibody positive;Anti-ganglioside antibody positive;Antigliadin antibody positive;Anti-glomerular basement membrane antibody positive;Anti-glomerular basement membrane disease;Anti-glycyl-tRNA synthetase antibody positive;Anti-HLA antibody test positive;Anti-IA2 antibody positive;Anti-insulin antibody increased;Anti-insulin antibody positive;Anti-insulin receptor antibody increased;Anti-insulin receptor antibody positive;Anti-interferon antibody negative;Anti-interferon antibody positive;Anti-islet cell antibody positive;Antimitochondrial antibody positive;Anti-muscle specific kinase antibody positive;Anti-myelin-associated glycoprotein antibodies positive;Anti-myelin-associated glycoprotein associated polyneuropathy;Antimyocardial antibody positive;Anti-neuronal antibody positive;Antineutrophil cytoplasmic antibody increased;Antineutrophil cytoplasmic antibody positive;Anti-neutrophil cytoplasmic antibody positive vasculitis;Anti-NMDA antibody positive;Antinuclear antibody increased;Antinuclear antibody positive;Antiphospholipid antibodies positive;Antiphospholipid syndrome;Anti-platelet antibody positive;Anti-prothrombin antibody positive;Antiribosomal P antibody positive;Anti-RNA polymerase III antibody positive;Anti-saccharomyces cerevisiae antibody test positive;Anti-sperm antibody positive;Anti-SRP antibody positive;Antisynthetase syndrome;Anti-thyroid antibody positive;Anti-transglutaminase antibody increased;Anti-VGCC antibody positive;Anti-VGKC antibody positive;Anti-vimentin antibody positive;Antiviral prophylaxis;Antiviral treatment;Anti-zinc transporter 8 antibody positive;Aortic embolus;Aortic thrombosis;Aortitis;Aplasia pure red cell;Aplastic anaemia;Application site thrombosis;Application site vasculitis;Arrhythmia;Arterial bypass occlusion;Arterial bypass thrombosis;Arterial thrombosis;Arteriovenous fistula thrombosis;Arteriovenous graft site stenosis;Arteriovenous graft thrombosis;Arteritis;Arteritis

coronary;Arthralgia;Arthritis;Arthritis enteropathic;Ascites;Aseptic cavernous sinus thrombosis;Aspartate aminotransferase abnormal;Aspartate aminotransferase increased;Aspartate-glutamate-transporter deficiency;AST to platelet ratio index increased;AST/ALT ratio abnormal;Asthma;Asymptomatic COVID-19;Ataxia;Atheroembolism;Atonic seizures;Atrial thrombosis;Atrophic thyroiditis;Atypical benign partial epilepsy;Atypical pneumonia;Aura;Autoantibody positive;Autoimmune anaemia;Autoimmune aplastic anaemia;Autoimmune arthritis;Autoimmune blistering disease;Autoimmune cholangitis;Autoimmune colitis;Autoimmune demyelinating disease;Autoimmune dermatitis;Autoimmune disorder;Autoimmune encephalopathy;Autoimmune endocrine disorder;Autoimmune enteropathy;Autoimmune eye disorder;Autoimmune haemolytic anaemia;Autoimmune heparin-induced thrombocytopenia;Autoimmune hepatitis;Autoimmune hyperlipidaemia;Autoimmune hypothyroidism;Autoimmune inner ear disease;Autoimmune lung disease;Autoimmune lymphoproliferative syndrome;Autoimmune myocarditis;Autoimmune myositis;Autoimmune nephritis;Autoimmune neuropathy;Autoimmune neutropenia;Autoimmune pancreatitis;Autoimmune pancytopenia;Autoimmune pericarditis;Autoimmune retinopathy;Autoimmune thyroid disorder;Autoimmune thyroiditis;Autoimmune uveitis;Autoinflammation with infantile enterocolitis;Autoinflammatory disease;Automatism epileptic;Autonomic nervous system imbalance;Autonomic seizure;Axial spondyloarthritis;Axillary vein thrombosis;Axonal and demyelinating polyneuropathy;Axonal neuropathy;Bacterascites;Baltic myoclonic epilepsy;Band sensation;Basedow's disease;Basilar artery thrombosis;Basophilopenia;B-cell aplasia;Behcet's syndrome;Benign ethnic neutropenia;Benign familial neonatal convulsions;Benign familial pemphigus;Benign rolandic epilepsy;Beta-2 glycoprotein antibody positive;Bickerstaff's encephalitis;Bile output abnormal;Bile output decreased;Biliary ascites;Bilirubin conjugated abnormal;Bilirubin conjugated increased;Bilirubin urine present;Biopsy liver abnormal;Biotinidase deficiency;Birdshot chorioretinopathy;Blood alkaline phosphatase abnormal;Blood alkaline phosphatase increased;Blood bilirubin abnormal;Blood bilirubin increased;Blood bilirubin unconjugated increased;Blood cholinesterase abnormal;Blood cholinesterase decreased;Blood pressure decreased;Blood pressure diastolic decreased;Blood pressure systolic decreased;Blue toe syndrome;Brachiocephalic vein thrombosis;Brain stem embolism;Brain stem thrombosis;Bromosulphthalein test abnormal;Bronchial oedema;Bronchitis;Bronchitis mycoplasmal;Bronchitis viral;Bronchopulmonary aspergillosis allergic;Bronchospasm;Budd-Chiari syndrome;Bulbar palsy;Butterfly rash;C1q nephropathy;Caesarean section;Calcium embolism;Capillaritis;Caplan's syndrome;Cardiac amyloidosis;Cardiac arrest;Cardiac failure;Cardiac failure acute;Cardiac sarcoidosis;Cardiac ventricular thrombosis;Cardiogenic shock;Cardiolipin antibody positive;Cardiopulmonary failure;Cardio-respiratory arrest;Cardio-respiratory distress;Cardiovascular insufficiency;Carotid arterial embolus;Carotid artery thrombosis;Cataplexy;Catheter site thrombosis;Catheter site vasculitis;Cavernous sinus thrombosis;CDKL5 deficiency disorder;CEC syndrome;Cement embolism;Central nervous system lupus;Central nervous system vasculitis;Cerebellar artery thrombosis;Cerebellar embolism;Cerebral amyloid angiopathy;Cerebral arteritis;Cerebral artery embolism;Cerebral artery thrombosis;Cerebral gas embolism;Cerebral microembolism;Cerebral septic infarct;Cerebral thrombosis;Cerebral venous sinus thrombosis;Cerebral venous thrombosis;Cerebrospinal thrombotic

tamponade;Cerebrovascular accident;Change in seizure presentation;Chest discomfort;Child-Pugh-Turcotte score abnormal;Child-Pugh-Turcotte score increased;Chilblains;Choking;Choking sensation;Cholangitis sclerosing;Chronic autoimmune glomerulonephritis;Chronic cutaneous lupus erythematosus;Chronic fatigue syndrome;Chronic gastritis;Chronic inflammatory demyelinating polyradiculoneuropathy;Chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids;Chronic recurrent multifocal osteomyelitis;Chronic respiratory failure;Chronic spontaneous urticaria;Circulatory collapse;Circumoral oedema;Circumoral swelling;Clinically isolated syndrome;Clonic convulsion;Coeliac disease;Cogan's syndrome;Cold agglutinins positive;Cold type haemolytic anaemia;Colitis;Colitis erosive;Colitis herpes;Colitis microscopic;Colitis ulcerative;Collagen disorder;Collagen-vascular disease;Complement factor abnormal;Complement factor C1 decreased;Complement factor C2 decreased;Complement factor C3 decreased;Complement factor C4 decreased;Complement factor decreased;Computerised tomogram liver abnormal;Concentric sclerosis;Congenital anomaly;Congenital bilateral perisylvian syndrome;Congenital herpes simplex infection;Congenital myasthenic syndrome;Congenital varicella infection;Congestive hepatopathy;Convulsion in childhood;Convulsions local;Convulsive threshold lowered;Coombs positive haemolytic anaemia;Coronary artery disease;Coronary artery embolism;Coronary artery thrombosis;Coronary bypass thrombosis;Coronavirus infection;Coronavirus test;Coronavirus test negative;Coronavirus test positive;Corpus callosotomy;Cough;Cough variant asthma;COVID-19;COVID-19 immunisation;COVID-19 pneumonia;COVID-19 prophylaxis;COVID-19 treatment;Cranial nerve disorder;Cranial nerve palsies multiple;Cranial nerve paralysis;CREST syndrome;Crohn's disease;Cryofibrinogenaemia;Cryoglobulinaemia;CSF oligoclonal band present;CSWS syndrome;Cutaneous amyloidosis;Cutaneous lupus erythematosus;Cutaneous sarcoidosis;Cutaneous vasculitis;Cyanosis;Cyclic neutropenia;Cystitis interstitial;Cytokine release syndrome;Cytokine storm;De novo purine synthesis inhibitors associated acute inflammatory syndrome;Death neonatal;Deep vein thrombosis;Deep vein thrombosis postoperative;Deficiency of bile secretion;Deja vu;Demyelinating polyneuropathy;Demyelination;Dermatitis;Dermatitis bullous;Dermatitis herpetiformis;Dermatomyositis;Device embolisation;Device related thrombosis;Diabetes mellitus;Diabetic ketoacidosis;Diabetic mastopathy;Dialysis amyloidosis;Dialysis membrane reaction;Diastolic hypotension;Diffuse vasculitis;Digital pitting scar;Disseminated intravascular coagulation;Disseminated intravascular coagulation in newborn;Disseminated neonatal herpes simplex;Disseminated varicella;Disseminated varicella zoster vaccine virus infection;Disseminated varicella zoster virus infection;DNA antibody positive;Double cortex syndrome;Double stranded DNA antibody positive;Dreamy state;Dressler's syndrome;Drop attacks;Drug withdrawal convulsions;Dyspnoea;Early infantile epileptic encephalopathy with burst-suppression;Eclampsia;Eczema herpeticum;Embolia cutis medicamentosa;Embolic cerebellar infarction;Embolic cerebral infarction;Embolic pneumonia;Embolic stroke;Embolism;Embolism arterial;Embolism venous;Encephalitis;Encephalitis allergic;Encephalitis autoimmune;Encephalitis brain stem;Encephalitis haemorrhagic;Encephalitis periaxialis diffusa;Encephalitis post immunisation;Encephalomyelitis;Encephalopathy;Endocrine disorder;Endocrine ophthalmopathy;Endotracheal intubation;Enteritis;Enteritis leukopenic;Enterobacter pneumonia;Enterocolitis;Enteropathic spondylitis;Eosinopenia;Eosinophilic

fasciitis;Eosinophilic granulomatosis with polyangiitis;Eosinophilic oesophagitis;Epidermolysis;Epilepsy;Epilepsy surgery;Epilepsy with myoclonic-atonic seizures;Epileptic aura;Epileptic psychosis;Erythema;Erythema induratum;Erythema multiforme;Erythema nodosum;Evans syndrome;Exanthema subitum;Expanded disability status scale score decreased;Expanded disability status scale score increased;Exposure to communicable disease;Exposure to SARS-CoV-2;Eye oedema;Eye pruritus;Eye swelling;Eyelid oedema;Face oedema;Facial paralysis;Facial paresis;Faciobrachial dystonic seizure;Fat embolism;Febrile convulsion;Febrile infection-related epilepsy syndrome;Febrile neutropenia;Felty's syndrome;Femoral artery embolism;Fibrillary glomerulonephritis;Fibromyalgia;Flushing;Foaming at mouth;Focal cortical resection;Focal dyscognitive seizures;Foetal distress syndrome;Foetal placental thrombosis;Foetor hepaticus;Foreign body embolism;Frontal lobe epilepsy;Fulminant type 1 diabetes mellitus;Galactose elimination capacity test abnormal;Galactose elimination capacity test decreased;Gamma-glutamyltransferase abnormal;Gamma-glutamyltransferase increased;Gastritis herpes;Gastrointestinal amyloidosis;Gelastic seizure;Generalised onset non-motor seizure;Generalised tonic-clonic seizure;Genital herpes;Genital herpes simplex;Genital herpes zoster;Giant cell arteritis;Glomerulonephritis;Glomerulonephritis membranoproliferative;Glomerulonephritis membranous;Glomerulonephritis rapidly progressive;Glossopharyngeal nerve paralysis;Glucose transporter type 1 deficiency syndrome;Glutamate dehydrogenase increased;Glycocholic acid increased;GM2 gangliosidosis;Goodpasture's syndrome;Graft thrombosis;Granulocytopenia;Granulocytopenia neonatal;Granulomatosis with polyangiitis;Granulomatous dermatitis;Grey matter heterotopia;Guanase increased;Guillain-Barre syndrome;Haemolytic anaemia;Haemophagocytic lymphohistiocytosis;Haemorrhage;Haemorrhagic ascites;Haemorrhagic disorder;Haemorrhagic pneumonia;Haemorrhagic varicella syndrome;Haemorrhagic vasculitis;Hantavirus pulmonary infection;Hashimoto's encephalopathy;Hashitoxicosis;Hemimegalencephaly;Henoch-Schonlein purpura;Henoch-Schonlein purpura nephritis;Hepaplastin abnormal;Hepaplastin decreased;Heparin-induced thrombocytopenia;Hepatic amyloidosis;Hepatic artery embolism;Hepatic artery flow decreased;Hepatic artery thrombosis;Hepatic enzyme abnormal;Hepatic enzyme decreased;Hepatic enzyme increased;Hepatic fibrosis marker abnormal;Hepatic fibrosis marker increased;Hepatic function abnormal;Hepatic hydrothorax;Hepatic hypertrophy;Hepatic hypoperfusion;Hepatic lymphocytic infiltration;Hepatic mass;Hepatic pain;Hepatic sequestration;Hepatic vascular resistance increased;Hepatic vascular thrombosis;Hepatic vein embolism;Hepatic vein thrombosis;Hepatic venous pressure gradient abnormal;Hepatic venous pressure gradient increased;Hepatitis;Hepatobiliary scan abnormal;Hepatomegaly;Hepatosplenomegaly;Hereditary angioedema with C1 esterase inhibitor deficiency;Herpes dermatitis;Herpes gestationis;Herpes oesophagitis;Herpes ophthalmic;Herpes pharyngitis;Herpes sepsis;Herpes simplex;Herpes simplex cervicitis;Herpes simplex colitis;Herpes simplex encephalitis;Herpes simplex gastritis;Herpes simplex hepatitis;Herpes simplex meningitis;Herpes simplex meningoencephalitis;Herpes simplex meningomyelitis;Herpes simplex necrotising retinopathy;Herpes simplex oesophagitis;Herpes simplex otitis externa;Herpes simplex pharyngitis;Herpes simplex pneumonia;Herpes simplex reactivation;Herpes simplex sepsis;Herpes simplex viraemia;Herpes simplex virus conjunctivitis neonatal;Herpes simplex visceral;Herpes virus

