

COVID-19 Vaccine Safety and Efficacy and the Urgent Need for Early Ambulatory Therapy

Peter A. McCullough, MD, MPH, FACC, FAHA, FASN, FNKF, FNLA, FCRSA



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President, Cardiorenal Society of America
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Tagline: <https://americaoutloud.com/the-mccullough-report/>
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Dr. McCullough is an internist, cardiologist, epidemiologist. He maintains ABIM certification in internal medicine and cardiovascular diseases. He practices both internal medicine including the management of common infectious diseases as well as the cardiovascular complications of both the viral infection and the injuries developing after the COVID-19 vaccine in Dallas TX, USA. Since the outset of the pandemic, Dr. McCullough has been a leader in the medical response to the COVID-19 disaster and has published "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection" the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the *American Journal of Medicine* and subsequently updated in *Reviews in Cardiovascular Medicine*. He has 51 peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in *TheHill*, *FOX NEWS Channel*, *NewsMax*, *Real America*, and *America Out Loud*. On November 19, 2020, Dr. McCullough testified in the US Senate Committee on Homeland Security and Governmental Affairs and throughout 2021 in the Texas Senate Committee on Health and Human Services, Colorado General Assembly, New Hampshire Senate, and South Carolina Senate concerning many aspects of the pandemic response. Dr. McCullough has dedicated his academic and clinical efforts in combating the SARS-CoV-2 virus and in doing so, has reviewed thousands of reports, participated in scientific congresses, group discussions, press releases, and has been considered among the world's experts on COVID-19.

1976 U.S. swine flu vaccination program may offer lessons for COVID-19 pandemic

After months of negative media coverage, the Guillain-Barre reports brought an overdue end to the swine flu affair. Ford's programme was suspended in December 1976 with only some 20% of the US population (55M) vaccinated leaving 550 cases of Guillain-Barre and 25 deaths. And since the US government had offered liability coverage to the pharmaceutical manufacturers that summer, [hundreds of compensation claims](#) from Guillain-Barre claimants followed for years afterward. Before it was cut short, the program's goal was to vaccinate every American by the end of 1976.



[Mark Gollom](#) · CBC News · Posted: Dec 03, 2020 4:00 AM ET | Last Updated: December 3, 2020



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Real World Efficacy of COVID-19 Vaccines
- Pivot to Early Therapy for High-Risk COVID-19
- Natural Immunity
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

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September 17, 2021

Covid-19, Social Standing, and the New World Order

by **Wallace Garneau** | Sep 15, 2021

I have not had a Covid-19 vaccine. Let me open this article up right out of the gate by saying that. That does not mean I am anti-vaccine, or that I think the Covid-19 vaccines are unsafe or ineffective. I follow the science, and by that, I mean that I follow the...

COVID Q & A with Dr. Peter McCullough, #3

by **Malcolm Out Loud** | Sep 15, 2021

We, the general public are so

For New Biologic Products, Demand Safety, Safety, Safety

by **Dr. Peter McCullough** | Jun 5, 2021 | [Healthcare, World](#)

This product of gain of function research in the Wuhan lab is what made SARS-CoV-2 super infectious and damaging to the body resulting in organ damage, respiratory failure, and blood clots. The CDC has verified a record 262,521 safety reports including 4,406 deaths, and 14,986 hospitalizations. These exceed the numbers for all previous vaccines in all years combined in history—making the COVID-19 the most dangerous vaccine of all time...



THE
HILL

The great gamble of COVID-19 vaccine development

BY PETER A. MCCULLOUGH, OPINION CONTRIBUTOR — 08/17/20 10:30 AM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

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TWEET

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[CHANGING AMERICA](#)
— 4M 43S AGO

Election denialists smacked down by Idaho Secretary of State

[STATE WATCH](#) — 9M 38S AGO

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[OPINION](#) — 10M 39S AGO

Ocasio-Cortez blasts Texas abortion law defender: 'Sometimes it takes years' to recognize sexual assault



© Getty Images

We are over six months into the consequences of the SARS-Co-V2 pandemic in the United States. Patients, families and doctors are frightened, weary and frustrated by the lack of support from regulatory agencies — the National Institutes of Health, Food and Drug

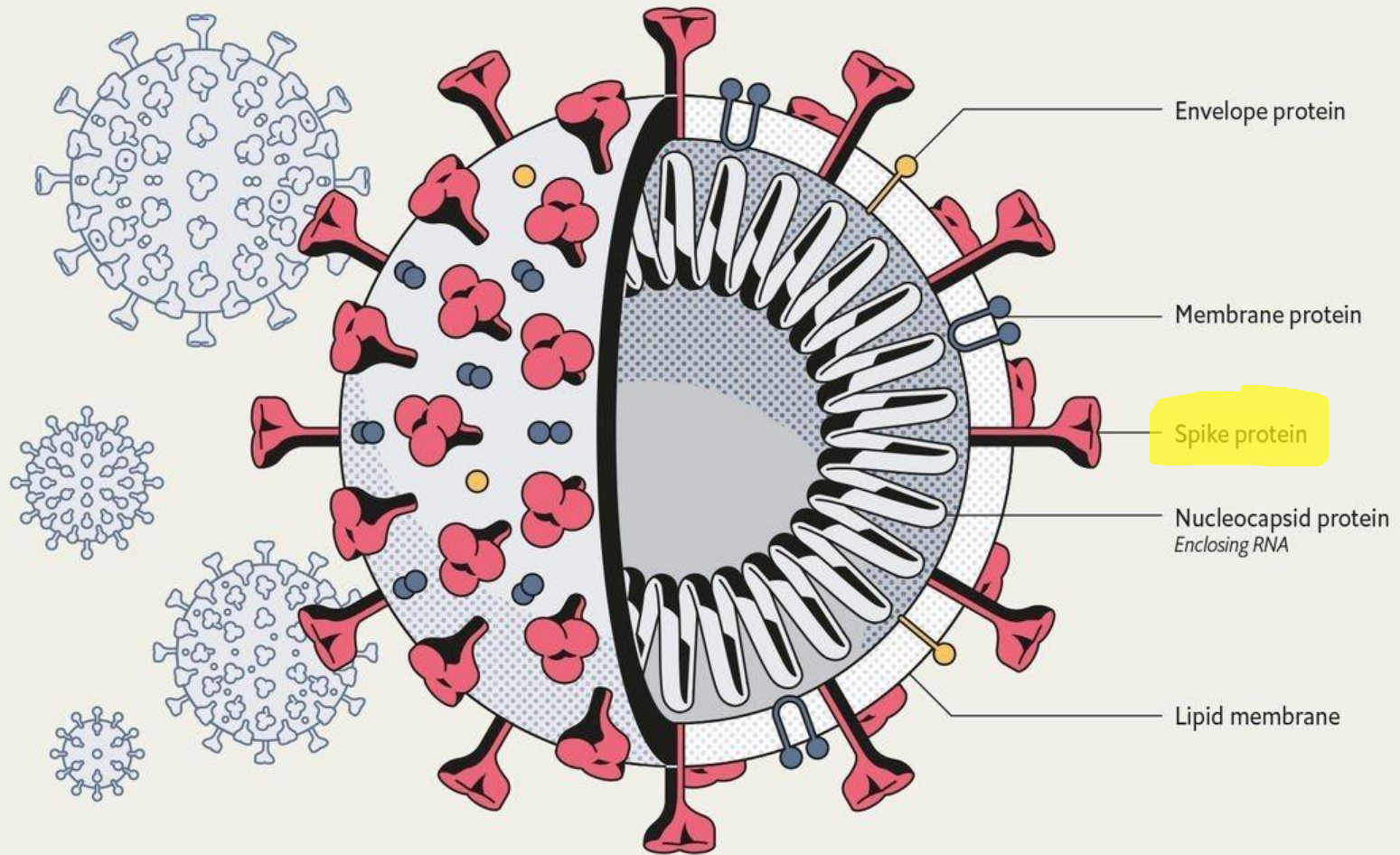


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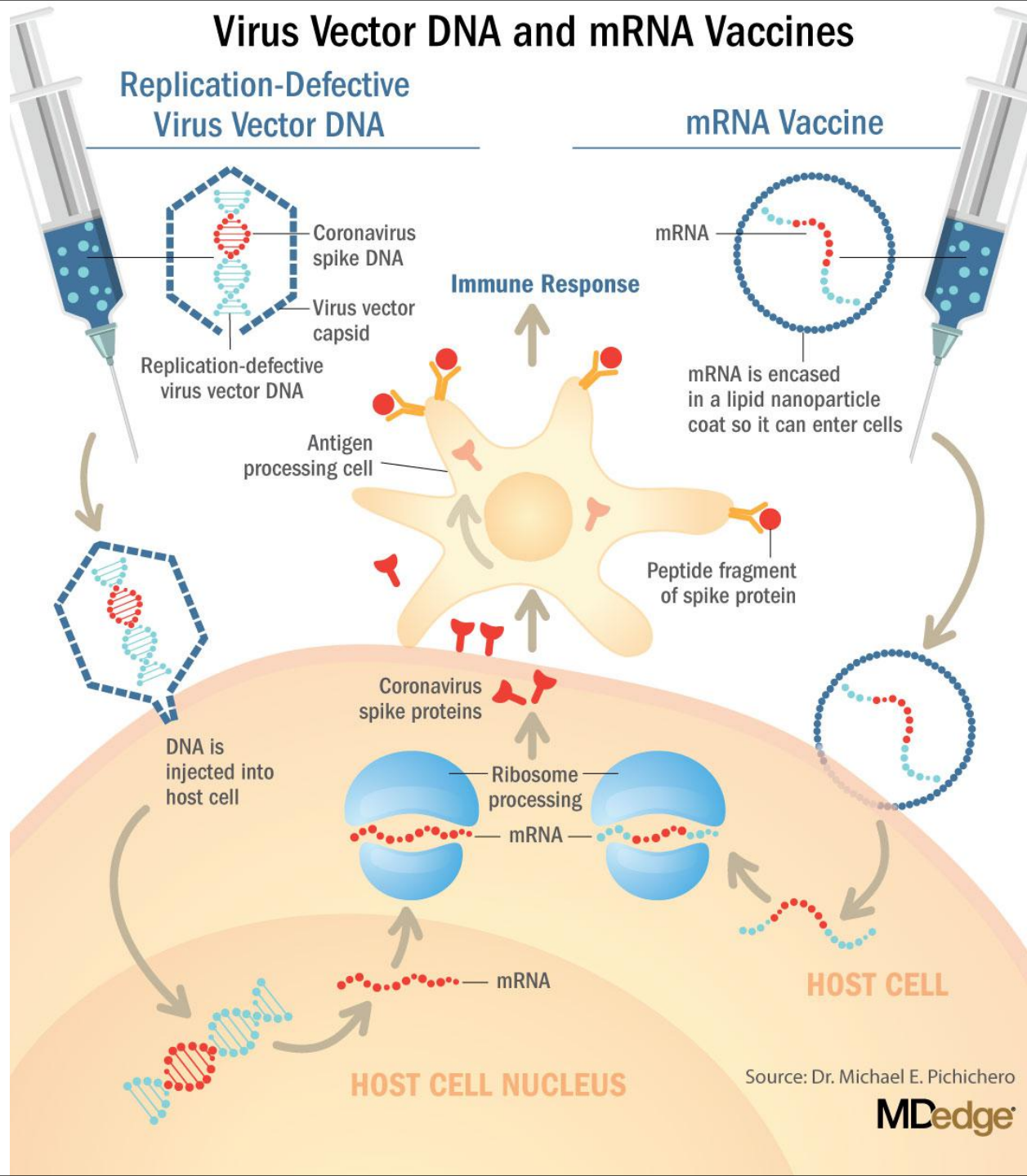
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SARS-CoV-2 Structure



Virus Vector DNA and mRNA Vaccines



Source: Dr. Michael E. Pichichero

MDedge

Clinical Concerns

- mRNA or adenoviral DNA induce production of the Spike protein
 - Cell, tissue, organ endothelial damage
 - Spike protein in body fluids, donated blood
- No genotoxicity, teratogenicity, or oncogenicity studies
- Concerning ovarian biodistribution study (Pfizer, Japan)
- Concerning reduced fertility study (Moderna, EMA)
- No EAC, DSMB, Human Ethics Committee
- No restriction of properly excluded groups from RCTs
 - Pregnant women, women of childbearing potential
 - COVID survivors, previously immune
- No risk stratification for hospitalization and death
- No data transparency
- No mitigation of risks for public

practices, emphasizing critical questions that require urgent answers, particularly in
we wish to restore confidence in science and public health.

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

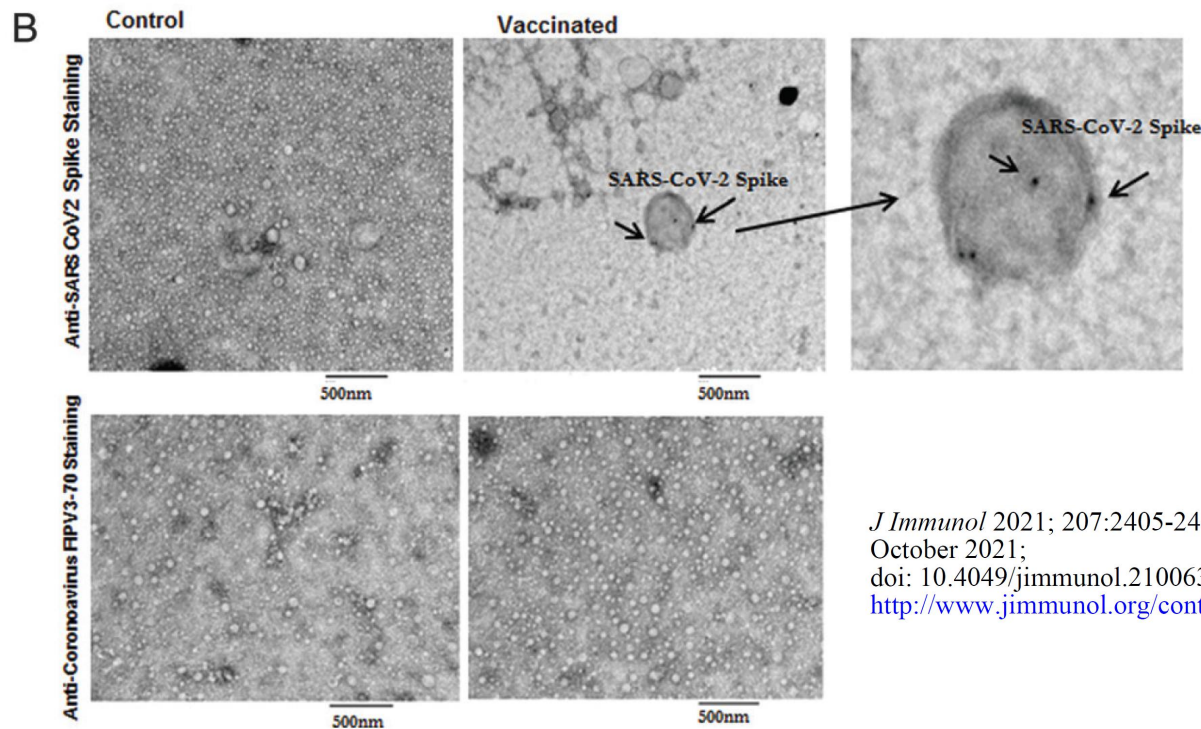
and induced an immune response [2–5]. However, critical data demonstrating the direct production of spike protein via translation from the mRNA-1273 vaccine in these studies are missing, precluding a full understanding of the vaccine mechanism.

Here we provide evidence that circulating SARS-CoV-2

**Circulating Spike protein
in blood Day 1 to average
of 15 days after injection
(longest was 29 days)**

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

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



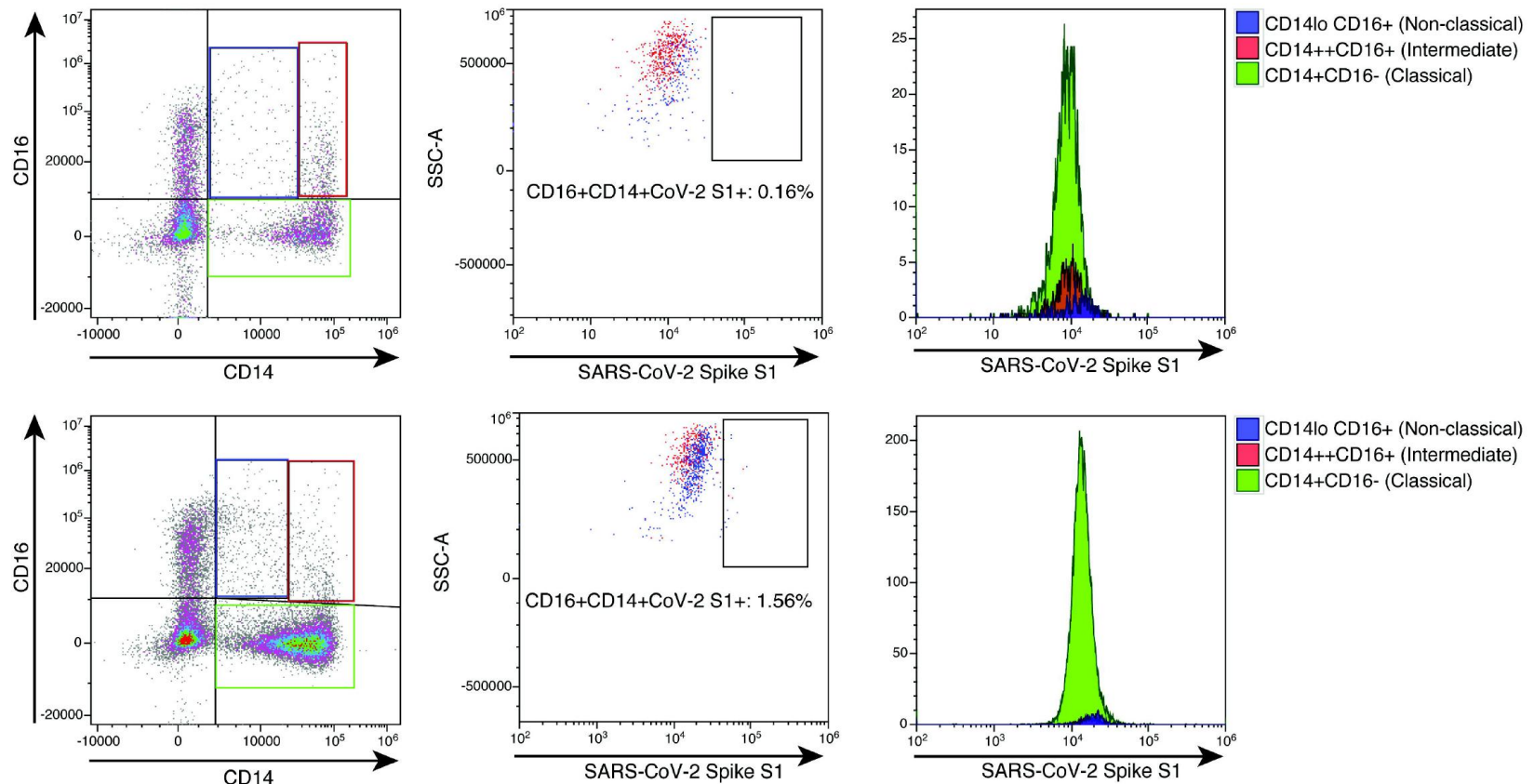
J Immunol 2021; 207:2405-2410; Prepublished online 15 October 2021;
doi: 10.4049/jimmunol.2100637
<http://www.jimmunol.org/content/207/10/2405>

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

Persistence of SARS CoV-2 S1 Protein in CD16+ Monocytes in Post-Acute Sequelae of COVID-19 (PASC) Up to 15 Months Post-Infection

Summary: SARS CoV-2 S1 protein in CD16+ monocytes in the absence of full-length RNA in patients with PASC up to 15 months post-infection

Bruce K. Patterson¹, Edgar B. Francisco¹, Ram Yogendra², Emily Long¹, Amruta Pise¹, Hallison Rodrigues¹, Eric Hall³, Monica Herrera³, Purvi Parikh⁴, Jose Guevara-Coto^{5,6}, Timothy J. Triche⁷, Paul Scott⁷, Saboor Hekmati⁷, Dennis Maglinte⁷, Xaiolan Chang⁸, Rodrigo A Mora-Rodríguez⁵, Javier Mora⁵



SARS-CoV-2 infection and persistence throughout the human body and brain

Daniel Chertow (✉ chertowd@cc.nih.gov)

National Institutes of Health <https://orcid.org/0000-0002-1675-1728>

COVID-19 is known to cause multi-organ dysfunction¹⁻³ in acute infection, with prolonged symptoms experienced by some patients, termed Post-Acute Sequelae of SARS-CoV-2 (PASC)⁴⁻⁵. However, the burden of infection outside the respiratory tract and time to viral clearance is not well characterized, particularly in the brain^{3,6-14}. We performed complete autopsies on 44 patients with COVID-19 to map and quantify SARS-CoV-2 distribution, replication, and cell-type specificity across the human body, including brain, from acute infection through over seven months following symptom onset. We show that SARS-CoV-2 is widely distributed, even among patients who died with asymptomatic to mild COVID-19, and that **virus replication** is present in **multiple pulmonary** and extrapulmonary tissues early in infection. Further, we detected **persistent SARS-CoV-2 RNA in multiple anatomic sites, including regions throughout the brain, for up to 230 days following symptom onset**. Despite extensive distribution of SARS-CoV-2 in the body, we observed a paucity of inflammation or direct viral cytopathology outside of the lungs. Our data prove that SARS-CoV-2 causes systemic infection and can persist in the body for months.

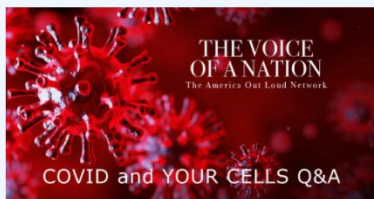
World Class Athletes, by Gold Star Mom Susan Price. Is the global elite using Covid-19 to weaken the Western World? Read **'The Reckoning.'** Our free APPS on

November 13, 2021

Podcast

Covid and Your Cells Q & A with Dr. Peter McCullough and Dr. Vincent Giampapa

by **Malcolm Out Loud**



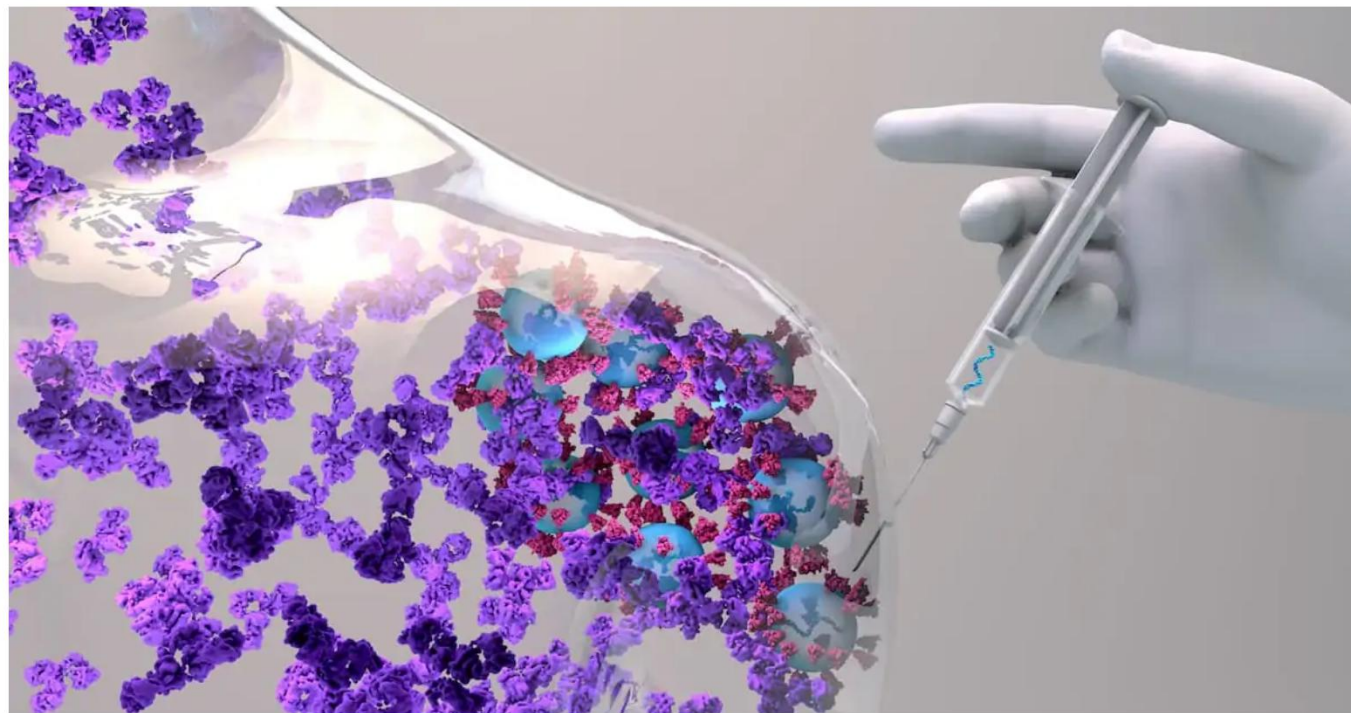
The Reckoning

by **Wallace Garneau**



COVID-19 Vaccination: Stop Now Before It's Too Late

by **Dr. Peter McCullough** | Nov 8, 2021 | [Healthcare](#), [Politics](#),



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September 17, 2021



Crushing the Lifeblood of Medical Science

by **Dr. Peter McCullough**

In this issue of The McCullough Report, we have some grave news about a concerning set of developments that have taken the COVID-19 crisis response and its consequences to the world to a whole new level. With the backdrop that free speech and scientific discourse is...

MCCULLOUGH REPORT

Vaccine Report Card From CDC/FDA is Long Overdue!

by **Dr. Peter McCullough** | Sep 6, 2021 | [Healthcare](#), [Politics](#),

The CDC/FDA holds all the data on differential efficacy of the vaccines and at 8 months into the public program, the agency's vaccine report card to America is long overdue. Americans are frustrated with the lack of transparency and want to make the most efficacious choice of vaccines and seek to understand how to take a shot and avoid the disastrous safety events of neurologic damage, myocarditis, blood clots, and paralysis...



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

VAERS COVID REPORTS

Through January 22, 2021

All vaccines before 2020
~158 total deaths/yr

182

DEATHS

455

HOSPITALIZATIONS

1702

EMERGENCY ROOM
OR URGENT CARE

969

OFFICE VISITS

106

ANAPHYLAXIS

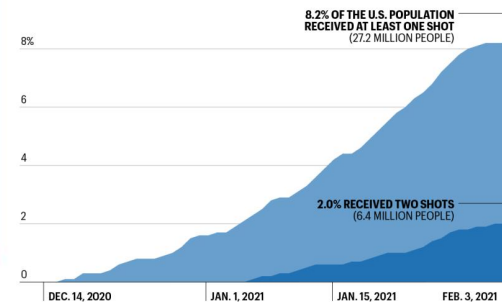
78

BELL'S Palsy

37

STROKE-LIKE
SYMPTOMS

COVID-19 U.S. VACCINE TRACKER



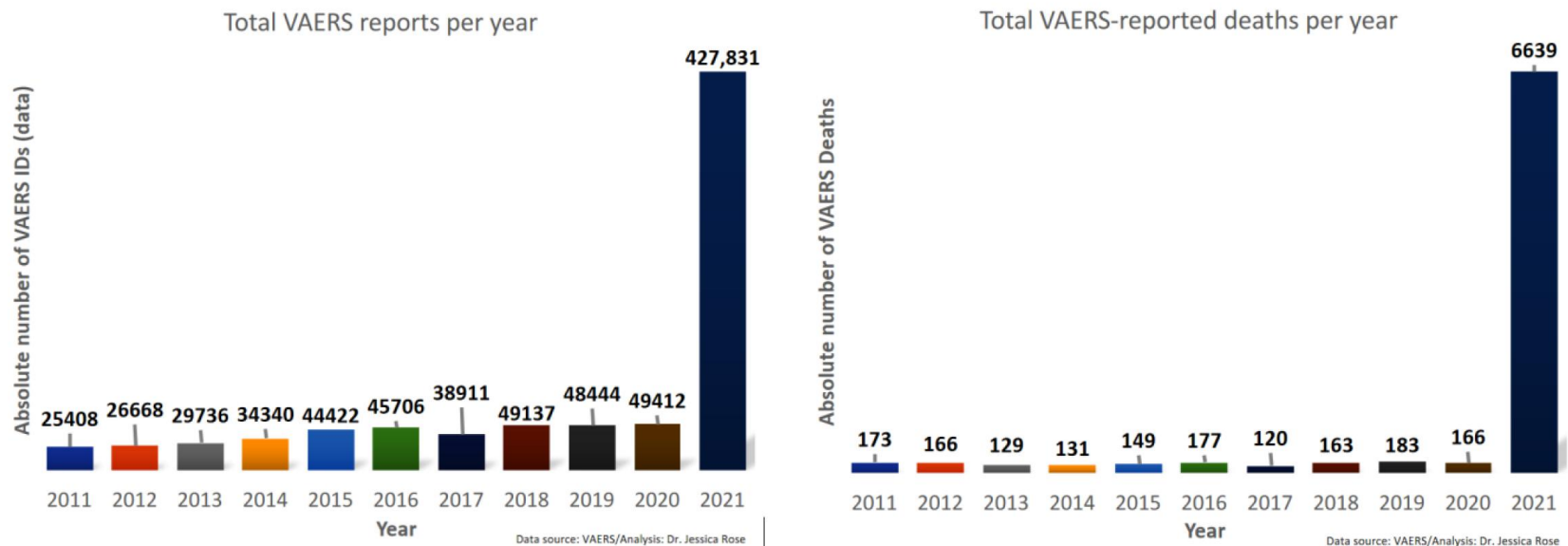
SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION

FORTUNE

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

Jessica Rose, PhD, MSc, BSc

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



U.S. COVID-19 Vaccination Progress

People who have
received at least one
dose of any vaccine:

220.5
MILLION



People fully
vaccinated with a
single-dose vaccine:

15.2
MILLION



People fully
vaccinated with a
two-dose vaccine:

175.5
MILLION



People fully
vaccinated:

190.7
MILLION



Percentage of people
who received at least
one dose:

66.4%



Percentage of
people who are
fully vaccinated:

57.4%



Find the latest data on
CDC's COVID Data Tracker

Data as of October 25, 2021
Source: COVID Data Tracker – Vaccinations

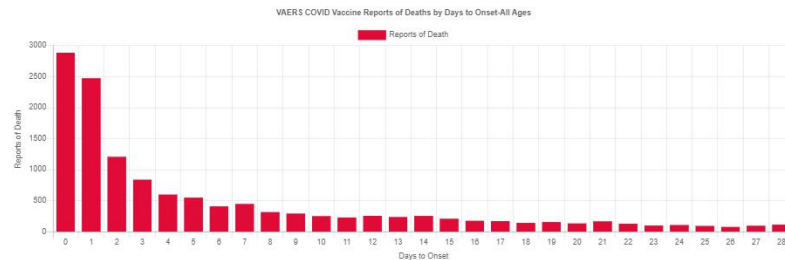
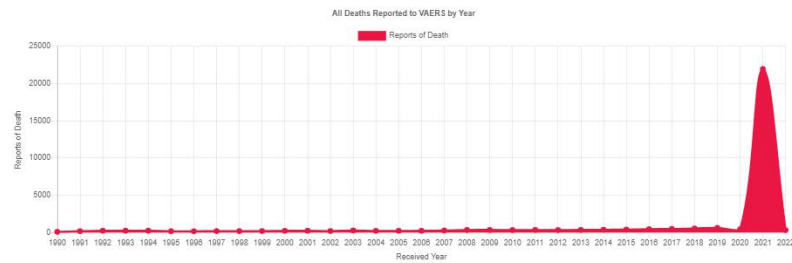
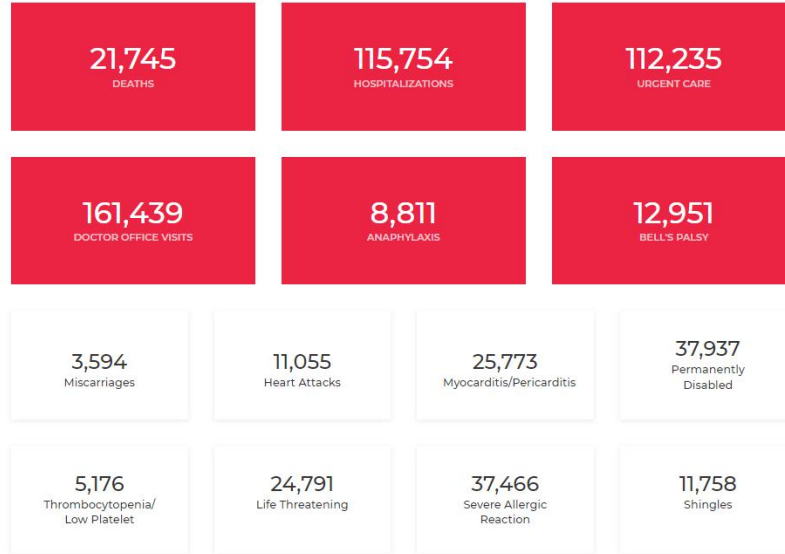


VAERS COVID Vaccine Adverse Event Reports

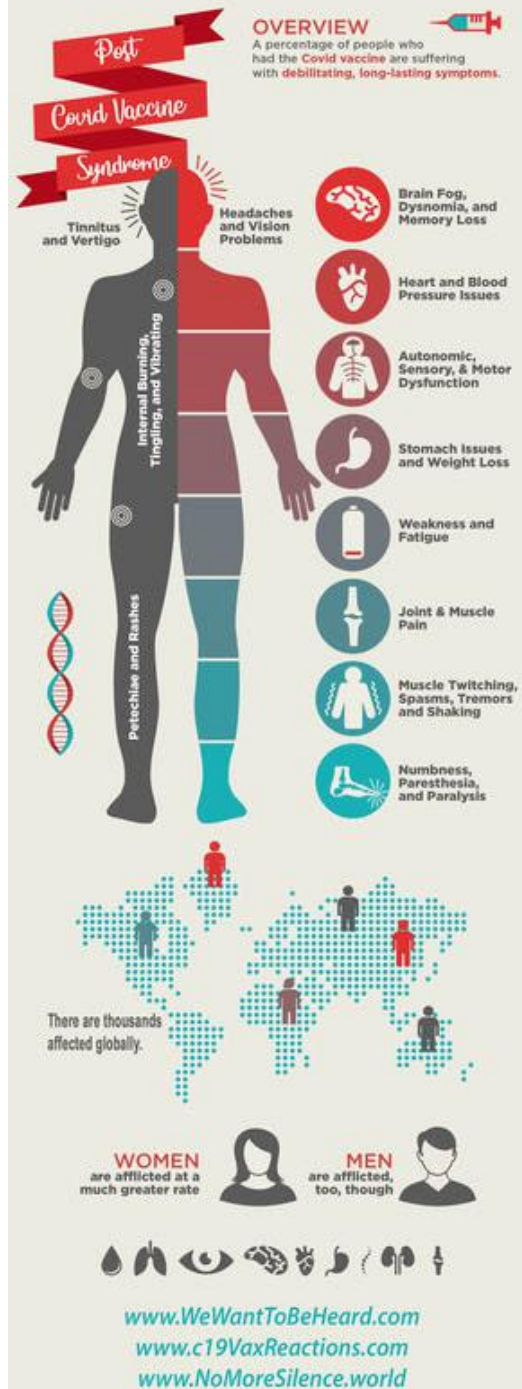
Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports. ●

All VAERS COVID Reports ● US/Territories/Unknown

1,033,992 Reports
Through January 7, 2022 ●



Historical PreCC
All ~70 vaccines average expected 16,320 VAERS total reports/yr, ~158 total deaths/yr

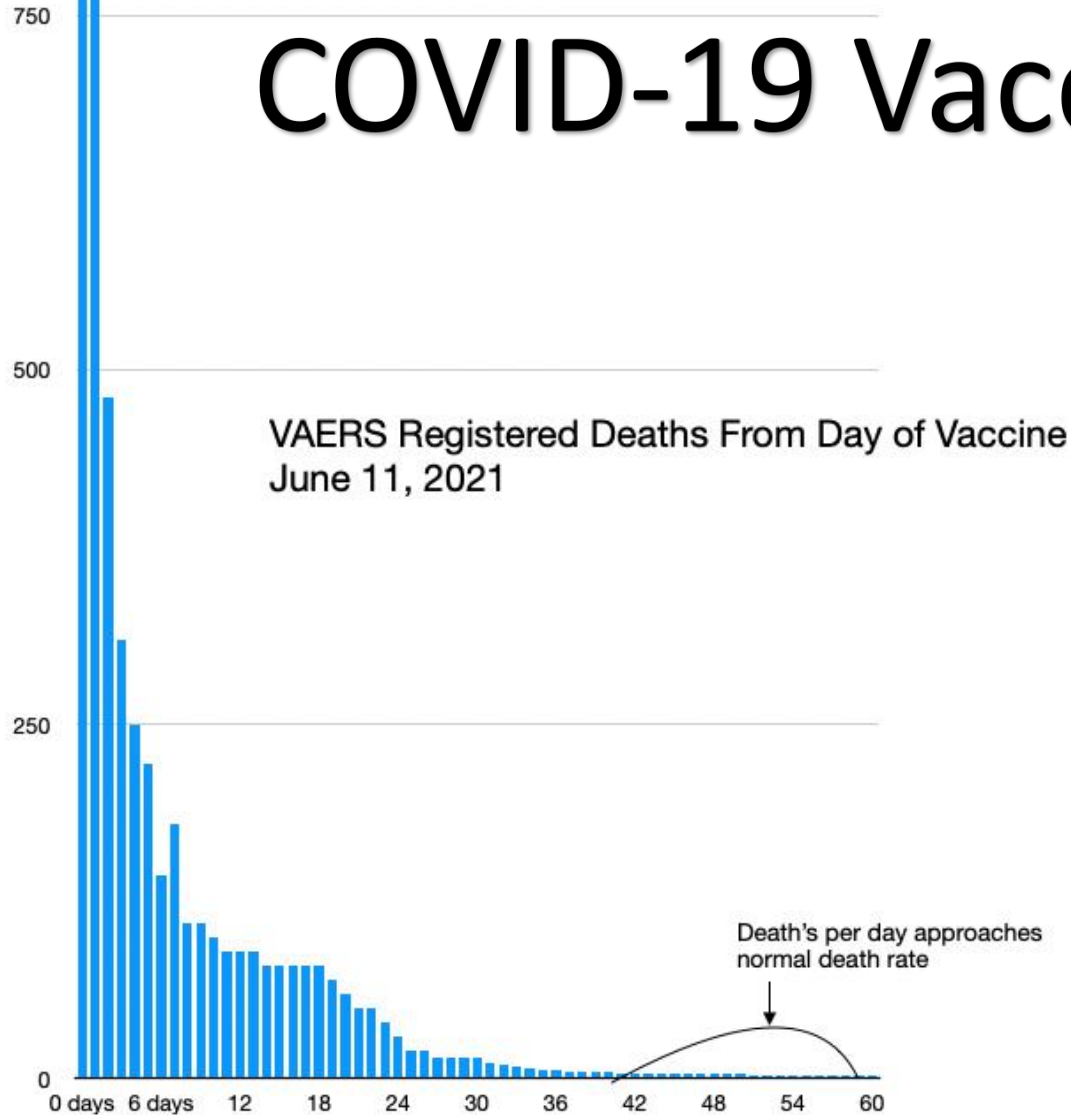


Spiro P. Pantazatos^{1,*} and Hervé Seligmann²

From 0-20 weeks post
injection there were
146-187k vaccine
associated deaths

...t, young adults, and older adults with low occupational risk or previous
... exposure. Our findings raise important questions about current COVID mass
vaccination strategies and warrant further investigation and review.

