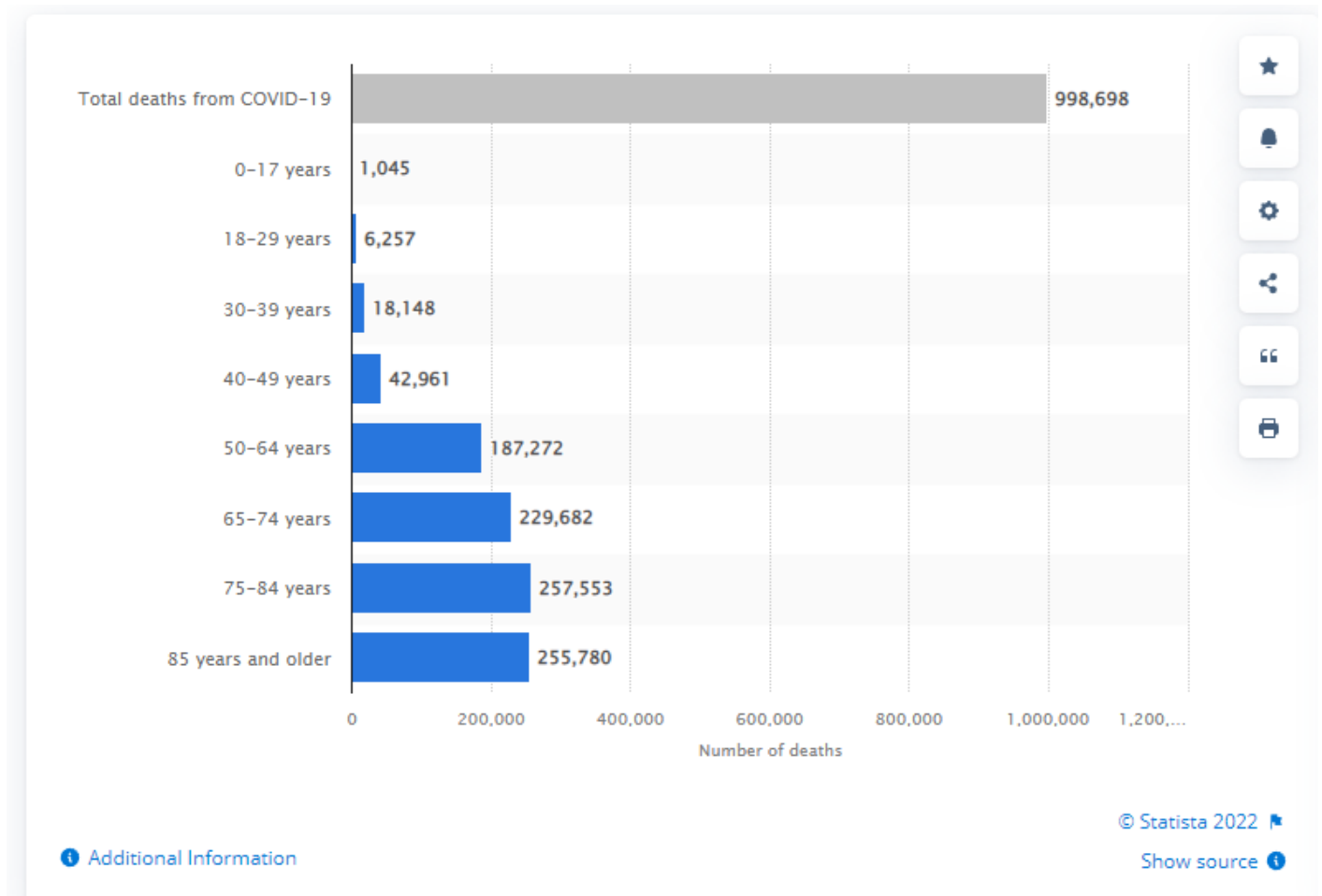


# COVID

- [Number of coronavirus deaths US by age \(Statista\)\[2022\]](#)
- [Innate immune suppression by SARS-CoV-2 mRNA vaccinations\(NCBI\)\[2022\]](#)
- [Adverse Event Reports \(phmpt\)\[2021\]](#)
- [J&J Wanes After 6 Months\(Study\)\[2021\]](#)
- [VAERS Estimate 388,000 Americans Killed by COVID Vaccines](#)
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- [Booster Shot Effective for 10 Weeks Against Omicron\(UKHSA\)\[2021\]](#)
- [Ivermectin Leads to 90% Reduction in COVID Mortality Rate\(Study\)\[2022\]](#)

# Number of coronavirus deaths US by age (Statista)[2022]



<https://www.statista.com/statistics/1191568/reported-deaths-from-covid-by-age-us/>