infection;Herpes zoster;Herpes zoster cutaneous disseminated;Herpes zoster infection neurological;Herpes zoster meningitis;Herpes zoster meningoencephalitis;Herpes zoster meningomyelitis;Herpes zoster meningoradiculitis;Herpes zoster necrotising retinopathy;Herpes zoster oticus;Herpes zoster pharyngitis;Herpes zoster reactivation;Herpetic radiculopathy;Histone antibody positive;Hoigne's syndrome;Human herpesvirus 6 encephalitis;Human herpesvirus 6 infection;Human herpesvirus 6 infection reactivation;Human herpesvirus 7 infection;Human herpesvirus 8 infection;Hyperammonaemia;Hyperbilirubinaemia;Hypercholia;Hypergammaglobulinaemia benign monoclonal;Hyperglycaemic seizure;Hypersensitivity;Hypersensitivity vasculitis;Hyperthyroidism;Hypertransaminasaemia;Hyperventilation;Hypoalbuminaemia;Hypocalcaemic seizure;Hypogammaglobulinaemia;Hypoglossal nerve paralysis;Hypoglossal nerve paresis;Hypoglycaemic seizure;Hyponatraemic seizure;Hypotension;Hypotensive crisis;Hypothenar hammer syndrome;Hypothyroidism;Hypoxia;Idiopathic CD4 lymphocytopenia;Idiopathic generalised epilepsy;Idiopathic interstitial pneumonia;Idiopathic neutropenia;Idiopathic pulmonary fibrosis;IgA nephropathy;IgM nephropathy;IIrd nerve paralysis;IIrd nerve paresis;Iliac artery embolism;Immune thrombocytopenia;Immune-mediated adverse reaction;Immune-mediated cholangitis;Immune-mediated cholestasis;Immune-mediated cytopenia;Immune-mediated encephalitis;Immune-mediated encephalopathy;Immune-mediated endocrinopathy;Immune-mediated enterocolitis;Immune-mediated gastritis;Immune-mediated hepatic disorder;Immune-mediated hepatitis;Immune-mediated hyperthyroidism;Immune-mediated hypothyroidism;Immune-mediated myocarditis;Immune-mediated myositis;Immune-mediated nephritis;Immune-mediated neuropathy;Immune-mediated pancreatitis;Immune-mediated pneumonitis;Immune-mediated renal disorder;Immune-mediated thyroiditis;Immune-mediated uveitis;Immunoglobulin G4 related disease;Immunoglobulins abnormal;Implant site thrombosis;Inclusion body myositis;Infantile genetic agranulocytosis;Infantile spasms;Infected vasculitis;Infective thrombosis;Inflammation;Inflammatory bowel disease;Infusion site thrombosis;Infusion site vasculitis;Injection site thrombosis;Injection site urticaria;Injection site vasculitis;Instillation site thrombosis;Insulin autoimmune syndrome;Interstitial granulomatous dermatitis;Interstitial lung disease;Intracardiac mass;Intracardiac thrombus;Intracranial pressure increased;Intrapericardial thrombosis;Intrinsic factor antibody abnormal;Intrinsic factor antibody positive;IPEX syndrome;Irregular breathing;IRVAN syndrome;IVth nerve paralysis;IVth nerve paresis;JC polyomavirus test positive;JC virus CSF test positive;Jeavons syndrome;Jugular vein embolism;Jugular vein thrombosis;Juvenile idiopathic arthritis;Juvenile myoclonic epilepsy;Juvenile polymyositis;Juvenile psoriatic arthritis;Juvenile spondyloarthritis;Kaposi sarcoma inflammatory cytokine syndrome;Kawasaki's disease;Kayser-Fleischer ring;Keratoderma blennorrhagica;Ketosis-prone diabetes mellitus;Koumis syndrome;Lafora's myoclonic epilepsy;Lambl's excrescences;Laryngeal dyspnoea;Laryngeal oedema;Laryngeal rheumatoid arthritis;Laryngospasm;Laryngotracheal oedema;Latent autoimmune diabetes in adults;LE cells present;Lemierre syndrome;Lennox-Gastaut syndrome;Leucine aminopeptidase increased;Leukoencephalomyelitis;Leukoencephalopathy;Leukopenia;Leukopenia neonatal;Lewis-Sumner syndrome;Lhermitte's sign;Lichen planopilaris;Lichen planus;Lichen sclerosus;Limbic encephalitis;Linear IgA disease;Lip oedema;Lip swelling;Liver function test abnormal;Liver function test decreased;Liver function test increased;Liver induration;Liver injury;Liver iron concentration abnormal;Liver iron concentration

increased;Liver opacity;Liver palpable;Liver sarcoidosis;Liver scan abnormal;Liver tenderness;Low birth weight baby;Lower respiratory tract herpes infection;Lower respiratory tract infection;Lower respiratory tract infection viral;Lung abscess;Lupoid hepatic cirrhosis;Lupus cystitis;Lupus encephalitis;Lupus endocarditis;Lupus enteritis;Lupus hepatitis;Lupus myocarditis;Lupus myositis;Lupus nephritis;Lupus pancreatitis;Lupus pleurisy;Lupus pneumonitis;Lupus vasculitis;Lupus-like syndrome;Lymphocytic hypophysitis;Lymphocytopenia neonatal;Lymphopenia;MAGIC syndrome;Magnetic resonance imaging liver abnormal;Magnetic resonance proton density fat fraction measurement;Mahler sign;Manufacturing laboratory analytical testing issue;Manufacturing materials issue;Manufacturing production issue;Marburg's variant multiple sclerosis;Marchiafava-Bignami disease;Marine Lenhart syndrome;Mastocytic enterocolitis;Maternal exposure during pregnancy;Medical device site thrombosis;Medical device site vasculitis;MELAS syndrome;Meningitis;Meningitis aseptic;Meningitis herpes;Meningoencephalitis herpes simplex neonatal;Meningoencephalitis herpetic;Meningomyelitis herpes;MERS-CoV test;MERS-CoV test negative;MERS-CoV test positive;Mesangioproliferative glomerulonephritis;Mesenteric artery embolism;Mesenteric artery thrombosis;Mesenteric vein thrombosis;Metapneumovirus infection;Metastatic cutaneous Crohn's disease;Metastatic pulmonary embolism;Microangiopathy;Microembolism;Microscopic polyangiitis;Middle East respiratory syndrome;Migraine-triggered seizure;Miliary pneumonia;Miller Fisher syndrome;Mitochondrial aspartate aminotransferase increased;Mixed connective tissue disease;Model for end stage liver disease score abnormal;Model for end stage liver disease score increased;Molar ratio of total branched-chain amino acid to tyrosine;Molybdenum cofactor deficiency;Monocytopenia;Mononeuritis;Mononeuropathy multiplex;Morphoea;Morvan syndrome;Mouth swelling;Moyamoya disease;Multifocal motor neuropathy;Multiple organ dysfunction syndrome;Multiple sclerosis;Multiple sclerosis relapse;Multiple sclerosis relapse prophylaxis;Multiple subpial transection;Multisystem inflammatory syndrome in children;Muscular sarcoidosis;Myasthenia gravis;Myasthenia gravis crisis;Myasthenia gravis neonatal;Myasthenic syndrome;Myelitis;Myelitis transverse;Myocardial infarction;Myocarditis;Myocarditis post infection;Myoclonic epilepsy;Myoclonic epilepsy and ragged-red fibres;Myokymia;Myositis;Narcolepsy;Nasal herpes;Nasal obstruction;Necrotising herpetic retinopathy;Neonatal Crohn's disease;Neonatal epileptic seizure;Neonatal lupus erythematosus;Neonatal mucocutaneous herpes simplex;Neonatal pneumonia;Neonatal seizure;Nephritis;Nephrogenic systemic fibrosis;Neuralgic amyotrophy;Neuritis;Neuritis cranial;Neuromyelitis optica pseudo relapse;Neuromyelitis optica spectrum disorder;Neuromyotonia;Neuronal neuropathy;Neuropathy peripheral;Neuropathy, ataxia, retinitis pigmentosa syndrome;Neuropsychiatric lupus;Neurosarcoidosis;Neutropenia;Neutropenia neonatal;Neutropenic colitis;Neutropenic infection;Neutropenic sepsis;Nodular rash;Nodular vasculitis;Noninfectious myelitis;Noninfective encephalitis;Noninfective encephalomyelitis;Noninfective oophoritis;Obstetrical pulmonary embolism;Occupational exposure to communicable disease;Occupational exposure to SARS-CoV-2;Ocular hyperaemia;Ocular myasthenia;Ocular pemphigoid;Ocular sarcoidosis;Ocular vasculitis;Oculofacial paralysis;Oedema;Oedema blister;Oedema due to hepatic disease;Oedema mouth;Oesophageal achalasia;Ophthalmic artery thrombosis;Ophthalmic herpes simplex;Ophthalmic herpes zoster;Ophthalmic vein thrombosis;Optic neuritis;Optic

neuropathy;Optic perineuritis;Oral herpes;Oral lichen planus;Oropharyngeal oedema;Oropharyngeal spasm;Oropharyngeal swelling;Osmotic demyelination syndrome;Ovarian vein thrombosis;Overlap syndrome;Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection;Paget-Schroetter syndrome;Palindromic rheumatism;Palisaded neutrophilic granulomatous dermatitis;Palmoplantar keratoderma;Palpable purpura;Pancreatitis;Panencephalitis;Papillophlebitis;Paracancerous pneumonia;Paradoxical embolism;Parainfluenzae viral laryngotracheobronchitis;Paraneoplastic dermatomyositis;Paraneoplastic pemphigus;Paraneoplastic thrombosis;Paresis cranial nerve;Parietal cell antibody positive;Paroxysmal nocturnal haemoglobinuria;Partial seizures;Partial seizures with secondary generalisation;Patient isolation;Pelvic venous thrombosis;Pemphigoid;Pemphigus;Penile vein thrombosis;Pericarditis;Pericarditis lupus;Perihepatic discomfort;Periorbital oedema;Periorbital swelling;Peripheral artery thrombosis;Peripheral embolism;Peripheral ischaemia;Peripheral vein thrombus extension;Periportal oedema;Peritoneal fluid protein abnormal;Peritoneal fluid protein decreased;Peritoneal fluid protein increased;Peritonitis lupus;Pernicious anaemia;Petit mal epilepsy;Pharyngeal oedema;Pharyngeal swelling;Pityriasis lichenoides et varioliformis acuta;Placenta praevia;Pleuroparenchymal fibroelastosis;Pneumobilia;Pneumonia;Pneumonia adenoviral;Pneumonia cytomegaloviral;Pneumonia herpes viral;Pneumonia influenzal;Pneumonia measles;Pneumonia mycoplasmal;Pneumonia necrotising;Pneumonia parainfluenzae viral;Pneumonia respiratory syncytial viral;Pneumonia viral;POEMS syndrome;Polyarteritis nodosa;Polyarthritis;Polychondritis;Polyglandular autoimmune syndrome type I;Polyglandular autoimmune syndrome type II;Polyglandular autoimmune syndrome type III;Polyglandular disorder;Polymicrogyria;Polymyalgia rheumatica;Polymyositis;Polyneuropathy;Polyneuropathy idiopathic progressive;Portal pyaemia;Portal vein embolism;Portal vein flow decreased;Portal vein pressure increased;Portal vein thrombosis;Portosplenomesenteric venous thrombosis;Post procedural hypotension;Post procedural pneumonia;Post procedural pulmonary embolism;Post stroke epilepsy;Post stroke seizure;Post thrombotic retinopathy;Post thrombotic syndrome;Post viral fatigue syndrome;Postictal headache;Postictal paralysis;Postictal psychosis;Postictal state;Postoperative respiratory distress;Postoperative respiratory failure;Postoperative thrombosis;Postpartum thrombosis;Postpartum venous thrombosis;Postpericardiotomy syndrome;Post-traumatic epilepsy;Postural orthostatic tachycardia syndrome;Precerebral artery thrombosis;Pre-eclampsia;Preictal state;Premature labour;Premature menopause;Primary amyloidosis;Primary biliary cholangitis;Primary progressive multiple sclerosis;Procedural shock;Proctitis herpes;Proctitis ulcerative;Product availability issue;Product distribution issue;Product supply issue;Progressive facial hemiatrophy;Progressive multifocal leukoencephalopathy;Progressive multiple sclerosis;Progressive relapsing multiple sclerosis;Prosthetic cardiac valve thrombosis;Pruritus;Pruritus allergic;Pseudovasculitis;Psoriasis;Psoriatic arthropathy;Pulmonary amyloidosis;Pulmonary artery thrombosis;Pulmonary embolism;Pulmonary fibrosis;Pulmonary haemorrhage;Pulmonary microemboli;Pulmonary oil microembolism;Pulmonary renal syndrome;Pulmonary sarcoidosis;Pulmonary sepsis;Pulmonary thrombosis;Pulmonary tumour thrombotic microangiopathy;Pulmonary vasculitis;Pulmonary veno-occlusive disease;Pulmonary venous thrombosis;Pyoderma gangrenosum;Pyostomatitis vegetans;Pyrexia;Quarantine;Radiation leukopenia;Radiculitis