Day of Death after COVID-19 Vaccination



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

ResearchGate

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

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

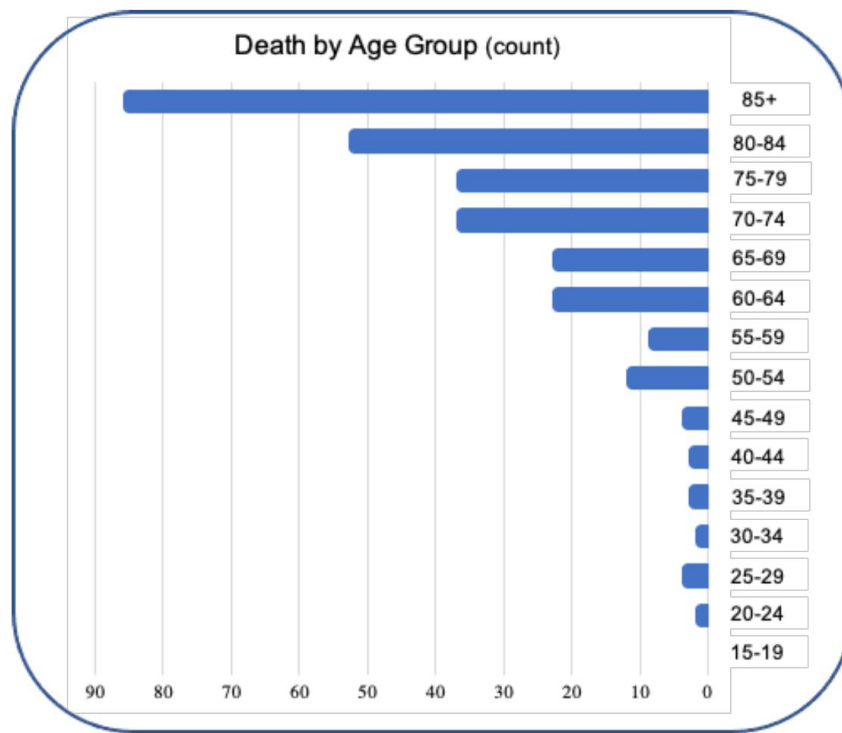


Figure 3: Death by Age Group

Much has been made in the media and academic literature about the need for protection and early vaccination of those aged 65 years and over. We believe this focus is the primary reason that 80% of the post-vaccination decedents reported are in this age group. Almost one-tenth (9%) expired within only 6 hours of their vaccination and 18% died in less than 12 hours. Over one third (36%) did not survive through to the following day.

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

https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis

Adverse events reported from the COVID-19 vaccines: A descriptive study based on the WHO database (VigiBase®)














Siddhartha Dutta¹ , Rimple Jeet Kaur¹ , Pankaj Bhardwaj² , Praveen Sharma³ , Sneha Ambwani¹ ,
Salequl Islam⁴ , Ankita Tandon⁵ , Jha Pallavi Abhayanand¹ , Sanchi Sukhija¹ , Suman S. Venkatesh¹ ,
Sanjeev Misra⁶ , Mainul Haque⁷ , Jaykaran Charan^{1*} 

Table 5. Distribution of death events per the vaccine, age, and gender ($n = 103,954$).

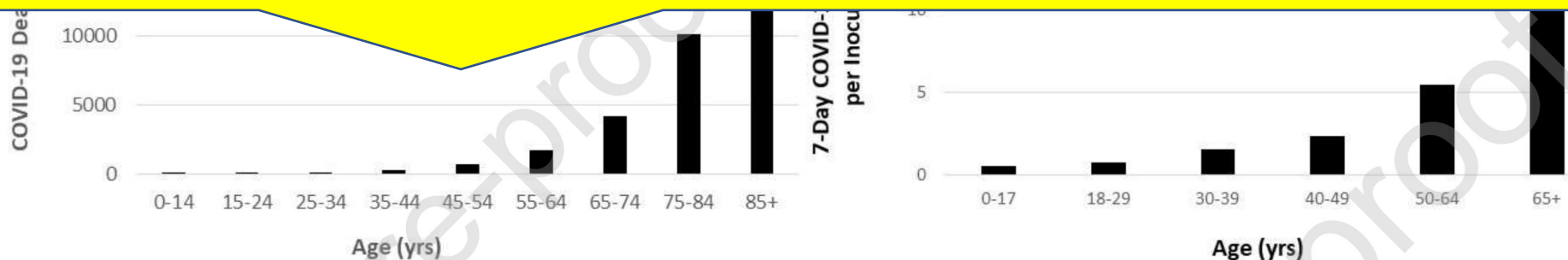
		Death (%)
Vaccine name	BNT162b2 ($n = 84,741$)	337 (0.40)
	AstraZeneca ($n = 12,510$)	9 (0.07)
	Moderna ($n = 6,347$)	78 (1.23)
Gender	Male ($n = 18,296$)	205 (1.12)
	Female ($n = 83,417$)	213 (0.25)
	Gender not reported ($n = 2,241$)	6 (0.27)
Age group	<18 years ($n = 847$)	3 (0.35)
	18–64 years ($n = 89,505$)	43 (0.05)
	>65 years ($n = 7,647$)	342 (4.47)
	Unknown ($n = 5,955$)	36 (0.6)



Why are We Vaccinating Children against COVID-19?

Ronald N. Kostoff, Daniela Calina, Darja Kanduc, Michael B. Briggs,
Panayiotis Vlachoyiannopoulos, Andrey A. Svistunov, Aristidis
Tsatsakis

“A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic”



Michael "Mike" Anthony Granata of Gilroy, California | 1965 - 2021 | Obituary



Michael "Mike" Anthony Granata

February 21, 1965 - November 01, 2021

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Michael "Mike" Anthony Granata February 21, 1965 – November 1, 2021

Michael, a longtime resident of Gilroy, passed away on November 1, 2021. Never a kinder more gentle man did I know than my husband, Michael.

For those who knew Mike, you know that he was a good and honest man. He was kind, considerate, and always polite.

Mike was adamant that people know what happened to him that caused his early and unexpected death. *Message from Mike:* "Many nurses and non-nursing staff begged me and my wife to get the truth out to the public about the Covid-19 vaccines because the truth of deaths from the vaccine was being hidden within the medical profession. I promised I would get the message out. So, here is my message: I was afraid of getting the vaccine for fear that I might die. At the insistence of my doctor, I gave in to pressure to get vaccinated. On August 17th I received the Moderna vaccine and starting feeling ill three days later. I never recovered but continued to get worse. I developed multisystem inflammation and multisystem failure that medical professionals could not stop. My muscles disappeared as if to *disintegrate*. I was in ICU for several weeks and stabbed with needles up to 24 times a day for those several weeks, while also receiving 6 or 7 IVs at the same time (continuously). It was constant torture that I cannot describe. I was no longer treated as a human with feelings and a life. I was nothing more than a covid vaccine human guinea pig and the doctors excited to participate in my fascinating progression unto death. If you want to know more, please ask my wife. I wished I would have never gotten vaccinated. If you are not vaccinated, don't do it unless you are ready to suffer and die."

PLANT TREES

In Remembrance



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

Jessica Rose, PhD, MSc, BSc

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

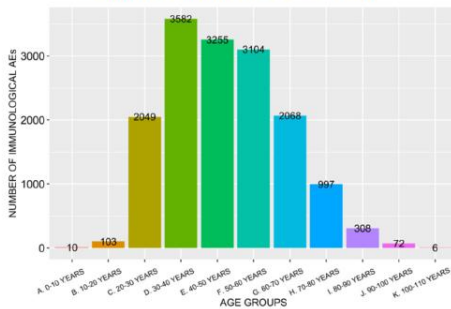


Figure 6. Distribution according to age in individuals who reported anaphylactic reactions

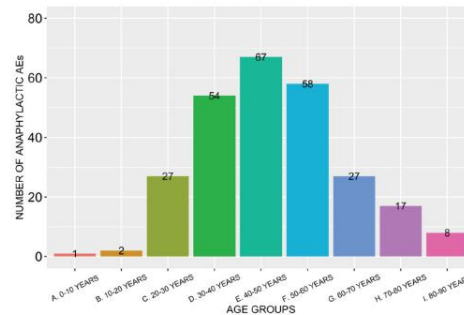


Table 3. Percentages of individuals reporting AEs following 24- and 48-hour periods

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

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

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

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



Editorials

COVID-19 vaccine-induced immune thrombotic thrombocytopenia: An emerging cause of splanchnic vein thrombosis



- a) In the event of significant post-vaccination symptoms like severe abdominal pain, nausea/vomiting, melena or hematochezia, persistent high fevers, especially for > 2 days, further investigations should be performed, intentionally looking for unusual sites of venous thrombosis like SVT.
- b) Complete blood cell count with peripheral blood smear, D-dimer levels, coagulation profile, fibrinogen, and if clinically indicated, pertinent imaging studies such as venous compression ultrasound, or contrast-enhanced computed tomography of the abdomen should be performed to objectively document VTE or thrombosis of unusual sites.
- c) If venous thrombosis (e.g., CVST or SVT) and thrombocytopenia (platelet count < 150,000 × mm³) are confirmed, immediate consultation with an expert in clinical adult thrombosis/hematology, to further guide diagnostic and therapeutic approach, including more specific testing for HIT and VITT [11,12]. In this regard, the involvement of a VTE rapid response multidisciplinary team may be a suitable option, if such team is available.
- d) If the initial screening test of PF-4/heparin antibodies by ELISA is positive, then a classical heparin-induced platelet activation (HIPA) assay or a serotonin release assay (SRA) should be performed as a functional confirmatory test for VITT.
- e) If the diagnosis of VITT is made, consider high doses of IVIG for 1–2 days, non-heparin anticoagulants, and avoid platelet transfusions unless active bleeding is present; once thrombocytopenia has resolved (platelet count > 150,000 × mm³), consider switching to either DOACs or vitamin K antagonists for at least 6 months, with a close follow-up in a designated venous thrombosis/anticoagulation multidisciplinary clinic.

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Available online 30 April 2021

Jessica Berg Wilson

1983 - 2021



Vaccine induced thrombotic thrombocytopenia: The shady chapter of a success story

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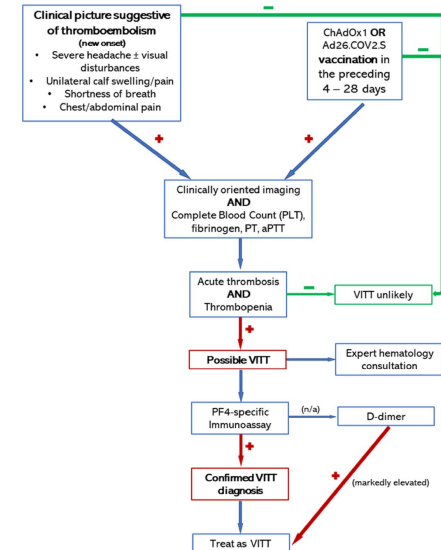
ABSTRACT

The recognition of the rare but serious and potentially lethal complication of vaccines induced thrombotic thrombocytopenia (VITT) raised concerns regarding the safety of COVID-19 vaccines and led to the reconsideration of vaccination strategies in many countries. Following the description of VITT among recipients of adenoviral vector ChAdOx1 vaccine, a review of similar cases after Ad26.COV2.S vaccination gave rise to the question whether this entity may constitute a potential class effect of all adenoviral vector vaccines. Most cases are females, typically younger than 60 years who present shortly (range: 5–30 days) following vaccination with thrombocytopenia and thrombotic manifestations, occasionally in multiple sites. Following initial uncertainty, concrete recommendations to guide the diagnosis (clinical suspicion, initial laboratory screening, PF4 polyanion-antibody ELISA) and management of VITT (non-heparin anticoagulants, corticosteroids, intravenous immunoglobulin) have been issued. The mechanisms behind this rare syndrome are currently a subject of active research and include the following: 1) production of PF4 polyanion autoantibodies; 2) adenoviral vector entry in megakaryocytes and subsequent expression of spike protein on platelet surface; 3) direct platelet and endothelial cell binding and activation by the adenoviral vector; 4) activation of endothelial and inflammatory cells by the PF4-polyanion autoantibodies; 5) the presence of an inflammatory co-signal; and 6) the abundance of circulating soluble spike protein variants following vaccination. Apart from the analysis of potential underlying mechanisms, this review aims to synopsize the clinical and epidemiologic features of VITT, to present the current evidence-based recommendations on diagnostic and therapeutic work-up of VITT and to discuss new dilemmas and perspectives that emerged after the description of this entity.

D. Tsilingiris et al.

Metabolism Open 11 (2021) 100101

Approach to the diagnosis of vaccine-induced thrombotic thrombocytopenia (VITT)



Jessica Berg Wilson

Oct. 29, 1983 - Sept. 7, 2021

Jessica Berg Wilson, 37, of Seattle, Wash., passed away unexpectedly Sept. 7, 2021 from COVID-19 Vaccine-Induced Thrombotic Thrombocytopenia (VITT) surrounded by her loving family. Jessica was an exceptionally healthy and vibrant 37-year-old young mother with no underlying health conditions.

Jessica was born Oct. 29, 1983 to Arthur and Gwen Berg in Portland, Ore. She attended Riverdale Grade School, graduated from Jesuit High School in 2002, and earned a B.A. from Oregon State University in 2007. After college, she had a successful professional career in human resource management and devoted her free time to numerous volunteer causes. She met Tom, her loving husband, in 2009 and they wed in 2012, going on to have two daughters, Bridget (5) and Clara (3).

Jessica fully embraced motherhood, sharing her passion for life with her daughters. Jessica's motherly commitment was intense, with unwavering determination to nurture her children to be confident, humble, responsible, and to have concern and compassion for others with high morals built on Faith.

RESEARCH LETTER

Stage III Hypertension in Patients After mRNA-Based SARS-CoV-2 Vaccination

Sylvain Meylan^{ID}, Françoise Livio, Maryline Foerster, Patrick James Genoud, François Marguet, Gregoire Wuerzner^{ID},
on behalf of the CHUV COVID Vaccination Center

explicitly as an adverse event in both safety/immunogenicity trials. However, both phase I/II and III clinical trials for the mRNA vaccines included predominantly younger populations with a mean and median age of 31 and 52 years for the BNT162b2 vaccine⁴ and 31 and 51 for the mRNA-1273 vaccine.⁵ Although more data are needed to understand the extent and the mechanism of hypertension after mRNA-based vaccination, our data indicate that in elderly patients with a history of hypertension or significant prior cardiovascular comorbidities, prevaccination control of blood pressure and post-vaccination monitoring, including symptom screening, may be warranted.

September 17, 2021

America's Uniqueness Starts and Ends with the US Constitution

by **Paul Engel** | Sep 17, 2021

Decades of ignorance and apathy by the American people have reduced the supreme law of the land to an anachronism, a throwback to a time when rights, freedom, and liberty were important to them. Today, Americans seem more interested in being taken care of than...

COVID and Your Health

**COVID
Investigation:
CDC Profits Off of
the Chaos They**

Weaponized COVID-19 Vaccine: Knife to the Heart

by **Dr. Peter McCullough** | Jun 16, 2021 | [Healthcare](#), [Politics](#),

COVID-19 vaccine-induced myocarditis or heart injury is a real and significant risk for young persons under age 30 years who are needlessly vaccinated. Many people this age have already had COVID-19 and are immune or maybe in the childbearing years where the vaccine...

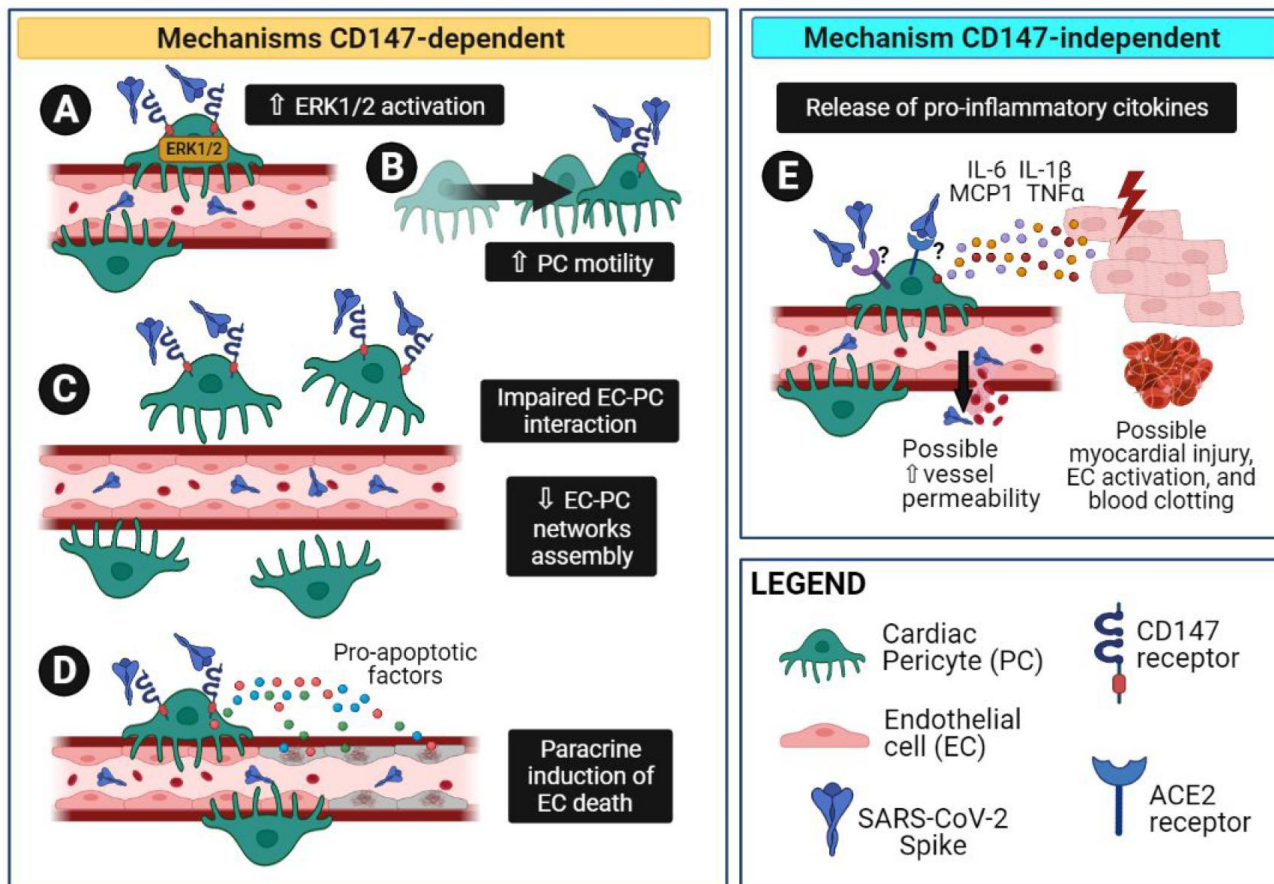


Podcast

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

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

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



August 30th, 2021

SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis

- 86% required hospitalization
- Healthy boys have considerably higher chances of hospitalization with myocarditis than with COVID-19 respiratory illness even at peak prevalence

Funding: None

Keywords: myocarditis, mRNA, vaccination, COVID-19, pediatrics, drug-related side effects and adverse reactions

Figure 4. Symptom onset interval of Cardiac Adverse Events in days following vaccination among recipients with elevated troponin, by age

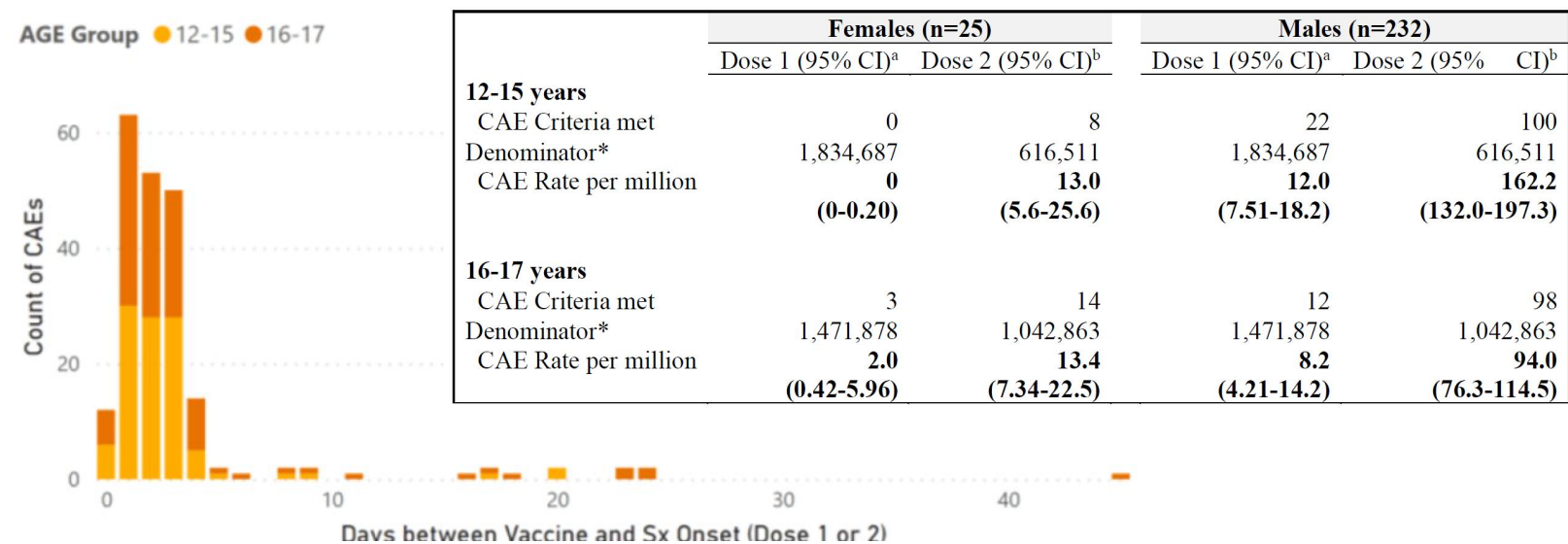
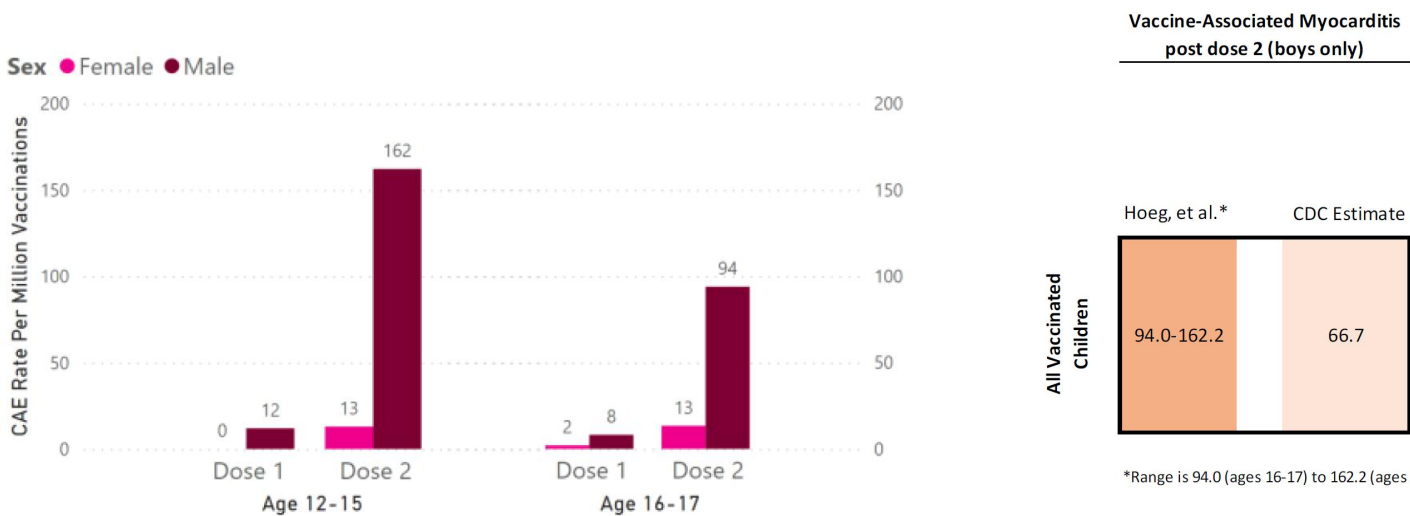


Figure 1. Cardiac Adverse Event (CAE) rate per million vaccinated persons, by age and sex and vaccination dose





Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods

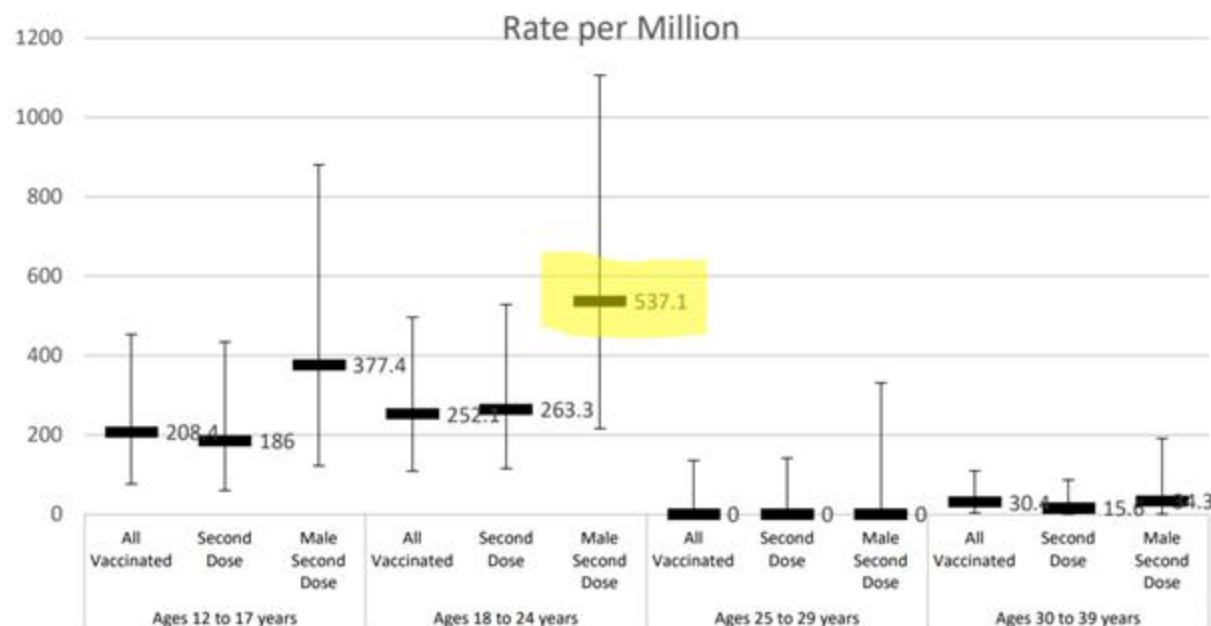
Running title: Myopericarditis after COVID-19 mRNA vaccination

Katie A Sharff MD ^a, David M Dancoes ^b, Jodi L Longueil PharmD ^c, Eric S Johnson PhD ^b, Paul F Lewis MD, MPH^d

^a Department of Infectious Diseases, Kaiser Permanente Northwest, Portland, Oregon; ^b Department of Analytics, Kaiser Permanente Northwest, Portland, Oregon; ^c Division of Pharmacy, Kaiser Permanente Northwest, Portland, Oregon; ^d Department of Pediatrics, Kaiser Permanente Northwest, Portland Oregon

Correspondence: Katie A. Sharff, Kaiser Permanente Northwest, Portland, Oregon, katie.a.sharff@kp.org

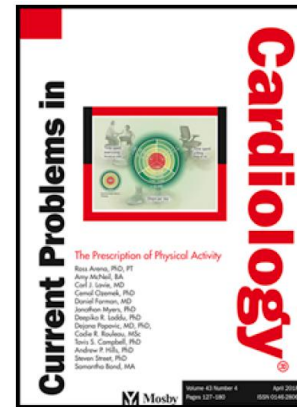
Figure 1: Rate per Million



A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products

Jessica Rose PhD, MSc, BSc , Peter A. McCullough MD, MPH

PII: S0146-2806(21)00226-7
DOI: <https://doi.org/10.1016/j.cpcardiol.2021.101011>
Reference: YMCD 101011



To appear in: *Current Problems in Cardiology*

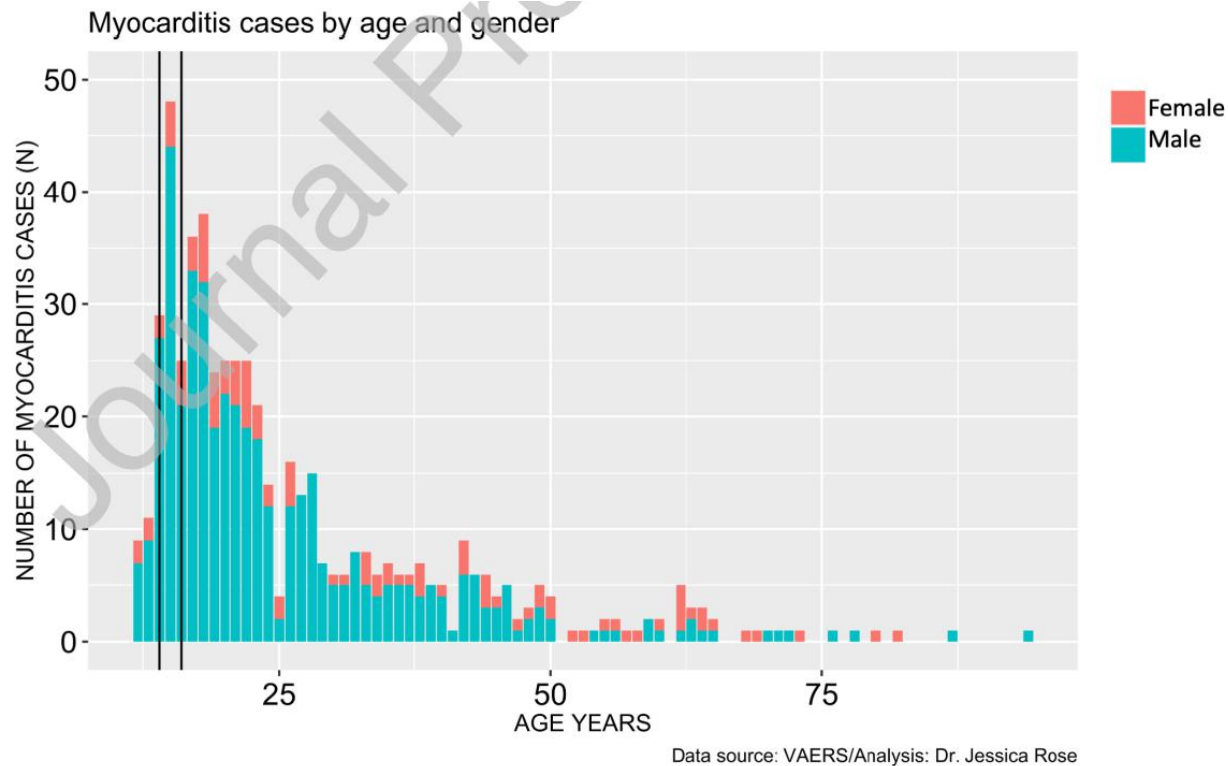


Figure 4. Histogram showing Myocarditis cases reported in VAERS following injection with COVID-19 products according to age and gender.



