CHD
The Solution

Disinformation is false information deliberately spread to deceive people

Evidence of collusion Governments and Industry

Collusion is a deceitful agreement or secret cooperation between two or more parties to limit open competition by deceiving, misleading or defrauding others of their legal right.

Dr. John Bergman D.C.
www.drjohnbergman.com
www.bergmanchiropractic.com

https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf

Statistics System

COVID-19 Alert No. 2
March 24, 2020

New ICD code introduced for COVID-19 deaths
This email is to alert you that a newly-introduced ICD code has been implemented to accurately capture mortality data for Coronavirus Disease 2019 (COVID-19) on death certificates.

Please read carefully and forward this email to the state statistical staff in your office who are involved in the preparation of mortality data, as well as others who may receive questions when the data are released.

What is the new code?
The new ICD code for Coronavirus Disease 2019 (COVID-19) is U07.1, and below is how it will appear in formal tabular list format.

U07.1 COVID-19
Excludes: Coronavirus infection, unspecified site (B34.2)
Severe acute respiratory syndrome [SARS], unspecified (U04.9)

The WHO has provided a second code, **U07.2**, for clinical or epidemiological diagnosis of COVID-19 where a laboratory confirmation is inconclusive or not available. Because laboratory test results are not typically reported on death certificates in the U.S., NCHS is not planning to implement U07.2 for mortality statistics.

When will it be implemented?
Immediately.

Will COVID-19 be the underlying cause?
The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

What happens if certifiers report terms other than the suggested terms?
If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19. As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code. However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

What happens if the terms reported on the death certificate indicate uncertainty?
If the death certificate reports terms such as "probable COVID-19" or "likely COVID-19," these terms would be assigned the new ICD code. It Is not likely that NCHS will follow up on these cases.
If "pending COVID-19 testing" is reported on the death certificate, this would be considered a pending record. In this scenario, NCHS would expect to receive an updated record, since the code will likely result in R99. In this case, NCHS will ask the states to follow up to verify if test results confirmed that the decedent had COVID-19.

Do I need to make any changes at the jurisdictional level to accommodate the new ICD code?
Not necessarily, but you will want to confirm that your systems and programs do not behave as if U07.1 is an unknown code.

Should "COVID-19" be reported on the death certificate only with a confirmed test?
COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)

…What happens if the terms reported on the death certificate indicate uncertainty? **If the death certificate reports terms such as "probable COVID-19" or "likely COVID-19," these terms would be assigned the new ICD code. It Is not likely that NCHS will follow up on these cases.**

Should "COVID-19" be reported on the death certificate only with a confirmed test? **COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death**.

Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. **If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II.** (See attached Guidance for Certifying COVID-19 Deaths)

Chance of Surviving Covid-19 By Age and Sex

AGE	FEMALE		MALE	
	No Underlying Conditions	One or Greater Underlying Conditions	No Underlying Conditions	One or Greater Underlying Conditions
0-9	99.99996	99.9639	99.99996	99.9603
10-19	99.99996	99.9639	99.99996	99.9603
20-29	99.9998	99.9466	99.9997	99.9037
30-39	99.9991	99.8636	99.9986	99.79
40-49	99.998	99.8153	99.9965	99.6943
50-59	99.9888	99.3647	99.9815	99.2135
60-69	99.9562	98.7605	99.8895	97.9992
70-79	99.8251	97.6094	99.5245	95.6517
80+	98.9087	92.8152	96.3318	79.9154

"Predicted COVID-19 Fatality Rates Based on Age, Sex, Comorbidities, and Health System Capacity - Stockholm University" June 2020

Were you under the idea that you had rights as an American that could NOT be infringed upon?

- Freedom of Assembly
- Freedom of Speech
- Freedom of Religion
- Freedom of the Press (censorship on social media)

Were you under the impression that the forced interventions were based in science?

- Businesses Labeled Essential / Non-essential
- Churches Closed
- Schools Closed
- Face Masking Healthy People
- Parks / Beaches Closed
- Travel Restrictions
- Financial Collapse
- Shutting Down Food Production

Illegal governmental Actions

"For a crime to exist, there must be an injured party. There can be no sanction or penalty imposed upon one because of the exercise of Constitutional Rights" Sherar V. Cullen, 481 F. 945.

https://www.theflstandard.com/chase-bank-shuts-down-accounts-of-covid-critical-doctor-staff-and-their-families/

Chase Bank Shuts Down Accounts of COVID-Critical Doctor, Staff and Their Families

JONAS VESTERBERG. July 26, 2023

Mercola Markets CEO Steve Rye says the bank won't say why he and his family are being targeted.

"It seems what we are experiencing is what's being called the social credit system.

If you can have financial institutions in this country go against the First Amendment, what are you going to do?

And where are we going after this – are they going to deny people food, are people going to starve?" Steve Rye asks.

Rye said that the **CFO of Mercola Markets, Amalia Legaspi, also had her accounts shut down – including her son, who was saving up for college.**

After Dr. Mercola tweeted about the shutdown of his and his employees' accounts, several people

https://www.foxnews.com/world/truckers-in-canada-explain-the-freedom-convoy-give-people-their-freedom-back

Truckers in Canada explain the Freedom Convoy: 'Give people their freedom back'

Jan. 23 2022 Freedom Convoy

OTTAWA, Ontario – **Truckers at the Freedom Convoy in Ottawa said they will stay put until they are confident the Canadian government will roll back federal vaccine and mask mandates. The convoy began Jan. 23 and culminated with hundreds of thousands of demonstrators arriving in Ottawa, Canada's capital, on Jan. 29 to protest the mandates. Many truckers were have remained parked in the same places since the weekend in below freezing temperatures, honking their horns and revving their engines.**

"We're all brothers in this together, and we're here for one cause, and that's the fight for the freedoms of Canadians and for Canada itself," one trucker, Andrew,

Police / Military

Military might get involved to handle lingering protests in Ottawa, police chief says

Ottawa's chief of police suggested Wednesday that **the Canadian armed forces might have to be called in to handle the lingering protesters in the Canadian capital.**

"This is a national issue, not an Ottawa issue," Ottawa police Chief Peter Sloly said in a briefing to city councillors. **"I am increasingly concerned there is no policing solution to this."**

Sloly also said that clearing protesters out of the city also

$10Mil. Funds Frozen

GoFundMe freezes 'Freedom Convoy' page after it surpasses $10M

GoFundMe paused the fundraising page for the Freedom Convoy 2022 after it surpassed $10 million Wednesday.

"This fundraiser is currently paused and under review to ensure it complies with our terms of service and applicable laws and regulations. Our team is working 24/7 and doing all we can to protect both organizers and donors," read a notice at the top of the GoFundMe page,

https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm

Definition of Terms

Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine: A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

https://www.cdc.gov/vaccines/basics/test-approve.html

Testing the Vaccine

Next, the vaccine enters a clinical development stage, which is also called a clinical trial.

To do this, researchers submit an Investigational New Drug (IND) application to FDA, which includes data from animal studies, information on manufacturing technology, and the quality of the vaccine.

Vaccine quality is important because it affects how well it will work to provide long- and short-term protection against disease.

The clinical development stage is a three-phase process, which may include a fourth phase if the vaccine is approved by FDA.

https://www.cdc.gov/vaccines/basics/test-approve.html

Phase 1
Small groups of people (20 to 100) receive the trial vaccine. During this phase, researchers gather information on **how safe the vaccine is in people. This includes learning about and identifying side effects**, and studying how well the vaccine works to cause an immune response.

Phase 2
The clinical trial expands to hundreds (100-300) of t**rial participants who have characteristics (such as age and physical health) similar to the intended recipients for the vaccine**. They can also include groups of people from diverse backgrounds to ensure representation across different populations.
This phase provides additional **safety information on side effects and risks,** and more information on how well the vaccine works to cause an immune response.

Phase 3
The clinical trial expands to thousands (1,000–3,000) of people. In this phase, researchers confirm how well the vaccine works, **monitor common and less common side effects, and collect information to support safe use in people.**

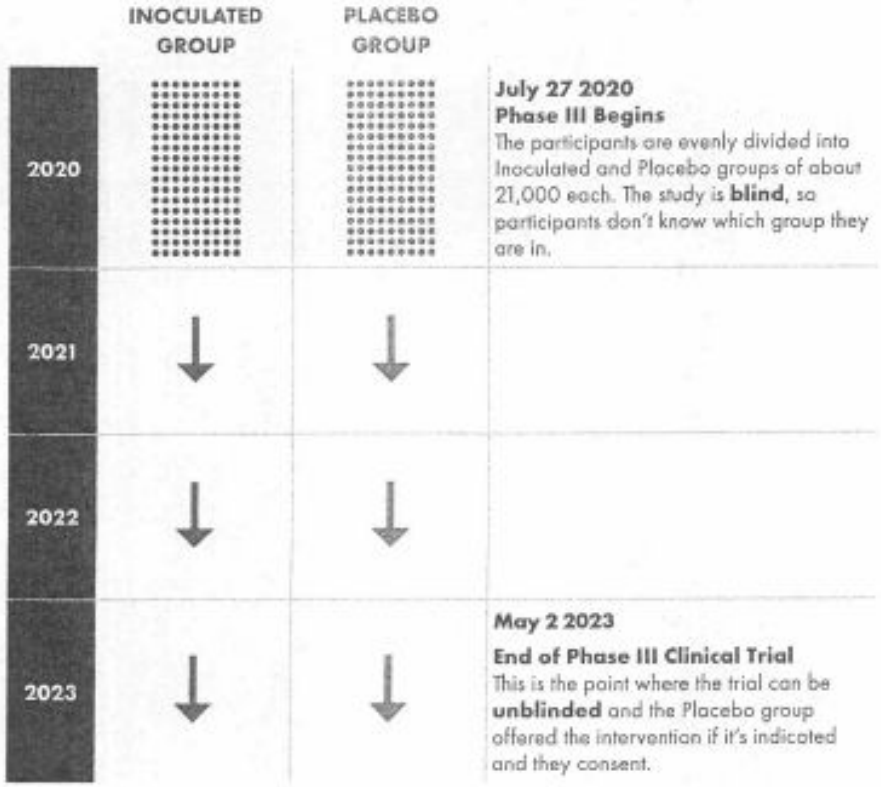
Phase 4 (After FDA approval)
After FDA approves (also known as “licenses”) a vaccine for use in the general population, it might advance to an additional clinical trial phase with thousands of participants. **Phase 4 is a formal, ongoing study to evaluate the new vaccine’s safety and effectiveness over a longer period of time**.