brachial;Radiologically isolated syndrome;Rash;Rash erythematous;Rash pruritic;Rasmussen encephalitis;Raynaud's phenomenon;Reactive capillary endothelial proliferation;Relapsing multiple sclerosis;Relapsing-remitting multiple sclerosis;Renal amyloidosis;Renal arteritis;Renal artery thrombosis;Renal embolism;Renal failure;Renal vascular thrombosis;Renal vasculitis;Renal vein embolism;Renal vein thrombosis;Respiratory arrest;Respiratory disorder;Respiratory distress;Respiratory failure;Respiratory paralysis;Respiratory syncytial virus bronchiolitis;Respiratory syncytial virus bronchitis;Retinal artery embolism;Retinal artery occlusion;Retinal artery thrombosis;Retinal vascular thrombosis;Retinal vasculitis;Retinal vein occlusion;Retinal vein thrombosis;Retinol binding protein decreased;Retinopathy;Retrograde portal vein flow;Retroperitoneal fibrosis;Reversible airways obstruction;Reynold's syndrome;Rheumatic brain disease;Rheumatic disorder;Rheumatoid arthritis;Rheumatoid factor increased;Rheumatoid factor positive;Rheumatoid factor quantitative increased;Rheumatoid lung;Rheumatoid neutrophilic dermatosis;Rheumatoid nodule;Rheumatoid nodule removal;Rheumatoid scleritis;Rheumatoid vasculitis;Saccadic eye movement;SAPHO syndrome;Sarcoidosis;SARS-CoV-1 test;SARS-CoV-1 test negative;SARS-CoV-1 test positive;SARS-CoV-2 antibody test;SARS-CoV-2 antibody test negative;SARS-CoV-2 antibody test positive;SARS-CoV-2 carrier;SARS-CoV-2 sepsis;SARS-CoV-2 test;SARS-CoV-2 test false negative;SARS-CoV-2 test false positive;SARS-CoV-2 test negative;SARS-CoV-2 test positive;SARS-CoV-2 viraemia;Satoyoshi syndrome;Schizencephaly;Scleritis;Sclerodactylia;Scleroderma;Scleroderma associated digital ulcer;Scleroderma renal crisis;Scleroderma-like reaction;Secondary amyloidosis;Secondary cerebellar degeneration;Secondary progressive multiple sclerosis;Segmented hyalinising vasculitis;Seizure;Seizure anoxic;Seizure cluster;Seizure like phenomena;Seizure prophylaxis;Sensation of foreign body;Septic embolus;Septic pulmonary embolism;Severe acute respiratory syndrome;Severe myoclonic epilepsy of infancy;Shock;Shock symptom;Shrinking lung syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjogren's syndrome;Skin swelling;SLE arthritis;Smooth muscle antibody positive;Sneezing;Spinal artery embolism;Spinal artery thrombosis;Splenic artery thrombosis;Splenic embolism;Splenic thrombosis;Splenic vein thrombosis;Spondylitis;Spondyloarthropathy;Spontaneous heparin-induced thrombocytopenia syndrome;Status epilepticus;Stevens-Johnson syndrome;Stiff leg syndrome;Stiff person syndrome;Stillbirth;Still's disease;Stoma site thrombosis;Stoma site vasculitis;Stress cardiomyopathy;Stridor;Subacute cutaneous lupus erythematosus;Subacute endocarditis;Subacute inflammatory demyelinating polyneuropathy;Subclavian artery embolism;Subclavian artery thrombosis;Subclavian vein thrombosis;Sudden unexplained death in epilepsy;Superior sagittal sinus thrombosis;Susac's syndrome;Suspected COVID-19;Swelling;Swelling face;Swelling of eyelid;Swollen tongue;Sympathetic ophthalmia;Systemic lupus erythematosus;Systemic lupus erythematosus disease activity index abnormal;Systemic lupus erythematosus disease activity index decreased;Systemic lupus erythematosus disease activity index increased;Systemic lupus erythematosus rash;Systemic scleroderma;Systemic sclerosis pulmonary;Tachycardia;Tachypnoea;Takayasu's arteritis;Temporal lobe epilepsy;Terminal ileitis;Testicular autoimmunity;Throat tightness;Thromboangiitis obliterans;Thrombocytopenia;Thrombocytopenic purpura;Thrombophlebitis;Thrombophlebitis migrans;Thrombophlebitis

neonatal;Thrombophlebitis septic;Thrombophlebitis superficial;Thromboplastin antibody positive;Thrombosis;Thrombosis corpora cavernosa;Thrombosis in device;Thrombosis mesenteric vessel;Thrombotic cerebral infarction;Thrombotic microangiopathy;Thrombotic stroke;Thrombotic thrombocytopenic purpura;Thyroid disorder;Thyroid stimulating immunoglobulin increased;Thyroiditis;Tongue amyloidosis;Tongue biting;Tongue oedema;Tonic clonic movements;Tonic convulsion;Tonic posturing;Topectomy;Total bile acids increased;Toxic epidermal necrolysis;Toxic leukoencephalopathy;Toxic oil syndrome;Tracheal obstruction;Tracheal oedema;Tracheobronchitis;Tracheobronchitis mycoplasmal;Tracheobronchitis viral;Transaminases abnormal;Transaminases increased;Transfusion-related alloimmune neutropenia;Transient epileptic amnesia;Transverse sinus thrombosis;Trigeminal nerve paresis;Trigeminal neuralgia;Trigeminal palsy;Truncus coeliacus thrombosis;Tuberous sclerosis complex;Tubulointerstitial nephritis and uveitis syndrome;Tumefactive multiple sclerosis;Tumour embolism;Tumour thrombosis;Type 1 diabetes mellitus;Type I hypersensitivity;Type III immune complex mediated reaction;Uhthoff's phenomenon;Ulcerative keratitis;Ultrasound liver abnormal;Umbilical cord thrombosis;Uncinate fits;Undifferentiated connective tissue disease;Upper airway obstruction;Urine bilirubin increased;Urobilinogen urine decreased;Urobilinogen urine increased;Urticaria;Urticaria papular;Urticarial vasculitis;Uterine rupture;Uveitis;Vaccination site thrombosis;Vaccination site vasculitis;Vagus nerve paralysis;Varicella;Varicella keratitis;Varicella post vaccine;Varicella zoster gastritis;Varicella zoster oesophagitis;Varicella zoster pneumonia;Varicella zoster sepsis;Varicella zoster virus infection;Vasa praevia;Vascular graft thrombosis;Vascular pseudoaneurysm thrombosis;Vascular purpura;Vascular stent thrombosis;Vasculitic rash;Vasculitic ulcer;Vasculitis;Vasculitis gastrointestinal;Vasculitis necrotising;Vena cava embolism;Vena cava thrombosis;Venous intravasation;Venous recanalisation;Venous thrombosis;Venous thrombosis in pregnancy;Venous thrombosis limb;Venous thrombosis neonatal;Vertebral artery thrombosis;Vessel puncture site thrombosis;Visceral venous thrombosis;VIth nerve paralysis;VIth nerve paresis;Vitiligo;Vocal cord paralysis;Vocal cord paresis;Vogt-Koyanagi-Harada disease;Warm type haemolytic anaemia;Wheezing;White nipple sign;XIth nerve paralysis;X-ray hepatobiliary abnormal;Young's syndrome;Zika virus associated Guillain Barre syndrome.

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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The 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.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and

long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should

open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

On October 4, 2020, this declaration was authored and signed in Great Barrington, United States, by:

Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

SIGN THE DECLARATION

Co-signers

Medical and Public Health Scientists and Medical Practitioners

Dr. Alexander Walker, principal at World Health Information Science Consultants, former Chair of Epidemiology, Harvard TH Chan School of Public Health, USA

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Dr. Ulrike Kämmerer, professor and expert in virology, immunology and cell biology, University of Würzburg, Germany

Dr. Uri Gavish, biomedical consultant, Israel

Dr. Yaz Gulnur Muradoglu, professor of finance, director of the Behavioural Finance Working Group, Queen Mary University of London, England

Sign the Declaration

Your Name *

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
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Thrombosis (includes terms: Thrombotic & Thromboembolic & Thromboembolism)

There are three categories of causes of thrombosis: damage to the blood vessel (catheter or surgery), slowed blood flow (immobility), and/or thrombophilia (if the blood itself is more likely to clot).

1. Three cases of acute venous thromboembolism in women after vaccination against COVID-19: https://www.sciencedirect.com/science/article/pii/S2213333X21003929
2. Acute thrombosis of the coronary tree after vaccination against COVID-19: https://www.sciencedirect.com/science/article/abs/pii/S1936879821003988
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Thrombocytopenia

A condition in which there is a lower-than-normal number of platelets in the blood. It may result in easy bruising and excessive bleeding from wounds or bleeding in mucous membranes and other tissues.

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Cerebral Venous Thrombosis

A type of stroke in which the venous channels of the brain become thrombosed, resulting in cerebral infarction in the areas corresponding to the thrombosis.

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Vasculitis (includes term: Microscopic polyangiitis)
An inflammation of the blood vessels that causes changes in the blood vessel walls. When your blood vessel becomes weak, it might stretch and bulge (called an aneurysm). It might also burst open, causing bleeding. This can be life-threatening.

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17. Outbreak of leukocytoclastic vasculitis after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928638/
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37. Small-vessel vasculitis following Oxford-AstraZeneca vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34310763/

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Guillain-Barré syndrome

A neurological disorder in which the body's immune system mistakenly attacks part of its peripheral nervous system—the network of nerves located outside of the brain and spinal cord. GBS can range from a very mild case with brief weakness to nearly devastating paralysis, leaving the person unable to breathe independently. Fortunately, most people eventually recover from even the most severe cases of GBS. After recovery, some people will continue to have some degree of weakness.

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3. Sensory Guillain-Barré syndrome after ChAdOx1 nCov-19 vaccine: report of two cases and review of the literature: https://www.sciencedirect.com/science/article/pii/S0165572821002186
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8. Guillian Barré syndrome after vaccination with mRNA-1273 against COVID-19: https://pubmed.ncbi.nlm.nih.gov/34477091/
9. A novel case of bifacial diplegia variant of Guillain-Barré syndrome after vaccination with Janssen COVID-19: https://pubmed.ncbi.nlm.nih.gov/34449715/

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14. COVID-19, Guillain-Barré and vaccineA dangerous mix: https://pubmed.ncbi.nlm.nih.gov/34108736/.
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16. Guillain-Barre syndrome after BNT162b2 COVID-19 vaccine: https://link.springer.com/article/10.1007%2Fs10072-021-05523-5.
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22. Guillain-Barre syndrome after COVID-19 vaccination in an adolescent: https://www.pedneur.com/article/S0887-8994(21)00221-6/fulltext.
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40. SARS-CoV-2 vaccines can be complicated not only by Guillain-Barré syndrome but also by distal small fiber neuropathy: https://pubmed.ncbi.nlm.nih.gov/34525410/
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43. Bilateral facial weakness with a variant of paresthesia of Guillain-Barre syndrome after Vaxzevria COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34261746/

Lymphadenopathy (includes term: Unilateral, Supraclavicular And Cervical
A disease affecting the lymph nodes where the sizes of the lymph can be affected

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3. Lymphadenopathy in COVID-19 vaccine recipients: diagnostic dilemma in oncology patients: https://pubmed.ncbi.nlm.nih.gov/33625300/

4. Hypermetabolic lymphadenopathy after administration of BNT162b2 mRNA vaccine Covid-19: incidence assessed by [18 F] FDG PET-CT and relevance for study interpretation: https://pubmed.ncbi.nlm.nih.gov/33774684/
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6. Lymphadenopathy associated with COVID-19 vaccination on FDG PET/CT: distinguishing features in adenovirus-vectored vaccine: https://pubmed.ncbi.nlm.nih.gov/34115709/.
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15. Unilateral lymphadenopathy after COVID-19 vaccination: a practical management plan for radiologists of all specialties: https://pubmed.ncbi.nlm.nih.gov/33713605/
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20. Evolution of lymphadenopathy on PET/MRI
21. Massive cervical lymphadenopathy following vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34601889/

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32. Massive cervical lymphadenopathy following vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34601889/
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34. Supraclavicular lymphadenopathy after COVID-19 vaccination in Korea: serial follow-up by ultrasonography: https://pubmed.ncbi.nlm.nih.gov/34116295/.
35. Evolution of Lymphadenopathy at Pet/MRI after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/33625301/

Anaphylaxis (includes term: Anaphylactoid)
A severe, potentially life-threatening allergic reaction.

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22. Allergic reactions, including anaphylaxis, after receiving the first dose of Pfizer-BioNTech COVID-19 vaccine – United States, December 14 to 23, 2020: https://pubmed.ncbi.nlm.nih.gov/33641264/
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Myopericarditis
A complication of acute pericarditis, is characterized by extension of pericardial inflammation to the myocardium, which manifests as an elevated troponin level. It is generally evaluated and treated as acute pericarditis.

1. Myopericarditis after Pfizer mRNA COVID-19 vaccination in adolescents: https://www.sciencedirect.com/science/article/pii/S002234762100665X
2. Myopericarditis after vaccination with COVID-19 mRNA in adolescents 12 to 18 years of age: https://www.sciencedirect.com/science/article/pii/S0022347621007368
3. Important information on myopericarditis after vaccination with Pfizer COVID-19 mRNA in adolescents: https://www.sciencedirect.com/science/article/pii/S0022347621007496
4. Insights from a murine model of COVID-19 mRNA vaccine-induced myopericarditis: could accidental intravenous injection of a vaccine induce myopericarditis https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab741/6359059
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Inhibitors: Investigating the Likelihood of Interaction through the Vaccine Adverse Event Reporting System and VigiBase. Vaccines (Basel), 9(1). doi:10.3390/vaccines9010019. https://www.ncbi.nlm.nih.gov/pubmed/33406694

21. Myopericarditis in a previously healthy adolescent male after COVID-19 vaccination: Case report: https://pubmed.ncbi.nlm.nih.gov/34133825/

Allergic Reactions (Includes Term: Allergy)
A condition in which the immune system reacts abnormally to a foreign substance.

1. An academic hospital experience assessing the risk of COVID-19 mRNA vaccine using patient's allergy history: https://www.sciencedirect.com/science/article/pii/S2213219821007972
2. Allergic reactions, including anaphylaxis, after receiving the first dose of the Pfizer-BioNTech COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33475702/
3. Allergic reactions to the first COVID-19 vaccine: a potential role of polyethylene glycol: https://pubmed.ncbi.nlm.nih.gov/33320974/
4. Pfizer Vaccine Raises Allergy Concerns: https://pubmed.ncbi.nlm.nih.gov/33384356/
5. Allergic reactions, including anaphylaxis, after receiving the first dose of Pfizer-BioNTech COVID-19 vaccine – United States, December 14-23, 2020: https://pubmed.ncbi.nlm.nih.gov/33444297/
6. Allergic reactions, including anaphylaxis, after receiving first dose of Modern COVID-19 vaccine – United States, December 21, 2020-January 10, 2021: https://pubmed.ncbi.nlm.nih.gov/33507892/
7. Severe Allergic Reactions after COVID-19 Vaccination with the Pfizer / BioNTech Vaccine in Great Britain and the USA: Position Statement of the German Allergy Societies: German Medical Association of Allergologists (AeDA), German Society for Allergology and Clinical Immunology (DGAKI) and Society for Pediatric Allergology and Environmental Medicine (GPA): https://pubmed.ncbi.nlm.nih.gov/33643776/
8. Allergic reactions and anaphylaxis to LNP-based COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/33571463/
9. Allergenic components of the mRNA-1273 vaccine for COVID-19: possible involvement of polyethylene glycol and IgG-mediated complement activation: https://pubmed.ncbi.nlm.nih.gov/33657648/
10. Acute allergic reactions to COVID-19 mRNA vaccines: https://pubmed.ncbi.nlm.nih.gov/33683290/
11. Polyethylene glycole allergy of the SARS CoV2 vaccine recipient: case report of a young adult recipient and management of future exposure to SARS-CoV2: https://pubmed.ncbi.nlm.nih.gov/33919151/
12. Allergic reactions and adverse events associated with administration of mRNA-based vaccines. A health system experience: https://pubmed.ncbi.nlm.nih.gov/34474708/
13. Allergic reactions to COVID-19 vaccines: statement of the Belgian Society of Allergy and Clinical Immunology (BelSACI): https://www.tandfonline.com/doi/abs/10.1080/17843286.2021.1909447

14. Allergic reactions after COVID-19 vaccination: putting the risk in perspective: https://pubmed.ncbi.nlm.nih.gov/34463751/
15. Risk of severe allergic reactions to COVID-19 vaccines among patients with allergic skin disease: practical recommendations. An ETFAD position statement with external experts: https://pubmed.ncbi.nlm.nih.gov/33752263/
16. Association of self-reported history of high-risk allergy with allergy symptoms after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34698847/
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18. Klimek, L., Bergmann, K. C., Brehler, R., Pfutzner, W., Zuberbier, T., Hartmann, K., . . . Worm, M. (2021). Practical handling of allergic reactions to COVID-19 vaccines: A position paper from German and Austrian Allergy Societies AeDA, DGAKI, GPA and OGAI. Allergo J Int, 1-17. doi:10.1007/s40629-021-00165-7. https://www.ncbi.nlm.nih.gov/pubmed/33898162
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Bell's Palsy (Includes Terms: Facial Paralysis & Facial Palsy)
An unexplained episode of facial muscle weakness or paralysis. It begins suddenly and worsens over 48 hours. This condition results from damage to the facial nerve (the 7th cranial nerve). Pain and discomfort usually occur on one side of the face or head.