# Innate immune suppression by SARS-CoV-2 mRNA vaccinations(NCBI)[2022]

The mRNA SARS-CoV-2 vaccines were brought to market in response to the public health crises of Covid-19. The utilization of mRNA vaccines in the context of infectious disease has no precedent. The many alterations in the vaccine mRNA hide the mRNA from cellular defenses and promote a longer biological half-life and high production of spike protein. However, the immune response to the vaccine is very different from that to a SARS-CoV-2 infection. In this paper, we present evidence that vaccination induces a profound impairment in type I interferon signaling, which has diverse adverse consequences to human health. Immune cells that have taken up the vaccine nanoparticles release into circulation large numbers of exosomes containing spike protein along with critical microRNAs that induce a signaling response in recipient cells at distant sites. We also identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances potentially have a causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis. We show evidence from the VAERS database supporting our hypothesis. We believe a comprehensive risk/benefit assessment of the mRNA vaccines questions them as positive contributors to public health.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012513/>

# Adverse Event Reports (phmpt)[2021]

**APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST**

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

coronary; Arthralgia; Arthritis; Arthritis enteropathic; Ascites; Aseptic cavernous sinus thrombosis; Aspartate aminotransferase abnormal; Aspartate aminotransferase increased; Aspartate-glutamate-transporter deficiency; AST to platelet ratio index increased; AST/ALT ratio abnormal; Asthma; Asymptomatic COVID-19; Ataxia; Atheroembolism; Atonic seizures; Atrial thrombosis; Atrophic thyroiditis; Atypical benign partial epilepsy; Atypical pneumonia; Aura; Autoantibody positive; Autoimmune anaemia; Autoimmune aplastic anaemia; Autoimmune arthritis; Autoimmune blistering disease; Autoimmune cholangitis; Autoimmune colitis; Autoimmune demyelinating disease; Autoimmune dermatitis; Autoimmune disorder; Autoimmune encephalopathy; Autoimmune endocrine disorder; Autoimmune enteropathy; Autoimmune eye disorder; Autoimmune haemolytic anaemia; Autoimmune heparin-induced thrombocytopenia; Autoimmune hepatitis; Autoimmune hyperlipidaemia; Autoimmune hypothyroidism; Autoimmune inner ear disease; Autoimmune lung disease; Autoimmune lymphoproliferative syndrome; Autoimmune myocarditis; Autoimmune myositis; Autoimmune nephritis; Autoimmune neuropathy; Autoimmune neutropenia; Autoimmune pancreatitis; Autoimmune pancytopenia; Autoimmune pericarditis; Autoimmune retinopathy; Autoimmune thyroid disorder; Autoimmune thyroiditis; Autoimmune uveitis; Autoinflammation with infantile enterocolitis; Autoinflammatory disease; Automatism epileptic; Autonomic nervous system imbalance; Autonomic seizure; Axial spondyloarthritis; Axillary vein thrombosis; Axonal and demyelinating

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>

# J&J Wanes After 6 Months(Study)[2021]

The November study, published in *Science*, examined COVID-19 infection and deaths by vaccination status of more than 780,000 U.S. Veterans. Researchers from the Public Health Institute, the Veterans Affairs Medical Center, and the University of Texas Health Science Center compared the vaccine's effectiveness in March to that in September.

They found that the Pfizer-BioNTech vaccine's effectiveness against infection dropped to 43.3% from 86.9% after six months. The Moderna vaccine saw a similar decline, falling to 58.0% from 89.2%. They observed the largest drop in the Johnson & Johnson vaccine, which was 13.1% effective in September compared to 86.4% in March.

<https://www.verywellhealth.com/vaccine-covid-effectiveness-5209145>

<https://www.science.org/doi/10.1126/science.abm0620>

<https://www.whitehouse.gov/briefing-room/press-briefings/2021/08/18/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-50/>

# VAERS Estimate 388,000 Americans Killed by COVID Vaccines

My [estimate of the VAERS under-reporting factor \(URF\) at 41](#) was based on anaphylaxis rates reported in the [Blumenthal paper published in JAMA](#).

I have argued that the anaphylaxis rate is an appropriate number to use to (under) estimate deaths because I believed that deaths would be less reported than anaphylaxis to VAERS for two reasons: 1) usually lacks the time proximity to vaccination, 2) the person seeing the death may not know the vaccination status of the victim and may not technically be required to report the death.

[https://stevekirsch.substack.com/p/latest-vaers-estimate-388000-americans?r=o7iqo&utm\\_campaign=post&utm\\_medium=web&s=r](https://stevekirsch.substack.com/p/latest-vaers-estimate-388000-americans?r=o7iqo&utm_campaign=post&utm_medium=web&s=r)



# How do Viruses Mutate(Pfizer)

From what has been observed thus far regarding the genetic evolution of SARS-CoV-2, it appears that the virus is mutating relatively slowly as compared to other RNA viruses. Scientists think this is due to its ability to “proofread” newly made RNA [copies](#). This proofreading function does not exist in most other RNA viruses, including influenza. Studies to date estimate that the novel coronavirus mutates at a rate approximately four times slower than the influenza virus, also known as the seasonal flu virus. Although SARS-CoV-2 is mutating, thus far, it does not seem to be drifting antigenically. It should be noted, however, that SARS-CoV-2 is a newly discovered virus infecting humans. There are still many unknowns, and our understanding of the SARS-CoV-2 virus continues to grow. This relatively slow mutation rate for SARS-CoV-2 make us hopeful that investigational SARS-CoV-2 vaccine candidates will potentially have one less hurdle toward offering the ability to provide protection over a longer period of time.