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

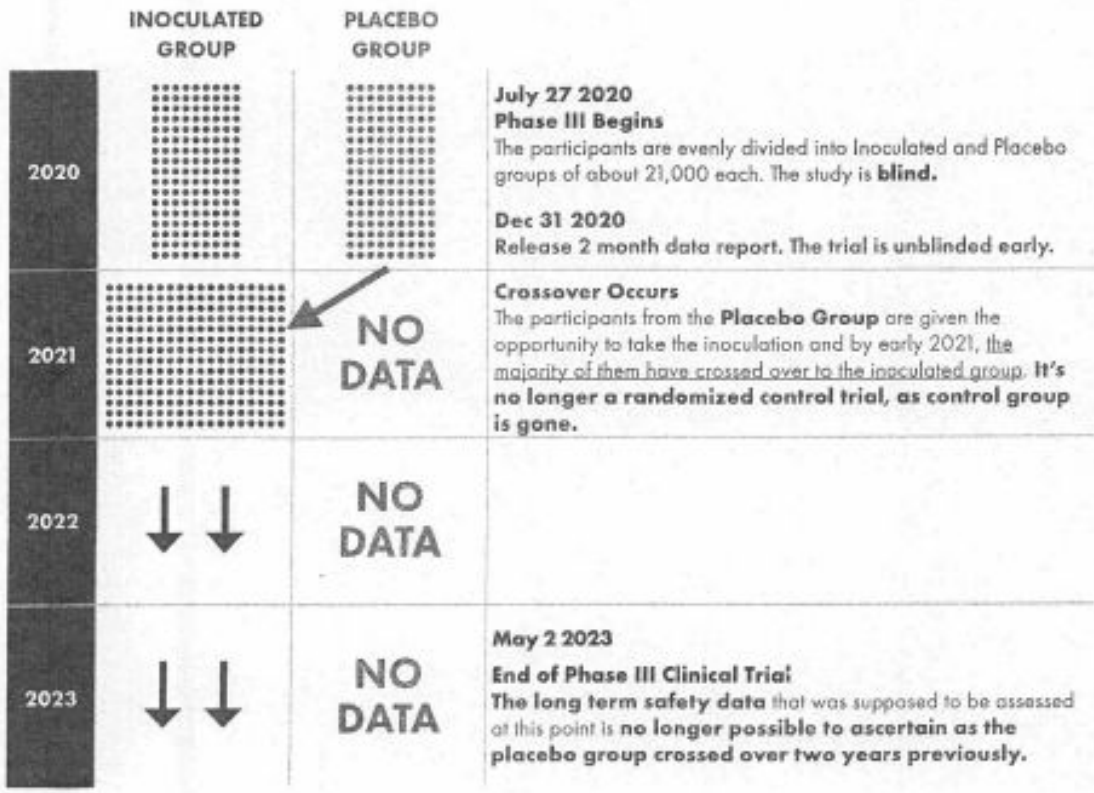
- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/ meningoencephalitis/meningitis/ encepholapathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis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

EARLY UNBLINDING OF RANDOMIZED CONTROL TRIAL = NO LONG TERM SAFETY DATA

WHAT WAS SUPPOSED TO HAPPEN



WHAT ACTUALLY HAPPENED



Background: COVID-19 vaccines have had expedited reviews without sufficient safety data. We wanted to compare risks and benefits.

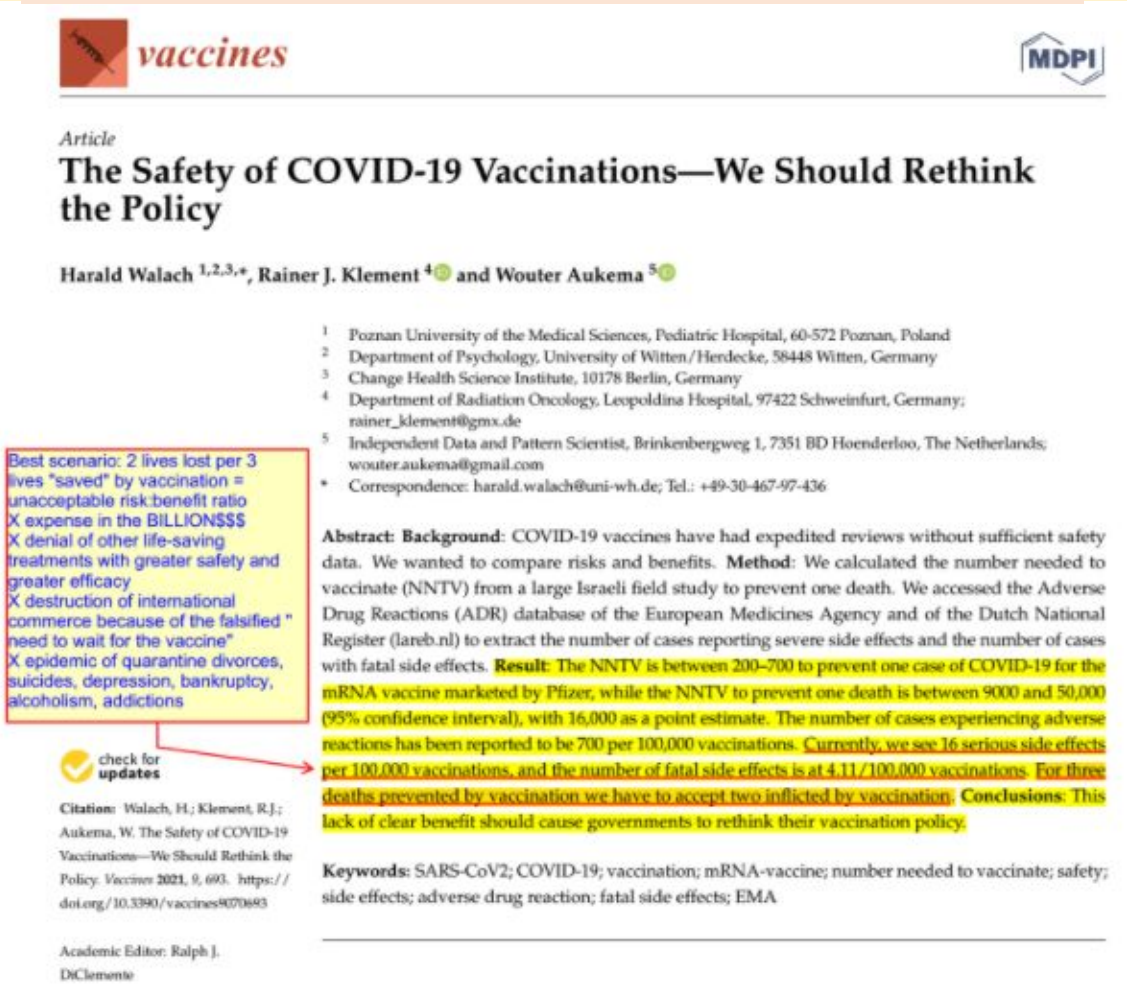
Result: **The NNTV is between 200–700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer,**

while the NNTV to prevent one death is between 9000 and 50,000 (95% confidence interval), with 16,000 as a point estimate.

The number of cases experiencing adverse reactions has been reported to be 700 per 100,000 vaccinations.

Currently, we see 16 serious side effects per 100,000 vaccinations, and the number of fatal side effects is at 4.11/100,000 vaccinations**. For three deaths prevented by vaccination we have to accept two inflicted by vaccination. Conclusions**: This lack of clear benefit should cause governments to rethink their vaccination policy

For three deaths prevented by vaccination we have to accept two inflicted by vaccination.



vaccines

MDPI

Article

The Safety of COVID-19 Vaccinations—We Should Rethink the Policy

Harald Walach [1,2,3,*], Rainer J. Klement [4] and Wouter Aukema [5]

1 Poznan University of the Medical Sciences, Pediatric Hospital, 60-572 Poznan, Poland
2 Department of Psychology, University of Witten/Herdecke, 58448 Witten, Germany
3 Change Health Science Institute, 10178 Berlin, Germany
4 Department of Radiation Oncology, Leopoldina Hospital, 97422 Schweinfurt, Germany; rainer_klement@gmx.de
5 Independent Data and Pattern Scientist, Brinkenbergweg 1, 7351 BD Hoenderloo, The Netherlands; wouter.aukema@gmail.com
* Correspondence: harald.walach@uni-wh.de; Tel.: +49-30-467-97-436

Best scenario: 2 lives lost per 3 lives "saved" by vaccination = unacceptable risk:benefit ratio
X expense in the BILLION$$$
X denial of other life-saving treatments with greater safety and greater efficacy
X destruction of international commerce because of the falsified " need to wait for the vaccine"
X epidemic of quarantine divorces, suicides, depression, bankruptcy, alcoholism, addictions

Abstract: Background: COVID-19 vaccines have had expedited reviews without sufficient safety data. We wanted to compare risks and benefits. **Method**: We calculated the number needed to vaccinate (NNTV) from a large Israeli field study to prevent one death. We accessed the Adverse Drug Reactions (ADR) database of the European Medicines Agency and of the Dutch National Register (lareb.nl) to extract the number of cases reporting severe side effects and the number of cases with fatal side effects. **Result**: The NNTV is between 200–700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer, while the NNTV to prevent one death is between 9000 and 50,000 (95% confidence interval), with 16,000 as a point estimate. The number of cases experiencing adverse reactions has been reported to be 700 per 100,000 vaccinations. Currently, we see 16 serious side effects per 100,000 vaccinations, and the number of fatal side effects is at 4.11/100,000 vaccinations. For three deaths prevented by vaccination we have to accept two inflicted by vaccination. **Conclusions**: This lack of clear benefit should cause governments to rethink their vaccination policy.

Keywords: SARS-CoV2; COVID-19; vaccination; mRNA-vaccine; number needed to vaccinate; safety; side effects; adverse drug reaction; fatal side effects; EMA

check for updates

Citation: Walach, H.; Klement, R.J.; Aukema, W. The Safety of COVID-19 Vaccinations—We Should Rethink the Policy. *Vaccines* **2021**, *9*, 693. https://doi.org/10.3390/vaccines9070693

Academic Editor: Ralph J. DiClemente

Retracted

The article was evaluated by the Editor-in-Chief with the support of [illegible]ral Editorial Board Members. They found that the article contained several errors that fundamentally [illegible]ndings.
These include, but are not limited to:
The data from the Lareb report (https://ww[illegible]) in The Netherlands were used to calculate the number of severe and fatal side effects per 100,000 v[illegible]nations. Unfortunately, in the manuscript by Harald Walach et al. these data were incorrectly interpreted which led to erroneous conclusions. **The data was presented as being causally related to adverse events by the authors. This is inaccurate.** In The Netherlands, healthcare professionals and patients are invited to report suspicions of adverse events that may be associated with vaccination. For this type of reporting a causal relation between the event and the vaccine is not needed, **therefore a reported event that occurred after vaccination is not necessarily attributable to vaccination. Thus, reporting of a death following vaccination does not imply that this is a vaccine-related event.** There are several other inaccuracies in the paper by Harald Walach et al. one of which is that **fatal cases were certified by medical specialists. It should be known that even this false claim does not imply causation, which the authors imply**. Further, the authors have called the **events 'effects' and 'reactions' when this is not established, and until causality is established they are 'events' that may or may not be caused by exposure to a vaccine**. It does not matter what statistics one may apply, this is incorrect and misleading.
The authors were asked to respond to the claims, but were not able to do so satisfactorily. **The authors were notified of the retraction and did not agree.**