1. Bell's palsy and SARS-CoV-2 vaccines: an unfolding story: https://www.sciencedirect.com/science/article/pii/S1473309921002735
2. Bell's palsy after the second dose of the Pfizer COVID-19 vaccine in a patient with a history of recurrent Bell's palsy: https://www.sciencedirect.com/science/article/pii/S266635462100020X
3. Bell's palsy after COVID-19 vaccination: case report: https://www.sciencedirect.com/science/article/pii/S217358082100122X.
4. The association between COVID-19 vaccination and Bell's palsy: https://pubmed.ncbi.nlm.nih.gov/34411533/

5. Bell's palsy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/33611630/
6. Bell's palsy after 24 hours of mRNA-1273 SARS-CoV-2 mRNA-1273 vaccine: https://pubmed.ncbi.nlm.nih.gov/34336436/
7. Bell's palsy after Ad26.COV2.S COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34014316/
8. Bell's palsy after COVID-19 vaccination: case report: https://pubmed.ncbi.nlm.nih.gov/34330676/
9. Acute facial paralysis as a possible complication of SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33975372/.
10. Bell's palsy after COVID-19 vaccination with high antibody response in CSF: https://pubmed.ncbi.nlm.nih.gov/34322761/.
11. Bell's palsy after a single dose of vaccine mRNA. SARS-CoV-2: case report: https://pubmed.ncbi.nlm.nih.gov/34032902/.
12. Adverse event reporting and risk of Bell's palsy after COVID-19 vaccination: https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00646-0/fulltext.
13. Bilateral facial nerve palsy and COVID-19 vaccination: causality or coincidence: https://pubmed.ncbi.nlm.nih.gov/34522557/
14. Left Bell's palsy after the first dose of mRNA-1273 SARS-CoV-2 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34763263/.
15. Bell's palsy after inactivated vaccination with COVID-19 in a patient with a history of recurrent Bell's palsy: case report: https://pubmed.ncbi.nlm.nih.gov/34621891/
16. Bell's palsy after vaccination with mRNA (BNT162b2) and inactivated (CoronaVac) SARS-CoV-2 vaccines: a case series and a nested case-control study: https://pubmed.ncbi.nlm.nih.gov/34411532/
17. A case of acute demyelinating polyradiculoneuropathy with bilateral facial palsy after ChAdOx1 nCoV-19 vaccine:. https://pubmed.ncbi.nlm.nih.gov/34272622/
18. Type I interferons as a potential mechanism linking COVID-19 mRNA vaccines with Bell's palsy: https://pubmed.ncbi.nlm.nih.gov/33858693/

Axillary adenopathy (includes term: Adenopathy)
Also called armpit lump, axillary lymphadenopathy occurs when your underarm (axilla) lymph nodes grow larger in size. While this condition may be concerning, it's usually attributed to a benign cause. It may also be temporary.

1. COVID-19 vaccine-induced axillary and pectoral lymphadenopathy in PET: https://www.sciencedirect.com/science/article/pii/S1930043321002612
2. Evolution of bilateral hypermetabolic axillary hypermetabolic lymphadenopathy on FDG PET/CT after 2-dose COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34735411/
3. COVID-19 vaccine-related axillary lymphadenopathy in breast cancer patients: case series with literature review: https://pubmed.ncbi.nlm.nih.gov/34836672/.

4. Subclinical axillary lymphadenopathy associated with COVID-19 vaccination on screening mammography: https://pubmed.ncbi.nlm.nih.gov/34906409/
5. Axillary adenopathy associated with COVID-19 vaccination: imaging findings and follow-up recommendations in 23 women: https://pubmed.ncbi.nlm.nih.gov/33624520/
6. Unilateral axillary adenopathy in the setting of COVID-19 vaccination: follow-up: https://pubmed.ncbi.nlm.nih.gov/34298342/
7. COVID-19 vaccine-related axillary and cervical lymphadenopathy in patients with current or previous breast cancer and other malignancies: cross-sectional imaging findings on MRI, CT and PET-CT: https://pubmed.ncbi.nlm.nih.gov/34719892/
8. Incidence of axillary adenopathy on breast imaging after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34292295/.
9. Unilateral axillary lymphadenopathy related to COVID-19 vaccine: pattern on screening breast MRI allowing benign evaluation: https://pubmed.ncbi.nlm.nih.gov/34325221/
10. Axillary lymphadenopathy in patients with recent Covid-19 vaccination: a new diagnostic dilemma: https://pubmed.ncbi.nlm.nih.gov/34825530/.
11. COVID-19 vaccine-induced unilateral axillary adenopathy: follow-up evaluation in the USA: https://pubmed.ncbi.nlm.nih.gov/34655312/.
12. Axillary adenopathy associated with COVID-19 vaccination: imaging findings and follow-up recommendations in 23 women: https://pubmed.ncbi.nlm.nih.gov/33624520/
13. Unilateral axillary adenopathy in the setting of COVID-19 vaccination: follow-up: https://pubmed.ncbi.nlm.nih.gov/34298342/
14. Incidence of axillary adenopathy on breast imaging after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34292295/.
15. Unilateral axillary lymphadenopathy related to COVID-19 vaccine: pattern on screening breast MRI allowing benign evaluation: https://pubmed.ncbi.nlm.nih.gov/34325221/
16. Axillary lymphadenopathy in patients with recent Covid-19 vaccination: a new diagnostic dilemma: https://pubmed.ncbi.nlm.nih.gov/34825530/.
17. COVID-19 vaccine-induced unilateral axillary adenopathy: follow-up evaluation in the USA: https://pubmed.ncbi.nlm.nih.gov/34655312/.
18. Adenopathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/33625299/.

Pericarditis
Swelling and irritation of the thin, saclike tissue surrounding your heart (pericardium). Pericarditis often causes sharp chest pain and sometimes other symptoms. The chest pain occurs when the irritated layers of the pericardium rub against each other.

1. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: https://www.sciencedirect.com/science/article/pii/S0828282X21006243

2. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
3. Myocarditis and pericarditis after COVID-19 vaccination: https://jamanetwork.com/journals/jama/fullarticle/2782900
4. Pericarditis after administration of BNT162b2 mRNA COVID-19 mRNA vaccine: https://www.sciencedirect.com/science/article/pii/S1885585721002218
5. Epidemiology and clinical features of myocarditis/pericarditis before the introduction of COVID-19 mRNA vaccine in Korean children: a multicenter study https://search.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resourc e/en/covidwho-1360706.
6. Myocarditis, pericarditis, and cardiomyopathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34340927/
7. Clinical Guidance for Young People with Myocarditis and Pericarditis after Vaccination with COVID-19 mRNA: https://www.cps.ca/en/documents/position/clinical-guidance-for-youth-with-myocarditis-and-pericarditis
8. Myocarditis / pericarditis associated with COVID-19 vaccine: https://science.gc.ca/eic/site/063.nsf/eng/h_98291.html
9. Acute myocarditis after the second dose of SARS-CoV-2 vaccine: serendipity or causal relationship: https://pubmed.ncbi.nlm.nih.gov/34236331/
10. Pericarditis after administration of COVID-19 mRNA BNT162b2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34364831/
11. Unusual presentation of acute pericarditis after vaccination against SARS-COV-2 mRNA-1237 Modern: https://pubmed.ncbi.nlm.nih.gov/34447639/
12. A case series of acute pericarditis after vaccination with COVID-19 in the context of recent reports from Europe and the United States: https://pubmed.ncbi.nlm.nih.gov/34635376/
13. Acute pericarditis and cardiac tamponade after vaccination with Covid-19: https://pubmed.ncbi.nlm.nih.gov/34749492/
14. Pericarditis after administration of the BNT162b2 mRNA vaccine COVID-19: https://pubmed.ncbi.nlm.nih.gov/34149145/
15. Case report: symptomatic pericarditis post COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34693198/.

Acute Myelitis (Includes Term: Transverse Myelitis)
An inflammation of the spinal cord which can disrupt the normal responses from the brain to the rest of the body, and from the rest of the body to the brain. Inflammation in the spinal cord, can cause the myelin and axon to be damaged resulting in symptoms such as paralysis and sensory loss. Myelitis is classified to several categories depending on the area or the cause of the lesion; however, any inflammatory attack on the spinal cord is often referred to as transverse myelitis.

1. Acute myelitis and ChAdOx1 nCoV-19 vaccine: coincidental or causal association: https://www.sciencedirect.com/science/article/pii/S0165572821002137

2. Acute transverse myelitis (ATM): clinical review of 43 patients with COVID-19-associated ATM and 3 serious adverse events of post-vaccination ATM with ChAdOx1 nCoV-19 vaccine (AZD1222): https://pubmed.ncbi.nlm.nih.gov/33981305/
3. Transverse myelitis induced by SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34458035/
4. Acute transverse myelitis (ATM): clinical review of 43 patients with COVID-19-associated ATM and 3 serious adverse events of post-vaccination ATM with ChAdOx1 nCoV-19 (AZD1222) vaccine: https://pubmed.ncbi.nlm.nih.gov/33981305/.
5. Acute transverse myelitis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34684047/.
6. Extensive longitudinal transverse myelitis after ChAdOx1 nCOV-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34641797/.
7. Acute transverse myelitis after SARS-CoV-2 vaccination: case report and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34482455/.
8. Acute transverse myelitis following inactivated COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34370410/
9. Acute transverse myelitis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34579245/.
10. A case of longitudinally extensive transverse myelitis following Covid-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34182207/
11. Post COVID-19 transverse myelitis; a case report with review of the literature: https://pubmed.ncbi.nlm.nih.gov/34457267/.
12. Acute bilateral bilateral optic neuritis/chiasm with longitudinal extensive transverse myelitis in long-standing stable multiple sclerosis after vector-based vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34131771/
13. Extensive longitudinal transverse myelitis following AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34507942/.
14. Extensive longitudinal transverse myelitis following AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34507942/.
15. Longitudinally extensive cervical myelitis after vaccination with inactivated virus based COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34849183/

Perimyocarditis
An acute inflammation of the pericardium and the underlying myocardium resulting in myocellular damage. It is usually asymptomatic with complete resolution in most cases. It can however lead to fulminant cardiac failure resulting in death or requiring cardiac transplantation.

1. Perimyocarditis in adolescents after Pfizer-BioNTech COVID-19 vaccine: https://academic.oup.com/jpids/advance-article/doi/10.1093/jpids/piab060/6329543

2. Perimyocarditis in adolescents after Pfizer-BioNTech COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34319393/
3. Unusual presentation of acute perimyocarditis after modern SARS-COV-2 mRNA-1237 vaccination: https://pubmed.ncbi.nlm.nih.gov/34447639/
4. Perimyocarditis after the first dose of mRNA-1273 SARS-CoV-2 (Modern) mRNA-1273 vaccine in a young healthy male: case report: https://bmccardiovascdisord.biomedcentral.com/articles/10.1186/s12872-021-02183
5. Acute perimyocarditis after the first dose of COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34515024/
6. Perimyocarditis after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34866957/
7. Tinoco, M., Leite, S., Faria, B., Cardoso, S., Von Hafe, P., Dias, G., . . . Lourenco, A. (2021). Perimyocarditis Following COVID-19 Vaccination. Clin Med Insights Cardiol, 15, 11795468211056634. doi:10.1177/11795468211056634. https://www.ncbi.nlm.nih.gov/pubmed/34866957
8. Jhaveri, R., Adler-Shohet, F. C., Blyth, C. C., Chiotos, K., Gerber, J. S., Green, M., . . . Zaoutis, T. (2021). Weighing the Risks of Perimyocarditis With the Benefits of SARS-CoV-2 mRNA Vaccination in Adolescents. J Pediatric Infect Dis Soc, 10(10), 937-939. doi:10.1093/jpids/piab061. https://www.ncbi.nlm.nih.gov/pubmed/34270752
9. Khogali, F., & Abdelrahman, R. (2021). Unusual Presentation of Acute Perimyocarditis Following SARS-COV-2 mRNA-1237 Moderna Vaccination. Cureus, 13(7), e16590. doi:10.7759/cureus.16590. https://www.ncbi.nlm.nih.gov/pubmed/34447639
10. Hasnie, A. A., Hasnie, U. A., Patel, N., Aziz, M. U., Xie, M., Lloyd, S. G., & Prabhu, S. D. (2021). Perimyocarditis following first dose of the mRNA-1273 SARS-CoV-2 (Moderna) vaccine in a healthy young male: a case report. BMC Cardiovasc Disord, 21(1), 375. doi:10.1186/s12872-021-02183-3. https://www.ncbi.nlm.nih.gov/pubmed/34348657

Intracerebral Haemorrhage (Includes Term: Stroke)
Intracerebral hemorrhage (bleeding into the brain tissue) is the second most common cause of stroke (15-30% of strokes) and the most deadly. Blood vessels carry blood to and from the brain. Arteries or veins can rupture, either from abnormal pressure or abnormal development or trauma.