Influenza viruses undergo antigenic shift, an abrupt, major change in the virus’s antigens that happens less frequently than antigenic [drift](#). It occurs when two different, but related, influenza virus strains infect a host cell at the same time. Because influenza virus genomes are formed by 8 separate pieces of RNA (called “genome segments”), sometimes these viruses can “mate,” in a process called, “reassortment.” During reassortment, two influenza viruses’ genome segments can combine to make a new strain of influenza virus.

[https://www.pfizer.com/news/articles/how\\_do\\_viruses\\_mutate\\_and\\_what\\_it\\_means\\_for\\_a\\_vaccine](https://www.pfizer.com/news/articles/how_do_viruses_mutate_and_what_it_means_for_a_vaccine)

# Lab Leak Plausible(Critical Review)[2021]

Holmes et al. have written an extensive argument for a natural origin of SARS-CoV-2 and importantly urge a comprehensive, collaborative, and careful investigation of possible zoonotic origins of the virus. However, their review does not address plausible lab origin scenarios where a virus may have infected a researcher during fieldwork or in the lab. It is too confident in dismissing the possibility that the virus may have been cultured, manipulated, and even engineered or recombined in the laboratory without leaving obvious signs of human interference. Techniques to synthesize entire virus genomes without leaving traces have existed for years and have been used by labs around the world; these can easily evade detection strategies devised by scientists, especially when not all viruses and sequences being studied in labs are shared publicly in a timely manner [80,81].

<https://ayjchan.medium.com/a-response-to-the-origins-of-sars-cov-2-a-critical-review-5d4a644d9777>

# Cloth Masks Dont Work (CNN)[2021]

As the highly contagious Omicron coronavirus variant continues to spread, some experts say it's past time to reconsider your face mask options -- especially if you're still wearing the cloth variety.

"Cloth masks are little more than facial decorations. There's no place for them in light of Omicron," said CNN Medical Analyst Dr. Leana Wen, an emergency physician and visiting professor of health policy and management at the George Washington University Milken Institute School of Public Health, on CNN Newsroom Tuesday. "This is what scientists and public health officials have been saying for months, many months, in fact," Wen added in a separate phone interview.

[Omicron is now the dominant strain of coronavirus in the US, according to the CDC](#)

"We need to be wearing at least a three-ply surgical mask," she said, which is also known as a disposable mask and can be found at most drugstores and some grocery and retail stores. "You can wear a cloth mask on top of that, but do not just wear a cloth mask alone."

<https://www.cnn.com/2021/12/24/health/cloth-mask-omicron-variant-wellness/index.html>

# Ivermectin is Effective Against COVID(Meta Studies)[2021]

Background: Ivermectin has demonstrated different mechanisms of action that potentially protect from both coronavirus disease 2019 (COVID-19) infection and COVID-19-related comorbidities. Based on the studies suggesting efficacy in prophylaxis combined with the known safety profile of ivermectin, a citywide prevention program using ivermectin for COVID-19 was implemented in Itajaí, a southern city in Brazil in the state of Santa Catarina. The objective of this study was to evaluate the impact of regular ivermectin use on subsequent COVID-19 infection and mortality rates.

<https://www.cureus.com/articles/82162-ivermectin-prophylaxis-used-for-covid-19-a-citywide-prospective-observational-study-of-223128-subjects-using-propensity-score-matching>

<https://c19ivermectin.com/>

<https://ivmmeta.com/>

# Booster Shot Effective for 10 Weeks Against Omicron(UKHSA)[2021]

[Booster protection](#) against symptomatic illness caused by the Omicron variant dropped by up to 25% within 10 weeks, new real-world data found — though it's not yet clear whether everyone may need further doses in 2022.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1043807/technical-briefing-33.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1043807/technical-briefing-33.pdf)

<https://www.businessinsider.com/how-long-does-booster-protection-omicron-covid-last-study-2021->

# Ivermectin Leads to 90% Reduction in COVID Mortality Rate(Study)[2022]

Strictly regular use of ivermectin as prophylaxis for COVID-19 leads to a 90% reduction in COVID-19 mortality rate, in a dose-response manner: definitive results of a prospective observational study of a strictly controlled 223,128 population from a city-wide program in Southern Brazil

[https://www.researchgate.net/publication/358386329\\_Strictly\\_regular\\_use\\_of\\_ivermectin\\_as\\_prophylaxis\\_for\\_COVID-19\\_leads\\_to\\_a\\_90\\_reduction\\_in\\_COVID-19\\_mortality\\_rate\\_in\\_a\\_dose-response\\_manner\\_definitive\\_results\\_of\\_a\\_prospective\\_observational\\_study\\_of\\_a](https://www.researchgate.net/publication/358386329_Strictly_regular_use_of_ivermectin_as_prophylaxis_for_COVID-19_leads_to_a_90_reduction_in_COVID-19_mortality_rate_in_a_dose-response_manner_definitive_results_of_a_prospective_observational_study_of_a)