Virology Journal https://virologyj.biomedcentral.com/articles/10.1186/s12985-022-01831-0

Published: 05 June 2022

Adverse effects of COVID-19 vaccines and measures to prevent them

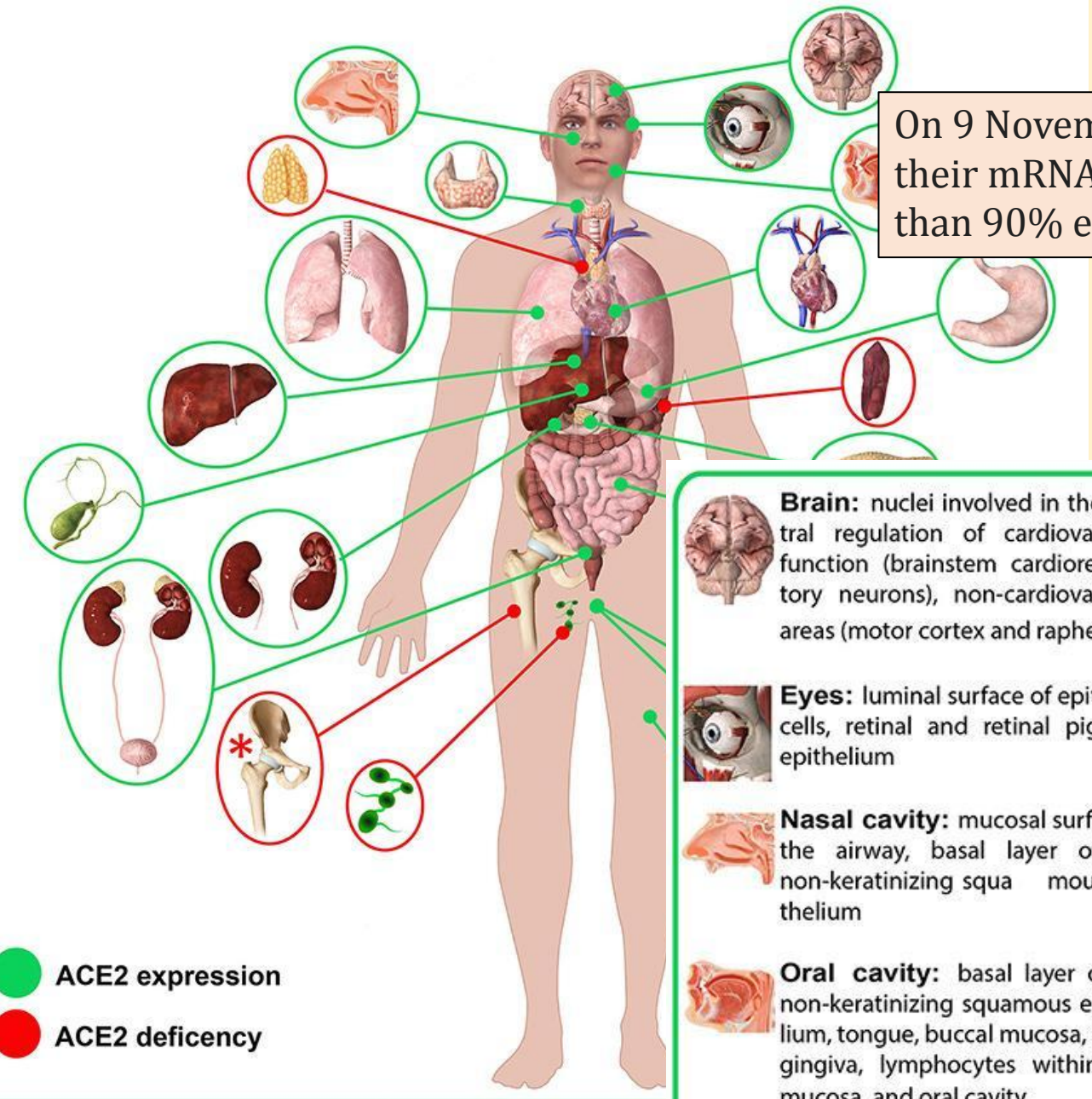
To date, when comparing the advantages and disadvantages of mRNA vaccines, vaccination has been commonly recommended. As the COVID-19 pandemic becomes better controlled, vaccine sequelae are likely to become more apparent.

It has been hypothesized that there will be an increase in cardiovascular diseases, especially acute coronary syndromes, caused by the spike proteins in genetic vaccines [18, 19].

Besides the risk of infections owing to lowered immune functions, there is a possible risk of unknown organ damage caused by the vaccine that has remained hidden without apparent clinical presentations, mainly in the circulatory system.

Therefore, careful risk assessments prior to surgery and invasive medical procedures are essential. Randomized controlled trials are further needed to confirm these clinical observations.
In conclusion, COVID-19 vaccination is a major risk factor for infections in critically ill patients.

On 9 November 2020, Pfizer and BioNTech announced that their mRNA-based vaccine candidate, BNT162b2, is more than 90% effective against COVID-19



Brain: nuclei involved in the central regulation of cardiovascular function (brainstem cardiorespiratory neurons), non-cardiovascular areas (motor cortex and raphe)

Eyes: luminal surface of epithelial cells, retinal and retinal pigment epithelium

Nasal cavity: mucosal surface of the airway, basal layer of the non-keratinizing squa mous epithelium

Oral cavity: basal layer of the non-keratinizing squamous epithelium, tongue, buccal mucosa, saliva, gingiva, lymphocytes within oral mucosa, and oral cavity

Thyroid: Glandular cells

Heart and blood vessels: Pericytes, endothelial and smooth muscle cells of intra-myocardial vessels, thoracic aorta, carotid arteries, and veins. Endothelial cells from small and large arteries and veins

Lungs: Type I and II alveolar epithelial cells, bronchiolar epithelial cells, endothelial cells and arterial smooth muscle cells

Liver: Epithelial cells of the bile duct, perinuclear hepatocytes, cholangiocytes

Gallbladder: Gallbladder epithelium

Kidneys and bladder: Proximal tubular brush border, proximal renal tubular epithelium, distal tubules, bladder urothelial cells, luminal surface of tubular epithelial cells, glomeruli

Stomach: Esophagus upper and stratified epithelial cells

Pancreas: Exocrine gland (duct cells and acinar cells), and pancreatic islets (alpha, beta, delta and PP cells)

Intestines: intestinal epithelial cells, enterocytes of the small intestine, duodenum, absorptive enterocytes from ileum and colon, rectum endothelial cells

Reproductive system
Female: ovary, oocyte, uterus, vagina, placenta

Male: adult Leydig cells in the testis and in cells in the seminiferous ducts in testis

Skin: Basal epidermal layers and in sebaceous gland cells

https://trendingpolitics.com/new-swiss-study-covid-shots-increase-risk-of-myocarditis-by-800-times-in-young-adults-knab/

New Swiss Study: Covid Shots Increase Risk of Myocarditis by 800 TIMES in Young Adults

by Prof. Christian Mueller (Basel, Switzerland) at the European Society of Cardiology Congress in August 2022: “Myocardial Inflammation/Myocarditis After COVID-19 mRNA Booster Vaccination.”

- Prior to this study, there were no prospective data on post-vaccination myocardial lesions during vaccination with an mRNA vaccine. Only the most serious hospitalized myocarditis have been reported, mainly affecting men under 18 years of age.
- The actual incidence of post-vaccination myocardial lesions is **2.8% vs 0.0035%** of myocarditis in retrospective studies
- Myocardial lesions affect women more — contrary to what is described in previous studies.
- The possibility of repeated doses of vaccine in order to maintain effective vaccination coverage should lead to great caution regarding possible repeated myocardial lesions and their impact on possible cardiovascular complications.

Not Rare

1 in 35 incidence of Myocarditis

Not Rare

https://trendingpolitics.com/new-swiss-study-covid-shots-increase-risk-of-myocarditis-by-800-times-in-young-adults-knab/

New Swiss Study: Covid Shots Increase Risk of Myocarditis by 800 TIMES in Young Adults

"We have to acknowledge that the CDC is playing a stupid game," Dr. Prasad continued. "This is what they just did. Everyone five years and older should get an updated booster. You can get it at least two months after your last dose of booster for 20-year-old man. We don't know if two months is safe or not safe, and we do have a failure here."

The US government did not take this safety signal seriously," he added. "We should have made the company do randomized trials of different doses, different spacing between the doses, lowering the doses, different strategies for men, randomized trials in people who've had and recovered from Covid-19 versus those who have not had it to their knowledge and who are zero-negative. We need different customized recommendations. A 20-year-old boy who got three doses and had Omicron may not benefit from the bivalent booster the same way an 80-year-old woman who's in a nursing home who's gotten four doses and has never had Omicron to her knowledge might — this could be very different. The risk benefit profile could be fundamentally different."

"Their zealotry for a one-size-fits-all solution is threatening the very institution of public health," he added. "They have lost their minds."
"The worst decision making I've ever seen," he added.

Not Rare

1 in 35 incidence of Myocarditis

thehighwire.com

Sex-specific differences in myocardial injury incidence after COVID-19 mRNA-1273 Booster Vaccination

Natacha Buergin, Pedro Lopez-Ayala, Julia R. Hirsiger, Philip Mueller, Daniela Median, Noemi Glarner, Klara Rumora, Timon Herrmann, Luca Koechlin, Philip Haaf, Katharina Rentsch, Manuel Battegay, Florian Banderet, Christoph T. Berger, Christian Mueller ... See fewer authors