1. Intracerebral haemorrhage due to thrombosis with thrombocytopenia syndrome after COVID-19 vaccination: the first fatal case in Korea: https://pubmed.ncbi.nlm.nih.gov/34402235/
2. Intracerebral haemorrhage twelve days after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34477089/
3. Neurosurgical considerations regarding decompressive craniectomy for intracerebral hemorrhage after SARS-CoV-2 vaccination in vaccine-induced thrombotic thrombocytopenia-VITT: https://pubmed.ncbi.nlm.nih.gov/34202817/
4. First dose of ChAdOx1 and BNT162b2 COVID-19 vaccines and thrombocytopenic, thromboembolic, and hemorrhagic events in Scotland: https://pubmed.ncbi.nlm.nih.gov/34108714/

5. Large hemorrhagic stroke after vaccination against ChAdOx1 nCoV-19: a case report: https://pubmed.ncbi.nlm.nih.gov/34273119/
6. Major hemorrhagic stroke after ChAdOx1 nCoV-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34273119/
7. Aphasia seven days after the second dose of an mRNA-based SARS-CoV-2 vaccine. Brain MRI revealed an intracerebral haemorrhage (ICBH) in the left temporal lobe in a 52-year-old man. https://www.sciencedirect.com/science/article/pii/S2589238X21000292#f0005
8. Incidence of acute ischemic stroke after coronavirus vaccination in Indonesia: case series: https://pubmed.ncbi.nlm.nih.gov/34579636/

Immune-Mediated Hepatitis
Defined as an elevation in the patient's liver function tests that requires corticosteroids and that has no alternate etiology.

1. Autoimmune hepatitis developing after coronavirus disease vaccine 2019 (COVID-19): causality or victim?: https://pubmed.ncbi.nlm.nih.gov/33862041/
2. Autoimmune hepatitis triggered by vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34332438/
3. Acute autoimmune-like hepatitis with atypical antimitochondrial antibody after vaccination with COVID-19 mRNA: a new clinical entity: https://pubmed.ncbi.nlm.nih.gov/34293683/.
4. Autoimmune hepatitis after COVID vaccine: https://pubmed.ncbi.nlm.nih.gov/34225251/
5. Hepatitis C virus reactivation after COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34512037/
6. Autoimmune hepatitis developing after ChAdOx1 nCoV-19 vaccine (Oxford-AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34171435/
7. Autoimmune hepatitis triggered by SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34332438/.
8. Immune-mediated hepatitis with the Moderna vaccine is no longer a coincidence but confirmed: https://www.sciencedirect.com/science/article/pii/S0168827821020936

Facial Nerve Palsy
Patients cannot move the upper and lower part of their face on one side.

1. Facial nerve palsy following administration of COVID-19 mRNA vaccines: analysis of self-report database: https://www.sciencedirect.com/science/article/pii/S1201971221007049
2. COVID-19 vaccination association and facial nerve palsy: A case-control study: https://pubmed.ncbi.nlm.nih.gov/34165512/
3. Sequential contralateral facial nerve palsy after first and second doses of COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34281950/.

4. Peripheral facial nerve palsy after vaccination with BNT162b2 (COVID-19): https://pubmed.ncbi.nlm.nih.gov/33734623/
5. Facial nerve palsy after administration of COVID-19 mRNA vaccines: analysis of self-report database: https://pubmed.ncbi.nlm.nih.gov/34492394/
6. A case of acute demyelinating polyradiculoneuropathy with bilateral facial palsy following ChAdOx1 nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34272622/

Neurological Symptoms (Includes Terms: Neurological Side Effects & Neurological Complications)
Medically defined as disorders that affect the brain as well as the nerves found throughout the human body and the spinal cord.

1. Neurological symptoms and neuroimaging alterations related to COVID-19 vaccine: cause or coincidence: https://www.sciencedirect.com/science/article/pii/S0899707121003557.
2. Neurological symptoms and neuroimaging alterations related to COVID-19 vaccine: cause or coincidence?: https://pubmed.ncbi.nlm.nih.gov/34507266/
3. Spectrum of neurological complications after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34719776/.
4. n-hospital observational study of neurological disorders in patients recently vaccinated with COVID-19 mRNA vaccines: https://pubmed.ncbi.nlm.nih.gov/34688190/
5. Neurological side effects of SARS-CoV-2 vaccines: https://pubmed.ncbi.nlm.nih.gov/34750810/
6. Neurological complications after the first dose of COVID-19 vaccines and SARS-CoV-2 infection: https://pubmed.ncbi.nlm.nih.gov/34697502/

Haemorrhage (includes terms: cerebral, lobar, acral and retinal
The release of blood from a broken bloody vessel, either inside or outside the body

1. Lobar hemorrhage with ventricular rupture shortly after the first dose of an mRNA-based SARS-CoV-2 vaccine: https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8553377/
2. Retinal hemorrhage after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34884407/.
3. Lobar hemorrhage with ventricular rupture shortly after the first dose of a SARS-CoV-2 mRNA-based SARS-CoV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34729467/
4. Acral hemorrhage after administration of the second dose of SARS-CoV-2 vaccine. A post-vaccination reaction: https://pubmed.ncbi.nlm.nih.gov/34092400/742.
5. Fatal cerebral hemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/

6. Intracerebral hemorrhage associated with vaccine-induced thrombotic thrombocytopenia after ChAdOx1 nCOVID-19 vaccination in a pregnant woman: https://pubmed.ncbi.nlm.nih.gov/34261297/

Immune-Mediated Disease Outbreaks

Autoimmune diseases occur when the immune system produces antibodies that attack the body's own cells. There are many types, including Coeliac disease, lupus and Graves' disease. Although they can't be cured, there are various treatment options to manage the symptoms and reduce further damage to your body.

1. Immune-mediated disease outbreaks or recent-onset disease in 27 subjects after mRNA/DNA vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/33946748/
2. Severe autoimmune hemolytic autoimmune anemia after receiving SARS-CoV-2 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34549821/
3. Severe autoimmune hemolytic anemia after receipt of SARS-CoV-2 mRNA vaccine: https://onlinelibrary.wiley.com/doi/10.1111/trf.16672
4. https://www.ncbi.nlm.nih.gov/pubmed/34127481
5. Autoimmune encephalitis after ChAdOx1-S SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34846583/
6. Immune-mediated disease outbreaks or new-onset disease in 27 subjects after mRNA/DNA vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/33946748/

Takotsubo cardiomyopathy

A temporary heart condition that develops in response to an intense emotional or physical experience. It's also known as stress cardiomyopathy or broken heart syndrome. In this condition, the heart's main pumping chamber changes shape, affecting the heart's ability to pump blood effectively. Death is rare, but heart failure occurs in about 20% of patients. Rarely reported complications include arrhythmias (abnormal heart rhythms), obstruction of blood flow from the left ventricle, and rupture of the ventricle wall.

1. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
2. Takotsubo cardiomyopathy after vaccination with mRNA COVID-19: https://www.sciencedirect.com/science/article/pii/S1443950621011331
3. Takotsubo (stress) cardiomyopathy after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34625447/
4. Takotsubo cardiomyopathy after coronavirus 2019 vaccination in patient on maintenance hemodialysis: https://pubmed.ncbi.nlm.nih.gov/34731486/.
5. Takotsubo syndrome after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34539938/.

Cardiac

Cardiac complications include myocardial injury, heart failure (HF), cardiogenic shock, multisystem inflammatory syndrome in adults, and cardiac arrhythmias including sudden cardiac arrest.

1. Transient cardiac injury in adolescents receiving the BNT162b2 mRNA COVID-19 vaccine: https://journals.lww.com/pidj/Abstract/9000/Transient_Cardiac_Injury_in_Adolescents_Receiving.95800.aspx
2. Snapiri, O., Rosenberg Danziger, C., Shirman, N., Weissbach, A., Lowenthal, A., Ayalon, I., . . . Bilavsky, E. (2021). Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine. Pediatr Infect Dis J, 40(10), e360-e363. doi:10.1097/INF.0000000000003235. https://www.ncbi.nlm.nih.gov/pubmed/34077949
3. Fazlollahi, A., Zahmatyar, M., Noori, M., Nejadghaderi, S. A., Sullman, M. J. M., Shekarriz-Foumani, R., . . . Safiri, S. (2021). Cardiac complications following mRNA COVID-19 vaccines: A systematic review of case reports and case series. Rev Med Virol, e2318. doi:10.1002/rmv.2318. https://www.ncbi.nlm.nih.gov/pubmed/34921468
4. Ho, J. S., Sia, C. H., Ngiam, J. N., Loh, P. H., Chew, N. W., Kong, W. K., & Poh, K. K. (2021). A review of COVID-19 vaccination and the reported cardiac manifestations. Singapore Med J. doi:10.11622/smedj.2021210. https://www.ncbi.nlm.nih.gov/pubmed/34808708
5. Temporal relationship between the second dose of BNT162b2 mRNA Covid-19 vaccine and cardiac involvement in a patient with previous SARS-COV-2 infection: https://www.sciencedirect.com/science/article/pii/S2352906721000622

Post-Mortem (includes term: Postmortem)

See papers below.

1. Sessa, F., Salerno, M., Esposito, M., Di Nunno, N., Zamboni, P., & Pomara, C. (2021). Autopsy Findings and Causality Relationship between Death and COVID-19 Vaccination: A Systematic Review. J Clin Med, 10(24). doi:10.3390/jcm10245876. https://www.ncbi.nlm.nih.gov/pubmed/34945172
2. Post-mortem investigation of deaths after vaccination with COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34591186/
3. A look at the role of postmortem immunohistochemistry in understanding the inflammatory pathophysiology of COVID-19 disease and vaccine-related thrombotic adverse events: a narrative review: https://pubmed.ncbi.nlm.nih.gov/34769454/
4. COVID-19 vaccine and death: causality algorithm according to the WHO eligibility diagnosis: https://pubmed.ncbi.nlm.nih.gov/34073536/
5. Post-mortem investigation of deaths after vaccination with COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34591186/

Rhabdomyolysis

A serious syndrome due to a direct or indirect muscle injury. It results from the death of muscle fibers and release of their contents into the bloodstream. This can lead to serious complications such as renal (kidney) failure. This means the kidneys cannot remove waste and concentrated urine. In rare cases, rhabdomyolysis can even cause death.

1. Rhabdomyolysis and fasciitis induced by the COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34435250/
2. COVID-19 vaccine-induced rhabdomyolysis: case report with literature review: https://pubmed.ncbi.nlm.nih.gov/34186348/
3. COVID-19 vaccine-induced rhabdomyolysis: case report with review of the literature: https://www.sciencedirect.com/science/article/pii/S1871402121001880
4. Rhabdomyolysis and fasciitis induced by COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34435250/.
5. Case report: ANCA-associated vasculitis presenting with rhabdomyolysis and crescentic Pauci-Inmune glomerulonephritis after vaccination with Pfizer-BioNTech COVID-19 mRNA: https://pubmed.ncbi.nlm.nih.gov/34659268/

Thrombotic Thrombocytopenic Purpura

A disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.

1. Thrombotic thrombocytopenic purpura after vaccination with Ad26.COV2-S: https://pubmed.ncbi.nlm.nih.gov/33980419/
2. Thrombotic thrombocytopenic purpura: a new threat after COVID bnt162b2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34264514/.
3. Severe immune thrombocytopenic purpura after SARS-CoV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34754937/
4. Immune thrombocytopenic purpura associated with COVID-19 mRNA vaccine Pfizer-BioNTech BNT16B2b2: https://pubmed.ncbi.nlm.nih.gov/34077572/

Cardiovascular events

Refer to any incidents that may cause damage to the heart muscle.

1. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines
2. Cardiovascular magnetic resonance imaging findings in young adult patients with acute myocarditis after COVID-19 mRNA vaccination: a case series: https://jcmr-online.biomedcentral.com/articles/10.1186/s12968-021-00795-4

3. Be alert to the risk of adverse cardiovascular events after COVID-19 vaccination: https://www.xiahepublishing.com/m/2472-0712/ERHM-2021-00033
4. Myocarditis and other cardiovascular complications of mRNA-based COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34277198/

Acute Hyperactive Encephalopathy (Includes Terms: Acute Encephalopathy & Encephalitis)
A general brain dysfunction due to significantly high blood pressure. Symptoms may include headache, vomiting, trouble with balance, and confusion. Onset is generally sudden. Complications can include seizures, posterior reversible encephalopathy syndrome, and bleeding in the back of the eye.

1. Acute hyperactive encephalopathy following COVID-19 vaccination with dramatic response to methylprednisolone: a case report: https://www.sciencedirect.com/science/article/pii/S2049080121007536
2. Post-vaccinal encephalitis after ChAdOx1 nCov-19: https://pubmed.ncbi.nlm.nih.gov/34324214/
3. Acute disseminated encephalomyelitis following vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34325334/
4. Acute hyperactive encephalopathy following COVID-19 vaccination with dramatic response to methylprednisolone: case report: https://pubmed.ncbi.nlm.nih.gov/34512961/

Acute Kidney Injury
A sudden episode of kidney failure or kidney damage that occurs within a few hours or a few days

1. Minimal change disease with severe acute kidney injury after Oxford-AstraZeneca COVID-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34242687/.
2. Acute kidney injury with macroscopic hematuria and IgA nephropathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34352309/
3. AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34362727/
4. Minimal change disease and acute kidney injury after Pfizer-BioNTech COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34000278/

Multiple sclerosis
A potentially disabling disease of the brain and spinal cord (central nervous system).

1. Severe relapse of multiple sclerosis after COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34447349/
2. Acute relapse and impaired immunization after COVID-19 vaccination in a patient with multiple sclerosis treated with rituximab: https://pubmed.ncbi.nlm.nih.gov/34015240

3. Humoral response induced by Prime-Boost vaccination with ChAdOx1 nCoV-19 and BNT162b2 mRNA vaccines in a patient with multiple sclerosis treated with teriflunomide: https://pubmed.ncbi.nlm.nih.gov/34696248/

Henoch-Schonlein Purpura
Affects the small blood vessels of the skin, joints, intestines and kidneys. It's most common before the age of seven but can affect anyone. A disorder causing inflammation and bleeding in the small blood vessels.

1. A rare case of Henoch-Schönlein purpura after a case report of COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34518812/
2. Henoch-Schönlein purpura occurring after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34247902/.
3. Henoch-Schönlein purpura following the first dose of COVID-19 viral vector vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34696186/.

Bleeding episodes
Major episodes include most joint bleeds, bleeding into large muscles, muscle bleeds with signs of compartment syndrome, life-threatening bleeds, and surgery. These usually require a 70% – 100% correction and more than one infusion. The exact dose will depend on the individual and on HTC policy.

1. Blood clots and bleeding episodes after BNT162b2 and ChAdOx1 nCoV-19 vaccination: analysis of European data: https://www.sciencedirect.com/science/article/pii/S0896841121000937
2. Association between ChAdOx1 nCoV-19 vaccination and bleeding episodes: large population-based cohort study: https://pubmed.ncbi.nlm.nih.gov/34479760/.
3. Association between ChAdOx1 nCoV-19 vaccination and bleeding episodes: large population-based cohort study: https://pubmed.ncbi.nlm.nih.gov/34479760/.

Cutaneous Adverse Effects
Also known as toxidermia, are skin manifestations resulting from systemic drug administration. These reactions range from mild erythematous skin lesions to much more severe reactions such as Lyell's syndrome.