Myopericarditis After the Pfizer Messenger Ribonucleic Acid Coronavirus Disease Vaccine in Adolescents

Jenna Schauer, MD, Sujatha Buddhé, MD, MS, Jessica Colyer, MD, MBA, Eyal Sagiv, MD, PhD, Yuk Law, MD, Sathish Mallenahalli Chikkabyrappa, MD, and Michael A. Portman, MD

Table I. Demographic features and clinical findings in adolescents following receipt of the Pfizer mRNA COVID-19 vaccine

Demographics				Clinical information			Laboratory tests			
Patient	Age, y	Sex	Race	Length of stay, d	Time from vaccination to presentation, d	Other symptoms	Peak troponin, ng/mL (normal <0.05 ng/mL)	Peak BNP, pg/mL (normal <55 pg/mL)	Peak CRP, mg/dL (normal <0.08 mg/dL)	COVID-19 immunoglobulin G nucleocapsid antibody testing
1	16	M	White non-Hispanic	1	2	Fever, chills, myalgias, headache, shortness of breath	8	15	4.3	Negative
2	16	M	Asian non-Hispanic	1	2	Fever, myalgias	11.1	28	3.5	Not tested
3	16	M	White non-Hispanic	3	3	Myalgias, headache	10.9	<10	3.6	Negative
4	17	M	American Indian/Alaska Native non-Hispanic	1	3	Fever, malaise	9.18	14	—	Negative
5	15	M	White non-Hispanic	2	2	Myalgias, shortness of breath	4.95	13	5.5	Negative
6	15	F	White non-Hispanic	1	3	Vomiting	0.65	7	1.4	Negative
7	15	M	White non-Hispanic	3	3	Fever, shortness of breath	9.12	74	3	Negative
8	15	M	White non-Hispanic	3	3	Chills	13.2	87	6.2	Negative
9	12	M	White non-Hispanic	2	3	None	13	37	—	Negative
10	14	M	White non-Hispanic	3	3	Fever, headache	18.5	66	—	Negative
11	14	M	Asian non-Hispanic	2	4	Malaise, shortness of breath	6.08	55	3.7	Not tested
12	16	M	White non-Hispanic	2	2	Shortness of breath	16.4	38	6.5	Not tested
13	15	M	White non-Hispanic	2	3	None	7.89	86	3.4	Not tested

BNP, brain natriuretic peptide; CRP, C-reactive protein; F, female; M, male.



Figure. Short-axis CMR image with an arrow showing delayed enhancement in the inferior and inferolateral basal segments of the LV free wall.

Table II. Cardiac testing results and treatment in adolescents following receipt of the Pfizer mRNA COVID-19 vaccine

Cardiac testing											
		Echocardiography			CMR				Treatment		
		ECG findings	LV wall motion abnormalities	LVEF, % (normal ≥55%)	LVEF, % (normal ≥55%)	Edema	LGE	LV focal hypokinesis	IVIg	Corticosteroids	NSAIDs
1	Normal	No	66	50.8	Yes	Yes	No	No	No	Yes	
2	ST elevation	No	59	51.1	Yes	Yes	No	No	No	Yes	
3	ST elevation	No	69	56.6	Yes	Yes	No	Yes	No	Yes	
4	ST elevation	No	58	49.4	Yes	Yes	No	No	No	Yes	
5	Normal	No	58	52	Yes	Yes	No	No	No	Yes	
6	Nonspecific T-wave changes	No	58	48	Yes	Yes	No	No	No	Yes	
7	T-wave inversion	No	61	61	Yes	Yes	No	No	No	Yes	
8	ST elevation	Yes	45	46	Yes	Yes	Yes	Yes	Yes	Yes	
9	Normal	No	64	54	Yes	Yes	No	No	No	Yes	
10	ST elevation	No	62	55	Yes	Yes	Yes	No	No	Yes	
11	ST elevation	No	60	58	Yes	Yes	No	No	No	Yes	
12	ST elevation	Yes	53	58	Yes	Yes	No	Yes	Yes	Yes	
13	Normal	No	61	53	Yes	Yes	No	No	No	Yes	

ECG, electrocardiography; IVIG, intravenous immunoglobulin; LGE, late gadolinium enhancement; NSAID, nonsteroidal anti-inflammatory drug.





Case Report: Acute Fulminant Myocarditis and Cardiogenic Shock After Messenger RNA Coronavirus Disease 2019 Vaccination Requiring Extracorporeal Cardiopulmonary Resuscitation

Yongwhan Lim^{1†}, Min Chul Kim^{1†}, Kye Hun Kim^{1*}, In-Seok Jeong², Yong Soo Cho³, Yoo Duk Choi⁴ and Jong Eun Lee⁵

CASE DESCRIPTION

A previously healthy 38-year-old female who received the BNT162b2-mRNA vaccine (Pfizer-BioNTech) 7 days ago presented with ongoing chest pain. The patient did not have any underlying disease, significant family history, and was not on other medications. She was transferred to our heart center because of ST segment elevation on electrocardiogram (ECG), and cardiac arrest occurred immediately after arrival at our center. Despite 10 min of cardiopulmonary resuscitation (CPR),

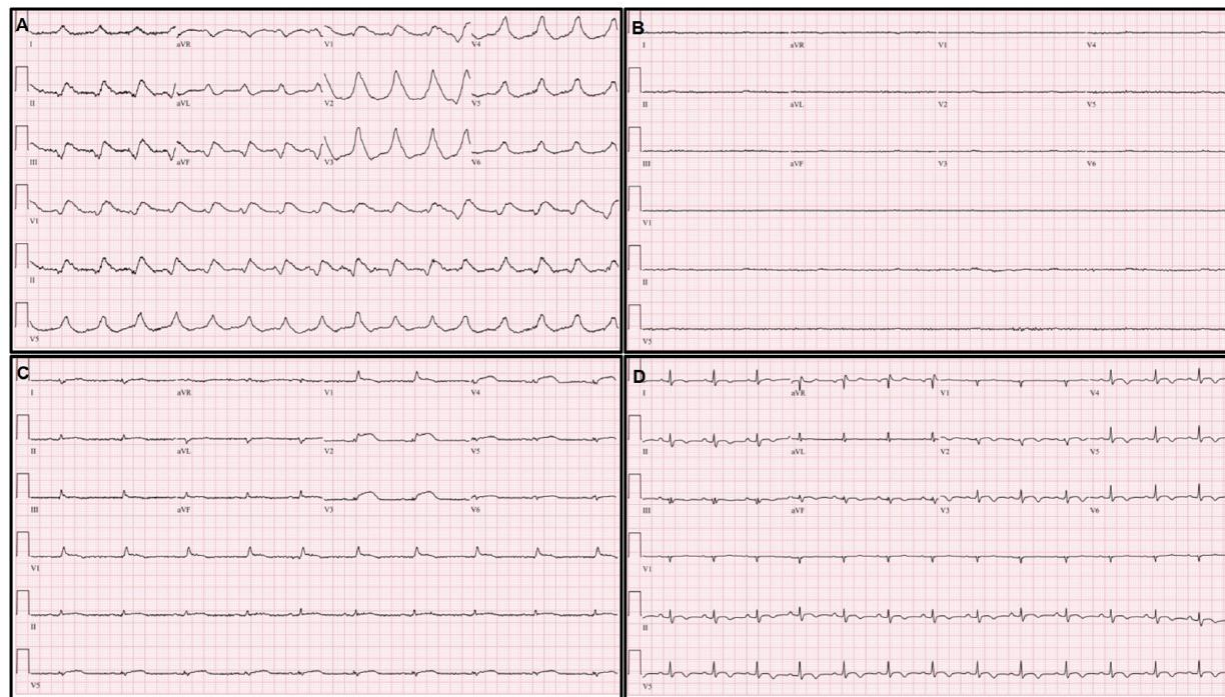


FIGURE 1 | Serial changes of electrocardiography (ECG). **(A)** Extensive ST elevation with bizarrely wide QRS complexes immediately after extracorporeal membrane oxygenation (ECMO) application. **(B)** Ventricular and atrial electrical standstill during ECMO management. **(C)** Decreased but remained extensive ST elevation with narrowing and low voltage of QRS complexes on ECG on the third hospital day. **(D)** Normalization of ST segment elevation and QRS width; an increased but remained low voltage QRS complex on pre-discharge ECG.

Case Report
Infectious Diseases,
Microbiology & Parasitology



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

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

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

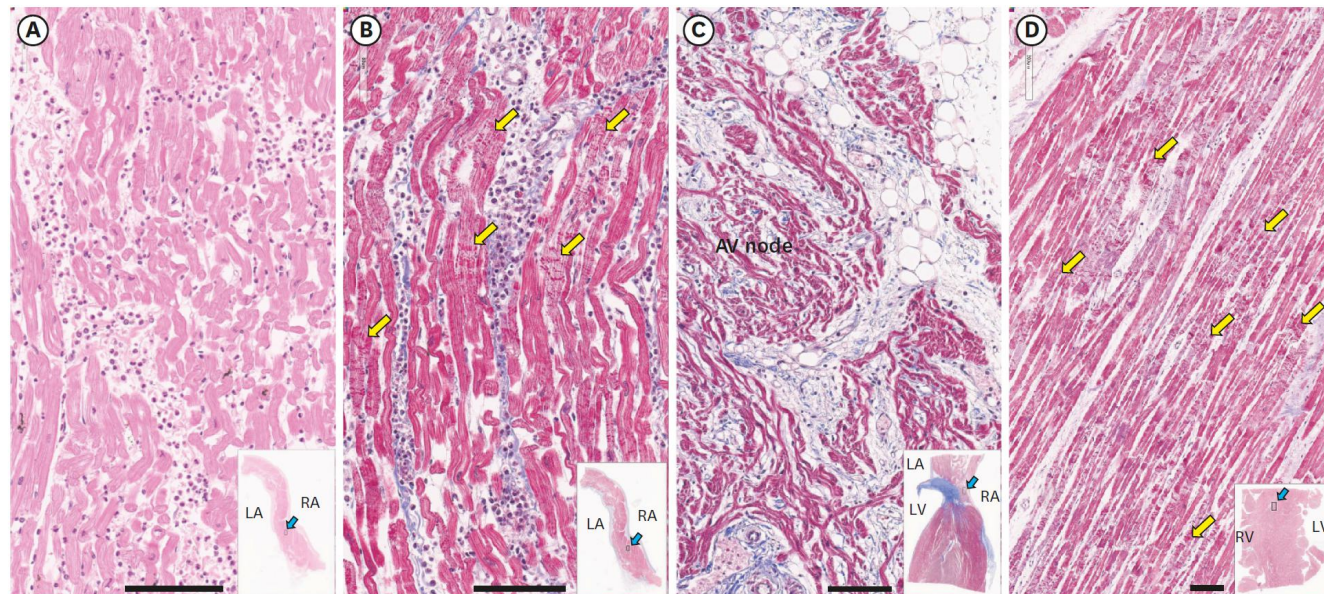


Fig. 1. Histopathology of the heart. (A) Hematoxylin and eosin stains of atrial septum shows massive inflammatory infiltration with neutrophil predominance. (B) The myocytes often show contraction band necrosis (yellow arrows), which were highlighted by Masson's trichrome staining. (C) The atrioventricular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

Management of Myocarditis-Related Cardiomyopathy in Adults

Carsten Tschöpe, Leslie T. Cooper, Guillermo Torre-Amione, Sophie Van Linthout

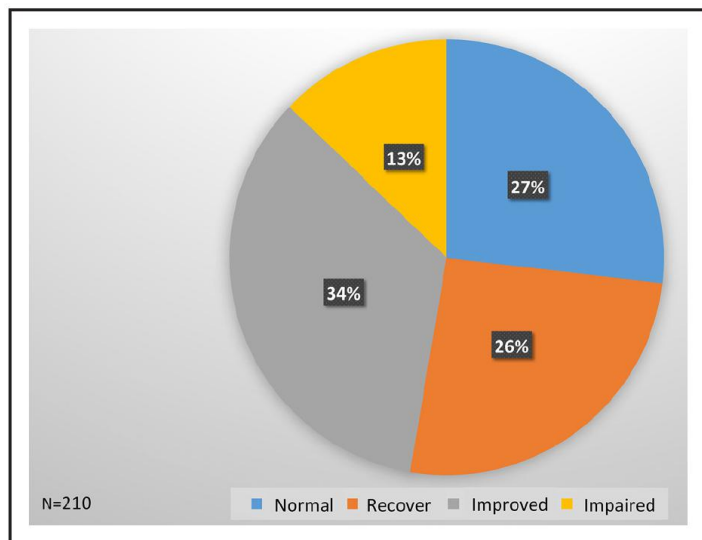


Figure 1. Spontaneous course of ejection fraction after standard heart failure medication in endomyocardial biopsy-proven myocarditis patients. Pie chart illustrates observations of our single-center registry (enrolled at Charité, Department of Cardiology, Berlin, Germany, from 2015 to 2018) illustrating the course of myocarditis in a 2-y follow-up. From 210 patients who had biopsy-proven myocarditis, and came to our hospital with ECG changes, elevated troponin levels and impaired ejection fraction (EF), we found that in 47% the cases, EF did not recover to normal (gray and yellow) after 2-y standard heart failure therapy. In 53% of the cases, EF was found to be normal: EF recovered in 26% of the cases (orange) after 2 y. In 27%, EF was initially not affected and stayed stable.

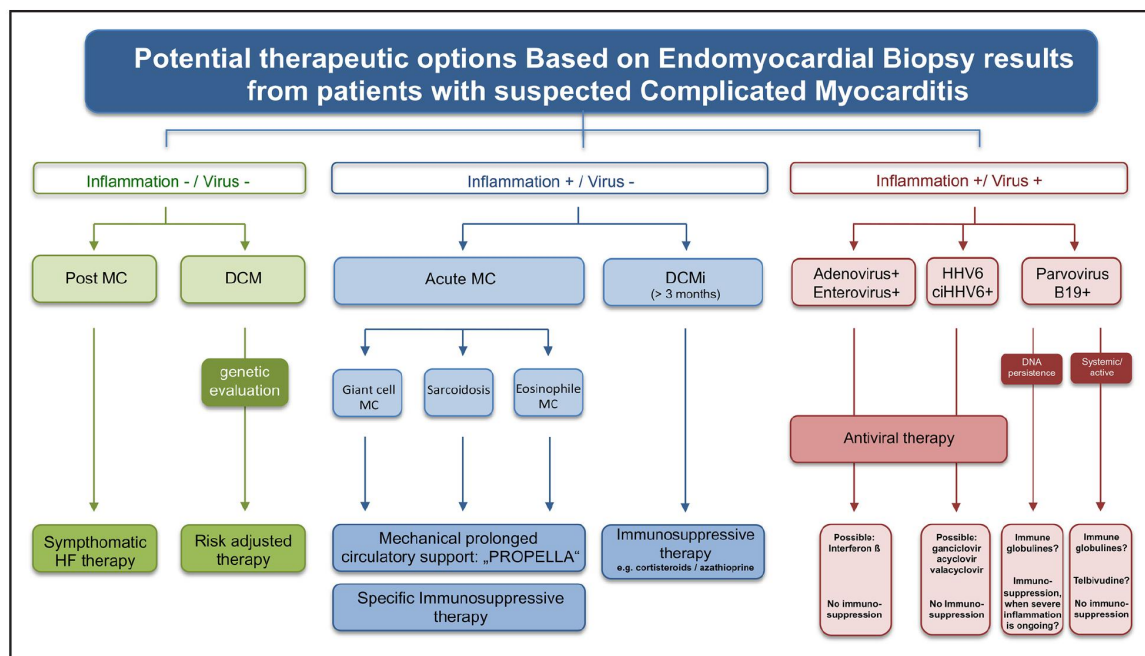






Figure 2. Proposed treatment options in complicated myocarditis according to endomyocardial biopsy results and clinical settings. Scheme represents treatment options for complicated myocarditis depending on endomyocardial biopsy results and clinical presentation, following expert-based recommendations and consensus,^{2,11–16} which still need to be proven in large randomized clinical trials. Parvovirus B19+ (B19V) active: signs of active/acute B19V systemic infection; B19V DNA persistence: no signs of systemic B19V infection; low cardiac copy numbers (B19V DNA <500 genomic equivalents/μg). + indicates positive; –, negative; ciHHV-6, chromosomally integrated human herpesvirus type 6; DCM, dilated cardiomyopathy; DCMi, inflammatory dilated cardiomyopathy; HF, heart failure; LV, left ventricle; MC, myocarditis; and PROPELLA, prolonged LV Impella.

Article

Occurrence, Trends, Management and Outcomes of Patients Hospitalized with Clinically Suspected Myocarditis—Ten-Year Perspectives from the MYO-PL Nationwide Database

Krzysztof Ozierański ¹ , Agata Tymńska ^{1,*} , Marcin Kruk ² , Beata Koń ² , Aleksandra Skwarek ¹, Grzegorz Opolski ¹ and Marcin Grabowski ¹

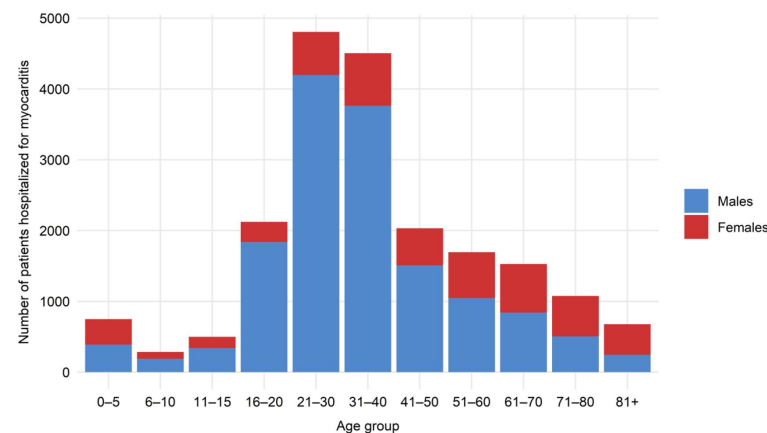
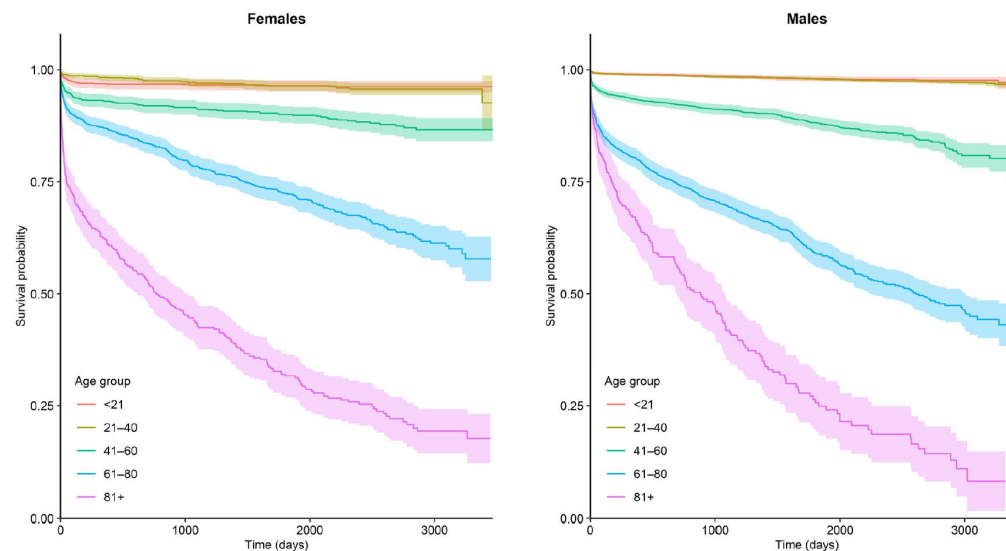


Figure 1. Age and gender distribution of all patients hospitalized for myocarditis in Poland in years 2011–2019. Red—females; blue—males.





New item for cardiac magnetic resonance imaging (MRI) for myocarditis associated with mRNA COVID-19 vaccination - factsheet

Last updated: 16 December 2021

What are the changes?

From 1 January 2022, Medicare Benefits Schedule (MBS) item 63399 is being introduced for cardiac magnetic resonance imaging (MRI) to assist in diagnosing myocarditis that may occur after vaccination with the mRNA COVID-19 vaccines Comirnaty (Pfizer) and Spikevax (Moderna).

The item is for use in circumstances where myocarditis cannot be definitively diagnosed using conventional imaging and other diagnostic tests.

This is a temporary item. It is being made available pending a full health technology assessment by the Medical Services Advisory Committee (MSAC) on the use of cardiac MRI in diagnosing myocarditis more broadly.

Item 63399 will be available for use from 1 January 2022 to 30 June 2022.

Service/Descriptor

MRI-scan of cardiovascular system for the assessment of myocardial structure and function, if the service is requested by a consultant physician who has assessed the patient, and the request for the scan indicates:

- (a) the patient has suspected myocarditis after receiving a mRNA COVID-19 vaccine; and
- (b) the patient had symptom onset within 21 days of a mRNA COVID-19 vaccine administration; and
- (c) the results from the following examinations are inconclusive to form a diagnosis of myocarditis:
 - (i) echocardiogram; and
 - (ii) troponin; and
 - (iii) chest X-ray.

Applicable not more than once in a patient's lifetime (R) (Anaes.) (Contrast)

Schedule fee: \$855.20

November 27, 2021

Gov. DeSantis Pushes Back Against Fed Overreach to Sign Four anti-Vaccine Mandate Bills

by [Susan Price](#)



Geneva Conventions War with Vaccines

by [Cathi Chamberlain](#)

COVID-19 Vaccine Induced Disease Emerges as Leading Public Health Threat

by [Dr. Peter McCullough](#) | Nov 16, 2021 | [Healthcare](#), [Politics](#),

As the viral pandemic ebbs, we can expect to learn and hear more about how the COVID-19 vaccines, which are now administered by mandate and in some countries by force, grow in strength as the leading public health threat and, instead of preventing disease, become significant determinants of a whole new class of illnesses leading...

McCullough Report



Fabienne Schlumpf: Triple-Vaccinated Olympic Athlete Develops Myocarditis, Possible End Of Career



The COVID World post date: January 7th, 2022

Swiss marathon record holder and Olympic athlete Fabienne Schlumpf has been diagnosed with myocarditis shortly after being vaccinated with the COVID-19 booster shot.

Schlumpf, who finished 12th in the marathon race at the recent Olympic Games in Tokyo, is now unable to compete for the foreseeable future.



Fabienne Schlumpf, 31, has developed myocarditis shortly after receiving the COVID-19 booster



The runner made the news public on Thursday, writing in a [post](#) on Instagram:

"BAD NEWS

Unfortunately myocarditis is holding me back right now. It's definitely not an easy time for me but I'm not giving up. I hope to be back soon, chasing my dreams... and competitors"

The 31-year-old was reported to be feeling '**fatigued**' in everyday life and after her heart rate skyrocketed during an easy endurance run last month, she sought out a doctor who diagnosed her with **myocarditis**.

The experienced runner had planned to go on a **training camp in Portugal** at the beginning of this year but this was cancelled after her diagnosis.

"Nobody can say for how long I have to put my career on hold."

Schlumpf confirmed to a Swiss newspaper that she has been **triple-vaccinated** and that she hasn't had **COVID**.

September 8, 2021

News Highlights

The War Between Nationalists and Globalists

by [Karen Schoen](#)



COVID-19 Investigation: Empirical

Without Protection from Pharmaceutical Laws, Vaccines Will Do More Harm

by [Dr. Peter McCullough](#) | Jul 5, 2021 | [Healthcare](#), [Politics](#),






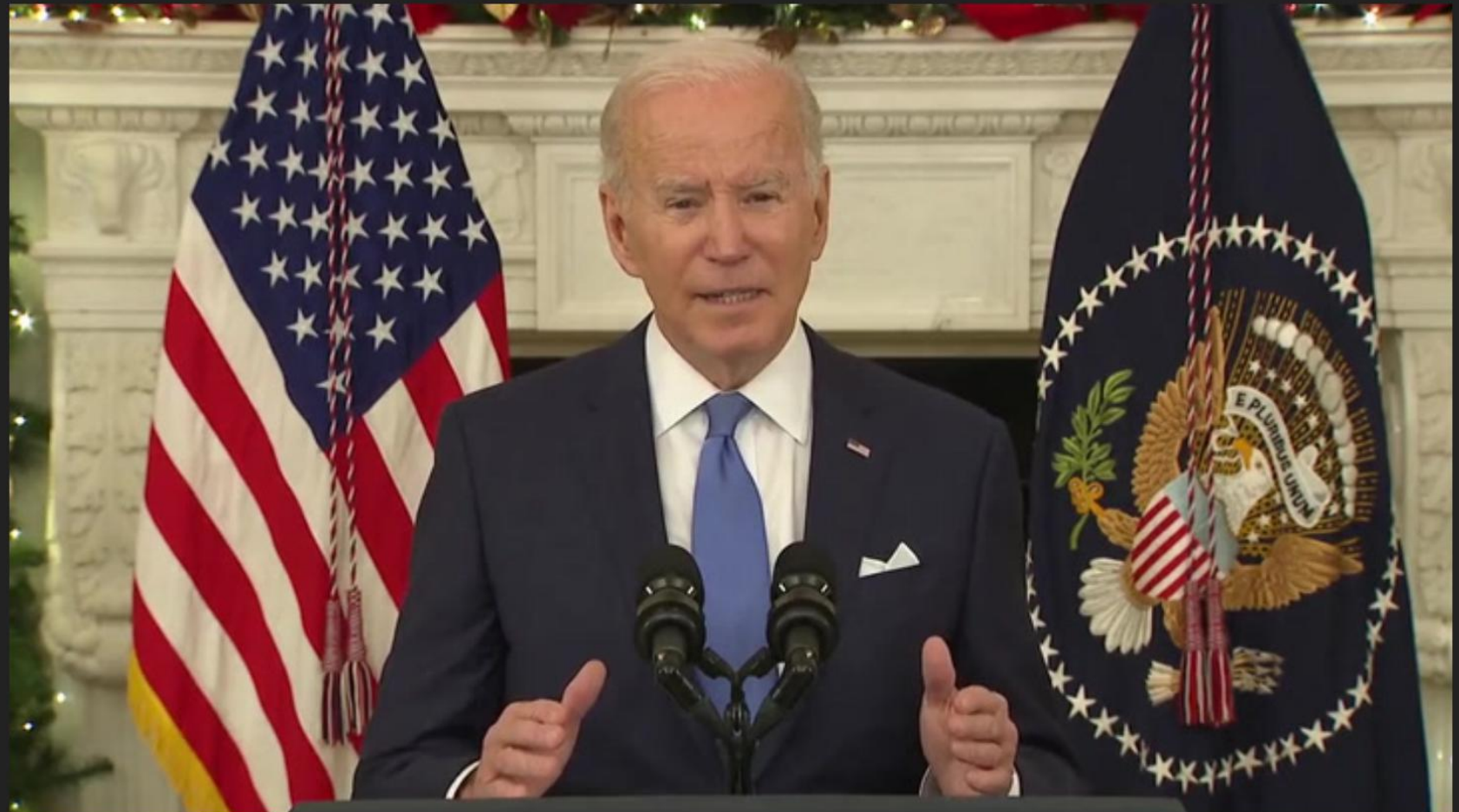
The **ABCs** of COVID Vaccines

A **CNN** / **SESAME STREET**
Town Hall for Families

Biden says Americans have 'patriotic duty' to get vaccinated as he gives nod to Trump's booster

'Get vaccinated now. It's free, it's convenient. I promise you it saves lives'

Eric Garcia • Tuesday 21 December 2021 21:44 •  Comments



September 17, 2021

Covid-19, Social Standing, and the New World Order

by **Wallace Garneau**



The Unholy Alliance Between Big Pharma's Vaccines and Drugs and the FDA

by **Blaise Vanne**



COVID-19 Vaccines Not Safe for Human Use on Either Side of the Atlantic

by **Dr. Peter McCullough** | Jun 19, 2021 | [Healthcare](#), [Politics](#)

Since the majority of the deaths occur within a few days of the vaccine administration, if the vaccine did not directly “cause” the death, it was undoubtedly in the causal pathway of these temporally related fatalities. Common narratives include vaccine-induced fatal heart attacks, strokes, blood clots, and blood disorders. 5,888 Americans have died and confirmed by the CDC, and possibly tens of thousands not reported or still backlogged at the CDC...



URGENT PRELIMINARY REPORT OF YELLOW CARD DATA ON VACCINES ADVERSE EVENTS REPORTED IN THE UK

CONCLUSION:
"An immediate halt to
the vaccination programme
is required whilst a full
and independent safety
analysis is undertaken
to investigate the full
extent of the harms."
Dr Tess Lawrie



"I would, therefore, like to draw your attention to the high number of covid-19 vaccine-attributed deaths and ADRs that have been reported via the Yellow Card system between the 4th January 2021 and the 26th May 2021. In total, 1,253 deaths and 888,196 ADRs (256,224 individual reports) were reported during this period.

The nature and variety of ADRs reported to the Yellow Card System are consistent with the potential pathologies described in this paper and supported by other recent scientific papers on vaccine-induced harms, which are mediated through the vaccine spike protein product (2,3). It is now apparent that these products in the blood stream are toxic to humans."

Tess (MBBCh, DFRH, PhD), as director of E-BMC Ltd, is committed to improving the quality of healthcare through rigorous research. Her range of research expertise, based on research experience in both developing and developed countries, uniquely positions her to evaluate and design research for a variety of healthcare settings. Tess is a frequent member of technical teams responsible for developing international guidelines. Her peer-reviewed publications have received in excess of 3000 citations and her ResearchGate score is among the top 5% of ResearchGate members. This report is supported by EbMC Squared CIC.

The MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans. Preparation should be made to scale up humanitarian efforts to assist those harmed by the COVID-19 vaccines and to anticipate and ameliorate medium to longer term effects. As the mechanism for harms from the vaccines appears to be similar to COVID-19 itself, this includes engaging with numerous international doctors and scientists with expertise in successfully treating COVID-19.



FULL REPORT AVAILABLE: WWW.E-BMC.CO.UK



TRANSFORMATIVE HEALTH JUSTICE SUPPORTS THE CALL MADE FOR
A DECLARATION, AND HUMANITARIAN EFFORTS TO SUPPORT VICTIMS



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

September 17, 2021

New Israeli Covid Data Destroys Anthony Fauci and the CDC

by [Dr. Joel S. Holmes](#)

New Israeli Covid data destroys Anthony Fauci and the Centers for Disease Control and Prevention with their lies that the unvaccinated are driving the pandemic. And as always, the Marxist media are all too willing to protect Fauci and the out-of-control CDC by not...



Citizen Petition Urges FDA Against Premature Full Approval of Covid Vaccines

by [Dr. Peter McCullough](#) | Jun 6, 2021 | [Healthcare, Politics](#)

Please see the notice to the US FDA from prominent leaders indicating the products are not sufficiently safe nor effective for full FDA approval. There are several action links for you to take an initiative. Many open, unanswered questions surrounding the efficacy and safety of COVID-19 vaccines must be answered before the FDA considers granting a full approval...



November 21, 2021

Column

News at a Glance

Pushback Against Unnecessary, Ill- Advised, and Unlawful Mandates of Investigational Vaccines

by Dr. Peter McCullough



Coercion vs Persuasion: The Only Difference That Matters

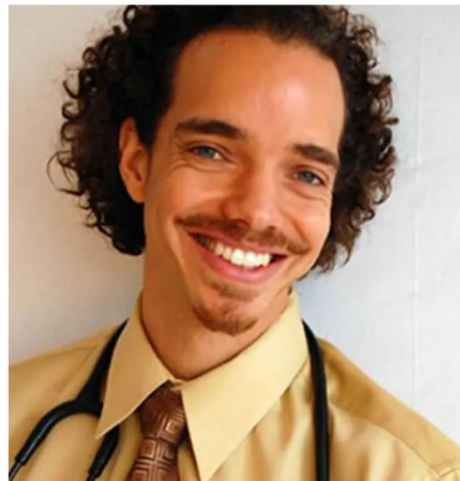
by Bryan Hyde



Jerry Nadler's Warped View of 1st Amendment Rights in

This Week In COVID: Over One Million Breakthrough Cases

by Dr. Henry Ealy | Nov 19, 2021 | Feature 3, Healthcare, Politics



THIS WEEK IN COVID

#3

BREAKTHROUGH DATA

OVER 1 MILLION CASES
OVER 16,000 DEATHS

WEEKLY VAERS UPDATE



Listen to this article

0:00 / 14:07 1X

Print PDF

In This Edition

- Over One Million Vaccine Breakthrough Cases
- Over 56,000 Vaccine Breakthrough Hospitalizations
- Over 16,000 Vaccine Breakthrough Deaths
- More Evidence Of Willful Misconduct By The CDC

OVER 1 MILLION VACCINE BREAKTHROUGH CASES

In approximately five weeks, the experimental COVID inoculations will have the dubious distinction of being the only medical products in US history with over one million injuries (adverse events) AND over one million confirmed failures (breakthroughs)...and in all likelihood, we're already there and have been for months.