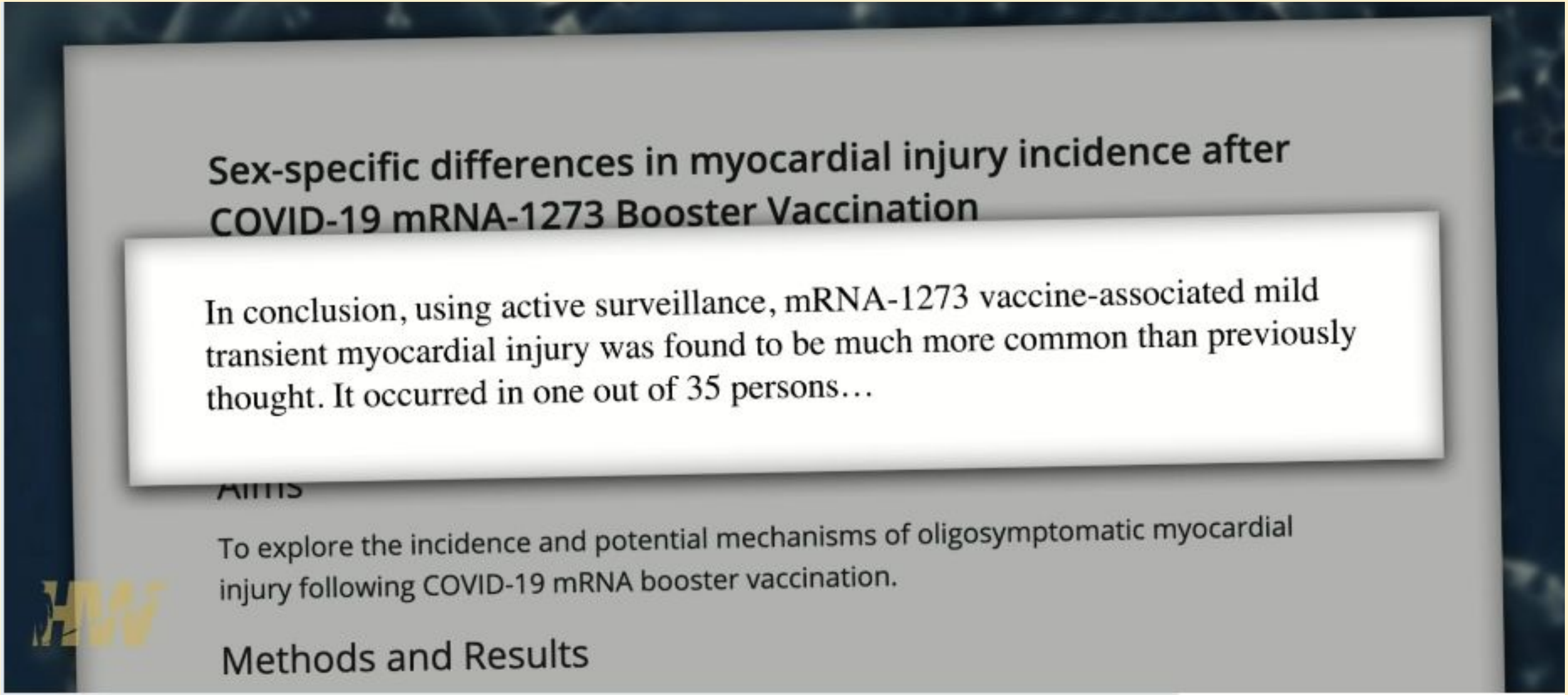
First published: 20 July 2023 | https://doi.org/10.1002/ejhf.2978

Aims

To explore the incidence and potential mechanisms of oligosymptomatic myocardial injury following COVID-19 mRNA booster vaccination.

Methods and Results

thehighwire.com



https://trello-attachments.s3.amazonaws.com/5cf0b2865ecec938c5c857bf/5fe1191e2ca8017a42f7d984/a18622ed5faa7681d584272eb6cf1324/05-COVID-CLARK.pdf

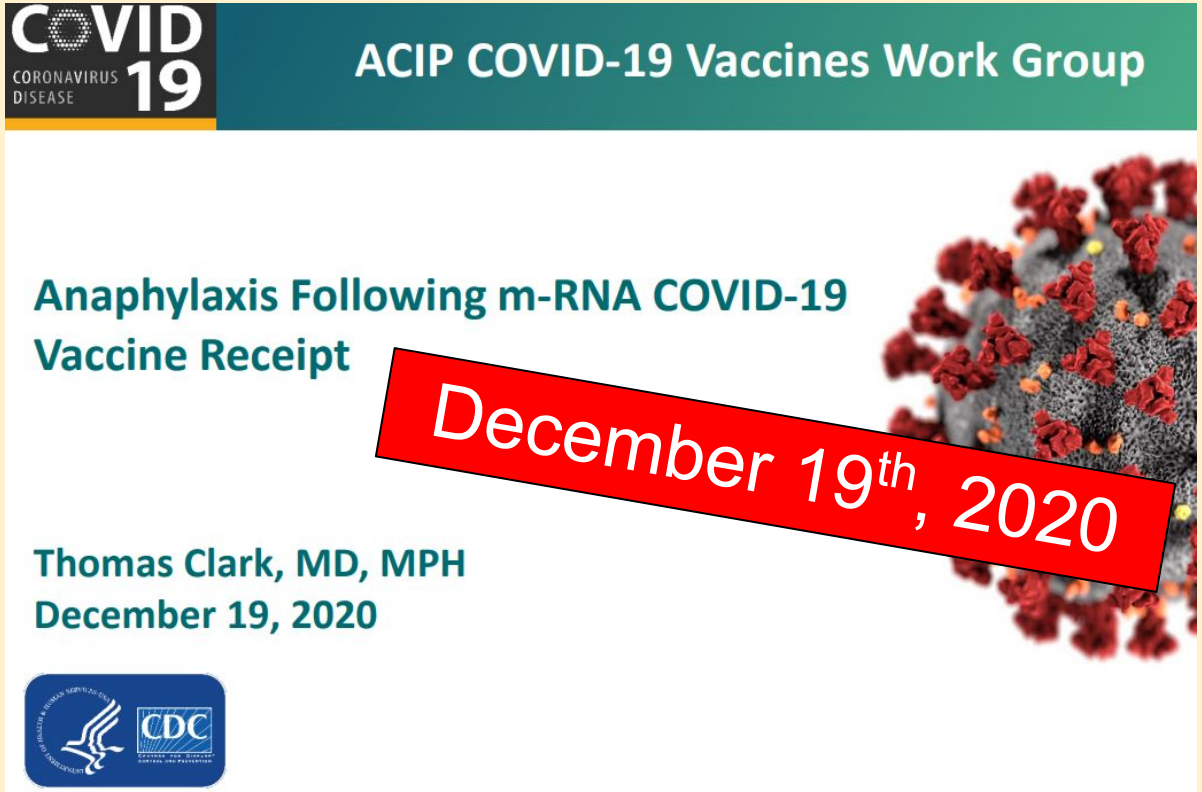
From the CDC:

In the first five days of administration of the COVID-19 vaccines, there were **112,807 doses recorded, and 3,150 Health Impact Events.**

That's a rate of 1 in 36 Health Impact Events.

A Health Impact Event is defined as: "unable to perform daily activities, unable to work, required care from doctor or healthcare professional."

The CDC says they have investigated and identified **six cases of anaphylaxis. They don't give any information on what happened to the other 3,144 people who suffered Health Impact Events.**



V-safe Active Surveillance for COVID-19 Vaccines

	Dec 14	Dec 15	Dec 16	Dec 17	Dec 18*
Registrants with recorded 1st dose	679	6,090	27,823	67,963	112,807
Health Impact Events**	3	50	373	1,476	3,150
Pregnancies at time of vaccination	5	29	103	286	514

*Dec 18, 5:30 pm EST

**unable to perform normal daily activities, unable to work, required care from doctor or health care professional

https://www.ronjohnson.senate.gov/2022/2/sen-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-personnel

Sen. Johnson to Secretary Austin: Has DOD Seen an Increase in Medical Diagnoses Among Military Personnel?

There were also increases in registered diagnoses in 2021 for the following medical conditions:

- **Hypertension** – 2,181% increase
- **Diseases of the nervous system** – 1,048% increase
- **Malignant neoplasms of esophagus** – 894% increase
- **Multiple sclerosis** – 680% increase
- **Malignant neoplasms of digestive organs** – 624% increase
- **Guillain-Barre syndrome** – 551% increase
- **Breast cancer** – 487% increase
- **Demyelinating** – 487% increase
- **Malignant neoplasms of thyroid and other endocrine glands** – 474% increase
- **Female infertility** – 472% increase
- **Pulmonary embolism** – 468% increase
- **Migraines** – 452% increase
- **Ovarian dysfunction** – 437% increase
- **Testicular cancer** – 369% increase
- **Tachycardia** – 302% increase

Renz also informed me that some DMED data showing registered diagnoses of myocarditis had been removed from the database. Following the allegation that DMED data had been doctored, **I immediately wrote to you on January 24 requesting that you preserve all records referring, relating, or reported to DMED. I have yet to hear whether you have complied with this request.**

For sigma levels lower than four the normal and Laplacian distributions aren't dramatically different, but the expected frequencies diverge rapidly as we evaluate higher sigma levels.

For events with sigmas as low as six or seven, the normal distribution predicts their odds of occurrence as incredibly low.

Even with the Laplace distribution, the probability of a **sigma event higher than seven or eight is unlikely in a lifetime.**

Yearly PIP clearances (New Claims), from 2016 to 2023.

Choose the type of output for monthly PIP Clearances (New Claims): Excess PIP Clearances (Z-Score)

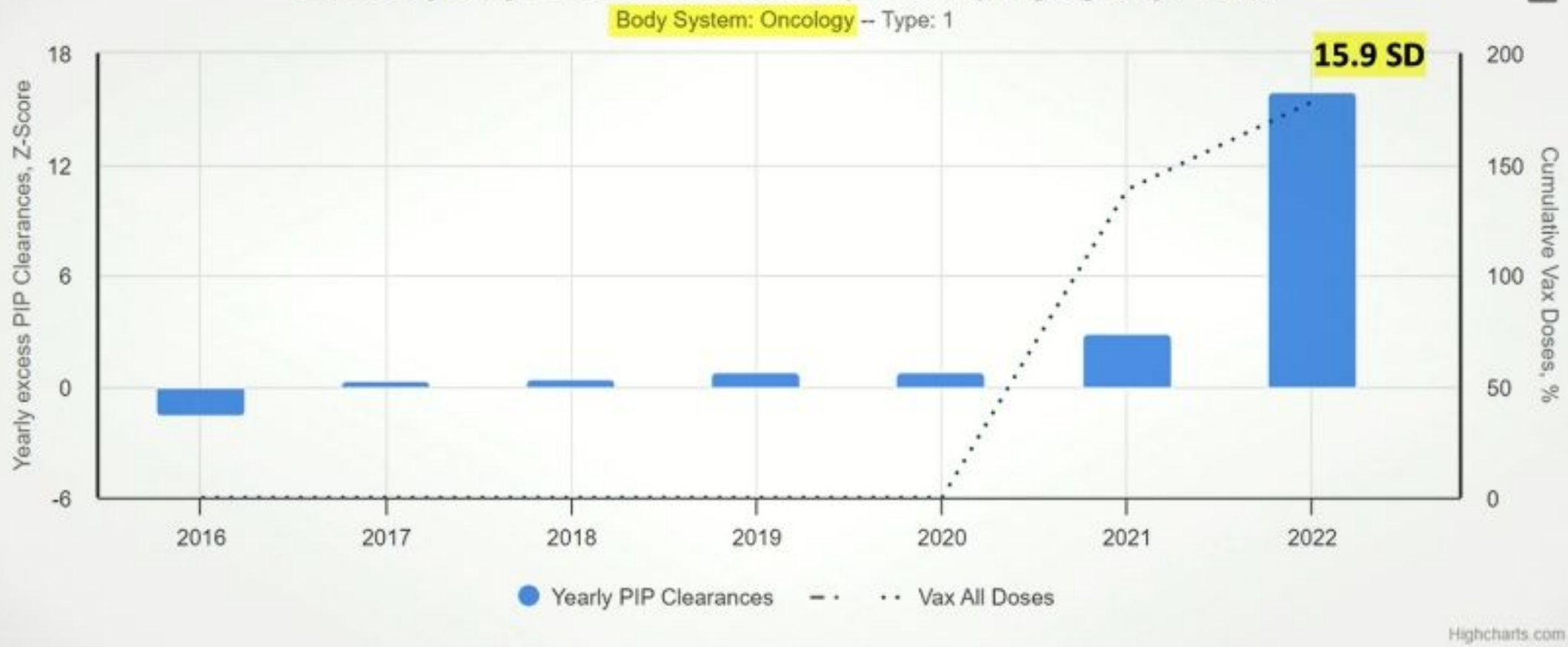


Table Source: Phinance Technologies

Data Sources: UK Department of Work and Pensions (DWP), Office for National Statistics (ONS), NHS vaccination statistics.