1. Cutaneous adverse effects of available COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34518015/
2. Rare cutaneous adverse effects of COVID-19 vaccines: a case series and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34363637/
3. Cutaneous adverse reactions of 35,229 doses of COVID-19 Sinovac and AstraZeneca vaccine COVID-19: a prospective cohort study in health care workers: https://pubmed.ncbi.nlm.nih.gov/34661934/

Skin Reactions
An allergic reaction can cause rash, itching, burning, redness, bumps, hives, and swelling.

1. A case series of skin reactions to COVID-19 vaccine in the Department of Dermatology at Loma Linda University: https://pubmed.ncbi.nlm.nih.gov/34423106/
2. Skin reactions reported after Moderna and Pfizer's COVID-19 vaccination: a study based on a registry of 414 cases: https://pubmed.ncbi.nlm.nih.gov/33838206/
3. Skin reactions after vaccination against SARS-COV-2: a nationwide Spanish cross-sectional study of 405 cases: https://pubmed.ncbi.nlm.nih.gov/34254291/

Coagulopathies (includes term: Prothrombotic)
Is often broadly defined as any derangement of hemostasis resulting in either excessive bleeding or clotting, although most typically it is defined as impaired clot formation.

1. Coagulopathies after SARS-CoV-2 vaccination may derive from a combined effect of SARS-CoV-2 spike protein and adenovirus vector-activated signaling pathways: https://pubmed.ncbi.nlm.nih.gov/34639132/
2. Diffuse prothrombotic syndrome after administration of ChAdOx1 nCoV-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34615534/
3. Calcaterra, G., Bassareo, P. P., Barilla, F., Romeo, F., & Mehta, J. L. (2022). Concerning the unexpected prothrombotic state following some coronavirus disease 2019 vaccines. J Cardiovasc Med (Hagerstown), 23(2), 71-74. doi:10.2459/JCM.0000000000001232. https://www.ncbi.nlm.nih.gov/pubmed/34366403

Multisystem Inflammatory Syndrome (includes term: Autoantibody Release)
A condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.

1. Post-vaccination multisystem inflammatory syndrome in adults without evidence of prior SARS-CoV-2 infection: https://pubmed.ncbi.nlm.nih.gov/34852213/
2. Buchhorn, R., Meyer, C., Schulze-Forster, K., Junker, J., & Heidecke, H. (2021). Autoantibody Release in Children after Corona Virus mRNA Vaccination: A Risk Factor of Multisystem Inflammatory Syndrome? Vaccines (Basel), 9(11). doi:10.3390/vaccines9111353. https://www.ncbi.nlm.nih.gov/pubmed/34835284

3. Chai, Q., Nygaard, U., Schmidt, R. C., Zaremba, T., Moller, A. M., & Thorvig, C. M. (2022). Multisystem inflammatory syndrome in a male adolescent after his second Pfizer-BioNTech COVID-19 vaccine. Acta Paediatr, 111(1), 125-127. doi:10.1111/apa.16141.

Vogt-Koyanagi-Harada syndrome
A rare disorder of unknown origin that affects many body systems, including as the eyes, ears, skin, and the covering of the brain and spinal cord (the meninges). The most noticeable symptom is a rapid loss of vision.

1. Vogt-Koyanagi-Harada syndrome after COVID-19 and ChAdOx1 nCoV-19 (AZD1222) vaccination: https://pubmed.ncbi.nlm.nih.gov/34462013/.
2. Reactivation of Vogt-Koyanagi-Harada disease under control for more than 6 years, after anti-SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34224024/

Capillary Leak Syndrome (Includes Term: Systemic Capillary Extravasation Syndrome)
A rare disorder by acute and severe recurrent attacks associated with a rapid fall in blood pressure as a result of fluid leaks from smaller vessels called capillaries. Attacks often last several days and require emergency care. They are sometimes life threatening. SCLS occurs most often in adults and the disease is very rare in children.

1. Fatal systemic capillary leak syndrome after SARS-COV-2 vaccination in a patient with multiple myeloma: https://pubmed.ncbi.nlm.nih.gov/34459725/
2. Systemic capillary extravasation syndrome following vaccination with ChAdOx1 nCOV-19 (Oxford-AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34362727/

Systemic Lupus Erythematosus
An autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs. It can affect the joints, skin, brain, lungs, kidneys, and blood vessels. Treatment can help, but this condition can't be cured.

1. Induction and exacerbation of subacute cutaneous lupus erythematosus erythematosus after mRNA- or adenoviral vector-based SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34291477/
2. Ntouros, P. A., Vlachogiannis, N. I., Pappa, M., Nezos, A., Mavragani, C. P., Tektonidou, M. G., . . . Sfikakis, P. P. (2021). Effective DNA damage response after acute but not chronic immune challenge: SARS-CoV-2 vaccine versus Systemic Lupus Erythematosus. Clin Immunol, 229, 108765. doi:10.1016/j.clim.2021.108765. https://www.ncbi.nlm.nih.gov/pubmed/34089859

Petechiae (also includes: Petechial rash)

Tiny purple, red, or brown spots on the skin. They usually appear on your arms, legs, stomach, and buttocks. You might also find them inside your mouth or on your eyelids. These pinpoint spots can be a sign of many different conditions — some minor, others serious. They can also appear as a reaction to certain medications. Though petechiae look like a rash, they're actually caused by bleeding under the skin.

1. Petechiae and peeling of fingers after immunization with BTN162b2 messenger RNA (mRNA)-based COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34513435/
2. Petechial rash associated with CoronaVac vaccination: first report of cutaneous side effects before phase 3 results: https://ejhp.bmj.com/content/early/2021/05/23/ejhpharm-2021-002794

Purpura Annularis Telangiectodes

An uncommon pigmented purpuric eruption, which is characterized by symmetrical, purpuric, telangiectatic, and atrophic patches with a predilection for the lower extremities and buttocks.

1. Purpuric rash and thrombocytopenia after mRNA-1273 (Modern) COVID-19 vaccine: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996471/
2. Generalized purpura annularis telangiectodes after SARS-CoV-2 mRNA vaccination: https://pubmed.ncbi.nlm.nih.gov/34236717/

Pulmonary Embolism

Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis). Because the clots block blood flow to the lungs, pulmonary embolism can be life-threatening.

1. Pulmonary embolism, transient ischemic attack, and thrombocytopenia after Johnson & Johnson COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34261635/
2. A case of acute pulmonary embolism after immunization with SARS-CoV-2 mRNA: https://pubmed.ncbi.nlm.nih.gov/34452028/

Psoriasis

A chronic autoimmune condition that causes the rapid buildup of skin cells. This buildup of cells causes scaling on the skin's surface. Inflammation and redness around the scales is fairly common. Typical psoriatic scales are whitish-silver and develop in thick, red patches. Sometimes, these patches will crack and bleed.

1. Onset / outbreak of psoriasis after Corona virus ChAdOx1 nCoV-19 vaccine (Oxford-AstraZeneca / Covishield): report of two cases: https://pubmed.ncbi.nlm.nih.gov/34350668/
2. Exacerbation of plaque psoriasis after COVID-19 inactivated mRNA and BNT162b2 vaccines: report of two cases: https://pubmed.ncbi.nlm.nih.gov/34427024/

Miller Fisher Syndrome
A rare acquired nerve disease related to Guillain-Barré syndrome (GBS). Features include weakness of the eye muscles causing difficulty moving the eyes; impaired limb coordination and unsteadiness; and absent tendon reflexes.

1. Miller Fisher syndrome after Pfizer COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34817727/.
2. Miller Fisher syndrome after 2019 BNT162b2 mRNA coronavirus vaccination: https://pubmed.ncbi.nlm.nih.gov/34789193/.

Nephrotic Syndrome
Kidney disorder that causes your body to pass too much protein in your urine. Nephrotic syndrome is usually caused by damage to the clusters of small blood vessels in your kidneys that filter waste and excess water from your blood

1. Nephrotic syndrome after ChAdOx1 nCoV-19 vaccine against SARScoV-2: https://pubmed.ncbi.nlm.nih.gov/34250318/.
2. New-onset nephrotic syndrome after Janssen COVID-19 vaccination: case report and literature review: https://pubmed.ncbi.nlm.nih.gov/34342187/

Macroscopic Hematuria
Visible blood in the urine causing it to be discoloured pink, red, brownish-red or tea-coloured.

1. Hematuria, a generalized petechial rash and headaches after Oxford AstraZeneca ChAdOx1 nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34620638/
2. A case of outbreak of macroscopic hematuria and IgA nephropathy after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33932458/

Bullous Drug Eruption
Refers to adverse drug reactions that result in fluid-filled blisters or bullae. Blistering may be localised and mild, or widespread and severe, even life-threatening.

1. Bullous drug eruption after the second dose of COVID-19 mRNA-1273 (Moderna) vaccine: Case report: https://www.sciencedirect.com/science/article/pii/S1876034121001878.

2. Widespread fixed bullous drug eruption after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34482558/

Hemophagocytic lymphohistiocytosis
An aggressive and life-threatening syndrome of excessive immune activation. It most frequently affects infants from birth to 18 months of age, but the disease is also observed in children and adults of all ages.

1. Hemophagocytic lymphohistiocytosis after vaccination with ChAdOx1 nCov-19: https://pubmed.ncbi.nlm.nih.gov/34406660/.
2. Hemophagocytic lymphohistiocytosis following COVID-19 vaccination (ChAdOx1 nCoV-19): https://pubmed.ncbi.nlm.nih.gov/34862234/

Pulmonary Embolism
Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis). Because the clots block blood flow to the lungs, pulmonary embolism can be life-threatening.

1. Isolated pulmonary embolism after COVID vaccination: 2 case reports and a review of acute pulmonary embolism complications and follow-up: https://pubmed.ncbi.nlm.nih.gov/34804412/
2. Myocardial infarction, stroke, and pulmonary embolism after BNT162b2 mRNA COVID-19 vaccine in persons aged 75 years or older: https://pubmed.ncbi.nlm.nih.gov/34807248/

Neuromyelitis Optica
also called NMO or Devic's disease, is a rare yet severe demyelinating autoimmune inflammatory process affecting the central nervous system. It specifically affects the myelin, which is the insulation around the nerves

1. Beware of neuromyelitis optica spectrum disorder after vaccination with inactivated virus for COVID-19: https://pubmed.ncbi.nlm.nih.gov/34189662/
2. Neuromyelitis optica in a healthy woman after vaccination against severe acute respiratory syndrome coronavirus 2 mRNA-1273: https://pubmed.ncbi.nlm.nih.gov/34660149/

Shingles (includes term: Herpes zoster)
a reactivation of the chickenpox virus in the body, causing a painful rash.

1. Shingles-like skin lesion after vaccination with AstraZeneca for COVID-19: a case report: https://pubmed.ncbi.nlm.nih.gov/34631069/

2. Recurrent herpes zoster after COVID-19 vaccination in patients with chronic urticaria on cyclosporine treatment – A report of 3 cases: https://pubmed.ncbi.nlm.nih.gov/34510694/

Blood Clots
A gelatinous mass of fibrin and blood cells formed by the coagulation of blood.

1. Blood clots and bleeding after BNT162b2 and ChAdOx1 nCoV-19 vaccination: an analysis of European data: https://pubmed.ncbi.nlm.nih.gov/34174723/

Thrombophilia
A blood disorder that makes the blood in your veins and arteries more likely to clot. This is also known as a "hypercoagulable" condition because your blood coagulates or clots more easily.

1. Antiphospholipid antibodies and risk of thrombophilia after COVID-19 vaccination: the straw that breaks the camel's back?: https://docs.google.com/document/d/1XzajasQ8VMMnC3CdxSBKks1o7kiOLXFQ

iTTP episode
A rare, life-threatening thrombotic microangiopathy caused by severe ADAMTS13 (a disintegrin and metalloproteinase with thrombospondin motifs 13) deficiency, recurring in 30–50% of patients.

1. First report of a de novo iTTP episode associated with a COVID-19 mRNA-based anti-COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34105244/

Refractory Status Epilepticus
Can be defined as status epilepticus (seizures) that continues despite treatment with benzodiazepines and one antiepileptic drug. RSE should be treated promptly to prevent morbidity and mortality; however, scarce evidence is available to support the choice of specific treatments.

1. New-onset refractory status epilepticus after chadox1 ncov-19 vaccination: https://www.sciencedirect.com/science/article/pii/s0165572821001569

Central Serous Retinopathy
A medical condition where fluid builds up behind the retina in the eye. It can cause sudden or gradual vision loss as the central retina detaches. This central area is called the macula.

1. Acute-onset central serous retinopathy after immunization with COVID-19 mRNA vaccine:. https://www.sciencedirect.com/science/article/pii/S2451993621001456.

Cutaneous Reactions
A group of potentially lethal adverse drug reactions that involve the skin and mucous membranes of various body openings such as the eyes, ears, and inside the nose, mouth, and lips.

1. Late cutaneous reactions after administration of COVID-19 mRNA vaccines: https://www.sciencedirect.com/science/article/pii/S2213219821007996

Prion Disease
Prion diseases comprise several conditions. A prion is a type of protein that can trigger normal proteins in the brain to fold abnormally. Prion diseases or transmissible spongiform encephalopathies (TSEs) are a family of rare progressive neurodegenerative disorders that affect both humans and animals. They are distinguished by long incubation periods, characteristic spongiform changes associated with neuronal loss, and a failure to induce inflammatory

1. COVID-19 RNA-based vaccines and the risk of prion disease: https://scivisionpub.com/pdfs/covid19rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf

Pregnant Woman
See below studies.

1. This study notes that 115 pregnant women lost their babies, out of 827 who participated in a study on the safety of covid-19 vaccines: https://www.nejm.org/doi/full/10.1056/NEJMoa2104983.

Process-Related Impurities
See below studies.

1. Process-related impurities in the ChAdOx1 nCov-19 vaccine: https://www.researchsquare.com/article/rs-477964/v1

CNS Inflammation
A disease that causes inflammation of the small arteries and veins in the brain and/or spinal cord. The brain and spinal cord make up the CNS. Intense interest in inflammation in the CNS has arisen from its potential role in diseases including acute brain injury, stroke, epilepsy, multiple sclerosis, motor neurone disease, movement disorders and Alzheimer's disease, and more recently some psychiatric disorders.

1. COVID-19 mRNA vaccine causing CNS inflammation: a case series: https://link.springer.com/article/10.1007/s00415-021-10780-7

CNS Demyelination

a demyelinating disease is any condition that results in damage to the protective covering (myelin sheath) that surrounds nerve fibers in your brain, optic nerves and spinal cord. When the myelin sheath is damaged, nerve impulses slow or even stop, causing neurological problems.