Outline

- New biological products
- COVID-19 Vaccine Safety Review
- **Real World Efficacy of COVID-19 Vaccines**
- Pivot to Early Therapy for High-Risk COVID-19
- Natural Immunity
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

The findings in this report are subject to at least six limitations. First, this analysis did not consider children, immunocompromised adults, or VE against COVID-19 that did not result in hospitalization. Second, the CIs for the Janssen VE estimates were wide because of the relatively small number of patients who received this vaccine. Third, follow-up time was limited to approximately 29 weeks since receipt of full vaccination, and further surveillance of VE over time is warranted. Fourth, although VE estimates were adjusted for relevant potential confounders, residual confounding is possible. Fifth, product-specific VE by variant, including against Delta variants (B.1.617.2 and AY sublineages), was not evaluated. Finally, antibody levels were measured at only a single time point 2–6 weeks after vaccination and changes in antibody response over time as well as cell-mediated immune responses were not assessed.

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

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

Participants

During March 11, 2021, to August 15, 2021, 5479 patients were enrolled from 21 hospitals; 966 patients were excluded from this analysis, with the most common reasons for exclusion being receipt of at least 1 mRNA vaccine but not being fully vaccinated (n = 547) and receipt of a COVID-19 vaccine other than an mRNA vaccine (n = 194) (Figure 1). The analytic population included 4513 patients (median age, 59 years [IQR, 45-69]; 2202 [48.8%] women; 23.0% non-Hispanic Black individuals, 15.9% Hispanic individuals, and 20.1% with an immunocompromising condition), including 1983 cases with COVID-19 and 2530 controls without it (1359 test-negative controls and 1171 syndrome-negative controls).

3/21 to 8/21 45% Delta

Figure 2. Association Between Hospitalization for COVID-19 and Prior Vaccination With a 2-Dose mRNA Vaccine

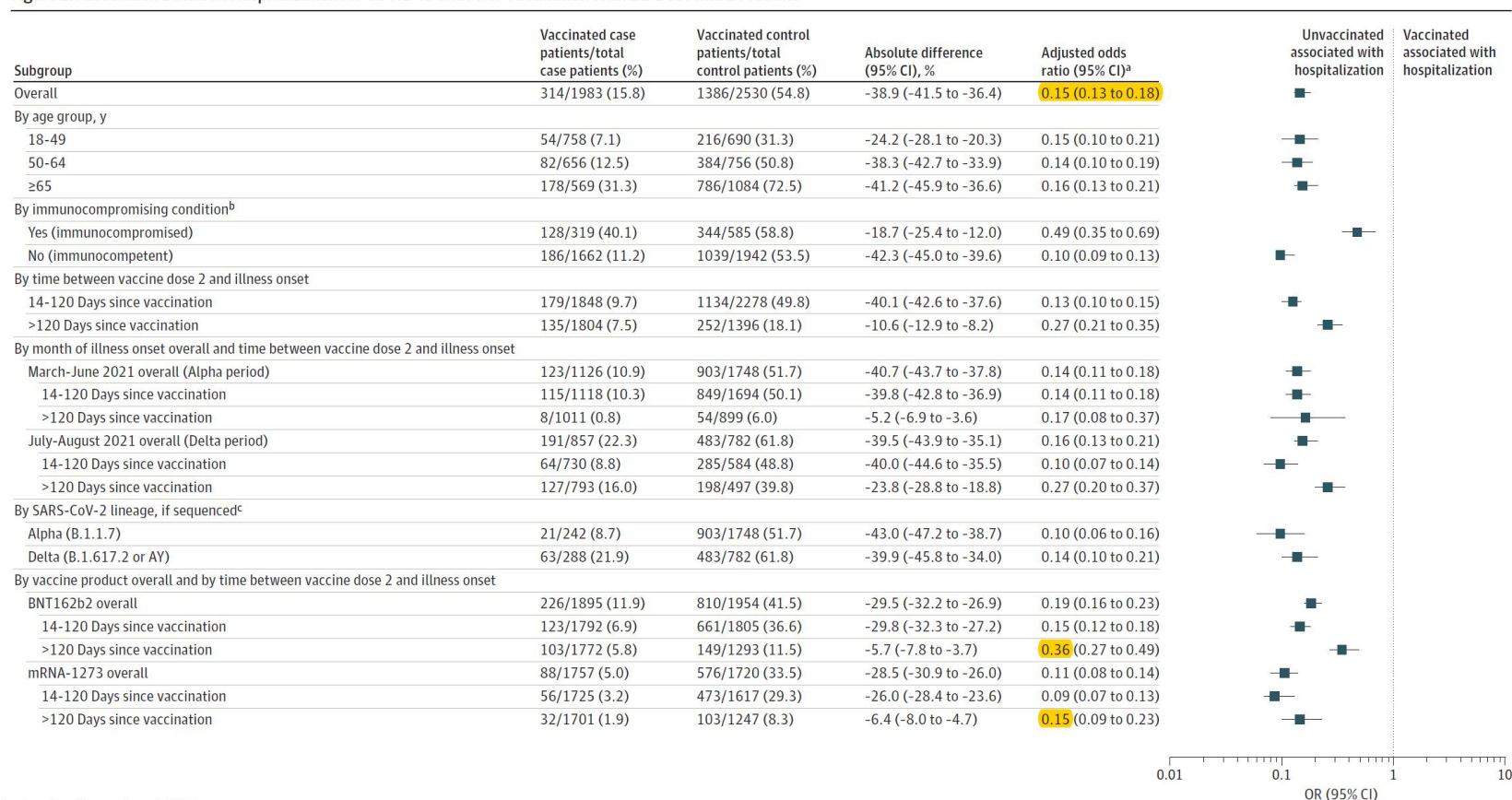
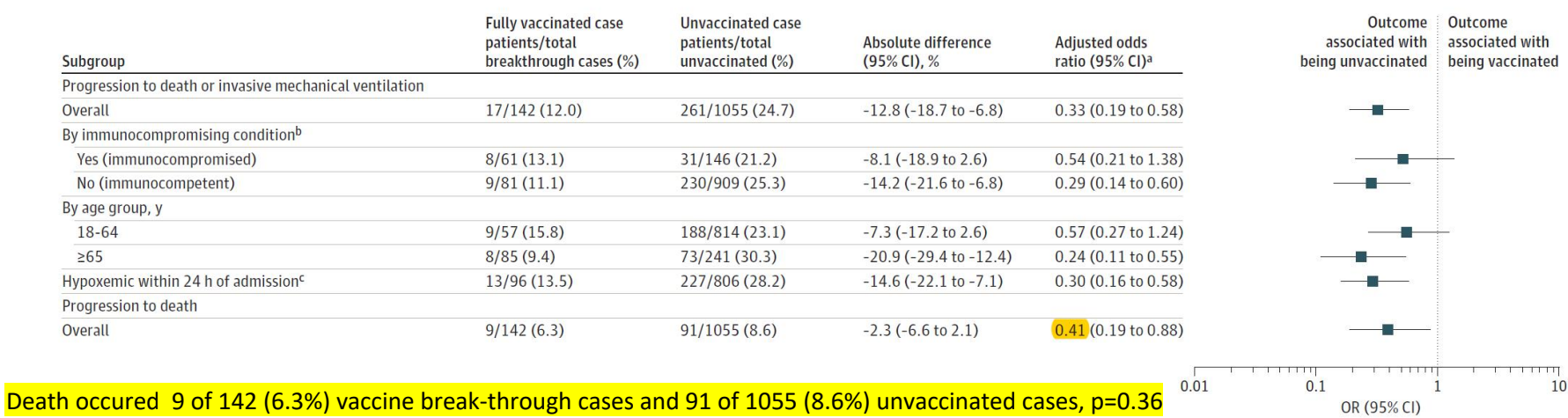


Figure 3. Association Between Progression to Severe Disease and Prior Vaccination Among Adults Hospitalized With COVID-19



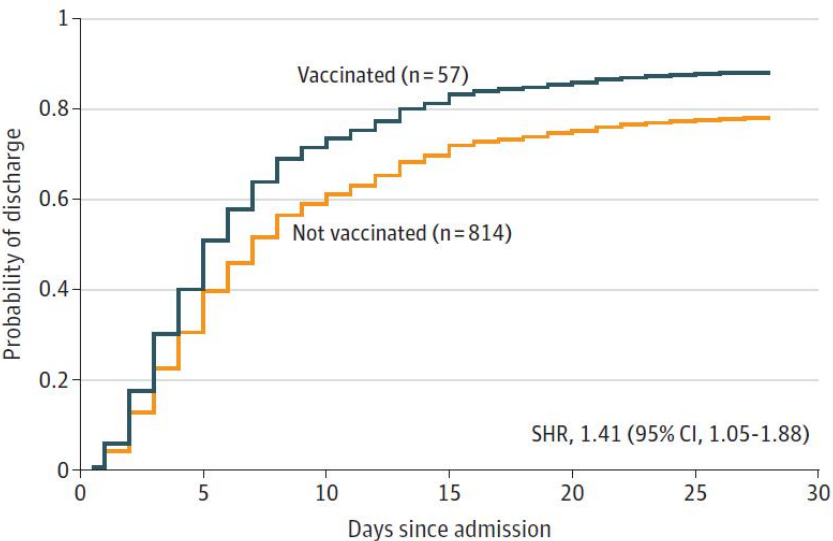
An adjusted odds ratio (aOR) less than 1.0 indicated that progression to death or invasive mechanical ventilation after hospital admission for COVID-19 was associated with being unvaccinated compared with being vaccinated.

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

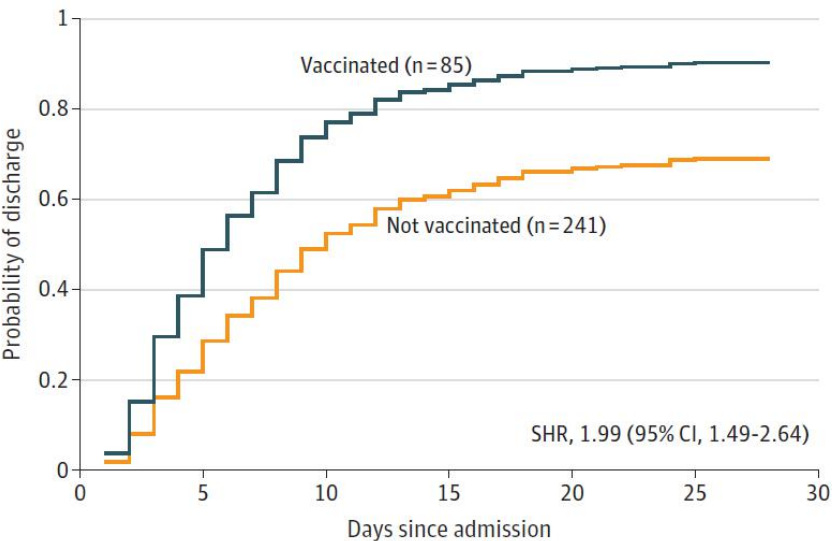
^b Immunocompromising conditions are defined in the Table.

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

C Age 18-64 y



D Age ≥65 y



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

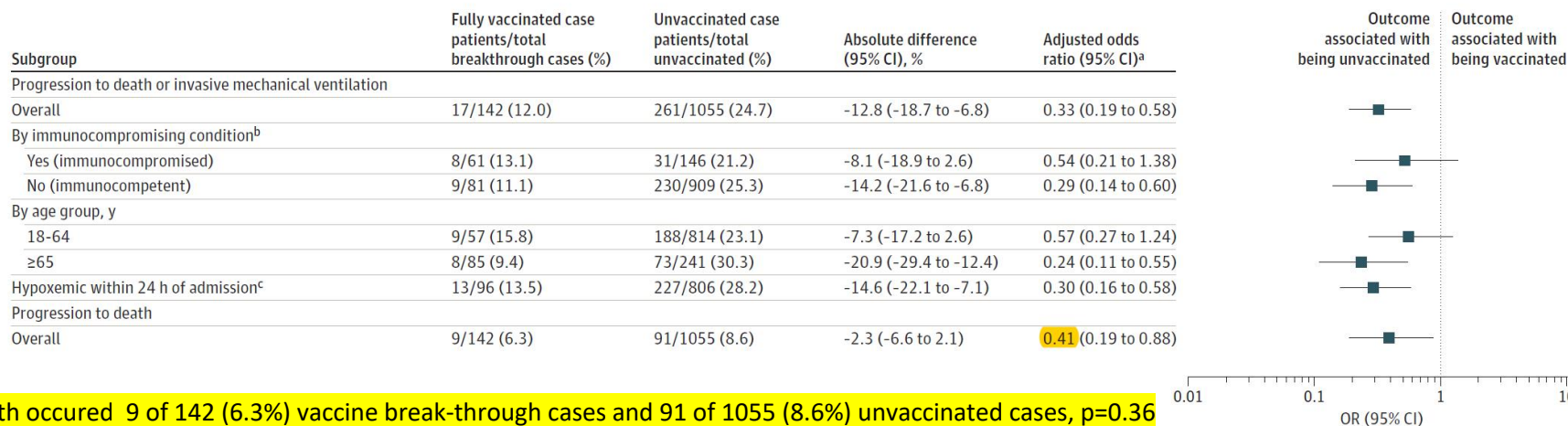
Mark W. Tenforde, MD, PhD; Wesley H. Self, MD, MPH; Katherine Adams, MPH; Manjusha Gaglani, MBBS; Adit A. Ginde, MD, MPH; Tresa McNeal, MD; Shekhar Ghamande, MD; David J. Douin, MD; H. Keipp Talbot, MD, MPH; Jonathan D. Casey, MD, MSc; Nicholas M. Mohr, MD, MS; Anne Zepeski, PharmD; Nathan I. Shapiro,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

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3/21 to 8/21 45% Delta

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



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

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

^b Immunocompromising conditions are defined in the Table.

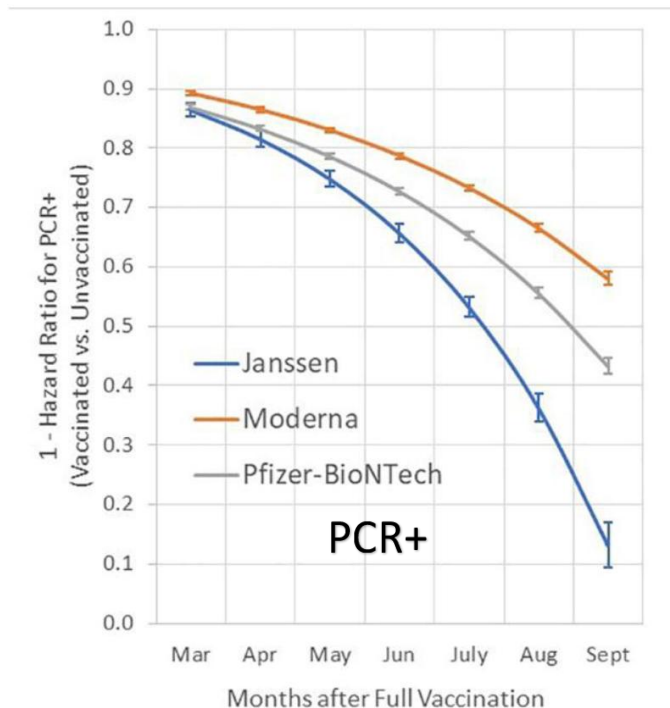
^c Analysis restricted to COVID-19 case patients with hypoxemia within 24 hours of admission, defined as receiving supplemental oxygen or having an oxygen saturation less than 92% as measured by pulse oximetry.

SARS-CoV-2 vaccine protection and deaths among US veterans during 2021

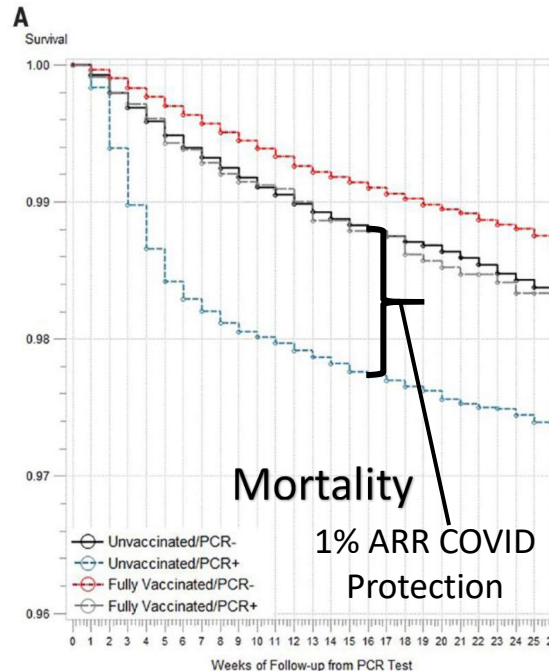
Barbara A. Cohn^{1†}, Piera M. Cirillo^{1,2†}, Caitlin C. Murphy^{3†}, Nickilou Y. Krigbaum^{1,2}, Arthur W. Wallace^{2,4*}

¹Public Health Institute; Oakland, CA, USA. ²Veterans Affairs Medical Center in San Francisco; San Francisco, CA, USA. ³School of Public Health, University of Texas Health Science Center at Houston; Houston, TX, USA. ⁴University of California, San Francisco; San Francisco, CA, USA.

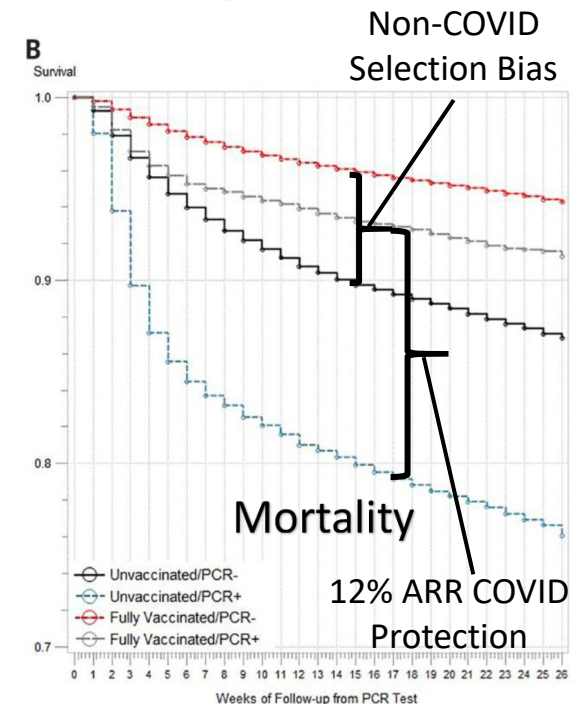
We report SARS-CoV-2 vaccine effectiveness against infection (VE-I) and death (VE-D) by vaccine type ($n = 780,225$) in the Veterans Health Administration, covering 2.7% of the U.S. population. From February to October 2021, VE-I declined from 87.9% to 48.1%, and the decline was greatest for the Janssen vaccine resulting in a VE-I of 13.1%. Although breakthrough infection increased risk of death, vaccination remained protective against death in persons who became infected during the Delta surge. From July to October 2021, VE-D for age 65 years was 73.0% for Janssen, 81.5% for Moderna, and 84.3% for Pfizer-BioNTech; VE-D for age ≥ 65 years was 52.2% for Janssen, 75.5% for Moderna, and 70.1% for Pfizer-BioNTech. Findings support continued efforts to increase vaccination, booster campaigns, and multiple, additional layers of protection against infection.



Age <65 yrs



Age >65 yrs



ARR=absolute risk reduction

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

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

Preprints with THE LANCET

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

Pfizer/BNT 30 mcg mRNA/injection

Symptomatic Infection
Fully Vaccinated (VE)

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

Dr. Paul Alexander, Brownstone Institute Oct 29 2021

121-180 days (N=32,255)

>180 days (N=22,755)

32

0.8

15

2.4

69 (44-83)

59 (18-79)

COVID-19 Vaccine Breakthrough Case Investigation and Reporting



Hospitalized or fatal COVID-19 vaccine breakthrough cases reported to CDC as of October 18, 2021

As of October 18, 2021, [more than 189 million people](#) in the United States had been fully vaccinated against COVID-19.

During the same time, CDC received reports from 50 U.S. states and territories of 41,127 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died.

	Deaths		Hospitalized, non-fatal*	
Total	N=10,857		N=30,270	
Females	4,619	(43%)	14,453	(48%)
People aged ≥65 years	9,172	(85%)	20,008	(66%)
Asymptomatic or not COVID-related**	2,299	(21%)	7,866	(26%)

*This table separates all reported vaccine breakthrough infections that resulted in hospitalization and/or death into two columns. While most deaths were also among hospitalized individuals, a small number were not.

**Includes cases in which the patient did not have symptoms of COVID-19, or their hospitalization or death was not COVID-related. For example, people may be hospitalized for reasons other than COVID-19, such as an auto accident, and test positive when screened upon hospital admission.

September 8, 2021

COVID-19 Investigation: Empirical Evidence For Preventative Strategies

by [Dr. Henry Ealy](#)



The Taliban's Goal in Governing

Failure of Vaccines and Truth Revealed

by [Dr. Peter McCullough](#) | Jul 19, 2021 | [Healthcare](#), [Politics](#),

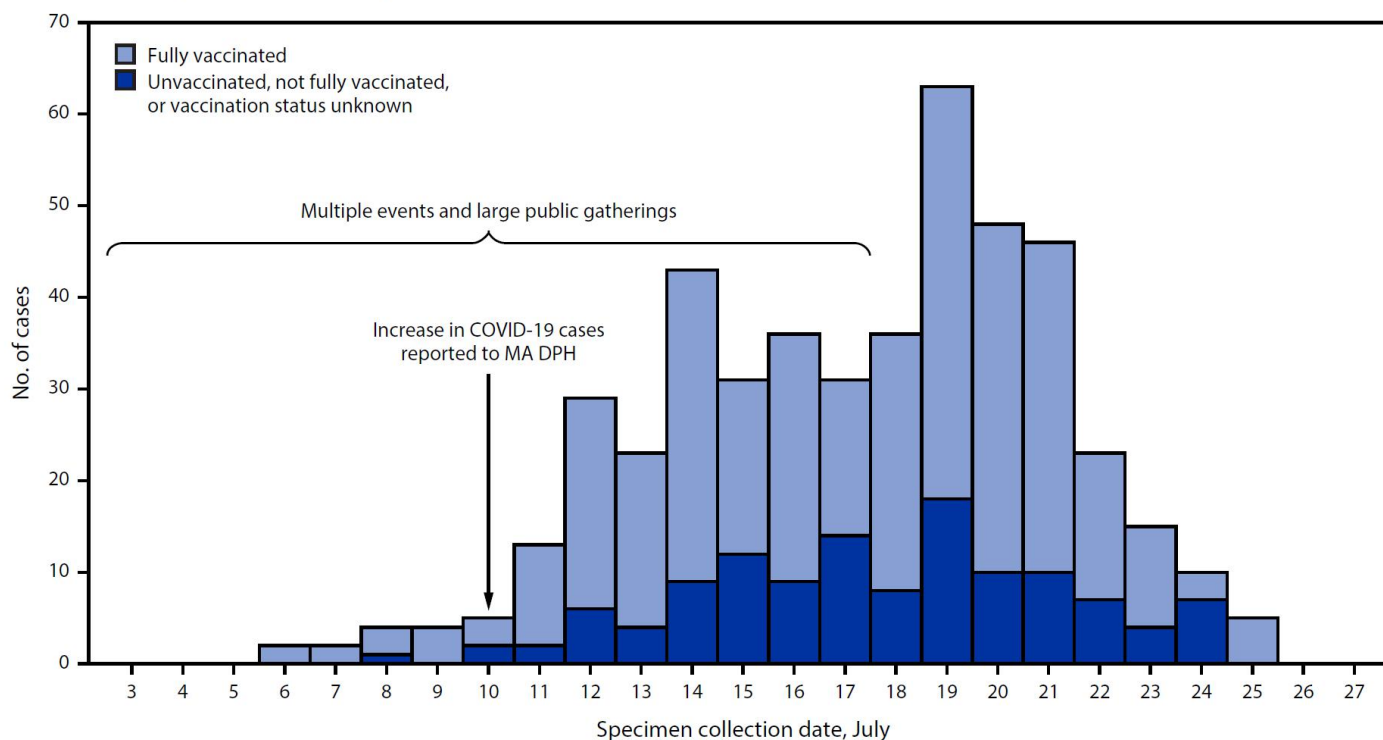
The HMS Queen Elizabeth reported an outbreak of 100 COVID-19 cases among 3700 fully vaccinated, socially distanced, and masked sailors. The lessons are clear for the military: they should reserve testing for only sick sailors and not put any stock on the vaccines as they clearly have failed. Mass vaccination, when it hits...



Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhika Gharpure, DVM²; Samira Sami, DrPH²; Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen R. Gallagher PhD¹; Timelia Fink¹; Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD³; Daniel J. Park, PhD³; Katherine J. Siddle, PhD³; Vaira Harik, MS⁴; Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁵; Amanda Kearns⁵; A. Scott Laney, PhD²

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status* — Barnstable County, Massachusetts, July 2021



Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence

Arjun Puranik¹⁺, Patrick J. Lenehan¹⁺, Eli Silvert¹, Michiel J.M. Niesen¹, Juan Corchado-Garcia¹, John C. O'Horo², Abinash Virk², Melanie D. Swift², John Halamka², Andrew D. Badley², A.J. Venkatakrishnan¹, Venky Soundararajan¹

¹ Inference, Cambridge, Massachusetts 02139, USA

² Mayo Clinic, Rochester, Minnesota 55902, USA

which either the Alpha or Delta variant was highly prevalent. We defined cohorts of vaccinated and unvaccinated individuals from Minnesota (n = 25,589 each) matched on age, sex, race, history of prior SARS-CoV-2 PCR testing, and date of full vaccination. Both vaccines were highly effective during this study period against SARS-CoV-2 infection (mRNA-1273: 86%, 95%CI: 81-90.6%; BNT162b2: 76%, 95%CI: 69-81%) and COVID-19 associated hospitalization (mRNA-1273: 91.6%, 95% CI: 81-97%; BNT162b2: 85%, 95% CI: 73-93%). However, in July, the effectiveness against infection was considerably lower for mRNA-1273 (76%, 95% CI: 58-87%) with an even more pronounced reduction in effectiveness for BNT162b2 (42%, 95% CI: 13-62%). Notably, the Delta variant prevalence in Minnesota increased from 0.7% in May to over 70% in July whereas the Alpha variant prevalence decreased from 85% to 13% over the same time period.

Failure of Pfizer-BNT Vaccine in Israel

ISRAEL CONFIRMED CASES, JULY 4 TO JULY 31

Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20–29	2689	795	77.2%	71.9%
30–39	3176	881	78.3%	77.4%
40–49	3303	635	83.9%	80.9%
50–59	2200	359	86.0%	84.4%
60–69	2200	187	92.2%	86.9%
70–79	1384	100	93.3%	92.8%
80–89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	TOTAL	TOTAL	AVERAGE	AVERAGE
20–90+	15634	3038	86.0%	84.4%

Source 1: <https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880>

Source 2: <https://datadashboard.health.gov.il/COVID-19/general>

1 COVID-19-associated hospitalizations among vaccinated and unvaccinated adults ≥18 years – COVID-
2 NET, 13 states, January 1 – July 24, 2021

3 Authors:

4 Fiona P. Havers, MD, MHS^{1,2}; Huong Pham, MPH¹; Christopher A. Taylor, PhD¹; Michael Whitaker, MPH¹;
5 Kadam Patel, MPH^{1,3}; Onika Anglin, MPH^{1,3}; Anita K. Kambhampati, MPH¹; Jennifer Milucky, MSPH¹;
6 Elizabeth Zell, MStat^{1,4}; Shua J. Chai, MD, MPH^{5,6}; Pam Daily Kirley, MPH⁶; Nisha B. Alden, MPH⁷; Isaac
7 Armistead, MD MPH⁷; Kimberly Yousey-Hindes, MPH, CPH⁸; James Meek, MPH⁸; Kyle P. Openo, DrPH^{9,10};
10
11
12

The COVID-19 Hospitalization Metric in the Pre- and Post-vaccination Eras as a Measure of Pandemic Severity: A Retrospective, Nationwide Cohort Study

Nathanael Fillmore

VA Boston Healthcare System

23% of Americans
Hospitalized with COVID-19
have been vaccinated

28 ¹³ Michigan Department of Health and Human Services, Lansing, MI
29 ¹⁴ Minnesota Department of Health, St. Paul, MN
30 ¹⁵ New Mexico Department of Health, Santa Fe, NM
31 ¹⁶ New York State Department of Health, Albany, NY
32 ¹⁷ University of Rochester School of Medicine and Dentistry, Rochester, NY
33 ¹⁸ Ohio Department of Health, Columbus, OH
34 ¹⁹ Public Health Division, Oregon Health Authority, Portland, OR
35 ²⁰ Vanderbilt University Medical Center, Nashville, TN
36 ²¹ Salt Lake County Health Department, Salt Lake City, UT
37

Posted Date: September 13th, 2021

DOI: <https://doi.org/10.21203/rs.3.rs-898254/v1>

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38
39 Corresponding author:

40 Fiona Havers, MD, MHS

41 1600 Clifton RD, MS H24-6

60% of Americans > 65 yrs Hospitalized with COVID-19 have been vaccinated

huMETRIX

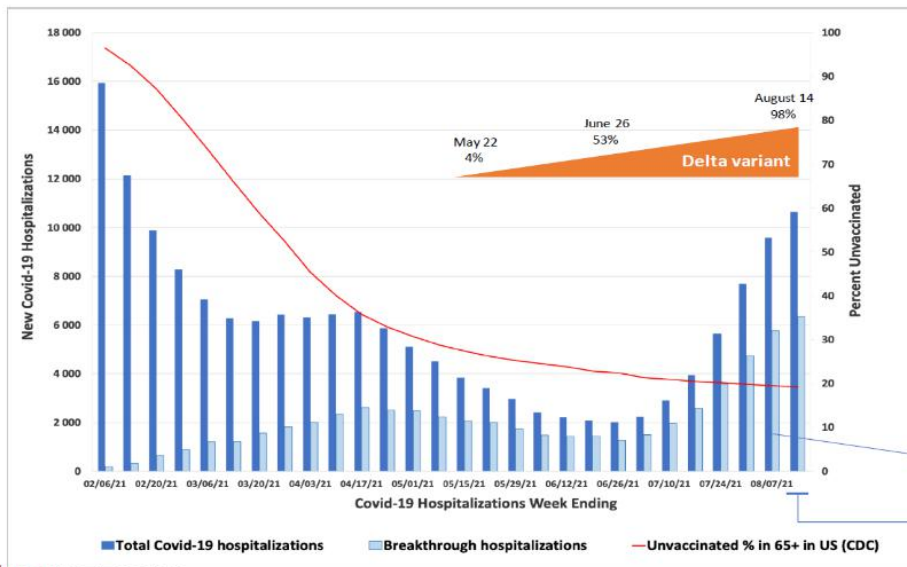
Vaccination Mapping overlaid on severe
COVID-19 risk

3

* Medicare data and Humetrix software are hosted in a secure government enclave of the Department of Defense

JAIC
Project Salus

Total & Breakthrough Hospitalizations in the 65 Years and Older Cohort



- As Delta variant surged to over 50% in June, COVID-19 hospitalizations more than doubled, reversing the prior trend of decreasing hospitalizations since April
- In this 80% vaccinated 65+ population, an estimated 60% of COVID-19 hospitalizations occurred in fully vaccinated individuals in the week ending August 7th

60% of COVID-19 hospitalizations are in vaccinated individuals

On 08/14/21, data incomplete due to lag in claims processing

huMETRIX

September 17, 2021

Money Can Buy You A Seat In Congress

by **Rob and Andrew** | Sep 17, 2021

Some would argue that money and one's last name are not contributing factors when it comes to an election. However, oftentimes regardless of a candidate's experience, money and having the right last name can make the difference between winning and losing an election....

What to Expect if the Tyranny in Australia Hits Home

by **Cathi Chamberlain** | Sep 17, 2021

If you aren't stockpiling food and supplies right now, you may be in for a very uncomfortable future. Just ask Australians. Like a thief in

By Pushing Mass Vaccination, Governments Have Created Evolutionary Pressures on SARS-CoV-2

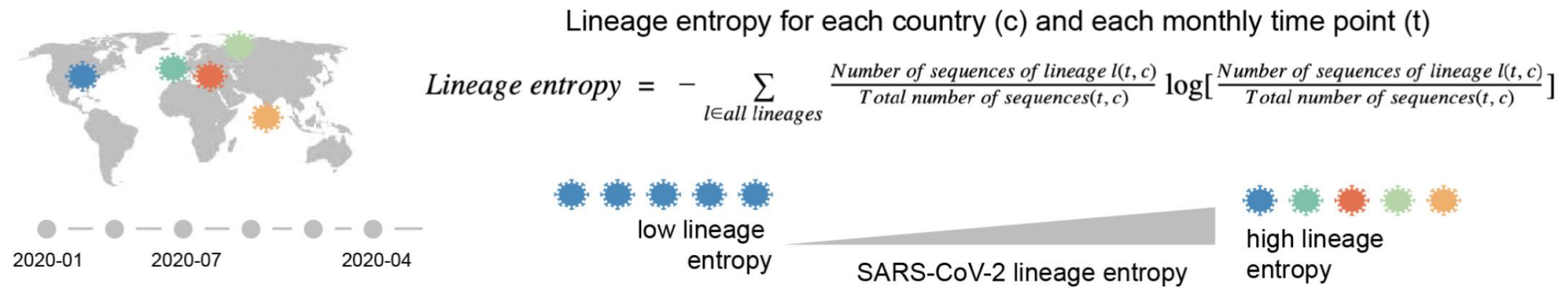
by **Dr. Peter McCullough** | Jul 20, 2021 | [Healthcare](#), [Politics](#),

Now fully vaccinated persons are contracting COVID-19 in large numbers, probably with the Delta variant. They cover vaccine safety, and when considering the failure of efficacy and the fatal and nonfatal serious safety concerns with all of the vaccines, Dr. McCullough concludes that we should shut down the ill-fated mass vaccination program...