Yearly PIP clearances (New Claims), from 2016 to 2023.

Choose the type of output for monthly PIP Clearances (New Claims): Excess PIP Clearances (Z-Score)

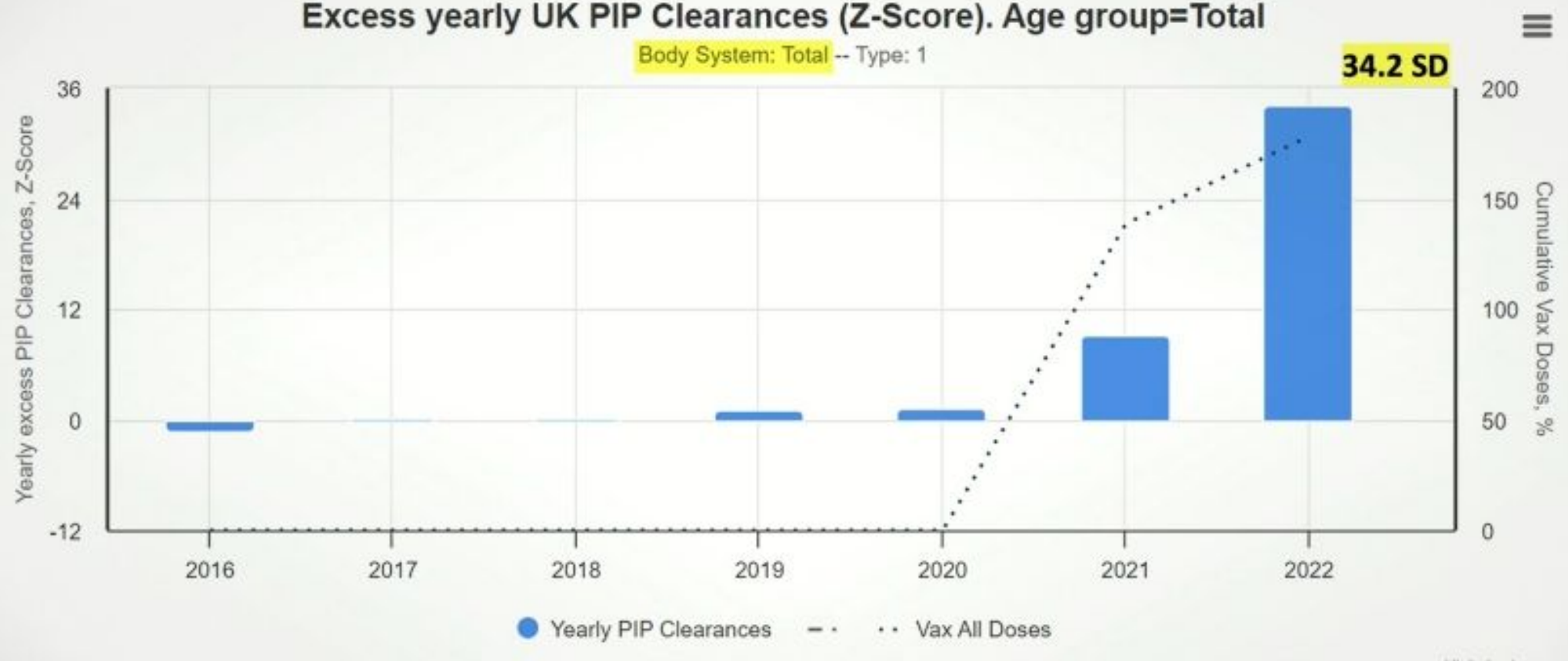


Table Source: Phinance Technologies

Data Sources: UK Department of Work and Pensions (DWP), Office for National Statistics (ONS), NHS vaccination statistics.

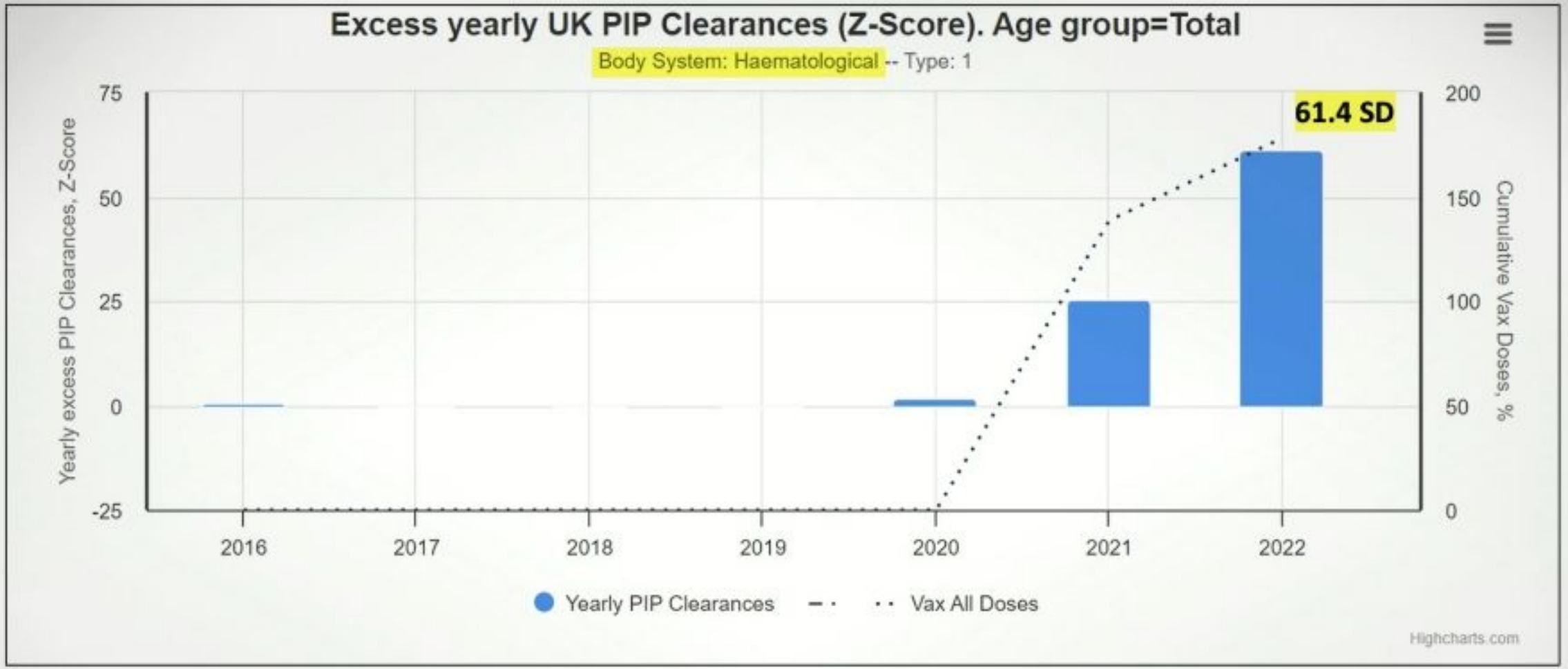


Table Source: Phinance Technologies

Data Sources: UK Department of Work and Pensions (DWP), Office for National Statistics (ONS), NHS vaccination statistics.

https://www.pfizer.com/news/press-release/press-release-detail/pfizer-initiates-phase-3-study-mrna-based-influenza-vaccine

Pfizer Initiates Phase 3 Study of mRNA-Based Influenza Vaccine
September 14, 2022

- First Phase 3 efficacy study to be conducted using an mRNA-based influenza vaccine; study will enroll 25,000 U.S. adults 18 years and older
- Influenza causes 140,000 to 710,000 hospitalizations and 12,000 to 52,000 deaths in the U.S. every year[1]
- mRNA-based vaccines require only the genetic sequences of the viruses, enabling more flexible, rapid manufacturing which may lead to improved strain match, and the potential opportunity to improve upon the efficacy of current flu vaccines

Each year, even when currently available vaccine strains match circulating influenza virus strains well, those vaccines typically confer only 40% to 60% protection, with even lower protection in years with poor matching of strains.[2]

With circulating influenza strains continually changing, predicting the best match for the next season's vaccine is difficult for global health experts as those strains are chosen more than six months before the start of the influenza season that they target. The flexibility of mRNA technology and its rapid manufacturing could potentially allow better strain matches in future years, and in a pandemic influenza situation, mRNA technology could allow rapid, large-scale manufacturing of vaccines. mRNA-based influenza vaccines require only the genetic sequence of the virus.

https://finance.yahoo.com/news/much-did-us-government-spend-182206075.html

How Much Did US Government Spend On mRNA Vaccine Technology Before And During The Pandemic? The Number Can Be Surprising

Vandana Singh. March 4, 2023

- **The U.S. government invested at least $31.9 billion to develop, produce, and purchase mRNA COVID-19 vaccines**, including sizeable investments in the three decades before the pandemic through March 2022, according to a new BMJ study.
- That includes at least $337 million was invested pre-pandemic.
- For example, the Biomedical Advanced Research and Development Authority (BARDA) reported spending $40 billion on vaccines through 2021. Meanwhile, one report estimates the government invested $900 million in pre-clinical research for multiple candidate vaccines.
- However, the authors of the study are also concerned with the public's return on investment.
- **While mRNA vaccine doses are estimated to cost between $1-$3 apiece to manufacture, according to the researchers, Moderna Inc (NASDAQ: MRNA) and Pfizer Inc (NYSE: PFE) recently announced plans to charge health insurance plans between $110-$130 per dose**.
- Despite the significant public money investment, the U.S. paid Pfizer-**BioNTech SE** (NASDAQ: BNTX) $19.50/dose in 2020, $24 in 2021, and $30.48 in 2022 for the bivalent booster.
- Meanwhile, the U.S. paid Moderna $15.25 per dose for the first order and $26.36 in 2022.
- **Moderna's** CEO, Stéphane Bancel, will testify in March on its plans to raise the price of its COVID-19 vaccine in front of the Senate.

https://www.fda.gov/media/170445/download

Anthrax Vaccine CYFENDUS™

(Anthrax Vaccine Adsorbed, Adjuvanted) Suspension for Intramuscular Injection

CYFENDUS (Anthrax Vaccine Adsorbed, Adjuvanted) is a vaccine indicated for **post-exposure prophylaxis of disease following suspected or confirmed exposure** to Bacillus anthracis in persons 18 through 65 years of age **when administered in conjunction with recommended antibacterial drugs.**

The efficacy of CYFENDUS for post-exposure prophylaxis is based solely on studies in animal models of inhalational anthrax.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Advise women of the potential risk to the fetus. Inform patients of the benefits and risks of immunization with CYFENDUS.