1. A systematic review of cases of CNS demyelination following COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34839149/

Orofacial

An orofacial myofunctional disorder (OMD) is when there is an abnormal lip, jaw, or tongue position during rest, swallowing or speech.

1. Reported orofacial adverse effects from COVID-19 vaccines: the known and the unknown: https://pubmed.ncbi.nlm.nih.gov/33527524/

Brain Haemorrhage (Includes Term: Lobar Hemorrhage)

An emergency condition in which a ruptured blood vessel causes bleeding inside the brain.

1. Fatal brain haemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/

Varicella Zoster Virus

The varicella-zoster virus (VZV) is so named because it causes two distinct illnesses: varicella (chickenpox), following primary infection, and herpes zoster (shingles), following reactivation of latent virus. Varicella is a highly contagious infection with an incubation period of 10–21 days, most commonly 14–16 days, after which a characteristic rash appears. Acute varicella may be complicated by secondary bacterial skin infections, haemorrhagic complications, cerebellitis, encephalitis, and viral and bacterial pneumonia.

1. Acute retinal necrosis due to varicella zoster virus reactivation after vaccination with BNT162b2 COVID-19 mRNA: https://pubmed.ncbi.nlm.nih.gov/34851795/.

Nerve And Muscle Adverse Events

Many different possible neurologic adverse events including encephalitis, myelopathy, aseptic meningitis, meningoradiculitis, Guillain-Barré-like syndrome, peripheral neuropathy (including mononeuropathy, mononeuritis multiplex, and polyneuropathy) as well as myasthenic syndrome.

1. Nerve and muscle adverse events after vaccination with COVID-19: a systematic review and meta-analysis of clinical trials: https://pubmed.ncbi.nlm.nih.gov/34452064/.

Oculomotor Paralysis

Defines the decreased strength of a muscle, which produces a reduced rotational movement of the eyeball in the direction corresponding to the paralysed muscle. Partial deficit is called paresis, while full deficit is called paralysis.

1. Transient oculomotor paralysis after administration of RNA-1273 messenger vaccine for SARS-CoV-2 diplopia after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34369471/

Parsonage-Turner Syndrome

An neurological disorder characterized by rapid onset of severe pain in the shoulder and arm. This acute phase may last for a few hours to a few weeks and is followed by wasting and weakness of the muscles (amyotrophy) in the affected areas.

1. Parsonage-Turner syndrome associated with SARS-CoV-2 or SARS-CoV-2 vaccination. Comment on: "Neuralgic amyotrophy and COVID-19 infection: 2 cases of accessory spinal nerve palsy" by Coll et al. Articular Spine 2021; 88: 10519: https://pubmed.ncbi.nlm.nih.gov/34139321/.

Acute Macular Neuroretinopathy

A rare, acquired retinal disorder characterised by transient or permanent visual impairment accompanied by the presence of reddish-brown, wedge-shaped lesions in the macula, the apices of which tend to point towards the fovea.

1. Bilateral acute macular neuroretinopathy after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34287612/

Lipschütz ulcers (Vaginal ulcers)

Acute genital ulceration, also known as "Lipschütz ulcer" or "ulcus vulvae acutum," is an uncommon, self-limited, nonsexually transmitted condition characterized by the rapid onset of painful, necrotic ulcerations of the vulva or lower vagina.

1. Lipschütz ulcers after AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34366434/.

Amyotrophic Neuralgia

A disorder characterized by episodes of severe pain and muscle wasting (amyotrophy) in one or both shoulders and arms. Neuralgic pain is felt along the path of one or more nerves and often has no obvious physical cause.

1. Amyotrophic Neuralgia secondary to Vaxzevri vaccine (AstraZeneca) COVID-19: https://pubmed.ncbi.nlm.nih.gov/34330677/

Polyarthralgia

Pain in multiple joints. Symptoms may include pain, tenderness, or tingling in the joints and reduced range of motion. Polyarthralgia is similar to polyarthritis, but it doesn't cause inflammation. Lifestyle changes, home remedies, and medication can help manage the symptoms.

1. Polyarthralgia and myalgia syndrome after vaccination with ChAdOx1 nCOV-19: https://pubmed.ncbi.nlm.nih.gov/34463066/

Thyroiditis

The swelling, or inflammation, of the thyroid gland and can lead to over- or under-production of thyroid hormone. A thyroid storm -- or thyroid crisis -- can be a life-threatening condition. It often includes a rapid heartbeat, fever, and even fainting. Symptoms may include pain in the throat, feeling generally unwell, swelling of the thyroid gland and, sometimes, symptoms of an overactive thyroid gland or symptoms of an underactive thyroid gland.

1. Three cases of subacute thyroiditis after SARS-CoV-2 vaccination: post-vaccination ASIA syndrome: https://pubmed.ncbi.nlm.nih.gov/34043800/.

Keratolysis (also termed: corneal melting)

A common prelude to the development of corneal perforation. This process occurs from conditions such as infections, sterile inflammation, or surgical/chemical injury to the cornea. Collectively, these conditions are a significant cause for blindness world-wide.

1. Bilateral immune-mediated keratolysis after immunization with SARS-CoV-2 recombinant viral vector vaccine: https://pubmed.ncbi.nlm.nih.gov/34483273/.

Arthritis

The swelling and tenderness of one or more joints. The main symptoms of arthritis are joint pain and stiffness, which typically worsen with age. The most common types of arthritis are osteoarthritis and rheumatoid arthritis.

1. Reactive arthritis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34033732/.

Thymic hyperplasia

A condition in which the thymus gland is inflamed. It isoften accompanied by autoimmune diseases such as systemic lupus erythematosus, myasthenia gravis and rheumatoid arthritis.

1. Thymic hyperplasia after Covid-19 mRNA-based vaccination with Covid-19: https://pubmed.ncbi.nlm.nih.gov/34462647/

Tolosa-Hunt syndrome

A rare disorder characterized by severe periorbital headaches, along with decreased and painful eye movements (ophthalmoplegia). Symptoms usually affect only one eye (unilateral). In most cases, affected individuals experience intense sharp pain and decreased eye movements.

1. Tolosa-Hunt syndrome occurring after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34513398/

Hailey-Hailey disease

Also known as benign chronic pemphigus, is a rare skin condition that usually appears in early adulthood. The disorder is characterized by red, raw, and blistered areas of skin that occur most often in skin folds, such as the groin, armpits, neck, and under the breasts.

1. Hailey-Hailey disease exacerbation after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34436620/

Acute lympholysis

The destruction of lymph cells.

1. Rituximab-induced acute lympholysis and pancytopenia following vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34429981/

Interstitial lung disease

Describes a large group of disorders, most of which cause progressive scarring of lung tissue. The scarring associated with interstitial lung disease eventually affects your ability to breathe and get enough oxygen into your bloodstream.

1. Vaccine-induced interstitial lung disease: a rare reaction to COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34510014/.

Vesiculobullous cutaneous reactions

A vesiculobullous lesion of the skin encompasses a group of dermatological disorders with protean clinicopathological features. They usually occur as a part of the spectrum of various infectious, inflammatory, drug-induced, genetic, and autoimmune disorders.

1. Vesiculobullous cutaneous reactions induced by COVID-19 mRNA vaccine: report of four cases and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34236711/

Hematologic conditions

Disorders of the blood and blood-forming organs.

1. Collection of complement-mediated and autoimmune-mediated hematologic conditions after SARS-CoV-2 vaccination: https://ashpublications.org/bloodadvances/article/5/13/2794/476324/Autoimmune-and-complement-mediated-hematologic

Hemolysis

The destruction of red blood cells.

1. COVID-19 vaccines induce severe hemolysis in paroxysmal nocturnal hemoglobinuria: https://ashpublications.org/blood/article/137/26/3670/475905/COVID-19-vaccines-induce-severe-hemolysis-in

Headache

See below papers.

1. Headache attributed to COVID-19 (SARS-CoV-2 coronavirus) vaccination with the ChAdOx1 nCoV-19 (AZD1222) vaccine: a multicenter observational cohort study: https://pubmed.ncbi.nlm.nih.gov/34313952/

Acute Coronary Syndrome

Any condition brought on by a sudden reduction or blockage of blood flow to the heart.

1. Mrna COVID vaccines dramatically increase endothelial inflammatory markers and risk of Acute Coronary Syndrome as measured by PULS cardiac testing: a caution: https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

ANCA Glomerulonephritis

is the term we use when ANCA vasculitis has affected or involved the kidneys, and when this happens there is inflammation and swelling in the kidney filters, meaning that the body's own immune system injures its cells and tissues.

1. ANCA glomerulonephritis following Modern COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34081948/

Neurologic Phantosmia

is an olfactory hallucination perceived when no odorants are present. Both the olfactory distortions are typically described as unpleasant.

1. Unique imaging findings of neurologic phantosmia after Pfizer-BioNtech COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34096896/

Uveitis (includes terms: bilateral)

is a form of eye inflammation. It affects the middle layer of tissue in the eye wall (uvea). Uveitis warning signs often come on suddenly and get worse quickly. They include eye redness, pain and blurred vision.

1. Bilateral uveitis after inoculation with COVID-19 vaccine: a case report: https://www.sciencedirect.com/science/article/pii/S1201971221007797

Pathophysiologic Alterations

Deranged function in an individual or an organ due to a disease. For example, a pathophysiologic alteration is a change in function as distinguished from a structural defect.

1. Extensive investigations revealed consistent pathophysiologic alterations after vaccination with COVID-19 vaccines: https://www.nature.com/articles/s41421-021-00329-3

Gross Hematuria (includes term: Acral Hemorrahge)

produces pink, red or cola-colored urine due to the presence of red blood cells. It takes little blood to produce red urine, and the bleeding usually isn't painful. Passing blood clots in your urine, however, can be painful. Bloody urine often occurs without other signs or symptoms.

1. Gross hematuria after severe acute respiratory syndrome coronavirus 2 vaccination in 2 patients with IgA nephropathy: https://pubmed.ncbi.nlm.nih.gov/33771584/

Inflammatory Myositis

inflammatory myopathies aare a group of diseases that involve chronic (long-standing) muscle inflammation, muscle weakness, and, in some cases, muscle pain. Myopathy is a general medical term used to describe a number of conditions affecting the muscles. All myopathies cause muscle weakness.

1. Inflammatory myositis after vaccination with ChAdOx1: https://pubmed.ncbi.nlm.nih.gov/34585145/

Still's Disease

is a rare type of inflammatory arthritis that features fevers, rash and joint pain. Some people have just one episode of adult Still's disease. In other people, the condition persists or recurs. This inflammation can destroy affected joints, particularly the wrists.

1. An outbreak of Still's disease after COVID-19 vaccination in a 34-year-old patient: https://pubmed.ncbi.nlm.nih.gov/34797392/

Pityriasis Rosea

a skin rash that sometimes begins as a large spot on the chest, abdomen or back, followed by a pattern of smaller lesions.

1. Case report: Pityriasis rosea-like rash after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34557507/

Acute Eosinophilic Pneumonia

is the acute-onset form of eosinophilic pneumonia, a lung disease caused by the buildup of eosinophils, a type of white blood cell, in the lungs. It is characterized by a rapid onset of shortness of breath, cough, fatigue, night sweats, and weight loss.

1. Acute eosinophilic pneumonia associated with anti-COVID-19 vaccine AZD1222: https://pubmed.ncbi.nlm.nih.gov/34812326/.

Sweet's Syndrome

is an uncommon skin condition marked by a distinctive eruption of tiny bumps that enlarge and are often tender to the touch. They can appear on the back, neck, arms or face. Sweet's syndrome, also called acute febrile neutrophilic dermatosis, is an uncommon skin condition.

1. Sweet's syndrome after Oxford-AstraZeneca COVID-19 vaccine (AZD1222) in an elderly woman: https://pubmed.ncbi.nlm.nih.gov/34590397/

Sensorineural Hearing Loss

Hearing loss caused by damage to the inner ear or the nerve from the ear to the brain. Sensorineural hearing loss is permanent.

1. Sudden sensorineural hearing loss after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34670143/.

Serious Adverse Events Among Health Care Professionals

See below paper.

1. Prevalence of serious adverse events among health care professionals after receiving the first dose of ChAdOx1 nCoV-19 coronavirus vaccine (Covishield) in Togo, March 2021: https://pubmed.ncbi.nlm.nih.gov/34819146/.

Toxic Epidermal Necrolysis

A life-threatening skin disorder characterized by a blistering and peeling of the skin. This disorder can be caused by a drug reaction—often antibiotics or anticonvulsives.

1. A case of toxic epidermal necrolysis after vaccination with ChAdOx1 nCoV-19 (AZD1222): https://pubmed.ncbi.nlm.nih.gov/34751429/.

Ocular Adverse Events

The majority of ocular immune-related adverse events (irAEs) are mild, low-grade, non-sight threatening, such as blurred vision, conjunctivitis, and ocular surface disease.

1. Ocular adverse events following COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34559576/

Depression

A common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed.

1. Depression after ChAdOx1-S / nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34608345/.

Pancreas Allograft Rejection

the body's blood cells identify the pancreas as foreign and begin mounting an army of cells to attack the transplanted organ. Although acute rejection can happen at any time, about 15 to 25% of pancreas acute rejection occurs within the first three months after transplant.

1. Pancreas allograft rejection after ChAdOx1 nCoV-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34781027/

Acute Hemichorea-Hemibalismus
Hemiballismus is characterized by high amplitude, violent, flinging and flailing movements confined to one side of body and hemichorea is characterized by involuntary random-appearing irregular movements that are rapid and non-patterned confined to one side of body.

1. Acute hemichorea-hemibalismus after COVID-19 (AZD1222) vaccination: https://pubmed.ncbi.nlm.nih.gov/34581453/

Alopecia Areata
Sudden hair loss that starts with one or more circular bald patches that may overlap. Alopecia areata occurs when the immune system attacks hair follicles and may be brought on by severe stress.

1. Recurrence of alopecia areata after covid-19 vaccination: a report of three cases in Italy: https://pubmed.ncbi.nlm.nih.gov/34741583/

Graves' Disease
is an autoimmune disorder that causes hyperthyroidism, or overactive thyroid. With this disease, your immune system attacks the thyroid and causes it to make more thyroid hormone than your body needs. The thyroid is a small, butterfly-shaped gland in the front of your neck. Thyroid hormones control how your body uses energy, so they affect nearly every organ in your body—even the way your heart beats. If left untreated, hyperthyroidism can cause serious problems with the heart, bones, muscles, menstrual cycle, and fertility. During pregnancy, untreated hyperthyroidism can lead to health problems for the mother and baby. Graves' disease also can affect your eyes and skin.

1. Two cases of Graves' disease after SARS-CoV-2 vaccination: an autoimmune / inflammatory syndrome induced by adjuvants: https://pubmed.ncbi.nlm.nih.gov/33858208/

Cardiovascular Events
refer to any incidents that may cause damage to the heart muscle.