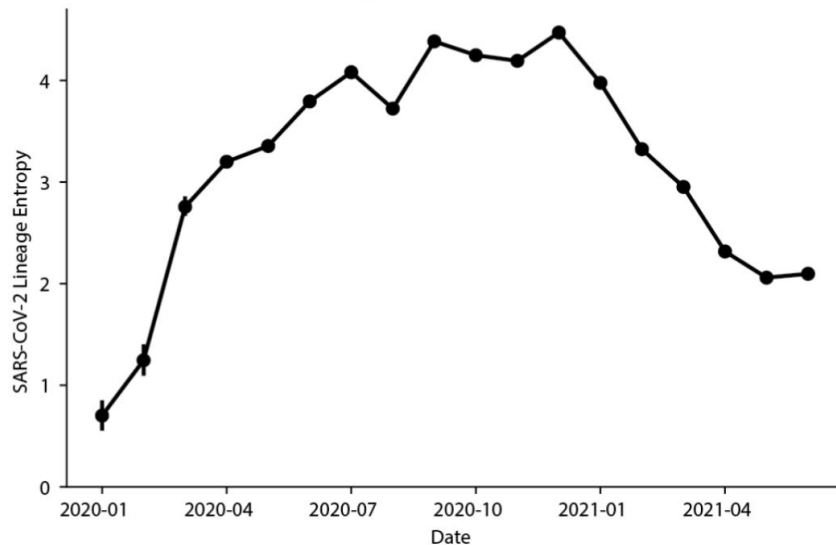


Indiscriminate Vaccination is Reducing the Diversity of Strains and Producing Dominant Variants

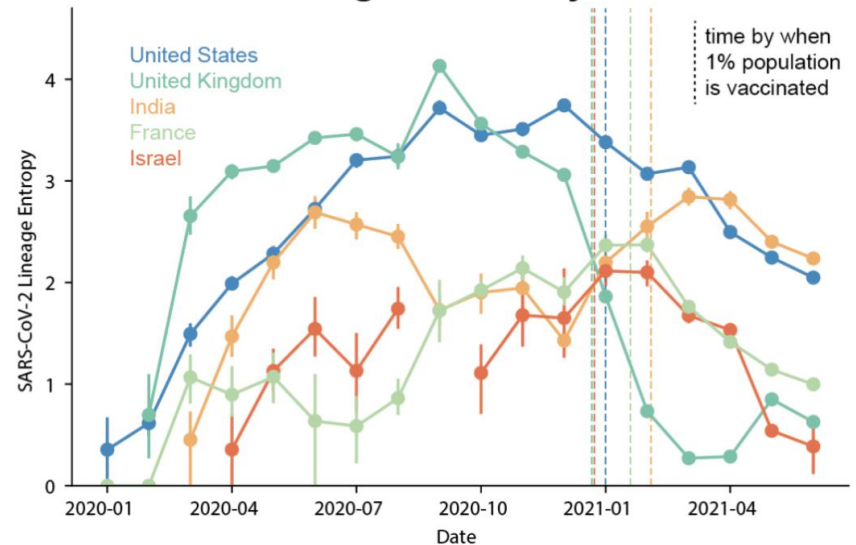
a Estimating diversity of SARS-CoV-2 genomes using lineage entropy



b The diversity in SARS-CoV-2 lineages is declining across the world



c The diversity in SARS-CoV-2 lineages is declining at a country level



September 17, 2021

Iran's Brewing Christian Volcano

by **Malcolm Out Loud** | Sep 17, 2021

The turning point of the Middle East may very well center around the Iranian people. Iran's population is about 85,000,000, of whom 58,000,000 (almost 70%) are below the age of 42 years who have not known any rule except the tyrannical theocracy of Islamic Sharia....

Governments Have Lost the War Against the Virus

by **Bryan Hyde** | Sep 17, 2021

The idea that the political class has leveraged fear over the Covid-19 pandemic into control over the public isn't just a conspiracy theory. Scott

Column

Don't Fool with the Diversity of Mother Nature

by **Dr. Peter McCullough** | Jul 10, 2021 | [Healthcare](#), [Politics](#)

Anytime diversity is reduced in biological systems, it leads to instability in ecological systems. It can be the breeding ground for large evolutionary changes, including large mutations and more aggressive variants. The Niesen report found that there was a much greater degree of immunity or "epitopes" on B-cells and T-cells among those unvaccinated, implying that immunity was far more robust than those vaccinated...



Antigenic minimalism of SARS-CoV-2 is linked to surges in COVID-19 community transmission and vaccine breakthrough infections

A.J. Venkatakrishnan^{1**}, Praveen Anand²⁺, Patrick Lenehan¹, Pritha Ghosh², Rohit Suratekar², Abhishek Siroha², Dibyendu Roy Chowdhury¹, John C. O'Horo³, Joseph D. Yao³, Bobbi S. Pritt³, Andrew Norgan³, Ryan T. Hurt³, Andrew D. Badley³, John D. Halamka³, Venky Soundararajan^{1,2*}

¹ nference, Cambridge, Massachusetts 02139, USA

² nference Labs, Bengaluru, Karnataka, India

³ Mayo Clinic, Rochester, Minnesota 55902, USA

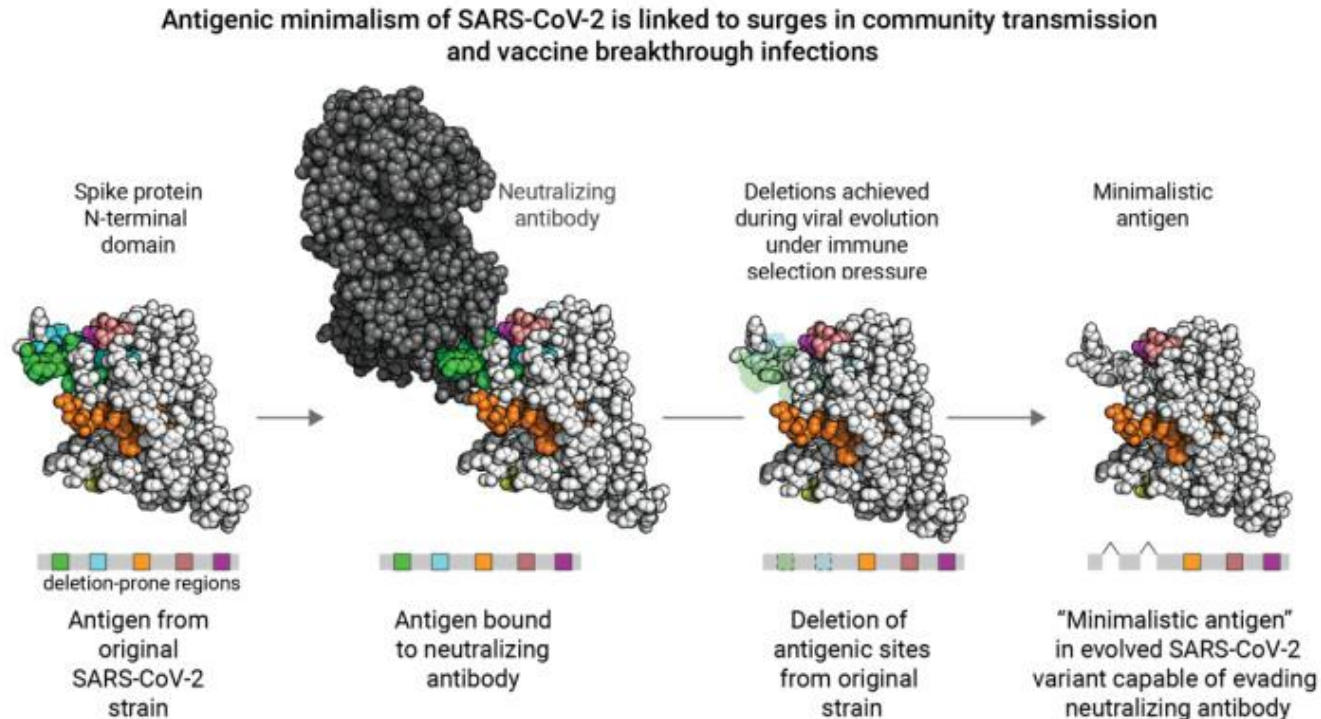


Figure 6. Schematic overview of the evolution of SARS-CoV-2 N-terminal domain using deletion mutations to evade immune response. The deletion mutations occur concurrently with other substitution mutations (not highlighted) in the background.

Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study



Anika Singanayagam*, Seran Hakki*, Jake Dunning*, Kieran J Madon, Michael A Crone, Aleksandra Koycheva, Nieves Derqui-Fernandez, Jack L Barnett, Michael G Whitfield, Robert Varro, Andre Charlett, Rhia Kundu, Joe Fenn, Jessica Cutajar, Valerie Quinn, Emily Conibear, Wendy Barclay, Paul S Freemont, Graham P Taylor, Shazaad Ahmad, Maria Zambon, Neil M Ferguson†, Ajit Lalvani†, on behalf of the ATACCC Study Investigators‡



Summary

Background The SARS-CoV-2 delta (B.1.617.2) variant is highly transmissible and spreading globally, including in populations with high vaccination rates. We aimed to investigate transmission and viral load kinetics in vaccinated and unvaccinated individuals with mild delta variant infection in the community.

Lancet Infect Dis 2021

Published Online

October 28, 2021

<https://doi.org/10.1016/>

39% of transmission from fully vaccinated to fully vaccinated

for uninfected individuals (0.001). SAR among household contacts exposed to fully vaccinated index cases was similar to household contacts exposed to unvaccinated index cases (25% [95% CI 15–35] for vaccinated vs 23% [15–31] for unvaccinated). 12 (39%) of 31 infections in fully vaccinated household contacts arose from fully vaccinated epidemiologically linked index cases, further confirmed by genomic and virological analysis in three index case–contact pairs. Although peak viral load did not differ by vaccination status or variant type, it increased modestly with age (difference of 0.39 [95% credible interval –0.03 to 0.79] in peak \log_{10} viral load per mL between those aged 10 years and 50 years). Fully vaccinated individuals with delta variant infection had a faster (posterior probability >0.84) mean rate of viral load decline (0.95 \log_{10} copies per mL per day) than did unvaccinated individuals with pre-alpha (0.69), alpha (0.82), or delta (0.79) variant infections. Within individuals, faster viral load growth was correlated with higher peak viral load (correlation 0.42 [95% credible interval 0.13 to 0.65]) and slower decline (–0.44 [–0.67 to –0.18]).

Interpretation Vaccination reduces the risk of delta variant infection and accelerates viral clearance. Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts. Host–virus interactions early in infection may shape the entire viral trajectory.

J Cutajar BSc, V Quinn BSc, E Conibear MSc, Prof A Lalvani DM), Department of Infectious Disease (A Singanayagam, Prof W Barclay PhD, Prof G P Taylor DSc, M A Crone MBBCh, Prof P S Freemont PhD), NIHR Health Protection Research Unit in Modelling and Health Economics, MRC Centre for Global Infectious Disease Analysis, Jameel Institute (Prof N M Ferguson DPhil), and UK Dementia Research Institute Centre for Care Research and Technology (MA Crone, Prof P S Freemont),

Delta Viral Load in Vaccinated and Unvaccinated Individuals

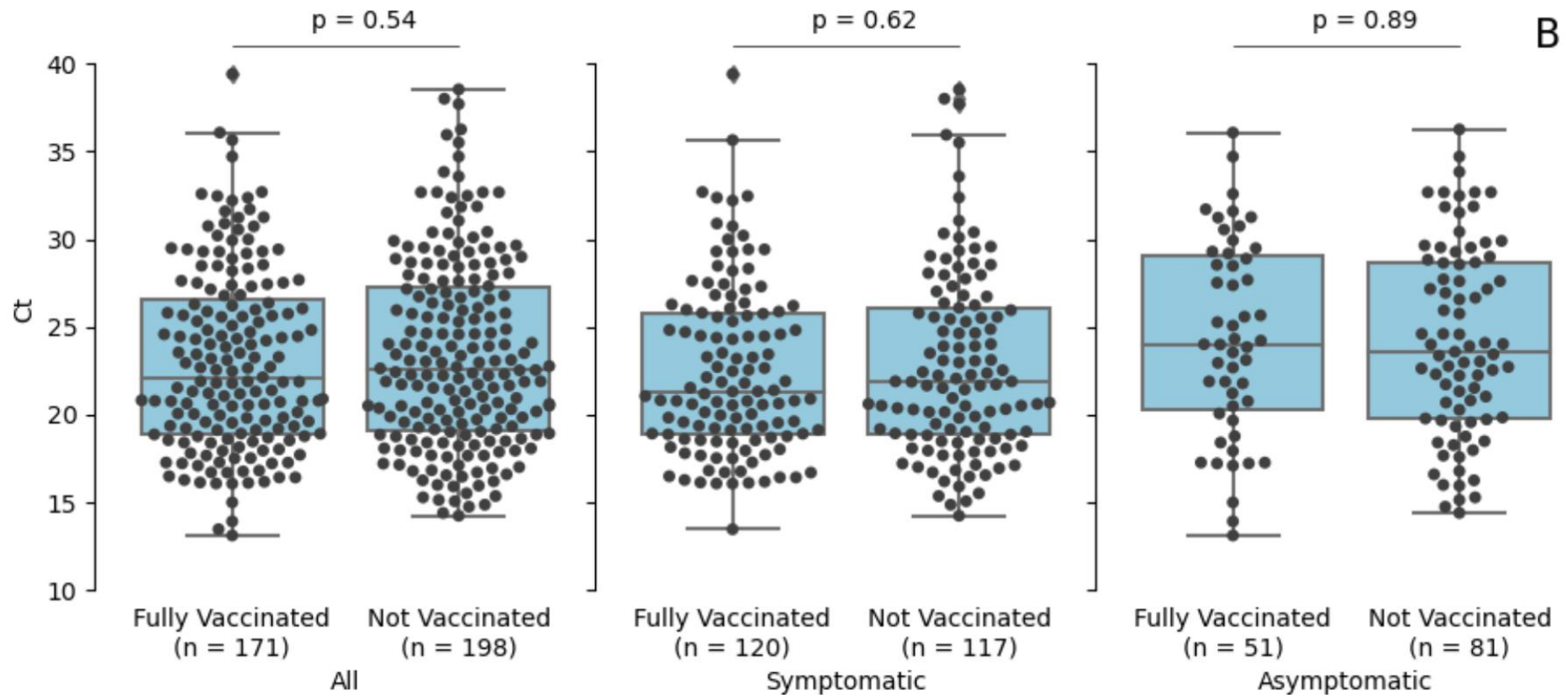


Figure 1. SARS-CoV-2 cycle threshold values in asymptomatic, symptomatic, vaccinated, and unvaccinated individuals in California. SARS-CoV-2 reverse transcription-polymerase

Shedding of Infectious SARS-CoV-2 Despite Vaccination when the Delta Variant is Prevalent - Wisconsin, July 2021

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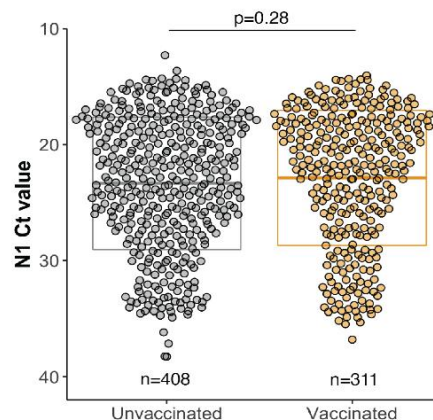


Figure 1. Distributions of SARS-CoV-2 PCR cycle threshold (Ct) values at the time of testing do not differ by vaccination status. N1 PCR Ct values for SARS-CoV-2-positive specimens grouped by vaccination status. Boxplots represent mean N1 Ct values \pm one standard deviation. P-values were calculated by comparing mean Ct values between the groups by Welch two-sample t-test.

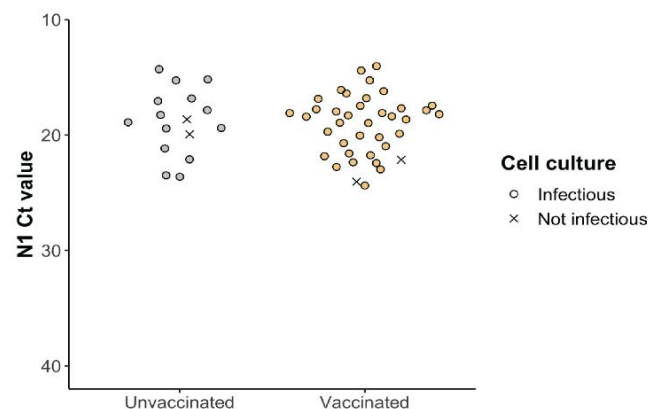


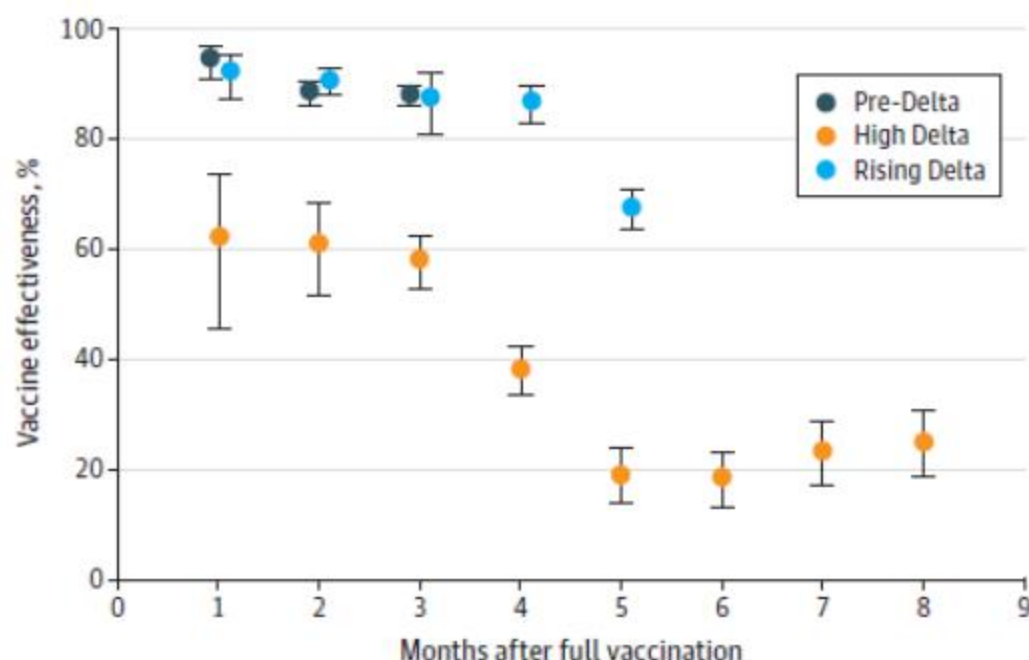
Figure 2. Infectious virus detected in nasal swab specimens from unvaccinated and fully vaccinated cases with Ct values < 25. Infectiousness was determined by the presence of cytopathic effects (CPE) after 5 days of replication in Vero E6 TMPRSS2 cells. Specimens with visually apparent CPE under a light microscope are represented by filled circles, and specimens without apparent CPE are represented by 'X'.

Research Letter | Infectious Diseases

Estimated Effectiveness of COVID-19 Messenger RNA Vaccination Against SARS-CoV-2 Infection Among Older Male Veterans Health Administration Enrollees, January to September 2021

Yinong Young-Xu, ScD; Gabrielle M. Zwain, BA; Ethan I. Powell, BA; Jeremy Smith, MPH

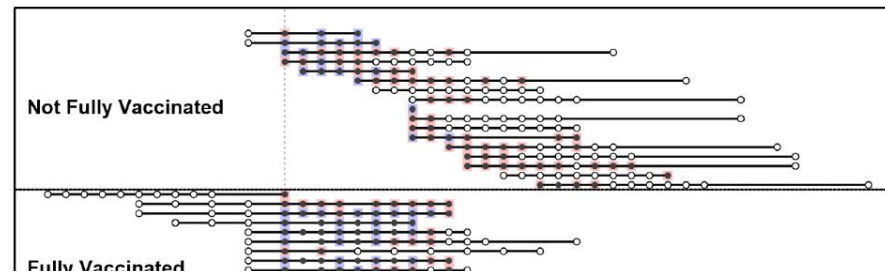
Figure. Estimated Messenger RNA Vaccine Effectiveness Against SARS-CoV-2 Infection by Delta Variant Period, January to September 2021



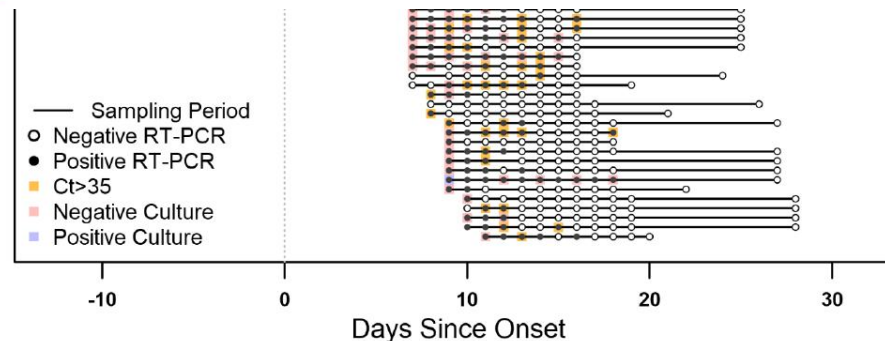
Transmission potential of vaccinated and unvaccinated persons infected with the SARS-CoV-2 Delta variant in a federal prison, July—August 2021

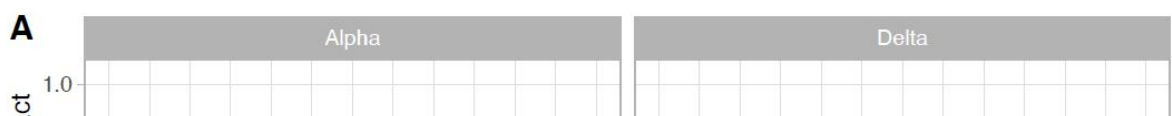
Phillip P. Salvatore, PhD, SM – CDC COVID-19 Response Team

Figure 1. Timelines and results of nasal mid-turbinate specimens collected from enrolled participants, Federal prison, Texas, July 12—August 9, 2021



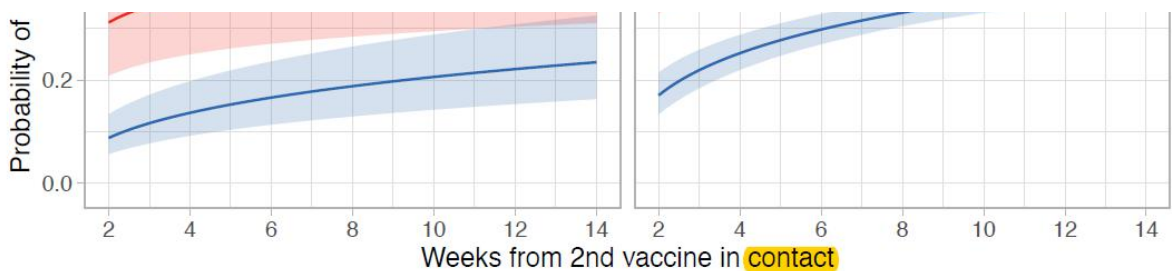
As this field continues to develop, clinicians and public health practitioners should consider vaccinated persons who become infected with SARS-CoV-2 to be no less infectious than unvaccinated persons. These findings are critically important, especially in congregate settings where viral transmission can lead to large outbreaks.





Protection against onward transmission waned within 3 months post second vaccination.

For Alpha this still left good levels of protection against transmission, but for Delta this eroded much of the protection against onward transmission, particularly for ChAdOx1, which by 3 months post second vaccine had no evidence of difference in transmission compared to that seen in unvaccinated individuals. “Waning” of protective behaviour over time since their second vaccination. Although BNT162b2 provided higher levels of protection for contacts throughout the 3 months post-second vaccine, protection against infection waned faster for BNT162b2 than ChAdOx1, as also seen in a representative UK survey.⁸



...ast off one's chains, but to live in a way that respects and enhances the freedom of others." Nelson Mandela. The APPS are free...[Apple](#), [Android](#), or [Alexa](#), t



January 1, 2022



Column

Omicron Breaks Through Natural and Vaccine Immunity in a Battle Against Delta

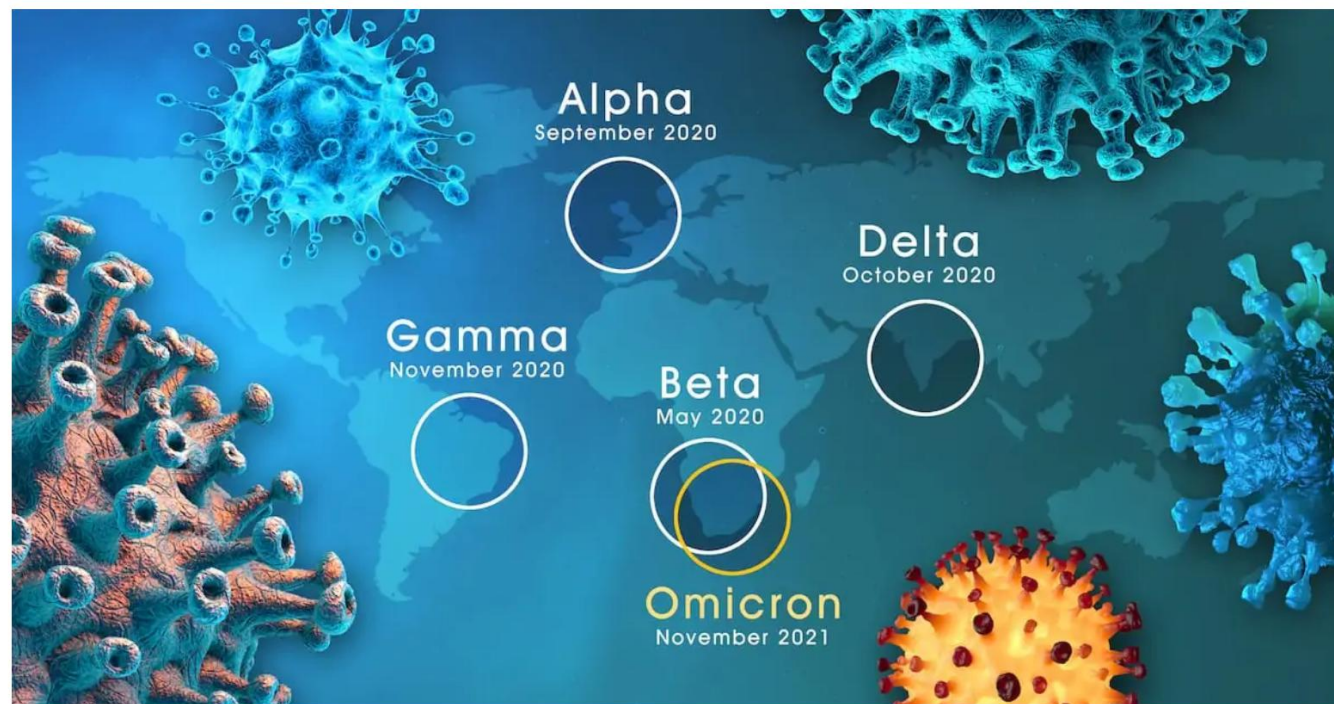
by [Dr. Peter McCullough](#) | Dec 31, 2021 | [Healthcare](#), [Politics](#)

I've always thought New Year's Day was an especially American tradition, full of the optimism and hope we're famous for in our daily lives -- an energy and confidence we call the American spirit. Perhaps because we know we control our own destiny, we believe deep down inside that working together we can make each new year better than the old. -

Ronald Reagan

If you don't like something, change it. If you can't change it, change your attitude. - Maya Angelou

Be at war with your vices, at peace with your neighbors, and let every new year find you a better man. - Benjamin Franklin



COVID Resources

Omicron variant of SARS-CoV-2 harbors a unique insertion mutation of putative viral or human genomic origin

A.J. Venkatakrishnan¹, Praveen Anand², Patrick J. Lenehan¹, Rohit Suratekar²,
Bharathwaj Raghunathan³, Michiel J.M. Niesen¹, Venky Soundararajan^{1,2,3*}

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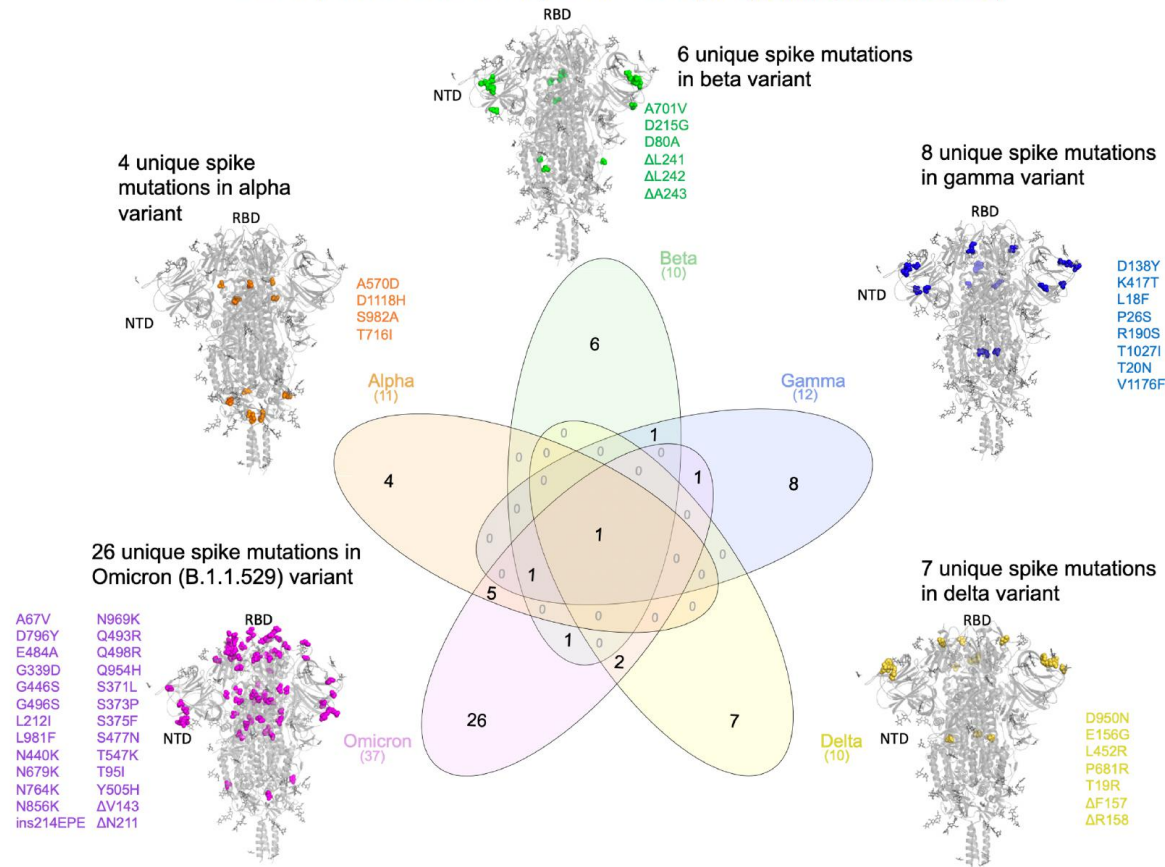


Figure 1. Venn diagram depicting the overlap of lineage specific spike mutations in the SARS-CoV-2 variants of concern. The unique key mutations observed in the spike protein for each of the variants are highlighted (spheres) on the homo-trimeric Spike protein of SARS-CoV-2. The B.1.1.529 (Omicron) variant has the highest number (26) of unique mutations in the spike protein from this perspective, making its emergence a “step function” in evolution of SARS-CoV-2 strains.