Instruct patients to report any serious adverse reaction to their health care provider.

https://www.fda.gov/media/170445/download

Anthrax Vaccine CYFENDUS™

(Anthrax Vaccine Adsorbed, Adjuvanted) Suspension for Intramuscular Injection

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in clinical practice.

The safety of **CYFENDUS was evaluated in 4 clinical studies, in which a total of 3,276 participants** 18 through 65 years of age received at least one dose of CYFENDUS and were included in a pooled safety population.

Study 1 (NCT01263691) **evaluated the safety and immunogenicity of different vaccine formulations administered intramuscularly two weeks** apart in participants between 18 and 50 years of age. **Seventeen participants received at least** one 0.5 mL dose of CYFENDUS. 4

Study 2 (NCT01770743) evaluated the safety and immunogenicity of different dosing regimens of CYFENDUS in participants between 18 and 50 years of age. **Forty-four participants received two doses of CYFENDUS via the intramuscular route two weeks apart.**

Study 3 (NCT04067011) investigated **potential interactions of intramuscularly administered CYFENDUS with the antibacterials ciprofloxacin or doxycycline, when administered concomitantly** in participants between 18 and 45 years of age. **Sixty-four participants received only CYFENDUS in the control arm.**

https://www.fda.gov/media/170445/download

Anthrax Vaccine CYFENDUS™

(Anthrax Vaccine Adsorbed, Adjuvanted) Suspension for Intramuscular Injection

Study 4 (NCT03877926) evaluated the safety and immunogenicity of CYFENDUS in participants between 18 and 65 years of age. **CYFENDUS was administered intramuscularly as two doses at Weeks 0 and 2, with saline placebo given at Week 4. BioThrax was administered subcutaneously as three doses at Weeks 0, 2, and 4. The number of participants receiving at least one dose of CYFENDUS was 3151, while 2898 participants received the complete two dose regimen.** [see Clinical Studies (14.1)] .....

Study 4 Solicited Local and Systemic Adverse Reactions

In Study 4, an active-controlled study, the licensed anthrax vaccine, BioThrax (Anthrax Vaccine Adsorbed), was used as the comparator. Solicited local and systemic adverse reactions reported following administration of any dose of CYFENDUS or BioThrax are presented in Table 1. CYFENDUS was administered intramuscularly as two doses at Weeks 0 and 2, with saline placebo given at Week 4. BioThrax was administered subcutaneously as three doses at Weeks 0, 2, and 4. The number of participants receiving at least one dose of CYFENDUS was 3151, while 2898 participants received the complete two dose regimen of CYFENDUS. **There was no notable difference in the frequency of solicited local or systemic adverse reactions after the first or second dose of CYFENDUS, with the exception of itching** (10.3% after first CYFENDUS dose vs. 16.8% after second dose), **erythema/redness** (7.4% after first CYFENDUS dose vs. 14.8% after second dose), **swelling** (10.2% after first CYFENDUS dose vs. 15.9% after second dose **and fever** (2.7% after first CYFENDUS dose vs. 5.0% after second dose).

https://www.fda.gov/media/170445/download

Anthrax Vaccine CYFENDUS™

(Anthrax Vaccine Adsorbed, Adjuvanted) Suspension for Intramuscular Injection

5.2 Altered Immunocompetence Immunocompromised persons, including those receiving immunosuppressive therapy, may have a diminished immune response to CYFENDUS.

5.3 Pregnancy CYFENDUS can cause fetal harm when administered to a pregnant individual.

In an observational study, there were more birth defects in infants born to individuals vaccinated with BioThrax (a licensed anthrax vaccine with the same active ingredient as CYFENDUS; BioThrax does not contain CPG 7909 adjuvant) in the first trimester compared to infants born to individuals vaccinated post pregnancy or individuals never vaccinated with BioThrax. [See Use in Specific Populations (8.1)]

If CYFENDUS is administered during pregnancy, the vaccinated individual should be apprised of the potential hazard to a fetus.

https://www.simplypsychology.org/Karl-Popper.html

Karl Popper - Theory of Falsification

Summary of Popper's Theory

- **Karl Popper believed that scientific knowledge is provisional – the best we can do at the moment.**
- Popper is known for his attempt to refute the classical positivist account of the scientific method, by replacing induction with the falsification principle.
- **The Falsification Principle, proposed by Karl Popper, is a way of demarcating science from non-science. It suggests that for a theory to be considered scientific it must be able to be tested and conceivably proven false.**
- For example, the hypothesis that "all swans are white," can be falsified by observing a black swan.
- **For Popper, science should attempt to disprove a theory, rather than attempt to continually support theoretical hypotheses**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8075838/

Rev Esp Cardiol (Engl Ed). 2021 Apr 27.

Acute myocarditis after administration of the BNT162b2 vaccine against COVID-19

In conclusion, this is the first published case of acute myocarditis as an adverse reaction to the SARS-CoV-2 vaccine.

https://assets.cureus.com/uploads/case_report/pdf/53577/20210401-1088-ee3wlt.pdf

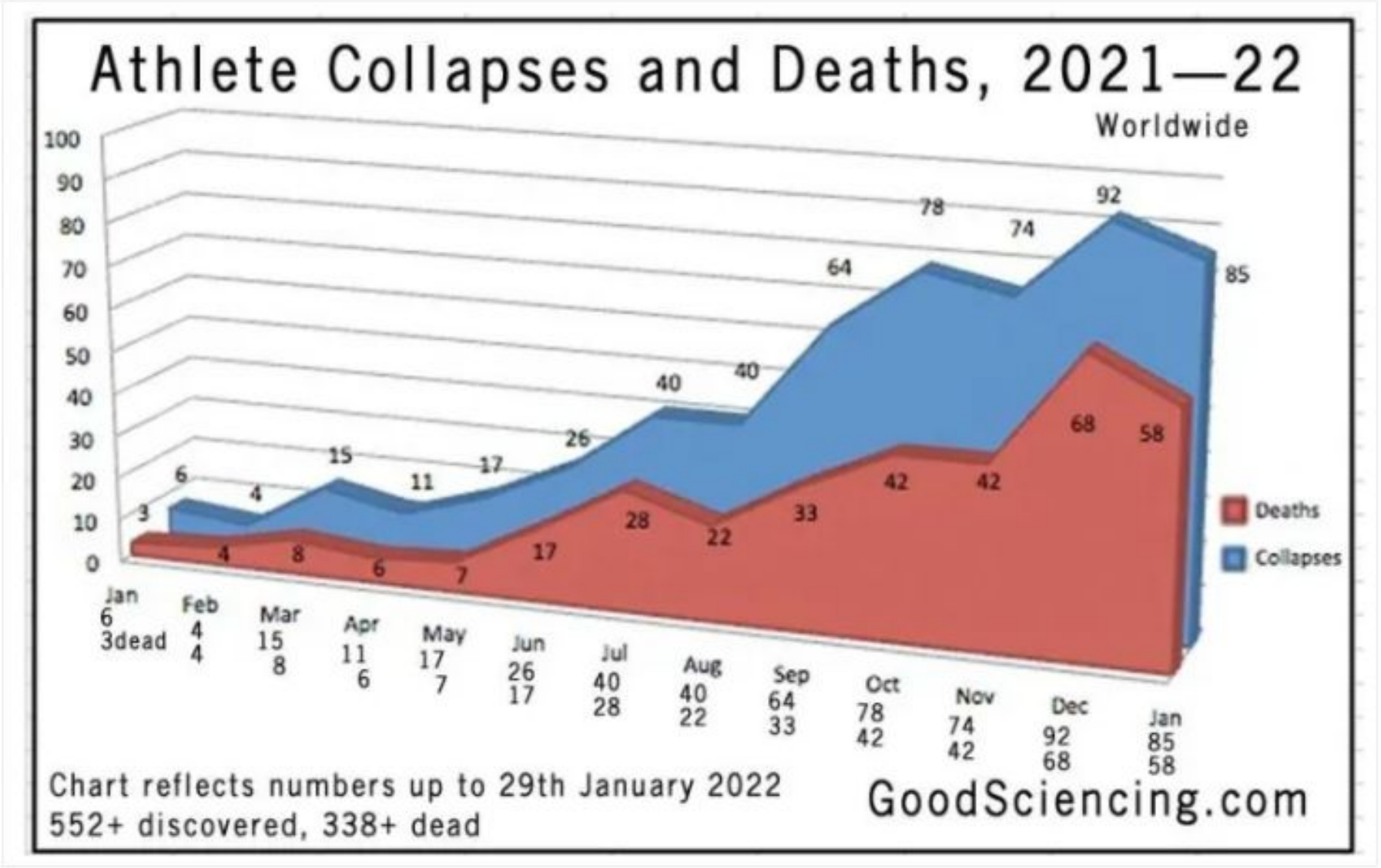
Untimely Myocardial Infarction or COVID-19 Vaccine Side Effect Published 03/02/2021

We present the case of a 96-year-old female, with no known cardiac history, who suffered a myocardial infarction (MI) one hour after her first Moderna coronavirus disease 2019 (COVID-19) vaccination. The patient was medically managed and discharged three days later.

We are unable to attribute the cause of the patient's MI to the Moderna vaccine unless further data are published. As healthcare providers, we need to be aware of attempts to correlate bad outcomes with the vaccine without substantiated data, and anticipate patient questions that may arise from these reports.
Any research on the topic should be written carefully and avoid overstating the findings.
If more reports of serious side effects in older adults are published, providers should consider additional screenings prior to COVID-19 vaccination.

https://swprs.org/covid-vaccines-a-reality-check/

Athlete cardiac arrests – increase in 2021:



Athlete cardiac arrests – increase in 2021 (Good Sciencing)

“Vaccines are not assessed for their affects on overall health,…. they are only assessed for their protective affects for a specific disease”

How vaccines train the immune system in ways no one expected | Christine Stabell Benn | TEDxAarhus

“we are having a really hard time to get the world to listen”
“Vaccines have non-specific effects”