1. Cardiovascular, neurological, and pulmonary events after vaccination with BNT162b2, ChAdOx1 nCoV-19, and Ad26.COV2.S vaccines: an analysis of European data: https://pubmed.ncbi.nlm.nih.gov/34710832/

Metabolic Syndrome
A cluster of conditions that increase the risk of heart disease, stroke and diabetes.

1. Change in blood viscosity after COVID-19 vaccination: estimation for persons with underlying metabolic syndrome: https://pubmed.ncbi.nlm.nih.gov/34868465/

Eosinophilic Dermatosis
Eosinophilic skin diseases, commonly termed as eosinophilic dermatoses, refer to a broad spectrum of skin diseases characterized by eosinophil infiltration and/or degranulation in skin lesions, with or without blood eosinophilia. The majority of eosinophilic dermatoses lie in the allergy-related group, including allergic drug eruption, urticaria, allergic contact dermatitis, atopic dermatitis, and eczema.

1. Eosinophilic dermatosis after AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34753210/.

Hypercoagulability
the tendency to have thrombosis as a result of certain inherited and/or acquired molecular defects. Clinical manifestations of hypercoagulability can be devastating and even lethal

1. COVID-19 vaccine in patients with hypercoagulability disorders: a clinical perspective: https://pubmed.ncbi.nlm.nih.gov/34786893/

Neuroimaging Findings in Post COVID-19 Vaccination
see paper below.

1. Spectrum of neuroimaging findings in post-CoVID-19 vaccination: a case series and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34842783/

Urticaria
A rash of round, red welts on the skin that itch intensely, sometimes with dangerous swelling, caused by an allergic reaction.

1. Increased risk of urticaria/angioedema after BNT162b2 mRNA COVID-19 vaccination in health care workers taking ACE inhibitors: https://pubmed.ncbi.nlm.nih.gov/34579248/

Central Vein Occlusion
Is a blockage of this vein that causes the vein to leak blood and excess fluid into the retina. This fluid often collects in the area of the retina responsible for central vision called the macula. When the macula is affected, central vision may become blurry. The second eye will develop vein occlusion in 6-17% of cases. There's no cure for retinal vein occlusion. Your doctor can't unblock the retinal veins. What they can do is treat any complications and protect your vision.

1. Central retinal vein occlusion after vaccination with SARS-CoV-2 mRNA: case report: https://pubmed.ncbi.nlm.nih.gov/34571653/.

Thrombophlebitis
A condition in which a blood clot in a vein causes inflammation and pain.

1. Idiopathic external jugular vein thrombophlebitis after coronavirus disease vaccination (COVID-19): https://pubmed.ncbi.nlm.nih.gov/33624509/.

Squamous Cell Carcinoma
A slow-growing type of lung cancer.

1. Squamous cell carcinoma of the lung with hemoptysis following vaccination with tozinameran (BNT162b2, Pfizer-BioNTech): https://pubmed.ncbi.nlm.nih.gov/34612003/

Chest Pain
See paper below

1. Chest pain with abnormal electrocardiogram redevelopment after injection of COVID-19 vaccine manufactured by Moderna: https://pubmed.ncbi.nlm.nih.gov/34866106/

Acute Inflammatory Neuropathies
Encompass groups of heterogeneous disorders characterized by pathogenic immune-mediated hematogenous leukocyte infiltration of peripheral nerves, nerve roots or both, with resultant demyelination or axonal degeneration or both, and the pathogenesis of these disorders remains elusive.

1. Reporting of acute inflammatory neuropathies with COVID-19 vaccines: subgroup disproportionality analysis in VigiBase: https://pubmed.ncbi.nlm.nih.gov/34579259/

Brain Death
Irreversible cessation of all functions of the entire brain, including the brain stem. A person who is brain dead is dead.

1. Brain death in a vaccinated patient with COVID-19 infection: https://pubmed.ncbi.nlm.nih.gov/34656887/

Kounis Syndrome

is the concurrence of acute coronary syndromes with conditions associated with mast cell activation, such as allergies or hypersensitivity and anaphylactic or anaphylactoid insults that can involve other interrelated and interacting inflammatory cells behaving as a 'ball of thread'.

1. Kounis syndrome type 1 induced by inactivated SARS-COV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34148772/

Angioimmunoblastic T-cell Lymphoma

is a type of peripheral T-cell lymphoma. It is a high grade (aggressive) lymphoma that affects blood cells called T cells. High grade lymphomas tend to grow more quickly than low grade lymphomas. AITL usually affects older people, typically around the age of 70, is typically aggressive with a median survival of fewer than 3 years, even with intensive treatment.

1. Rapid progression of angioimmunoblastic T-cell lymphoma after BNT162b2 mRNA booster vaccination: case report: https://www.frontiersin.org/articles/10.3389/fmed.2021.798095/

Gastroparesis

A condition that affects the stomach muscles and prevents proper stomach emptying.

1. Gastroparesis after Pfizer-BioNTech COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34187985/

Asthma

a condition in which a person's airways become inflamed, narrow and swell and produce extra mucus, which makes it difficult to breathe. Asthma can be minor or it can interfere with daily activities. In some cases, it may lead to a life-threatening attack.

1. Colaneri, M., De Filippo, M., Licari, A., Marseglia, A., Maiocchi, L., Ricciardi, A., . . . Bruno, R. (2021). COVID vaccination and asthma exacerbation: might there be a link? Int J Infect Dis, 112, 243-246. doi:10.1016/j.ijid.2021.09.026. https://www.ncbi.nlm.nih.gov/pubmed/34547487

Safety in Adolescents

see below paper

1. Dimopoulou, D., Spyridis, N., Vartzelis, G., Tsolia, M. N., & Maritsi, D. N. (2021). Safety and tolerability of the COVID-19 mRNA-vaccine in adolescents with juvenile idiopathic arthritis on treatment with TNF-inhibitors. Arthritis Rheumatol. doi:10.1002/art.41977. https://www.ncbi.nlm.nih.gov/pubmed/34492161

2. Hause, A. M., Gee, J., Baggs, J., Abara, W. E., Marquez, P., Thompson, D., . . . Shay, D. K. (2021). COVID-19 Vaccine Safety in Adolescents Aged 12-17 Years – United States, December 14, 2020-July 16, 2021. MMWR Morb Mortal Wkly Rep, 70(31), 1053-1058. doi:10.15585/mmwr.mm7031e1. https://www.ncbi.nlm.nih.gov/pubmed/34351881

Safety Monitoring of the Janssen Vaccine
see below paper

1. Shay, D. K., Gee, J., Su, J. R., Myers, T. R., Marquez, P., Liu, R., . . . Shimabukuro, T. T. (2021). Safety Monitoring of the Janssen (Johnson & Johnson) COVID-19 Vaccine – United States, March-April 2021. MMWR Morb Mortal Wkly Rep, 70(18), 680-684. doi:10.15585/mmwr.mm7018e2. https://www.ncbi.nlm.nih.gov/pubmed/33956784

Myocardial Injury
refers to the cell death of cardiomyocytes and is defined by an elevation of cardiac troponin values. It is not only considered a prerequisite for the diagnosis of myocardial infarction but also an entity in itself and can arise from non-ischaemic or non-cardiac conditions.

1. Acute myocardial injury after COVID-19 vaccination: a case report and review of current evidence from the Vaccine Adverse Event Reporting System database: https://pubmed.ncbi.nlm.nih.gov/34219532/
2. Deb, A., Abdelmalek, J., Iwuji, K., & Nugent, K. (2021). Acute Myocardial Injury Following COVID-19 Vaccination: A Case Report and Review of Current Evidence from Vaccine Adverse Events Reporting System Database. J Prim Care Community Health, 12, 21501327211029230. doi:10.1177/21501327211029230. https://www.ncbi.nlm.nih.gov/pubmed/34219532

Autoimmune Inflammatory Rheumatic Diseases
Rheumatic diseases are autoimmune and inflammatory diseases that cause your immune system to attack your joints, muscles, bones and organs. Rheumatic diseases are often grouped under the term “arthritis” — which is used to describe over 100 diseases and conditions.

1. Furer, V., Eviatar, T., Zisman, D., Peleg, H., Paran, D., Levartovsky, D., . . . Elkayam, O. (2021). Immunogenicity and safety of the BNT162b2 mRNA COVID-19 vaccine in adult patients with autoimmune inflammatory rheumatic diseases and in the general population: a multicentre study. Ann Rheum Dis, 80(10), 1330-1338. doi:10.1136/annrheumdis-2021-220647. https://www.ncbi.nlm.nih.gov/pubmed/34127481

Neurological Autoimmune Diseases

If you have a neurological autoimmune disease, your immune system may be overly active and mistakenly attack healthy cells. These include central nervous system demyelinating disorders such as multiple sclerosis and neuromyelitis optica, paraneoplastic, and other autoimmune encephalomyelitis and autoimmune inflammatory myositis and demyelinating neuropathies.

1. Neurological autoimmune diseases after SARS-CoV-2 vaccination: a case series: https://pubmed.ncbi.nlm.nih.gov/34668274/.

V-REPP
vaccine-related eruption of papules and plaques.

1. Clinical and pathologic correlates of skin reactions to COVID-19 vaccine, including V-REPP: a registry-based study: https://www.sciencedirect.com/science/article/pii/S0190962221024427

Herpes Simplex Virus
A virus causing contagious sores, most often around the mouth or on the genitals.

1. Varicella zoster virus and herpes simplex virus reactivation after vaccination with COVID-19: review of 40 cases in an international dermatologic registry: https://pubmed.ncbi.nlm.nih.gov/34487581/

VACCINES APRIL 24, 2021

Open Letter from Physicians to Universities: Allow Students Back Without COVID Vaccine Mandate

Clinical trials will continue for at least two years before the FDA can even consider approval of these vaccines as effective and safe.

4. The COVID-19 vaccines on the market in the U.S., mRNA (Moderna and Pfizer) and DNA (Johnson & Johnson – Janssen), have caused notable side effects, pathology and even death (4.178 deaths per VAERS as of May 5, 2021). These adverse reactions result in absence from school and work, hospital visits, and even loss of life.[vi]
5. College-age women may be at unique risk for adverse events following administration of the experimental COVID vaccinations currently available. According to the CDC, all cases of life-threatening blood clots, subsequent to receiving the J&J vaccine, reported so far in the United States, occurred in younger women.[vii] The vast majority of cases of anaphylaxis have also occurred in women.[viii] In addition, "women are reporting having irregular menstrual cycles after getting the coronavirus vaccine,"[ix] and 95 miscarriages have been reported to the U.S. Vaccine Adverse Effects Reporting System (VAERS) following COVID vaccination as of April 24, 2021.[x]
6. Recent research data demonstrates that the spike protein, present on the SARS-CoV-2 virus and the induced primary mechanism of action of COVID-19 vaccines, are the primary cause of disease, infirmity, hospitalization and death.[xi]
7. Students who have had self-limited cases of COVID-19 already possess antibodies, activated B-cells, activated T-cells (detectable by lab testing). This durable, long-term immunity would not only prevent them from getting recurrent COVID-19, but would also represent herd immunity to protect others in the college or university community. [xii],[xiii]
8. COVID-19 convalescent students may be harmed by college and university policy requiring COVID-19 vaccines.[xiv] They already have extensive immunity and would be likely harmed from a forced confrontation with COVID-19 vaccine induced spike protein causing autoimmune reactions leading to illness and possible death.[xv]
9. Students and their families may justifiably believe these policies discriminate against individuals who aren't candidates for this vaccine, have pre-existing conditions, previous COVID-19 disease, cite religious objections, or are otherwise exercising their freewill choosing not to participate in this optional vaccine experiment. Refer to the Nuremberg

10. Institutional policies that permit faculty to choose or refuse vaccination, but do not allow students the same options, raise equal protection constitutional issues.
11. The ADA, Americans with Disabilities Act, requires "reasonable accommodations," be provided based on an individual's own unique health situation. This includes rejection of an experimental vaccine intervention which may exacerbate known health problems and thereby cause harm.
12. Colleges and Universities should consider whether they might be liable for damages, poor health outcomes, and loss of life due to mandatory COVID-19 vaccination policies. [xvii]
13. "Positive cases," as defined by laboratory testing alone, may be false positive testing errors or asymptomatic infection that is not clinically proven to spread disease.
14. Ambulatory outpatient early treatment for SARS-CoV-2 infection / COVID-19 has been demonstrated effective in adults.[xviii]
15. Informed consent is the standard for all medical interventions. The FDA factsheet for the healthcare provider reads, "The recipient or their caregiver has the option to accept or refuse (Pfizer-BioNTech) vaccine."

Please reverse your decision to mandate experimental COVID-19 vaccines before more students are harmed and make the vaccines rightfully optional. Both unvaccinated and vaccinated students should be permitted on campus. Thank you for your time and attention. We would appreciate hearing back from you as soon as possible and welcome further discussion with you and other leaders at your institution.

Sincerely,

Paul M. Kempen, M.D., Ph.D. – AAPS President (2021)

References

[ii] https://apnews.com/article/us-colleges-divided-student-coronavirus-vaccination-8c46ab65afc4538cb060c320ed94fc54

[iii] https://newjersey.news12.com/rowan-stockton-universities-will-not-require-covid-19-vaccine-to-attend

[iv] https://www.andrewbostom.org/2021/04/audio-dr-andrew-bostom-with-wpros-matt-allen-4-5-21-discussing-roger-williams-universitys-mandatory-fall-2021-covid-19-vaccination-for-students-absent-any-reference-to-their-ext/

[v] https://pubmed.ncbi.nlm.nih.gov/33667243/

[vi] https://www.nydailynews.com/coronavirus/ny-covid-ohio-student-death-johnson-shot-20210416-hm54bbifnvgc7ggxxc4cxrvpui-story.html

[vii] https://www.cdc.gov/media/releases/2021/fda-cdc-lift-vaccine-use.html

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[ix] https://www.ajc.com/life/women-reporting-irregular-menstrual-cycle-after-vaccination/XRN2P4FOWRAV7DIPYTU2MO67VA/

[x] https://wonder.cdc.gov/vaers.html

[xi] https://www.qeios.com/read/26GTOD.2/pdf

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[xiv] https://www.aier.org/article/if-you-had-covid-do-you-need-the-vaccine/

[xv] https://noorchashm.medium.com/uregnt-fda-communication-catastrophic-blood-clot-risk-absent-medical-necessity-of-covid-19-a6bb35b806df

[xvi] http://www.cirp.org/library/ethics/nuremberg/

[xvii] https://thehill.com/regulation/labor/541173-first-case-against-mandatory-vaccination-filed-in-new-mexico-dention-center?rl=1

[xviii] https://rcm.imrpress.com/EN/10.31083/j.rcm.2020.04.264

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