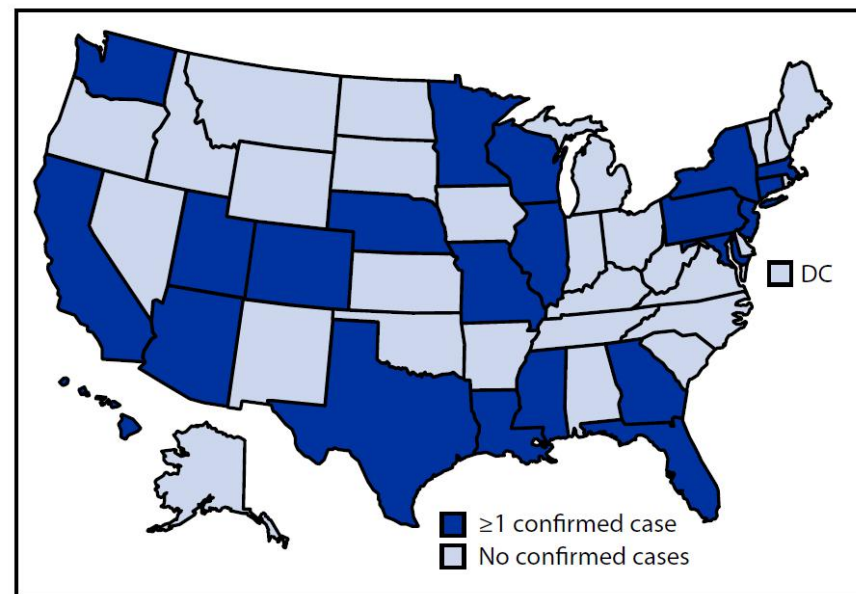
SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021

CDC COVID-19 Response Team

Characteristics of the First Investigated U.S. COVID-19 Cases Attributed to the Omicron Variant

Details are available for 43 cases of COVID-19 attributed to the Omicron variant; 25 (58%) were in persons aged 18–39 years (Table). The earliest date of symptom onset was November 15 in a person with a history of international travel. Fourteen (33%) persons reported international travel during the 14 days preceding symptom onset or receipt of a positive test result. Among these cases of COVID-19 attributed to the Omicron variant, 34 (79%) occurred in persons who completed the primary series of an FDA-authorized or approved COVID-19 vaccine ≥ 14 days before symptom onset or receipt of a positive SARS-CoV-2 test result, including 14 who had received an additional or booster dose; five of the 14 persons had received the additional dose < 14 days before symptom onset. Six (14%) persons had a documented previous SARS-CoV-2 infection. The most commonly reported symptoms were cough, fatigue, and congestion or runny nose. One vaccinated patient was hospitalized for 2 days, and no deaths

FIGURE. States reporting at least one confirmed SARS-CoV-2 B.1.1.529 (Omicron) variant COVID-19 case — United States, December 1–8, 2021



Status of the SARS-CoV-2 variant Omicron in Denmark

Status for SARS-CoV-2 varianten omikron i Danmark

13 December 2021

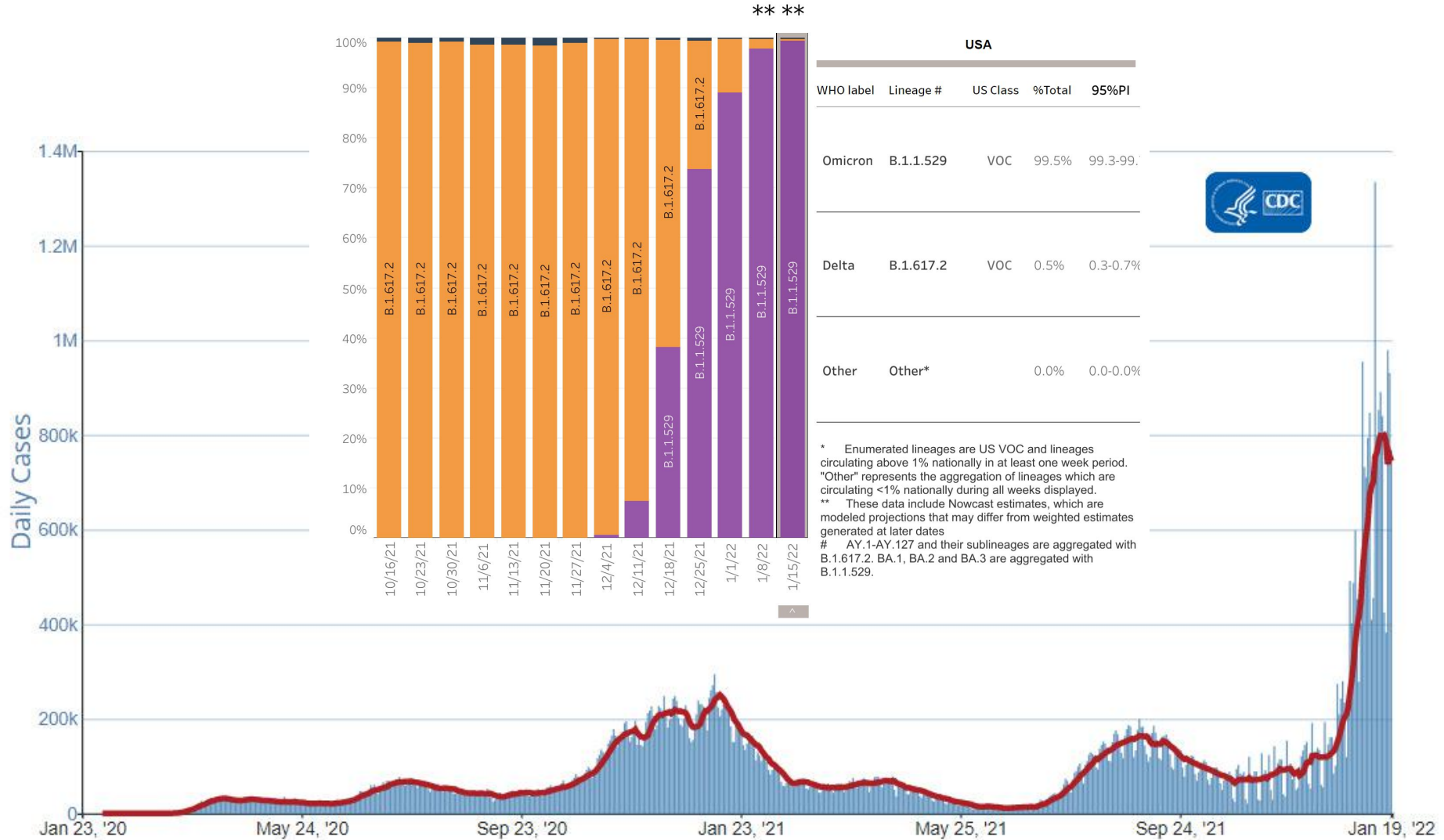
Tabel 4. Vaccinationsstatus for personer ≥ 12 år med omikron-infektion sammenlignet med andre varianter i perioden fra og med 22. november 2021 til og med 11. december 2021

Vaccination status	Other variants (No. of cases)	Other variants (%)	Omicron (No. of cases)	Omicron (%)
Booster vaccinated	3713	6	384	9.0
Fully vaccinated	44,374	67	3,360	79.0
Not vaccinated	16,072	24	408	9.6
Received first dose	2184	3	99	2.3
Total	66,343	100	4251	100

Predicted from Models

United States: 10/10/2021 – 1/15/2022

United States: 1/9/2022 – 1/15/2022 NOWCAST

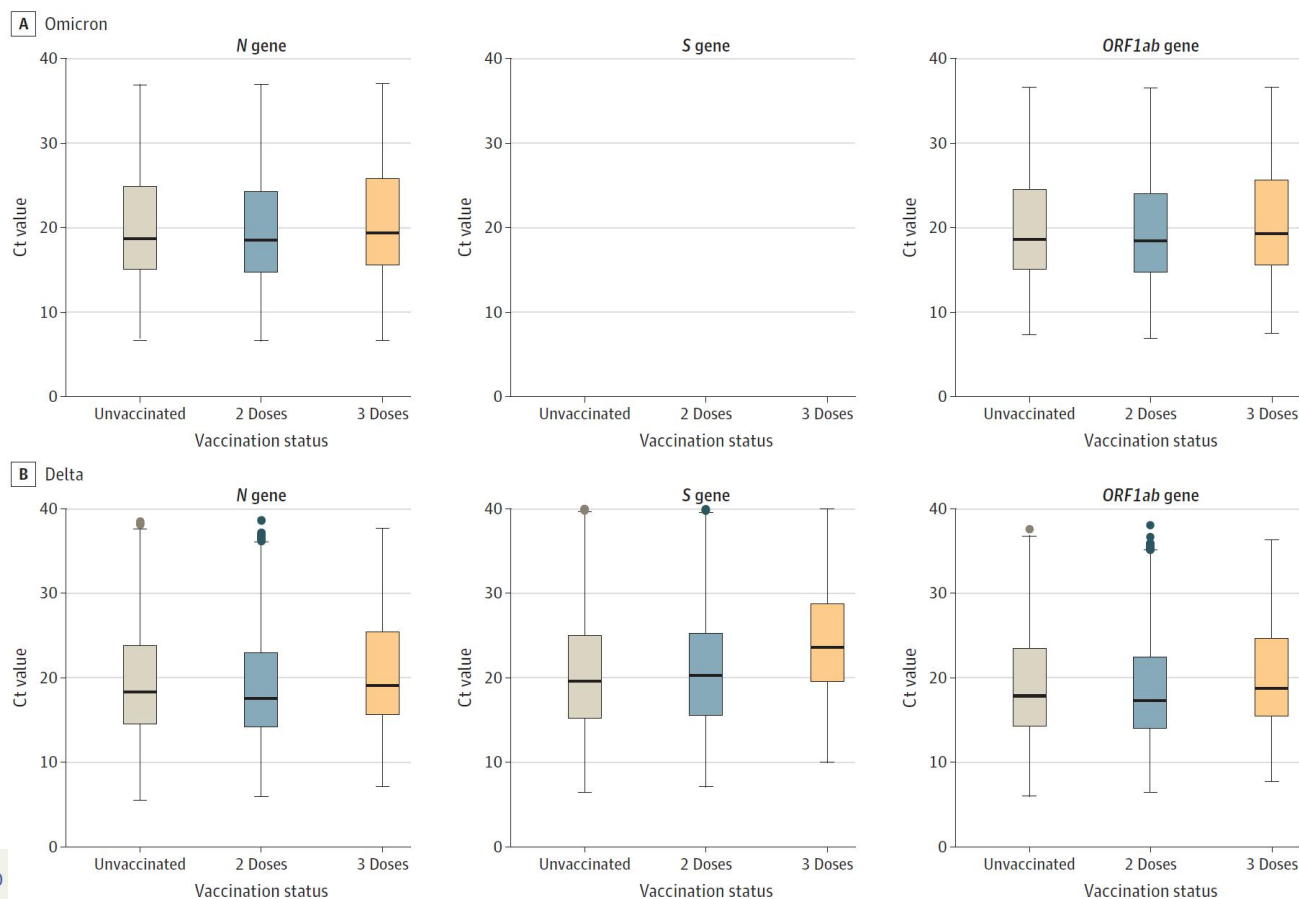


Association Between 3 Doses of mRNA COVID-19 Vaccine and Symptomatic Infection Caused by the SARS-CoV-2 Omicron and Delta Variants

Emma K. Accorsi, PhD; Amadea Britton, MD; Katherine E. Fleming-Dutra, MD; Zachary R. Smith, MA; Nong Shang, PhD; Gordana Derado, PhD; Joseph Miller, PhD; Stephanie J. Schrag, DPhil; Jennifer R. Verani, MD, MPH



Figure 3. Cycle Threshold Values for the *N*, *ORF1ab*, and *S* genes by Variant and Vaccination Status Among SARS-CoV-2-Positive Cases Tested by the TaqPath COVID-19 Combo Kit Assay in the Increasing Community Access to Testing Platform, December 10, 2021, to January 1, 2022



Omicron could offer 'natural Covid immunity' without need for boosters, says EMA



Issued on: 12/01/2022 - 14:11



Europe's health agency says countries should start thinking about spacing out the time between boosters at longer intervals. AP - Matias Delacroix

Text by: RFI  Follow  1 min

The European Union drugs watchdog has voiced doubt over the need for a fourth Covid booster, saying the Omicron variant could help turn the coronavirus into an endemic disease that people can live with by naturally boosting their immune systems.

Conceding more data was needed to support the hypothesis, the European Medicines Agency (EMA) on Tuesday said repeated boosters risked overloading people's immune systems and was not a "sustainable" strategy.

"Nobody knows exactly when we will be at the end of the tunnel but we will be there," Marco Cavaleri, head of vaccine strategy at the Amsterdam-based regulator, told journalists.



HEALTH NEWS



EEU Regulators, WHO Call for End to COVID Boosters, Citing Evidence Strategy Is Failing

By Children's Health Defense

Novavax Developing Vaccine Against Variant That Appeared 72 Hours Ago – Already In Emergency Use Trials



By [Team Tucker Carlson](#) Published 13 hours ago



Wow, 72 hours ago no one even heard the name Omicron variant.

Now, in less than three days, a variant has been identified, global travel has been halted, states of emergency have been declared, and now we see a pharmaceutical company announcing the variant specific vaccine trial that will begin in the U.S. in a few weeks.

Trending

- 1 [Gates Foundation Sent Over \\$54 Million To China Since Covid, Including To Wuhan Collaborators](#)
- 2 [Novavax Developing Vaccine Against Variant That Appeared 72 Hours Ago – Already In Emergency Use Trials](#)
- 3 [How Did This Ever Get Published? NYT Video Takes A Blowtorch To Blue States](#)
- 4 [California Town Declares Independence From "Dictatorship Powers" Of State, Federal Covid Mandates](#)
- 5 [Watch: Bo Snedley Makes Tucker 'Emotional' Revealing Story About Limbaugh Before Money And Fame](#)



Doctor: Do This Instead Of Knee Replacement Surgery

7,568



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 Kumar³

Received: 17 August 2021 / Accepted: 9 September 2021
© Springer Nature B.V. 2021



“The sole reliance on vaccination as a primary strategy to mitigate COVID-19 and its adverse consequences needs to be re-examined, especially considering the Delta (B.1.617.2) variant and the likelihood of future variants.”

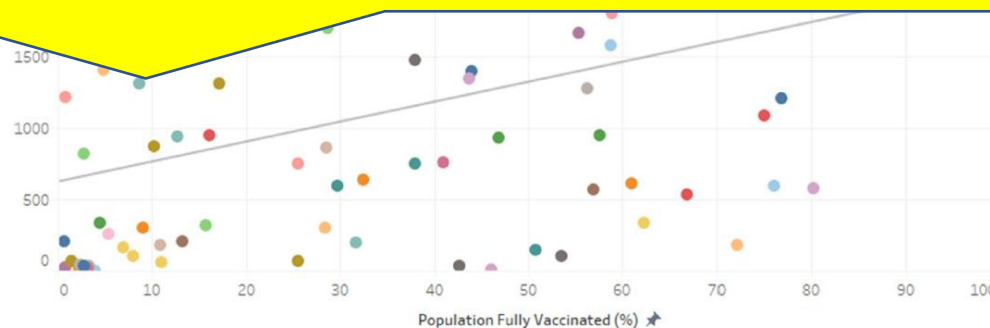


Fig. 1 Relationship between cases per 1 million people (last 7 days) and percentage of population fully vaccinated across 68 countries as of September 3, 2021 (See Table S1 for the underlying data)

WORLDWIDE BAYESIAN CAUSAL IMPACT ANALYSIS OF VACCINE ADMINISTRATION ON DEATHS AND CASES ASSOCIATED WITH COVID-19: A BIGDATA ANALYSIS OF 145 COUNTRIES

A PREPRINT

Kyle A. Beattie *
Department of Political Science
University of Alberta
Alberta, Canada
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Abstract

89% of countries showed an increase
in deaths per million directly due to
the causal impact of mass vaccination

... increase the values in either y_1 or y_2 over and above what was expected with no treatment. y_1 showed an increase/decrease ratio of (+115/-13), which means 89.84% of statistically significant countries showed an increase in total deaths per million associated with COVID-19 due directly to the causal impact of treatment initiation. y_2 showed an increase/decrease ratio of (+105/-16) which means 86.78% of statistically significant countries showed an increase in total cases per million of COVID-19 due directly to the causal impact of treatment initiation. Causal impacts of the treatment on y_1 ranges from -19% to +19015% with an average causal impact of +463.13%. Causal impacts of the treatment on y_2 ranges from -46% to +12240% with an average causal impact of +260.88%. Hypothesis 1 Null can be rejected for a large majority of countries.

This study subsequently performed correlational analyses on the causal impact results, whose effect variables can be represented as $y_1.E$ and $y_2.E$ respectively, with the independent numeric variables of: *days elapsed since vaccine rollout began* (n_1), *total vaccination doses per hundred* (n_2), *total vaccine brands/types in use* (n_3) and the independent

November 27, 2021

Please Tell Fauci and the Mask Nazis that Destroying Children's Lives to Save Them is Absurd

by **Blaise Vanne**



Gov. DeSantis Pushes Back Against Fed

Podcast

Unwanted Vaccine Mandates Casting Fall Red Darkness

by **Dr. Peter McCullough** | Nov 23, 2021 | [Healthcare](#), [Politics](#),

There were no major US hospital outbreaks of COVID-19 due to good airflow standards and the use of reasonable contagion control methods. Yet, health systems proudly announced COVID-19 vaccine mandates and had no concerns about firing the same workers who risked their lives as frontline workers caring for patients with COVID-19...



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Real World Efficacy of COVID-19 Vaccines
- **Pivot to Early Therapy for High-Risk COVID-19**
- Natural Immunity
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)



Contagion Control
“Stop the Spread”

Early Home
Treatment
Via Telemedicine “Safety Net for Survival”

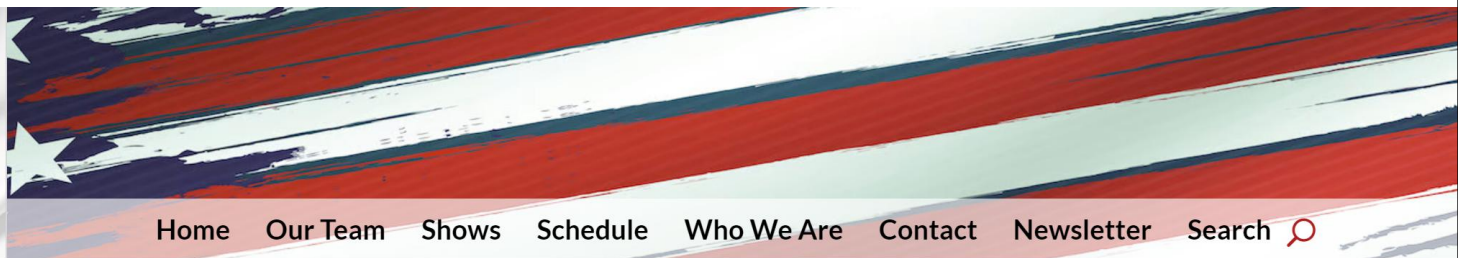
Late-Stage
Hospitalization

Vaccination
“Herd Immunity”

↓ Hospitalizations/Death”

AMERICA OUT LOUD

LIBERTY AND JUSTICE FOR ALL



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September 8, 2021

News Highlights

The War Between Nationalists and Globalists

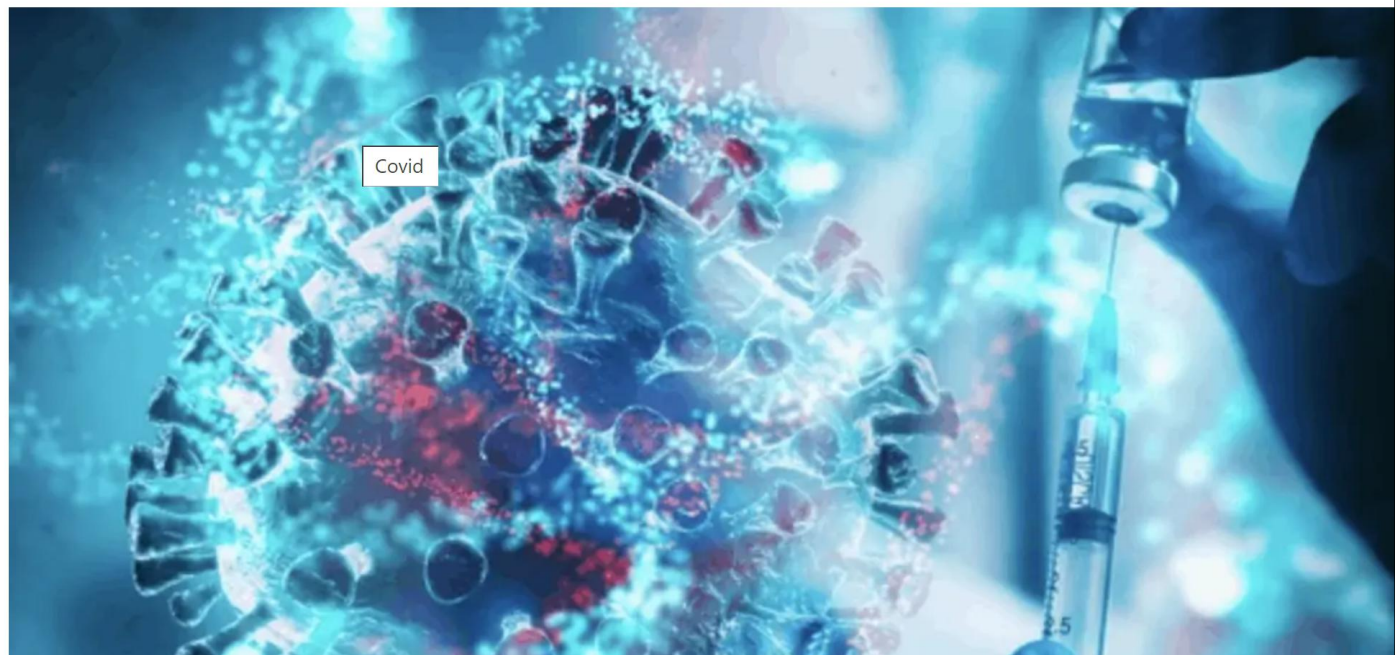
by [Karen Schoen](#)



COVID-19 Investigation: Empirical

Vaccinated or Not, Acute COVID-19 in High-Risk Patients Demands Early Treatment

by [Dr. Peter McCullough](#) | Aug 17, 2021 | [Healthcare](#), [Politics](#),



SARS-CoV-2 infection and the COVID-19 pandemic: a call to action for therapy and interventions to resolve the crisis of hospitalization, death, and handle the aftermath

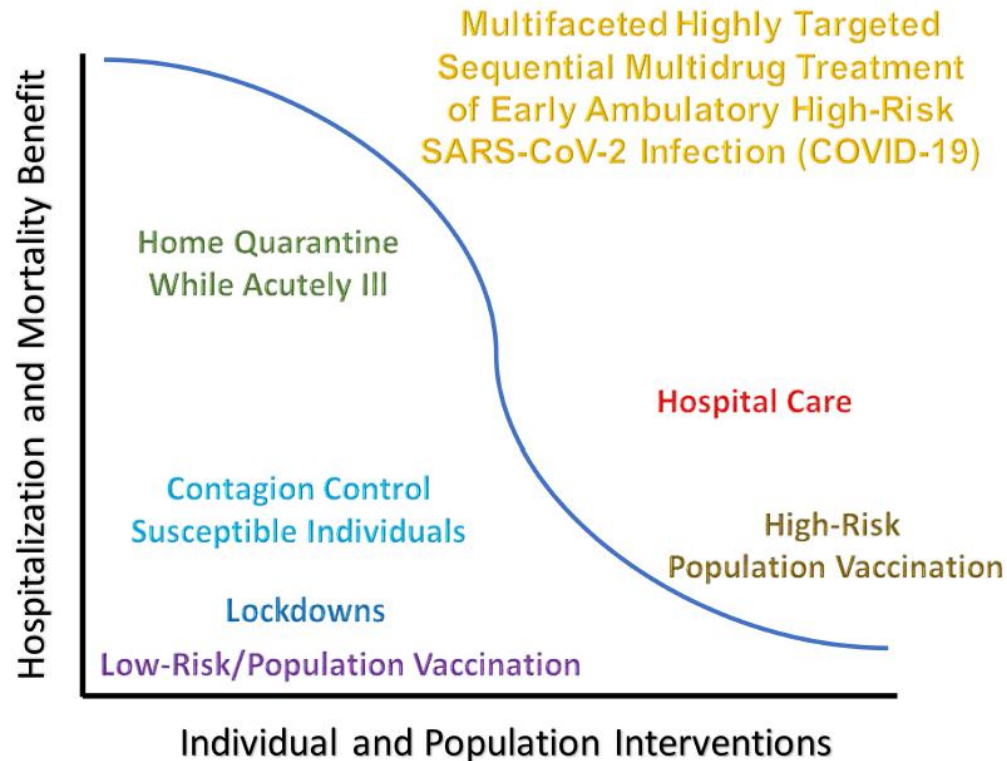


Fig. 1. Relative benefit of reduction in COVID-19 hospitalization for individual and population interventions taken as part of the pandemic response.

DOI:10.31083/

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Submitted: 23 February 2021 Revised: 24 February 2021 Accepted: 30 March 2021 Published:

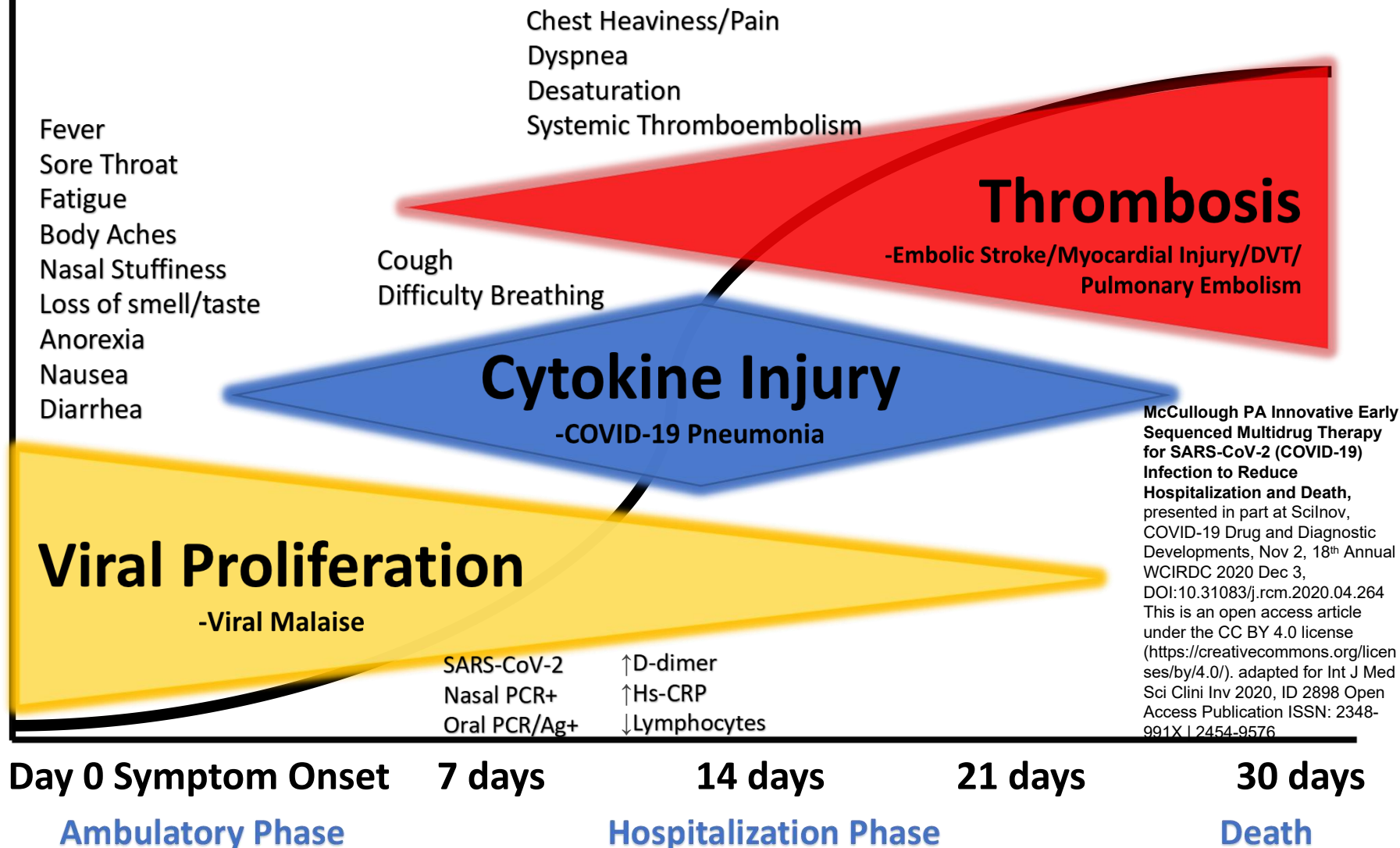
Therapeutic Response

Intracellular anti-infectives/antiviral antibodies

Corticosteroids/immunomodulators

Antiplatelet agents/anticoagulants

Untreated Mortality Risk



McCullough PA Innovative Early Sequenced Multidrug Therapy for SARS-CoV-2 (COVID-19) Infection to Reduce Hospitalization and Death, presented in part at Scilnov, COVID-19 Drug and Diagnostic Developments, Nov 2, 18th Annual WCIRDC 2020 Dec 3, DOI:10.31083/j.rcm.2020.04.264 This is an open access article under the CC BY 4.0 license (<https://creativecommons.org/licenses/by/4.0/>). adapted for Int J Med Sci Clini Inv 2020, ID 2898 Open Access Publication ISSN: 2348-991X | 2454-9576

COVID-19-like or COVID-19-confirmed illness:

- Self-quarantine at home
- Povidone iodine oral/nasal washes 6x day
- Contact tracing
- Contagion control
- Ventilate fresh air-reduce reinoculation

Age < 50 yr.
Healthy

Age ≥ 50 yr. or a
Single Comorbidity
BMI > 30 kg/m², Pulmonary Dz, DM, CVD, CKD, Cancer

Age ≥ 50 yr. with
≥1 Comorbidities

OTC bundle: Zinc 50 mg, vitamin D₃ 20,000 IU, Vitamin C 3000 mg, Quercetin 500 mg po bid, Famotidine 80 mg (5-30 days)

If feasible: Sotrovimab Infusion EUA Dosing

Watchful Waiting

Immediately ≥ 2 Anti-Infective Agents (5-30 days)

HCQ 200 mg po bid
+ AZM 250 mg po bid or
+DOXY 100 mg po bid

IVM 600 mcg/kg po qd x 5 doses
+ AZM 250 mg po bid or
+DOXY 100 mg po bid

Paxlovid bid or
Molnupiravir bid EUA dosing
+ AZM 250 mg po bid or
+DOXY 100 mg po bid

If Symptoms
Worsen

Respiratory Symptoms Develop or Day 5 of illness

Inhaled budesonide 1 mg/2 mL nebulization/Dexamethasone 6 mg/Prednisone 1 mg/kg qd x 5 days ± taper/Colchicine 0.6 (0.5) mg po bid x 3 d then qd x 30 d

Underlying Serious Medical Condition, ↑VTE Risk,
Suspect micro- or overt thrombosis

Complete Self-
quarantine

Aspirin 325 mg po qd ± Low-molecular weight heparin or
Apixaban, Rivaroxaban, Dabigatran, Edoxaban in Standard doses (5-30 days)

Escalate Clinically

Consolidate

Re-evaluate
Hospitalize

Room Air


Pulse Ox
Deliver
Home O₂
If Needed

Received: 2021.11.05
Accepted: 2021.11.25
Available online: 2021.12.08
Published: 2021.12.30

Retrospective Study of Outcomes and Hospitalization Rates of Patients in Italy with a Confirmed Diagnosis of Early COVID-19 and Treated at Home Within 3 Days or After 3 Days of Symptom Onset with Prescribed and Non-Prescribed Treatments Between November 2020 and August 2021

Authors' Contribution:

Study Design A
Data Collection B
Statistical Analysis C
Data Interpretation D
Manuscript Preparation E
Literature Search F
Funds Collection G

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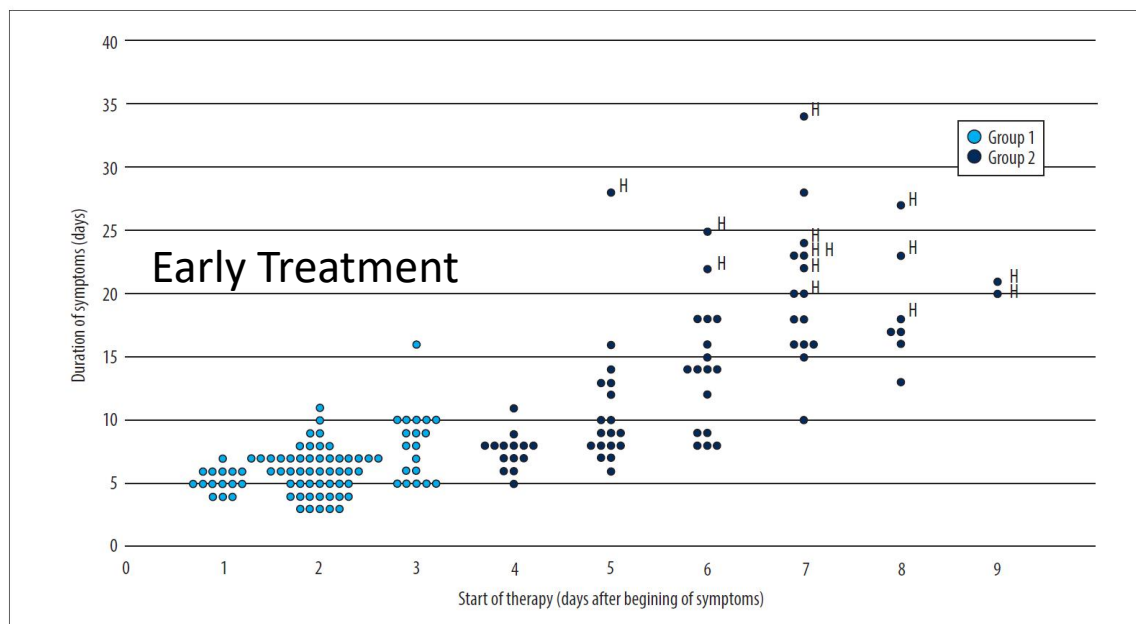


Figure 2. Duration of symptoms in relation to the delay in start of therapy. The symbol “H” specifies the patients who were hospitalized. The figure was created with Excel software and the “H” labels were added where indicated with PowerPoint software (Microsoft Office 2019).

On now
The
McCullough
Report
At Home Management of
Dr. Peter A. McCullough
The McCullough Report

Listen live



The Weekend

Listen on **iHeart Radio**
or our **Media Player**.

The McCullough Report
At-Home Management of COVID-
19, Everyone Can Do 2 pm ET

Energetic Health Radio
The CDC's Dirty Little Secret
w/ Dr. Henry Ealy 3 pm ET

The Frankly Daniel Show
A Fractured Biden COVID-19 Fairy
Tale w/ Daniel Baranowski 4 pm ET

Dr. Henry Ealy
This Week In COVID: Vaccine
Breakthrough Increases By 78.8% In
Only 1 Month

Dr. Peter McCullough
Omicron Unleashes Mass Illness and
a New Reality on podcast

A New Year Begins

New Year Brings New Hope

by **DrLee4America**

It is a New Year, and with that comes a feeling of new potential, new hope, and optimism – if you choose to change your outlook on what role you play in how you view each day.

Column

Dilute Povidone-Iodine Nasal/Oral Washes for the Prevention and Treatment of COVID-19

by **Dr. Peter McCullough** | Dec 30, 2021 | Feature 3, Healthcare



Print PDF

The SARS-CoV-2 virus is transmitted in the air and settles in the nose, and multiplies for days before it invades the body. When sick with nasal congestion, headache, fever, and body aches, the source of symptoms is the virus in the nose.

The virus must be killed in the nasal cavity at least twice a day after coming back home for prevention and up to every four hours during active treatment. This is very important with the Omicron variant, which multiplies 70 times faster than the prior strains of the virus.

Early treatment using this approach is associated with a 71% improvement, as shown in the figure. Also shown is a quick set up at home with povidone-iodine, which costs under \$10 a bottle online.

Take 1/2 tsp mix in a shot glass 1.5 oz of water, squirt up nose, sniff back to the back of the throat and spit out. Do twice in each nostril, then gargle with the rest for 30 sec. Do not swallow. If iodine allergic or intolerant, can substitute hydrogen peroxide.

Arefin MK, Rumi SKNF, Uddin AKMN, Banu SS, Khan M, Kaiser A Chowdhury JA, Khan MAS, Hasan MJ. Virucidal effect of povidone iodine on COVID-19 in the nasopharynx: an open-label randomized clinical trial. *Indian J Otolaryngol Head Neck Surg.* 2021 May 18:1-5. doi: 10.1007/s12070-021-02616-7. Epub ahead of print. PMID: 34026595; PMCID: PMC8130786.

Can povidone iodine gargle/mouthrinse inactivate SARS-CoV-2 and decrease the risk of nosocomial and community transmission during the COVID-19 pandemic? An evidence-based update



Aditi Chopra^a, Karthik Sivaraman^b, Raghu Radhakrishnan^c, Dhanasekar Balakrishnan^b, Aparna Narayana^{b,*}

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Table 2

Evidence confirming the efficacy of Povidone-Iodine (PVP-I) against SARS-CoV-2.