Live Vaccines show benefit
Killed vaccines show Harm
”there is no room for their research”
“Vaccines train the immune system in ways no one expected”
“should boys and girls have different vaccines"

https://www.youtube.com/watch?v=_d8PNlXHJ48

VAERs

Vaccine Adverse Events Reporting System

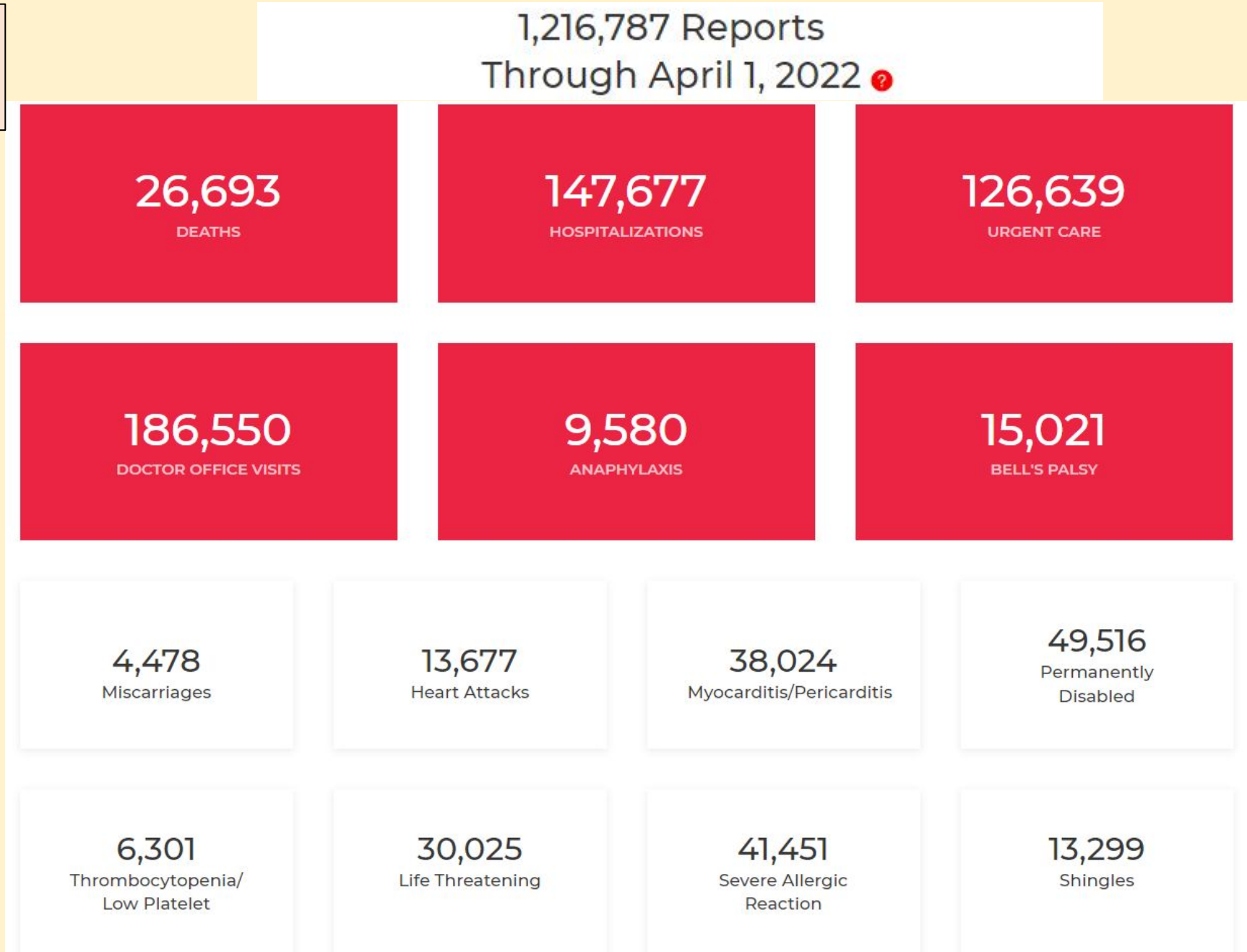
“it is estimated that only 1-10% of events are reported” JAMA 1993

Between mid-1999 & Jan. 4th 2004 there were 128,035 adverse reactions reported to VAERS this may represent between

1.28 million to 12.8 million of the actual vaccine associated adverse reactions

https://openvaers.com/covid-data

1%	=	99%
1,216,787	=	120,000,000



Open Vaers

The old disclaimer:

Disclaimer: Please note that VAERS staff follow-up on all serious and other selected adverse event reports to obtain additional medical, laboratory, and/or autopsy records to help understand the concern raised. However, in general coding terms in VAERS do not change based on the information received during the follow-up process. VAERS data should be used with caution as numbers and conditions do not reflect data collected during follow-up. Note that the inclusion of events in VAERS data does not infer causality.

The new disclaimer as of November 18, 2022

Disclaimer: At the request of European regulators, CDC and FDA have removed certain data fields (country codes; reported symptom case narrative free text; diagnostic laboratory data free text field; illness at time of vaccination free text field; chronic conditions free text medical history field; allergies free text field) from foreign VAERS reports which were submitted to VAERS and may not comply with European regulations. Domestic (U.S.) VAERS reports are not affected by this process.

1%	=	99%
1,574,580	=	157,000,000

1%	=	99%
27,307	=	2,700,000
Myocarditis/Pericarditis		

All VAERS COVID Reports  US/Territories/Unknown

1,574,580 Reports Through July 14, 2023

source: OpenVAERS.com

35,611 DEATHS	**206,108** HOSPITALIZATIONS	**114,805** URGENT CARE
237,149 DOCTOR OFFICE VISITS	**10,522** ANAPHYLAXIS	**17,154** BELL'S PALSY

5,022 Miscarriages	**20,380** Heart Attacks	**27,307** Myocarditis/ Pericarditis	**67,030** Permanently Disabled
8,817 Thrombocytopenia/ Low Platelet	**38,084** Life Threatening	**42,534** Severe Allergic Reaction	**15,800** Shingles

* As of November 18, 2022 VAERS has stopped putting free text field information in for Europe/UK.

Covid-19 Vaccine

- Does NOT Provide Immunity
- Does NOT Eliminate the Virus
- Does NOT Prevent Death
- Does NOT Prevent infection
- Does NOT Prevent Transmission
- Does NOT Eliminate Mask wearing
- Does NOT Eliminate Anti-social distancing
- Does NOT Eliminate Travel Bans
- Does NOT Eliminate Business Closures
- Does NOT Eliminate Lockdowns

Covid-19 vaccine

- Is NOT FDA Approved
- Has NO Liability
- No Long Term Studies
- No Studies on Patients with Comorbid Conditions

age group	Survival Rate without a comorbid condition	
under 1	99.993%	
1 yr-4yr	99.988%	
5yr-14yr	99.967%	
15yr-24yrs	99.93%	
25 yrs-34yrs	99.82%	
35yrs-44yrs	99.68%	
45 yrs-54yrs	99.54%	
55yrs-64yrs	99.52%	
65yrs-74yrs	99.5%	
75yrs-84yrs	99.5%	
85yrs and over	99.5%	

Societal Control

"… But after all, it is the leaders of a country who determine the policy …... All you have to do is **tell them(public) they are being attacked, and denounce the peace makers for lack of patriotism and exposing the country to danger**. It works the same in any country."

— Hermann Goehring, SS

“Deborah L. Birx, M.D., was appointed Chief Executive Officer of Armata on July 10, 2023.

Armata Pharmaceuticals is a clinical-stage biotechnology company focused on the development of precisely targeted bacteriophage therapeutics for the treatment of antibiotic-resistant and difficult-to-treat bacterial infections.”

ARMATA
PHARMACEUTICALS

MANAGEMENT

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/discontinued-vac.pdf

Did you know 66 U.S. vaccines have been discontinued

Trade Name	Antigen(s)	Years (or year discontinued)
MenHibrix	Hib-MenCY	2012-17
Meningovax	Meningococcal	
Menomune	Meningococcal ACWY Polysaccharide	1981-2017
Meruvax II	Rubella (live)	1969-79
Mevilin-L	Measles (live)	
MOPV	Polio (live, oral, monovalent, types I, II, & III)	
Mumpsvax	Mumps (live)	
OmniHIB	Hib (conjugate)	
Orimune	Polio (live, oral)	1961-2000
Perdipigen	Diphtheria/Pertussis	1949-55
Pfizer-Vax Measles-K	Measles (inactivated)	1963-68
Pfizer-Vax Measles-L	Measles (live)	1965-70
Pnu-Imune	Pneumococcal (polysaccharide 14- or 23-valent)	1977-83
Poliovax	Polio (inactivated)	1988-91
Prevnar	Pneumococcal (conjugate 7-valent)	2000-2011
ProHIBIT	Hib (conjugate)	1987-2000
Purivax	Polio (inactivated)	1956-65
Quadrigen	DTP-Polio	1959-68
Rabies Iradogen	Rabies	1908-57
RotaShield	Rotavirus (live oral)	1998-99
TriHIBit	DTaP/Hib	1996-2011
Trinfagen No. 1	DT-Polio	Early 1960s
Trinivac	DTP	1952-64
Tripedia	DTaP	1992-2011
TT	Tetanus Toxoid	2013
Wyvac	Rabies	1982-85
Rubelogen	Rubella (live)	1969-72
Rubeovax	Measles (live)	1963-71
Serobacterin	Pertussis	1945-54
Solgen	DTP	1962-77
Tetra-Solgen	DTP-Polio	1959-68
Tetramune	DTP-Hib	
Tetravax	DTP-Polio	1959-65
Topagen	Pertussis (intranasal)	
Tri-Immunol	DTP	
Tridipigen	DTP	

May 2019

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/discontinued-vac.pdf

Did you know 66 U.S. vaccines have been discontinued

Selected Discontinued U.S. Vaccines

Trade Name	Antigen(s)	Years (or year discontinued)
Acel-Imune	DTaP	1991-2001
Attenuvax	Measles (live)	
Attenuvax-Smallpox	Measles-Smallpox	1967
b-CAPSA-1	Hib (polysaccharide)	1985-89
Biavax	Rubella-Mumps (live)	
BioRab	Rabies	1988-2007
Cendevax	Rubella (live)	1969-79
Certiva	DTaP	1998-2000
Cervarix	HPV Bivalent	2009-17
Comvax	Hepatitis B/Hib	1997-2014
Decavac	Td	1953-2012
Dip-Pert-Tet	DTP	
Diptussis	Diphtheria-Pertussis	1949-55
Dryvax	Vaccinia	1944-2008
Ecolarix	Measles-Rubella (live)	
Flu Shield	Influenza	
Fluogen	Influenza	
Gardasil	HPV Quadrivalent	2006-17
generic	Tetanus-Toxoid (adsorbed)	1937-2014
Heptavax-B	Hepatitis B (plasma derived)	1981-90
HIB-Immune	Hib (polysaccharide)	1985-89
HibTITER	Hib (conjugate)	1990-2007
HIB-Vax	Hib (polysaccharide)	1985-89
JE-VAX	Japanese Encephalitis	1992-2011
Liovax	Smallpox	
Lirubel	Measles-Rubella (live)	1974-78
Lirugen	Measles (live)	1965-76
Lymerix	Lyme Disease	1998-2002
M-Vac	Measles	1963-79
M-M-Vax	Measles-Mumps (live)	1973

Influenza vaccine and Guillain-Barre syndrome

Guillain–Barré syndrome (GBS) affects the peripheral nerves, with subsequent muscle weakness and loss of reflexes, ...that cross-react with epitopes on peripheral nerves, leading to demyelination and nerve damage [35–38]. .....; **GBS has been also time related with different vaccines administration, such as rabies, polio, tetanus, Bacillus Calmette-Guerin (BCG), smallpox, mumps, rubella, hepatitis B, and diphtheria** [25].