No	Study	Objective	Materials and methods	Results and conclusion	References
1.	In-vitro observational study	Virucidal activity of PVP-I against SARS-CoV-2	Four products of PVP-I a. Antiseptic solution (PVP-I 10%) b. Skin cleanser (PVP-I 7.5%) c. Gargle and mouth wash (PVP-I 1%) d. Throat spray (PVP-I 0.45%) Tested for a contact time of 30 s for virucidal activity	All products of PVP-I inactivated the virus by $\geq 99.99\%$ which corresponded to $\geq 4\log_{10}$ reduction of virus titre, within 30 s of contact	Anderson et al., 2020 [6]
2.	In-vitro observational study	Optimal contact time and concentration of oral PVP-I against SARS-CoV-2	a. PVP-I at a concentration of 0.5%, 1% and 1.5% compared with b. Ethanol (70%) and water for 15 and 30 s Tested against SARS-CoV-2-USAWA1/2020 strain	PVP-I (0.5%, 1% and 1.5%) inactivated SARS-CoV-2 completely within 15 s of contact 70% ethanol group did not inactivate SARS-CoV-2 after 15 s of contact, but was able to inactivate the virus at 30 s of contact	Bidra et al. [60]
3.	In-vitro observational study	Compare hydrogen peroxide (H_2O_2) and PVP-I oral antiseptic rinses against SARS-CoV-2	a. PVP-I (0.5%, 1.25% and 1.5%) and b. H_2O_2 aqueous solutions (3% and 1.5% concentrations) at contact periods of 15 s and 30 s Was tested against SARS-CoV-2	PVP-I (0.5%, 1% and 1.5%) inactivated SARS-CoV-2 completely at 15 s The H_2O_2 solutions (1.5% and 3.0%) showed minimal virucidal activity after 15 s and 30 s of contact time	Bidra et al. [61]
4.	Systematic review	To evaluate the specific efficacy of PVP-I against SARS-CoV-2	All protocols for nasal and oral PVP-I against COVID-19 were systematically reviewed	PVP-I can be safely administered for up to 5 months in the nasal cavity and 6 months in the oral cavity	Frank et al. [62]
5.	Short communication	The impact of PVP-I mouthwash on the salivary viral load of SARS-CoV-2	a. Nasopharyngeal swabs and salivary samples were tested for SARS-CoV-2 in patients before and after rinsing with 15 mL of 1% PVP-I for 1 min	PVP-I resulted in a significant drop in viral load, which remained for at least 3 h	Lamas et al. [53]

Treating and Preventing Sinusitis with a Mouthwash/Gargle Solution

If you feel you are coming down with a sinus or throat infection and are without antibiotics here is a simple Mouthwash and Gargle solution you can make at home to help cure your self and prevent further infection. The main ingredient is 10% Povidone Iodine (e.g. Betadine) which is a known anti-fungal, anti-viral and anti-bacterial agent.

Make the following two solutions with 10% Povidone Iodine (e.g. Betadine).

0.62% Dilute Solution

1 cup sterile water (this volume should be enough for 7 days)
1 Tablespoon of 10% **Povidone Iodine (PVD-I)**
 $\frac{1}{4}$ tsp salt



In the labs a 1% solution of Povidone Iodine has been shown to be 99.99% effective as an antiviral treatment in just 30 seconds.
0.50% solutions have also been shown to be effective especially with repeated treatments.

0.01% Very Dilute Solution

2 cups sterile water
 $\frac{1}{4}$ tsp of 10% **Povidone Iodine (PVD-I)**
 $\frac{1}{2}$ tsp salt



This solution is purposely a weak disinfectant but much more of a soothing sterile wash that inhibits the growth of any pathogen

Use a Bulb Syringe for the Nasal Flush



Follow this daily regimen for a week to **eliminate** an established Sinusitis:

6 AM with 0.62% Dilute PVD-I flush Nose and Gargle. Take Allegra-D
12 Noon with 0.01% Very Dilute PVD-I flush Nose and Gargle.
6 PM with 0.01% Very Dilute PVD-I flush Nose and Gargle.
12 Midnight with 0.01% Very Dilute PVD-I flush Nose and Gargle. Take Mucinex-DM

Effect of 1% Povidone Iodine Mouthwash/Gargle, Nasal and Eye Drop in COVID-19 patient

Md. Iqbal Mahmud Choudhury¹, Nilufar Shabnam², Tazin Ahsan³, Md. Saiful kabir⁴,
Rashed Md. Khan⁵, S.M. Abu Ahsan⁶

¹Assistant professor, Plastic Surgery Unit, Department of Surgery, Bangabandhu Sheikh Mujib Medical University, Shahbag, Dhaka, Bangladesh. ²Assistant professor, Department of Surgery, BIRDEM Hospital & Ibrahim Medical College, Shahbag, Dhaka, Bangladesh. ³Medical officer, Upazila Health Complex, Chowgacha, Jessore, Bangladesh. ⁴Professor and Head, Department of Dermatology and Venereology, National Medical College, Dhaka, Bangladesh. ⁵Professor and Head, Department of Dermatology and Venereology, Dhaka Medical College, Dhaka, Bangladesh. ⁶Associate Professor and Head, Ad-din Sakina Medical college, Jessore, Bangladesh.

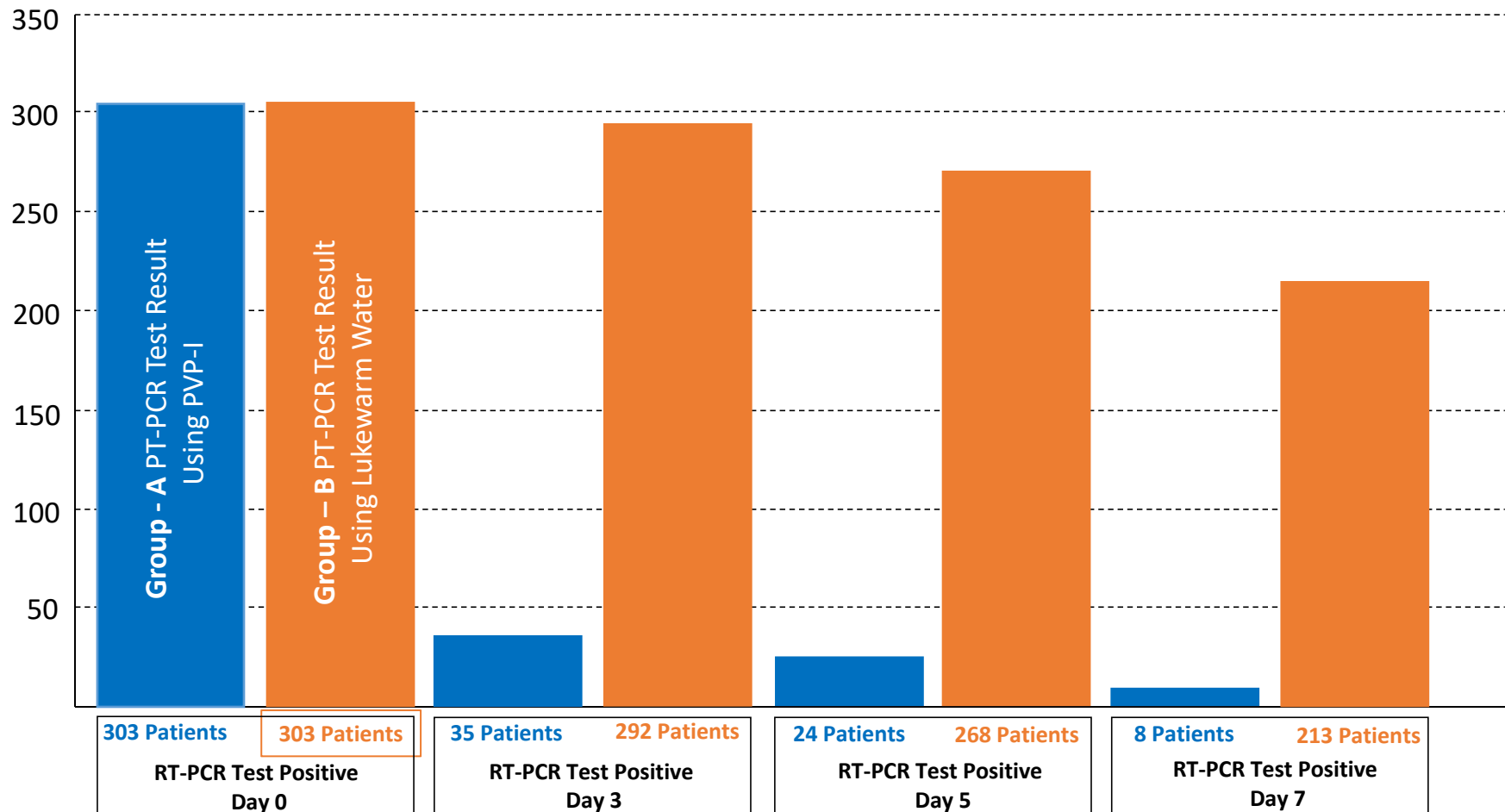
Bioresearch Communications
Volume 7, Issue 1, January 2021



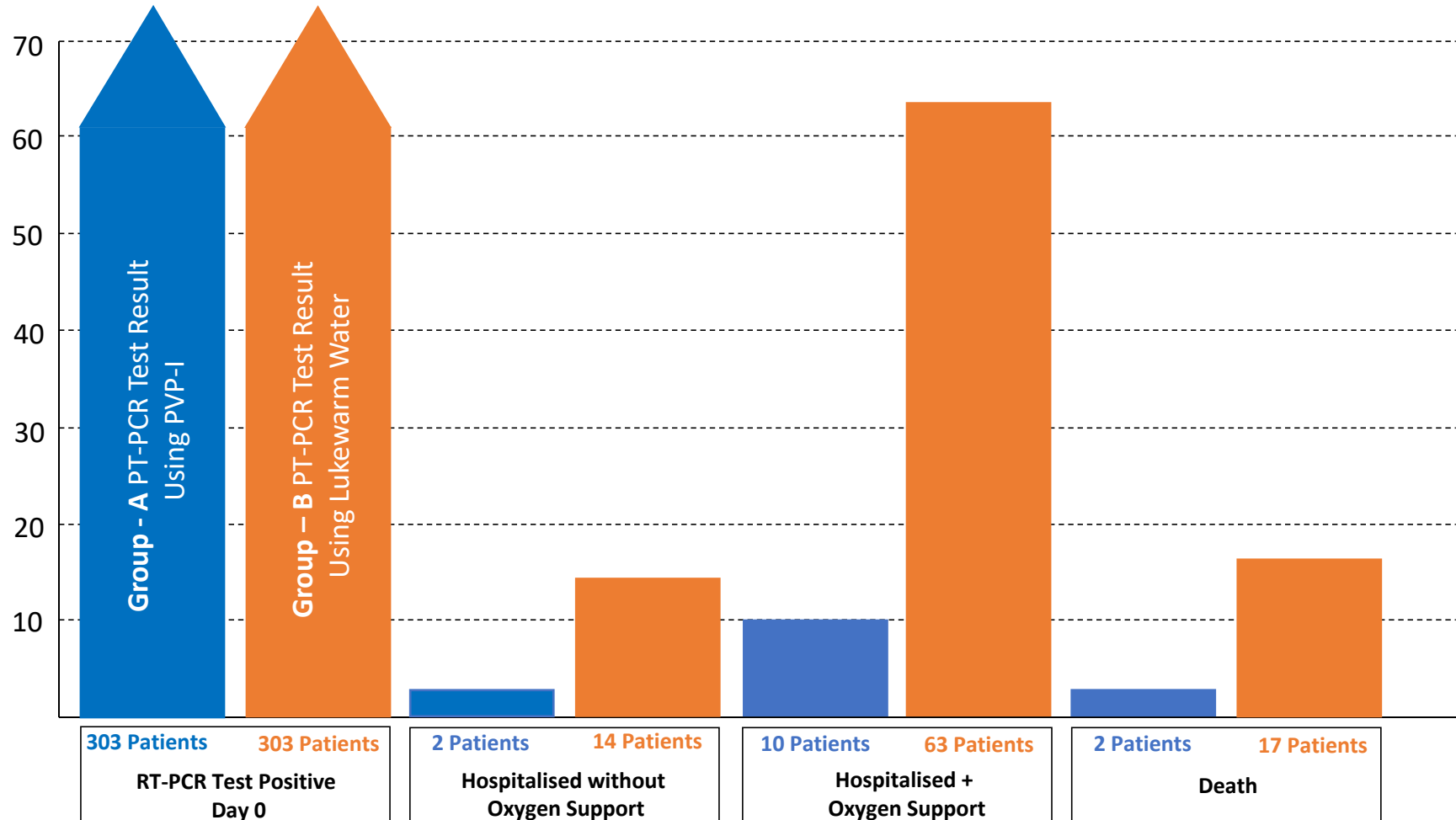
ABSTRACT: Background: The sudden onset of COVID-19 began in late 2019 caused by a novel coronavirus (SARS-COV2) and on 11th March, WHO declared it to have developed pandemic status. There is still no specific treatment and vaccine available for COVID-19; causing wide spread health problem and concern of the globe. Povidone iodine (PVP-I) is an antiseptic that has been used for over 150 years. It is already proved that different concentration of PVP-I can deactivate COVID-19 virus. **Methodology:** In this randomized controlled clinical trial, out of 1113 patients 606 patients were enrolled and divided in 2 groups by randomization after taken consents. In Gr-A, 303 patients underwent mouthwash/gargle, nasal drops and eye drops with 1% povidone iodine 4 hourly for 4 weeks as well as symptomatic treatment according to need. In Gr-B 303 patients were advised mouthwash/gargle, nasal cavity and eye wash with lukewarm water 4 hourly for 4 weeks and symptomatic treatment according to need. RT-PCR test done every 3rd, 5th and 7th day and Thyroid hormone level (TSH, T₃, T₄, FT₄) at 4th week for follow up. **Results:** The group of patients used 1% PVP-I have shown tremendously reduced mortality, morbidity and hospital as well as financial burden in this covid situation. **Conclusion:** Administration of 1% PVP-I as mouthwash/gargle, nasal or eye drop is simple, rapid and cost effective in reduction of mortality and morbidity by COVID-19.

KEYWORDS: Povidone Iodine, 1Pq.s, COVID-19.

RCT: EFFECT OF 1% POVIDONE IODINE MOUTHWASH/GARGLE, NASAL AND EYE DROP IN COVID-19 PATIENTS



RCT: EFFECT OF 1% POVIDONE IODINE MOUTHWASH/GARGLE, NASAL AND EYE DROP IN COVID-19 PATIENTS (OUTCOMES)



Early Treatment for Covid-19 with SARS-CoV-2 Neutralizing Antibody Sotrovimab

This article was published on October 27, 2021, at NEJM.org.

DOI: 10.1056/NEJMoa2107934

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Anil Gupta, M.D., Yaneicy Gonzalez-Rojas, M.D., Erick Juarez, M.D., Manuel Crespo Casal, M.D., Jaynier Moya, M.D., Diego R. Falci, M.D., Ph.D., Elias Sarkis, M.D., Joel Solis, M.D., Hanzhe Zheng, Ph.D., Nicola Scott, M.Sc., Andrea L. Cathcart, Ph.D., Christy M. Hebner, Ph.D., Jennifer Sager, Ph.D., Erik Mogalian, Pharm.D., Ph.D., Craig Tipple, M.B., B.S., Ph.D., Amanda Peppercorn, M.D., Elizabeth Alexander, M.D., Phillip S. Pang, M.D., Ph.D., Almena Free, M.D., Cynthia Brinson, M.D., Melissa Aldinger, Pharm.D., and Adrienne E. Shapiro, M.D., Ph.D., for the COMET-ICE Investigators*

- Sotrovimab targets Spike glycoprotein (↓mutagenic)
- 500 mg IV outpatient infusion in acute COVID-19 resulted in ↓85% hospitalization and death

Table 2. Efficacy Outcomes on Day 29 (Intention-to-Treat Population).*

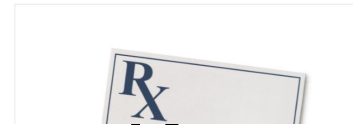
Outcome	Sotrovimab (N = 291)	Placebo (N = 292)
Primary outcome		
Hospitalization for >24 hr for any cause or death from any cause — no. (%)	3 (1)	21 (7)
Hospitalization for >24 hr for any cause	3 (1)	21 (7)
Death from any cause	0	1 (<1) [†]

Understanding Unapproved Use of Approved Drugs "Off Label"

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Understanding Unapproved
Use of Approved Drugs "Off
Label"

Has your healthcare provider ever talked to you about using an FDA-approved drug for an unapproved use (sometimes called an "off-label" use) to treat your disease or medical condition?



Content current as of:
02/05/2018

Why might an approved drug be used for an unapproved use?

From the FDA perspective, once the FDA approves a drug, healthcare providers generally may prescribe the drug for an unapproved use when they judge that it is medically appropriate for their patient. You may be asking yourself why your healthcare provider would want to prescribe a drug to treat a disease or medical condition that the drug is not approved for. **One reason is that there might not be an approved drug to treat your disease or medical condition.** Another is that you may have tried all approved treatments without seeing any benefits. In situations like these, you and your healthcare provider may talk about using an approved drug for an unapproved use to treat your disease or medical condition.

Effect of early treatment with fluvoxamine on risk of emergency care and hospitalisation among patients with COVID-19: the TOGETHER randomised, platform clinical trial



Gilmar Reis, Eduardo Augusto dos Santos Moreira-Silva, Daniela Carla Medeiros Silva, Lehana Thabane, Aline Cruz Milagres, Thiago Santiago Ferreira, Castilho Vitor Quirino dos Santos, Vitoria Helena de Souza Campos, Ana Maria Ribeiro Nogueira, Ana Paula Figueiredo Guimaraes de Almeida, Eduardo Diniz Callegari, Adhemar Dias de Figueiredo Neto, Leonardo Cançado Monteiro Savassi, Maria Izabel Campos Simplicio, Luciene Barra Ribeiro, Rosemary Oliveira, Ofir Harari, Jamie I Forrest, Hinda Ruton, Sheila Sprague, Paula McKay, Alla V Glushchenko, Craig R Rayner, Eric J Lenze, Angela M Reiersen, Gordon H Guyatt, Edward J Mills, for the TOGETHER investigators*



Fluvoxamine 100 mg bid vs Placebo

	Intention-to-treat analysis			Modified intention-to-treat analysis		
	N	n (%)	Relative risk (95% BCI)	N	n (%)	Relative risk (95% BCI)
Fluvoxamine	741	79 (11%)	0.68 (0.52–0.88)	740	78 (11%)	0.69 (0.53–0.90)
Placebo	756	119 (16%)	1 (ref)	752	115 (15%)	1 (ref)

BCI=Bayesian credible interval.

Table 2: Proportion of primary outcome events and relative risk of hospitalisation defined as either retention in a COVID-19 emergency setting or transfer to tertiary hospital due to COVID-19 for patients allocated fluvoxamine versus placebo

A Guide to Home-Based COVID Treatment

Step-By-Step Doctors' Plan
That Could Save Your Life

Editors: Jane M. Orient, M.D. &
Elizabeth Lee Vliet, M.D.



September 17, 2021

Crushing the Lifeblood of Medical Science

by **Dr. Peter McCullough**

In this issue of The McCullough Report, we have some grave news about a concerning set of developments that have taken the COVID-19 crisis response and its consequences to the world to a whole new level. With the backdrop that free speech and scientific discourse is...

MCCULLOUGH REPORT

Treat the Viral Infection, Handle the Pandemic Crisis

by **Dr. Peter McCullough** | May 11, 2021 | [Healthcare](#), [Politics](#),

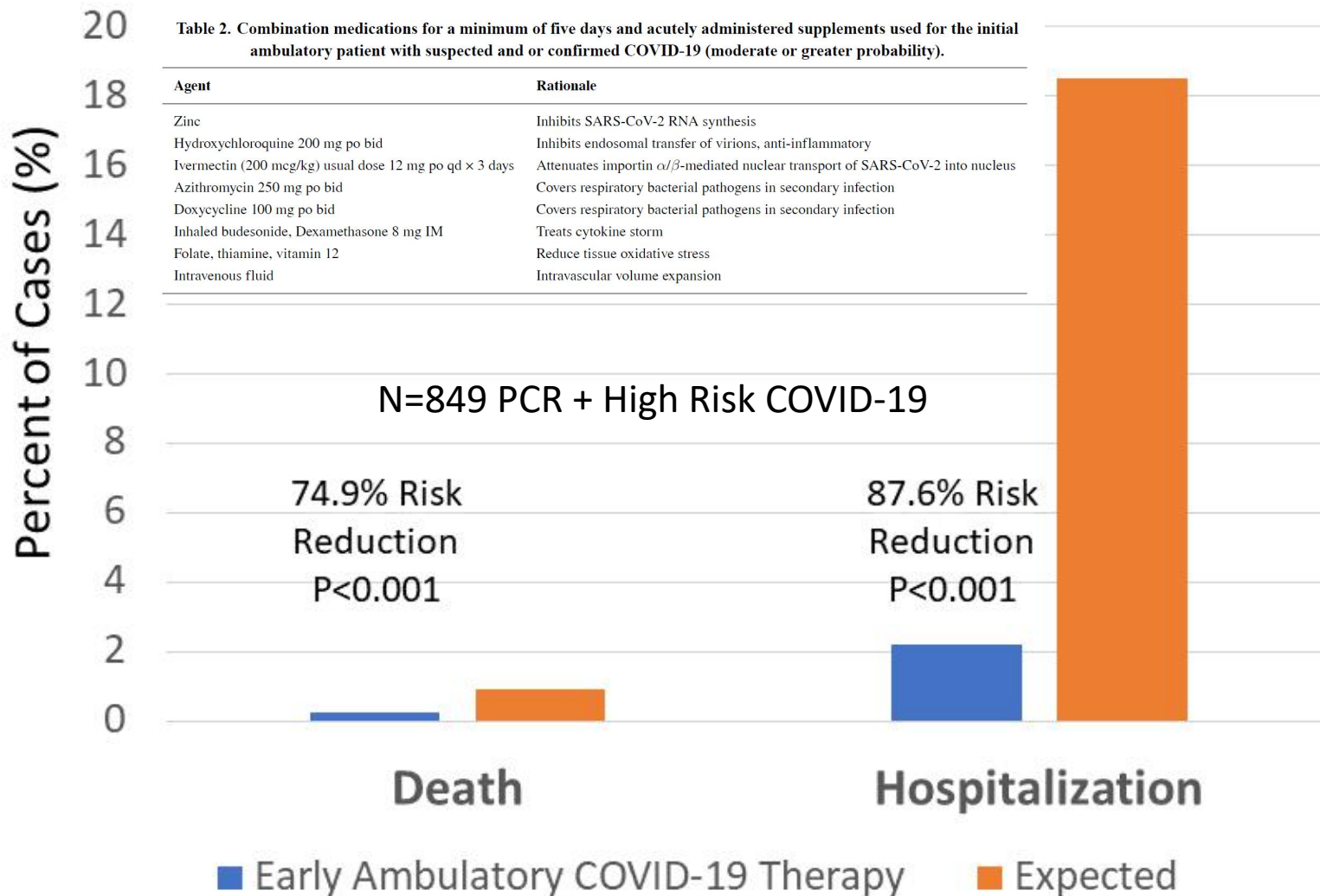
Sick COVID-19 patients don't feel better with masks and it's either too late or they have been failed by the vaccination. We need real doctors helping frightened patients in need to get through the crisis. We need to cut through all the fear, panic, hubris, and false narrative and getting to the truth of what is really going on during the pandemic...





Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

Brian Procter¹, Casey Ross¹, Vaness Pickard¹, Erica Smith¹, Cortney Hanson¹, and Peter A. McCullough²





Early multidrug treatment of SARS-CoV-2 infection (COVID-19) and reduced mortality among nursing home (or outpatient/ambulatory) residents

Paul E. Alexander^{a,*}, Robin Armstrong^b, George Fareed^c, John Lotus^d, Ramin Oskoui^e, Chad Prodromos^d, Harvey A. Risch^f, Howard C. Tenenbaum^g, Craig M. Wax^h, Parvez Daraⁱ, Peter A. McCullough^j, Kulvinder K. Gill^k

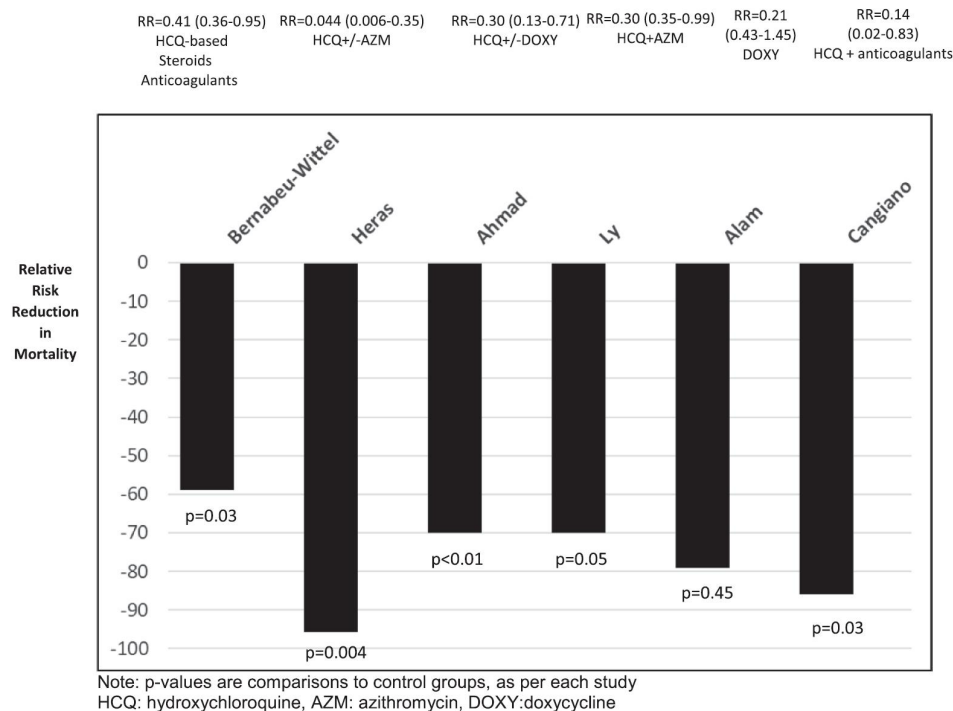


Fig. 1. Relative risk reduction in mortality risk in nursing home COVID patients using early prehospital combined and sequenced multi-drug treatment (SMDT).

Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Real World Efficacy of COVID-19 Vaccines
- Pivot to Early Therapy for High-Risk COVID-19
- **Natural Immunity**
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

Estimated COVID-19 Infections, Symptomatic Illnesses, Hospitalizations, and Deaths in the United States

CDC estimates that from February 2020–September 2021:

1 in 4.0 (95% UI* 3.4 – 4.7) COVID-19 infections were reported.

1 in 3.4 (95% UI* 3.0 – 3.8) COVID-19 symptomatic illnesses were reported.

1 in 1.9 (95% UI* 1.7 – 2.1) COVID-19 hospitalizations were reported.

1 in 1.32 (95% UI* 1.29 – 1.34) COVID-19 deaths were reported.

These estimates suggest that during this period, there were approximately:

146.6
Million

Estimated Total
Infections

124.0
Million

Estimated
Symptomatic Illnesses

7.5 Million

Estimated
Hospitalizations

921,000

Estimated Total Deaths

CDC Admits It Has No Record of an Unvaccinated Person Spreading Covid After Recovering From Covid

By Cristina Laila

Published November 11, 2021 at 10:00pm

532 Comments

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FOIA REQUEST:

Seeking documentation of transmission of COVID-19 from naturally immune, unvaccinated breakthrough cases.

CDC RESPONSE:

“A search of our records failed to reveal any documents pertaining to your request. The CDC Emergency Operations Center (EOC) conveyed that this information is not collected.”

SOURCE: <https://aaron.siri.substack.com/p/cdc-admits-crushing-rights-of-naturally>



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

November 05, 2021

SENT VIA EMAIL

Elizabeth Brehm
Attorney
Siri & Glimstad
200 Park Avenue, 17th Floor
New York, New York 10166
foia@sirillp.com

2nd Letter Subject: Final Response Letter

Dear Ms. Brehm:

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) received your September 02, 2021, Freedom of Information Act (FOIA) request on September 02, 2021, seeking:

“Documents reflecting any documented case of an individual who: (1) never received a COVID-19 vaccine; (2) was infected with COVID-19 once, recovered, and then later became infected again; and (3) transmitted SARS-CoV-2 to another person when reinfected.”

A search of our records failed to reveal any documents pertaining to your request. The CDC Emergency Operations Center (EOC) conveyed that this information is not collected.

You may contact our FOIA Public Liaison at 770-488-6277 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Suite 729H, Washington, D.C. 20201. You may also transmit your appeal via email to FOIARquest@psc.hhs.gov. Please mark both your appeal letter and envelope “FOIA Appeal.” Your appeal must be postmarked or electronically transmitted by February 03, 2022.

Sincerely,

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
Phone: (770) 488-6399
Fax: (404) 235-1852

#21-02152-FOIA

September 17, 2021

The Unholy Alliance Between Big Pharma's Vaccines and Drugs and the FDA

by **Blaise Vanne** | Sep 15, 2021

Today, Pharma companies underwrite three-quarters of the FDA's budget for scientific reviews (ProPublica) and fund nearly 50% of the FDA's total annual budget through PDUFA fees. In exchange, the agency increasingly fast-tracks expensive drugs and vaccines with...

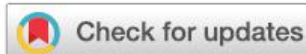
The Taliban and the War on Terror

by **Malcolm Out Loud** | Sep 15,

Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

by **Dr. Peter McCullough** | Sep 12, 2021 | [Healthcare](#), [Politics](#)





New York, USA

writingblock@protonmail.com Twitter:
@writingblock

Cite this as: *BMJ* 2021;374:n2101

<http://dx.doi.org/10.1136/bmj.n2101>

Published: 13 September 2021

Vaccinating people who have had covid-19: why doesn't natural

“If natural immunity is strongly protective, as the evidence to date suggests it is, then vaccinating people who have had covid-19 would seem to offer nothing or very little to benefit, logically leaving only harms—both the harms we already know about as well as those still unknown,” says Christine Stabell Benn, vaccinologist and professor in global health at the University of Southern Denmark. The CDC has acknowledged the small but serious risks of heart inflammation and blood clots after vaccination, especially in younger people. The real risk in vaccinating people who have had covid-19 “is of doing more harm than good,” she says.

A large study in the UK³² and another that surveyed people internationally³³ found that people with a history of SARS-CoV-2 infection experienced greater rates of side effects after vaccination. Among 2000 people who completed an online survey after vaccination, those with a history of covid-19 were 56% more likely to experience a severe side effect that required hospital care.³³



Scott Atlas (L), senior fellow at the Hoover Institution, and White House press secretary Kayleigh McEnany arrive ahead of President Donald Trump for a news conference at the White House in Washington, on Aug. 12, 2020. (Andrew Harnik/AP Photo, File)

PREMIUM JUDICIARY

Denial of Natural Immunity in CMS Vaccine Mandate ‘Unprecedented in Modern History’: Scott Atlas

By [Allen Zhong](#) and [Jan Jekielek](#)

January 14, 2022 Updated: January 14, 2022

A Print

Denying natural immunity in the Centers for Medicare & Medicaid Service (CMS) vaccine mandates is “unprecedented in modern history,” a prominent public health expert said.

Outline

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- Natural Immunity
- **Freedom At Risk**
- Censorship of Scientific Discourse
- Conclusions

September 17, 2021

America's Uniqueness Starts and Ends with the US Constitution

by **Paul Engel** | Sep 17, 2021

Decades of ignorance and apathy by the American people have reduced the supreme law of the land to an anachronism, a throwback to a time when rights, freedom, and liberty were important to them. Today, Americans seem more interested in being taken care of than...

COVID and Your Health

COVID Investigation: CDC Profits Off of the Chaos They

Your Freedom Can be Won Back at the End of a Hypodermic Needle

by **Dr. Peter McCullough** | Jun 12, 2021 | [Healthcare](#), [Politics](#)

This sounds like a science fiction movie, but it is happening in real life before our very eyes. The line of truth appears to be the vaccine, who will succumb and take it, and who will not. The first wave of either intentional or accidental bioterrorism was with the COVID-19 respiratory illness. The second wave is more insidious and broadly applied to a population prepared by months of fear and isolation...





Medical Freedom

Social Freedom

Economic Freedom



A GOVERNMENT
THAT HIDES CURES
SO THEY CAN BUY
'VACCINES' FOR HUGE \$\$\$
IS **CRIMINAL**
IVECTERMIN
HYDROXYCHLORQUINE
BUDESONIDE
VIT. D³ **ALL WORK**

SAVE
OUR
CHILD

The Bakersfield Californian

FRIDAY, SEPTEMBER 24, 2021 • BAKERSFIELD.COM

Woman sues Adventist Health to force ivermectin treatment for her husband

BY SAM MORGEN

smorgen@bakersfield.com

A local woman is suing Adventist Health to force the hospital to treat her husband with ivermectin, a medication for parasitic diseases that some have proposed as a treatment for COVID-19.

In a lawsuit filed in Kern County Superior Court, the plaintiff says her husband is sedated


and on a ventilator in the intensive care unit at Adventist Health Bakersfield. She seeks a judge's order to force the hospital to provide treatment she claims has been prescribed by a doctor.

"(The husband) is literally on death's doorstep and there (are) no further COVID-19 treatment protocols for the Defendant Hospital to administer to him and

(the plaintiff) does not want to see her husband die," the lawsuit says. "She is doing everything she

can to give him a chance to survive."

The Californian is not

COVID-19 
PANDEMIC

publishing the patient and plaintiff's names in order to protect the family's medical privacy.

The lawsuit says Dr. See-Ru-ern Kitt prescribed ivermectin to the patient, but the hospital has not administered the treatment, claiming it is outside the hospital's protocols and would not help.

Ivermectin, a medication approved to treat parasitic diseases in humans and animals, has risen to prominence as a proposed remedy for COVID-19. The Cen-

ters for Disease Control and Prevention reports prescriptions for the drug have increased 24-fold since the beginning of the pandemic, reaching 88,000 per week by Aug. 13.

National health authorities say there is no conclusive evidence supporting claims ivermectin is

Please see **LAWSUIT | A3**

September 17, 2021

What to Expect if the Tyranny in Australia Hits Home

by **Cathi Chamberlain** | Sep 17, 2021

If you aren't stockpiling food and supplies right now, you may be in for a very uncomfortable future. Just ask Australians. Like a thief in the night, their western freedoms, once the envy of the world, have been stripped away. Tens of thousands of Aussies are...

Iran's Brewing Christian Volcano

by **Malcolm Out Loud** | Sep 17, 2021

The turning point of the Middle East may very well center around the Iranian people. Iran's

Public and Private Outrage Over Ineffective, Unsafe, Forced Vaccination

by **Dr. Peter McCullough** | Sep 3, 2021 | [Healthcare](#), [Politics](#)

When more than 25% of the population takes the ill-advised COVID-19 vaccine, this promotes a super-dominant mutant that can easily evade the vaccines' weak protection, which has happened with Delta. India has shown the world the only way to deal with Delta is not more vaccination, but early multidrug treatment...



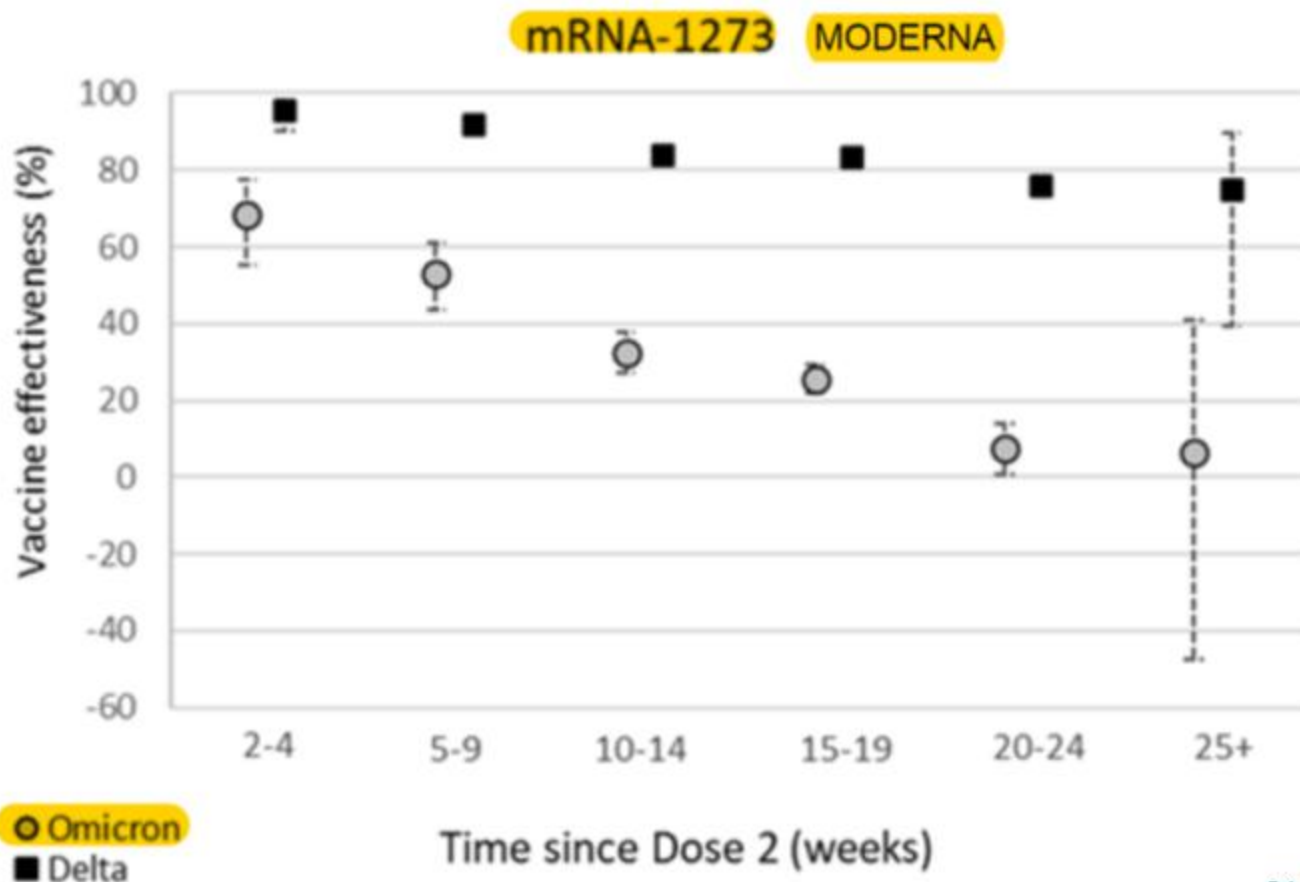


UK Health
Security
Agency

SARS-CoV-2 variants of concern and variants under investigation in England



Technical briefing: Update on
hospitalisation and vaccine effectiveness
for Omicron VOC-21NOV-01 (B.1.1.529)



Should Employers Add Booster Shots to Their COVID-19 Vaccine Policies?



By Lisa Nagele-Piazza, J.D., SHRM-SCP

November 22, 2021



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REUSE PERMISSIONS ?



This article has been updated.

All U.S. adults are now eligible to receive a COVID-19 vaccine booster, so long as a certain number of months have passed since their last dose. As employers revise their vaccination policies, they may be wondering if they should require workers to get an extra jab to be considered "fully vaccinated." Here's what employment law attorneys had to say.

Outline

- New biological products
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- Natural Immunity
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- **Censorship of Scientific Discourse**
- Conclusions

“Trusted News Initiative”

🕒 Published: 10 December 2020



“ The Trusted News Initiative partners will continue to work together to ensure legitimate concerns about future vaccinations are heard whilst harmful disinformation myths are stopped in their tracks.”

— Tim Davie, Director-General

September 17, 2021

SHOP TO THE RIGHT



IT'S TIME TO SUPPORT SMALL BUSINESS, LIST YOUR PRODUCTS OR SERVICES WITH SHOP TO THE RIGHT - STOP SUPPORTING THE AMAZON'S OF THE WORLD.

Covid Extortion by Bureaucrat Bullies

by **Paul Engel** | Sep 16, 2021

According to the Merriam-

U.S. Senators Pound Social and Mainstream Media on Censorship

by **Dr. Peter McCullough** | Jun 14, 2021 | [Media, Politics](#),

Several U.S. Senators, including Homeland Security and Governmental Affairs minority Chairman Senator Ron Johnson, came out to pummel social and mainstream media for intentionally suppressing information to the American people that lead to the truth that SARS-CoV-2, a weapon of bioterrorism, was unleashed from a lab in Wuhan, China. This dramatic press briefing culminated in a call for Fauci to step down...



September 17, 2021

COVID and Your Health

Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

by **Dr. Peter McCullough**

There is recent research on the fact that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and have recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by...



Podcast

Crushing the Lifeblood of Medical Science

by **Dr. Peter McCullough** | Aug 3, 2021 | [Feature 1](#), [Healthcare](#), [Politics](#),

The case at hand is the failure of the COVID-19 vaccines to stop the Delta variant and the emerging sources of data leading to the conclusion that the vaccines are not generally safe. So at a time of major moves by federal agencies, health systems, and schools to call for mandates of the COVID-19 vaccines, there is concern that the only voice left to discuss the risks and benefits...



MCCULLOUGH REPORT

AMA, APhA, ASHP statement on ending use of ivermectin to treat COVID-19



SEP 1, 2021

WASHINGTON, DC – The American Medical Association (AMA), American Pharmacists Association (APhA), and American Society of Health-System Pharmacists (ASHP) **strongly oppose the ordering, prescribing, or dispensing of ivermectin to prevent or treat COVID-19 outside of a clinical trial.**

Ivermectin is approved by the U.S. Food and Drug Administration (FDA) for human use to treat infections caused by internal and external parasites. It is not approved to prevent or treat COVID-19. Ivermectin is also available to treat certain veterinary conditions; medications formulated or intended for use in animals should not be used by humans. We are alarmed by reports that outpatient prescribing for and dispensing of ivermectin have increased 24-fold since before the pandemic and increased exponentially over the past few months. As such, we are calling for an immediate end to the prescribing, dispensing, and use of ivermectin for the prevention and treatment of COVID-19 outside of a clinical trial. In addition, we are urging physicians, pharmacists, and other prescribers—trusted health care professionals in their communities—to warn patients against the use of ivermectin outside of FDA-approved indications and guidance, whether intended for use in humans or animals, as well as purchasing ivermectin from online stores. Veterinary forms of this medication are highly concentrated for large animals and pose a significant toxicity risk for humans.

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September 17, 2021

COVID Investigation: CDC Profits Off of the Chaos They Created

by **Dr. Henry Ealy**

Listen as world-renown PCR Testing expert and board-certified Molecular Pathologist, Dr. Sin Hang Lee details how Anthony Fauci and the CDC willfully ignored their own rules to develop a fatally inaccurate COVID test they would ultimately profit from by siphoning...



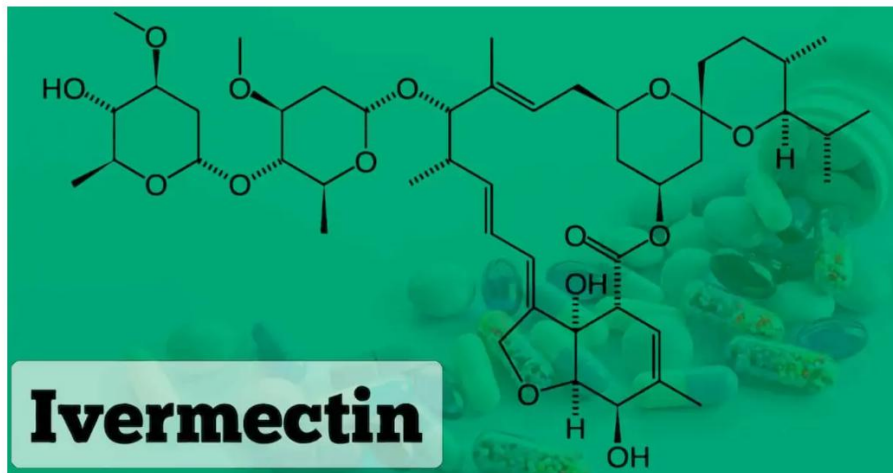
New Israeli Covid Data Destroys Anthony Fauci

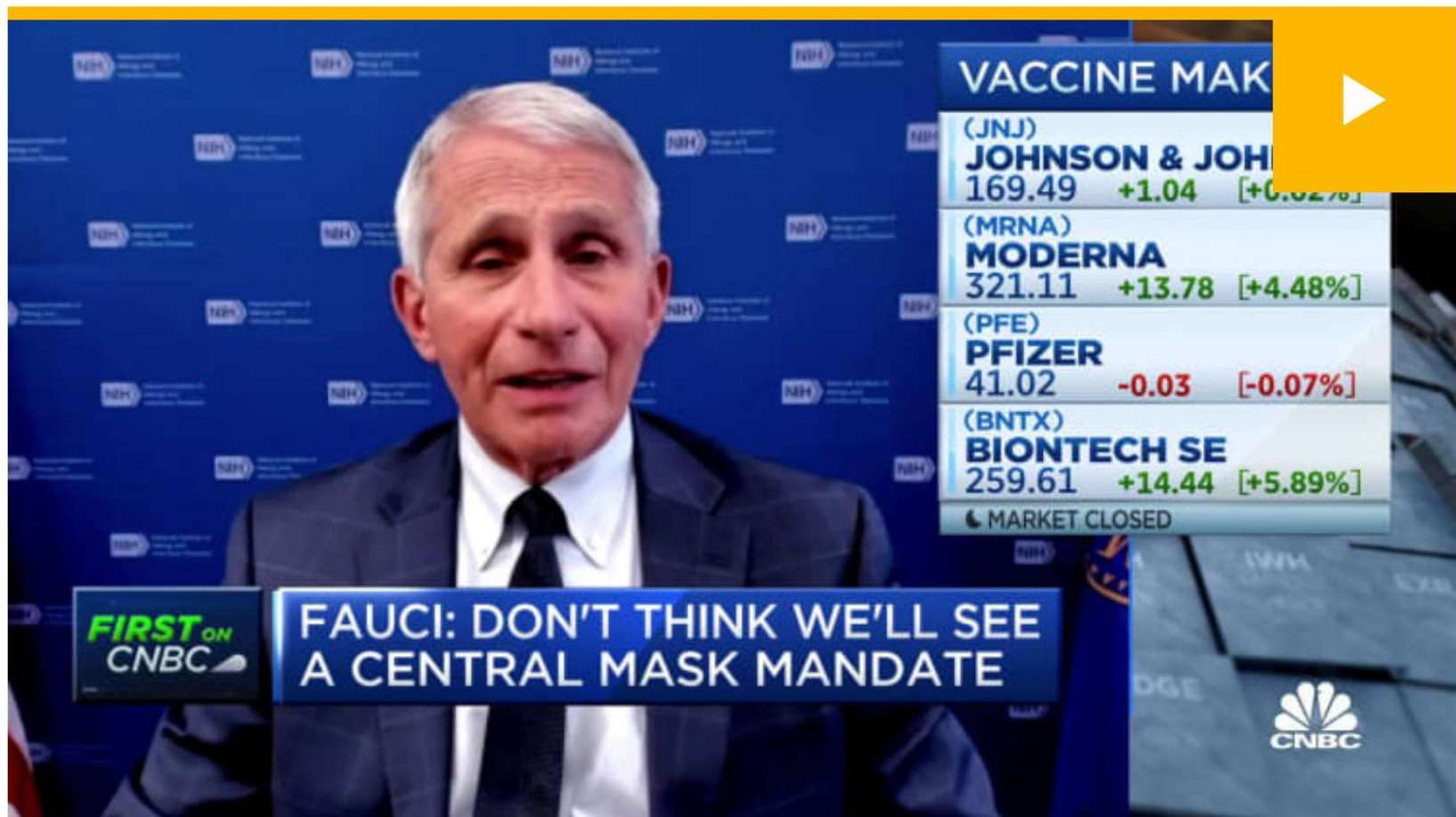
Video

The AMA's Misinformation Media Campaign on Ivermectin is Harming Americans

by **Dr. Peter McCullough** | Sep 8, 2021 | [Healthcare](#), [Politics](#),

After Dr. McCullough's public statement with Dan Ball, the Association of American Physicians and Surgeons came out with a letter directly to the American Medical Association calling out their irresponsible statements to Americans. The AMA does not produce evidence reviews of guidelines panels, and thus is far beyond the guardrails of their mission in trying to...





CLOSING BELL

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Fauci: Vaccines are safe and effective against delta

Reducing Heart Failure Hospitalization & Readmission: What More Can Be Done? Learn more about combination treatment regimens that target multiple pathways.

[Get Expert Insights](#)

[Adult Vaccines](#) > [COVID-19 Vaccine](#) > [News](#)

[WEBMD NEWS BRIEF]

CDC: Fully Vaccinated Can Skip Routine COVID Testing

By Carolyn Crist



A study of hospitalized patients with symptoms similar to COVID-19* found...

Unvaccinated people with a previous infection were

 **5x**

more likely to have a positive COVID-19 test
compared to vaccinated people[†]

*COVID-19-like illness hospitalizations 90–179 days after prior infection or full vaccination

[†]Received two doses of an mRNA vaccine and no previous infection

Get vaccinated
as soon as possible

bit.ly/MMWR7044e1



MMWR

*Weekly / November 5, 2021 / 70(44);1539–1544
On October 29, 2021, this report was posted online as
an MMWR Early Release.*

H.R.5736 - Smith-Mundt Modernization Act of 2012

112th Congress (2011-2012)

BILL

Hide Overview ✕

Sponsor: [Rep. Thornberry, Mac \[R-TX-13\]](#) (Introduced 05/10/2012)

Committees: House - Foreign Affairs

Latest Action: House - 05/10/2012 Referred to the House Committee on Foreign Affairs. ([All Actions](#))

Tracker:

Introduced

More on This Bill

[Constitutional Authority Statement](#)

[CBO Cost Estimates \[0\]](#)

Subject — Policy Area:

International Affairs

[View subjects >>](#)

Summary (1)

Text (1)

Actions (2)

Titles (2)

Amendments (0)


Cosponsors (2)

Committees (1)

Related Bills (0)

Summary: H.R.5736 — 112th Congress (2011-2012)

[All Information](#) (Except Text)

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There is one summary for H.R.5736. [Bill summaries](#) are authored by [CRS](#).

Shown Here:

Introduced in House (05/10/2012)

Smith-Mundt Modernization Act of 2012 - Amends the United States Information and Educational Exchange Act of 1948 to authorize the Secretary of State and the Broadcasting Board of Governors to provide for the preparation and dissemination of information intended for foreign audiences abroad about the United States, including about its people, its history, and the federal government's policies, through press, publications, radio, motion pictures, the Internet, and other information media, including social media, and through information centers and instructors. (Under current law such authority is restricted to information disseminated abroad, with a limited domestic exception.)

Authorizes the Secretary and the Board to make available in the United States motion pictures, films, video, audio, and other materials prepared for dissemination abroad or disseminated abroad pursuant to such Act, the United States International Broadcasting Act of 1994, the Radio Broadcasting to Cuba Act, or the Television Broadcasting to Cuba Act.

Amends the Foreign Relations Authorization Act, Fiscal Years 1986 and 1987 to prohibit funds for the Department of State or the Board from being used to influence public opinion or propagandizing in the United States. (Under current law such provision applies to the United States Information Agency [USIA].)

Applies such prohibition only to programs carried out pursuant to the United States Information and Educational Exchange Act of 1948, the United States International Broadcasting Act of 1994, the Radio Broadcasting to Cuba Act, and the Television Broadcasting to Cuba Act.

States that such provision shall: (1) not prohibit the Department or the Board from providing information about its operations, policies, programs, or program material, or making such information available to members of the media, public, or Congress; (2) not be construed to prohibit the Department from engaging in any medium of information on a presumption that a U.S. domestic audience may be exposed to program material; and (3) apply only to the Department and the Board and to no other federal department or agency.

September 17, 2021

Covid-19, Social Standing, and the New World Order

by **Wallace Garneau** | Sep 15, 2021

I have not had a Covid-19 vaccine. Let me open this article up right out of the gate by saying that. That does not mean I am anti-vaccine, or that I think the Covid-19 vaccines are unsafe or ineffective. I follow the science, and by that, I mean that I follow the...

COVID Q & A with Dr. Peter McCullough, #3

by **Malcolm Out Loud** | Sep 15, 2021

We, the general public are so confused and inundated with

Column

The Hunting of America's Covid-19 Heroes

by **Dr. Peter McCullough** | Sep 11, 2021 | [Healthcare, Politics](#)

The process of taking care of patients has become convoluted as heavy-handed public statements by the American Medical Association and public health officials have declared no benefit for hydroxychloroquine and ivermectin despite hundreds of supportive studies, randomized trials, and first-line use in many countries around the world...



December 12, 2021

Covid and Natural Immunity Explained

by [Blaise Vanne](#)



Attacks on the Hearts and Souls of Young People

by [Dr. Peter McCullough](#)



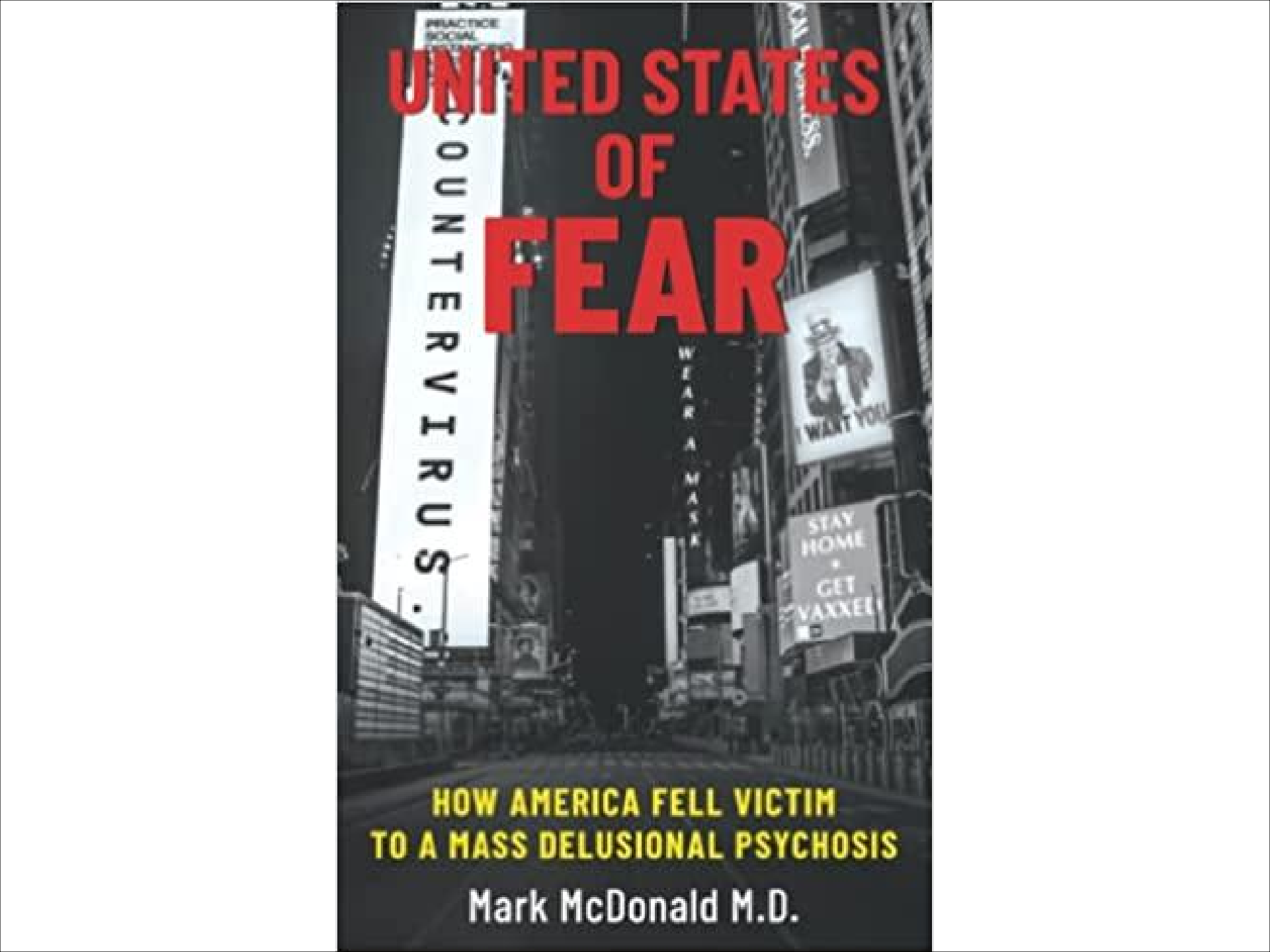
Free-Floating Anxiety Yields Mass Formation Psychosis

by [Dr. Peter McCullough](#) | Nov 29, 2021 | [Healthcare](#), [Politics](#),

McCullough

Report





UNITED STATES OF FEAR

INTERVIEW
COUNTERVIRUS.

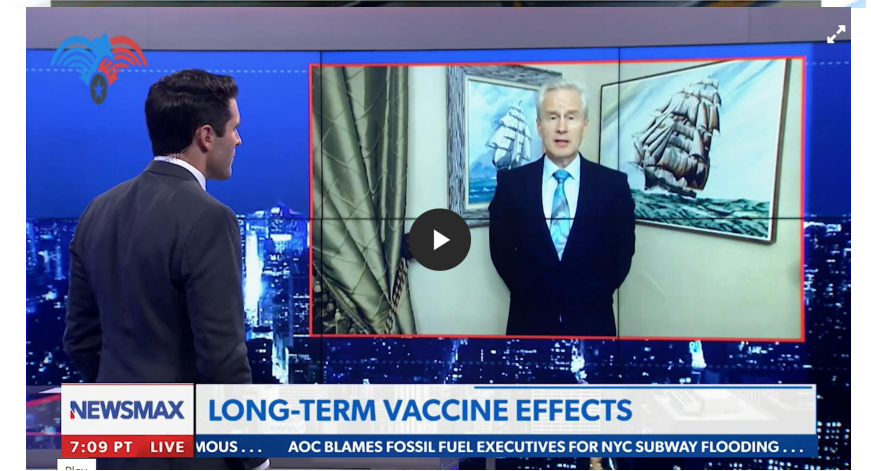
WEAR A MASK

WANT YOU

STAY HOME
•
GET VAXXED


HOW AMERICA FELL VICTIM
TO A MASS DELUSIONAL PSYCHOSIS

Mark McDonald M.D.



Dr. Al Johnson & Dr. Peter McCullough | The Jeff Crilly Show

Mandates Should Be Dropped Across The Board, Urges Dr. Peter McCullough @PeterMcCulloughMD

 Association of American Physicians and Surgeons · Published January 11, 2022



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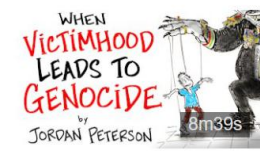
FOX NEWS 8:09 MT

COVID CONTROL FREAKS LOSING THEIR GRIP ON POWER

THE INGRAHAM ANGLE SPECIAL



Omicron Breaks Through Immunity ...
Association of American Physicians and Surgeons



The Dangers of Victimhood - Jorda...
After Skool



Obedient Newfie and Cavalier wait...
SamsonAndFriends
\$38.39 earned



The Bob Saget Few Ever Got to See |...
The Rubin Report

C19

EXPERT PANEL
@PeterMcCulloughMD







C19

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MEDICAL CARTEL IGNORES COVID THERAPEUTICS

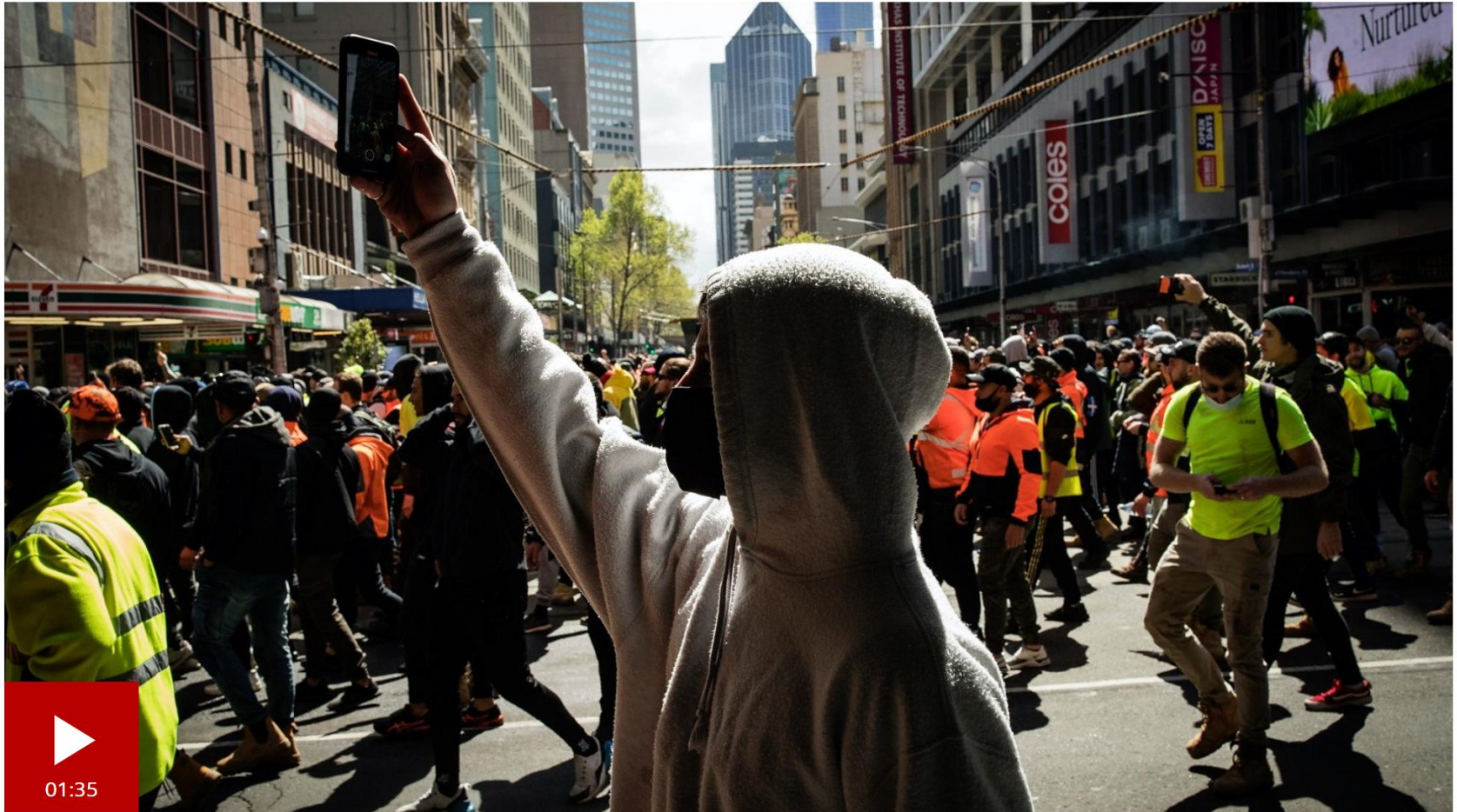
THE INGRAHAM ANGLE



00:37

-04:30

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01:35

Melbourne protests: Third day of violent anti-vaccine demonstrations



Highlights video of 13 Nov Melb protest: <https://youtu.be/r4i4XhUO74A>

https://www.rebelnews.com/melbourne_protests_swell_as



DEFEAT THE MANDATES
AN AMERICAN HOMECOMING

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JANUARY 23, 2022 | WASHINGTON, DC

UNITED WE STAND. IN PEACE
WE MARCH.

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On now

The Frankly

apsing Biden-Fauci COVID

Host Daniel Baranowski

The Frankly Daniel Show

Listen live



Saturday

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or our **Media Player**

The Frankly Daniel Show
The Collapsing Biden-Fauci COVID
Defense w/ Daniel Baranowski
9 am ET

Truth For Health
Military Persecution & Purge of
Christians w/ DrLee4America
10 am ET

Other Side of the Story
Offshore Oil Drilling in the Gulf of
Mexico w/ Dr. Jay Lehr & Tom Harris
11 am ET

Unity Without Compromise
The Right to Bear Arms is
Paramount! w/ Dr. Steven LaTulippe
Noon ET

Senator Ron Johnson
To Hold Panel Discussion,
COVID-19: A Second Opinion



Sen. Johnson To Hold Panel Discussion, COVID-19: A Second Opinion

by **Dr. Peter McCullough** | Jan 20, 2022 | Healthcare, Politics



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0:00 / 3:18 1X

Print PDF

U.S. Sen. Ron Johnson (R-Wis.) will hold a panel discussion, *COVID 19: A Second Opinion*. A group of world-renowned doctors and medical experts will provide a different perspective on the global pandemic response, the current state of knowledge of early and hospital treatment, vaccine efficacy, and safety, what went right, what went wrong, what should be done now, and what needs to be addressed long term.

Moderator: **Senator Ron Johnson (R-Wis.)**

Medical experts and doctors

Four Pillars of Pandemic Response

• **Dr. Peter McCullough**

Best Sellers Rank: #103 in Books

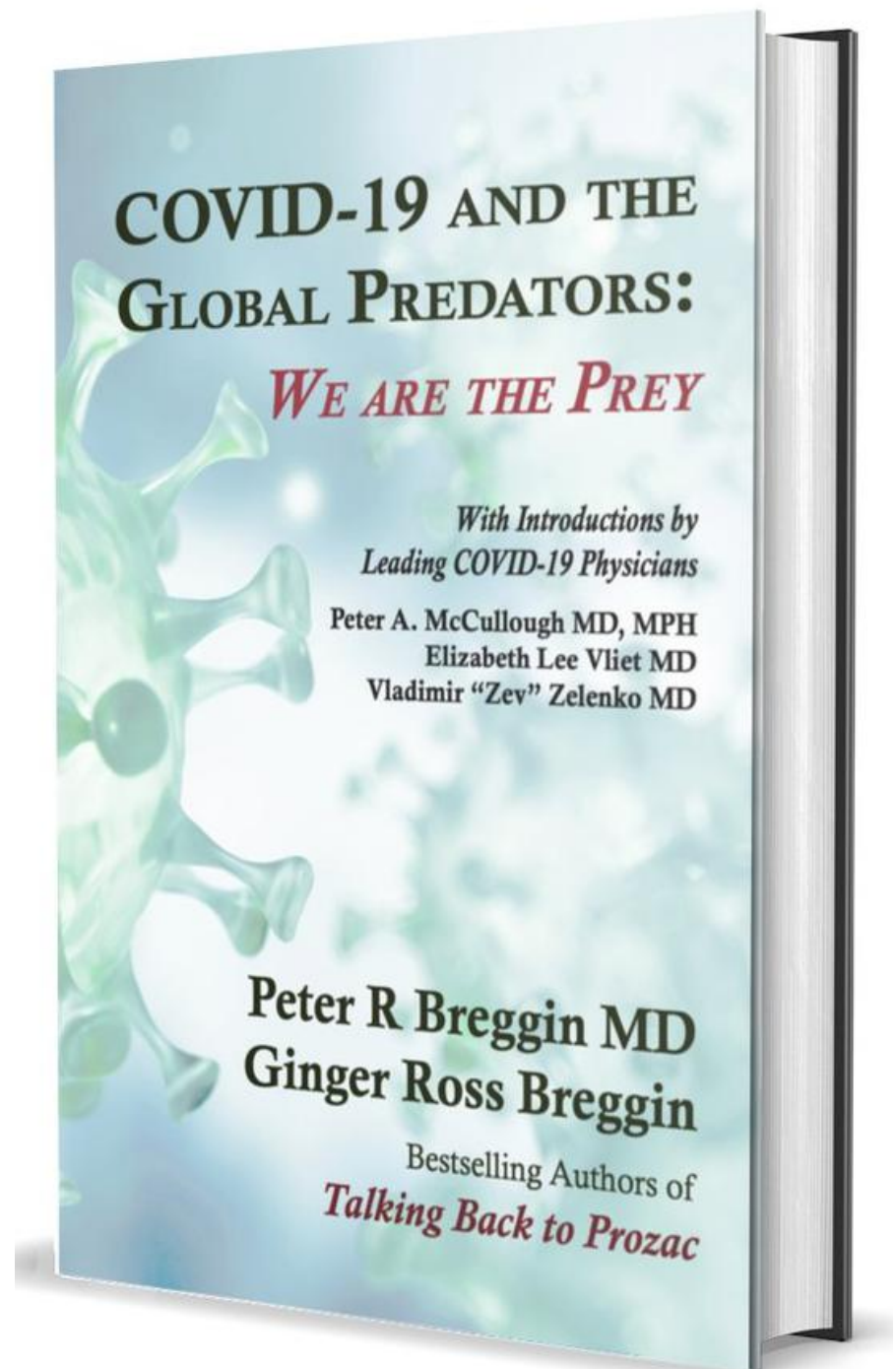
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Amazon Canada

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- #4 in [Politics \(Books\)](#)



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Real World Efficacy of COVID-19 Vaccines
- Pivot to Early Therapy for High-Risk COVID-19
- Natural Immunity
- Freedom At Risk
- Censorship of Scientific Discourse
- **Conclusions**

Conclusions

- COVID-19 pandemic is a global disaster
- Pathophysiology is complex—not amenable to single drug
- The prehospital phase is the therapeutic opportunity
- Early ambulatory therapy with a sequenced, multi-drug regimen is supported by available sources of evidence and has a positive benefit-to-risk profile
 - Reduce the risk of hospitalization and death
 - More safely temporize to close the crisis with herd immunity
- COVID-19 genetic vaccines
 - Unfavorable safety profile
 - Protection not sufficiently complete or durable
- Censorship and reprisal are working to crush freedom of speech, scientific discourse, and medical progress



Courtesy of Jan Aleson, Independence, KS

Call to Action

- Drop all vaccine mandates immediately
- Prohibit forms of pressure, coercion, or threat of reprisal for vaccination
- Ban all forms of vaccine discrimination
- Pause Pfizer/Moderna/JNJ vaccines and thorough safety review
- Begin vaccine-injury treatment centers at major medical centers
- Nationwide pivot to early COVID-19 treatment at community and academic medical centers

THE EPOCH TIMES

MORNING BRIEF



WORDS OF WISDOM

"Some are born great, some achieve greatness, and some have greatness thrust upon them."

WILLIAM SHAKESPEARE

MORNING BRIEF TOP NEWS



Dr. Peter McCullough: Vaccines Failed in Stopping COVID-19 and Mandates Have to Be Dropped