However, the association of GBS and the influenza vaccine is more striking..... In 1976, indeed, the H1N1 vaccination campaign suddenly dropped in the USA due to an increase, within 6 weeks, of 500 cases of GBS (including 25 deaths) over 45 million vaccinated [41]. Laski et al. [27] recorded a 2% of increase of GBS cases per million vaccinated persons and also in the influenza vaccination program (1992–1993).

…… These results suggest a multiinfectious etiology of GBS or an increased susceptibility of GBS patients to infection, supposing that GBS is probably both a humoral and a cellular autoimmune disease induced by infection with multiple microorganisms [45].
Several mechanisms might explain this outcome:
(1) The epitopes of a vaccine could initiate the development of antibodies and/or T cells that could cross-react with epitopes on myelin or axonal glycoproteins;
(2) Destruction of the axonal or myelin membranes might be due directly by vaccine virus or vaccine-associated products;
(3) Possible genetic susceptibility [42, 46, 47] might be the background.

To date, there are no epidemiologic studies that address the question of the risk of GBS development after vaccination, delaying immunization for a short period (e.g., one year) in all the patients with a previous neurological illness is recommended bring some risk (especially after tetanus toxoid) [48].

Influenza vaccine and diabetes

Observational studies state a temporal link between childhood vaccinations and the development of type 1 diabetes. Supposedly, any vaccination after 2 months age increases the risk of type 1 diabetes but if practiced in the first month of life, it protects against type 1 diabetes [53, 54].

..... [55]. ....

found a higher incidence of the disease in children who received four doses of Hib vaccine at 3, 4, 6, and 14 months of age than in those who received one dose of Hib vaccine at 14 months of age ….[56].

Type 1 diabetes was diagnosed in 681 children who received at least one dose of vaccine, as compared with unvaccinated children, with the consequent rate ratio:
0.91 for Hib vaccine;
1.02 for diphtheria, tetanus, and inactivated poliovirus vaccine;
1.06 for whole-cell pertussis vaccine;
1.14 for measles, mumps, and rubella vaccine;
1.08 for oral poliovirus vaccine. .....

Classen and coworkers suggested that the timing of vaccination could be meaningful and that some vaccines, including Hib vaccine might increase the risk of type 1 diabetes if given at age 2 months or older [29, 57]. .....

Published: 01 November 2009

Vaccines and autoimmunity

•Nancy Agmon-Levin, Ziv Paz, Eitan Israeli & Yehuda Shoenfeld

Nature Reviews Rheumatology **volume5**, pages648–652 (2009)

In addition, a causal relationship between MMR and autoimmune thrombocytopenia has been recognized by the Institute of Medicine.

Other associations, such as the clustering of:

- **insulin dependent diabetes mellitus** following hemophilus influenza type B (HiB)
- **Guillain–Barré syndrome** after Menactra® (Sanofi Pasteur, Lyon, France) meningococcal vaccination.[6]

HBV vaccine and multiple sclerosis

Multiple sclerosis (MS), also known as a “chronic demyelinating inflammatory disease,” is an autoimmune disease of the central nervous system (CNS) with myelin destruction in the CNs or nerve fibers coating sheath. .... The activated T cells induce an inflammatory cascade and cell-mediated attack of CNS myelin [69…

For instance, an unpublished study showed by the “capture–recapture” method that the **real number of MS cases linked to HBV vaccine was 2–2.5 higher than the officially registered number in the French pharmacology. ...., and found an increased odds ratios (OR) for MS (OR 3.1; CI 1.5–6.3) *within the 3 years following HBV*** *immunization* [76]

.....Terney and coworkers described a case report of a female patient (16 years) that has **neurological symptoms *within 10 weeks after HBV immunization* [79]. The laboratory assays and brain MRI confirmed acute disseminated encephalomyelitis, collagenosis, sarcoidosis, and a first attack of MS** [80]. .....

The controversy between the cited studies suggests the need of further investigations of the relationship between HBV vaccination and development of MS.

HBV vaccine and systemic lupus erythematosus

The mean latency period from the first HBV immunization and onset of autoimmune symptoms was *56.3 days*.

The typical SLE manifestations included the joints (100%), skin (80%), muscles (60%), and photosensitivity (30%). Seven patients (70%) **followed the vaccination protocol although a possible autoimmune adverse event was noticed with follow-up period between 1 and 17 years. ....**

Accordingly, with this study, others reported ***a latency period of several days to 2 years between immunization and the onset of SLE*, since the Post-HBV vaccine autoimmune conditions can be transient conditions**:

(e.g., vasculitis, arthritis, erythema nodosum) and onset or relapse of a defined disease (e.g., rheumatoid arthritis, multiple sclerosis, SLE) [91].

MMR vaccine and idiopathic thrombocytopenia

Another confirmed autoimmune adverse effect associated with vaccination is the induction of idiopathic thrombocytopenia (ITP), also known as immune **thrombocytopenia, following the measles–mumps rubella (MMR) vaccine, in particular *within 6 weeks of immunization*** [95–97]. ....

ITP risk following the MMR vaccine is seen highest in children, aged 12–19 months, which is the estimated age when children would normally be receiving the MMR vaccine.

advises measuring measles titers before booster administration in order to decide whether a further dose is indicated.

If a child has not been previously immunized, the risk–benefit ratio of MMR should be weighed against the risk of measles in the community at the time [111].

MMR vaccine and rheumatoid arthritis

…RA is caused by a combination of genetic susceptibility and environmental factors, including not only increased antibody levels of measles virus but also by vaccine strain [114].

.....(1995) described the first case of acute monoarthritis with effusion in a child (aged 19 months) ***within 8 days*** **after mumps and measles vaccine, most probably due to the mumps component** [116]. ...

Another study evaluated the incidence of joint manifestations *within 6 weeks* after MMR immunization [117]: **it included 2658 vaccinated and 2359 non-vaccinated children, confirming an increased risk of joint symptoms (arthralgia or arthritis) in the immunized children.**

Symmons et al. [23] **suggest three possible explanations to the potential association between immunization and the development of arthritis:**

(1) it is due to the casual occurrence of two common phenomena: immunization and arthritis;
(2) the vaccine activates a specific form of arthritis that is distinct from RA (post-immunization arthritis) and that is usually self-limited;
(3) the vaccine is one of the factors which can trigger the development of RA (so as the infections).

HPV vaccine and primary ovarian failure

The HPV vaccines (such as Gardasil® and Cervarix®) were introduced to fight the cervical cancer; however, **several cases of onset or exacerbations of autoimmune diseases following vaccination have been reported** [128].

In 2013, Colafrancesco reviewed three women (two of them are sisters, thus bringing the relevance of genetics linkage) that developed primary ovarian failure *within 2 years* by HPV vaccine [129].

All the patients developed secondary amenorrhea, low estradiol, and high follicle-stimulating hormone (FSH) and luteinizing hormone (LH) **following HPV vaccination, and elevated anti-antibodies levels (e.g., anti-thyroid antibodies and anti-ovarian antibodies).**

The authors suggested that the use of adjuvants in the HPV vaccine could be a risk factor for eliciting an autoimmune reaction to the vaccination: the DNA fragments detected in 16 different Gardasil® vaccines appeared to be bound to the aluminum used in the vaccine formulation.

HPV vaccine and SLE

The major remitting patients with immunosuppression therapy had mild adverse effects to the vaccine immediately following the first dose of the HPV vaccine and then developed heavier SLE symptoms *within two months* after subsequent vaccine administration.

In conclusion, the authors hypothesized a potential causal link between HPV vaccination and onset or relapse of SLE [130]. Thus, although for most patients, the benefits of immunization outweigh its risks, clinicians must be aware of the odds for an autoimmune disease onset or exacerbation following HPV vaccination.

In addition, the short follow-up institutionally fixed by the health authorities miss mild and severe long-term adverse reactions and large genetically different vaccinated group would better outline the problem.

Thus, long-term surveillance of vaccines among interethnic populations groups would define more accurately their safety.

HPV vaccine and ASIA syndrome

This syndrome is characterized by the **appearance of myalgia, myositis, muscle weakness, arthralgia, arthritis, chronic fatigue, sleep disturbances, cognitive impairment, and memory loss.** This term was introduced by Yehuda Shoenfeld, who highlighted the pathogenic role of adjuvants in the induction of autoimmune syndromes....

Indeed, the main individuals at ASIA syndrome risk are as follows:
(1) patients with prior post-vaccination autoimmune phenomena,
(2) patients with a medical history of autoimmunity,
(3) patients with a history of allergic reactions, and individuals who are prone to develop autoimmunity (having a family history of autoimmune diseases, presence of autoantibodies, carrying certain genetic profiles, etc.) [138].

....

Among the risk factors for ASIA syndrome, the metal hypersensitivity in girls, mainly genetically predisposed individuals, exposed to immunization, has been suspected.

.....

Case control and epidemiological studies and a detailed genetic analysis of affected girls and their family might better define the link between vaccination and CNS damage.

In a flourishing society conforming to society can be considered healthy.

In a society that is corrupted, sick, scared population, conforming to this society it will corrupt and delay healthy development in its population.

Adapting to a sick society produces sickness, conforming to a mad world produces madness, society becomes a departure from normality, and normality becomes insanity.

Associating mental health with conformity , if society is in a major type of upheaval too much conformity can produce some unhealthy psychological and behavioral rigidity that sets the conformist up for great suffering should they be living in a time of chaos.

ACADEMY of IDEAS

FREE MINDS FOR A FREE SOCIETY

Do NOT Comply!!

As Freemen & Freewomen, **we do not recognize the authority of The State or Federal Government of the United States of America to mandate general forced vaccinations**.

We Are endowed by our Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness

Our bodies are sovereign territory and subject to our exclusive self-determination.

Table - Yearly PIP clearances by body system, using different metrics for 2020, 2021, 2022

System	2016-2019 Average, #	2020 Clearances, Num	2021 Clearances, Num	2022 Clearances, Num
Auditory	2942.25	3332.00	3894.00	6505.00
Cardiovascular	11671.25	13147.00	18391.00	25823.00
Dermatological	2533	2816.00	3743.00	6032.00
Endocrine, Metabolic and Thermoregulation	5573.25	8224.00	15520.00	14282.00
Gastrointestinal	9054.75	10175.00	14997.00	22239.00
Psychiatric	119023.75	141627.00	169973.00	267084.00
Respiratory	16267	20119.00	24066.00	31478.00
Visual	3590.75	3580.00	3925.00	6488.00
Others	131223.5	108733.00	112942.00	129494.00
Total	**485726.25**	**499773.00**	**585369.00**	**858267.00**

System	2016-2019 Average, #	2020 Clearances, Num	2021 Clearances, Num	2022 Clearances, Num
Total	**485726.25**	**499773.00**	**585369.00**	**858267.00**

Table Source: Phinance Technologies

Data Sources: UK Department of Work and Pensions (DWP), Office for National Statistics (ONS), NHS vaccination statistics.